

Recommendation

The Washington State Department of Health, in line with the Centers for Disease Control and Prevention (CDC) guidance to use one sterile syringe for every injection, recommends syringe service programs (SSPs) supply syringes on an as-needed basis. DOH also recommends SSPs educate clients about options for safe syringe disposal, encourage return of used syringes, and collaborate with community stakeholders to develop solutions to environmental health impacts of improper syringe disposal.

Providing needs-based syringe access will:

- Improve health outcomes and prevent disease transmission by shortening the length of time a syringe is in circulation and reducing syringe sharing.
- Facilitate engagement of people who inject drugs in ongoing services, such as testing for HIV and HCV, linkage to health and social services, overdose education and access to naloxone, and referral to drug treatment programs.
- Reduce syringe re-use by ensuring that people who utilize SSPs have access to a new, sterile syringe and other injection equipment for each injection.

Background

DOH has funded SSPs since 1992. SSPs are a key component of the End AIDS Washington goal to reduce new HIV diagnoses by 50% by 2020. They are also a core effort in the End AIDS Washington recommendation to “improve HIV prevention, care, and treatment among substance users, including people who inject drugs.”¹

A wide range of health institutions and professional associations recommend using a new and sterile syringe for each injection, including:

- Centers for Disease Control ^{2,3,4,5,6}
- U.S. Surgeon General⁷
- American Medical Association^{8,9}
- American Public Health Association¹⁰
- World Health Organization ¹¹

Difficulty obtaining syringes has been associated with syringe reuse, syringe sharing, and longer periods of syringe circulation, which can all lead to disease transmission.^{12,13,14} Some populations, such as young people and those living homeless, experience higher rates of syringe scarcity.¹⁵

Key Issues

Syringe reuse

In cities with SSP, evidence shows that people who inject drugs are less likely to reuse a syringe, and that ongoing engagement with SSP increases the number of people who use a syringe only once.¹⁶ Sufficient syringe saturation to inhibit re-use has been specifically associated with a needs-based model.¹⁷

Bacteria lives on the skin and can be introduced to the bloodstream at the site of injection.¹⁸ Reusing syringes can increase exposure to bacteria,¹⁹ potentially leading to a range of microbial infections, including cellulitis, endocarditis, or sepsis.¹⁷ Additionally, needle tips are damaged after every puncture, which increases wound healing time.

Syringe sharing

A needs-based distribution SSP model is likely to reduce syringe sharing more than one-for-one or one-for-one plus exchange models.^{20,21}

Studies show that people who utilize SSPs are less likely to borrow syringes or have HIV than those who do not have access to SSP.^{22,23} Additionally, higher syringe coverage is associated with reduced syringe sharing.²⁴ One study in Vancouver, Canada showed a 40% reduction in syringe sharing after a policy change allowed for a needs-based and outreach modality.²⁵

Before SSP was authorized in the United States, HIV seroprevalence among people who injected drugs was climbing, and at the time of SSP implementation in Washington State, nearly three-quarters of new HIV infections were attributable to injection drug use. Today, between five and ten percent of new HIV infections in Washington State are related to injection drug use.²⁶

A 2015 HIV outbreak in Scott County, Indiana demonstrated the potential for major public health ramifications of syringe scarcity. A preponderance of evidence suggests that the outbreak could have been suppressed were syringes accessible, along with early diagnosis and treatment.²⁷

Syringe disposal

SSPs are an asset for communities to maintain environmental health and safety by providing a critical access point for proper syringe disposal. Regardless of model, SSPs **have not been** shown to increase syringe litter within a community, and some studies have shown a decrease:

- Two years after implementing SSP in Baltimore, a 2000 study reported a 50% reduction in improperly discarded syringes in the vicinity.²⁸
- A 2007 study in four urban areas found that people living with HIV who obtained syringes through SSPs were more likely to safely dispose of syringes than those who obtained them from other sources.²⁹
- A 2012 study utilizing visual inspection found that a jurisdiction that did not have SSPs had eight times more improperly discarded syringes than a jurisdiction that did have SSPs.³⁰

- A 2014 study interviewing people who inject drugs in Los Angeles found that people who accessed syringes at an SSP were significantly more likely to dispose of their syringes safely than those who did not.³¹

A common deterrent to SSP utilization and safe disposal is fear of confiscation or arrest during an interaction with police.^{32,33,34} Law enforcement officers should be aware of subsection (5) of RCW 69.50.412, which permits those over eighteen to possess sterile syringes for the purpose of reducing blood-borne diseases.³⁵

Where improper disposal of syringes is a concern, implementation of community pickup programs; accessible sharps disposal programs; and increases in SSP operating hours should be pursued as resources allow. Robust funding for SSPs will allow for such innovation.

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