



Healing  
Cortland

# Syringe Service Programs: What They Are, Local Data and Summary of Evidence Base

## Key Points:

- Syringe services programs (SSPs) are community-based programs that provide access to sterile syringes, facilitate safe disposal of used syringes, and provide and/or link to other important services and programs, including substance use treatment, naloxone, and testing services.
- Syringe services programs are a key component of overdose prevention strategies, because they can facilitate access to and uptake of services and interventions for reducing overdose, enhancing health and wellbeing, and improving public health and public safety
- The NYS Department of Health, CDC, the American Medical Association (AMA) and other major public health entities recommend the establishment and use of syringe exchange programs.
- Cortland County residents currently have multiple avenues for accessing sterile syringes and safer injection supplies. What is currently lacking is an SSP offering comprehensive services on-site in Cortland County as recommended by HHS.
- Multiple studies have shown that syringe service programs are an effective strategy for reducing the transmission of viral hepatitis, HIV and other infections. Research also shows that users of SSPs are more likely to enter drug treatment and stop using drugs than those who don't use the programs. SSP are also an important mechanism to engage marginalized and often hard to reach populations and ensure people using drugs have access to naloxone.
- Evidence demonstrates that SSPs do not increase illegal drug use or crime. According to the CDC, Syringe services programs can benefit communities and public safety by reducing needlestick injuries and overdose deaths, without increasing illegal injection of drugs or criminal activity.

## Introduction

In 2020, over 90,000 Americans died due to drug overdose. The vast majority (almost 70,000) were due to opioids.<sup>1</sup> Effective Opioid Use Disorder (OUD) treatment options include psychosocial strategies like counselling and pharmacological options like medication for opioid use disorder (MOUD), such as buprenorphine. Treatment can occur in inpatient or outpatient facilities, as well as in non-clinical settings. As noted in our Needs Assessment, Cortland County is missing inpatient, detoxification, and low-threshold buprenorphine induction options, forcing residents to travel outside the county for more intensive services.<sup>2</sup> Over 70% of people with OUD do not get substance use treatment.<sup>3</sup>

Harm reduction services are focused on keeping people who use opioids or other substances safer from detrimental effects. These can include the evidence-based strategies such as the distribution of naloxone and syringe service programs (SSP) that mitigate impacts of infectious diseases related to intravenous drug use and promote drug user health.

### ***What are Syringe Service Programs (SSPs)?***

According to the Centers for Disease Control and Prevention (CDC), “Syringe services programs (SSPs) are also referred to as syringe exchange programs (SEPs) and needle exchange programs (NEPs). Although the services they provide may vary, SSPs are community-based programs that provide access to sterile needles and syringes, facilitate safe disposal of used syringes, and provide and link to other important services and programs such as:

- Referral to substance use disorder treatment programs
- Screening, care, and treatment for viral hepatitis and HIV
- Education about overdose prevention and safer injection practices
- Vaccinations, including those for hepatitis A and hepatitis B
- Screening for sexually transmitted diseases
- Abscess and wound care
- Naloxone distribution and education
- Referral to social, mental health, and other medical services”<sup>4</sup>

Syringe Service Programs (SSPs) have been operating legally since 1992 and have since been expanded and enhanced to meet the evolving needs of people who use drugs. The NYS Department of Health<sup>5</sup>, CDC, the American Medical Association (AMA) and other major public health entities recommend the establishment and use of syringe exchange programs.

- The AMA in a policy statement dated from 2016, “(1) encourages all communities to establish needle exchange programs and physicians to refer their patients to such programs”<sup>6</sup>
- In 2018, the CDC published a toolkit titled Evidence-Based Strategies for

Preventing Opioid Overdose: What's Working in the United States, in this toolkit syringe service programs are one of the 10 listed evidence-based strategies for preventing opioid overdose.<sup>24</sup> The toolkit states that “Syringe services programs are a key component of overdose prevention strategies, because they can facilitate access to and uptake of services and interventions for reducing overdose, enhancing health and wellbeing, and improving public health and public safety.<sup>24</sup>”

### ***Regional Syringe Service Programs***

SSPs operate across New York State. In this region, ACR Health operates programs through their Syracuse and Watertown offices. The Southern Tier AIDS Program (STAP) has offices in Ithaca, Johnson City and Norwich, and peers who carry out secondary distribution of sterile syringes, naloxone, sharps containers, and safer injection supplies for clients in harder to reach areas, including in Cortland County. These programs are registered with the NYS DOH.

### ***Syringe Access in Pharmacies***

In 2000, New York State enacted the Expanded Syringe Access Demonstration Program (ESAP), which permits pharmacy syringe sales without a prescription. Since January 1, 2001, individuals aged 18 years or older have been permitted to purchase and legally possess up to 10 syringes without a prescription from pharmacies registered with the New York State Department of Health. This is a public health measure to prevent blood borne diseases, most notably HIV/AIDS and hepatitis B and hepatitis C. The Expanded Syringe Access Program (ESAP) became a permanent program as of the summer of 2009.<sup>7</sup>

### ***Mail Order Programs***

NEXT Distro is one example of an online and mail-based harm reduction program. It is also a registered Opioid Overdose Prevention Program (OOPP) in NYS. NEXT ensures people who use drugs have free, sterile syringes, naloxone, sharps containers, and safer injection supplies.<sup>8</sup> Programs like this were established in order to fill gaps and increase access in hard to reach areas. It is a legally operating syringe access program waived by the New York State Department of Health. In New York, NEXT Distro is one of 24 authorized syringe exchange programs, acting as a middleman between the state, which supplies the harm reduction materials, and the people who need them.

*Cortland County residents currently have multiple avenues for accessing sterile syringes and safer injection supplies. What is currently lacking is a SSP offering comprehensive services and interventions for reducing overdose and improving public health on-site in Cortland County.*



## Local Data

Despite no formal syringe service program site being located in Cortland County, many residents benefit from STAP services. In 2020, STAP provided services to 64 Cortland County residents monthly (on average). The majority of these clients sought services in Tompkins County, with others accessing services in Broome County.

	Average Number of Cortland County Unique Clients per Month
2017	59
2018	46
2019	46
2020	65

In 2020, STAP facilitated the exchange of over 100,000 syringes through mobile and secondary outreach, as well as through three sharps disposal kiosks located at City Hall, the Homer Police Department, and the County Office Building.<sup>910</sup>

Local data is not currently available for testing, referrals to treatment and other services STAP provides at their locations in Broome and Tompkins Counties, that Cortland residents may be benefiting from.

One study that searched the available needle exchange program (NEP) literature for return rate data. A total of 26 articles were found. Overall, SSPs typically achieve a return rate of about 90%.<sup>28</sup> STAPs return rate has consistently been over 90% in recent years.

### ***Expanded Syringe Access Program Providers***

At the following registered pharmacies in Cortland County, anyone can purchase and legally possess up to 10 syringes without a prescription:

- Walmart Pharmacy #10-1781 819 Bennie Road, Cortland 13045
- CVS Cortland, 13 Port Watson Street, Cortland 13045
- Rite Aid Pharmacy #10738 1067 State Route 222 Cortland 13045
- Kinney Drugs #07 3666 NYS Route 281 Cortland 13045
- Kinney Drugs #36 14 Clinton Ave. Cortland 13045
- Walgreens Pharmacy #10158 3948 Route 281 Cortland 13045
- Rite Aid Pharmacy #10739 170 Port Watson Street Cortland 13045



## Hepatitis C

Based on data from the Cortland County Health Department, Cortland County had a higher Hep-C infection rate than NYS (excluding NYC) from 2015-2018 (the last year for NYS data). In 2017 and 2018 (the last years that statewide data were available), the Cortland County rate was double that of NYS. In addition, over 13% of Cortland County patients receiving treatment for OUD at a regional provider are positive for Hepatitis C. While age-specific Hep C data is not available at the county level, the NYS Department of Health report that increases in Hep-C prevalence is driven by occurrences in those aged 30-39.<sup>11</sup>

Cortland County			
Year	Cases (Chronic & Acute)	Rate (per 100k)	NYS (excl NYC)
2015	46	95.3	76.4
2016	56	116.9	74.5
2017	73	152.7	74.6
2018	60	125.7	64.1
2019	43	90.4	*
2020	23	48.3	

Cortland County data from the Cortland County Health Department (L. Perfetti email 07/06/21). NYS data from the NYS DOH, 2018 report.  
(\*FYI, the 2019 Hep-C infection rate for NYC is 54.9 per 100k).

Injection drug use (IDU) is a major risk factor for hepatitis C. According to the 2018 NYS DOH Hep C Report (the most recent one they have released), “When risk factor information was available, 83% of total newly reported cases in CNY had a history of IDU.” IDU was more common among those <40 years of age than those 40+. 92% of cases for those under 40 years old had a history of IDU.<sup>12</sup> Cortland County Health Department nurses also shared that case investigations reveal that most of our cases have a history of previous or current IV drug use.

### **OUD Service/Treatment Gap**

In 2020, one major treatment provider reported that 310 patients were identified through SUD/OUD screenings/assessments but were not admitted for further services (out of almost 400 total assessments). According to the National Survey on Drug Use Health, people do not access treatment for a variety of reasons, including they “did not feel that they needed treatment” or they “felt that they needed treatment but did not make an effort to get treatment.”<sup>13</sup>

In addition, many individuals present at the emergency department with opioid-related issues. In 2020 there were 21 opioid-related emergency department visits (down from 33 in 2019) and 14 hospitalizations (up from 10 in 2019).<sup>14</sup> In 2020, COTI, the primary agency responsible for response and transitions in Cortland, received five referrals from



the ED. Although screenings have been implemented in most practices/medical settings there are gaps in treatment, referrals, and care coordination.<sup>2</sup>

## Literature Review

Multiple studies have shown that syringe service programs are an effective strategy for reducing the transmission of viral hepatitis, HIV and other infections. Research also shows that users of SSPs are more likely to enter drug treatment and stop using drugs than those who don't use the programs. SSP are also an important mechanism to engage marginalized and often hard to reach populations and ensure people using drugs have access to naloxone.

### ***Helps Prevent Transmission of Blood-borne Infections***

- According to the CDC, “for people who inject drugs, the best way to reduce the risk of acquiring and transmitting disease through injection drug use is to stop injecting drugs. For people who do not stop injecting drugs, using sterile injection equipment for each injection can reduce the risk of acquiring and transmitting infections and prevent outbreaks.”<sup>15</sup>
- A systematic review found that SSPs can reduce the risk of HCV acquisition by an estimated 50%. When combined with medications for opioid use disorder, the risk of HCV acquisition may be reduced by 75%.<sup>16</sup>
- A small study in Fresno, CA showed results that after attendance at a SSP, injection drug users were more likely to report a decrease in high risk IDU behaviors, such as sharing needles, reusing needles with others. This suggests that SSPs can have an educational effect on reducing risky injection behaviors.<sup>17</sup>
- Injection drug users who are afraid of being arrested while carrying drug paraphernalia are 1.74 times more likely to share syringes, and 2.08 times more likely to share injection supplies than other users.<sup>23</sup>

### ***Creates Linkages to Substance Use Treatment, Naloxone, and Other Healthcare Services***

- According to the CDC, “SSPs facilitate entry into treatment for substance use disorders by people who inject drugs. People who use SSPs show high readiness to reduce or stop their drug use. There is also evidence that people who inject drugs who work with a nurse at an SSP or other community-based venue are more likely to access primary care than those who don't, also increasing access to MAT.”<sup>19</sup> As reported by the CDC, one study found that new users of SSP were five times more likely to enter drug treatment than those who had never used a program.<sup>20</sup>
- Combining naloxone training and distribution with syringe exchange programs (SEPs) was proven to be an effective tactic in reducing overdose deaths in a study in NYC;<sup>21</sup> and a more in-depth review of combined efforts shows that SEPs can be effective in providing education and naloxone distribution because they



deliver tailored outreach and services to populations at highest risk of overdose.<sup>22</sup>

- According to a CDC Toolkit, “A recent study found that individuals who use drugs who were recently incarcerated are at significantly higher risk of overdose and are more willing than their non-incarcerated peers to receive training for and administer naloxone when this is offered by a syringe services program, making syringe service programs a particularly important intervention for assisting these high-risk individuals.”<sup>24 26</sup>

### **Supports Public Safety**

- According to the CDC, “Syringe services programs can benefit communities and public safety by reducing needlestick injuries and overdose deaths, without increasing illegal injection of drugs or criminal activity.”<sup>19</sup>
- One study found that as many as one in every three officers had been stuck by a used needle during his or her career.<sup>25</sup>
- According to the CDC, “Data from CDC’s National HIV Behavioral Surveillance system in 2015 showed that the more syringes distributed at SSPs per people who inject drugs in a geographic region, the more likely people who inject drugs in that region were to report safe disposal of used syringes.”<sup>19</sup>
- “Evidence demonstrates that SSPs do not increase illegal drug use or crime. Studies in Baltimore and New York City have found no difference in crime rates between areas with and areas without SSPs. In Baltimore, trends in arrests were examined before and after a SSP was opened and found that there was not a significant increase in crime rates. The study in New York City assessed whether proximity to an SSP was associated with experiencing violence in an inner city neighborhood and found no association.”<sup>19</sup>

## **Conclusion**

Syringe Service Programs are a well-researched public health intervention and are recommended by the NYS Department of Health, our local health department, the CDC and the AMA, as well as many other public health entities.

In an article entitled, “We Can’t Treat the Dead,” Amie Goodin summarizes the findings from researchers who used an epidemiological tool for modeling infectious disease trajectories and found “No single opioid policy intervention, in the modeling exercise and in reality, has demonstrated a silver bullet solution for all opioid sequelae. However, one portfolio of policies highlighted by the authors yielded a promising series of outcomes in the form of reduced deaths and increased quality-adjusted life years. This policy portfolio contained three of the familiar elements long advocated for by the public health community: to (1) address demand (i.e., medication-assisted treatment of OUD), (2) engage in harm reduction (i.e., increase naloxone availability and needle exchange), and (3) prevent new cases (i.e., reduce initiation of new opioid prescriptions).”<sup>27</sup>



The US Department of Health & Human Services Guidance states SSPs, as they are implemented, should be a part of a comprehensive service program that includes, as appropriate:

- Provision of sterile needles, syringes and other drug preparation equipment (purchased with non-federal funds) and disposal services
- Education and counseling to reduce sexual, injection and overdose risks
- Provision of condoms to reduce risk of sexual transmission of viral hepatitis, HIV or other STDs
- HIV, viral hepatitis, STD and TB screening; Provision of naloxone to reverse opioid overdoses
- Referral and linkage to HIV, viral hepatitis, STD and TB prevention, treatment and care services, including antiretroviral therapy for hepatitis C virus (HCV) and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother-to-child transmission and partner services
- Referral and linkage to hepatitis A virus (HAV) and hepatitis B virus (HBV) vaccination
- Referral and linkage to and provision of substance use disorder treatment (including medication-assisted treatment for opioid use disorder which combines drug therapy (e.g., methadone, buprenorphine, or naltrexone) with counseling and behavioral therapy)
- Referral to medical care, mental health services, and other support services.<sup>28</sup>

The current research and available data suggests that Cortland County could benefit from a more formalized on-site Syringe Service Program in the community.



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Published by Cortland Area Communities That Care Coalition, Inc. 2021

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*Version 2, Updated 9/13/2021*

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