From the IMA Public Health Committee

Syringe Services Programs reduce the risk of disease transmission and help patients obtain treatment for substance use disorders

What are Syringe Services Programs (SSP)?
SSPs "are community-based prevention programs that can provide a range of services, including linkage to substance use disorder (SUD) treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases."[i] SSPs are an important strategy to equip individuals who use drugs with life-saving tools and information, and to help reduce the risk of spread of infectious diseases like HIV and hepatitis C.

What about Idaho's SSP?
The Syringe and Needle Exchange Act, which passed in 2019, mandates that SSPs help individuals exchange used needles for clean ones. Programs also must provide information on bloodborne diseases, testing for these diseases, SUD treatment, and opioid antagonists like Narcan. Understanding the vulnerable nature of the target population, Idaho SSPs also provide social work services such as housing assistance and food bank information, testing for STDs, condoms, wound care, and connection to recovery coaches. Only 7 states *don't* have SSPs.

What is House Bill 617?
HB617, which passed the House on March 4 and is now going to the Senate, repeals the Syringe and Needle Exchange Act. Proponents of HB617 claim that needle exchange programs have not shown effectiveness in Idaho and that these programs provide services beyond their scope.

Do SSPs work?
SSPs significantly decrease the number of new bloodborne infections while increasing the chances that a person using IV drugs quits. For instance, SSPs are associated with an approximately 50% reduction in HIV and hepatitis C incidence.[ii] SSPs don't promote IV drug use. In fact, people who use IV drugs who engage with SSPs regularly are more than 5 times as likely to enter a SUD treatment program, and nearly 3 times as likely to report a reduction or discontinuation of IV drug use compared to those who have never used a SSP.[iii,iv,v] Moreover, SSPs may actually *reduce* the presence of dirty syringes in the community.[vi] Finally, given the high cost of treatment for HIV or hepatitis C, it would only take a few prevented cases per year to make a SSP cost-effective.

In Idaho, data is sparse. Reasons may include the relatively low number of patients, the short timeframe since SSP implementation, or the impact of COVID on SUDs. Still, we have seen a decrease in the number of new HIV cases in the past 3 years based on data from the Dept. of Health & Welfare (DHW). This decrease cannot be attributed to one specific factor; nevertheless, it would be unfortunate to see a reversal of this trend or an outbreak if SSPs were to go away.

Year	New HIV cases among Idaho residents
2020	40
2021	57
2022	43
2023	31

Public Health Committee's Perspective
While the legislature may have concerns about how SSPs operate in Idaho, these concerns should be addressed in partnership with DHW, SUD treatment experts, and patient advocates. Instead of disbanding SSPs, a good approach might be for the legislature to ask SSPs for objective data on effectiveness and outcomes. Beyond needle exchange, SSPs provide important supports to our patients, neighbors, and relatives struggling with SUDs—many of whom probably would not have access to other services. Elimination of these programs probably would not lead to a drop in IV drug use, but, rather, it could increase the dangers associated with drug consumption for individuals and our communities.

Other organizations speaking on the importance of SSPs include: the Idaho Society of Addiction Medicine, the American Medical Association, the Infectious Disease Society of America, the HIV Medicine Association, the American Nurses Association, and the Association of Nurses in AIDS Care, among others.

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[i] https://www.cdc.gov/ssp/index.html

[ii] Aspinall, E., et al. "Are needle and syringe programmes associated with a reduction in HIV transmission among people who inject drugs: a systematic review and meta-analysis." *Int J Epidemiol*. 2014; 43(1), 235- 248.

[iii] Hagan H., et al. "Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors", *J Substance Abuse Treatment*. 2000; 19:247–252.

[iv] Strathdee, S., et al. "Needle-exchange attendance and health care utilization promote entry into detoxification." *J Urban Health*. 1999; 76(4):448-60.

[v] Heimer, R. "Can syringe exchange serve as a conduit to substance abuse treatment?" *J Substance Abuse Treatment*. 1998; 15:183–191.

[vi] Tookes H., et al. "A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs." *Drug and Alcohol Dependence.* 2012; 123(1-3):255-9