

# Reducing Harms Associated with Substance Use Through Syringe Services Programs

## Syringe Services Programs (SSP)

A Syringe Services Program (SSP) provides services to reduce the harms associated with drug use, and prevent HIV and viral hepatitis infections.

### MDH-funded SSPs provide:



HIV and hepatitis C prevention, testing, and linkage to care



Education and tools to prevent overdose, including safer use practices and drug testing supplies



Sharps containers and safe disposal of used syringes



Referrals to medical, mental, and sexual health services



Naloxone kit distribution, training, and education



Sterile syringes and safer use supplies at no cost

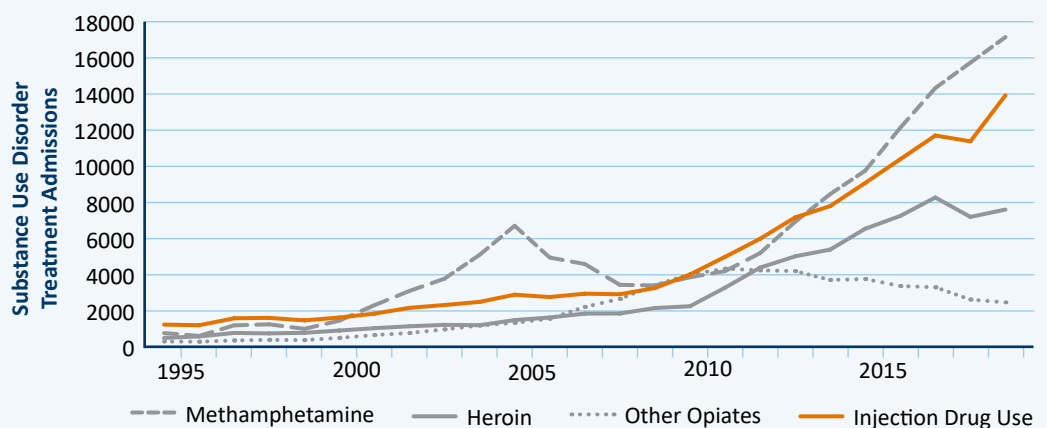


Referrals to substance use disorder treatment & recovery supports

## The Need in Minnesota

- In 2019, nearly 14,000 Minnesotans were admitted to substance use disorder treatment for injection drug use — a 330% increase since 2009.
- The majority of new hepatitis C cases are related to injection drug use.
- There were 262 new cases of HIV in Minnesota in 2022, 13% of which reported injection drug use.

Injection Drug Use Is On the Rise in MN 1995-2019



Source: Minnesota Department of Human Services, Behavioral Health Division (BHD), Drug and Alcohol Abuse Normative Evaluation System (DAANES), April 23, 2020.

# Syringe Services Programs Benefits

Syringe services programs effectively address many of the concerns related to drug use.



## Reduce needle-stick injuries

Communities with access to SSPs experience fewer improperly discarded syringes. In 2022, MDH-funded SSPs took in **1,128,137 used syringes**.

One in three officers are stuck with a needle during their career and in areas with active SSPs, law enforcement officers are **66% less likely to experience a needle-stick injury**.



## Reduce cases of HIV and hepatitis C infections

When people who inject drugs do not have access to a sterile syringe every time they use, they are at increased risk for acquiring or transmitting HIV, HCV, or other infections.

SSPs are associated with an estimated 50% reduction in new cases of HIV and HCV. In 2022, MDH-funded SSPs distributed **1,710,511 sterile syringes and conducted 694 HIV tests and 408 HCV tests**.



## Reduce drug overdose deaths

**In 2021, 1,286 Minnesotans died of a drug overdose - a 20% increase from 2020.** SSPs teach people who use drugs how to respond to an overdose using naloxone, as well as how to prevent overdoses through safer use practices.

In 2022, MDH-funded SSPs distributed approximately **68,480 doses of naloxone**, and participants reported reversing nearly 1,200 overdoses with naloxone acquired at an SSP. **Research shows that SSPs do not cause any increase in drug use.**



## Reduce infectious disease treatment costs

Given the costs of treatment, SSPs can be cost-saving interventions.

The average 12-week treatment cost for hepatitis C is \$84,000. The estimated lifetime cost of treating one person living with HIV is \$379,668 (in 2010 dollars). **One SSP with an annual budget of \$500,000 would only need to prevent three new cases of HIV to be cost-saving.**

## Increased access to treatment

SSPs meet people where they're at, providing a safe place to connect with services.

When someone has access to an SSP, they are five times more likely to enter treatment for substance use disorder, are more likely to reduce their drug use or stop using, and are more likely to access other medical services. In 2022, MDH-funded SSPs served approximately **12,000 unique clients**.



## Syringe access

Minnesota legislation allows any pharmacy to sell syringes without a prescription. Although every community could benefit from a syringe services program (SSP), there are still a small number of SSPs, mostly in the Twin Cities. Pharmacy syringe access allows statewide access to sterile syringes.

## MDH-funded SSPs

- Harm Reduction Sisters
- Native American Community Clinic
- NorthPoint Health and Wellness
- Ramsey County Clinic 555
- Rural AIDS Action Network (RAAN), Duluth
- Southside Harm Reduction Services

## References

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