



SYRINGE SERVICES PROGRAMS ARE OF BENEFIT TO PUBLIC HEALTH

A great deal of controversy and misinformation regarding syringe services programs is taking place in Benton and Franklin Counties. Benton-Franklin Health District, along with over two decades of research and data, supports syringe services programs, also known as syringe exchange programs, as beneficial to public health by increasing access to treatment and care; decreasing communicable diseases and subsequent infections; as well as being an avenue to distribute lifesaving opioid reversal medications.

The [Centers for Disease Control and Prevention](#), [Substance Abuse Mental Health Services Administration](#) and [American Society of Addiction Medicine](#) are among the national public health, medical and behavioral health organizations that recommend use of syringe services programs. Within the state, syringe services programs are also called out as one of the strategies in the [Washington State Opioid Response Plan](#) to identify and treat opioid use disorder and to reduce morbidity and mortality in those with opioid use disorder. The [Washington State Targeted Response Hub and Spoke Project](#), which focused on providing medication assisted therapy (MAT) for individuals with opioid dependence, includes syringe exchange programs among the recommendations for community referral agencies specifically because they are a point of access for populations that are often not linked with medical homes or treatment services. They are also a key component of the [End AIDS Washington](#) goal to reduce new HIV infections by 50% by 2020.

The previous absence of a syringe exchange program in Benton and Franklin counties was not because it was not a public health concern. Over the last several years, Benton-Franklin Health District had been approached about the need for syringe services programs in this community; however, the Health District had been unable to accommodate that request due to a lack of funding. Syringe services programs are a public health benefit for several reasons. Injection drug use¹ (IDU) is a risk factor for contracting blood-borne pathogens such as HIV and HCV, and sharing syringes provides a direct route of² transmission for diseases. Deaths from opioid overdoses are also rising dramatically. Increasing access to naloxone, the opioid overdose reversal medication, can reduce the number of fatalities. An international review of syringe exchange programs found no convincing evidence that they increase illicit drug use, injection frequency or discarded used needles; in fact, users of needle syringe programs had higher rates of enrollment in substance use disorder treatment programs and higher treatment retention rates compared with nonusers of the needle syringe programs.³

¹ Centers for Disease Control and Prevention, HIV and Injection Drug Use in the United States. HIV/ AIDS 2015 October 27, 2015 [cited 2016 February 18]; Available from: HIV and Injection Drug Use in the United States.

² Wheeler, Eliza & Stephen Jones, T & K Gilbert, Michael & J Davidson, Peter. (2015). Opioid Overdose Prevention Programs Providing Naloxone to Laypersons – United States, 2014. MMWR. Morbidity and Mortality Weekly Report. 64. 631-5.

³ Wodak, A & Cooney, A. (2006). Do Needle Syringe Programs Reduce HIV Infection Among Injecting Drug Users: A Comprehensive Review of the International Evidence. Substance Use & Misuse, 41:777–813.



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In Benton and Franklin counties, 115 people died from opioid overdoses from 2013 to 2017, three times the number that died from 2000 to 2004⁴. The agency operating regional syringe services programs distributes naloxone at their syringe exchange program sites and to local law enforcement.

Hepatitis C is also a growing concern, although not as easily measured due to lack of routine screening for at-risk individuals and inadequate resources for active surveillance. The most common risk factor in the United States for acquiring hepatitis C infection is current or former use of illicit drugs⁵. In Benton and Franklin counties, hospitalization costs to Medicaid and Medicare with hepatitis C as the primary diagnosis totaled \$3.96 million in 2016 – 2017 and had doubled since 2014⁶. New cases of HIV in Benton and Franklin counties averaged 8 per year in 2013 – 2017⁷. Syringe services programs are an opportunity to reach individuals that have otherwise been hard to engage in care. Disease prevention is a primary goal in public health. Implementing or supporting evidence-based programs like syringe exchange to reduce transmission of HIV or Hepatitis C saves more lives and money than waiting to respond to potential outbreaks or epidemics.

Locally, the ratio of needles exchanged and returned has been a significant point of contention with the implication that not maintaining a strict one-for-one exchange is bad practice. In fact, guidance from Washington State Department of Health's [Recommendation Needs-Based Syringe Access](#), is to supply syringes, including needles, based on need, and not on the number returned. The recommendation notes that a needs-based distribution model is likely to reduce syringe sharing more than one-for-one or one-for-one plus exchange. By using an exchange model, the local syringe exchange programs are able to provide for safe disposal of the used syringes.

Opioid use is a public health crisis, but it is a complex problem that cannot be solved by a single solution or a single agency. Benton-Franklin Health District works collaboratively with several organizations in the community to use both evidence-based approaches and innovative strategies to address this problem. The Health District will continue to use the available data to evaluate the effectiveness of these strategies, including syringe services programs, to ensure that the benefits outweigh the risks. As in any disease outbreak, public health cannot sit on the sidelines, but must respond to protect the health of the community. The Health District will continue to use and support all available and effective tools to address this growing epidemic of opioid overdoses.

⁴ Source: Washington State Department of Health Opioid Overdose Dashboards – County.

⁵ Chak E, Talal AH, Sherman KE, Schiff ER, Saab S. (2011). Hepatitis C virus infection in USA: an estimate of true prevalence. *Liver Int.*, 8:1090-101.

⁶ Source: Comprehensive Hospital Abstract Reporting System.

⁷ Source: Infectious Disease Assessment Unit, Washington State Department of Health. Washington State HIV Surveillance Report, 2018 Edition.