Reducing Harms Associated with Substance Use Disorder through Syringe Service Programs and Syringe Access

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

Minnesota Department of Health-funded SSPs provide:

- HIV & Hepatitis C prevention, testing & linkage to care
- Education about overdose prevention, including safer injection practices
- Sharps containers & safe disposal of used syringes
- Referrals to medical, mental & sexual health services
- Naloxone kit distribution, training & education
- Sterile syringes at no cost
- Referrals to substance use disorder treatment & recovery supports

The Need in Minnesota

- In 2017, there were almost 12,000 Minnesotans admitted to substance use disorder treatment for injection drug use; this is a 300% increase from 2007.
- The main risk factor for hepatitis C transmission is injection drug use.
- As of December 2017, there were 34,720 people reported to be living with chronic hepatitis C in Minnesota.
- Injection drug use is also a risk factor in the transmission of HIV.
- In 2017, there were 284 new cases of HIV in Minnesota, 10% of which reported injection drug use.

![Injection Drug Use Is On the Rise In MN 1995-2017](#)
SSPs effectively address many of the concerns related to drug use.

One in three officers are stuck with a needle during their career. SSPs provide resources and education on proper disposal for people who use drugs. In 2018, the Minnesota Department of Health (MDH)-funded SSPs took in 554,147 used syringes. SSPs reduce needle-stick injury to law enforcement by 66%.

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Sharing syringes and drug use equipment can spread HIV and hepatitis C. SSPs routinely provide HIV and hepatitis C testing and linkage to care to reduce transmissions. In 2017, there were 284 new cases of HIV and 34,720 people living with hepatitis C in Minnesota. In 2018, 14% of hepatitis C tests conducted at MDH-funded SSPs were positive.

In 2018, MDH-funded SSPs distributed 678,473 sterile syringes, reducing the risk of transmission of infectious diseases. For hepatitis C, the average 12-week treatment cost is $84,000. The estimated lifetime cost of treating one person living with HIV is $379,668 (in 2010 dollars).

When people participate in an SSP, they are five-times more likely to enter treatment for substance use disorder and more likely to reduce or stop injecting. SSPs meet people where they’re at, providing a safe place to connect with services. In 2018, the MDH-funded SSPs served 6,815 unique clients.

Syringe Access:

Syringe Access is legislation that allows any pharmacy to sell up to 10 syringes without a prescription. Although every community could benefit from a Syringe Service Program (SSP), there are still a small number of SSPs, mostly in the Twin Cities. Syringe Access allows statewide access to sterile syringes.

MDH-Funded Syringe Service Programs:

- Indigenous People’s Task Force (IPTF)
- JustUs Health
- Native American Community Clinic (NACC)
- NorthPoint Health and Wellness
- Ramsey County Clinic 555
- Rural AIDS Action Network (RAAN) Duluth

References:

2. Centers for Disease Control and Prevention www.cdc.gov/hiv/risk/ssps.html
5. MDH HIV/AIDS Surveillance www.health.state.mn.us/hiv
6. MDH Opioid Dashboard www.health.state.mn.us/opioiddashboard
11. Minnesota Statute 151.40 subdivision 2