

The Essential Role of Syringe Service Programs in Preventing Overdose Deaths

Syringe service programs (SSPs) offer more than just syringes and syringe disposal.

Key Points

- SSPs are the main community source of naloxone in Washington.
- SSPs also help people connect to important services, like substance use disorder treatment, health care, housing, and transportation.
- Some SSPs also offer other health services, including on-site wound care, infectious disease testing, the opioid use disorder treatment medication buprenorphine, and more.
- SSPs reach people who have a high risk of experiencing an opioid overdose.
- SSPs were the first community-based overdose education and naloxone distribution programs in the United States and in Washington.
- National public health organizations endorse the essential role of SSPs in improving individual and community health and preventing overdose deaths.

Background

Many people support overdose education and community naloxone distribution. More than 30 years of evidence also support the benefits of [community-based harm reduction programs like SSPs](#), also called syringe exchange programs. These programs do not increase drug use or crime. But they do help improve health for people and communities, support public safety, and offer a bridge to health and social services. Program staff and volunteers offer non-judgmental support and build trusted relationships with people seeking support. These programs are often an essential first step for people who use drugs and want to get help for physical or mental health conditions. In fact, people who use SSPs are over 5 times more likely to enter substance use disorder treatment and nearly 3 times more likely to report reducing or discontinuing injection drug use, compared to people who have never used a SSP. However, SSPs continue to face political challenges and stigma.

Benefits of Syringe Service Programs

Since the 1980s, SSPs have been a cornerstone of the public health response to HIV and other substance use-related health conditions, including hepatitis B, hepatitis C, endocarditis, and skin and soft tissue infections. SSPs have an equally important role in addressing the overdose crisis. SSPs pioneered efforts to prevent deaths from overdose by providing overdose education and distributing naloxone to participants. These efforts continue today, despite the stigma around SSPs.

“Providing access to and education about naloxone is a vital part of our services. Syringe service programs are the best way to get this essential lifesaving medication directly to people most likely to witness an overdose. We regularly hear from participants about how grateful they are to receive free naloxone and testimonies about how naloxone has saved their lives and the lives of friends and loved ones.”

Anya Callahan, LSWAIC, Jefferson County Public Health

The Role of Syringe Service Programs in Overdose Education & Naloxone Distribution

In the United States and in Washington, SSPs were the first programs to offer naloxone and evidence-based overdose prevention and response education to empower people to respond to opioid overdoses in their communities. Many people who use drugs are unlikely to get health care and social services due to stigma and other barriers. Since SSPs center the needs of people who use drugs, this puts them in an ideal position to [provide overdose education](#) and give naloxone to people most likely to experience or witness an opioid overdose. SSPs have an essential role in overdose prevention and response education, including naloxone distribution. Many major organizations, including the [Centers for Disease Control & Prevention](#), the [Substance Abuse & Mental Health Services Administration](#), and the [National Institute on Drug Abuse](#), endorse SSPs and this key role.

“The most effective way to prevent fatal opioid overdose with naloxone is to prioritize naloxone distribution to people who use drugs (for example, through harm reduction and syringe services programs) as this group is the most likely to witness an overdose.”

“Naloxone to Reverse Opioid Overdose,” National Association of Counties

The Washington State Department of Health manages the state Overdose Education & Naloxone Distribution (OEND) Program. The OEND Program provides training, technical assistance, and naloxone to over 700 partners that provide community education and distribute naloxone to people at the highest risk for experiencing and/or responding to opioid overdoses in their communities.

SSPs only comprise 6% of OEND Program partners, but they distribute 45% of the naloxone provided by the OEND Program.

Furthermore, SSP participants are high utilizers of naloxone to reverse suspected opioid overdoses. SSP’s reports of community members’ use of naloxone make up nearly 70% of all reversal reports received by the OEND Program. Reversals of suspected opioid overdoses are underreported. SSPs have many repeat encounters with participants, which may contribute to the number of reversals these programs have been able to report to the OEND Program.

Data from previous naloxone distribution efforts in Washington state confirm that “concentrating naloxone distribution through SSPs is an effective and productive strategy to reach individuals with the highest overdose risk, closest proximity to overdose events, and quickest opportunity to intervene successfully in an overdose... Distributing naloxone to people who use drugs yields high rates of naloxone use in overdoses, making this a worthwhile investment of public health resources” (Report: [University of Washington](#)).

Despite their critical role in preventing overdose deaths, SSPs [nationally](#) and in [Washington state](#) report inadequate funding for staffing and infrastructure, which can restrict the number of hours programs operate and the services they can offer. To maximize the impact of OEND efforts to reduce overdose deaths, SSPs must be prioritized, brought to scale, and sustained.

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