

An Introduction to Syringe Services

Created for members of the Health Committee, Baltimore City Council, September 29, 2020
by Dr. Susan Sherman, Johns Hopkins Bloomberg School of Public Health
and Harriet Smith, Baltimore Harm Reduction Coalition

The Basics & Benefits

- Syringe Service Programs (SSPs) distribute sterile syringes, safer drug use supplies, and education to people who use drugs. These harm reduction programs are proven to reduce HIV and HCV rates by 50% and were the main programmatic driver of reducing HIV and HCV among this population.
- The primary goals of SSP are to reduce the circulation of used syringes and to connect people with desired services while ensuring people are treated with dignity and given respect in their choices.
- There are over 250 SSPs in the U.S., with countless worldwide. They are a standard part of public health services throughout the world.
- SSPs have existed in the US for over 30 years and were a main driver in reducing HIV and Hepatitis C among people who inject drugs. More recently, they have become central naloxone distributors to people who use drugs and their networks.
- SSPs are often a first point of contact with healthcare and safety net services for individuals who have experienced high rates of stigma from providers and have numerous barriers to accessing healthcare.

Evidence-Based Models

- A needle exchange service where one syringe is turned in for every syringe distributed is not evidence based.
 - Strict exchange models do not meet the needs of vulnerable populations, such as marginally housed individuals who have no safe place to store syringes.
- Syringe services use a distribution model or needs-based model, which provides syringes based on the person's stated needs.
- Distribution/needs-based models are associated with significant reductions in HIV infection and reduced risky behaviors compared to exchange models.
- Programs with peer staff are ideal as they are run by people with current or prior injection drug use and inform every aspect of operations and service delivery.
 - The first SSP was started in 1985 in Amsterdam by people who inject drugs in an effort to reduce a Hepatitis B outbreak.

- Most SSPs are integrated with other necessary services (e.g., case management, STI testing and treatment, career counseling). This allows people to get many needs met through a relationship with one service provider.
 - Ideally syringe services are integrated into drop-in centers, healthcare facilities, and any other place where residents gather to learn, socialize, or get needs met (e.g. public libraries, pharmacies, community centers, etc.).

Who Supports SSPs?

Many professional organizations, government agencies, and advocates around the world support providing syringe services. Here is an incomplete list of organizations with representation in Maryland.

- Center for Disease Control and Prevention (CDC)
- Department of Health and Human Services (HHS)
- American Medical Association (AMA)
- American Nurses Association (ANA)
- Maryland Department of Health (MDH)
- Maryland Board of Pharmacy (MBP)
- Baltimore City Health Department (BCHD)

Local Context in Baltimore

- The Baltimore City Health Department's program began in 1994, after years of activists pushing for its establishment.
- In 2016, Maryland passed a law that expanded authorization to other jurisdictions (outside of Baltimore City) and to community based organizations across the state.
- After 3 years of advocates pushing for an application process for community based organizations (as allowable by law) to achieve state authorization, two SSPs were approved and began services in Baltimore City.
 - Baltimore Harm Reduction Coalition and Charm City Care Connection have been operating for over a year, each reaching populations who were not reliably accessing the BCHD mobile program.
- During COVID-19, these two community based SSPs aligned with one another and staff at SPARC Center, and other providers, to increase services and coverage around the city.
 - Ultimately CCCC and BHRC maintained current services at or above their previous capacity and expanded to provide services at: Simmons Memorial Baptist Church (Penn North), Tubman House Garden (Penn North), various sites in Greenmount West, IBR Reach/REACH Health Services (Maryland Ave & 22nd), University of Maryland Addiction Treatment Program (W. Pratt Street), St. Luke's Church (Hampden), various sites in East Baltimore/Middle East, and others.

Brief Timeline of Syringe Services & Needle Exchange Availability in Baltimore City

1994

- Maryland legislature approves law that gives authorization to BCHD and PGHD to operate needle exchange programs (they were 1:1 exchanges at the time).
- Baltimore City Health Department (began operating)

2016

- Maryland legislature approves law that expands authorization to health departments outside of Baltimore City (and Prince George's Co) and to community based organizations across the state.

2019

- Charm City Care Connection (approved and began operating)
- Baltimore Harm Reduction Coalition (approved and began operating)

2020

- Organization of Hope (approved)
- SPARC (application submitted)
- Healthcare for the Homeless (application submitted)

Choices are beneficial to residents

Like many other services, the best services are those that are tailored to those that use it and grounded in the local community. Syringe services are housed in organizations that provide other services and ways to connect for people who are often shunned by other providers.

Smaller, specialized, SSPs serve to fill gaps left by larger providers and, because of their size and grounding in the local landscape, can often pivot to accommodate emerging concerns.

Organizations and programs that offer harm reduction services—including syringe services—are, however, put in a position to stretch their capacity because of inadequate funding and the scope of need.

baltimore city community-based syringe service collaborative

