We Can’t Beat HIV, Hepatitis and Overdoses If We Close Syringe Services

Syringe service programs are one of the most impactful tools we have to end HIV, viral hepatitis and overdose syndemics.

May 11, 2021 By AIDS United

Given the proven effectiveness of syringe service programs to reduce infectious disease and improve drug user health, the recent uptick in attacks on these programs are disturbing. What’s worse is that they have been cropping up in parts of the United States that need them most.

SSPs are one of the most impactful and cost-effective tools we have to end HIV, viral hepatitis and overdose syndemics. For people who use drugs, SSPs are often the one health care provider they feel they can trust and the only place where they can prevent possible HIV or hepatitis C infection by securing clean syringes for themselves and others.

These programs provide a place where people who use drugs can pick up life-saving naloxone, access badly needed wound care or get connected to substance use disorder treatment. They are a lifeline for a community that is all too often neglected, and a necessity if we ever hope to end the HIV epidemic in the United States.

“The resources we were putting into harm reduction were not sufficient then and they’re certainly not sufficient now.”

The COVID-19 pandemic has underscored the urgent need for increased funding for syringe services. Put simply, it can save lives. https://t.co/3TPSvj1wW4

— AIDS United (@AIDS_United) May 11, 2021

Last month, West Virginia passed legislation that would greatly curtail the ability for SSPs to exist in the state, much less operate according to public health best practices —in the midst of an injection drug use-related HIV outbreak in Charleston, which the Centers for Disease Control and Prevention has called the most concerning in the country.

Dr. Demetre Daskalakis, director of HIV prevention at the CDC, told the Kanawha County HIV task force that the 35 recorded HIV cases in Charleston in 2019 were possibly just the tip of the iceberg and that the HIV outbreak was already larger than had been documented.

However, Daskalakis' warnings were not heeded.

Charleston's city council passed legislation regulating SSPs that was even more restrictive than the recently passed state law.

Now, the SSP in Scott County, Indiana, is facing a similar fate. In the near future, Scott County's only SSP could be shut down — in direct opposition to public health best practices and the well-being of people who use drugs in the area.

The program in Scott County serves as perhaps the most poignant example of the utility of harm reduction programs for many across the United States.

In 2015, Scott County was home to one of the most severe injection drug use-related HIV outbreaks in U.S. history. Two hundred people in a 24,000 resident county contracted HIV, most of them through the use of injection drugs, due in large part to reluctance from state and local officials to establish an SSP in the area.

After considerable advocacy from public health experts and the community, Indiana permitted the establishment of the Scott County SSP. Over the next six years, the number of new cases of HIV in the county plummeted from 200 in 2015 to just one in 2021.

To say that the program has been widely successful in curbing HIV rates in the area would be an understatement.

However, even though it has only been six years since the last HIV outbreak due to injection drug use in the area and despite the tremendous success of the SSP, lawmakers are looking to close down the program.

If the Scott County SSP is shuttered in the coming weeks, there is little doubt about what will happen next.

Without a place to pick up clean supplies, access HIV and hepatitis C testing, and gain entry to

broader medical services, people who use drugs and people living with HIV will be lost to care.

People who are currently virally suppressed and living well with HIV will have a harder time staying connected to their health care providers.

Those who use drugs will lose access to sterile syringes and begin using contaminated needles over and over again, leading to abscesses or HIV transmission if they share needles with their peers.

Overdoses will rise as a distribution hub for naloxone for opioid overdose reversal disappears.

The question is not if public health outcomes will worsen in Scott County with the closure of their SSP, but by how much?

We cannot end the HIV, viral hepatitis and overdose syndemics if we do not provide an entry to care for people who use drugs and support evidence-based services like SSPs.

For as horrible as the HIV outbreak in Scott County was, at the very least it showed beyond a shadow of a doubt that SSPs can prevent the transmission of HIV through injection drug use in rural America. To remove the Scott County SSP now would be a tragedy, not just for the people of Scott County, but for people who use drugs all across the country.

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