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EXPLAINER

Effective Practices for Syringe Services Programs March 2025

Introduction

Syringe services programs (SSPs) are a cost-effective method of preventing infectious disease and reaching people who use drugs (PWUD). Sometimes called "syringe exchanges" or "needle exchanges," SSPs often provide many services in addition to sterile injection equipment distribution and used syringe disposal. Not only do SSPs help curtail the spread of infectious diseases, people who use them are more likely to enter treatment and stop using drugs. Despite the proven benefits of SSPs, they are underutilized and often highly restricted.

Legal language authorizing SSP operation varies considerably by state. As of July 2023, SSPs have legal authority to operate in 38 states, the District of Columbia, and Puerto Rico. For policymakers interested in introducing legislation that authorizes SSPs or proposing changes to existing legislation, there are many ways to ensure SSPs can operate effectively. However, because SSPs are often controversial, policymakers should first strive to write legislation that preserves SSPs' ability to innovate and adapt to community needs. Because the policy process can be time consuming, it is more practical to ensure SSPs remain nimble than to continually adjust overly prescriptive legislation in the face of changing drug use patterns.

SSP Policy Considerations for Effective Implementation Accessibility: Keep Barriers Low

To operate most effectively, SSPs must be able to provide services to PWUD from all walks of life. Although SSPs do not exclude anyone from services, many serve vulnerable populations, such as people who are unhoused or insecurely housed. Because of this, it is important to ensure legislation does not impose unnecessary barriers to accessing services. Two examples of barriers that could discourage SSP use are identification and residency requirements. Members of vulnerable populations are less likely to have a form of government-issued identification and may not have an address to prove residency. Both identification and residency can be significant deterrents to accessing SSP services for people in need.

Comprehensive Programs: Allow SSPs to Offer Related Services

SSPs often provide services beyond syringe distribution and disposal. These services differ based on community needs, resources, and legal authority; however, food banks, infectious disease testing, wound care, healthcare referrals, drug checking, naloxone distribution, and help accessing social services are common wraparound services. Not only do these additional services help meet the needs of SSP participants, they can offer a less intimidating way to start using SSP services. Providing multiple ways to engage with SSPs allows employees and volunteers to build trust and start conversations that can lead participants to use more services and further improve their well-being. Additionally, research shows that SSPs offering comprehensive services are more cost-effective than programs offering a narrower range of services.

Syringe Quantities: Do Not Restrict Needs-Based Distribution

There are generally two models for syringe distribution: needs-based and one-to-one. Needs-based distribution allows SSPs to offer participants any number of syringes to meet their needs. One-to-one distribution means that participants can only receive the same number of syringes as they return to the SSP. Evidence shows that needs-based distribution is more effective than one-to-one distribution and does not increase syringe litter.



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There are several ways SSPs can facilitate safe syringe disposal, such as providing punctureproof containers, collecting syringes onsite, or installing syringe disposal containers in areas where syringe litter is common.

Contact us

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A Case for Flexible SSP Legislation

Flexible and permissive legislation is particularly important for SSP implementation because community needs change quickly. One reason SSPs must be able to adapt to on-the-ground conditions is the rapid and lethal evolution of the illicit drug supply. As the proliferation of fentanyl, and now xylazine, in the illicit drug supply has shown, illicit drug production is **ever-changing**. The drugs causing the most harm to communities may change, so SSPs must have the latitude to offer services that reduce harm from whatever substance is available year-over-year. Narrowly focused legislation specific to today's drug supply may leave SSPs unable to address emerging threats to community health.

SSPs operate in a social ecosystem that includes many stakeholders, making their ability to adapt to community needs all the more important. SSP practices look different depending on the community in which they operate. One example is that some SSPs (whether by choice or legal requirement) provide participants with cards or other means of proving their affiliation with the SSP. This can be important in places where possession of syringes and injection supplies is illegal unless a person is an SSP participant. Since paraphernalia laws can change, SSPs must be able to respond in ways that help keep participants out of legal trouble.

Communities near SSPs are often concerned about syringe litter, despite research showing that SSPs actually decrease syringe litter. SSPs can address these concerns using many different operational strategies if they have enough legal flexibility to adapt to community needs. For example, there are both benefits and drawbacks to SSPs distributing syringes marked to designate where they came from. However, an SSP may decide the benefit of being able to show that the syringes they distribute are not contributing to syringe litter outweighs the drawbacks. Legally mandating marked or unmarked syringe distribution decreases SSPs' ability to be flexible based on community needs and concerns. Similarly, there are several ways SSPs can facilitate safe syringe disposal, such as providing puncture-proof containers, collecting syringes onsite, or installing syringe disposal containers in areas where syringe litter is common. The most effective method depends on the community. For example, rural communities where participants might have to travel long distances to the SSP might find that providing participants with disposal containers is most effective, whereas more urban SSPs might find thoughtfully placed disposal containers in the community more effective. Since states are rarely exclusively urban or rural, legislation should be flexible enough to accommodate SSPs' needs in any area of the state.

Finally, community support, whether passive or active, is important to the success of SSPs. Different communities will have different stakeholders—law enforcement support will be vital for some, while neighborhood business support may be more important in others. Because of the diverse needs of communities, legislation should encourage collaboration with various stakeholders; however, mandating it may be too prescriptive in some circumstances.

Ensuring that legislation authorizing SSPs allows flexible service models guarantees that the programs are tailored to the community. As policymakers legislate SSPs, they can also respond to community needs by listening to local stakeholders when proposing legal language.