

Syringe Access Programs

Best practices, research, and data

Syringe access programs reduce discarded syringes and needlestick injuries ([CDC](#))

- Among first responders by providing proper disposal. One in three officers may be stuck with a needle during their career. ([CDC](#))
- Among the public. ([CDC](#)) Although needles are discarded in public places around the world, risk of bloodborne pathogen transmission is very low ([Pediatric Child Health 2008](#))
- A 2012 study published in the journal Drug and Alcohol Dependence compared San Francisco, a city with a needle exchange, to Miami, a city without needle exchanges. More than eight times as many syringes were found on the streets of Miami, and injection drug users in Miami reported improperly disposing of needles much more often than those who injected drugs in San Francisco. ([DrugRehab.com](#))
- In Portland, Oregon, the number of improperly discarded syringes dropped by almost two-thirds after the implementation of a syringe access program. ([Coalition for Syringe Access](#))
- A study of Connecticut police officers found that needle stick injuries were reduced by two-thirds after implementing syringe access programs. ([Coalition for Syringe Access](#))
- By comparison, a study in San Diego, which does not have a syringe access program, found 30 percent of police officers have been stuck by a needle at one point in their careers, with more than 27 percent of those injured experiencing two or more needle stick injuries. ([Coalition for Syringe Access](#))

Syringe access programs increase entry into substance use disorder treatment ([CDC](#))

- People who inject drugs are 5 times as likely to enter treatment for substance use disorder and more likely to reduce or stop injecting when they participate in a syringe exchange program. ([CDC](#))
- The Works program provides referral to substance use disorder treatment programs including medication-assisted treatment and counseling to increase the likelihood that program participants will be able to stop using substances. (BCPH)
- The Works program provides referral to housing and social programs. When the basic necessities of housing and health care are provided, participants are much more likely to be able to focus on treatment. (BCPH)
- Often people who experience both homelessness and use substances can have a complex experience of trauma, abuse, neglect, oppression, marginalization, or stigmatization that creates greater challenges for accessing services including housing, health care, education, and other basic opportunities. (BCPH)

Syringe access programs do not increase local crime in the areas where they are located. ([CDC](#)) ([American Journal of Public Health](#))

Syringe access programs save money by: ([CDC](#))

- Saving health care dollars by preventing infections. The estimated lifetime cost of treating one person living with HIV is more than \$400,000. ([CDC](#))
- Testing linked to hepatitis C treatment can save an estimated 320,000 lives. ([CDC](#))
- The Works program also offers education on safer injection practices, wound care, and overdose prevention – all of which reduce medical costs and burden to the community. (BCPH)
- An estimated \$10 million dollar (2014) increase in funding of syringe access programs would prevent almost 200 cases of HIV and provide a return on investment of \$78 million dollars. ([Nguyen et al.](#))

Syringe access programs do not increase drug use

- [United States General Accounting Office 1993](#)
- [National Commission on AIDS 1991](#)
- [University of California \(for CDC\) 1993](#)
- [The Public Health Impact of Needle Exchange Programs \(for CDC\) 1993](#)
- [Office of Technology Assessment 1995](#)
- [National Institutes of Health Consensus Conference 1995](#)
- [Department of Health and Human Services 2000](#)
- [Institute of Medicine, National Academy of Sciences, 2002](#)

Syringe access programs reduce overdose deaths by: ([CDC](#))

- Teaching people who inject drugs how to prevent and respond to drug overdose.

Syringe access programs reduce new HIV and viral hepatitis infections by: ([CDC](#))

- Decreasing the sharing of syringes and other injection equipment.
- The greatest reason for people who inject drugs not to use a sterile needle is access. ([Healthline](#))
- Individuals who inject drugs can substantially reduce their risk of getting and transmitting HIV, viral hepatitis, and other blood borne infections by using a sterile needle and syringe for every injection. ([CDC](#))
- A 2015 study in Washington DC found their syringe access program prevented 120 new cases of HIV infection and saved an estimated \$44 million over just a two-year period a 70% reduction. ([George Washington University](#))
- In Washington, D.C., syringe access programs helped reduce drug-related transmission of HIV by more than 80 percent. ([Coalition for Syringe Access](#))
- About 1 in 3 young people who inject drugs (aged 18–30) have hepatitis C. ([CDC](#))
- In 2015, there were 3,600 HIV diagnoses among people who inject drugs. ([CDC](#))
- In 2019, the Colorado Department of Public Health and Environment reported a 20% increase in HIV from January-June of 2019 compared to the same time period in 2018. The increase is primarily among females and people who inject in neighboring counties of Adams, Arapahoe, Broomfield, Denver, Douglas, and Jefferson. **There was no similar increase in new HIV infections in Boulder County.**

Making safe disposal convenient increases its likelihood

- Just like making clean water available increases water consumption, and including sidewalks in neighborhoods increases physical activity, making it easier to properly discard syringes increases safe disposal.
- The Works program provides:
 - Safe disposal boxes at 3 locations in Boulder, 1 location in Longmont, and 1 location in Lafayette.
 - Sharps containers for program participants to keep with them to dispose of their syringes and return to the program for safe disposal.
 - Education about safe disposal if participants do not have access to a disposal box or sharps container (use a strong plastic bottle (e.g. bleach or liquid detergent bottle) or metal container with a twist-on lid.

Syringe access programs are responding to current trends: ([CDC](#))

- In recent years, heroin use has increased more than 60% (114% among white people). The heroin and opioid epidemics could lead to new HIV outbreaks. ([CDC](#))

People who use substances (and syringe access programs) come from all walks of life at similar rates. ([SAMHSA](#), [Lancet](#))

Substance abuse is a neurological disorder

- The US Surgeon General emphasizes that addiction is a chronic neurological disorder that should be treated like other chronic illnesses. He calls for a cultural shift—from perceiving addiction as a “moral failing” to removing the stigma and shame that prevents addicted people from seeking help. ([Lancet](#))

Most Works program participants are not homeless

- In 2018, of the 355 Works program participants who responded to our survey
 - 51.3% are housed in a place they own or rent
 - 16.3% live with friends and family
 - 4.2% in transitional housing or shelters
 - 28.2% are experiencing homelessness (BCPH Works program data, 2018)

Summary of government studies: <https://harmreduction.org/wp-content/uploads/2012/01/GovtStudiesinSupportofNeedleExchange.pdf>