Syringe services programs (SSPs) help prevent infection and improve patient care. As the AMA detailed in its “2022 Overdose Epidemic Report,” SSPs—formerly called needle-exchange programs—can significantly cut HIV and hepatitis C incidence and serve as a bridge to testing and treatment for those conditions, as well as to medications to treat opioid-use disorder.

To help bolster such efforts, the Centers for Disease Control and Prevention (CDC) has awarded $6.9 million to the NASTAD and nearly $750,000 to RTI International in year one of a five-year project. They will use the money to fund SSPs and assess implementation and coverage of services delivered by such programs over five years.

NASTAD’s grant will support a five-year project to increase access to harm-reduction services for people who inject drugs.

NASTAD, in partnership with grassroots organization VOCAL-NY, is planning to provide direct funding at least 40 SSPs nationwide, although the number could be higher based on the applicant pool, with awards ranging between $50,000–$150,000.

The aim is to increase resources to bolster SSP capacity, providing lifesaving front-line infectious disease and overdose-prevention services as well as serve as a vital touch point for people who use drugs. Resources will be used for general SSP staffing, supplies and—following current federal allowability guidelines—program overhead.

NASTAD will also provide capacity-building assistance on organizational and fiscal development and comprehensive health services for people who use drugs.

“We are excited to dive into this vitally important and timely work with the CDC, project partners, VOCAL-NY and the University of Washington, and SSPs across the country,” NASTAD Executive Director Stephen Lee said in a statement. “HIV and viral hepatitis continue to disparately impact people who use drugs, and this is an opportunity to build capacity in the infectious disease workforce.
by creating and expanding essential health services.”

The AMA strongly encourages state medical associations to consider introducing state legislation modifying drug paraphernalia laws to protect people who inject drugs by allowing them to acquire needles and syringes without a prescription, and to protect needle-exchange program employees from being prosecuted for disseminating syringes.

The AMA also supports modifying restrictive laws and regulations concerning the sale and possession of needles and syringes to maximize the availability of sterile syringes and needles, as well as to continue providing reimbursement for medically necessary needles and syringes.

The AMA believes that science, evidence and compassion must continue to guide patient care and policy change as the nation’s opioid epidemic evolves into a more dangerous and complicated illicit drug overdose epidemic. Learn more at the AMA’s End the Epidemic website.

Finding out what works

Led by RTI International, grant money will also be used to conduct a national survey of SSPs to gather data on access, capacity and coverage of services. This is to identify the areas that need additional resources for safely distributing and disposing of syringes, preventing infectious disease from injection drug use, and reducing other harms related to drug use, according to the CDC.

“Our goal is to continue building knowledge about the delivery and scale of SSP-delivered prevention and treatment services throughout country,” said Barrot H. Lambdin, PhD, the principal investigator of RTI’s project. “This initiative will allow us to track national SSP coverage, capacity, and service delivery and will also inform how local, state and federal agencies can better allocate resources to strengthen SSPs,” he added.

RTI International will continue its partnerships with the North American Syringe Exchange Network, the National Harm Reduction Coalition and academic researchers from across the country to carry out this project. In addition to annual surveys of SSPs, RTI and partners will be strengthening communication among SSPs so that emerging public health information can be disseminated quickly.

“The idea is to find out what exists, what’s working, and where we can support existing as well as new communication mechanisms,” he added, noting that current approaches include a national conference on harm reduction, state and regional syringe-exchange network, listservs and webinars providing technical assistance.

Visit AMA Advocacy in Action to learn more about what’s at stake in ending the overdose epidemic and other advocacy priorities the AMA is actively working on.