

Health Centers and Syringe Services Programs

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Syringe services programs (SSPs), sometimes known as “needle exchange,” are a [long-standing, evidence-based practice](#) that is a core component of harm reduction services. Syringe access in the United States began in 1988 in an effort to stop the spread of HIV among people who injected drugs. In October 2021, the U.S. Department of Health and Human Services announced that the nation’s [Overdose Prevention Strategy](#) would include [harm reduction](#) as a central pillar. SSPs are a foundational harm reduction service and essential in decreasing the spread of communicable and infectious disease, increasing engagement of vulnerable people into care, and saving lives.

Despite being a proven public health intervention, syringe access often exists outside of traditional health care settings. Access to SSPs continues to be led by grassroots community-based organizations who are responding to the needs of their community members. As established safety net providers, health centers are well- positioned to become SSPs for five main reasons:

1. Health centers already offer integrated health services.
2. Health centers hold credibility within communities.
3. Health centers are already serving individuals disproportionately impacted by substance use and infectious disease.
4. Health centers incorporate patients’ needs into governance and so are poised to know what additional services the community needs.
5. Health centers are founded on the basis of social justice.

HRSA Health Center Program Compliance FAQ:

[“What steps does your health center need to take to operate an SSP within its Health Center Program?”](#)

Operating as an SSP is a service that is part of a health center’s [substance use disorder \(SUD\) services](#) scope of practice and requires prior approval from HRSA.

Four documentation steps are required:

1. Documentation that your local/state health department is located within an area that is “experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use.”
2. Letter signed by your health officer certifying that your health center’s SSP will operate in accordance with applicable law.
3. Confirmation that your health center has SUD services in scope.
4. Confirmation that your health center will not use any federal dollars to purchase sterile syringes/needles for illegal drug injection.

While it is clear that federal law and regulation allow health centers to provide syringe services as SSPs, the ability to and process of providing syringe access is [regulated by state laws](#). In some areas an organization must first apply to become an SSP before being able to offer syringe access, while in other areas this step is not required. To operate as an SSP health centers will likely have to develop processes for tracking metrics required by their state as well as develop low-barrier workflows for how individuals seeking syringes can access care.

This issue brief emphasizes HRSA policy allowing health centers to participate in SSPs, outlines models of care, and provides best practices and resources for moving forward to provide health center patients access to syringes.

Models of Care

There are two general models that health centers can use to provide syringe access under their scope of practice: becoming an SSP or partnering with an SSP provider. Each approach offers benefits and issues to consider.

Becoming a Syringe Services Program

Under this model, the health center offers syringe services as part of their scope of practice. Patients can access syringes the way they access any other service of the health center. Syringes are distributed by health center staff and metrics are tracked by the health center.

Benefits:

- **Access:** Normalizes and integrates syringe access within the health center and creates a new entry point for care especially for individuals who may not otherwise access primary care.
- **Demonstrates harm reduction as health care:** Offering syringes in traditional health care settings destigmatizes this public health intervention and fosters trust in a system that has historically and currently mistreats people who use drugs.
- **Fosters Relationships:** Maximizes existing relationships with patients who need syringe access.
- **Integration of services:** Allows existing health center services such as case management, behavioral health, and medical care to be more comprehensive and effective.
- **Quality of care:** Allows patients to receive more services in one location, allowing a greater focus on [patient-centered care](#).
- **Outcomes:** Improves health outcomes and engagement in care, and lowers morbidity and mortality associated with Substance Use Disorder.

Considerations:

- **Training:** How will staff be trained in providing harm reduction education and tracking distribution?
- **Distribution:** Which staff can/will distribute syringes?

- **Documentation:** How will metrics be kept? Will syringe access be offered anonymously or confidentially?
- **Confidentiality vs. Anonymity:** Can a person receive syringe access anonymously or does information need to be stored in the health center's electronic health record (EHR) system?
- **Accessibility:** Who will be allowed to access syringes and how? When will they be available?

Partnering with a Syringe Services Program

Some communities already have well-trusted, established SSPs. These programs are often deeply connected with vulnerable communities and the staff there are aware of where services need to be offered. Health centers may choose to partner with these programs to provide syringe access to their patients. In this model, health center staff join SSP staff at locations they frequent to offer primary care and other health services and, when possible, SSP staff are located within the health center. The partner SSP is responsible for tracking metrics related to syringe access while the health center continues to provide health services.

Benefits:

- **Documentation:** Health centers do not have to develop tracking methods within their system.
- **Anonymity:** SSPs do not require personal identifying information and syringe access remains out of EHR.
- **Access to patients:** SSPs have trusted relationships within the community and health centers can be introduced as partners.
- **Access to services:** SSPs and health centers can provide services in conjunction with one another to the people each program serves, expanding both programs' reach.
- **Start-up:** Partnership can demonstrate need for syringe access of health center patients – which may be necessary to build organizational buy-in.

Considerations:

- **Limited service availability:** Syringe access is only offered at times and places when partner organization is available.
- **Fragmentation of care:** Patients must access two programs—often in different physical locations-- in order to receive needed services.
- **Program management:** Varying schedules and obligations, as well as staff recruitment, training, and retention at a partner organization, may not be within health center control.

Best Practices

In either model, there are several core elements to offering syringe access that reduce harm and foster trustworthiness.

Implement Harm Reduction Practices

- Offer [safer use kits](#) that can decrease the harm that can come with drug use. These kits can include items for safer consumption of a substance, test strips for substances such as fentanyl or Xylazine, syringe disposal, and naloxone.
- Provide [education on safe injection](#) in a non-judgmental, scientifically informed manner.
- Distribute and train both patients and staff on the use of naloxone to everyone, regardless of substance use. Saving lives happens by having naloxone in the community.
- Offer [Medications for Opioid Use Disorder](#) (MOUD) in a low-barrier way.

Provide Trauma Informed Care

[Trauma-informed care](#) is a patient-centered approach to care that recognizes the impacts of trauma and actively works to prevent re-traumatization and promote recovery. The principles of trauma-informed care are grounded in establishing a trusting relationship and a safe physical and psychological space in which to address patient health care needs.

Offer Confidential Conversations

The stigma associated with substance use and the fear of criminal repercussions pushes people into isolation where they are afraid to seek treatment, which can be deadly. Guaranteeing non-judgmental and confidential conversations is fundamental to providing high-quality care to someone who uses drugs.

Seek Expert Input on Service Delivery

All service delivery models should be designed—and continually evaluated—with the direct input, wisdom, and lived experience of people who have, are, or will access syringe services. Compensate consumers for their time and expertise and continue to engage their perspective in authentic and sincere ways.

Moving Forward

Implementing syringe access has never been more important. HRSA's recent guidance makes it clear that health centers can operate SSPs and have an important role in increasing syringe access. Here are five steps to take now:

1. Talk with clinical leadership about the need for syringe access.
2. Connect health center quality/access measures to SSP outcomes.
3. Encourage patient leaders to advocate internally for syringe services.
4. Connect syringe access with equity initiatives.
5. Host tours and discussions about syringe services at the health center with public officials, providers, and people who use drugs.

Health centers, especially Health Care for the Homeless programs, are trusted members of their communities and offer robust, comprehensive, and interdisciplinary care, which should include offering sterile syringes for safer drug use. In this way, health centers continue to add value to their community by decreasing the stigma of substance use, improving health outcomes, and engaging vulnerable people into comprehensive health care.

Resources

- [Press Release: White House Releases Model Law to Help States Ensure Access to "Safe, Effective, and Cost-saving" Syringe Services Programs](#)
- Prescription Drug Abuse Policy System: [Syringe Services Programs Laws](#)
- CDC: [Syringe Services Programs: A technical Package of Effective Strategies and Approaches for Planning, Design, and Implementation](#)
- National Harm Reduction Coalition: [Guide to Developing and Managing Syringe Access Programs](#)
- Faces and Voices of Recovery: [Peers Speak out!](#)
- California Department of Public Health: [Fact Sheet: Harm Reduction in Health Centers](#)