Dear Dr. Collman:

Thank you for your letter to Dr. Cohen and me regarding the benefits of syringe service programs (SSPs)\(^1\) and how support of SSPs has improved health outcomes. I am responding on behalf of the agency.

Participating in syringe services programs have been shown to prevent acquisition of HIV, hepatitis C virus, bacterial endocarditis, reduce the risk of overdose, increase use of substance use treatment, reduce injection drug use, and lower healthcare costs. CDC works closely with health departments and community organizations to support the scale-up of SSPs and provide guidance for best practices for SSPs.\(^2\) CDC sees SSPs as a vital part of basic public health infrastructure.

Several concerns have been raised regarding potential negative effects of SSPs, including syringe litter, changes in crime, and the perception of condoning illicit drug use. However, several studies have shown that SSPs are not associated with increased illegal drug use, crime, or environmental presence of used syringes. For people who use drugs, SSPs serve as a bridge to other health services, including HIV and HCV diagnosis and treatment. Many SSPs, including Prevention Point Philadelphia,\(^3\) offer a range of life-saving services such as overdose prevention, vaccination, infectious disease testing, assistance for people experiencing homelessness, and safe syringe disposal—providing both a benefit to the individual and the entire community in which SSPs operate.

SSPs provide a mechanism for people with substance use disorder to have increased access to naloxone in case of overdose, and be linked to substance use disorder treatment. Substance use disorder is a chronic health condition that often requires life-long treatment and support. People with substance use disorders often do not access healthcare services at traditional venues because of mistrust and experiences of stigma. SSPs present an opportunity to deliver services and increase linkage to healthcare and social services in an evidence-based manner that respects the needs of people who use drugs while protecting their personal health and the health of the community. Moreover, people with a substance use disorder who inject drugs and regularly use an SSP are five times more likely to enter and remain in treatment and nearly three times as

\(^1\) [www.cdc.gov/ssp/syringe-services-programs-summary.html](http://www.cdc.gov/ssp/syringe-services-programs-summary.html)
\(^2\) [www.cdc.gov/ssp/](http://www.cdc.gov/ssp/)
\(^3\) [https://ppponline.org/](https://ppponline.org/)
likely to stop using drugs as compared to people with a substance use disorder who have never used an SSP.4

In Philadelphia, surveillance and public health data collected have demonstrated the need for HIV prevention services. Since 2018, the Philadelphia Department of Public Health (PDPH) and community partners, including SSPs, have responded to an HIV outbreak among people who inject drugs. PDPH observed an increase in new HIV diagnoses among people who inject drugs, with 59 new HIV diagnoses among them in 2021 (an 84% increase compared to 2016) and 18 new HIV diagnoses among them in the first three months of 2022.5 PDPH noted that increasing fentanyl use and homelessness likely contributed to HIV transmission in this population. Through collaborations with community-based organizations such as Prevention Point Philadelphia, CDC and PDPH-led response efforts have promoted the expansion of access to syringe services, HIV testing, rapid antiretroviral therapy initiation, pre-exposure prophylaxis, and non-occupational post-exposure prophylaxis; communication about and coordination of response efforts; and mobilizing one-stop-shop services for people who inject drugs.

Stopping or reducing SSP services could have detrimental consequences, particularly in communities that are already experiencing high background HIV incidence among people who use drugs. One recent publication demonstrated how temporary interruption and permanent closure of existing SSPs may lead to “rebound” HIV outbreaks among people who inject drugs. These researchers used data from Scott County, Indiana, to model the effect of SSP operations on HIV incidence, finding that permanent closure of the SSP in Scott County would have resulted in more than 63 new HIV infections each year (and a 52% increase in the rate of new infections) from 2021-2025, as compared to if the SSP had continuously operated.6 When SSPs are closed in communities, former SSP participants describe more frequently injecting with non-sterile syringes and engaging in a range of high-risk injection practices that can lead to infections.7,8 Supporting and expanding SSP infrastructure in combination with other prevention interventions would benefit HIV control efforts in Philadelphia.

Please do not hesitate to contact me if you have any questions.

Sincerely,

Jonathan Mermin, MD, MPH
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Director, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, CDC

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