

**Syringe Services Programs and Supervised Injection Sites are Effective Means of  
Combating the Opioid Epidemic**

**Southern Adventist University**

**November 2, 2023**

## **Debate Objectives**

To convince our audience that syringe services programs (SSPs) and supervised injection sites (SIS) are effective and essential harm reduction strategies . To do so we will elaborate on the functions and focuses of these two strategies and the roles that they play in the opioid epidemic.

## **Strategy Outline**

### **Opening Statement**

We are presenting the affirmative position on the effectiveness of syringe service programs (SSPs) and supervised injection sites (SIS). We firmly believe that these programs are crucial tools in addressing the complex and urgent public health issues surrounding drug addiction and its associated harms. Our argument is based on a foundation of evidence and prioritization of compassion, health, and safety for not only individuals, but also the broader community. We will explain the ways that these programs help to reduce the spread of blood-borne infections, save lives, connect users to treatment and support, decrease public disorder while improving community safety, and provide economic benefits.

SSPs are defined as community based harm reduction programs that provide proper syringe disposal, access to sterile injection equipment, vaccinations, testing, and exposure to appropriate medical care as well as substance use treatment and therapy (Center for Disease Control and Prevention, 2023). Some programs even go so far as to provide a hot meal, clothing, and other forms of support (B. Yackey, personal communication, November 1, 2023). On the other hand, SIS are described as facilities that provide sterile injection supplies, safe injection counseling, emergency care on stand-by in the event of an overdose, and referrals to social services as well as substance use and addiction treatment services (Finke and Chan, 2022).

### ***Reducing the Spread of Blood-Borne Infections***

Syringe services programs play a pivotal role in reducing the transmission of bloodborne infections, such as HIV and Hepatitis C, among people who inject drugs. By providing access to sterile needles, these programs effectively prevent the sharing of contaminated syringes, helping to safeguard the health of both drug users and the general population. SSPs have played a role in contributing to a reduction of nearly half HIV and HCV cases (Center for Disease Control and Prevention, 2023).

### ***Saving Lives***

Supervised injection sites have proven to be a life-saving intervention. In the event of an overdose, immediate medical attention is available, dramatically increasing the chances of survival. These facilities have successfully prevented countless deaths, offering individuals a second chance to seek treatment and rehabilitation. One study in Canada found that overdose deaths decreased by 26% in the area surrounding a supervised injection site as compared to the rest of the city (Finke and Chan, 2022). Syringe services programs also help to reduce overdose deaths along with needle stick injuries that can affect various people within communities (Center for Disease Control and Prevention, 2023)

### ***Connecting Users to Treatment and Support***

SSPs and SIS are not just about harm reduction; they also serve as valuable entry points for connecting drug users to addiction treatment and support services. By establishing relationships of trust and care, these programs encourage individuals to seek help when they are ready. Studies have consistently shown that individuals engaged with these services are more likely to enter treatment and recovery programs, addressing the root causes of their addiction (Center for Disease Control and Prevention, 2023).

### ***Decreasing Public Disorder and Improving Community Safety***

Supervised injection sites, when well-managed, can reduce public drug use and discarded needles in communities. This leads to improved public safety and helps to alleviate the concerns of local residents. By providing a controlled environment for drug use, SIS can help move drug-related activities off the streets and into a more controlled setting, reducing the impact on the broader community (Finke and Chan, 2022).

### ***Providing Economic Benefits***

Both of these programs can provide substantial cost savings to society by reducing the burden on emergency healthcare services, law enforcement, and the judicial system. Fewer overdoses and fewer bloodborne infections mean fewer costly hospitalizations and legal proceedings. It is also common that these programs function as non-profit and grant-funded. With that in mind, the economic benefits seem to outweigh the costs.

### **Cross-Examination**

#### ***Impact on Disease Transmission***

Brad Yackey, in a recent interview conducted on November 1, 2023, emphasized the indispensable role of Syringe Services Programs (SSPs) in providing immediate life-saving care and promoting healthier lifestyles. Yackey's perspective is further supported by Khan and Mehmood's (2016) research, which emphasizes the reduction in sharing-syringe behavior within pharmacy-based NSPs, decreasing the risk of transmitting blood-borne infections like HIV and HCV (Yackey, 2023; Khan & Mehmood, 2016). This aligns with Centers for Disease Control and Prevention (CDC) studies that support the effectiveness of SSPs in reducing the transmission of viral hepatitis, HIV, and other infections among people who inject drugs (CDC, n.d.).

The significant impact of SSPs on disease transmission, as noted by Yackey and supported by empirical research, aligns with the need for harm reduction strategies in combating the opioid epidemic and reducing the spread of diseases among individuals engaged in drug injection.

However, one of the strongest counterarguments to consider is the potential enabling of drug use by SSPs. Critics argue that providing clean needles and syringes might encourage drug use or signal acceptance of addictive behavior. The evidence from Khan and Mehmood (2016) and CDC guidelines suggest otherwise. Studies have shown that SSPs do not increase illegal drug use or crime, demonstrating that SSPs play a crucial role in harm reduction without encouraging drug use (Khan & Mehmood, 2016; CDC, n.d.).

### ***Public Health Benefits***

Khan and Mehmood's (2016) findings emphasize the importance of public health advantages resulting from reducing high-risk behaviors among individuals participating in drug injection (Khan & Mehmood, 2016). This aligns with the CDC's push that comprehensive SSPs are safe, effective, and play a huge role in preventing viral hepatitis, HIV, and other infections without increasing illegal drug use or crime (CDC, n.d.).

Also, critics argue about the cost-effectiveness and the potential burden on healthcare resources caused by SSPs. However, Khan and Mehmood's research (2016) suggests that even without immediate cost savings, SSPs play a crucial role in curbing disease transmission and creating a healthier society over time (Khan & Mehmood, 2016).

### ***Assessment of Bias and Reliability***

The reduction in high-risk behaviors within SSPs, as supported by research, proves their effectiveness despite possible biases that exist in some studies (Khan & Mehmood, 2016). Also,

the CDC reinforces the safety, effectiveness, and cost-saving nature of SSPs, which ends up supporting their reliability and positive impact in reducing infectious diseases (CDC, n.d.).

The cross-over of Yackey's viewpoint, research findings, and CDC guidelines emphasizes the credibility of SSPs reducing high-risk behaviors and represses the spread of blood-borne infections among individuals engaged in drug injection.

However, despite the data supporting the reliability of SSPs, others may argue that certain studies or research findings could harbor biases, affecting the credibility of these programs. Regardless, the reduction in high-risk behaviors as shown in the research and guidelines from sources like Khan and Mehmood (2016) and the CDC adds weight to the reliability and effectiveness of SSPs (Khan & Mehmood, 2016; CDC, n.d.).

### ***Prevention of Infectious Diseases***

The CDC's guidance emphasizes that SSPs are associated with roughly 50% reduction in HIV and HCV (CDC, n.d.). When combined with medications for opioid dependence, transmission rates can be reduced by more than two-thirds, showing the role of SSPs in preventing and reducing the spread of infectious diseases among people who inject drugs.

### ***Linkage to Substance Use Treatment, Naloxone, and Other Healthcare Services***

The CDC's research further supports that SSPs serve as a bridge to other health services, including HCV and HIV diagnosis and treatment, substance use disorder treatment, and providing naloxone to reduce overdose deaths (CDC, n.d.). This approach not only prevents disease transmission but also supports access to treatment and healthcare services for people engaged in drug injection.

Another argument against the connection of SSPs to substance use treatment, suggesting that there might not be a significant impact on individuals seeking treatment. However, studies have shown that people who regularly use SSPs are more likely to enter treatment for a substance use disorder, showing the role these programs play in encouraging individuals to seek treatment (Khan & Mehmood, 2016).

### **Closing Statement**

The evidence supports the role that needle exchange programs and safe injection sites play in addressing the challenges created by the opioid epidemic. Despite some uncertainties, the reduction in high-risk behaviors among individuals engaging in drug injection, especially within pharmacy-based NSPs, stands as an achievement in combating the spread of blood-borne diseases (Khan, Mehmood, 2016).

The validation of these programs, despite biases in certain studies, emphasizes their reliability and the impact they have in addressing public health concerns. These initiatives serve as a positive component of strategies making drug use safer and safeguarding public health (Khan et al., 2016).

It's crucial to look beyond immediate economic benefits. Although the immediate financial gains might not be clear, the long-term health advantages and the alleviation of healthcare resources highlight the importance of these harm-reduction strategies (Khan et al., 2016).

This discussion emphasizes the requirement for research, advocacy in policy-making, and support for harm-reduction. It's not just about the immediate financial benefits but the long-term health advantages they offer (Khan et al., 2016). Based on the evidence, endorsing and

expanding these programs is important not only for public health but for the moral responsibility in combating the opioid epidemic (Khan et al., 2016).

### **Key Terms**

**1. SSP's (Syringe Services Programs) or NSP's (Needle and Syringe Programs) -**

“Community-based prevention programs that can provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases.” (CDC)

**2. PWID (People Who Inject Drugs) -** Individuals who use needles or syringes to administer drugs into their bodies, including substances like heroin, cocaine, or other intravenous drugs.

**3. HIV (Human Immunodeficiency Virus) -** A virus that attacks the body's immune system, specifically targeting CD4 cells (T cells), weakening the immune system over time and making the body susceptible to various infections and diseases. HIV can lead to acquired immunodeficiency syndrome (AIDS), the advanced stage of HIV infection.

**4. HCV (Hepatitis C Virus) -** A viral infection that affects the liver. Hepatitis C can cause both acute and chronic infections. If left untreated, it can lead to serious liver problems, including liver damage, cirrhosis, and even liver cancer.

### **Social Work Values**

Social work values encourage supportive and fair practices in assisting individuals facing challenges. Syringe Services Programs (SSPs) and harm reduction strategies intersect with these values. They advocate for nonjudgmental support, ensuring that individuals receive the necessary assistance no matter their circumstances. SSPs are committed to fair treatment, following ethical

guidelines while providing aid. They push to comprehend and aid individuals with empathy, reflecting the compassionate and understanding nature of social work practices. SSPs uphold the belief that everyone deserves dignified and respectful care, resonating with the principles of social work that advocate for the fair and respectful treatment of everyone.

### **Data Summary**

As part of our research in preparation for this debate, we conducted an interview with Brad Yackey, the SSP Director for A Better Way. He explained how when someone is using, the drugs often remap their brain and they are not thinking that they need help. It becomes instinctual for them to use (B. Yackey, personal communication, November 1, 2023). Due to this, programs such as SSPs and SIS may be more approachable to drug users who are under the impression that they do not need help. Yackey emphasized that the focus of these programs is not necessarily to try to convince individuals to become sober but more so about meeting them where they are at and then helping them stay alive so that they can eventually help them progress to a healthier lifestyle (personal communication, November 1, 2023). Yackey also emphasized that when people argue that these programs are enabling users and creating a moral issue, it is important to note that it is about saving lives and them. A tagline from his organization that he mentioned during the interview was “dead addicts can’t recover” (personal communication, November 1, 2023). Yackey encouraged us to really look into articles on CDC as they present a lot of quantitative data that is beneficial in supporting these programs.

## Sources

Centers for Disease Control and Prevention. (2023, January 11). *Summary of information on the safety and effectiveness of Syringe Services Programs (ssps)*. Centers for Disease Control and Prevention. <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>

Finke, J., & Chan, J. (2022). The Case for Supervised Injection Sites in the United States. *American family physician*, 105(5), 454–455.

Sawangjit, R., Khan, T. M., & Chaiyakunapruk, N. (2016). Effectiveness of pharmacy-based needle/syringe exchange programme for people who inject drugs: A systematic review and meta-analysis. *Addiction*, 112(2), 236–247. <https://doi.org/10.1111/add.13593>