



Public Health
Prevent. Promote. Protect.

Grand Forks Public Health

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Syringe Service Programs FAQ

1. What are Syringe Services Programs (SSPs)?

SSPs are community-based programs that provide access to sterile needles and syringes at no cost to the client, facilitate safe disposal of used needles and syringes, naloxone, and offer safer injection education. The Grand Forks SSP will also be providing linkages to critical services and programs, including substance use disorder treatment programs; overdose prevention education; screenings for HIV and Hepatitis C; connections to primary care and medical treatment; and other medical, social, employment, and case management services.

2. What are the benefits of SSPs?

Benefits of SSPs include, but are not limited to:

- Decrease in HIV/HCV/STI incidences
- Education leading to fewer deaths due to overdose
- Linkages and access to services, including treatment (people who use drugs and participate in a SSP are **5x more likely to enter treatment**)
- Increased social support
- Protects community from harms of inappropriately disposed syringes
- Prevention costs are lower than treating individuals with infections and/or chronic illness

3. Do SSPs increase drug use in a community?

No. Based on existing evidence, the U.S. Surgeon General has determined that SSPs **do not** increase the illegal use of drugs. In fact, people who use drugs that participate in SSPs are **5x more likely to enter substance use disorder treatment**. SSPs are an effective public health intervention that can reduce the transmission of HIV and Hepatitis C and facilitate entry into drug treatment and medical services, without increasing illegal consumption of drugs.

4. Are SSPs legal?

North Dakota approved the creation and operation of syringe service programs in 2017 under Senate Bill No. 2198. They must function under the guidelines set forth by the state and each is authorized individually. All programs are monitored by the North Dakota Department of Health.

5. Why is this necessary? Do we really need a SSP in Grand Forks?

Individuals who inject drugs are at heightened risk of contracting HIV and HCV because of risky practices such as sharing used syringes. This can occur due to lack of access to sterile supplies and the stigma attached to accessing these supplies. According to the CDC, **1 in 10** HIV diagnoses are among people who inject drugs (PWID).

An informal needs assessment was conducted in 2018 which determined that a SSP will have a positive impact in our community. Also, as Hepatitis C rises, we are finding that 88% of new cases in Grand Forks County have indicated injection drug use to be a risk factor. By providing safe needle disposal and reducing the number of people living with HIV and HCV, an SSP significantly decreases the chances for transmission of these diseases. Furthermore, this protects the first responders as well as the public.

7. Will a SSP increase crime?

NO. Research has shown that SSPs **do not** increase crime.

8. Are my tax dollars paying for this?

No local or state tax dollars are used for the Grand Forks SSP. The bulk of the program will operate through federal opioid funds passed through the state. The remainder is covered through private funding such as grants. State and Federal funds may not be used to fund injecting equipment.

Taxes do, however, support Medicare and Medicaid which often end up paying for medical care for substance use-related conditions such as HIV, infection, and Hepatitis. This program will help to prevent disease related to substance use, thus decreasing the financial burden for the medical services necessary for those diseases. Consider the following cost analysis:

- Lifetime cost of HIV infection: \$380,000 per person
- Endocarditis treatment: \$50,000 per person
- Hepatitis C Treatment: ~\$40,000 per person
- Inpatient SUD Treatment: ~\$16,104 per person
- Outpatient SUD Treatment: ~\$4,700 per person
- Annual SSP budget: \$75,000 per **150** clients