Syringe services programs do not bring drug users into communities.

Research has shown that people who inject drugs are unlikely to use SSPs if they are located more than a ten-minute walk from their homes. SSPs are only useful if they are built in communities that are already experiencing high rates of injection drug use.

Syringe services programs help reduce crime and increase officer safety.

SSPs have been shown to reduce needle-stick injuries among police officers by 66%. They also reduce drug-related and violent arrests in surrounding communities. In fact, surveys find that many law enforcement officers consider SSPs to be good for their communities.

Syringe services programs do not increase drug use.

Since SSP clients are five times more likely to enter drug treatment, SSPs reduce drug use by facilitating recovery. In addition, clients of SSPs are 25% more likely to receive mental health treatment and 45% more likely to gain employment.

Syringe services programs are needed in every state.

Individuals of every socioeconomic background, geographic region, gender, race, and age group are impacted by the opioid epidemic, which has become the leading cause of accidental death across the U.S.

Syringe services programs are needed in both rural and urban communities.

Rural communities have limited access to SSPs and substance abuse treatment services, despite the rate of drug poisonings increasing three times faster in rural areas than in cities. As such, SSPs are critically needed in both urban and rural communities.

Syringe services programs save money.

According to one analysis, every dollar invested in SSPs saves $3-$7 in HIV treatment costs averted. With rising rates of hepatitis C infection as a result of injection drug use and states bearing the high cost of treatment, SSPs are an important and cost-effective public health investment.

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