

SYRINGE SERVICES PROGRAMS (UPDATE)

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INTRODUCTION

Syringe services programs (SSPs), initially limited to the exchange of hypodermic needles and syringes and often still called needle or syringe exchange programs, have been present in the United States in some form since the early 1980s.¹ Often illegal due to drug paraphernalia laws – an issue that still exists in 2026 – only seven U.S. cities had programs by the end of 1991.² According to the Centers for Disease Control and Prevention (CDC), in November 2007, there were 185 SSPs in 36 states, the District of Columbia, and Puerto Rico.³ As of June 2026, that number has increased to 587 operational SSPs in 45 states, the District of Columbia, and Puerto Rico, although only 37 states, the District of Columbia, and Puerto Rico either explicitly or implicitly authorize SSPs through statute or regulation.⁴

This fact sheet provides readers with an overview of SSPs, including the components that make up a comprehensive SSP and the obstacles encountered by programs and their participants.

THE SCOPE OF THE PROBLEM

Researchers estimate that nearly 2.4 million people in the United States inject drugs⁵ including heroin, amphetamines, buprenorphine, benzodiazepines, barbiturates, cocaine, and methamphetamine.⁶ Prior to August 2023, the number of people in the United States who suffered a fatal overdose increased each year, with 70,630 drug overdose deaths in 2019⁷ and nearly 115,000 for the period between August 2022 to August 2023.⁸ Since that time, the number of fatal overdoses has decreased such that slightly fewer than 70,000 individuals died of an overdose in the 12-month period ending December 2025.⁹

In addition to overdose, people who inject drugs (PWID) are at risk of contracting human immunodeficiency virus (HIV), viral hepatitis, bacterial and fungal infections, and tuberculosis, as well as developing heart infections such as endocarditis.¹⁰ From 2010 to 2016, reports of hepatitis C virus (HCV) cases rose 3.5-fold, with the majority of

¹ Katherine McLean, “The Biopolitics of Needle Exchange in the United States,” *Critical Public Health* 21, no. 1 (Mar. 1, 2011): 71-79, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3291106/>.

² McLean, “Biopolitics of Needle Exchange.”

³ McLean, “Biopolitics of Needle Exchange.”

⁴ Currently, five states – Kansas, Mississippi, Nebraska, South Dakota, and Wyoming – Guam, and the U.S. Virgin Islands do not have an active SSP within their borders. “Harm Reduction Locations,” NASEN, accessed June 2026, [NASEN | North America Syringe Exchange Network: NASEN Directory](https://www.nasen.org/).

⁵ Heather Bradley, Sara N. Glick, and Eric W. Hall, “Estimated Number of People Who Inject Drugs in the United States, 2022,” *American Journal of Public Health* 116 (Feb. 11, 2026): 376-379, <https://ajph.aphapublications.org/doi/10.2105/AJPH.2025.308310>.

⁶ Hammad Khan, M.D., “Injection Drug Use,” MedScape, updated Apr. 19, 2022, <https://emedicine.medscape.com/article/286976-overview>.

⁷ Holly Hedegaard, M.D., Arialdi M. Minino, M.P.H., and Margaret Warner, Ph.D., “Drug Overdose Deaths in the United States, 1999-2019,” *U.S. Department of Health and Human Services, NCHS Data Brief* no. 394, December 2020, <https://www.cdc.gov/nchs/data/databriefs/db394-H.pdf>.

⁸ “Provisional Drug Overdose Death Counts,” Centers for Disease Control and Prevention, last reviewed May 13, 2026, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

⁹ “Provisional Drug Overdose Death Counts.”

¹⁰ “Infectious Diseases in Persons Who Inject Drugs,” Centers for Disease Control and Prevention, February 16, 2024, <https://www.cdc.gov/persons-who-inject-drugs/about/index.html> and “Opioid Use Associated with Dramatic Rise in Dangerous Heart Infection,” American College of Cardiology, March 6, 2019, <https://www.acc.org/about-acc/press-releases/2019/03/06/10/36/opioid-use-associated-with-dramatic-rise-in-dangerous-heart-infection>.

such cases attributed to injection drug use.¹¹ PWID account for more than 2,500 new HIV cases each year.¹² In 2023, the most recent year for which there is data, injection drug use was the most commonly reported risk behavior identified in new HCV cases for that year.¹³ Moreover, PWID “are 22 times more likely to have HIV than the general population.”¹⁴ Injection drug use also significantly increases economic costs to the United States. In one study of Tennessee hospitals, researchers found that for the period 2016 to 2023, hospital treatment of injection-related infections incurred more than \$5 billion in charges and 602,321 inpatient days.¹⁵ The transmission of bloodborne diseases such as HIV, HCV, viral hepatitis, and bacterial and fungal infections through injection drug use is primarily caused by “contaminated injection drug equipment, unsanitary conditions and low vaccination rates among at-risk populations.”¹⁶

A 2024 report published by the CDC found that, among PWID: (1) 19 percent reported using a syringe that had been used by someone else (called receptive sharing); (2) 37 percent reported receptive sharing of injection equipment, such as cookers, cotton swabs, alcohol wipes, sharps waste disposal containers, and tourniquets; and (3) 28 percent reported giving a syringe that they had used to someone else to use.¹⁷ Sharing syringes and other injection-related equipment is associated with an increased risk of contracting HIV and viral hepatitis. Research shows that SSPs are effective at reducing syringe sharing and reducing the risk of contracting a bloodborne or infectious disease, including an estimated 50 percent reduction in the incidence of HIV and HCV.¹⁸ Fewer than 60 percent of PWID reported participating in an SSP while just 18 percent reported receiving sterile syringes from a pharmacy.¹⁹ The lack of SSP usage is likely due to the inability of communities to establish effective SSPs “owing to persistent legal, sociopolitical, and funding challenges.”²⁰

WHAT ARE SYRINGE SERVICES PROGRAMS (SSPs)?

SSPs are community-based programs that provide a wide range of services including the provision of new, unused hypodermic needles and syringes and other injection drug use supplies to PWID. Programs operate via brick-and-mortar locations, mobile units, street outreach, and delivery services.²¹ Comprehensive SSPs either directly provide, or offer linkage or referrals to entities that provide: (1) substance use disorder treatment, including medication for addiction treatment; (2) vaccination for viral hepatitis; (3) screening for viral hepatitis, HIV, sexually transmitted

¹¹ “Surveillance for Viral Hepatitis – United States, 2016,” Centers for Disease Control and Prevention, archived; last reviewed Apr. 16, 2018, <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/hepatitis/statistics/2016surveillance/commentary.htm>.

¹² “Surveillance for Viral Hepatitis.”

¹³ “Hepatitis C Surveillance, Table 3.3 – Acute Hepatitis C: Risk & Exposure Data,” Centers for Disease Control and Prevention, April 15, 2025, <https://www.cdc.gov/hepatitis-surveillance-2023/hepatitis-c/table-3-3.html>.

¹⁴ “People Who Inject Drugs (PWID),” International Association of Providers of AIDS Care, reviewed June 2025, <https://www.iapac.org/fact-sheet/people-who-inject-drugs-pwid/>.

¹⁵ Emily R. Moore, Anastasia N. Cajigal, Amber J. Coyne, and Christine M. Thomas, “Burden of Injection Drug Use-related Infection Hospitalizations in Tennessee, 2016–2023,” *Open Forum Infectious Diseases*, Oxford University Press 13, no. 4, March 21, 2026, [Burden of Injection Drug Use-Related Infection Hospitalizations in Tennessee, 2016–2023 | Open Forum Infectious Diseases | Oxford Academic](#). See also, Matthew V. Ronan and Shoshana J. Herzig, “Hospitalizations Related to Opioid Abuse/Dependence and Associated Serious Infections Increased Sharply, 2002–12,” *Health Affairs* 35, no. 5: 832–837, May 2016, [Hospitalizations Related To Opioid Abuse/Dependence And Associated Serious Infections Increased Sharply, 2002–12 | Health Affairs](#) (finding the annual cost of injection drug use-related infections to be \$700 million annually).

¹⁶ “Infectious Diseases in Persons Who Inject Drugs.”

¹⁷ “HIV Risk, Prevention, and Testing Behaviors Among Persons Who Inject Drugs,” Centers for Disease Control and Prevention, March 31, 2026, <https://www.cdc.gov/hiv-data/nhbs/hiv-risk-prevention-testing-pwid.html>.

¹⁸ See, e.g., “Strengthening Syringe Services Programs (SSPs),” Centers for Disease Control and Prevention, March 20, 2024, <https://www.cdc.gov/hepatitis-syringe-services/php/about/index.html> and see, e.g., “Vital Signs: HIV and Injection Drug Use - Syringe Services Programs for HIV Prevention,” Centers for Disease Control and Prevention, archived; last updated July 28, 2017, <https://archive.cdc.gov/#/details?q=determination%20of%20need%20for%20syringe%20services%20programs&start=10&rows=10&url=https://www.cdc.gov/vitalsigns/hiv-drug-use/infographic.html> and “Infectious Diseases in Persons Who Inject Drugs.”

¹⁹ “HIV Risk, Prevention, and Testing Behaviors.”

²⁰ Dita Broz, et al, “Syringe Services Programs’ Role in Ending the HIV Epidemic in the U.S.: Why We Cannot Do It without Them,” 61(5) Am. J. of Preventive Med. 61, no. 5: S118–S129, November 2021, [https://www.ajpmonline.org/article/S0749-3797\(21\)00389-5/fulltext](https://www.ajpmonline.org/article/S0749-3797(21)00389-5/fulltext).

²¹ “Syringe Distribution Programs Can Improve Public Health during the Opioid Overdose Crisis,” Pew, March 2, 2021, <https://www.pew.org/en/research-and-analysis/issue-briefs/2021/03/syringe-distribution-programs-can-improve-public-health-during-the-opioid-overdose-crisis>.

infections, tuberculosis, and other infectious diseases; (4) provision of pre- and post-exposure prophylaxis for HIV; (5) naloxone and other overdose prevention tools; (6) peer support services; (7) educational materials and training in areas related to injection drug use; and (8) referral and linkage to other services, including medical care and mental health services.²²

OBSTACLES TO SSP OPERATION

While SSPs are instrumental in helping to maintain public health and safety, both for PWID and the communities in which SSPs are located, there remain some common misperceptions regarding SSPs among legislators, law enforcement, and members of the public. For example, many believe that having an SSP in a community increases drug use, crime, and the presence of used hypodermic needles and syringes in the streets and other public areas in the communities where they operate.²³ As a result, many communities prevent SSPs from operating in their area or lobby to close operational SSPs.

One of the biggest legal obstacles to operating an SSP is that hypodermic needles and syringes are often considered drug paraphernalia under state laws which potentially subject SSP employees, volunteers, and participants to criminal sanctions. Fourteen states and Guam either do not include hypodermic needles and syringes in the definition of “drug paraphernalia” or do not have a drug paraphernalia law in effect.²⁴ Other states have tried to address the issue by including exceptions or exemptions for hypodermic needles and syringes to state criminal penalties. Twenty-three states, the District of Columbia, and Puerto Rico include exceptions to drug paraphernalia laws which apply to SSPs.²⁵ Difficulties can arise when these exceptions only apply to SSP employees or volunteers and not to participants as PWID may be hesitant to participate in an SSP if they are still at risk of arrest for possessing drug paraphernalia. SSP employees, volunteers, and participants may be confused when members of law enforcement ask them to furnish proof of their association with an SSP for the exemption to apply.

SSPs might encounter other obstacles in the form of state laws that place various requirements on SSPs such as: (1) a state licensure requirement; (2) requiring employees, volunteers, and participants to carry SSP-specific identification; (3) requiring SSPs to mark the hypodermic needles and syringes so that they can be traced back to the SSP that furnished the supplies; (4) requiring local law enforcement approval or requiring that the SSP provide every law enforcement agency with jurisdiction over the area where the SSP is or will be located with certain information; and (5) allowing the county or municipality where the SSP is or will be located to terminate the program without cause.²⁶

Finally, funding may be an obstacle to program operations. The Substance Abuse and Mental Health Services Administration (SAMHSA) released a “Dear Colleague” letter on April 24, 2026, that states that SAMHSA funds cannot be used “directly or through subsequent reimbursement of grantees or others” to purchase syringes or needles, safer smoking supplies, or fentanyl test strips.²⁷ Funding from the U.S. Department Health and Human Services also may not be used to purchase or distribute: sterile water, saline, ascorbic acid (vitamin C), or other

²² See “Strengthening Syringe Services Programs (SSPs),” and “Syringe Services Programs,” HIV.gov, updated April 2, 2026, <https://www.hiv.gov/federal-response/other-topics/syringe-services-programs>.

²³ “Nearly 30 years of research show that providing testing, counseling, and sterile injection supplies to people who inject opioids and other drugs helps prevent transmission of infectious diseases, without increasing drug-related or other crimes in the vicinity.” Dr. Nora Volkow, “Syringe Services for People Who Inject Drugs Are Enormously Effective, But Remain Underused,” National Institute on Drug Abuse, November 25, 2024, <https://nida.nih.gov/about-nida/noras-blog/2024/11/syringe-services-for-people-who-inject-drugs-are-enormously-effective-but-remain-underused>.

²⁴ See “Syringe Services Programs: Summary of State Laws,” Legislative Analysis and Public Policy Association, June 8, 2026, [Syringe Services Programs: Summary of State Laws | LAPP](#). Alaska, Connecticut, Georgia, Maine, Massachusetts, Minnesota, Nevada, New Hampshire, New Jersey, New York, Oregon, Rhode Island, South Carolina, and Wisconsin either do not have a drug paraphernalia law or do not include hypodermic syringes and needles as drug paraphernalia.

²⁵ “Syringe Services Programs: Summary of State Laws.”

²⁶ “Syringe Services Programs: Summary of State Laws.”

²⁷ “Dear Colleague Letter,” Substance Abuse and Mental Health Services Administration, April 24, 2026, https://www.samhsa.gov/sites/default/files/dear-colleague-letter-updated-hr-funding-guidance.pdf?utm_source=substack&utm_medium=email.

drug paraphernalia or supplies “that promote or facilitate drug use.”²⁸ However, SAMHSA funds may be used to purchase opioid overdose reversal medications, medication lock boxes, wound care supplies, home testing kits for viral hepatitis and HIV, sharps disposal kits, and various education and training activities related to prevention, treatment, and recovery services.

BENEFITS OF SSPs

SSPs provide “a point of contact for [PWID] to obtain access to resources for substance treatment and other health and social services.”²⁹ Participation in an SSP may result in the discontinuation of injection drug use, entry into a treatment program, and retention in treatment. Program participants are three times more likely to stop injecting drugs than non-participants and five times more likely to enter drug treatment.³⁰ A study in Seattle found that SSP participants were 60 percent more likely to stay in treatment over the course of a year than non-participants.³¹ Further, SSP participation results in a reduction in the rates of both HIV and HCV and other bloodborne diseases that can be transmitted by sharing needles.³² Finally, the presence of an SSP in a community results in less syringe waste in public places.³³

According to the CDC, “SSPs protect first responders and the public by providing safe needle disposal and reducing community presence of needles.”³⁴ Used syringes are eight times more likely to be disposed of properly in cities with SSPs than in those without.³⁵ Moreover, the CDC’s 2015 National HIV Behavioral Surveillance system showed that “the more syringes distributed at SSPs per people who inject drugs in a geographic region, the more likely people who inject drugs in that region were to report safe disposal of used syringes.”³⁶

Finally, when it comes to public health, sharing syringes and other injection-related equipment, such as cookers, cotton swabs, and tourniquets, is associated with an increased risk of contracting HIV and viral hepatitis, but, by contrast, SSPs are linked to a reduction of approximately 50 percent in the rates of both HIV and HCV.³⁷

CONCLUSION

The goal of most SSP laws is to reduce the transmission of bloodborne diseases among PWID and, in that regard, as referenced above, SSPs are successful.³⁸ Comprehensive programs can also be beneficial to participants and communities in other ways, particularly as a way to reduce fatal overdoses through the distribution of opioid overdose reversal medications and as an avenue by which PWID can enter treatment.

²⁸ “Dear Colleague Letter.”

²⁹ “Syringe Exchange Programs: Myths vs. Facts,” Utah Syringe Exchange Network, Utah.gov, accessed June 26, 2026, <https://epi.utah.gov/wp-content/uploads/USENmythfact.pdf>.

³⁰ HIV.gov, “Syringe Services Programs.”

³¹ Volkow, “Syringe Services for People Who Inject Drugs.”

³² Volkow, “Syringe Services for People Who Inject Drugs.”

³³ Volkow, “Syringe Services for People Who Inject Drugs.”

³⁴ “Summary of Information on the Safety and Effectiveness of Syringe Services Programs (SSPs),” Centers for Disease Control and Prevention, July 19, 2019, <https://cha.com/wp-content/uploads/2020/02/SSP-Summary.pdf>.

³⁵ Hansel E. Tookes et al., “A Comparison of Syringe Disposal Practices among Injection Drug Users in a City with Versus a City without Needle and Syringe Programs,” *Drug and Alcohol Dependence* 123, nos. 1-3: 255-259, June 2012, <https://www.sciencedirect.com/science/article/abs/pii/S0376871611005229?via%3Dihub>.

³⁶ “HIV Surveillance Reports,” Centers for Disease Control and Prevention, last reviewed Aug. 5, 2021, <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>.

³⁷ HIV.gov, “Syringe Services Programs.”

³⁸ See LAPP, “Syringe Services Programs: Summary of State Laws” (at least 20 of the 37 states with SSP laws in place specifically mention the reduction of bloodborne diseases as a program goal).

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