Syringe Services Programs Are Vital to Ending the Hepatitis C Epidemic

This California county had the highest hepatitis C rates in the state, and yet officials have hampered syringe programs.

May 31, 2021 By AIDS United

In 2015, Scott County, Indiana, found itself in the midst of one of the most severe injection drug use-related HIV outbreaks in United States history. The syringe services program was created after more than 200 people in the county of only 24,000 had been diagnosed with HIV. Since the primary cause of the outbreak was due to the sharing of the contaminated needles, the SSP enabled the residents newly living with HIV to get into care and become virally suppressed.

Six years later, a few local elected officials are trying to have the SSP shut down against the wishes of public health experts including a former surgeon general, the local sheriff, and many of the county's residents. This is driven in large part by a desire to distance the county from association with the outbreak for which they gained international attention.

At the urging of several local providers, advocates, state officials and harm reduction organizations, the county commissioners in Scott County have delayed the vote on the closure of the syringe services program until June. This gives harm reduction advocates some time; however, two of the three county commissioners currently support closing the SSP.

If the elected officials and county residents who are opposed to the continuation of the SSP think that its closure will result in the removal of HIV and injection drug use as issues facing their community, they are sorely mistaken. It will neither keep the stigma of HIV and injection drug use out of Scott County nor will it help people with substance use disorder get treatment if they want it. Removing the SSP will only make things worse.

Across the country, we are seeing spikes in HIV rates in areas that are shutting down SSPs. These programs are frequently the entry point for individuals to not only receive care but also start on a path toward recovery. Put simply, they save lives.

Many would associate the closure of SSPs as being a rural health issue, but nothing could be further from the truth. We are even witnessing SSPs closures in California.

In 2018, authorities in Orange County, California, prohibited the operation of SSPs after years of

opposition from elected officials who continued to cite claims of increased needle litter to justify their rejection of public health best practices. Orange County is now the largest county in the United States without an SSP.

Just last year, the city government of Eureka, California, succeeded in partially shutting down the operations of the Humboldt Area Center for Harm Reduction, who are no longer permitted to distribute syringes. Again, claims of increased needle litter were used as a catalyst for attacking HACHR, as were allegations from undercover police officers of drug use and the sale of drugs on SSP grounds. As of 2018, Humboldt County had the highest rate of hepatitis C of any county in California, with 1 in 18 residents living with the virus. At the same time, the county has seen a significant increase in new HIV cases in the past few years.

Without the work of harm reductionists and their dedication to ensuring syringe services programs remain open, we will not be able to end the HIV epidemic.

This can be seen in West Virginia, where harm reduction advocates are scrambling to continue to provide services to people who use drugs, even in the face of the passage of SB 334, a law that will make it all but impossible for SSPs to operate according to public health best practices.

While the law is a massive step backward in the fight to end the HIV epidemic in West Virginia, harm reductionists are ready to follow the new laws set in place to provide the care they are allowed to under state guidelines. They will continue to advocate for laws that reflect public health best practices for providing care to people who use drugs.

To ensure we can end HIV, we must first ensure that people who use drugs have access to medical care through SSPs. We know these programs are effective at reducing rates of HIV and they create a non-judgmental door toward health care and recovery options. By working together with providers and lawmakers to protect SSPs, we have the tools to end the HIV epidemic, together.

This opinion was written by AIDS United, an advocacy and policy group focused on ending the HIV epidemic in the United States.

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