



BOARD OF HEALTH

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Johnson County Board of Health Position Statement On Syringe Service Programs

Johnson County Board of Health (JCBOH) supports the implementation of Syringe Service Programs (SSPs), as an HIV/Hepatitis C (HCV) prevention strategy for People Who Use Injection Drugs (PWUID). Research demonstrates the effectiveness of syringe access in preventing transmission of infectious diseases and skin and soft tissue infections, while also supporting the overall health and well-being of drug users through linkages to drug treatment, medical care, housing, overdose prevention, and other essential social services.³

To fulfill its duty to oversee public health issues within Johnson County, Board of Health members have reviewed literature identifying the benefits of SSPs. This research is summarized below:

- SSPs have expanded rapidly across the U.S. in recent years and play a key role in responding to the national opioid crisis.⁶
- SSPs have been shown to reduce drug use. People Who Use Injection Drugs (PWUID) are five times more likely to enter treatment for substance use disorder and more likely to reduce or stop injecting when they access an SSP.⁷
- SSPs reduce needle stick injuries among first responders by providing proper disposal strategies. One in three officers may be stuck with a needle during their career. SSPs increase access to safe disposal practices, also protecting the public.⁶
- SSPs reduce new HIV and viral hepatitis infections by decreasing the sharing of syringes and other injection equipment.¹
- SSPs reduce overdose deaths by teaching PWUID how to prevent and respond to drug overdose. This is achieved by teaching PWUID how to administer Naloxone, a medication used to reverse overdose.³
- SSPs save health care dollars by preventing infections. The cost of treating one person living with HIV is more than \$400,000 per lifetime. Subsequently, if HCV is left untreated, this can lead to a need for a liver transplant, which costs upwards of \$600,000.⁴

Johnson County has one of the highest incidence rates of HIV in Iowa – 127.9 cases per 100,000 with 200 people reportedly living with HIV, according to Iowa Department of Health and Human Service's 2022 HIV Surveillance Report.⁵ An analysis of co-infection of HIV and HCV revealed that 343 Iowans have been reported to Iowa HHS as diagnosed with both HIV and chronic HCV since 2000. Among them, 250 were alive at the end of 2022. In 2022, there were 675 Iowans diagnosed with chronic HCV. SSPs across the U.S. have been shown to decrease the number of new HCV and HIV cases by up to 80%.⁷ SSPs have been implemented by both community-based organizations and local health departments across the nation. It is common practice for SSPs to be developed under legislative guidance and in collaboration with state and local health departments. IHHS has shown public support for SSPs through

providing scientific and public health statements to state legislators, and through funding health education and outreach positions. For example, the Bureau of Substance Abuse hired an HIV and Substance Use Coordinator who started the Drug User Health Network to inform community members and local public health departments about health impacts related to PWUID.⁶ Additionally, the CDC issued an alert to states which linked recent steep increases in cases of acute HCV due to an increase in opioid injection.³ JCBOH concludes that SSPs are an effective public health intervention which saves lives, decreases transmission rates, and saves health care costs for Iowans.

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**References for the Johnson County Board of Health
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