

Program and Operational Characteristics of Syringe Services Programs in the United States

2020
AND
2021



Centers for Disease
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TABLE OF CONTENTS

Introduction	4
Table Organization	5
Highlights	5
Program Characteristics (TABLE 1)	5
Operational Characteristics (TABLE 2)	6
Services Offered Onsite or by Referrals (TABLES 3 AND 4)	6
Naloxone (TABLE 5)	7
Gaps in Populations Served (TABLE 6)	8
Community Relations and Challenges (TABLE 7).	8
Changes in Services Provided between 2020 and 2021 and COVID-19 Impacts (TABLES 8, 9, AND 10).	8
Conclusions	9
Technical Notes	10
References	13
Tables	16

Introduction

Syringe services programs (SSPs) are community programs that provide services to reduce harms associated with substance use, including injection drug use. SSPs provide access to drug use supplies, including sterile syringes and other injection equipment to prevent infectious diseases and other complications from substance use such as overdose. They also serve as an entry point for persons who use drugs (PWUD) to access treatment, other medical care, and social services.^{1,2} These harm reduction services can include life-saving overdose reversal medications (naloxone) and training including onsite provision or referral to testing and treatment for infectious diseases including HIV, hepatitis C virus (HCV), sexually transmitted infections (STI); wound care; vaccinations; and linkage to substance use disorder treatments.³⁻⁵ Nearly 30 years of research shows that comprehensive SSPs are safe, effective, and cost-saving; do not increase illegal drug use or crime; and play an important role in reducing the transmission of viral hepatitis, HIV, and other infections.³⁻⁷

In the wake of the current opioid crisis and resurgence of methamphetamine use in the United States, a substantial need exists for expanded preventive and support services for PWUD. SSPs are recognized as critical locations for reaching PWUD with these services that are incorporated into national plans to reduce rates of HIV, HCV infection, drug use, and overdose.⁸⁻¹⁰ However, support for SSPs has been tenuous in some parts of the United States, with jurisdictions implementing restrictions on SSPs¹¹ and reducing SSP services outside urban areas.¹² Moreover, the COVID-19 pandemic has highlighted both the resilience and vulnerability of SSPs.¹²⁻¹⁴ Many SSPs remained open as essential services throughout the pandemic and saw demand for their services increase. At the same time, operations at many SSPs were disrupted due to restrictions on in-person activities and delays in funding.¹⁵

Despite the important role that SSPs play in the public health system, limited national support has existed for monitoring and evaluating these programs. Such data are needed to understand the operations and reach of SSPs, document the impact on PWUD, identify barriers to providing services, and measure community support. To date, most national data on SSP characteristics and growth have come from activities conducted in collaboration with the North American Syringe Exchange Network (NASEN);¹⁶ NASEN maintains the most comprehensive directory of SSPs. NASEN, in collaboration with Dr. Don Des Jarlais, Professor of Epidemiology, New York University, and his research group, have conducted routine national surveys of SSPs since the mid-1990s. These data have been used to describe the operational characteristics, successes, challenges, and services provided at SSPs in the United States.¹⁷⁻²¹

In 2022, the Centers for Disease Control and Prevention (CDC) partnered with the University of Washington, NASEN, and Dr. Des Jarlais to conduct the National SSP Evaluation Survey (also known as the Dave Purchase Memorial Survey). This was the first iteration of the survey conducted in collaboration with the CDC. The primary goal of the survey is to describe current operations and services provided by SSPs in the United States in 2021. A secondary goal is to evaluate services provided in 2020 (during the first year of the COVID-19 pandemic) as well as changes SSPs experienced between 2020 and 2021. These data are intended to provide the foundation for supporting, sustaining, and improving SSPs nationwide.

Table Organization

The tables in this report are ordered by survey topic. Tables 1-3, 5, 7, and 10 are stratified by program size, which is based on the number of syringes reported dispensed in 2021: small (1-9,999 syringes), medium (10,000-54,999 syringes), large (55,000-499,999), and extra-large (500,000 or more). Program size categories were determined *a priori* to facilitate comparisons with findings from a previous Dave Purchase Memorial Survey.²⁰ Table 4 is stratified by whether services are provided onsite, via referral, or not at all. Table 9 is stratified by the year(s) during which services were offered: 2020 only, 2021 only, both 2020 and 2021, or neither 2020 nor 2021. Tables 6 and 8 are not further stratified.

Highlights



Program Characteristics (TABLE 1)

Among 158 survey respondents, 17 (11%) were classified as small, 22 (14%) as medium, 70 (44%) as large, and 30 (19%) as extra-large based on the number of syringes distributed in 2021. Nineteen (12%) SSPs did not report the number of syringes distributed. SSPs reported serving a median of 432 unique participants annually (average of 1,573 participants), which ranged from a median of 80 among small SSPs to 3,190 among extra-large SSPs. The highest proportion of SSPs were located in the Western United States (34%). Respondents reported being in operation for a median of 5 years (average of 11 years); larger SSPs were more likely to report operating for more years.

Many SSPs reported serving clients in multiple urbanities (44%, $n = 70$). Among the 17 small SSPs, 35% served urban areas, 12% served suburban areas, and 77% served rural areas; 59% served only rural areas (data not shown). Among the 30 extra-large SSPs, more than 70% selected each urbanicity (urban, suburban, rural); however, only 7% served only rural areas (data not shown). Overall, 29% of SSPs reported serving only rural areas, which compares to findings from the 2013 survey, which found that 20% of SSPs served primarily rural areas.²⁰ Increasing access to SSPs in rural areas is an important component of national efforts to prevent HIV transmission among PWUD.²²

SSPs could select one or more program type; almost three-quarters of SSPs (74%) were community-based organizations, whereas 30% were affiliated with a city, county, and/or state health department ($n = 49$). Small proportions (<5% each) were affiliated with health care organizations or were volunteer run. Twenty-six percent of SSPs estimated that fewer than half of their participants had health insurance.

Most (66%) SSPs had annual budgets under \$250,000; 53% of small SSPs (n = 17) had a budget under \$25,000, while 26% of extra-large SSPs (n = 30) had a budget of more than \$1,000,000. The most common sources of funding for SSPs were state government (66%), individual donations (53%), and non-profit foundations or organizations (49%). SSPs could select one or more sources of funding; 73% of SSPs received state or local government funding. This is higher than the 50% of SSPs that reported state or local funding in the 2000 survey, reflecting the increasing availability of governmental funds for supporting SSPs. The 2000 survey showed that governmental funding was associated with the provision of more syringes and onsite services.¹⁸



Operational Characteristics (TABLE 2)

Many SSPs have multiple models for where and how services are provided to clients; mobile and outreach programs may reach PWUD with higher risk profiles.²³ In this survey, SSPs could select more than one service delivery model. Although not mutually exclusive, most SSPs (74%) provided services at a brick-and-mortar or storefront locations, 58% had a mobile unit, and 39% provided home delivery.

Across all SSPs, 56% were open fewer than 40 hours/week and 30% were open fewer than 20 hours/week. Most SSPs (64%) employed full-time paid staff, but this was more common in large (64%) and extra-large (97%) SSPs than small (47%) or medium (41%) SSPs.

More than one-half of all SSPs employed paid staff with lived experience (56%). In alignment with SSP best practices of providing services with as few restrictions as possible, most SSPs did not have a residency restriction (89%) and did not have a requirement that participants show identification (96%). SSP best practices also include providing sterile syringes without restrictions (i.e., needs-based syringe distribution) and offering syringes for clients to provide to their peers (i.e., secondary exchange).²⁴ Most SSPs provided syringes using a needs-based distribution model (63%) and allowed secondary exchange (74%). When asked about whether SSPs had experienced any service disruptions in the prior year—defined as having to stop services for at least one day—24% reported at least one disruption. The most common reasons for these service disruptions were COVID-19 restrictions (13%), a lack of personnel (7%), and inadequate funding for supplies (6%).



Services Offered Onsite or by Referrals (TABLES 3 AND 4)

As shown in Table 3, nearly all SSPs provided safe injection equipment including syringes (98%), other safe injection supplies (e.g., cookers cottons, water, tourniquets), sexual health supplies, and wound care kits; 92% provided sharps disposal containers. Approximately one-half (51%) provided safer smoking kits. There is evidence of people switching from injecting opioids to smoking fentanyl, indicating the importance of expanded access to safer smoking supplies at SSPs.²⁵ A high proportion (82%) of SSPs provided fentanyl test strips, although this was less common among small SSPs than large SSPs.

Approximately three-quarters of SSPs provided any onsite HIV testing (80%) and HCV testing (75%), although this was more common among larger programs. Laboratory-based (i.e., HCV RNA) testing for

HCV diagnosis) was offered at about one-half (47%) of SSPs, highlighting the need for expanded access to point-of-care testing for diagnosis of HCV infection.²⁶ Onsite vaccination availability was reported by 54% of SSPs for COVID-19, 39% for influenza, 37% for hepatitis A virus, 37% for hepatitis B virus, and 23% for human papillomavirus (HPV). Onsite treatment for infectious diseases was reported at 29% of SSPs for HIV and 31% of SSPs for HCV infection. One-third (34%) of SSPs provided onsite pre-exposure prophylaxis (PrEP) for HIV.

Nearly one-third (32%) of SSPs provided medications for opioid use disorder (MOUD) onsite, with this being most common at extra-large SSPs (50%). Providing MOUD—and buprenorphine, specifically—at SSPs has been shown as a strategy for engaging people in treatment who may otherwise be difficult to reach in more traditional clinical settings.^{27,28}

Many SSPs provided other clinical services onsite, including wound care at 60% of SSPs, family planning and contraception at 34% of SSPs, and non-pharmaceutical mental health services at 32% of SSPs. Other common services provided at SSPs included peer navigation (71%), health insurance enrollment (60%), and case management (59%).

When SSPs do not provide clinical services onsite, they may instead be able to provide referrals to similar services (Table 4). This was particularly common for SSPs that did not provide onsite testing for HIV or HCV infection; 41% of SSPs provided referrals for HIV testing and 39% provided referrals for HCV testing. Likewise, 43% of SSPs provided referrals for HIV treatment and 50% provided referrals for HCV treatment. One-half (50%) of SSPs provided referrals for buprenorphine-based medications for the treatment of opioid use disorder, and 64% of SSPs provided referral for methadone treatment. More than one-half (54%) of SSPs provided referrals for pharmaceutical-based mental health services.



Naloxone (TABLE 5)

Naloxone is a medication that can be used to reverse opioid overdoses, and many states and jurisdictions have enacted recent policy changes to facilitate easier access to naloxone.²⁹ Nearly all (96%) SSPs—regardless of size—provided naloxone kits to their clients. The volume of naloxone varied widely by SSP size, with a median number of 225 kits distributed by small SSPs, 558 kits by medium programs, 1,390 kits by large programs, and 4,283 kits by extra-large programs. SSPs had diverse modes for distributing naloxone including (but not limited to) the following: 94% offered direct distribution, 72% provided naloxone through secondary distribution, and 58% provided in-person delivery. Twenty percent of SSPs offered mail delivery of naloxone, including by 24% of small programs. More than 60% of SSPs reported at least one barrier to naloxone distribution in 2021, including a shortage of naloxone (39%), high cost (23%), or the legal/political climate (9%). The naloxone shortage in 2021 highlighted the critical need for additional federal policies to expand affordable and sufficient access to naloxone.³⁰



Gaps in Populations Served (TABLE 6)

Previous research has suggested that SSPs may be less likely to serve women and gender minorities, and more likely to serve White populations.³¹⁻³³ In this survey, SSPs reported on which demographic groups were difficult for their program to reach. Few SSPs (4%) reported that cisgender men or cisgender women were difficult to reach. SSPs were more likely to report that gender minorities were difficult to reach, including transgender women (37%), transgender men (40%), and genderqueer and non-binary people (26%). Twelve percent of SSPs reported that it was difficult for their program to reach lesbian, gay, bisexual, or queer people. Approximately one-third of SSPs reported that American Indian/Alaska Native (34%), Asian (35%), Black/African American (34%), Hispanic/Latino(a) (36%), and Native Hawaiian/Pacific Islander (30%) people were difficult to reach; only 3% of SSPs reported that White people were difficult to reach.



Community Relations and Challenges (TABLE 7)

Local community advocacy and sociopolitical factors, including law enforcement, affect where SSPs are located and client engagement in services.³⁴ Most SSPs reported that other community-based organizations (81%), local health officials (72%), medical providers (65%), and local residents (54%) were sources of support or advocacy for their program. Twenty-two percent reported that law enforcement was a source of support. Overall, 78% of SSPs rated their relationship with local health officials as somewhat good to very good, while 39% of SSPs rated their relationship with law enforcement at this level. Large (81%) and extra-large (90%) SSPs had more positive relationships with health officials than small (71%) and medium (77%) SSPs.

SSPs indicated that they faced multiple challenges in 2021. Nearly three-quarters (72%) of SSPs reported that the COVID-19 pandemic was a challenge to program operations. In addition, 40% reported limited or lack of law enforcement support, 37% reported lack of community support, and 35% reported local policy or law that restricts program services as external challenges. Thirty-one percent of SSPs reported active police harassment or arrest of participants. PWUD who fear arrest are more likely to report sharing syringes.³⁵ Most SSPs also reported internal challenges including staff shortage (67%), lacking funding or having limited funding (56%), experiencing staff burnout (54%), and lacking resources or supplies (45%).



Changes in Services Provided between 2020 and 2021 and COVID-19 Impacts (TABLES 8, 9, AND 10)

Numerous studies have documented the impacts of the COVID-19 pandemic on SSPs and the gradual return of many services.^{12,17-20} From 2020 to 2021, SSPs participating in this survey reported an increase in both the median number of participants served (65% increase) and the median number of syringes distributed (51% increase) (Table 8). During 2021, SSPs reported a median of 432 clients and 128,000 syringes distributed.

Most programs (87%) offered naloxone onsite in both 2020 and 2021 (Table 9), which is consistent with prior research suggesting that SSPs prioritized syringes and naloxone during the most restrictive periods of the pandemic.^{13,14} Seventeen percent of SSPs did not offer onsite rapid HIV and HCV testing in 2020 but were able to offer these services in 2021; 58% and 53% of SSPs were able to offer HIV and HCV testing, respectively, in both years. Although a minority of programs started offering MOUD in 2021, 24% started offering non-medication treatment for substance use disorder in 2021.

As shown in Table 10, many SSPs that operated in both 2020 and 2021 indicated specific impacts of the COVID-19 pandemic on their services during that period. Overall, 4% reported that their program was not impacted by the COVID-19 pandemic. Consistent with research conducted early in the pandemic,¹³ approximately one-quarter (27%) of SSPs reported site closures and 51% reduced their hours or days of operation. These reductions in service were more likely to be reported in smaller programs. Many programs also reported changes in their physical space (57%), staff shortage or loss (51%), and reductions in funding (20%). Significant changes in syringe distribution model and access to supplies also occurred. Nearly one-quarter (24%) of SSPs adopted a less restrictive syringe distribution model during the pandemic, whereas 9% adopted a more restrictive model. Forty percent of SSPs experienced disruptions in the supply of syringes due to the pandemic. Adopting a more restrictive syringe distribution model was likely associated with disruptions in syringe supplies; these disruptions were reported by 11 of 13 (85%) SSPs that adopted a more restrictive model and 48 of 97 (49%) SSPs that did not adopt a more restrictive model. Finally, SSPs reported disruptions in many other services, including testing for infectious diseases (43%), treatment for substance use disorder (35%), and mental health services (32%). These disruptions were more common in larger programs, which may reflect they have been more likely to offer the services. Thirty-five percent of SSPs increased or set up access to telehealth in response to the pandemic. The unanticipated expansion of telehealth services at SSPs can be used to expand access to treatment for opioid use disorder and HCV infection.³⁶

Conclusions

The National SSP Evaluation Survey was the continuation of the Dave Purchase Memorial Survey, the longest-running national survey of SSP characteristics and operations in the United States, which has served as the de facto surveillance system for SSPs. The 2022 survey was the first time the CDC, in partnership with University of Washington, NASEN, and Dr. Des Jarlais, conducted this survey, and the goal is for this survey to be a key component of the federal government's efforts to monitor and improve the health of PWUD. Findings from this survey highlight the high proportion of SSPs that have implemented best practices related to harm reduction services (e.g., needs-based syringe distribution, secondary exchange, naloxone distribution, hiring staff with lived experience). However, the findings also document areas for additional support and growth, including the need for more onsite HIV and HCV testing, the need for more funding and protection from supply chain disruptions, and the profound and ongoing impacts of the COVID-19 pandemic.

Technical Notes

Overview

The 2022 National SSP Evaluation Survey was a national, cross-sectional survey of SSPs listed in the NASEN directory, and other SSPs known to NASEN but not listed in the directory during 2020–2021.

Sampling Method

NASEN staff maintain an updated, routinized protocol for their SSP directory to ensure the most accurate information is available to the public. For the 2022 National SSP Evaluation Survey, all SSPs with contact information known to NASEN, and open in 2020 or 2021, were eligible and invited to complete the survey. NASEN staff recorded snapshots of directory information at three time points between 2020 and 2021. Any SSP that was in the SSP directory in any of these snapshots was contacted to participate.

Outreach and Recruitment

The University of Washington and survey partners hosted a pre-survey webinar one week prior to the launch of data collection. This webinar provided a brief history of the survey, objectives and methods, data collection timeline, and answered questions from programs. In May 2022, NASEN emailed survey invitations to 506 SSPs using the contact information available through NASEN. Follow-up reminder emails were sent in June and August 2022 to SSPs that had not completed the survey. NASEN also made at least two call attempts to programs that had not started the survey at that time. These calls were typically followed with a separate e-mail that included the survey link. In August 2022, a paper copy of the survey was mailed to all SSPs that had not yet completed the survey. Data collection ended in September 2022.

Data Collection

Data were primarily collected via an online survey through REDCap (Research Electronic Data Capture).^{37,38} All recruitment and reminder emails included a link to the REDCap survey and a Word copy of the survey and frequently asked questions (FAQ) document. SSPs were also provided with additional options for completing the survey, including one-on-one interviews via Zoom or telephone or a mailed paper survey that could be scanned or mailed back to NASEN. The University of Washington hosted optional virtual office hours for programs to ask questions or schedule an interview.

To encourage participation and compensate programs for the time spent completing the survey, SSPs received \$125 as a token of appreciation for completing the survey.

Data Instrument

The survey instrument was derived, in part, from previous Dave Purchase Memorial Surveys and included new and revised questions. Staff from several SSPs piloted an early draft of the survey, and their feedback was incorporated into the final instrument. The final survey consisted of questions related to program characteristics, client characteristics, services provided either onsite or via referrals, funding resources, syringe distribution and collection, naloxone and other overdose reversal medication, and community relations and challenges in 2021. Additionally, a module also focused on 2020 services that asked similar questions, tailored toward COVID-19-related disruptions. With a few exceptions, a response was required for all questions; all questions had a “choose not to respond” option. The questions that did not require a response were related to SSP identity (program name) and location (county[ies] and state served). These questions were not required, thereby giving programs the option to maintain their confidentiality. To receive the survey incentive, programs had to provide their name and address, but these data were stored separately and not saved with the survey data. The survey took approximately 45 minutes to complete.

Analysis

This surveillance report presents data from both completed and partially completed surveys. Completed surveys were defined as surveys with answers submitted for every required question. Partially completed surveys were defined as surveys with an answer to at least one survey question. Incomplete surveys, defined as surveys that had answers to no questions, were not included in this analysis.

NASEN directory data were used to assess potential differences between programs that did and did not complete the survey (i.e., non-response bias). Data provided by SSPs on syringe distribution model, health department affiliation, and location were compared between SSPs that completed the survey and those that did not.

This surveillance report includes descriptive statistics only; no statistical tests were conducted. Data for this report were not weighted.

Response Rate

NASEN sent invitation emails to 506 SSPs that were open in either 2020 and/or 2021. After further investigation—including bounced back emails, disconnected phone lines, or other forms of failed communication—474 SSPs were identified as reachable and eligible for participation. Among these 474 SSPs, 151 (32%) completed the full survey and 7 (1%) partially completed the survey. Overall, 158 (33%) SSPs either completed or partially completed the survey; 147 (93%) completed it online via REDCap and 11 (7%) completed it via a paper survey.

Modest differences were observed in response rates between SSPs based on data in the NASEN directory. The response rates for SSPs in the West (39%) and Northeast (36%) were slightly higher than the response rates for SSPs in the Midwest (33%) and South (26%). SSPs operated by health departments had a somewhat lower response rate (30%) than those not operated by health departments (34%). SSPs that distribute syringes using a needs-based (no restrictions) model had a slightly lower response rate (34%) than SSPs with more restrictive models (37%).

Ethical Review

The CDC determined the activity to be public health surveillance; data were collected in accordance with OMB Control No. 0920-1359. The University of Washington determined the survey to not be human subjects research and did not require ongoing review.

Limitations

This was the first iteration of a national survey of SSPs to be conducted in conjunction with the CDC and was designed as a pilot project. There were many limitations and lessons learned. First and most significantly, the final response rate for completed surveys (33%) was lower than the target response rate of 80% and past survey response rates of 60–75%.^{12,17,18,20} Potential reasons for this include the presence of additional surveys and survey fatigue among SSPs, survey length, competing priorities among SSP staff, and out-of-date contact information. It is likely that continuing COVID-19-related stresses on the SSPs also reduced the response rate. No profound differences in the response rates of SSPs by syringe distribution model, or health department affiliation were observed, suggesting that non-response bias may not be a substantial concern (data not reported). However, it will be important for future iterations of this survey to identify strategies for engaging more programs to more accurately reflect the experience of SSPs, especially in the South. Second, this survey restricted eligibility and recruitment to SSPs participating in NASEN in 2020 and/or 2021. Participation is voluntary, and not all SSPs in the United States can be contacted through NASEN. Data from this survey should be interpreted with caution because it is unclear if these findings are fully generalizable to all SSPs in the United States. Third, SSP size was defined by the number of syringes distributed by each program in 2021 using categories that were defined *a priori* to be comparable with prior iterations of the survey. However, these categories may not be appropriate for contemporary SSPs, and they also resulted in small cells sizes for some estimates. Finally, questions that asked SSPs about their client characteristics (e.g., health insurance, clients hard to reach) may have reporting bias. The potential for misclassification exists and these findings should be interpreted with caution.

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Tables

Table 1.

Syringe Services Program Characteristics by Program Size (Syringes Dispensed)—United States, Territories, and Tribal Nations, 2021

Table 2.

Syringe Services Operational Characteristics by Program Size (Syringes Dispensed)—United States, Territories, and Tribal Nations, 2021

Table 3.

Syringe Services Program Equipment and Services Offered by Program Size (Syringes Dispensed)—United States, Territories, and Tribal Nations, 2021

Table 4.

Select Syringe Services Program Services Offered Onsite and/or Through Referral—United States, Territories, and Tribal Nations, 2021

Table 5.

Naloxone Provision by Syringe Services Programs by Program Size (Syringes Dispensed)—United States, Territories, and Tribal Nations, 2021

Table 6.

Syringe Services Program Participant Groups Difficult to Reach—United States, Territories, and Tribal Nations, 2021

Table 7.

Syringe Services Program Community Relations and Challenges by Program Size (Syringes Dispensed)—United States, Territories, and Tribal Nations, 2021

Table 8.

Change in Core Services Provided Among Syringe Services Programs Operating in Both 2020 and 2021—United States, Territories, and Tribal Nations, 2020-2021


Table 9.


Changes in Syringe Services Program Services Offered Among Programs Operating in Both 2020 and 2021—United States, Territories, and Tribal Nations, 2020-2021

Table 10.

Impacts of the COVID-19 Pandemic on Syringe Services Programs Operating in Both 2020 and 2021 by Program Size (Syringes Dispensed)—United States, Territories, and Tribal Nations, 2020

Table 1. Syringe Services Program Characteristics by Program Size (Syringes Dispensed)—United States, Territories, and Tribal Nations, 2021

 Program Characteristics	Small (1–9,999 syringes) (n, col %)	Medium (10,000–54,999 syringes) (n, col %)	Large (55,000–499,999 syringes) (n, col %)	Extra-Large (500,000+ syringes) (n, col %)	Unknown (n, col %)	Total (n, col %)
Total Syringe Services Programs	17	22	70	30	19	158
Average Number of Unique Participants Directly Served (SD) (N = 134)	100 (91)	728 (1970)	1033 (1637)	4891 (7287)	1161 (1813)	1573 (3707)
Median Number of Unique Participants Directly Served (IQR)	80 (27–150)	188 (75–440)	497 (265–910)	3190 (1409–4656)	540 (201–1025)	432 (150–1394)
Region^a						
West	6 (35%)	6 (27%)	24 (34%)	14 (47%)	4 (21%)	54 (34%)
South	5 (29%)	4 (18%)	21 (30%)	2 (7%)	7 (37%)	39 (25%)
Midwest	3 (18%)	11 (50%)	13 (19%)	4 (13%)	2 (11%)	33 (21%)
Northeast	3 (18%)	1 (5%)	10 (14%)	10 (33%)	6 (32%)	30 (19%)
U.S. Territory	0 (0%)	0 (0%)	2 (3%)	0 (0%)	0 (0%)	2 (1%)
Years of Program Operation						
0–4 Years	11 (65%)	17 (77%)	23 (33%)	3 (10%)	9 (47%)	63 (40%)
5–9 Years	4 (24%)	3 (14%)	22 (31%)	7 (23%)	3 (16%)	39 (25%)
10–14 Years	0 (0%)	0 (0%)	5 (7%)	0 (0%)	1 (5%)	6 (4%)
15–19 Years	1 (6%)	0 (0%)	7 (10%)	4 (13%)	1 (5%)	13 (8%)
≥20 Years	0 (0%)	2 (9%)	12 (17%)	15 (50%)	3 (16%)	32 (20%)
Unknown	1 (6%)	0 (0%)	1 (1%)	1 (3%)	2 (11%)	5 (3%)
Urbanicity served^b						
Rural	13 (77%)	11 (50%)	44 (63%)	21 (70%)	9 (47%)	98 (62%)
Urban	6 (35%)	12 (55%)	39 (56%)	22 (73%)	13 (68%)	92 (58%)
Suburban	2 (12%)	5 (23%)	36 (51%)	23 (77%)	6 (32%)	72 (46%)
Unknown	0 (0%)	0 (0%)	0 (0%)	1 (3.3%)	0 (0%)	1 (0.6%)
Program Type^b						
CBO without 501(c)(3) Status ^c	2 (12%)	4 (18%)	6 (9%)	2 (7%)	1 (5%)	15 (10%)
CBO with Own 501(c)(3) Status ^c	8 (47%)	9 (41%)	42 (60%)	25 (83%)	8 (42%)	92 (58%)
CBO with Sponsor 501(c)(3) Status ^c	1 (6%)	2 (9%)	4 (6%)	1 (3%)	2 (11%)	10 (6%)
City Health Department	0 (0%)	1 (5%)	3 (4%)	2 (7%)	1 (5%)	7 (4%)
County Health Department	6 (35%)	8 (3%)	16 (23%)	3 (10%)	4 (21%)	37 (23%)
State Health Department	1 (6%)	1 (5%)	2 (3%)	0 (0%)	1 (5%)	5 (3%)

 Program Characteristics	Small (1-9,999 syringes) (n, col %)	Medium (10,000-54,999 syringes) (n, col %)	Large (55,000-499,999 syringes) (n, col %)	Extra-Large (500,000+ syringes) (n, col %)	Unknown (n, col %)	Total (n, col %)
Academic Health Care Organization	0 (0%)	0 (0%)	3 (4%)	1 (3%)	0 (0%)	4 (3%)
Non-Academic Health Care Organization	0 (0%)	2 (9%)	2 (3%)	0 (0%)	1 (5%)	5 (3%)
Volunteer	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (5%)	1 (1%)
Unknown	1 (6%)	3 (14%)	1 (1%)	0 (0%)	1 (5%)	6 (4%)
Sources of Funding^b						
State Government	8 (47%)	13 (59%)	46 (66%)	27 (90%)	10 (53%)	104 (66%)
County Government	4 (24%)	3 (14%)	16 (23%)	10 (33%)	4 (21%)	37 (23%)
City Government	3 (18%)	2 (9%)	11 (16%)	11 (37%)	3 (16%)	30 (19%)
Federal Government	3 (18%)	7 (32%)	21 (30%)	9 (30%)	4 (21%)	44 (28%)
Non-Profit Foundation/Organization	5 (29%)	9 (41%)	39 (56%)	20 (67%)	4 (21%)	77 (49%)
Individual Donations	7 (41%)	10 (46%)	37 (53%)	21 (70%)	9 (47%)	84 (53%)
Corporate Donations	3 (18%)	3 (14%)	7 (10%)	3 (10%)	2 (11%)	18 (11%)
Personal Funds from Staff	1 (6%)	6 (27%)	14 (20%)	5 (17%)	3 (16%)	29 (18%)
Annual Budget						
<\$25,000	9 (53%)	4 (18%)	8 (11%)	0 (0%)	3 (16%)	24 (15%)
\$25,000-\$99,999	4 (24%)	11 (50%)	22 (31%)	1 (3%)	3 (16%)	41 (26%)
\$100,000-\$249,999	1 (6%)	7 (32%)	22 (31%)	7 (23%)	2 (11%)	39 (25%)
\$250,000-\$499,999	0 (0%)	0 (0%)	7 (10%)	4 (13%)	3 (16%)	14 (9%)
\$500,000-\$999,999	1 (6%)	0 (0%)	2 (3%)	8 (27%)	1 (5%)	12 (8%)
\$1,000,000-\$1,999,999	0 (0%)	0 (0%)	5 (7%)	7 (23%)	2 (11%)	14 (9%)
≥2,000,000	0 (0%)	0 (0%)	1 (1%)	1 (3%)	0 (0%)	2 (1%)
Unknown	2 (12%)	0 (0%)	3 (4%)	2 (7%)	5 (26%)	12 (8%)
Percent of Participants with Health Insurance						
<25%	5 (29%)	4 (18%)	6 (9%)	2 (7%)	5 (26%)	22 (14%)
25-50%	3 (18%)	2 (9%)	10 (14%)	4 (13%)	2 (11%)	19 (12%)
51-75%	2 (12%)	4 (18%)	19 (27%)	10 (33%)	3 (16%)	38 (24%)
>75%	6 (35%)	6 (27%)	19 (27%)	11 (37%)	4 (21%)	46 (29%)
Unknown	1 (6%)	6 (27%)	16 (23%)	3 (10%)	5 (26%)	33 (21%)


Abbreviations: SD = Standard Deviation, IQR = Interquartile Range, CBO = Community-Based Organization


^aRegion is defined by [CDC's Division of HIV Prevention state/region categories](#).

^bPrograms could select more than one option and so the sum of the columns may not be 100%.

^c501(c)(3) status allows organizations to be exempt from federal income tax and permit donors to make tax-deductible donations. An organization may have their own 501(c)(3) status or receive sponsorship from another organization that allows the organization to receive similar 501(c)(3) tax benefits.

Table 2. Syringe Services Program Operational Characteristics by Program Size (Syringes Dispensed)—United States, Territories, and Tribal Nations, 2021

 Operational Characteristics	Small (1–9,999 syringes) (n, col %)	Medium (10,000–54,999 syringes) (n, col %)	Large (55,000–499,999 syringes) (n, col %)	Extra-Large (500,000+ syringes) (n, col %)	Unknown (n, col %)	Total (n, col %)
Total Syringe Services Programs	17	22	70	30	19	158
Service Delivery Models^a						
Brick and Mortar/Storefront	12 (71%)	18 (82%)	51 (73%)	23 (77%)	13 (68%)	117 (74%)
Mobile Unit	5 (29%)	10 (46%)	46 (66%)	22 (73%)	8 (42%)	91 (58%)
Home Delivery	5 (29%)	6 (2%)	30 (43%)	15 (50%)	6 (32%)	62 (39%)
Backpack Delivery	3 (18%)	2 (9%)	23 (33%)	7 (23%)	4 (21%)	39 (25%)
Tent or Outdoor Area	2 (12%)	3 (14%)	20 (29%)	6 (20%)	5 (26%)	36 (23%)
Mail Order	4 (24%)	1 (5%)	8 (11%)	9 (30%)	2 (11%)	24 (15%)
Vending Machine	0 (0%)	0 (0%)	2 (3%)	0 (0%)	0 (0%)	2 (1%)
Unknown	2 (12%)	1 (5%)	3 (4%)	2 (7%)	0 (0%)	8 (5%)
Operational Hours per Week						
<20 Hours	4 (24%)	11 (50%)	23 (33%)	5 (17%)	4 (21%)	47 (30%)
20–39 Hours	4 (24%)	4 (18%)	23 (33%)	7 (23%)	3 (16%)	41 (26%)
40–59 Hours	5 (29%)	6 (27%)	18 (26%)	12 (40%)	7 (37%)	48 (30%)
≥60 Hours	2 (12%)	1 (5%)	4 (6%)	6 (20%)	1 (5%)	14 (9%)
Unknown	2 (12%)	0 (0%)	2 (3%)	1 (3%)	5 (26%)	10 (6%)
Employs Paid Full-Time Staff						
Yes	8 (47%)	9 (41%)	45 (64%)	29 (97%)	10 (53%)	101 (64%)
No	9 (53%)	13 (59%)	25 (36%)	1 (3%)	7 (37%)	55 (35%)
Unknown	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (11%)	2 (1%)
Employs Paid Staff with Lived Experience^b						
Yes	4 (24%)	13 (59%)	38 (54%)	27 (90.0%)	7 (37%)	89 (56%)
No	12 (71%)	8 (36%)	29 (41%)	1 (3%)	7 (37%)	57 (36%)
Unknown	0 (0%)	1 (5%)	3 (4%)	2 (7%)	5 (26%)	12 (8%)
Participant Residency Restriction						
Yes	0 (0%)	2 (9%)	8 (11%)	1 (3%)	2 (11%)	13 (8%)
No	17 (100%)	19 (86%)	62 (89%)	29 (97%)	14 (74%)	141 (89%)
Unknown	0 (0%)	1 (5%)	0 (0%)	0 (0%)	3 (16%)	4 (3%)

 Operational Characteristics	Small (1-9,999 syringes) (n, col %)	Medium (10,000-54,999 syringes) (n, col %)	Large (55,000-499,999 syringes) (n, col %)	Extra-Large (500,000+ syringes) (n, col %)	Unknown (n, col %)	Total (n, col %)
	Identification (ID) Requirement					
Yes	1 (6%)	0 (0%)	0 (0%)	1 (3%)	1 (5%)	3 (2%)
No	16 (94%)	21 (96%)	70 (100%)	29 (97%)	15 (79%)	151 (96%)
Unknown	0 (0%)	1 (5%)	0 (0%)	0 (0%)	3 (16%)	4 (3%)
Needs-Based Provision of Syringes^c						
Yes	14 (82%)	12 (55%)	49 (70%)	18 (60%)	7 (37%)	100 (63%)
No	3 (18%)	9 (41%)	21 (30%)	11 (37%)	9 (47%)	53 (34%)
Unknown	0 (0%)	1 (5%)	0 (0%)	1 (3%)	3 (16%)	5 (3%)
Allow Secondary Exchange^d						
Yes	14 (82%)	13 (59%)	58 (83%)	23 (77%)	9 (47%)	117 (74%)
No	3 (18%)	7 (32%)	12 (17%)	7 (23%)	6 (32%)	35 (22%)
Unknown	0 (0%)	2 (9%)	0 (0%)	0 (0%)	4 (21%)	6 (4%)
Reasons for Service Closure in 2021^{a,e}						
No Service Closure	11 (65%)	16 (73%)	54 (77%)	23 (77%)	16 (84%)	120 (76%)
COVID-19 Restrictions	3 (18%)	3 (14%)	9 (13%)	5 (17%)	1 (5%)	21 (13%)
Lack of Personnel	1 (6%)	2 (9%)	4 (6%)	3 (10%)	1 (5%)	11 (7%)
Inadequate Supply Funding	1 (6%)	1 (5%)	5 (7%)	1 (3%)	1 (5%)	9 (6%)
Inadequate Operation Funding	0 (0%)	0 (0%)	3 (4%)	1 (3%)	1 (5%)	5 (3%)
Legal or Political Intervention	1 (6%)	2 (9%)	1 (1%)	0 (0%)	0 (0%)	4 (3%)

^aPrograms could select more than one option and so the sum of the columns may not be 100%.


^bStaff with lived experience is defined here as a person who formerly or currently injected drugs.

^cNeed-based provision of syringes entails not having a cap on the number of syringes distributed to participants and providing sufficient supply to ensure sterile equipment for each injection.

^dSecondary exchange refers to providing participants with sterile injection equipment in excess of their individual need with the intention the sterile injection equipment will be shared with other people who inject drugs.

^eService closure refers to programs not providing services in 2021 for at least one day or more when expected to be open.


Table 3. Syringe Services Program Equipment and Services Offered by Program Size (Syringes Dispensed)—United States, Territories, and Tribal Nations, 2021

 Equipment and Services Offered Onsite^{a,b}	Small (1–9,999 syringes) (n, col %)	Medium (10,000–54,999 syringes) (n, col %)	Large (55,000–499,999 syringes) (n, col %)	Extra-Large (500,000+ syringes) (n, col %)	Unknown^b (n, col %)	Total (n, col %)
Total Syringe Services Programs	17	22	70	30	19	158
Equipment and Related Training						
Syringes	17 (100%)	22 (100%)	70 (100%)	30 (100%)	16 (84%)	155 (98%)
Safe Injection Supplies ^c	17 (100%)	22 (100%)	70 (100%)	30 (100%)	16 (84%)	155 (98%)
Sharps Disposal Containers	15 (88%)	22 (100%)	67 (96%)	28 (93%)	14 (74%)	146 (92%)
Sexual Health Supplies ^d	14 (82%)	22 (100%)	70 (100%)	30 (100%)	15 (79%)	151 (96%)
Wound Care Kits	14 (82%)	18 (83%)	60 (86%)	29 (97%)	14 (74%)	135 (85%)
Safer Smoking Kits	6 (35%)	10 (46%)	38 (54%)	18 (60%)	9 (47%)	81 (51%)
Syringe Distribution or Disposal Training for Clients	10 (59%)	10 (46%)	54 (77%)	20 (67%)	5 (26%)	99 (63%)
Overdose Prevention and Response^e						
Fentanyl Test Strips	10 (59%)	19 (86%)	58 (83%)	28 (93%)	15 (79%)	130 (82%)
Opioid Overdose Prevention and Response Training	8 (47%)	20 (91%)	62 (87%)	30 (100%)	11 (58%)	131 (83%)
Other Overdose Prevention and Response Training	5 (29%)	9 (41%)	34 (49%)	15 (50%)	6 (32%)	69 (44%)
Infectious Disease Testing						
HIV Rapid Testing	9 (53%)	17 (77%)	54 (77%)	26 (87%)	11 (58%)	117 (74%)
HIV Laboratory-Based Testing	5 (29%)	12 (55%)	34 (49%)	12 (40%)	8 (42%)	71 (45%)
HIV Rapid Testing or Laboratory-Based Testing	10 (59%)	18 (82%)	59 (84%)	27 (90%)	12 (63%)	126 (80%)
HCV Rapid Testing	7 (41%)	16 (73%)	53 (76%)	24 (80%)	9 (47%)	109 (69%)
HCV Laboratory-Based Testing	5 (29%)	12 (55%)	37 (53%)	12 (40%)	8 (42%)	74 (47%)
HCV Rapid Testing or Laboratory-Based Testing	8 (47%)	17 (77%)	58 (83%)	25 (83%)	10 (53%)	118 (75%)
STI Testing ^f	8 (47%)	12 (55%)	36 (51%)	15 (50%)	8 (42%)	79 (50%)
Latent Tuberculosis Testing	4 (24%)	7 (32%)	16 (23%)	2 (7%)	3 (16%)	32 (20%)
SARS-CoV-2 Testing	7 (41%)	13 (59%)	38 (54%)	15 (50%)	9 (47%)	82 (52%)
Vaccination^b						
COVID-19 Vaccination	8 (47%)	12 (55%)	40 (57%)	18 (60%)	8 (42%)	86 (54%)
Influenza Vaccination	7 (41%)	12 (55%)	26 (37%)	12 (40%)	4 (21%)	61 (39%)
Hepatitis A Vaccination	7 (41%)	12 (55%)	27 (39%)	10 (33%)	3 (16%)	59 (37%)
Hepatitis B Vaccination	7 (41%)	12 (55%)	26 (37%)	10 (33%)	3 (16%)	58 (37%)
Human Papillomavirus (HPV) Vaccination	6 (35%)	9 (41%)	16 (23%)	3 (10%)	3 (16%)	37 (23%)



Equipment and Services Offered Onsite^{a,b}

	Small (1-9,999 syringes) (n, col %)	Medium (10,000-54,999 syringes) (n, col %)	Large (55,000-499,999 syringes) (n, col %)	Extra-Large (500,000+ syringes) (n, col %)	Unknown ^b (n, col %)	Total (n, col %)
Infectious Diseases Treatment						
HIV Treatment	4 (24%)	8 (36%)	21 (30%)	9 (30%)	3 (16%)	45 (29%)
HIV PrEP (Pre-Exposure Prophylaxis)	3 (18%)	11 (50%)	24 (34%)	12 (40%)	4 (21%)	54 (34%)
HIV PEP (Post-Exposure Prophylaxis)	3 (18%)	10 (46%)	20 (29%)	9 (30%)	3 (16%)	45 (29%)
Hepatitis C Treatment	4 (24%)	9 (41%)	20 (29%)	12 (40%)	4 (21%)	49 (31%)
STI Treatment ^f	4 (24%)	11 (50%)	29 (41%)	14 (47%)	7 (37%)	65 (41%)
Substance Use Disorder Treatment						
Any Medications for Opioid Use Disorder	5 (29%)	7 (32%)	20 (29%)	15 (50%)	4 (21%)	51 (32%)
Buprenorphine/Naloxone	5 (29%)	6 (27%)	18 (26%)	15 (50%)	4 (21%)	48 (30%)
Buprenorphine	2 (12%)	4 (18%)	11 (16%)	6 (20%)	3 (16%)	26 (17%)
Methadone	2 (12%)	1 (5%)	0 (0%)	1 (3%)	3 (16%)	7 (4%)
Naltrexone	4 (24%)	5 (23%)	8 (11%)	3 (10%)	1 (5%)	21 (13%)
Medications for Non-Opioid SUD	1 (6%)	4 (18%)	11 (16%)	4 (13%)	2 (11%)	22 (14%)
Non-Medication SUD Treatment	6 (35%)	10 (46%)	26 (37%)	15 (50%)	6 (32%)	63 (40%)
Clinical Services^b						
Wound Care	9 (53%)	14 (64%)	41 (59%)	19 (63%)	12 (63%)	95 (60%)
Family Planning/Contraception	7 (41%)	9 (41%)	25 (36%)	6 (20%)	7 (37%)	54 (34%)
Mental Health Services (Pharmaceutical)	5 (29%)	6 (27%)	13 (19%)	5 (17%)	2 (11%)	31 (20%)
Mental Health Services (Non-Pharmaceutical)	5 (29%)	8 (36%)	29 (41%)	6 (20%)	3 (16%)	51 (32%)
Reproductive Cancer Screening	5 (29%)	7 (32%)	13 (19%)	3 (10%)	4 (21%)	32 (20%)
Prenatal or Peripartum Care	4 (24%)	5 (23%)	9 (13%)	3 (10%)	1 (5%)	22 (14%)
Social and Other Services						
Peer Navigation	10 (59%)	13 (59%)	55 (79%)	23 (77%)	11 (58%)	112 (71%)
Health Insurance Enrollment	8 (47%)	16 (17%)	45 (64%)	18 (60%)	8 (42%)	95 (60%)
Case Management	6 (35%)	13 (59%)	39 (56%)	24 (80%)	11 (58%)	93 (59%)
Food Assistance	8 (47%)	13 (59%)	37 (53%)	21 (70%)	8 (42%)	87 (55%)
Housing Support	7 (41%)	12 (55%)	41 (59%)	18 (60%)	8 (42%)	86 (54%)
Drop-In Center	6 (35%)	5 (23%)	26 (37%)	10 (33%)	7 (37%)	54 (34%)
Hygiene-Related Services	4 (24%)	8 (36%)	26 (37%)	9 (30%)	3 (16%)	50 (32%)

 Equipment and Services Offered Onsite^{a,b}	Small (1-9,999 syringes) (n, col %)	Medium (10,000-54,999 syringes) (n, col %)	Large (55,000-499,999 syringes) (n, col %)	Extra-Large (500,000+ syringes) (n, col %)	Unknown^b (n, col %)	Total (n, col %)
Family, Domestic, or Partner Violence Services	3 (18%)	8 (36%)	27 (39%)	7 (23%)	3 (16%)	48 (30%)
Job-Related Services	5 (29%)	8 (36%)	19 (27%)	8 (27%)	2 (11%)	42 (27%)
Legal Services	3 (18%)	4 (18%)	14 (20%)	6 (20%)	3 (16%)	30 (19%)
Childcare	1 (6%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)

Abbreviations: HCV = Hepatitis C Virus, STI = Sexually Transmitted Infections, SARS-CoV-2 = Severe Acute Respiratory Syndrome Coronavirus 2, PrEP = Pre-Exposure Prophylaxis, PEP = Post-Exposure prophylaxis, SUD = Substance Use Disorder

^aServices were either fully provided (the service was provided at a level that fully met client needs) or partially provided (the service was provided inconsistently or at a level that did not meet client needs).

^bPrograms could select more than one option and so the sum of the columns may not be 100%.


^cIncludes cookers, cottons, filters, water, tourniquets, and alcohol pads.

^dIncludes condoms, female condoms, dental dams, lubricant.

^ePlease refer to table 5 for naloxone provision.

^fOther than HIV and hepatitis C virus.

Table 4. Select Syringe Services Program Services Offered Onsite and/or Through Referral (N = 158)—United States, Territories, and Tribal Nations, 2021

 Equipment and Services Offered	Offered Onsite^{a,b} (n, total %) ^c	Referral Only (n, total %)	Not Offered and No Referral^d (n, total %)	Unknown (n, total %)
Overdose Prevention				
Naloxone Kits	152 (96%)	2 (1%)	3 (2%)	1 (1%)
Infectious Disease Testing^e				
HIV testing	71 (45%)	64 (41%)	18 (11%)	5 (3%)
HCV testing	74 (47%)	61 (39%)	18 (11%)	5 (3%)
STIs ^b	79 (50%)	50 (32%)	24 (15%)	5 (3%)
SARS-CoV-2	82 (52%)	51 (32%)	20 (13%)	5 (3%)
Vaccination^e				
Hepatitis A Vaccination	59 (37%)	39 (25%)	55 (35%)	5 (3%)
Hepatitis B Vaccination	58 (37%)	38 (24%)	57 (36%)	5 (3%)
Influenza Vaccination	61 (39%)	40 (25%)	53 (34%)	4 (3%)
COVID-19 Vaccination	86 (54%)	50 (32%)	18 (11%)	4 (3%)
Human Papillomavirus (HPV) Vaccination	37 (23%)	31 (20%)	85 (54%)	5 (3%)
Infectious Diseases Treatment^e				
HIV Treatment	45 (29%)	68 (43%)	41 (26%)	4 (3%)
HIV PrEP	54 (34%)	60 (38%)	40 (25%)	4 (3%)
HIV PEP	45 (29%)	52 (33%)	57 (36%)	4 (3%)
Hepatitis C Treatment	49 (31%)	79 (50%)	26 (17%)	4 (3%)
STI Treatment ^f	65 (41%)	57 (36%)	32 (20%)	4 (3%)
Substance Use Disorder Treatment				
Buprenorphine-Based Medications	48 (30%)	79 (50%)	31 (20%)	0 (0%)
Methadone	7 (4%)	101 (64%)	50 (32%)	0 (0%)
Medications for Non-Opioid SUD	22 (14%)	52 (33%)	79 (50%)	5 (3%)
Non-Medication SUD Treatment	22 (14%)	110 (70%)	21 (13%)	5 (3%)



Equipment and Services Offered

Offered Onsite^{a,b}
(n, total %)^c

Referral Only
(n, total %)

**Not Offered and
No Referral^d**
(n, total %)

Unknown
(n, total %)

Clinical Services

Clinical Services	Offered Onsite ^{a,b} (n, total %) ^c	Referral Only (n, total %)	Not Offered and No Referral ^d (n, total %)	Unknown (n, total %)
Mental Health Services (Pharmaceutical)	31 (20%)	86 (54%)	37 (23%)	4 (3%)
Mental Health Services (Non-Pharmaceutical)	51 (32%)	78 (49%)	25 (16%)	4 (3%)
Wound Care	95 (60%)	41 (26%)	18 (11%)	4 (3%)
Prenatal or Peripartum Care	22 (14%)	68 (43%)	64 (41%)	4 (3%)
Reproductive Cancer Screening	32 (20%)	45 (29%)	77 (49%)	4 (3%)

Abbreviations: HCV = Hepatitis C Virus, MOUD = Medications for Opioid Use Disorder, PEP = Post-Exposure Prophylaxis, PrEP = Pre-Exposure Prophylaxis, SARS-CoV-2 = Severe Acute Respiratory Syndrome Coronavirus 2, STI = Sexually Transmitted Infections, SUD = Substance Use Disorder

^aWith or without referral services.

^bServices were either fully provided (the service was provided at a level that fully met client needs) or partially provided (the service was provided inconsistently or at a level that did not meet client needs).


^cPercent is calculated by total percent of programs surveyed.

^dNeither onsite nor referral services offered.

^ePrograms could select more than one option and so the sum of the columns may not be 100%.

^fOther than HIV and hepatitis C virus.


Table 5. Naloxone Provision by Syringe Services Programs by Program Size (Syringes Dispensed)—United States, Territories, and Tribal Nations, 2021

 Naloxone Provision	Small (1–9,999 syringes) (n, col %)	Medium (10,000–54,999 syringes) (n, col %)	Large (55,000–499,999 syringes) (n, col %)	Extra-Large (500,000+ syringes) (n, col %)	Unknown (n, col %)	Total (n, col %)
	Total Syringe Services Programs	17	22	70	30	19
Naloxone Prevention						
Programs Offering Naloxone Kits	16 (94%)	21 (96%)	69 (99%)	30 (100%)	16 (84%)	152 (96%)
Programs Offering Naloxone Prescription	0 (0%)	4 (18%)	4 (5%)	2 (7%)	2 (11%)	12 (8%)
Number of Naloxone Doses Distributed in 2021						
Quartile 1 (25%)	74	413	487	2000	344	447
Quartile 2 (50%)	225	558	1390	4283	724	1261
Quartile 3 (75%)	627	963	3180	11250	1500	3175
Quartile 4 (100%)	2,257	3,400	24,000	32,378	3,000	32,378
Methods of Naloxone Distribution^a						
Direct Distribution	15 (88%)	21 (96%)	69 (99%)	29 (97%)	14 (74%)	148 (94%)
Secondary Distribution ^b	10 (59%)	15 (68%)	54 (77%)	26 (87%)	9 (47%)	114 (72%)
Community Event Open to the Public	6 (35%)	16 (73%)	47 (67%)	25 (83%)	9 (47%)	103 (65%)
Educational Events for Staff and Participants	4 (24%)	15 (68%)	44 (63%)	24 (80%)	8 (42%)	95 (60%)
In-Person Delivery	7 (41%)	14 (64%)	42 (60%)	20 (67%)	9 (47%)	92 (58%)
Mail Delivery	4 (24%)	1 (5%)	14 (20%)	11 (37%)	1 (5%)	31 (20%)
Referral for Prescription or to Pharmacy	2 (12%)	2 (9%)	10 (14%)	8 (27%)	2 (11%)	24 (15%)
Barriers to Naloxone Distribution^a						
No Barriers	9 (53%)	12 (55%)	24 (34%)	11 (37%)	5 (26%)	61 (39%)
Shortage of Naloxone	5 (29%)	6 (27%)	31 (44%)	15 (50%)	5 (26%)	62 (39%)
High Cost of Naloxone	0 (0%)	3 (14%)	22 (31%)	7 (23%)	4 (21%)	36 (23%)
Legal/Political Climate	1 (6%)	2 (9%)	6 (9%)	3 (10%)	2 (11%)	14 (9%)

^aPrograms could select more than one option and so the sum of the columns may not be 100%.

^bSecondary distribution refers to providing participants with naloxone doses in excess of their individual need with the intention that the naloxone doses will be shared with other people at high risk for opioid overdose.


Table 6. Syringe Services Program Participant Groups Difficult to Reach—United States, Territories, and Tribal Nations, 2021

 Participant Characteristics and Behaviors	Groups Difficult to Reach Total (n, col %) ^{a,b}
Total Syringe Services Programs	158
Age	
<18 Years Old	37 (23%)
18–29 Years Old	10 (6%)
30–39 Years Old	6 (4%)
≥40 Years Old	7 (4%)
Gender	
Cisgender Women	7 (4%)
Cisgender Men	6 (4%)
Transgender Women	58 (37%)
Transgender Men	63 (40%)
Genderqueer or Non-Binary People	41 (26%)
Lesbian, Gay, Bisexual, or Queer People	19 (12%)
Race/Ethnicity	
American Indian/Alaska Native People	53 (34%)
Asian People	56 (35%)
Black/African American People	54 (34%)
Hispanic/Latino(a) People	57 (36%)
Native Hawaiian/ Pacific Islander People	47 (30%)
White People	5 (3%)

^aPercent is calculated by total percent of programs surveyed.

^bSSP survey respondents were asked “Which demographic groups in your community did your program have difficulty reaching in 2021? Select all that apply.”

Table 7. Syringe Services Program Community Relations and Challenges by Program Size (Syringes Dispensed)—United States, Territories, and Tribal Nations, 2021

 Community Relations	Small (1-9,999 syringes) (n, col %)	Medium (10,000-54,999 syringes) (n, col %)	Large (55,000-499,999 syringes) (n, col %)	Extra-Large (500,000+ syringes) (n, col %)	Unknown (n, col %)	Total (n, col %)
Total Syringe Services Programs	17	22	70	30	19	158
Sources of Advocacy or Support^{a,b}						
Other CBOs	11 (65%)	15 (68%)	57 (81%)	30 (100%)	15 (79%)	128 (81%)
Local Health Officials	10 (59%)	16 (73%)	51 (73%)	27 (90%)	10 (53%)	114 (72%)
HIV or Other Medical Providers	10 (59%)	15 (68%)	43 (61%)	24 (80%)	10 (53%)	102 (65%)
Local Residents	11 (65%)	13 (59%)	31 (44%)	23 (77%)	8 (42%)	86 (54%)
Local Politicians	5 (29%)	2 (9%)	25 (36%)	18 (60%)	8 (42%)	58 (37%)
Law Enforcement	4 (24%)	4 (18%)	15 (21%)	7 (23%)	4 (21%)	34 (22%)
Religious Organizations	5 (29%)	4 (18%)	11 (16%)	10 (33%)	5 (26%)	35 (22%)
Drug User Unions	1 (6%)	4 (18%)	13 (19%)	7 (23%)	1 (5%)	26 (17%)
No Advocate Reported	0 (0%)	0 (0%)	2 (3%)	0 (0%)	1 (5%)	3 (2%)
Relationships with Local Health Officials						
Somewhat to Very Good	12 (71%)	17 (77%)	57 (81%)	27 (90%)	10 (53%)	123 (78%)
Neither Good nor Poor	1 (6%)	5 (23%)	11 (16%)	2 (7%)	4 (21%)	23 (15%)
Somewhat to Very Poor	1 (6%)	0 (0%)	0 (0%)	1 (3%)	2 (11%)	4 (3%)
No Relationship	2 (12%)	0 (0%)	1 (1%)	0 (0%)	1 (5%)	4 (3%)
Unknown	1 (6%)	0 (0%)	1 (1%)	0 (0%)	2 (11%)	4 (3%)
Relationships with Law Enforcement						
Somewhat to Very Good	9 (53%)	6 (27%)	27 (39%)	13 (43%)	7 (37%)	62 (39%)
Neither Good nor Poor	3 (18%)	6 (27%)	23 (33%)	10 (33%)	4 (21%)	46 (29%)
Somewhat to Very Poor	2 (12%)	7 (32%)	11 (16%)	4 (13%)	4 (21%)	28 (18%)
No Relationship	3 (18%)	3 (14%)	8 (11%)	3 (10%)	2 (11%)	19 (12%)
Unknown	0 (0%)	0 (0%)	1 (1%)	0 (0%)	2 (11%)	3 (2%)
External Challenges Faced^a						
COVID-19 Pandemic	10 (59%)	15 (68%)	51 (73%)	23 (77%)	15 (79%)	114 (72%)
Limited/No Law Enforcement Support	8 (47%)	12 (55%)	27 (39%)	8 (27%)	8 (42%)	63 (40%)
Lack of Community Support	7 (41%)	7 (32%)	26 (37%)	11 (37%)	8 (42%)	59 (37%)
Local Policy or Law Restricts Program Services	4 (24%)	10 (46%)	27 (39%)	9 (30%)	6 (32%)	56 (35%)



Community Relations

	Small (1-9,999 syringes) (n, col %)	Medium (10,000-54,999 syringes) (n, col %)	Large (55,000-499,999 syringes) (n, col %)	Extra-Large (500,000+ syringes) (n, col %)	Unknown (n, col %)	Total (n, col %)
Active Police Harassment or Arrest of Participants	1 (6%)	9 (41%)	24 (34%)	10 (33%)	5 (26%)	49 (31%)
Lack of Support from Health Officials	1 (6%)	4 (18%)	22 (31%)	1 (3%)	3 (16%)	31 (20%)
Active Community Harassment	1 (6%)	3 (14%)	11 (16%)	9 (30%)	2 (11%)	26 (17%)
Program Operations Disrupted by Government or Law Enforcement	1 (6%)	5 (23%)	9 (13%)	5 (17%)	2 (11%)	22 (14%)
Internal Challenges Faced						
Staff Shortage	12 (71%)	14 (64%)	43 (61%)	24 (80%)	13 (68%)	106 (67%)
Staff Burnout	6 (35%)	9 (41%)	40 (57%)	24 (80%)	7 (37%)	86 (54%)
Limited/No Funding	9 (53%)	17 (77%)	39 (56%)	13 (43%)	10 (53%)	88 (56%)
Limited/No Resources or Supplies	6 (35%)	10 (46%)	35 (50%)	10 (33%)	10 (53%)	71 (45%)

Abbreviation: CBO = Community-Based Organization

^aPrograms could select more than one option and so the sum of the columns may not be 100%.

^bIndividuals or organization types that advocated for the program or provided any other type of support.

Table 8. Change in Core Services Provided Among Syringe Services Programs Operating in Both 2020 and 2021—United States, Territories, and Tribal Nations, 2020–2021



 Characteristic and Service Offered	Average Number in 2020	Median Number in 2020	Average Number in 2021	Median Number in 2021	% Change in Average Number	% Change in Median
Number of Participants Served (among 119 SSPs)	1247	261	1573	432	26%	65%
Number of Syringes Distributed (among 121 SSPs)	464,058	84,560	479,697	128,000	3%	51%

Table 9. Changes in Syringe Services Program Services Offered Among Programs Operating in Both 2020 and 2021—United States, Territories, and Tribal Nations, 2020–2021

 Characteristic and Service Offered^{a,b}	Offered in 2020 but No Longer Offered in 2021 (n, total %) ^c	Was Not Offered in 2020 but Offered in 2021 (n, total %)	Offered in Both 2020 and 2021 (n, total %)	Not Offered in 2020 or 2021 (n, total %)	Unknown^d (n, total %)
Provision of Needs-Based Syringes ^e	5 (3%)	5 (3%)	89 (56%)	44 (28%)	15 (10%)
Provision of Services Offered Onsite					
Naloxone	3 (2%)	5 (3%)	137 (87%)	1 (1%)	12 (8%)
HIV Rapid Testing	1 (1%)	26 (17%)	91 (58%)	34 (22%)	6 (4%)
HIV Laboratory-Based Testing	1 (1%)	30 (19%)	41 (26%)	79 (50%)	7 (5%)
HCV Rapid Testing	2 (1%)	26 (17%)	83 (53%)	41 (26%)	6 (4%)
HCV Laboratory-Based Testing	2 (1%)	33 (21%)	41 (26%)	74 (47%)	8 (5%)
Buprenorphine/Naloxone	3 (2%)	16 (10%)	32 (20%)	107 (68%)	0 (0%)
Buprenorphine	0 (0%)	10 (6%)	16 (10%)	132 (84%)	0 (0%)
Methadone	3 (2%)	3 (2%)	4 (3%)	148 (94%)	0 (0%)
Naltrexone	1 (1%)	10 (6%)	11 (7%)	136 (86%)	0 (0%)
Non-Medication SUD Treatment	4 (3%)	38 (24%)	25 (16%)	82 (52%)	9 (6%)
Mental Health Services (Pharmaceutical)	3 (2%)	19 (12%)	12 (8%)	114 (72%)	10 (6%)
Mental Health Services (Non-Pharmaceutical)	5 (3%)	32 (20%)	19 (12%)	93 (59%)	9 (6%)
Wound Care	3 (2%)	37 (23%)	58 (37%)	54 (34%)	6 (4%)
Family Planning/Contraception	2 (1%)	27 (17%)	27 (17%)	92 (58%)	10 (6%)
Prenatal or Peripartum Care	1 (1%)	13 (8%)	9 (6%)	121 (77%)	14 (9%)
Reproductive Cancer Screening	4 (3%)	13 (8%)	19 (12%)	111 (70%)	11 (7%)

Abbreviations: HCV = Hepatitis C Virus, SUD = Substance Use Disorder

^aPrograms could select more than one option and so the sum of the columns may not be 100%.


^bServices were either fully provided (the service was provided at a level that fully met client needs) or partially provided (the service was provided inconsistently or at a level that did not meet client needs).

^cPercent is calculated by total percent of programs surveyed.

^dUnknown for either 2021 or 2022.

^eNeeds-based provision of syringes entails not having a cap on the number of syringes distributed to participants and providing sufficient supply to ensure sterile equipment for each injection.

Table 10. Impacts of the COVID-19 Pandemic on Syringe Services Programs Operating in Both 2020 and 2021 by Program Size (Syringes Dispensed)—United States, Territories, and Tribal Nations, 2020

 Program Impacts	Small (1-9,999 syringes) (n, col %)	Medium (10,000-54,999 syringes) (n, col %)	Large (55,000-499,999 syringes) (n, col %)	Extra-Large (500,000+ syringes) (n, col %)	Unknown (n, col %)	Total (n, col %)
Total Syringe Services Programs Operating in 2020 and 2021^a	13	19	70	30	15	147
Changes to Operations						
Program Was Not Impacted	0 (0%)	2 (11%)	4 (6%)	0 (0%)	0 (0%)	6 (4%)
Change in Physical Space	5 (39%)	14 (74%)	39 (56%)	20 (67%)	6 (40%)	84 (57%)
Reduced Hours or Days of Operation	9 (69%)	14 (74%)	29 (41%)	14 (47%)	9 (60%)	75 (51%)
Staff Shortage or Loss	7 (54%)	11 (58%)	30 (43%)	20 (67%)	7 (47%)	75 (51%)
Site Closures	6 (46%)	8 (42%)	18 (26%)	6 (20%)	2 (13%)	40 (27%)
Lack of Personal Protective Equipment	0 (0%)	5 (26%)	13 (19%)	9 (30%)	5 (33%)	32 (22%)
Reduced Funding	1 (8%)	5 (26%)	19 (27%)	4 (13%)	1 (7%)	30 (20%)
Changes to Syringe Distribution						
Adopted Less Restrictive Syringe Distribution Model	2 (15%)	5 (26%)	13 (19%)	12 (40%)	3 (20%)	35 (24%)
Adopted More Restrictive Syringe Distribution Model	1 (8%)	0 (0%)	8 (11%)	3 (10%)	1 (7%)	13 (9%)
Disruptions in Supply of Syringes	3 (23%)	6 (32%)	28 (40%)	15 (50%)	7 (47%)	59 (40%)
Disruptions in Other Supplies	4 (31%)	10 (53%)	43 (61%)	24 (80%)	9 (60%)	90 (61%)
Changes to Services Offered						
Disruptions in HIV, HCV, or Other Bloodborne Pathogen Testing	2 (15%)	8 (42%)	29 (41%)	20 (67%)	4 (27%)	63 (43%)
Disruptions in Substance Use Disorder Treatment or Linkage	1 (8%)	4 (21%)	27 (39%)	16 (53%)	4 (27%)	52 (35%)
Disruptions in Mental Health Services Offered or Linkage	1 (8%)	5 (26%)	23 (33%)	12 (40%)	6 (40%)	47 (32%)
Changes in Other Direct Client Services ^b	1 (8%)	7 (37%)	30 (43%)	16 (53%)	6 (40%)	60 (41%)
New or Increased Access to Telehealth	2 (15%)	6 (32%)	26 (37%)	13 (43%)	5 (33%)	52 (35%)

^aPrograms could select more than one option and so the sum of the columns may not be 100%.

^bIncludes ancillary services such as food distribution, hygiene, and housing assistance.