Syringe Services Programs (SSPs)

A vital partner in addressing syringe litter in our communities

Solving syringe litter – a collaborative approach

The Health Department's six-point plan to address syringe litter:

1. Hold organizations funded by the Health Department to operate SSPs accountable for improving safe disposal rates.
2. Improve safe disposal data collection.
3. Improve SSP client accountability for safe syringe disposal.
4. Increase community safe disposal options.
5. Increase community knowledge and utilization of safe disposal options.
6. Strengthen community relationships between SSPs and the areas they serve.

Organizations providing Syringe Services Programs will:

- Improve distribution and collection reporting.
- Engage in a community of practice with Health Department and other SSP providers.
- Increase SSP client education on the importance of syringe disposal.
- Increase community education on safe syringe disposal and the role SSPs play.
- Lead community syringe litter cleanup initiatives.
- Employ innovative approaches to addressing community syringe litter, including: SSP client engagement in cleanup efforts, fixed disposal kiosk, and on-demand syringe pickups.

Together, the Health Department and SSPs will:

- Engage with Impacted parties (community members, business owners, local leadership, etc.).
- Explore implementing syringe return and disposal incentives.
- Offer SSP clients safe, self-disposal resources.
- Continue to use SSPs as a mechanism to engage clients in SUD treatment and recovery services.

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802-863-7200

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The value of SSPs: Mark's journey



Mark is a 43-year-old, white male who began using substances in his teens, but his use escalated following a difficult divorce in his thirties and eventually he began using opioids. Has been in treatment previously but returned to use after his hours were cut at his job.

1. Mark was referred to **outpatient treatment** by his primary care provider for Opioid Use Disorder when he was 35 and has maintained his recovery until recently.
2. Mark returned to use to manage his stress after his hours were cut at his job. As he was leaving a **community lunch** at a local church, he ran into an SSP outreach worker he had known previously who encouraged him to reengage in SSP services.
3. Mark re-engaged as a client at his **local syringe services program** where he was able to access harm reduction supplies, HIV and Hep C testing, and referrals to other health services.
4. Mark learned about **VT Helplink** at the SSP and, when he felt ready to consider treatment options, he called and connected to appropriate services.
5. Mark was referred to an **outpatient treatment Hub**, where he initiated **medication for opioid use disorder (MOUD)** with daily monitoring.
6. Mark is now actively in recovery and able to manage his MOUD with the help of a **Certified Peer Recovery Support Specialist**.

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