



**Syringe Services Program – Key Component of Comprehensive
Harm Reduction Program
Oklahoma Turning Point Fall Policy Forum**

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Regional Health Administrator, Region VI
Department of Health and Human Services**



October 22, 2020

OASH: THE ROADMAP FOR A HEALTHIER NATION

HEALTH TRANSFORMATION

Catalyze a health promoting culture

HEALTH INNOVATION

Foster novel approaches and solutions

HEALTH RESPONSE

Respond to emerging health challenges

HEALTH OPPORTUNITY

Advance health opportunities for all

LEADING AMERICA TO HEALTHIER LIVES



Office of Regional Health Operations

Connecting people, convening local partners, and establishing networks to promote and advance the public health and safety of the American people

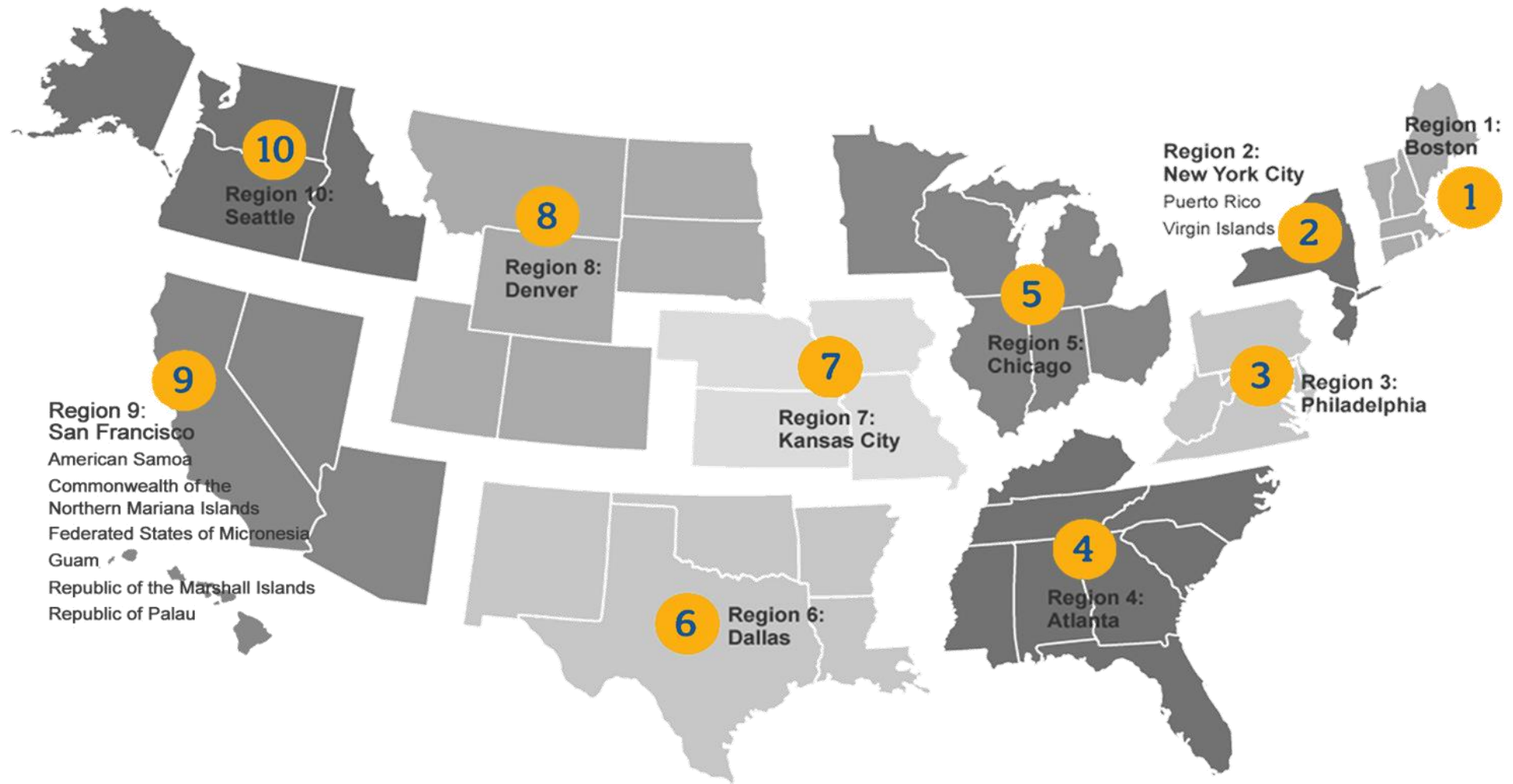
ORHO coordinates and provides strategic guidance to the Regional Health Administrators (RHAs) who serve as the senior federal official for public health and science in their regions.

RHAs foster coordination and collaboration across federal departments and serve as spokespersons and extensions of OASH to ensure that HHS priorities are better incorporated at the local, state, tribal, and national levels.

RHAs and their teams use their regional expertise and networks to catalyze public health action and impact leading health indicators across the Nation.

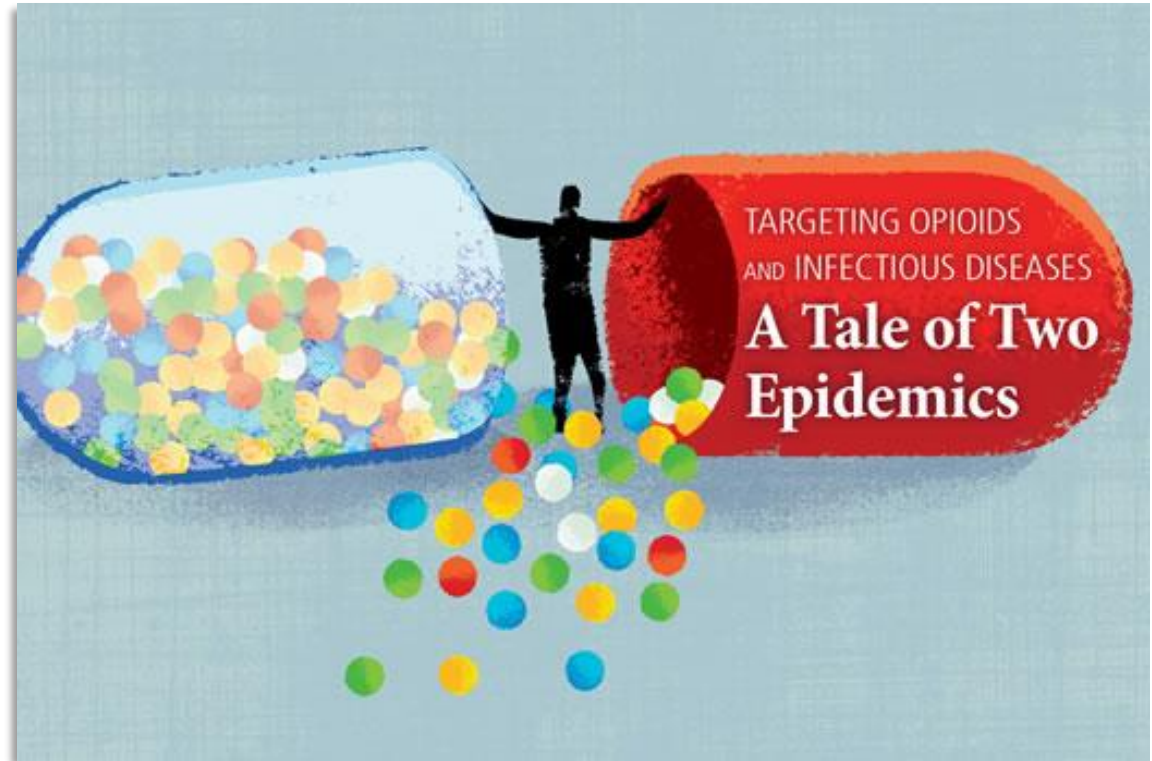


OASH Office of Regional Health Operations



INFECTIOUS CONSEQUENCES OF THE OPIOID EPIDEMIC

- HIV
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Endocarditis
- Skin, bone, and joint infections

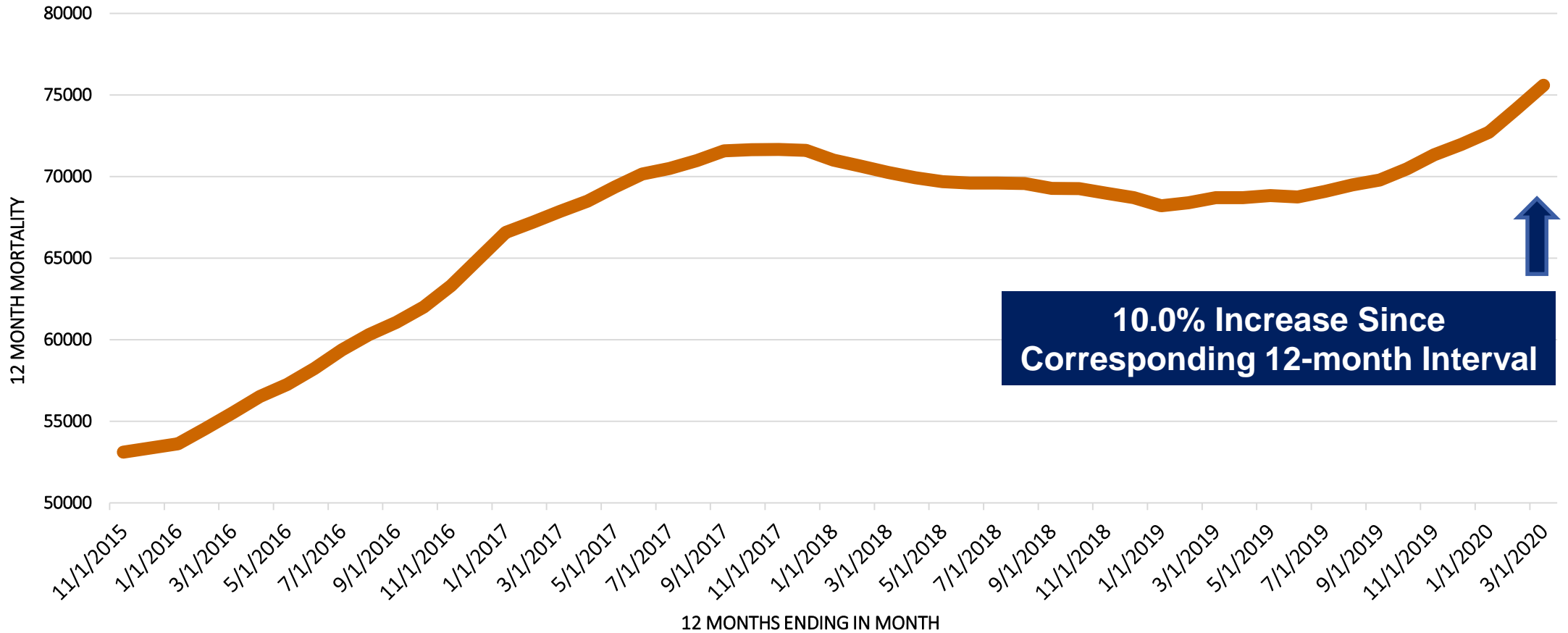


National Academies Workshop
Sponsored by OASH, Report July 2018



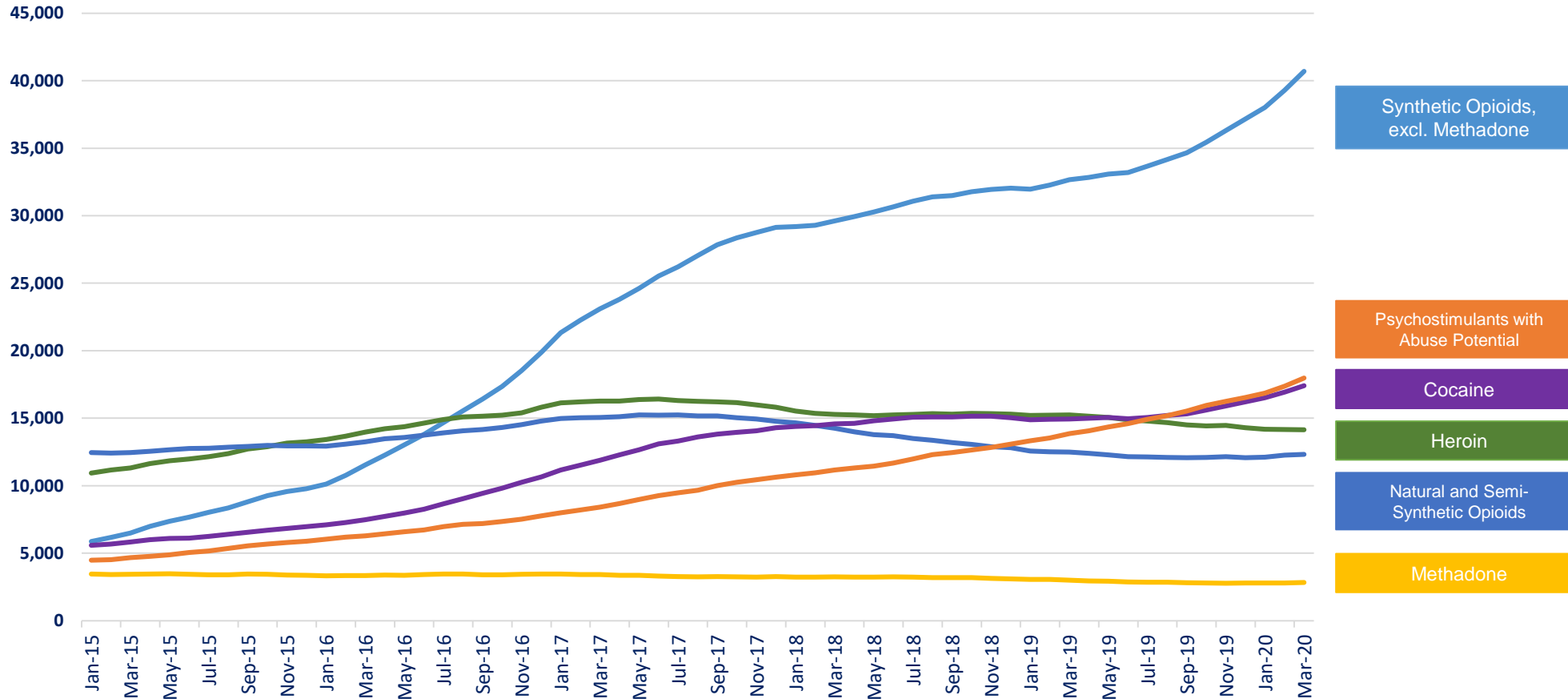
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12 MONTH DRUG OVERDOSE MORTALITY (PREDICTED) THROUGH March 2020*



OVERDOSE DEATHS BY DRUG (CDC, March 2020)

12 MONTH-ENDING PROVISIONAL NUMBER OF DRUG OVERDOSE DEATHS BY DRUG OR DRUG CLASS, UNITED STATES



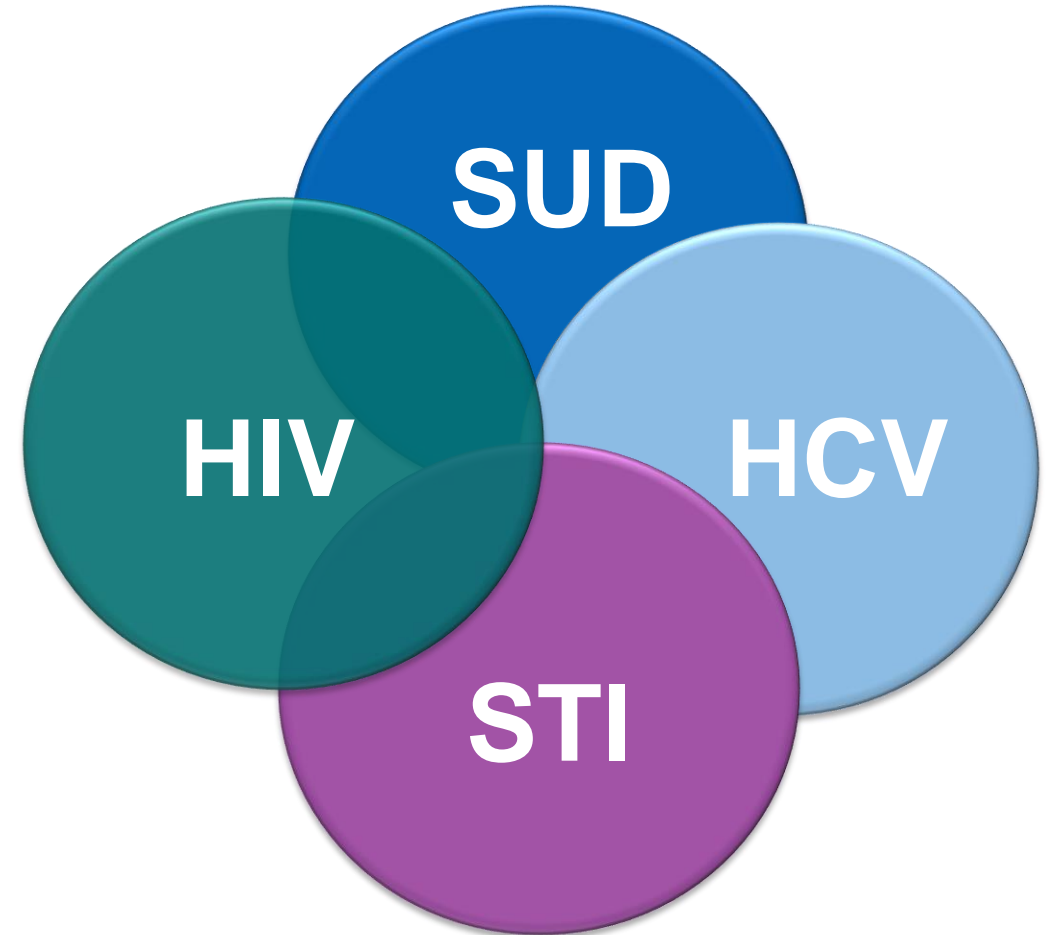
- Currently provisional counts by drug class are available for 40 states, New York City and the District of Columbia
- All 50 states reported end of year final data (through 2018)



ENGAGING THE SYNDEMIC

A set of linked health problems interacting synergistically, and contributing to excess burden of disease in a population.

Syndemics occur when health-related problems cluster by person, place, or time.



HHS Blog – Substance Misuse, Infectious Disease, and the Powerful Potential of Syringe Service Programs

HHS.gov

U.S. Department of Health & Human Services

Substance Misuse, Infectious Disease, and the Powerful Potential of Syringe Service Programs

November 6, 2019 | By: *Adm. Brett P. Giroir, M.D., Assistant Secretary for Health*

Summary: Opioid and drug misuse has profound economic and health consequences on Americans, including a rise in certain infectious diseases throughout our nation.

Opioid and drug misuse has profound economic and health consequences on Americans, including a rise in certain infectious diseases throughout our nation. Drug misuse is linked to marked increases in acute hepatitis C infections, increases in acute hepatitis B infections in some states, and hepatitis A outbreaks in 30 states since 2016. Injection drug use has also been associated with local HIV outbreaks in multiple areas of the country. In 2017, approximately 9% of new HIV cases in the United States were linked to injection drug use, threatening prior progress made in reducing HIV.

“Comprehensive syringe services programs (SSPs) have the proven ability to help combat the opioid crisis and prevent the spread of infectious disease linked to injection drug use.”



**ADM Brett P. Giroir, M.D.
Assistant Secretary for Health**

<https://www.hhs.gov/blog/2019/11/06/substance-misuse-infectious-disease-powerful-potential-syringe-service-programs.html>



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COMPREHENSIVE SYRINGE SERVICES PROGRAMS: AN ESSENTIAL PART OF THE SYNDEMICS SOLUTION



Syringe Services Programs

Sometimes called “needle exchange” or “syringe exchange,” syringe services programs provide access to clean and sterile equipment used for the preparation and consumption of drugs as well as tools for the prevention and reversal of opioid overdose, such as naloxone training and distribution, fentanyl testing strips, and more. Comprehensive syringe services programs also provide additional social and medical services such as: safe disposal of syringes and needles; testing for HIV and hepatitis C infection and linkage to treatment; education about overdose and safer injection practices; referral and access to drug treatment programs, including MAT; tools to prevent HIV and other infectious disease, such as condoms, counseling, or vaccinations; and linkage to medical, mental health, and social services.

SSP participants are 5X more likely to enter drug treatment and 3.5X more likely to cease injecting compared to those who don't use SSP programs



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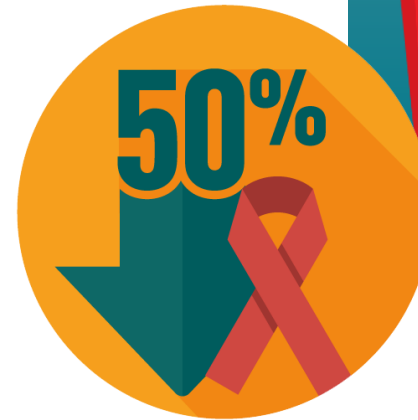
Components of Comprehensive SSPs

- **Access to and safe disposal of sterile needles and syringes**
- **Services (or referrals)**
 - Substance use disorder treatment
 - Screening and treatment for infectious diseases
 - Naloxone distribution
 - Vaccinations
 - Social, mental health, and other medical services



Evidence: Prevents Infections

- **Nonsterile injections can lead to serious health consequences**
- **Access to sterile injection equipment can prevent infections**
 - ~50% decline in viral hepatitis and HIV transmission
 - Further declines when MAT services offered



Evidence: Stops Substance Use and Saves Lives

- **People who inject drugs who regularly use an SSP are:**
 - 3.5x more likely to stop using drugs than those who don't use the programs
 - 5x more likely to enter drug treatment
- **Providing Naloxone prevents opioid overdose deaths**



What are Syringe Services Programs (SSPs)?

Syringe Services Programs, often called SSPs, are community-based prevention programs. SSPs provide a range of health services, and they provide a lifeline to those struggling with substance abuse. Comprehensive SSPs offer patients vaccinations and testing for diseases, referrals to treatment for substance use disorder and other diseases (such as viral hepatitis and HIV), and sterile injection equipment to prevent the transmission of infectious diseases.

Scientists, including those at the Centers for Disease Control and Prevention (CDC), have studied SSPs for more than 30 years and found that comprehensive SSPs benefit communities.



SSPs save lives by lowering the likelihood of deaths from overdoses.



Providing testing, counseling, and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a 50% decline in the risk of HIV transmission.



Users of SSPs were three times more likely to stop injecting drugs.



Law enforcement benefits from reduced risk of needlesticks, no increase in crime, and the ability to save lives by preventing overdoses.



When two similar cities were compared, the one with an SSP had 86% fewer syringes in places like parks and sidewalks.

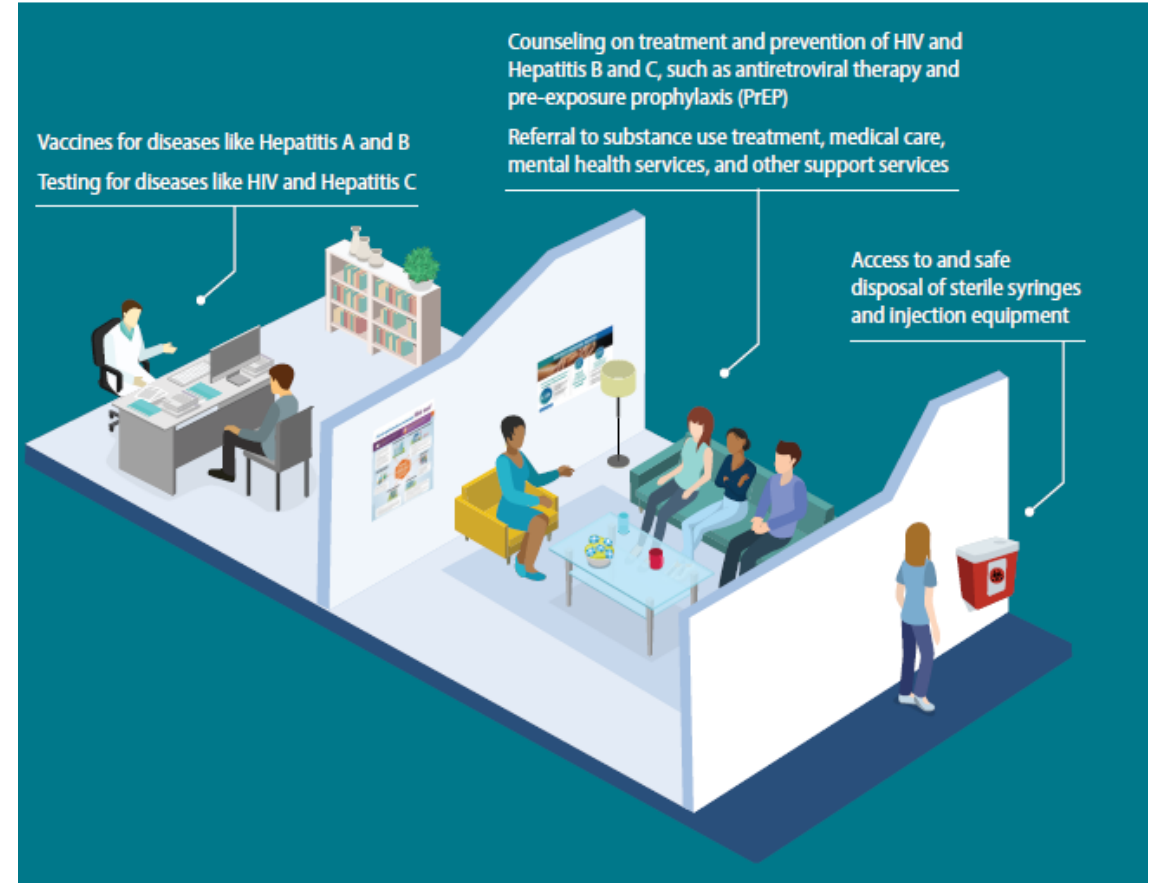


U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS300166-D March 22, 2019

What can a Syringe Services Program (SSP) do?

SSPs adapt to local needs by providing comprehensive support services, such as ways to get treatment, medicines to prevent overdoses, and tools to prevent HIV and viral hepatitis. Many support services may be operated in partnership with federal government funding.

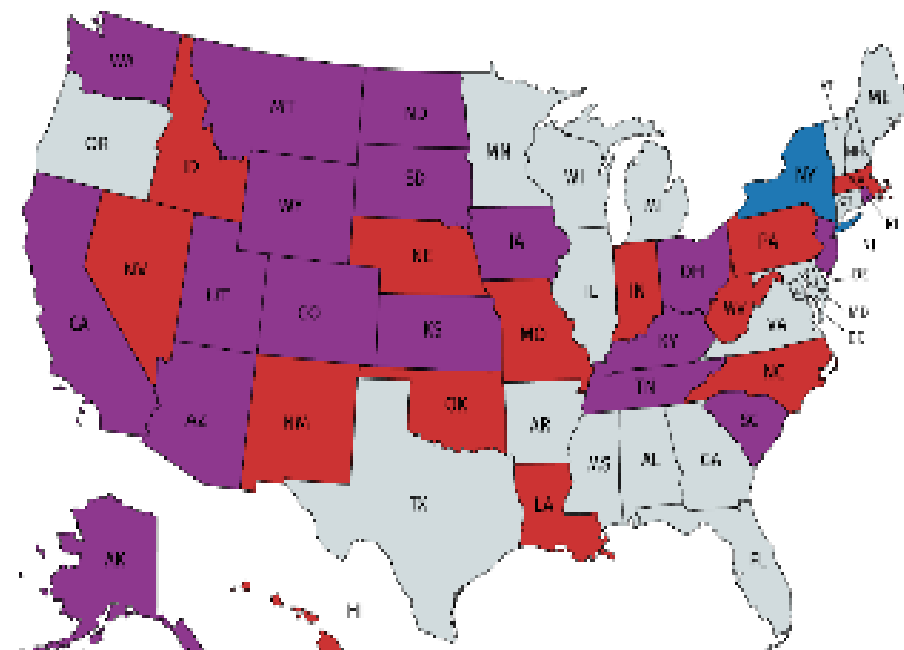


More than 30 years' worth of research demonstrates that SSPs protect the public's health. They save lives, help those experiencing a substance use disorder get the support needed to regain a healthy life, and reduce the impact of drug use on the community.

Visit www.cdc.gov/PWID to learn more.

OASH Regional Efforts to Support SSPs

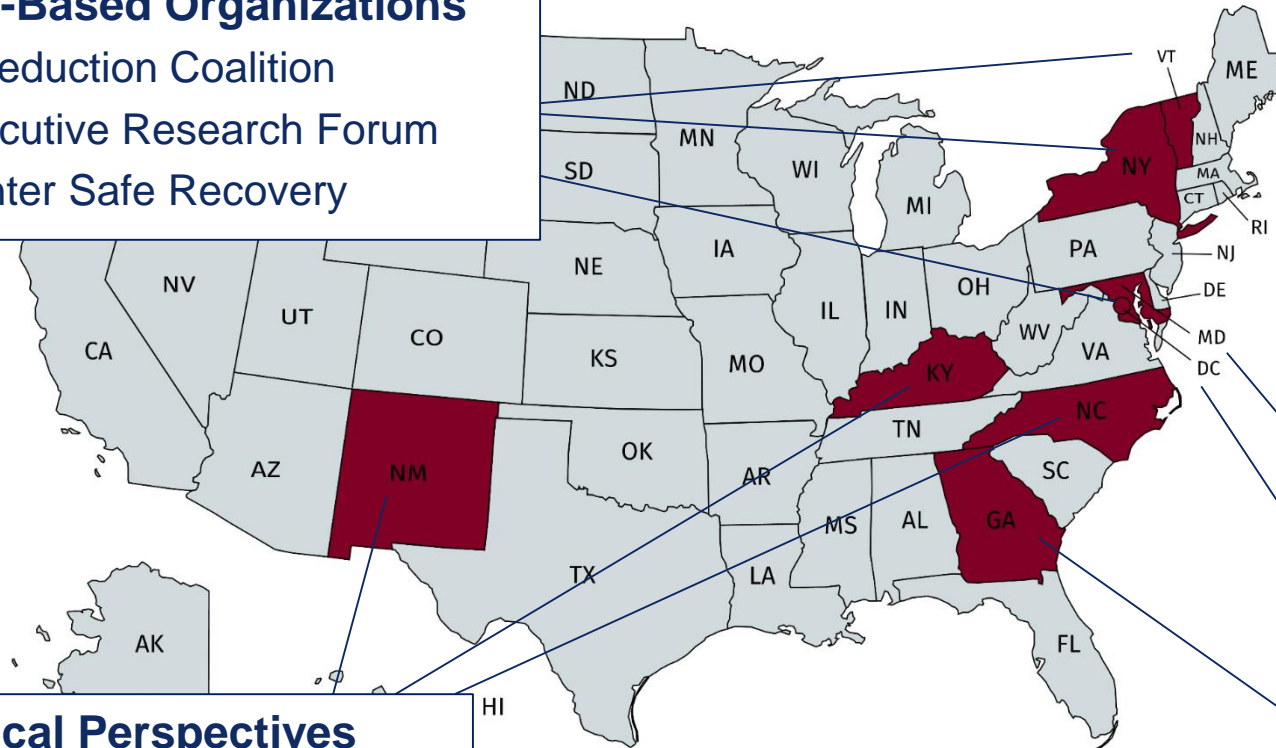
- **Aims: Generate awareness, support existing SSPs, and create policy-enabling environment**
- **Meetings to identify state- and community-specific challenges and opportunities**
 - Engaged 100 stakeholders in 29 states (red and purple)
 - Outcomes to inform next steps



Generate Awareness – National SSP Webinar Series Presenters

Webinar 3 – Community-Based Organizations

- Daniel Raymond, Harm Reduction Coalition
- Chuck Wexler, Police Executive Research Forum
- Grace Keller, Howard Center Safe Recovery



Webinar 2 – State & Local Perspectives

- Connie Gayle White, MD, MS, FACOG
Kentucky Department for Public Health
- Danny Staley, MS, ASTHO, former director of
North Carolina Division of Public Health
- Andrew Gans, MPH, and Joshua Swatek,
New Mexico Department of Health


Webinar 1 – HHS Presenters on SSPs

- ADM Brett Giroir, MD, OASH
- RADM Jonathan Mermin, MD, MPH, CDC
- Heather Hauck, HRSA
- Neeraj Gandotra, MD, SAMHSA

OASH Syringe Service Programs Webinar Series



- Theme of partnership
- Highlighted new resources, policies, funding and assistance for developing and expanding SSPs
- Broad participation
- >3,000 unique individuals registered

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*Syringe Services Programs –
A Critical Public Health Intervention*

ADMIRAL BRETT P. GIROIR, M.D.
Assistant Secretary for Health
Senior Adviser, Immediate Office of the Secretary





HIV BASICS

FEDERAL RESPONSE

DIGITAL T

HOME ▶ FEDERAL RESPONSE ▶ Policies & Issues : SYRINGE SERVICES PROGRAMS ▶ Fac

OASH Efforts to Support Syringe Services Programs in Vulnerable Communities

<https://www.hiv.gov/federal-response/policies-issues/facilitating-expansion-of-ssps>

Webinar 1: Syringe Services Programs – A Critical Public Health Intervention

The screenshot shows a slide from a webinar. At the top left is the HIV.gov logo. The title is "Syringe Service Programs – A Critical Public Health Intervention" with a "Copy link" icon to the right. The main heading is "SSPs prevent transmission of blood-borne infections". Below this is a list of bullet points: "Nonsterile injections can lead to serious health consequences", "Access to sterile injection equipment can prevent infections", "SSPs associated with ~50% decline in viral hepatitis and HIV transmission", and "Further declines noted when MAT services offered". To the right of the text is an illustration of a hand in a blue glove using a syringe to draw liquid from a red sharps container. Below the illustration is a circular graphic with a green arrow pointing down and the text "50%".

Syringe Service Programs – A Critical Public Health Intervention Copy link

SSPs prevent transmission of blood-borne infections

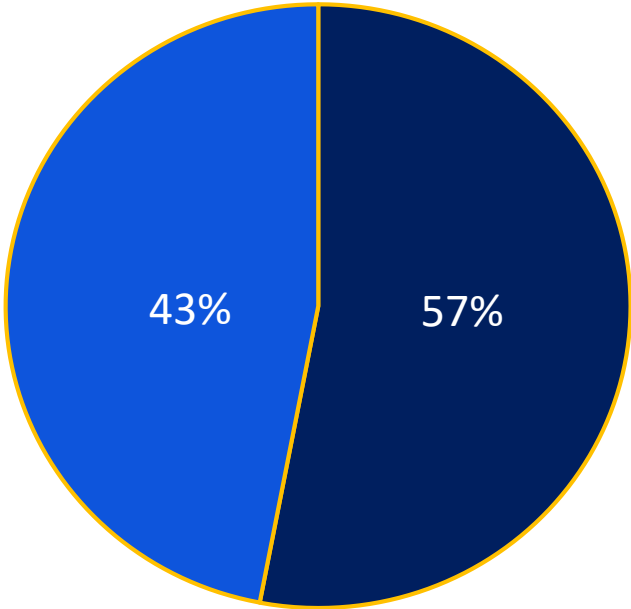
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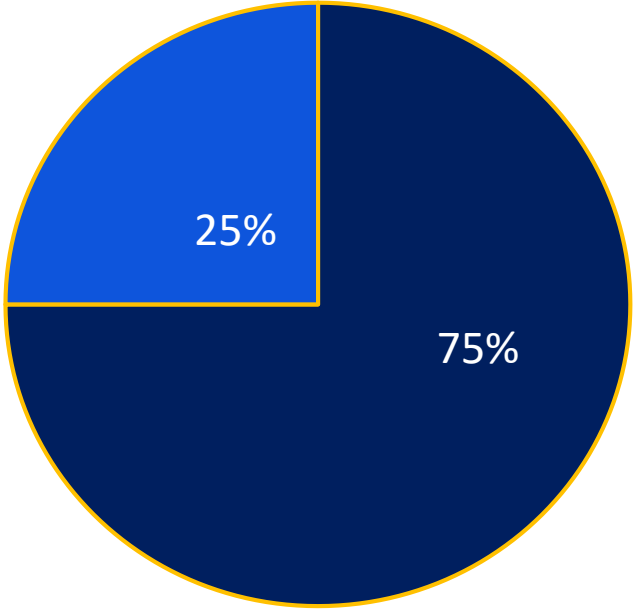
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SSPs have been significantly impacted by COVID-19

■ Decreased services ■ No change in services



■ One or more sites closed ■ No closure



Based on data collected from 173 syringe exchanges that responded to a survey conducted by the North American Syringe Exchange Network (NASEN) (March 31-April 16, 2020)



SSPs are adapting services as a result of COVID-19

- **Change in distribution models**
- **Measures to ensure staff and client safety**
- **Safer injecting supplies and naloxone prioritized over screening for infectious disease**
- **SARS-CoV-2 testing**

Key Findings from Five Qualitative Interviews With SSP's in COVID-19 Hotspots



Special Considerations During the COVID-19 Pandemic

🏠 Health Departments

Key Resources

Contact Tracing

+

Infection Control

Testing

Surveillance & Data Analytics

+

Laboratory Capacity

Community Mitigation

+

Staffing Resources

Financial Resources

Communication Resources for
Health Departments

+

Search Health Departments

Guidance Documents

What's New

HEALTH DEPARTMENTS

Interim Guidance for Syringe Services Programs

Updated May 15, 2020

Print



Syringe services programs (SSPs) are community-based prevention programs that can provide a range of services, including access to and disposal of sterile syringes and injection equipment, vaccination, testing for infectious diseases such as viral hepatitis and HIV, naloxone distribution, and linkage to infectious disease care and substance use treatment. SSPs prevent infectious diseases, help link clients to treatment for substance use disorders, and have the potential to prevent overdose deaths among people who inject drugs.¹

SSPs should be considered by state, local, territorial, and tribal jurisdictions as essential public health infrastructure that should continue to operate during the COVID-19 pandemic. During this time, it is critical that SSPs have the capacity to ensure the safety of staff, volunteers, and clients. This guidance describes actions for jurisdictional public health authorities, as well as SSPs, to support the health and well-being of their staff and the clientele they serve. SSP staff perform a variety of functions, with some staff providing direct patient care services (e.g., drawing blood for infectious disease testing, responding to overdoses, treating injection-related wounds). Considerations for both healthcare personnel and other workers are therefore incorporated into this guidance.

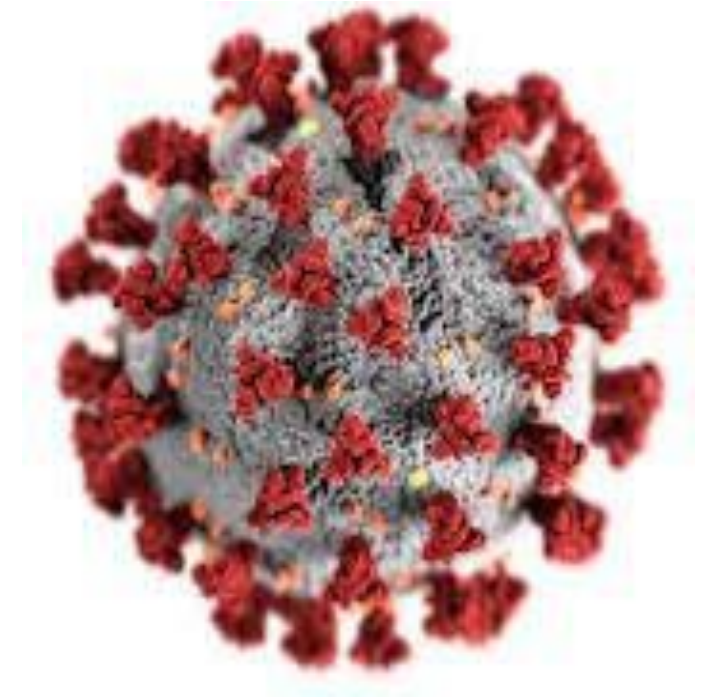
Education, Prevention, and Screening for SARS-CoV-2 infection (the virus that causes COVID-19 illness)

- Provide education to clients and staff (including volunteers) [prevent the spread of SARS-CoV-2](#), including placing informative [signage](#) and supplies in highly visible places.
- Ensure all clients, staff, and volunteers wear [cloth face coverings](#) at all times to protect others. Cloth face coverings should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
 - For staff providing healthcare services (e.g., nurses), [appropriate PPE](#) should be used when interacting with clients with suspected or confirmed COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/php/syringe-service-programs.html>

CDC interim guidance on SSPs during COVID-19 pandemic

- **SSPs should be considered essential**
- **Continuity of harm reduction services can reduce overdoses and transmission of infectious disease**
- **SSPs can help prevent and detect SARS-CoV-2 by providing COVID-related services**
- **SSPs need resources to meet clients' additional needs during the COVID-19 pandemic**



HHS Resources Available to Support SSPs

- www.cdc.gov/ssp
- National Harm Reduction Technical Assistance and Syringe Services Program Monitoring and Evaluation (CDC)
 - National network providing technical assistance
- Support through Ryan White HIV/AIDS Program and the Substance Abuse Prevention and Treatment Block Grant
- www.ihs.gov/opioids/harmreduction/
- www.hiv.gov



Questions

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<https://www.hhs.gov/ash/rha/region6/index.html>



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Extra Slides



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SSP Policy Environments

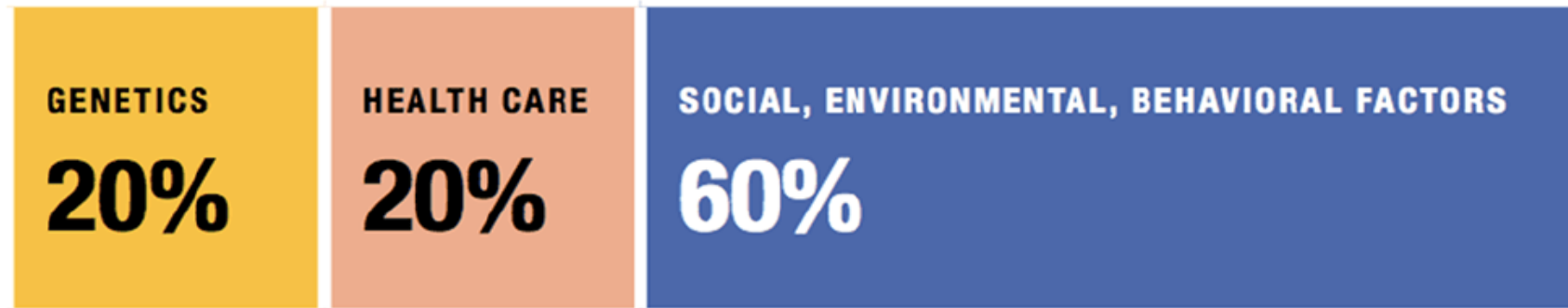
- **RHAs reviewed state-level policy environment**
- **Held conversations with state and local health officials**
 - Identified at least 9 states so far that could benefit from policy-level change
 - RHAs will be working with these states to identify strategic opportunities to improve awareness and education among key stakeholders
- **Engagement with ASTHO**
 - RHAs participated in SSP roundtable discussion on SSPs with other HHS leaders during annual ASTHO meeting
 - Shared information on HHS activities for SSPs with ASTHO workgroup developing their SSP policy language
- **Exploring opportunities to partner and collaborate with NACCHO**



Social Factors Impact Health Outcomes

WHAT DETERMINES HEALTH?

(ADAPTED FROM MCGINNIS ET AL., 2002)



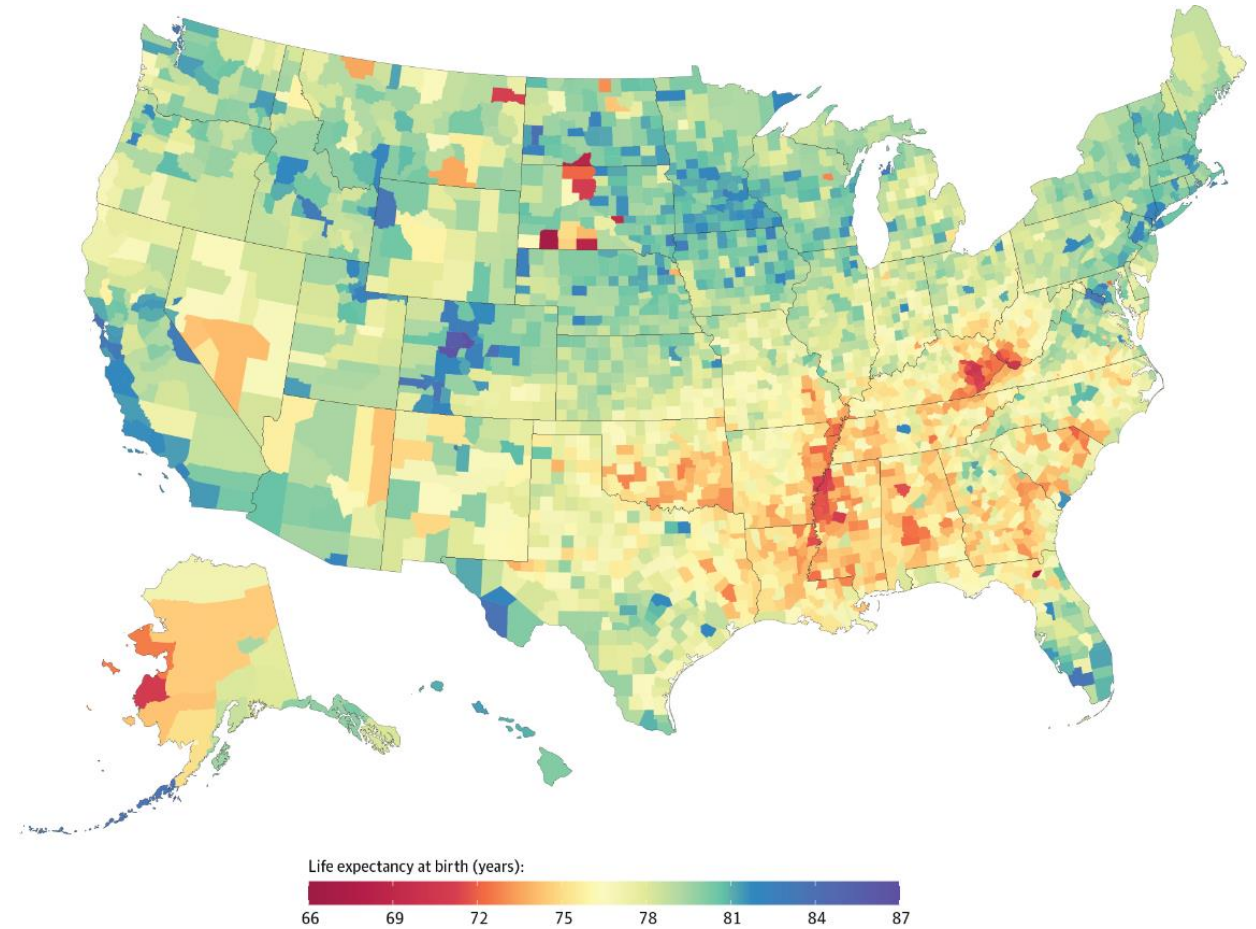
- Psychosocial and environmental issues can lead to deterioration of physical symptoms or non-adherence to the clinical care plan



INEQUALITIES IN LIFE EXPECTANCY AMONG U.S. COUNTIES

1980 – 2014 (DWYER-LINDGREN, 2017)

- Inequalities in life expectancy among counties are large and increasing over time
- Difference in life expectancy between the lowest ranking county and the highest ranking county is 20.1 years (66.8 – 86.9 years)



HIV and Injection Drug Use

Syringe Services Programs for HIV Prevention

Sharing needles, syringes, and other injection equipment puts people who inject drugs (PWID) at high risk for getting HIV and other infections, including hepatitis. Annual HIV diagnoses among black and Hispanic/Latino PWID were cut in half between 2006–2014, but diagnoses among white PWID dropped by only 28%. One reason may be that fewer blacks and Hispanics/Latinos are sharing needles and syringes, while whites are more likely to share them. Syringe services programs (SSPs) can play a role in preventing HIV and other health problems among PWID. They provide access to sterile syringes and should also provide comprehensive services such as help with stopping substance misuse, testing, and linkage to treatment for HIV, hepatitis B, and hepatitis C, education on what to do for an overdose, and other prevention services. State and local health departments can work with their lawmakers and law enforcement to make SSPs more available to PWID.

1 in 10
1 in 10 HIV diagnoses are among people who inject drugs (PWID).

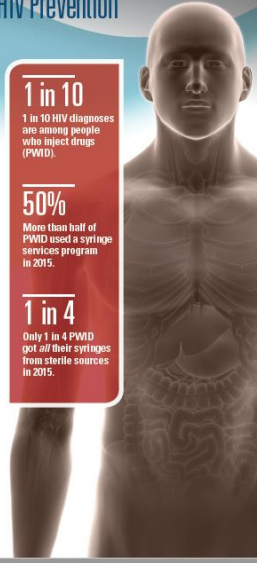
50%
More than half of PWID used a syringe services program in 2015.

1 in 4
Only 1 in 4 PWID got all their syringes from sterile sources in 2015.

State and local health departments can:

- Use data on HIV, hepatitis, substance use, and overdoses to determine where services are needed.
- Work with law enforcement and local leaders to expand access to SSPs, where permitted by law.
- Provide HIV and hepatitis testing and prevention services for PWID.
- Ensure treatment is available for overdoses, HIV, hepatitis, and substance use disorder, and inform first responders about available resources.

Want to learn more? www.cdc.gov/vitalsigns/hiv-drug-use



Problem:

HIV diagnoses among PWID have decreased, but progress has been uneven.



The number of PWID getting HIV has been cut in half in the U.S.

- Annual HIV diagnoses among PWID decreased by 49% overall (2008–2014).
- Annual HIV diagnoses fell by about 50% among black and Hispanic/Latino PWID, both in urban and nonurban areas (2008–2014).
- Annual HIV diagnoses dropped by 28% among urban white PWID during 2008–2012, but did not decrease from 2012–2014. Trends among nonurban whites were similar.

There have been changes in who is starting to inject drugs.*

- In 2005, blacks and whites each made up 38% of new PWID (those who have been injecting for 5 years or less).

- In 2015, blacks made up 19% of new PWID and whites made up 54%.
- The percent of new PWID who are Hispanic/Latino stayed around the same at about 21%.

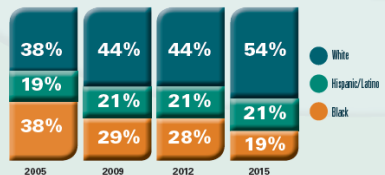
Some PWID are at higher risk for getting HIV from sharing syringes.*

- About 46% of new white PWID shared syringes, compared with 32% of Hispanics/Latinos and 28% of blacks.
- White PWID started injecting at younger ages than other races/ethnicities, and younger people were more likely to share syringes.
- Syringe sharing was low (13%) among PWID who got all their syringes from sterile sources like SSPs, but high (41%) among those who didn't.

* 20 cities with high number of HIV cases

Changes in who is starting to inject drugs

Percent of new PWID by race suggests fewer blacks, and more whites, are starting to inject drugs

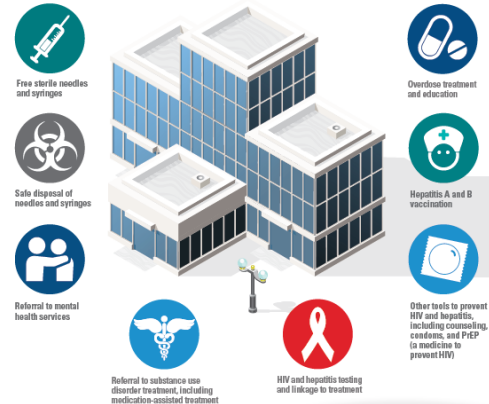


60%
Heroin use has increased more than 60% (114% in whites) in recent years. The heroin and prescription opioid epidemics could lead to new HIV outbreaks.

SOURCE: National Survey on Drug Use and Health, 2005–2015

Syringe Services Programs: More than Just Needle Exchange

What is an **SSP**? A community-based program that ideally provides comprehensive services



SSPs DON'T increase illegal drug use or crime but DO reduce HIV risk.
Syringe services programs: <http://bit.ly/28HAA9q> Find an SSP: <http://bit.ly/28HAA9q>

HIV diagnoses are down among PWID. More access to SSPs could help reduce HIV further.

SOURCE: Vital Signs, December 2016

What Can Be Done?



The Federal government is

- Allowing certain state and local prevention programs to use their federal funds for SSPs (not to buy needles, syringes, and other injection equipment. For more information, visit <http://bit.ly/2aV85ab>.
- Providing support and access to HIV, hepatitis, and substance use disorder prevention and treatment, including medication-assisted treatment and mental health services.
- Providing guidelines to healthcare providers for appropriate prescribing practices to reduce opioid abuse and overdoses.
- Monitoring national trends for HIV, hepatitis, and drug overdoses.

State and local health departments can

- Use data on HIV, hepatitis, substance use, and overdoses to determine where services are needed.
- Work with law enforcement and local leaders to expand access to SSPs, where permitted by law.
- Provide HIV and hepatitis testing and prevention services for PWID.
- Ensure treatment is available for overdoses, HIV, hepatitis, and substance use disorder, and inform first responders about available resources.

Healthcare providers can

- Screen patients for substance use disorder, including the misuse of prescription opioids. Provide or link PWID to medication-assisted treatment, and link them to mental health services, if needed. Use CDC opioid prescribing guidelines, <http://bit.ly/1JTL1q>.
- Test PWID for HIV and hepatitis and treat them if they are infected. Vaccinate patients for hepatitis A and B, if appropriate.

- Prescribe sterile syringes to PWID, or refer them to SSPs or pharmacies that provide sterile syringes, where permitted by law.

- Provide or refer PWID to HIV risk reduction counseling. Consider prescribing pre-exposure prophylaxis (PrEP) for PWID at very high HIV risk.
- Prevent overdose deaths by providing naloxone or referring PWID to pharmacies or community-based programs that provide it, where permitted by law.

Lawmakers, judges, police and other criminal justice officials can

- Address legal and law enforcement barriers that prevent or discourage the use of SSPs and substance use disorder treatment, including use of medication-assisted treatment.
- Refer PWID to substance use disorder treatment and HIV and hepatitis prevention services.
- Support HIV and hepatitis testing and care and hepatitis vaccination in prisons and jails.

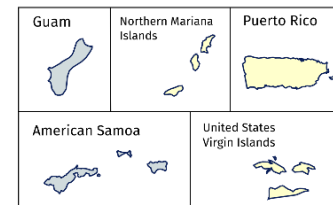
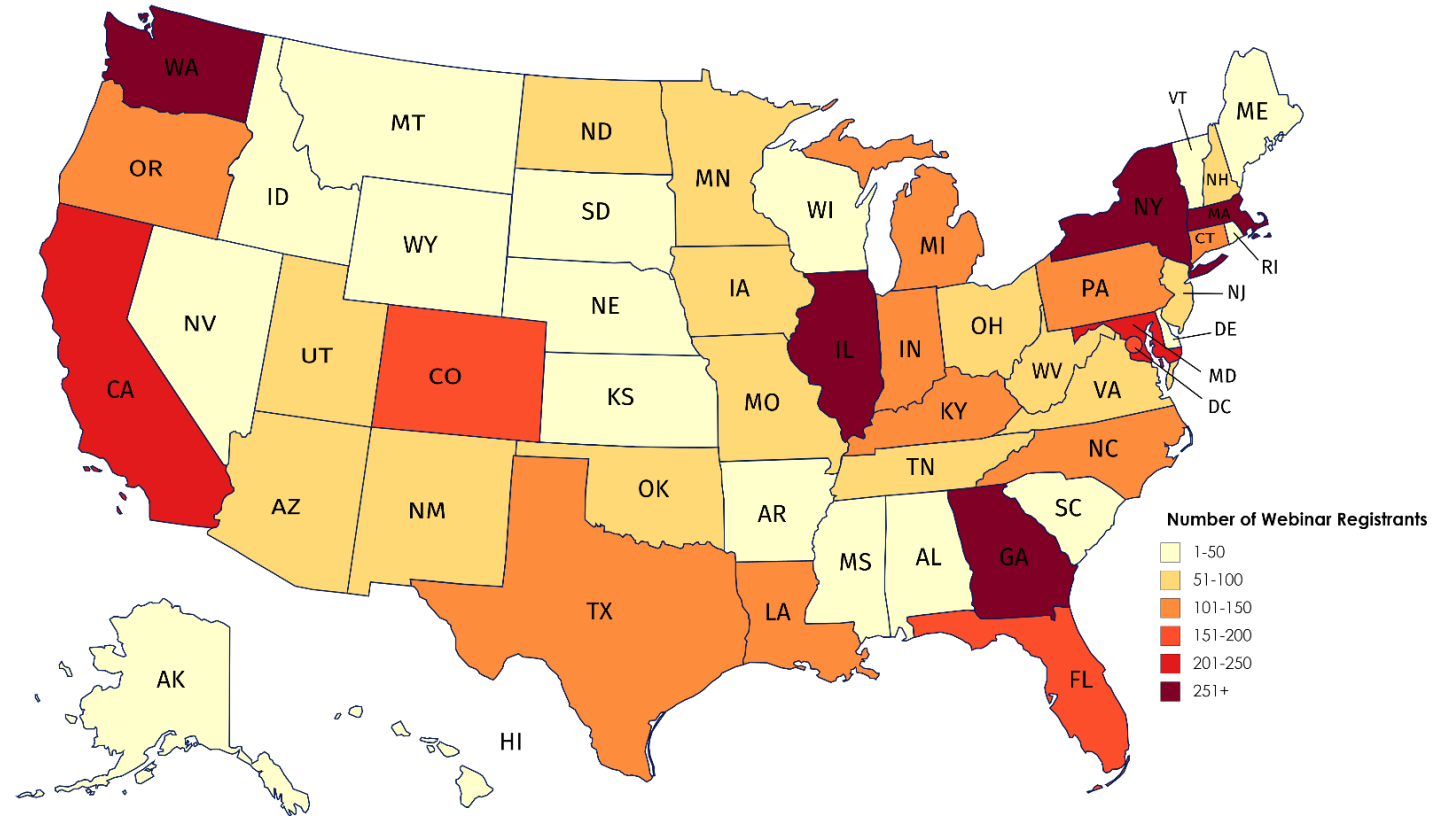
People who inject drugs can

- Get help to stop injecting drugs. SAMHSA.gov, or 1-800-662-HELP (4357).
- Use only new, sterile syringes, safely dispose of used syringes, and never share any equipment if injecting drugs. Contact the local health department or NASTN.org to find an SSP.
- Get tested for HIV and hepatitis C at least once a year. Get vaccinated for hepatitis A and B if not infected. People who have HIV or hepatitis should get medical care and take medicines as prescribed.

1-800-CDC-INFO (232-6239)
TTY: 1-888-232-6348
www.cdc.gov

Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Publication date: 11/29/2016

Generate Awareness – SSP Webinar Series Registrant Map



Created with mapchart.net®

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Generate Awareness – SSP Webinar Series Feedback

- Received feedback from attendees across the webinar series
- Respondents agreed or strongly agreed that the series helped to:
 - Achieve a new or better understanding of what SSPs are
 - Learn about effective implementation strategies for SSPs
 - Share ideas that respondents plan to use in their program or practice setting
- Interest remains in learning about SSP implementation and successful models
- Effective SSP communication strategies, particularly for those outside public health
- Several themes emerged from open-ended question on barriers to implementing or sustaining SSPs:
 - Gaining community support
 - Funding support/program cost
 - State legislation and drug paraphernalia laws
 - Stigma
 - Implementation and infrastructure
 - Rural
 - Data and research
- Next Steps: develop a landing page for the series and arrange brief informational videos on SSPs with OASH leadership



FIND THAT VEIN

for comfort and safety

- Tying off helps! Remove the tie after the needle is in and before you shoot.
- Gravity helps! Let your arms hang or make a fist.
- Body heat helps! Keep your body warm or shoot in a warm environment.
- Take your time! Don't waste veins by rushing unless you have no choice.
- Light helps! Shooting in an area with lots of light will help you see and hit a vein.

WHAT'S THE POINT?

- Hitting an artery may hurt and can kill you. **Pull out!**
- Hitting a nerve will hurt you badly. **Pull out!**
- Missing a vein completely will totally waste your shot and can cause nasty infections. **Pull out!**



Helping promote safe syringe use and disposal to reduce the spread of Hepatitis C and HIV.

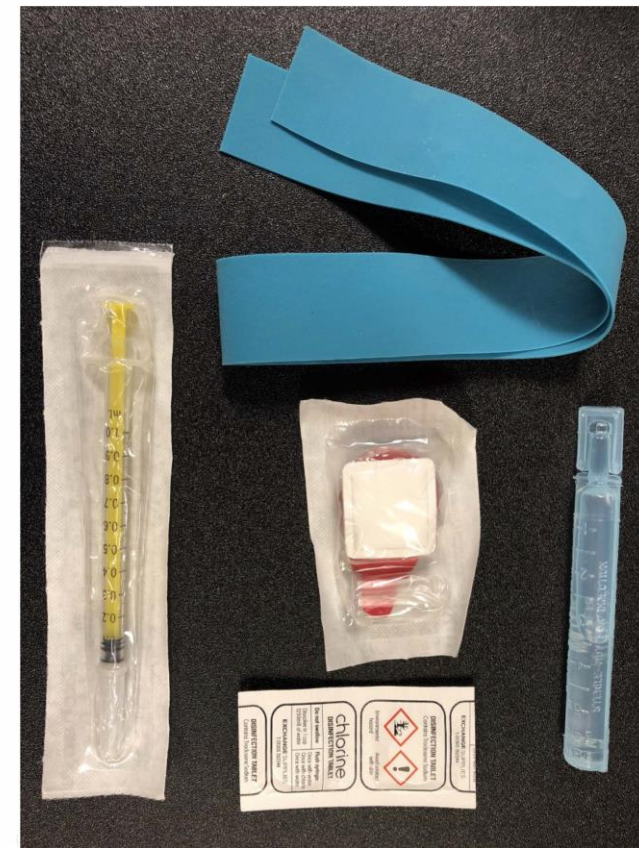
*Everyone's health is important.
That includes YOURS!
We are here to support you.*

For additional tips visit:

<https://harmreduction.org/issues/drugs/drug-users/drug-information/safer-injection-materials>

FACTS ABOUT SAFE INJECTION PRACTICES

Tips to help you be well



Use a clean needle for each injection whenever possible.

AIM FOR A VEIN

how to know you hit one

- *The blood is dark red in color. Pull back on the plunger a little to see it. Blood from the veins **never** comes into the syringe on its own.*
- *You hit a spot that you can see on the surface of your skin. Arteries are much deeper.*

YOU HIT AN ARTERY IF...

- *The blood is bright red in color.*
- *It might hurt a lot.*
- *It has a lot of force behind it--meaning it will come into the syringe without pulling back on the plunger or flow with a heartbeat.*

If any of these things happen, PULL OUT!

Apply pressure to the site and hold above your heart if possible. If the bleeding doesn't stop call 911.

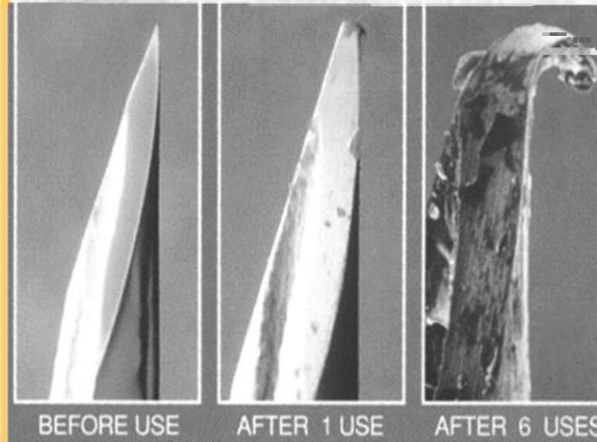
YOU HIT A NERVE IF...

- *It hurts a LOT!*
- *No blood comes into your syringe when you pull back on the plunger*

If any of these things happen, PULL OUT!

WHY CLEAN NEEDLES?

understanding the benefits



Needles become dull with just one use. Using a clean needle every time can help to prevent:

- *Skin infections*
- *Vein damage*
- *HIV and Hepatitis C (when sharing equipment)*

If you must reuse equipment, mark yours and clean with bleach.

- *Rinse syringe with sterile water*
- *Rinse the syringe with bleach*
- *Rinse with new sterile water*

ROTATING SITES

to let your veins heal

Rotating sites means letting one spot where you've shot up heal while you use another

When you stick a needle into your vein it leaves a hole that needs to heal. Since this takes a few days, it's important to find another spot to use.

WHAT IF I DON'T?

- *Collapsed vein (total loss of vein)*
- *Leaky veins = wasted shots*
- *Infections or abscesses*
- *Serious problems from a blood clot pushed into your bloodstream. The clot can get stuck places in your body,*

HOW CAN I DO IT?

Alternate veins whenever possible.

- *If you use the same vein, shoot a spot closer to your heart from your last shot. This means you shouldn't push blood clots into your bloodstream.*
- *Practice injecting with your other hand in your other arm. This will give more options.*

Oklahoma

2011 7/1/12 | 2017 7/1/17

2012-07-01 - 2017-07-01

1. Does state law prohibit the sale or distribution of drug paraphernalia?

§ Yes

1.1. Does the definition of drug paraphernalia explicitly refer to syringes?

- Yes, needles, syringes, or hypodermic devices
- Yes, injection or injecting

1.2. Does the definition of drug paraphernalia explicitly exclude syringes, needles, hypodermic devices, or objects used for injecting drugs?

§ No

1.3. If syringes are defined as illegal drug paraphernalia, are there exceptions to the law that would allow for the distribution of syringes to prevent blood-borne diseases?

No

2. Does state law regulate the retail sale of syringes?

No

3. Is syringe exchange explicitly authorized by state law?

No