The Need for Syringe Services Programs Escalates as Opioid Overdoses Surge in North Carolina

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To the Editor—The COVID-19 pandemic has exacerbated the opioid epidemic in North Carolina, evidenced by a 22% increase in opioid overdoses in 2021 [1]. This epidemic within a pandemic respects no boundaries regarding education, socioeconomic status, gender, race, or ethnicity. The toll is staggering, with increased fatal overdoses associated with intravenous drug use (IVDU) plus increased transmission of infectious diseases like HIV and hepatitis C virus (HCV) from sharing/reusing injection equipment. Drug use associated (DUA) endocarditis (infection of a heart valve) is also on the rise, placing an economic strain on our health care system; the median cost of hospitalization for DUA endocarditis that requires heart valve replacement exceeds $250,000 [2]. To combat these human and economic costs, North Carolina must rely on scientific evidence and expand the continuum of care for people who use drugs.

Syringe services programs (SSPs) are an evidence-based, cost-effective method of reducing the harms associated with IVDU and were legalized in North Carolina in 2016, with broad support from state law enforcement and bipartisan legislation. SSPs provide a multifaceted approach to reducing the harms associated with drug use by offering sterile injection equipment, safe disposal of used syringes, HIV/HCV testing, access to naloxone, support with wound care, and connection to treatment, health care, and other social services. New participants of SSPs are five times more likely to enter treatment for substance use disorder (SUD) and about three times more likely to stop using drugs [3], leading to the endorsement of SSPs by major scientific and medical organizations, including the American Academy of Pediatrics [4], the National Academy of Sciences [5], the American Public Health Association [6], and the American Medical Association [7].

Despite the evidence and wide political support for SSPs in North Carolina, advocacy groups continue to seek restrictions for SSPs that would ultimately eliminate their services (SB607), blatantly ignoring the evidence and supporting an implicit bias of the demoralizing stigma faced by those with SUD.

A multitude of measures are required to effectively impact the rise of infections associated with IVDU and provide support and care for people with opioid, stimulant, alcohol, and other SUDs. This includes access to evidence-based medication and psychosocial interventions, detoxification services, inpatient and residential treatment, and SSPs. In addition to reducing harms associated with IVDU, SSPs play a unique role as a portal of entry to this full continuum of care, and thus deserve our continued support. NCMJ

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