

Date: May 24, 2021

From: Assistant Under Secretary for Clinical Services (11)

Subj: Interim Guidance on Syringe Services Programs (SSPs) in the Veterans Health Administration (VHA) (VIEWS# 05009598)

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)
VHA Network CMOs (10N1-23)
VISN Pharmacist Executives (10N1-23)

1. Syringe Services Programs (SSPs) have historically been community-based harm reduction programs providing preventive and treatment services, including provision of sterile syringes and needles to people who inject drugs (PWID). Since their introduction in the 1980's to reduce human immunodeficiency virus (HIV) transmission among PWID, SSPs have become an internationally recognized harm reduction practice standard. Their use is endorsed by the Department of Health and Human Services, the US Surgeon General, the National Institutes of Health, the World Health Organization, the American Medical Association, and the American Bar Association. The US Centers for Disease Control and Prevention (CDC) has stated that 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.

2. The Biden-Harris Administration's Statement of Drug Policy Priorities for Year One, published in April 2020, includes mandates for federal agencies to: remove barriers to federal funding for SSPs; integrate and build linkages between funding streams to support SSPs; and identify state laws that limit access to SSPs, naloxone, and other services. More information on this plan is available at the following link:

<https://www.whitehouse.gov/wp-content/uploads/2021/03/BidenHarris-Statement-of-Drug-Policy-Priorities-April-1.pdf>

3. PWID can substantially reduce their risk of acquiring and transmitting infections like HIV, viral hepatitis, and endocarditis by using a sterile syringe for every injection. In many jurisdictions in the US, PWID can access sterile syringes without a prescription from SSPs, health care organizations, and pharmacies, or with a prescription written by a health care provider.

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4. Under Federal law and regulations, the Veterans Health Administration (VHA) has clear legal authority to operate SSPs. SSPs meet the criteria for inclusion in the Medical Benefits Package described at 38 CFR §17.38. Prohibitions against using certain Federal funds to purchase syringes do not apply to VA. VHA provider must write a patient-specific outpatient prescription in order for VHA pharmacy to provide prescription fulfillment services for syringes.

5. It is VHA's recommendation that VHA Medical Centers develop SSPs or otherwise ensure Veterans enrolled in VHA care have access to SSPs where such programs are not prohibited under state, county, or local law. Questions regarding local legality should be directed to Regional Counsel. Resources to establish VAMC-SSPs are available here:

<https://dvagov.sharepoint.com/sites/vhahiv-aids/syringe-exchange-resources/SitePages/SSP-Home.aspx>

6. It is VHA policy that staff provide all enrolled or otherwise eligible Veterans clinically appropriate, comprehensive, Veteran-centered care in accordance with VHA's I-CARE values. Stigmatization is a common barrier to care for PWID, both in terms of access to SSPs and accessing needed medical or mental health treatment due to participation in an SSP. This is an opportunity to review the care provided to Veterans who inject drugs and assist with linkages to addiction services, mental health treatment and medical care.

7. Questions should be directed to VHA SSP Actions at: VHASSPActionGroup@va.gov.

A handwritten signature in black ink, appearing to read 'KLM', is centered within a white rectangular box.

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Attachment