

The Role of Syringe Services Programs in New Mexico's Opioid Crisis Response

Syringe services programs (SSPs) are [evidence-based](#) and community-based harm reduction prevention programs that bolster a comprehensive [response](#) to the opioid overdose and infectious disease syndemics. SSPs support the health of people who use drugs (PWUD) by providing services that go beyond syringe exchange to include linkages to care and robust partnership development, areas where health agencies can play a crucial role. The New Mexico Department of Health's (NMDOH) [Harm Reduction Program](#) is a model for how health agencies can effectively develop and leverage partnerships to reduce substance-related harm and enhance wellness. This brief outlines how NMDOH and its partners have improved the state's SSPs and provides insight into how state and territorial health agencies can support implementation and expansion of SSPs in their respective jurisdictions with a harm reduction focus through relationship-building.

The History of SSPs in New Mexico

SSPs were born out of the Harm Reduction Act [passed](#) by New Mexico's state legislature in 1997. The law was passed in response to a mid-1990s prevalence study that found high rates of hepatitis C virus (HCV) and hepatitis B virus (HBV) but low rates of human immunodeficiency virus (HIV), prompting concern that HIV rates could reach those of HCV and HBV. The law [authorized](#) NMDOH to collect data for organization and evaluation purposes, provide immunity for possession of controlled substances, and approve community providers.

The passing of this legislation [led](#) to the development of other harm reduction activities, such as allowing naloxone distribution to third party entities, educating the community on infectious disease prevention measures, and providing referrals to substance use disorder (SUD) treatment, which were spearheaded by the state's health department. Moreover, New Mexico [boasts](#) a relatively long history of supporting overdose prevention efforts, and was the first state to enact legislation allowing naloxone distribution to third parties. NMDOH also provides [guidance and support documents](#) to those who offer harm reduction services, as well as to those who seek them.

New Mexico [recorded](#) approximately 50,000 interactions in its SSPs in 2016, and its SSPs account for approximately 7% of all syringe services in the United States. The state observed a 138% increase in successful overdose reversals from 2013 to 2018 and distributed over 10,500 doses of Naloxone in 2018.

Unique Features and Current Successes of New Mexico's SSP Efforts

NMDOH have developed several key relationships, including with law enforcement, the New Mexico legislature, and community-based organizations. These relationships have enabled robust policies, practices, and offerings to expand services and reach PWUD throughout the state. New Mexico's SSPs [provide](#) a variety of services, including community health and social service referrals with options for complementary medical interventions (such as acupuncture) using a Doctor of Oriental Medicine and community traditional healers; food support; SUD treatment; medical services; and access to clothing and housing.

NMDOH has used its agency authority by locating SSPs in key community-based organizations and federally qualified health centers (FQHCs) that serve target populations. FQHCs provide continuity of care for PWUD by utilizing internal navigation services rather than external referral systems that can become cumbersome. Individuals who seek SSP services at an FQHC may also be directed to care related to SUD and infectious disease without needing to leave a single location. The [Healthcare of the Homeless Center](#) in Albuquerque, partially [funded](#) by NMDOH, is an FQHC that provides a range of medical and social services, as well as [harm reduction and SUD-related services](#). This FQHC offers primary care, medication-assisted treatment, and wraparound health services to support holistic care for those seeking treatment and their families.

NMDOH SSPs partner with providers through the University of New Mexico's (UNM) [Project ECHO](#) which supports consultation on infectious disease and SUD cases for providers located in isolated or remote areas. Subject matter experts from UNM connect with providers (i.e., physicians, pharmacists, nurses) via a telecommunication forum to review cases and support care management. UNM's ECHO was created to address the infectious disease crisis, and some SSP locations use the ECHO model to expand medication assisted treatment and provide care related to infectious disease, such as [HIV](#) and [HCV](#).

The strengths of New Mexico's harm reduction efforts lie in the recognition that these programs can be used to reach vulnerable populations, including PWUD, those in SUD treatment, and infectious disease patients. NMDOH remains flexible, [adapting](#) to the evolving crisis, with [searchable online resources](#) to locate program sites and disposal drop boxes or the provision of food and water for participants. Notably, New Mexico's harm reduction efforts include strategies aimed at reducing barriers due to stigma and obstacles to care and treatment. For example, staff are encouraged to use positive language and be mindful of the connotations that certain words hold (e.g., addict). Additionally, clients are offered a variety of programs such as mobile units, which [extend](#) the programs' reach into rural and frontier regions.

Looking Ahead

NMDOH has developed robust SSP activities throughout the state to combat the opioid overdose and infectious disease syndemics. These efforts are highlighted by intentional and continued partnership development across sectors to improve health outcomes for PWUD. State and territorial health agencies can consider the following practices from NMDOH's efforts when implementing or expanding SSP efforts in their own jurisdictions:

- Offering comprehensive harm reduction and wellness services, including opportunities for linkage to evidence-based treatment and care, at SSP locations.
- Collecting and using local and national data to identify problems and determine viable solutions.
- Partnering with key stakeholders to allow for more diverse perspectives and input that can bolster programming outcomes.
- Engaging with legislators to foster stronger connections with policymakers and promote sound policy that targets priority issues.
- Considering locations such as FQHCs to allow for the intentional navigation of services.
- Tailoring services and location of SSPs to meet the specific needs of the community in which they are located.