



Pennsylvania Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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2 June 2022

The Honorable Lisa Baker
Chair
Senate Committee on the Judiciary
State Capitol
Harrisburg, PA 17120

Re: PSAM Support for SB 926

Chair Baker:

On behalf of the Pennsylvania Society of Addiction Medicine (PSAM), the medical specialty society representing physicians and clinicians in Pennsylvania who specialize in the prevention and treatment of addiction, we write to express our support for SB 926. We know that your summer recess is upcoming, but **we wanted to bring to your attention what PSAM considers its major priority over the next calendar year when it comes to addiction treatment in the Commonwealth.** This important legislation would legalize the operation of syringe service programs (SSPs) throughout the entire state of Pennsylvania. With the opioid addiction and overdose epidemic significantly impacting our state, the expanded operation of SSPs is necessary to protect public health, minimize drug-related harm, and reduce the burden of infectious disease on individuals and communities.

PSAM is committed to supporting evidence-based policies that reduce the effects of addiction and save lives. In line with these aims, SSPs are proven harm reduction programs that distribute safe materials to people who use drugs. These materials include syringes, medical supplies, and naloxone. SSPs also provide educational resources and pipelines to treatment for individuals with addiction. Research has indicated that those who participate in SSPs are more likely to seek treatment and stop using drugs as a result.¹

SSPs are linked to many other positive public health outcomes. Considerable research demonstrates that the operation of SSPs greatly reduces the spread of bloodborne infections, such as hepatitis B, hepatitis C, and human immunodeficiency virus (HIV).² This benefit is especially important because Pennsylvania ranks among the highest in the nation for overdose deaths and new HIV infections, according to data from the Centers for Disease Control and Prevention (CDC).^{3,4} In addition to decreasing the burden of sickness and suffering, SSPs are also extremely cost-effective. A very recent study found that a single prevented case of Hepatitis C saves government insurers (e.g. Medicaid) an average of over \$300,000⁵ per case prevented.

Further, according to coalition research by Hep ElimiNATION, Pennsylvania receives a C grade for its efforts to reduce the spread of hepatitis, with a poor ranking in the category of harm reduction.⁶ Beyond the capability to combat viral infections, SSPs also provide benefits to the wider community. SSPs provide a safe disposal for used syringes, promoting the protection of first responders and the public at-large.

Currently, several SSPs operate in Philadelphia and Pittsburgh with the approval of county health departments. These programs have been at the forefront of efforts to protect public health in these areas. As overdose deaths soar to record levels, officials from these programs report an increased demand for their services.⁷ Unfortunately, the vital services provided by SSPs are largely absent throughout the rest of the state. By enacting SB 926, the lawmakers can address this issue and enhance the state's holistic response to the opioid epidemic. It's important to note that Pennsylvania certainly would not be without peer states in adopting SSPs: 31 states and the District of Columbia currently operate government-sanctioned SSPs.⁸

