



Gerd W. Clabaugh, MPA
Director

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

April 5, 2018

Dear Representative Isenhardt,

Since I have not worked in a state that offered syringe services, I have no personal or professional experience on this issue. However, the science is quite clear:

- Injection drug use is the main driver for increases in new, hepatitis C cases among young adults. The recent increase in abuse of prescription and non-prescription opioids is contributing to the increase in cases. In Iowa, diagnoses among our young people (30 and under) have significantly increased (237%) since 2010.
- In December, CDC issued an [alert to states](#) which linked recent steep increases in cases of acute hepatitis C virus infection to increase in opioid injection. CDC recommended that states scale up effective programs to promote drug treatment and hepatitis testing and treatment efforts in their local communities.
- In May 2017, the National Academies of Sciences, Engineering, and Medicine released a report entitled [A National Strategy for the Elimination of Hepatitis B and C](#), which recommends that states and federal agencies expand access to syringe services programs combined with opioid agonist therapies in accessible venues.
- Syringe Services Programs (SSPs) are a proven method of getting people into treatment. One study in particular found that users of SSPs were five times more likely to enter treatment than those who did not participate.

Please see the attached document for more information.

While syringe services can be important in reducing the risk of infection with bloodborne pathogens such as hepatitis B and C as well as HIV, they should be part of a comprehensive program that also addresses access to treatment, medication assisted treatment, education of medical professionals on appropriate prescription of opioids, etc.

Sincerely yours,

Patricia Quinlink, MD, MPH
Medical Director/State Epidemiologist