North Dakota Syringe Service Programs

Biannual Report - Exclusion
July 1, 2025 – December 31, 2025

NORTH Dakota | Health & Human Services
Be Legendary.

What are Syringe Service Programs?

Syringe services programs (SSP) are prevention programs that provide community level benefits. Several services provided by SSPs include:

- Sterile needles and syringes free of cost.
- Safe disposal of used needles and syringes.
- Comprehensive disease prevention.
- Linkage to care and treatment for persons who inject drugs.

Syringe service programs help prevent HIV and hepatitis C in people who inject drugs.

Reporting Requirements

As required by NDCC 23-01-44, all authorized sites are required to report twice per year on the status and services provided by their programs. Biannual reports include information about the people served by syringe service programs. They also contain information about the services people received during the reporting period.

Sites should not record personal identifying information about clients. However, each person must be followed over time using an identifier created by the SSP. This allows clients to receive services at appropriate intervals. Further, sites can document referrals, education and other services given to each client.

These data points help track successes and areas of improvement for each site. They also help NDHHS describe secondary services that SSPs provide in their communities.

Benefits and Goals of SSPs

SSPs help reduce drug use by increasing entry into substance use treatment programs. People who inject drugs are 5 times more likely to enter treatment when they use these programs.

Sites should work with local treatment centers to create a referral network. Education and referrals to treatment are discussed with clients most SSP visits.

Persons who inject drugs are at high-risk for HIV and hepatitis C infection. SSPs provide or refer for HIV, hepatitis C and STD testing. They also connect clients to care and education. Further, they provide tools to prevent new HIV and hepatitis C infections.

Naloxone training for clients can help prevent overdose deaths. Programs are encouraged to provide naloxone to clients who use opioids at no cost.

These types of services are also shown to save on long-term costs of health care. Preventing infections helps reduce the high cost of treatment. For example, the lifetime cost of treating one case of HIV is $400,000. Early treatment for hepatitis C can save 320,000 deaths in the United States (Source: CDC).

Programs in North Dakota

As of December 31, 2025, there are six authorized programs operating in North Dakota that contributed to this report.

1489 individuals were served in total by the programs in the reporting period. This is an 8.1% increase from the previous reporting period.

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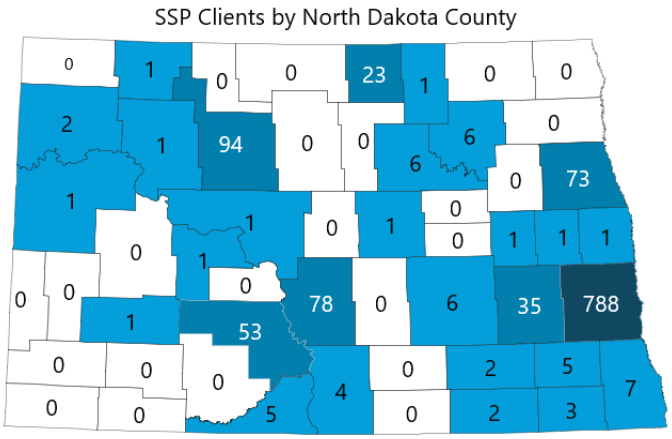
Demographic Information

Of the 1489 individuals that received services, 29 were from counties in North Dakota. There were 271 clients from Minnesota, South Dakota and Wisconsin.



This map illustrates the number of SSP clients from each county in North Dakota.

58% of persons served identified as male and 40% identified as female. The remaining 2% are unknown.

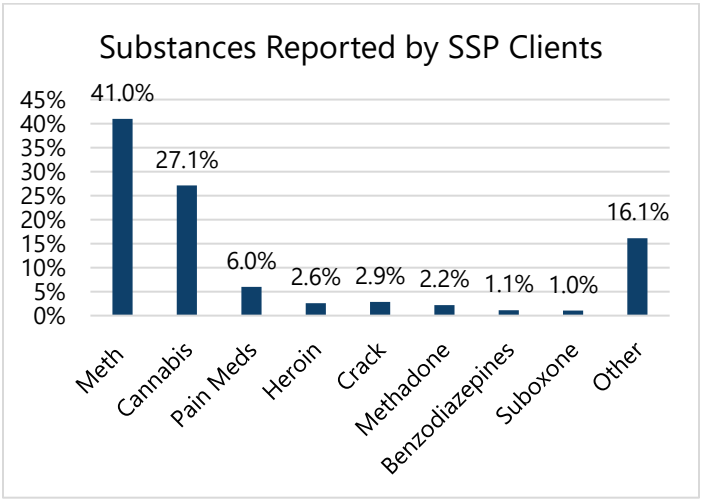
Services Information

In total, 376 individuals received testing services. 171 received HIV, 139 received Hepatitis C and 66 received STD testing.

Harm reduction education given to 636 individuals, and 20,684 condoms were distributed. 221 clients requested and received referral to substance abuse treatment services.

During the reporting period, there were 299,627 syringes distributed and 176,746 collected. The number of syringes collected is likely underreported. Participants reported using kiosks to safely get rid of used syringes more than 1,700 times. Syringes are not counted individually. Instead, staff estimate by weight or sight within a biohazard container. SSP workers do not touch syringes or dig within biohazard containers. This prevents accidental needlesticks.

Participants report substances used in the 30 days prior to enrollment at the SSP. These substances include prescription medications that were not used as prescribed.



This chart illustrates the substances reported by clients. The primary substance was Meth (41%) followed by cannabis (27%), pain medication (6%), heroin (3%), crack (3%), methadone (2%), benzodiazepines (1%), suboxone (1%) and other substances (16%).

Naloxone is available for distribution at all SSP locations. 12 doses of naloxone given to participants. Naloxone can save the life of a person having an opioid overdose. Participants reported using naloxone in 298 instances preventing overdose and death.