



Michigan Overdose Prevention Coalition

Protecting Syringe Service Programs in Michigan

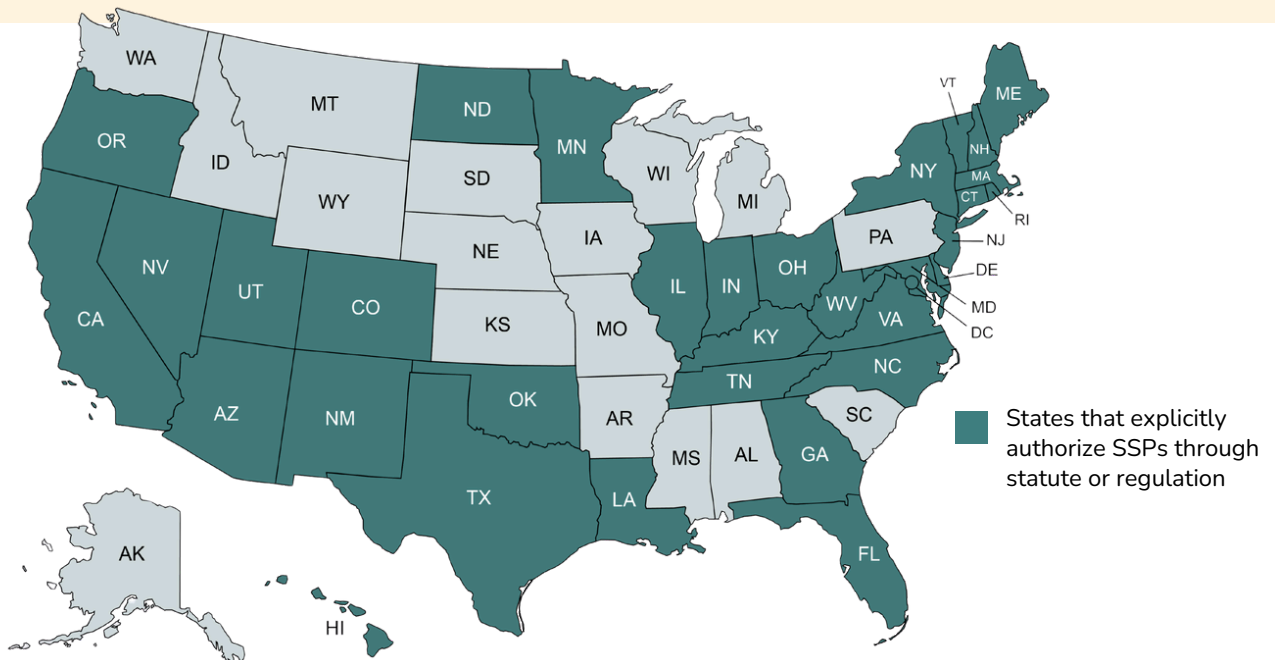
Syringe service programs (SSPs) connect people to vital health services, sterile syringes, and lifesaving medications, such as naloxone. As public health tools and harm reduction hubs, SSPs are being credited with a recent decline in overdose deaths both nationally and statewide.

Despite their effectiveness, Michigan’s fragmented municipal legal framework continues to impede their full potential to create safer communities and help keep neighbors, friends, and family members alive. Many local governments hinder SSPs’ efforts by criminalizing the possession of syringes and other equipment they provide or failing to provide adequate funding.

Michigan must follow the lead of a growing number of states by passing comprehensive legislation that explicitly authorizes SSPs and secures consistent funding for these essential public health tools.

Across the Country

Although SSP laws vary widely across the country, 33 states plus Washington D.C. have laws that explicitly authorize SSPs as of April 2025. Additionally, there are at least 551 operational SSPs located in 44 states, the District of Columbia, and Puerto Rico.¹



Where in the U.S. Is SSP-Authorizing Legislation?



- Arizona
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Illinois
- Indiana
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Minnesota
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Rhode Island
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington D.C.
- West Virginia

Highlighting State Harm Reduction Laws

The following states serve as leading examples for developing and enacting statewide policies regarding SSPs and protecting public health. While each state has taken a different approach, their legislative efforts provide a roadmap for Michigan to reduce overdose deaths through effective harm reduction policies.

Florida

Florida's Infectious Disease Elimination Act (IDEA) was passed in 2019, allowing county commissions to authorize sterile needle and syringe exchange programs (SEPs) in accordance with specific conditions, with disease prevention as the goal. This legislation builds upon the success of a pilot program at the University of Miami's IDEA Exchange.²

New Jersey

In 2022, the State of New Jersey passed a law removing authority to approve and close syringe access programs from local municipalities and placing it with the New Jersey Department of Health, as well as a law decriminalizing possession of syringes and allowing for expungement of previous convictions.³

North Carolina

SEPs have been explicitly authorized in North Carolina since 2016. Under the law, no employee, volunteer, or participant of the syringe exchange can be charged with possession of syringes or other injection supplies, or with residual amounts of controlled substances in them, obtained from or returned to a syringe exchange. All SEPs must register with the North Carolina Department of Health and Human Services and submit an annual report summarizing data related to their services.⁴

Ohio

Ohio's legislature authorized SEPs in 2017 with Section 3707.57 in the Ohio Revised Code. The law allows for a board of health to establish a "bloodborne infectious disease prevention program," which is a different name for an SEP. Local boards of health can determine how the program is operated and who is eligible for services. The legislation also provides legal protection for program staff or volunteers as long as they are distributing needles to someone who is within 1,000 feet of a program facility and who has documentation identifying them as a program participant.⁵

SSPs should be authorized in Michigan

—these other states' programs prove harm reduction can be successful while protecting public safety. Secure, consistent funding is vital to sustain these essential public health tools.



SOURCES

¹Legislative Analysis and Public Policy Association (LAPPA). April 2025. *Syringe Service Programs: Summary of State Laws*. n.p.: LAPPA. <https://legislativeanalysis.org/wp-content/uploads/2025/04/Syringe-Services-Programs-Summary-of-State-Laws.pdf>

²Hansel Tookes et al. February 2021. "The University of Miami Infectious Disease Elimination Act Syringe Services Program: A Blueprint for Student Advocacy, Education, and Innovation." *Academic Medicine* 96(2): 213-217. https://journals.lww.com/academicmedicine/fulltext/2021/02000/the_university_of_miami_infectious_disease.35.aspx

³New Jersey Department of Health. January 18, 2022. "Governor Murphy Signs Legislative Package to Expand Harm Reduction Efforts, Further Commitment to End New Jersey's Opioid Epidemic." *New Jersey Department of Health*. <https://www.nj.gov/health/news/2022/approved/20220118a.shtml>

⁴Phil Dixon. January 30, 2023. "A Refresher on North Carolina's Needle Exchange Law and Other Harm Reduction Immunities." *Coates' Canons NC Local Government Law*. <https://canons.sog.unc.edu/2023/01/a-refresher-on-north-carolinas-needle-exchange-law-and-other-harm-reduction-immunities/>

⁵Ohio Legislature. July 1, 2017. "Section 3707.57 Bloodborne Infectious Disease Prevention Programs." *Ohio Laws & Administrative Rules*. <https://codes.ohio.gov/ohio-revised-code/section-3707.57>