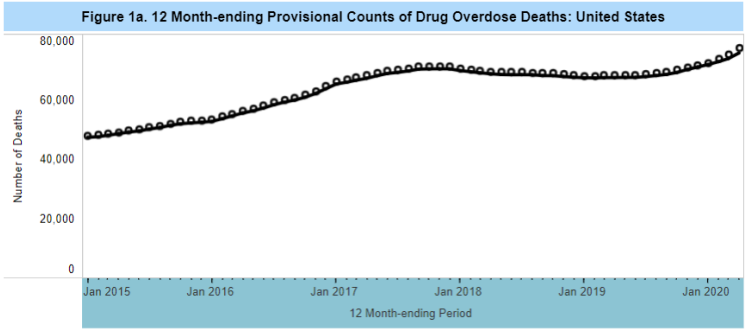
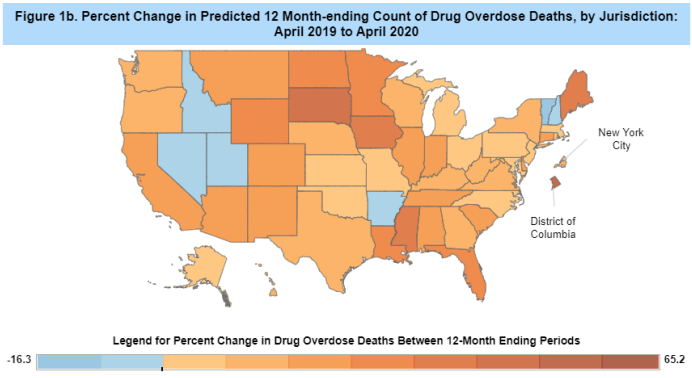
SYRINGE SERVICES PROGRAMS & HARM REDUCTION PROGRAMS AS ESSENTIAL SERVICES

Syringe Services Programs, or SSPs, also known as Harm Reduction Programs, or HRPs, have provided critical services to marginalized people who use drugs in the United States since the 1990s, including people experiencing homelessness. The 2020 COVID-19 pandemic brought further into focus the essential nature of their programming and service delivery. This brief reviews the traditional role and comprehensive services of SSPs and HRPs, and the necessity of this alternative health care infrastructure in the context of COVID-19.

COVID-19 AND DRUG USER HEALTH

COVID-19 and response efforts have shaken and disrupted our health care system and are already having impacts on the syndemic of fatal overdose, HIV/AIDS and viral hepatitis. Overdose mortality, on the rise in 2019, increased even further during COVID-19 — in some cases reversing prior gains.[i],[ii] Prior to the pandemic outbreak, HIV incidence had increased among people who use drugs by 11% from 2016-2018 nationally, and there is a concern that the traditionally "silent epidemic" of rising hepatitis C cases is worsening as well. Shelter-in-place orders, curfews and physical distancing recommendations complicate prevention education and materials distribution, increasing the vulnerability of marginalized PWUD to these infectious conditions. COVID-19 itself is also a particular risk to PWUD, who may have conditions that exacerbate disease severity or progression such as compromised lungs or cardiovascular system. Recently, a National Institutes of Health study found that those living with a substance use disorder diagnosis are more likely to acquire COVID-19 and are more likely to experience worse outcomes like hospitalization and death. [iii] It is that much more imperative now to consider SSPs/HRPs essential service providers within this landscape, and to support them as such.





Source: "Vital Signs: Characteristics of Drug Overdose Deaths Involving Opioids and Stimulants — 24 States and the District of Columbia, January–June 2019." Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, 4 Sept. 2020.

WHAT IS AN SSP/HRP?

SSPs/HRPs provide services specific to the needs of PWUD, particularly people who inject drugs, who tend otherwise not to be engaged in care through traditional health care systems. By providing these services, such as syringe distribution and collection, naloxone distribution and overdose prevention education, and community syringe litter clean-up, SSPs/HRPs offer unique tools of engagement for PWUD. By utilizing a compassionate, non-judgmental approach, these services open a door to re-engagement with other health care and social services systems.

WHEN WERE THESE PROGRAMS DEVELOPED?

SSPs/HRPs were initially begun in the United States as a community-based response to morbidity and mortality among people who inject drugs during the HIV/AIDS epidemic of the 1980s-1990s. They were developed by and for PWUD and have been responsible for significant reductions in HIV transmission among people who inject drugs.

SSPs/HRPs also spearheaded early responses to fatal overdose, providing education and risk reduction strategies, and are among the most efficient distributors of naloxone to those at high risk of overdose. In response to the 2014 HIV (and hepatitis C) outbreak in Scott County, Indiana, as well as the concurrent contamination of the drug supply with fentanyl, there has been a resurgence of programs opening across the country.

WHO DO SSPS/HRPS SERVE AND WHAT DO THEY DO?

SSPs/HRPs focus on providing services catering to marginalized people who use drugs. As such, their services are often utilized by those also experiencing homelessness, mental illness and/or engaged in survival sex work. They provide education on safer drug use, syringe and/or other material distribution, hygiene supplies, safer sex education and materials, overdose prevention education and naloxone, community syringe litter clean up and infectious disease prevention education and testing.

WHAT DO SSPS/HRPS REALLY DO?

In addition to PWUD-specific services, SSPs/HRPs provide a critical bridge to other care, including health care, mental health care and social services. They offer a comprehensive suite of services, with more well-resourced programs often incorporating services directly on-site. See the box below for a non-exhaustive list of services you might find at your local SSP/HRP, including warm hand-off referrals and intensive navigation, social services, medical services, support services, overdose prevention, advocacy and community services. These are often referred to as "ancillary," as they are beyond the scope of syringe services but are in fact central to the mission of improving individual and community quality of life for PWUD.

SSP/HRP SERVICES *Provided by referral, on-site and/or via community partnerships*

- HIV/viral hepatitis/STI testing and LtC
- Vaccination
- Linkage to housing and social services (e.g., food stamps, SSI/SSDI, section 8, TANF, identification, Medicare/Medicaid)
- Outreach and individual education
- Naloxone distribution
- HCV treatment
- Buprenorphine prescription
- Linkage to drug treatment
- Community cleanup/syringe litter disposal
- Wound care
- Policy advocacy and opportunities to advocate for participants
- Training and capacity building
- Legal/medical advocacy/support services
- Linkage to mental health care
- Community education
- Support and recovery groups
- Jobs and vocational training
- Laundry services
- Shower and bathroom access
- Medication lockers
- Treatment adherence support (varied - e.g., drug/HIV/etc.)
- Case management and intensive navigation services
- Street medicine
- Transportation support
- Sex work specific services
- "Basic medical care" (e.g., blood pressure, etc.)
- Linkage to medical services (e.g., pre/perinatal)
- Insurance navigation
- Drop-in centers/mobile services (via automobiles)/street outreach (on foot)
- Tailored service models
- Food pantry/hot meals
- Internet access
- Syringe services

IMPORTANCE AND DE FACTO ROLE OF SSPS/HRPS AS HOMELESSNESS SERVICE PROVIDERS

Due to the high proportion of clients experiencing homelessness who use drugs served by SSPs/HRPs, they have developed a specific expertise and are well-positioned to serve unhoused individuals. In particular, they are extremely effective in outreach to "hard-to-reach" communities and provide tailored medical care, linkage to, retention and re-engagement in care services. This is a crucial gap-filling position, as SSPs/HRPs often serve communities that many programs are not able or prepared to reach and serve.

SSPS/HRPS AND CONNECTING TO SUBSTANCE USE DISORDER TREATMENT

People who access services at an SSP/HRP are five times more likely to engage in substance use disorder treatment than those who do not and three times more likely to stop using drugs[i] — this is a critical point of access to care. When someone indicates that they are ready and interested in treatment, SSPs/HRPs are able to provide warm hand-offs, intensive navigation services and retention in care support. Some are also able to offer buprenorphine induction on-site or through medical-community partnerships.

SSPS/HRPS AND INFECTIOUS DISEASE EXPERTISE

Robust scientific literature has provided the research basis to prove the effectiveness of SSPs/HRPs in HIV prevention. Syringe services in combination with opioid agonist treatment provides a strong multi-pronged prevention intervention for hepatitis C. As with other medical care and social services, they provide key linkages to treatment and have expertise in screening and testing for infectious conditions like HIV, viral hepatitis and sexually transmitted infections, often in nontraditional settings. SSPs/HRPs are critical partners in infectious disease outbreak responses nationwide, including HIV, viral hepatitis and COVID-19. They reach people others do not (or cannot) reach, providing testing, vaccination and linkage to care services for marginalized communities at high risk of infection.

SSPS/HRPS DURING COVID-19

The value of these programs was brought into sharp focus during the COVID-19 pandemic outbreaks in the United States in a number of ways. Many programs refused to close, instead opting for instant innovation in service delivery, acting within and as their own mutual aid networks and employing an "anything for our clients" work ethic while maintaining staff safety. SSPs/HRPs' success can in large part be attributed to their deep community connections, including through secondary and peer exchange networks/peer-delivered services. These trust-based relationships enable reach to those not being served by any other providers and an unparalleled bridge to care. Further, they prioritize employment by those with lived experience of drug use and substance use disorder, bolstering "street cred" and making for highly effective outreach and relationship-building, creating a unique trust among clients already highly wary of healthcare and social service systems.

During COVID-19, SSPs/HRPs have served as singular sources of reliable, accurate and evidence-based information and education for clients. Where resources allowed, programs pivoted quickly to the use of telehealth strategies for continuity of care, especially for those fearing seeking care via emergency rooms and other similar points of access due to stigma and the overwhelm of the pandemic on the health care system. Client engagement has remained high, in no small part due to the commitment to continued communication and offering compassionate, loving care from a physical distance.

As noted above, SSPs/HRPs have significant expertise in infectious disease and should be key partners in outbreak response. They are able to test and vaccinate, either via staff/volunteers or community partnership and can do so in nontraditional ways (a combination of mobile testing, pop-up sites, brick and mortar sites, etc.). Many SSPs/HRPs offer mobile or street outreach and offer testing and vaccination services on site in the community. This ability extends to COVID-19, with some programs sought as partners in identifying positive cases via testing among their high-risk communities. Programs quickly incorporated prevention messaging and materials into their outreach, providing clients with face coverings, hand sanitizer and/or soap and modelling physical distancing during service delivery.

By providing for the immediate needs of PWUD, as well as continuity among a holistic menu of additional services, SSPs/HRPs have provided an essential alternative health care infrastructure for some of our most vulnerable community members. Incorporating COVID-19 prevention and services became a natural extension of their work, particularly for those who would not access testing otherwise due to traditional barriers like lack of transportation or childcare, stigma and trauma experiences with health care providers and/or lack of trust for health care systems.

SSPS/HRPS AS ESSENTIAL SERVICES

In recognition of the need for this care infrastructure, SSPs/HRPs in many jurisdictions have been designated as essential services, allowing for staff exemptions to shelter-in-place orders and curfews. Some programs were able to obtain this designation even despite a range of local legality of SSP services, clearly demonstrating the value of their programming not only for COVID-19 prevention, but also for ongoing infectious disease and fatal overdose prevention. In some cases, this recognition led to SSPs/HRPs being called on to carry out COVID-19 testing. One such program is the Never Alone Project serving Indianapolis, Indiana.

THE NEVER ALONE PROJECT – INDIANAPOLIS, INDIANA

JES COCHRAN, EXECUTIVE DIRECTOR

The Never Alone Project, operating out of Indianapolis, Indiana, and headed by Executive Director Jes Cochran, has made lemonade out of lemons during the pandemic. NAP not only continued to meet their targets on a comparatively shoestring budget, but in many cases increased their service delivery and impact. In Indiana, one might describe the status of SSPs as legal but not necessarily friendly, despite the ongoing legacy of the Scott County HIV outbreak in 2014. As shelter-in-place and curfew orders were enacted, rather than shut down service, NAP was able to operate as an "essential service provider" through creative partnerships with mutual aid networks — in this case, a food pantry with delivery services. Requests for materials from NAP rose some 300% as the outbreak took hold in Indianapolis.

Staff donned masks and kept physical distance while dropping off essential supplies for PWUD, relying also on an extensive network of secondary exchange,[i] peer-delivered services. As the COVID-19 outbreak collided with a social uprising in response to the killing of Breonna Taylor and George Floyd, NAP pivoted to a new service: street medicine. With a dedicated cadre of volunteers across their newly interconnected mutual aid networks and experience in combat medicine, they were able to provide street medic training and services without skipping a beat. Having expanded since, they are now able to provide a wide array of street medicine services, primarily acute triage, provided by volunteers ranging from medical professionals to medical students, combat medics, doulas and others. Given their innovation, dedication and deep trust in the community, NAP was unsurprisingly tapped by their local health department to provide COVID-19 testing and linkage as well.

In their first year with funding, over half of which was under COVID-19, NAP distributed an astounding 650,000+ sterile syringes and 40,000+ doses of naloxone to more than 5,000 unique clients. The street medicine training and clinic that resulted is expected to grow and become a permanent fixture of the organization. Asked whether there was anything they would like people to know about SSPs as essential service providers under COVID-19, Cochran had this to say:

"One brilliant thing about user-run, grassroots SSPs is that folks honor us with the trust to have conversations about things they wouldn't with most — because of stigma, criminalization or it's just very personal. It's not coincidental — NAP programs work with folks being impacted by these socioeconomic and political structures. Of course SSPs are essential, because they're serving people not being served by anyone else. That's why [we do] street medicine. It's not because we think we can do medicine better but because people aren't getting care, especially now with COVID in the hospitals. It's a culture change and a community-building opportunity.

The closures make capacity harder, like for in-person navigation, training, and those things, but we could divert time and energy into adapting. Our good programs exist because "those people" are also us. By saying these programs are not essential, it's akin to saying that these people are not essential, not essential to the continuity of our community. It only makes sense that SSPs would have an essential role in infectious disease control."

[i] "Vital Signs: Characteristics of Drug Overdose Deaths Involving Opioids and Stimulants — 24 States and the District of Columbia, January–June 2019." Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, 4 Sept. 2020.
[ii] Katz, Josh, et al. "In Shadow of Pandemic, U.S. Drug Overdose Deaths Resurge to Record." The New York Times, The New York Times, 15 July 2020, www.nytimes.com/interactive/2020/07/15/upshot/drug-overdose-deaths.html.
[iii] "Substance Use Disorders Linked to COVID-19 Susceptibility." National Institutes of Health, U.S. Department of Health and Human Services, 14 Sept. 2020, www.nih.gov/news-events/news-releases/substance-use-disorders-linked-covid-19-susceptibility.
[iv] "Summary of Information on The Safety and Effectiveness of Syringe Services Programs (SSPs)." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 23 May 2019, www.cdc.gov/ssp/syringe-services-programs-summary.html.
[v] Benyo, Anna. Promoting Secondary Exchange: Opportunities to Advance Public Health. harmreduction.org/hrc/wp-content/uploads/2012/01/promotingsecondaryexchange.pdf.