SSPs, Winter Weather, and COVID-19: Recommendations for Harm Reduction, Service Provision, and Public Health

November 2020

Supporting Responsive Programs for PWUD Health

Following the onset of the COVID-19 pandemic and social distancing measures, many syringe services programs (SSPs) and other harm reduction service providers responded by moving services out-of-doors. This included increased outreach and community distribution, service stations in tents and parking lots, and other changes to accommodate recommendations. With increasingly cold and wintery conditions across much of the country, programs are readjusting and seeking guidance on safely working indoors or in other sheltered areas. In addition to basic services, programs are hoping to resume community events, improve engagement, and bolster relationships with participants and staff during this difficult time.

On October 30, NASTAD and AIDS United hosted a national call to identify program priorities, share observations and promising strategies, and discuss health and safety concerns for people who use drugs and people engaged in sex work. This summary is intended to support program participants, service providers, state health departments, and other partners in developing weather- and needs-adjusted plans for continuing efforts throughout the COVID-19 pandemic.

General Findings

- Nationally, programs report sharp increases in demand for services, including from people *not* engaging in drug use or sex work but who are seeking low-barrier access to health services and local resources, including food and clothing banks and benefits navigation.
- Throughout the pandemic, secondary distribution and strong networks of peer educators and community contacts have been vital for sharing health information, reducing potential COVID-19 exposures, limiting travel demands, and connecting new people with services.
- Coordination between regional and peer harm reduction agencies can help mitigate shipment delays. Work with local partners to map supply availability and shortages. Similarly, if an SSP limits or closes services, it is important to alert local providers, who may experience more demand.
- Strong communication channels and trusting relationships between programs and jurisdictional health departments are necessary to understand and respond to emerging needs, particularly for programs receiving state funding who may be facing future budget cuts.

- Finding ways to provide clinical services out-of-doors or in non-clinical spaces can help mitigate COVID-19-related effect on prevention and treatment and support the development of low-barrier primary care and other street medicine in the future. Services may include discreet self-testing for STIs in pop-up tents; HIV testing via oral swab; and mobile wound care and debridement.
- Maximize opportunities of engagement for participants to reduce travel time and exposure risk. Connect with other local service providers also working with people who use drugs, people who do sex work, people experiencing homelessness, and others made vulnerable by the pandemic. Identify and collectively address emergent needs to effectively connect with available resources.

For People Using Drugs, and People Doing Sex Work, and Other Participants

- Let program staff know if you are feeling ill before receiving services or supplies, particularly if you have a fever. If possible, call or text the SSP to arrange services.
- Wear a mask when visiting an SSP for personal safety and protection for others. Follow other precautions as identified by program agencies and discuss any questions or concerns with staff.
- If possible, plan SSP visits ahead of time and pick up supplies on behalf of others to reduce travel and chance of exposure. Planning can reduce waiting and interaction time at the SSP. Tell staff if picking up for others to ensure adequate amounts of supplies.

Southside Harm Reduction in **Minneapolis, MN** is using social media and other communication channels to provide information to participants about the effects of cold weather on crucial harm reduction supplies, such as naloxone, condoms, and antibiotic ointment. Exposure to cold can cause degradation and reduce the effectiveness of these items. For naloxone, the recommendation is to "try and keep it close to your body if you're outside for a while, not in a bag, or left in your car. If you're stuck using possibly frozen Narcan, use a lot of it, and call 911."

- Talk to program staff about health concerns and potential needs. SSPs are strongly recommended to provide supplies related to COVID-19 precaution and winter safety. Supply requests may include hand sanitizer, personal protective equipment (including masks, if required for receiving other services or riding public transportation), alcohol swabs and antibacterial wipes, hand soap and other hygiene supplies, non-perishable food, and hand and boot warmers.
- Use Canary, Brave's BeSafe app, or the Never Use Alone line to reduce risk of fatal overdose if using alone

while socially distancing or sheltering in place.

- Flu shots are highly recommended this year—talk to program staff about local options for receiving a flu vaccine and any related questions.

Queen City Needle Exchange at **Center for Prevention Services** in **Charlotte, NC** has noticed increasing wound care needs and complications among participants during the pandemic. There is a particular need for care among people who are unhoused and those living in overcrowded encampments or communal spaces with limited access to running water and other means to manage injection-related skin and soft tissue infections. In response, QCNE provides wound care kits with traditional first aid supplies (gauze, bandages, antibiotic ointment) as well as alternative treatments, such as arnica gel. The program purchases arnica in bulk and prepares sample jars with instructions included in wound care kits. Participants also find manuka honey dressings, tea tree oil, and Silvex wound gel to be helpful. With more funding and infrastructure, a harm reduction-oriented nurse and/or the capability to provide telehealth for wound care would improve participant health and well-being. For houseless participants, QCNE provides tents and generally has three-to-six tents on hand at a time to distribute. Hay bales can also help with insulation for tents and camp sites.

For Drug User Health Programs

- Map available resources and services, including warming stations, cell phone charging, open bathrooms, and testing centers, for program participants. With services disrupted and buildings closed, it is important to have a strong sense of what is available in the community and what is needed. Expand outreach teams so staff can provide services while also documenting observations and feedback to inform efforts.
- Buy phones and data plans for peer educators, secondary distributors, and other community leaders to maintain lines of communication.
- Provide secure storage lockers so participants can store phones, medications, and other valuables, particularly if unstably housed.
- Provide hot cider, hot chocolate (which do not need creamer and sugar), and other warm beverages or snacks to participants if waiting outdoors/in line for services.
- Depending on region, some outdoor activities may still be possible. Tents, carports or sheltered areas, and outdoor heaters can help.
- With changes and shortages in the drug supply, SSPs are reporting more and different wounds among people who inject drugs. Talk to participants about injection practices and wound care needs, including supplies such as instant hot or cold packs, arnica gel, and gauze pads. With many public bathrooms and water fountains closed, it is more difficult to care for wounds while unhoused.

- Review this recent webinar from AIDS United on syringe vending machines, which can supplement in-person services and provide more flexible off-hours access. Contact AIDS United for more information.

Many SSPs are continuing to provide services outdoors, taking additional weatherization steps. **Humboldt Area Center for Harm Reduction** in **Humboldt County, CA** has an EZ-up pop-up tent with walls to house their rapid HIV/HCV testing clinic. They purchased an electric patio heater to keep participants warm as they wait for services and are fundraising to purchase several more. The waiting area will be further weatherized with plastic sheeting for protection from rain and sleet. **HACHR** is also serving hot holiday meals, prepared offsite and served from their kitchen.

- Changing norms around telehealth, including SAMHSA's revised guidance on access to medications for opioid use disorder, create new options for SSPs. Work with local treatment providers to develop telehealth-based low-barrier MAT programs or identify quiet areas and computers or phone lines to facilitate appointments.
- Mobile distribution, whether through mobile unit or appointment-based delivery, reduces travel burden, chances of exposure, and waiting times. This can also take some burden off fixed sites, allowing more time and space for testing, case management, and other in-person services. Additionally, some public transportation systems are limiting travel to specific destinations. In areas where SSPs are unaccepted, participants may face stigma and barriers to access.
- Protect program staff by rotating or staggering schedules to reduce unnecessary exposures and maximize rest. It is more important than ever to prioritize time off, self-care strategies, burnout prevention, and worker protections.

When shutdowns started, **SPARC Women's Center** in **Baltimore, MD** closed their drop-in center and fixed-site clinical services, moving from a partial to entirely outreach-based model. They conduct about 85 deliveries per week to participants' homes or other drop-off locations, filling orders placed by text or phone call. Clinical services are provided by a nurse practitioner affiliated with the Baltimore City Health Department and include STI and HIV testing via self-swab, STI treatment, vaccinations (hepatitis and flu), contraception, and wound care. There are two venues for clinical care—a "fixed-site" pop-up tent outside of a nearby community organization on "Wellness Wednesdays," and mobile street medicine one day per week. **SPARC** is considering re-opening an indoor clinical space for one day per week, due to impending winter weather and the crowding experienced during the delivery of mobile street medicine, among other factors.

- Masks, sufficient space, ventilation (including HVAC systems, HEPA filters, bathroom fans, open windows), and regular cleaning are necessities for any indoor activity. Identify gyms, auditoriums, churches, and other available spaces suitable for naloxone

trainings, support groups, and other small gatherings.

Access Point Pueblo in **Pueblo, CO** operates at a fixed site location that was previously a bank. They have been able to use existing features of the building to provide SSP supplies to individuals through the drive-thru transaction window and drawer. Supplies are provided on a "walk-thru" basis. One staff member is stationed outside to assist with syringe disposal. **APP** added an additional evening of walk-thru-only services, rolling out a Google form to allow participants to order in advance. Pre-packing supplies limits the amount of time participants spend waiting in potentially inclement weather, as well as reducing staff-participant interaction time and therefore COVID-19 risk.

For Public Health Agencies and Partners

- Many SSPs are concerned about current and potential disruptions in SSP supply chains, including diversion of intramuscular syringes (used for naloxone injections, hormone treatment, and femoral/deep vein injections), gloves, swabs, and sharps containers for COVID-19 vaccine administration. Public health agencies are vital partners for tracking supply levels and needs, communicating with health systems, manufacturers, and supply distributors, and including SSPs in supply allocation plans.
- Recognize that other harm reduction programs serve diverse populations, and increasingly see people who do not use drugs or do sex work but who need low-barrier resources and community support. Discuss service documentation and identify potential partners or additional sources of funding for expanded scope of work.
- Help identify opportunities for crossover between COVID-19 response efforts and drug user health. For example, provide SSP referral information at testing centers, include a screener question for naloxone need among testing patients, or do benefits enrollment: health insurance open enrollment ends December 15.

Massachusetts Department of Health allows SSPs to use state funds. With the advent of COVID-19 and more recently the transition into winter weather, DPH staff have held ongoing internal discussions regarding allowable uses of funds and shared guidance with programs. For example, programs are allowed/encouraged to use state funds to purchase patio heaters, hand warmers, heavy coats for outreach staff, and pop-up tents for providing services outdoors. Recognizing that many programs are using mobile units, DPH funds can also be used for outfitting of mobile vans such as the installation of awnings, and improvements to ventilation and air filtration. DPH maintains multiple channels of regular communication with SSPs in the state, including monthly calls between contract managers and state-funded programs, monthly overdose education and naloxone distribution (OEND) & SSP calls, and monthly DPH "office hours." This communication structure facilitates relationship building among SSPs as well as between programs and DPH staff, allowing the health department to understand and respond to critical emerging needs.