



## COVID-19: Suggested Health Department Actions to Support Syringe Services Programs (SSPs)

April 2020

### HD Considerations for SSP COVID-19 Response

Amidst the global COVID-19 pandemic, health departments and community-based SSPs have requested recommendations for supporting syringe access and, in turn, people who use drugs (PWUD) at this time. Several harm reduction and public health partners have developed resources for drug user health response that recognize the additional burdens of housing insecurity, treatment adherence, reduced income (including sex work and other types of labor), chronic and compounding illness, including mental health conditions, and inadequate insurance coverage faced by many SSP participants and other PWUD.

This resource consolidates many of these recommendations and includes promising strategies and important considerations for health departments working with SSPs that were raised during a March 2020 NASTAD call with health department and community partners to discuss COVID-19 response.

Please contact [DrugUserHealthTA@NASTAD.org](mailto:DrugUserHealthTA@NASTAD.org) with any questions about this document or suggestions.



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### Essential Services Designations

NASTAD encourages states and jurisdictions to adopt language designating SSPs as **essential healthcare services**. The language below, via NYS DOH, is an example of how such designations can ensure continuity of SSP services and civil protections for participants and staff.

*NYS DOH has designated syringe exchange as an essential service. Interpretation that Syringe Exchange Program staff are essential is based on Executive Orders (EO) 202.6 and 202.7. Syringe exchange program (SEP) personnel need to continue their work during the COVID-19 emergency under a reasonable interpretation of EO 202.6 issued on March 18, 2020. In that EO, certain businesses and not-for-profits are exempted from broad in-person restrictions outlined within the EO. The exempted entities include essential health care operations and providers of necessities to economically disadvantaged populations. SEPs fit these categories.*

Please visit [www.nastad.org/resource/covid-19-updates-and-resources](http://www.nastad.org/resource/covid-19-updates-and-resources) for SSP essential services designation sample language.

### Direct Material and Financial Support

- Offer emergency funding for additional SSP supplies to ensure adequate supply for 2-4 weeks. SSP participants may stay in areas that lack public transportation or other means of travel; further, public transportation may be limited by disease control measures. By providing additional supplies, programs can reduce the frequency of direct client interactions and potential transmission for participants and staff.

- Encourage distribution of hand sanitizer, personal protective equipment (PPE) as available, alcohol and antibacterial wipes, and soap through SSPs.
- Identify any health and hygiene supplies available to HDs from reduced or canceled community health services or events that can be repurposed for SSP use or distribution.
- Use crisis response funding to purchase program supplies for distribution to SSPs.
- Reserve hotel/motel or other temporary housing for SSP participants and other PWUD who may need to maintain quarantine or self-isolate.
- Provide washing facilities (handwashing stations, showers) in areas that experience regular public drug use or sheltering.

### Policies for Effective Response

- Facilitate delivery and mail-based supply distribution and virtual service provision where possible. By mailing or delivering supplies, programs can reduce the frequency of direct client interactions and potential transmission.
- Increase outreach-based and peer (secondary) distribution; set up distribution in open-air areas.
- Lift restrictive policies, such as one-for-one exchange, that limit the number of syringes SSP participants can receive.
- Work with local pharmacies and other partners to expand syringe access, diversifying sources for sterile syringes in your community.
- Work with state and local MOUD (medication for Opioid Use Disorder) providers and behavioral health agencies to ensure access to 14-28 days of take-home medication ([see revised SAMHSA guidelines](#)).
- Support SSPs in developing risk reduction and containment [policies and protocols](#) to ensure the health and safety of participants and staff.

### Navigating Housing Instability

- Encourage temporary and long-term shelters to allow for bed stability among residents to minimize opportunities for potential exposure.

### Continuing Overdose Prevention

- Provide naloxone (intramuscular or nasal), drug checking strips, and other overdose prevention resources to SSPs and community members. These tools are critical for participants who are using alone while disease control measures like social distancing are in place.
- Provide resources for people in recovery who participate in group support meetings, as most meetings are suspended. A support app, [Connections](#), that was created by people in recovery, may be useful.
- Support managed use goal setting to help prevent binges during high-stress times.

### Caring for Mental Health

- Share [resources](#) that address mental health care for program leaders, staff, and participants and that might help identify and respond to mental health needs that arise during periods of isolation, heightened stress, or illness.
- Provide resources to SSP staff on the significance of [secondary trauma](#). [SSP service provision is often stressful without the added weight of a global crisis](#). Additionally, COVID-19 may contribute to or worsen health disparities and experiences of healthcare system-induced trauma.
- Recognize that in-person navigation services may be unavailable while hospital-based disease control measures are in place.