

THE IMPACT OF COVID-19 ON SYRINGE SERVICES PROGRAMS IN THE UNITED STATES

Reduced Operations Due to COVID-19



43% Decreased Services



25% Closure of One or More Sites

Changes Due to COVID-19

27%



Screening for Symptoms

53%



Pre-packing All Supplies

20%



Providing Delivery Services

6%



Mail-Based Services

*Based on data collected from 173 syringe exchanges that responded to a NASEN survey (March 31-April 16, 2020)

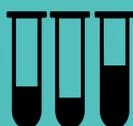
Key Findings from Five Qualitative Interviews With SSPs in COVID-19 Hotspots



SSPs are essential services, but this is not always recognized While some jurisdictions have explicitly designated SSPs as essential services, nearly all SSP staff noted that policy makers and leadership had not included SSPs in jurisdictional emergency planning and response and were not able to provide informed guidance on the expectations for SSPs.



Demand remains high Most SSPs reported that the number of participants seeking services has declined. However, when data were available, programs reported that the number of syringes distributed had remained level or had increased due to distributing more supplies to each participant, including through secondary exchange.



Syringe and Naloxone distribution have been prioritized, while HIV and HCV testing have declined SSPs noted the importance of ensuring that participants have sufficient injection equipment and naloxone, and had developed protocols for distributing supplies that minimize close contact with participants. Conversely, because testing for HIV and HCV requires direct contact, nearly all programs said that testing availability had declined or been eliminated.



Programs have adapted to maximize safety of staff and participants To reinforce social distancing practices and minimize the number of participant visits, programs have increased distribution of syringes, works, and naloxone. In some circumstances, this reflected a change in a program's syringe distribution model from one-for-one (more restrictive) to needs-based (less restrictive).



SSPs can provide COVID-19 related services Most of the five jurisdictions we interviewed were conducting some screening for COVID-19 among their participants. Larger programs have been able to partner with organizations to implement more routinized screening, and at least one SSP was able to refer symptomatic participants to a COVID-19 testing station behind their building.

Thank you to all the Syringe Service Providers that participated in this survey

Read the full paper: <https://rdcu.be/b3MRq>
Contact: UWnexus@uw.edu

Reference: Glick, Prohaska, LaKosky, Juarez, Corcorran, and Des Jarlais, *AIDS and Behavior* 2020 Apr 24.