

AUGUST 25, 2020

# VIRTUAL SESSION SUMMARY

During the August 25 virtual session *Let's talk about SSPs as Essential Services*, 16 participants representing six state partners came together to continue a discussion about syringe services programs (SSPs) as essential services and learn from each other. This open-format conversation provided space for participants to share questions and insights, and respond to similar experiences.

Over the course of the hour-long conversation, three overlapping themes emerged:

- Language and communication challenges and strategies.
- Building relationships and trust with communities and clients.
- The unique role of SSPs in service delivery.

## LANGUAGE AND COMMUNICATION CHALLENGES AND STRATEGIES

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This conversation revolved around the role of language in different parts of SSP development and implementation, specifically in responding to funding requirements, measuring success, and developing stakeholder messaging.

Several participants highlighted the challenges they've experienced in aligning program goals with funder-required goals, particularly given the competing priorities of maintaining diverse funding streams. Two participants spoke of recent challenges with Substance Abuse and Mental Health Services Administration's (SAMHSA) funding-based terminology and how language nuances can be further complicated by the presence of different funding streams and reporting requirements.

***“The funding [...] that could potentially support syringe service programs, if it were legal, is [...] mostly SOR funds and other opioid-related treatment or prevention funds. And so we have to talk about [the] number of people going into treatment; that is our [outcome] measurement. While I get that's not the point of an SSP, to even get [SSPs] on the table, we have to start with the outcomes that SAMHSA wants, and that the CDC wants, and that our communities are willing to discuss.”***

Other attendees agreed that defining and subsequently measuring program success necessitates a balance of program intent, funding requirements, and community need. This balance may not always seem attainable given the gap between the agencies setting the desired program outcomes and the program recipients. One participant emphasized the need to adjust measurements of success to the individual rather than standardizing across populations.

***“Success sometimes is that somebody is alive tomorrow. It’s not they’re in treatment tomorrow, it’s not anything else. It’s that they are still going to be around for us to have another chance to help them...I would encourage people to...be persistent with our funders...”***

Some participants found that changing messaging at both policy and community levels increased their reach and strengthened their connections. Depending on the context, more generic and less-SSP-specific language (i.e., “health care supplies” instead of “sterile syringes”) can increase acceptance and community uptake.

One participant mentioned language adjustments that another state partner had made in reference to its low-barrier buprenorphine program.

***“They stopped using the word “treatment” and they looked at it as overdose prevention instead of [...] treatment, and that’s two-fold. It is overdose prevention. What we do know is that if we can get folks on buprenorphine just for one day, if they just take a dose just for one day, we dramatically reduce mortality-related overdose. And, also, it doesn’t have the [aversion] to treatment for the folks that we’re serving...”***

As several attendees noted, program success relies on establishing trusting relationships with the community.

## **BUILDING RELATIONSHIPS AND TRUST WITH COMMUNITIES AND CLIENTS**

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Within the framework of the first theme, a large part of building relationships with communities stems from messaging that reflects awareness of community culture. Participants highlighted a few examples, particularly with harm reduction language that some communities are not open to hearing. While some parts of a state may be more ready for SSPs, others are less familiar and more resistant. Messaging should be adjusted to the stage of acceptance to build trust and nurture relationships with clients and funders.

Several participants spoke of the long-standing distrust in SSP development and implementation processes. Some agencies and individuals are reluctant to engage with government-based programs, which thwarts collaboration and deters potential clients from seeking needed services. Participants emphasized the need to first repair broken or establish new connections with communities.

***“[...] There is lack of trust, there are historical grievances that have very strong backings. Things have not always been transparent between the state and our agencies that serve people in the field, and so it’s sort of a constant progression to try to build that trust in ways that our funders allow us to...[it’s] a big struggle for us to recognize that we are not always the good guy here at the state, but that we desperately want to be.”***

In response to this barrier, one participant talked about introducing a community champion, an individual appointed and trusted by the community to liaise with the state. Several attendees emphasized the importance of meeting clients and communities “where they are” rather than expecting them to take a leap they may not be ready to take. As one attendee stated, the “participant drives the interaction” —a message that some SSPs attempt to convey to providers to build feelings of safety and trust in the programmatic setting.

## THE UNIQUE ROLE OF SSPS IN SERVICE DELIVERY

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**Some states have not recognized SSPs as essential services during COVID-19, making adjustment to the new landscape challenging.** During public health emergencies like COVID-19, SSPs often serve as a central information hub for certain communities, ensuring that they stay up-to-date and have access to essential emergency resources and supplies. This is true during non-emergency times as well. States suggested advocating for SSP staff to be considered first responders, equipping them with emergency preparation kits and securing their presence during pandemics and natural disasters. People who access SSPs are often those most vulnerable to being left behind during natural disasters, underscoring the essential role that SSPs could play in mitigating harm during emergencies.

***“[...] The information that gets to the community about social distancing, about prevention, and [...] right now in the case of an evacuation or hurricane watch and warnings—a lot of times the SSP might be the only place that people are getting that information. Especially if you are unstably housed or sleeping rough, that’s the one place that you’re going to not only go every week, but also trust the folks, and so it’s important [that]...they’re thought of [...] as emergency service providers when it comes to this kind of thing.”***

This unique position of connecting with people who are hard to reach represents a strength of SSPs, making them a touchpoint and resource for education and services beyond HIV and opioid use disorder. Several participants stressed the valuable role of SSPs as a single point of contact, particularly for people who are using drugs and may not have access to other forms of care. Specifically within the COVID-19 context, SSPs may serve as the central in-person point of care for people who are otherwise only able to connect to providers through telehealth.

We look forward to future conversations, peer sharing opportunities, and lessons learned from state partners.

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