



## **Safe Harm Reduction Outreach and Services during COVID-19**

The Maryland Department of Health Center for Harm Reduction Services (CHRS) envisions a Maryland where 1) health care and social service systems meet the needs of people who use drugs in a comprehensive, community-based manner, 2) people who use drugs have equitable access to high-quality care, and 3) services provided to people who use drugs are free from stigma and discrimination. In meeting this vision, MDH CHRS provides support to harm reduction programs for safe outreach and provision of services during COVID-19. This document includes recommendations from Center for Disease Control Interim Guidance for Syringe Service Programs<sup>1</sup> and the Vital Strategies Harm Reduction COVID-19 Toolkit.<sup>2</sup>

### ***Importance of Modified and Continued Access to Harm Reduction Services***

People who use drugs may experience an increased risk of COVID-19 and other poor outcomes because of limited personal resources, unstable and densely populated housing conditions, substance sharing, and compromised immunity.<sup>3</sup> The current pandemic and subsequent actions to control the spread of COVID-19 have caused physical isolation, economic instability, decreased access to transportation and other social services, and disruption and irregularities in the drug supply.<sup>4</sup> The impact of these limitations has greatly affected people who use drugs and other marginalized populations.

Maryland has experienced significant increases in unintentional overdose deaths during 2020. This is likely due to social isolation, disruption of services, impeded access to care, and economic stress associated with COVID-19, all of which have contributed to a high-risk environment for people who use drugs.<sup>5</sup> In the first six months of 2020, there was a total of 1,326 reported deaths from multiple drugs and alcohol, an increase of 9.1% compared to the same time in 2019.<sup>3</sup>

### ***Recommendations for Harm Reduction Programs during COVID-19***

Syringe Service Programs (SSPs) and other harm reduction programs are essential services in accordance with Governor Larry Hogan's State of Maryland Proclamation to Renew Declaration of State of Emergency and Existence of Catastrophic Health Emergency – COVID-19<sup>6</sup> and should:

1. Continue to operate during the COVID-19;
2. Modify policies and procedures to safely provide naloxone and other harm reduction supplies and continue HIV/viral Hepatitis/STD testing and linkages to care, while protecting participants and staff from COVID-19; and,
3. Increase availability of harm reduction services to prevent overdose death.

#### **A. Education, Prevention and Screening for COVID-19**

<sup>1</sup> Centers for Disease Control and Prevention. Interim Guidance for Syringe Services Programs. <https://www.cdc.gov/coronavirus/2019-ncov/php/syringe-service-programs.html>. May 15, 2020.

<sup>2</sup> [https://www.vitalstrategies.org/wp-content/uploads/covid\\_harmreduction\\_combined\\_toolkit.OPP\\_.pdf](https://www.vitalstrategies.org/wp-content/uploads/covid_harmreduction_combined_toolkit.OPP_.pdf)

<sup>3</sup> Karamouzian, M., Johnson, C., & Kerr, T. Public health messaging and harm reduction in the time of COVID-19. *The Lancet Psychiatry*. May 1, 2020.

<sup>4</sup> Center for Primary Care Harvard Medical School. Overdose & Harm Reduction in the Time of COVID-19. <http://info.primarycare.hms.harvard.edu/blog/overdose-harm-reduction-covid>. July 29, 2020.

<sup>5</sup> Opioid Operational Command Center. 2020 Second Quarter Report. September 22, 2020.

<sup>6</sup> State of Maryland Proclamation. Renewal of Declaration of State of Emergency and Existence of Catastrophic Health Emergency – COVID-19. [https://governor.maryland.gov/wp-content/uploads/2020/11/2328\\_001.pdf](https://governor.maryland.gov/wp-content/uploads/2020/11/2328_001.pdf)

- Review existing procedures and implement protocols to increase service provision and minimize risk of transmission of COVID-19
- Make changes to policies and procedures to reduce in-person visits, and if necessary, maintain distancing by
  - Reduce or eliminate processes that involve non-essential physical contact (ex: filling out paper forms, using shared writing utensils)
  - Shorten duration of participants visits as appropriate
  - Reduce grouping of participants by offering staggered appointments
  - Reduce number of participants inside a fixed site location at one time
  - Provide services outside or in open-air space whenever possible
  - Utilize delivery or mail-order through USPS whenever possible
- Implement activities for general prevention of COVID-19 spread
  - Follow Center for Disease Control guidelines for cleaning surfaces and maintaining minimum distance of 6 feet whenever possible
  - Staff and participants must wash hands or use alcohol-based sanitizer (at least 60% alcohol) upon arrival into facility and wash hands frequently with soap and water
  - Staff must wear a cloth face covering at all times, and full PPE when appropriate
  - All participants should be required to wear a cloth face covering. If they do not have a cloth face covering, staff should provide them with one.
  - If a participant refuses to wear a cloth face covering, assess which services can be performed in a way that reduces the risk of transmission of COVID-19, such as using physical barriers, providing services outside, or using contact-less delivery where possible
- Provide education to participants on COVID-19, including the potential for vaccination, and address myths and misunderstandings about the disease
- Screen staff and participants in accordance with Department of Budget and Management protocols for state-owned buildings<sup>7</sup>
  - Document staff screening in a log daily to facilitate contact tracing
  - Refer participants exhibiting symptoms for testing or care (if testing is not available on site)
  - Any participants with suspected or confirmed symptoms should be excluded from facility until they meet criteria for discontinuation of home isolation
  - Alternative access to services should be created to ensure participants receive needed supplies during home isolation
  - Staff who report or display COVID-19 symptoms should be sent home immediately
    - Follow guidelines provided by the CDC for when it is safe to return to work<sup>8,9</sup>
  - Ensure sick leave policies are flexible and non-punitive
    - Make employees aware of flexible policies
    - Create contingency plan for staff absences
    - For staff at high risk for severe illness, implement policies to minimize direct contact with participants/other staff
- Address mental health and well-being of staff<sup>10</sup>
  - Check in on health and wellness with staff regularly
  - Provide list of resources for staff to help them cope with stress of COVID-19

<sup>7</sup> Maryland Department of Budget and Management. State-owned building screening protocols. 2020. <https://dbm.maryland.gov/employees/Documents/COVID-19%20Building%20Entry%20Protocol.pdf>

<sup>8</sup> Center for Disease Control. Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

<sup>9</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

<sup>10</sup> Vital Strategies, COVID-19 Resources for people who use drugs and other vulnerable communities. [https://www.vitalstrategies.org/wp-content/uploads/covid\\_harmreduction\\_combined\\_toolkit.OPP\\_.pdf](https://www.vitalstrategies.org/wp-content/uploads/covid_harmreduction_combined_toolkit.OPP_.pdf)

- Build in mechanisms to help staff manage stress and practice self-care
- If possible, build paid time off into scheduling
- Share ideas for self-care activities among staff

## **B. Continuation of Services**

- Continue to provide safe use supplies including sterile injection equipment, safe-smoking equipment, and skin cleansing supplies
  - These supplies reduce the risk of COVID-19 and prevents skin and soft tissue infections
  - Supplies should be provided through many methods including:
    - no-contact delivery
    - pull up services
    - providing transportation to distribution sites for one participant at a time
    - mobile services and street-based outreach
  - Increase the amount of supplies distributed to participants to account for decreased encounters and secondary exchange
- Continue methods for collection of syringes and other biohazardous waste
  - Increase distribution of personal disposal options
  - Offer home pick-ups of full biohazardous waste containers
  - Continue community clean-up efforts
- Increase naloxone distribution as much as possible
  - Ask every participant about if they have naloxone on hand and offer a naloxone kit
  - Partner with other organizations, including subcontracting with nonprofits, to increase community access to naloxone
  - Provide multiple naloxone kits to the participant as needed to minimize need for refills
  - Offer contactless naloxone delivery whenever possible
  - Include rescue breathing face shields and other protective equipment such as goggles when distributing naloxone for individuals to protect themselves when performing rescue breathing during naloxone administration
- Continue testing services for HIV, other STDs, and Hepatitis C
  - Expand use of self-testing and home specimen collection
  - Expand use of mobile services for testing
  - Continue testing at fixed site locations with proper PPE for staff and participants
  - Establish relationships with partners that are able to provide telehealth for HIV, viral Hepatitis, and STD treatment, and Pre-Exposure Prophylaxis (PrEP)
  - Provide access to vaccinations for Hepatitis B, Hepatitis A, and seasonal influenza

### ***Purchase of Personal Protective Equipment (PPE)***

In order to provide direct services to people who use drugs, programs are responsible for protecting their staff, volunteers, and participants by providing them with the essential protective equipment to prevent the spread of COVID-19.

PPE can be purchased through the Office of Preparedness and Response through the link located [here](#). This is an allowable expense through ACCESS and SSP funding.

Contact [mdh.access@maryland.gov](mailto:mdh.access@maryland.gov) for more information.