

# **Minnesota Syringe Service Programs**

**FALL 2021 EVALUATION & IMPACT SUMMARY ON MDH-  
FUNDED SYRINGE SERVICE PROGRAMS**

1/3/2022

## **Minnesota Syringe Service Programs Fall 2021 Evaluation & Impact Summary**

Minnesota Department of Health  
Injury and Violence Prevention Section  
PO Box 64882  
St. Paul, MN 55164-0882  
651-201-5443  
[health.drugodprev@state.mn.us](mailto:health.drugodprev@state.mn.us)  
[www.health.state.mn.us/communities/opioids/index.html](http://www.health.state.mn.us/communities/opioids/index.html)

*To obtain this information in a different format, call: 651-201-5443.*

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## Executive Summary

Syringe service programs (SSPs) in Minnesota provide vital, life-saving services to people who use drugs through syringe exchange, harm reduction, infectious disease testing, and linking to healthcare. In the fall of 2021, an evaluator from the Minnesota Department of Health (MDH) Injury and Violence Prevention Section (IVPS) engaged some of the SSPs funded by MDH in interviews to learn about the impact of SSPs on health, promising practices, and challenges providing harm reduction services.

SSPs are a unique model of holistic client and community-focused healthcare that respond to the needs of people who use drugs while also developing strong community connections to support linkage to care beyond syringe services. SSP staff are trusted members of the community that treat clients with respect and compassion. SSP staff are incredibly skilled at developing relationships with clients and dedicate time, energy, and emotional labor to getting to know clients and support access to whatever types of harm reduction are wanted by the client. For many clients, SSPs are the primary provider of healthcare as clients have been stigmatized by providers in traditional healthcare systems.

SSPs have numerous positive impacts on clients and communities, yet challenges abound that impede the reach and sustainability of SSP services. Reliance primarily on grants with short funding periods of two years or less with numerous reporting requirements burden an already overburdened and underpaid workforce. Many SSP staff positions are grant funded and do not provide desired stability to the staff, the clients, or the organization. When trying to connect clients to additional services, a lack of understanding of the harm reduction approach greatly reduces options for referral and negatively impacts client choice and comfort. There are very few housing and treatment programs that will accept persons currently using substances. The lack of understanding of a harm reduction approach also extends to law enforcement that remove safer injection supplies from a person and dismantle established communities.

Avenues for change to support the evidence-based efforts of SSPs to reduce infectious disease and overdose death include integrating SSPs into clinics and healthcare systems, providing robust education on harm reduction to the public and specifically law enforcement personnel, and removing funding restrictions that limit purchasing of safer injection and smoking supplies.

# Syringe Service Programs in Minnesota

## Harm Reduction

Syringe Service Programs (SSPs) are evidence-based models of harm reduction that are associated with decreased incidence of infectious diseases, such as HIV, and overdose.<sup>1</sup> Harm reduction is a recognized public health model that has been used since the early 1980s to reduce the harms of active drug use. Sobriety is not a requirement to access harm reduction services. The goal of harm reduction services is not to connect all people who use drugs to treatment or to encourage only sobriety, rather it is to reduce the harms of active drug use and support people who use drugs to be healthy and productive members of society.<sup>2</sup> According to the National Harm Reduction Coalition, Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.<sup>2</sup> Harm reduction accepts that legal and illegal drug use is part of our world and chooses to minimize the harmful effects rather than ignore, condemn, or criminalize them. Some of the principles of harm reduction include:

- Providing a spectrum of strategies from safer use, to managed use, to abstinence.
- Addressing the conditions of use.
- Approaching with a non-judgmental, non-coercive provision of services and resources.
- Including the voice and insight of people that use or have used drugs in the creation of programs and policies.

Harm reduction asks care providers to meet every client where they are physically, mentally, and emotionally. In order to do this, it is important to know why and how drug use started or why someone is considering using. The reasons are unique to each person and change over time. Providing harm reduction services that are tailored to each person requires service providers to get to know the clients with whom they interact to better understand the clients' needs, wants, and preferences.

SSPs are a primary avenue for providing harm reduction services in communities. SSPs provide a variety of services and supplies for safer drug use including:

- Sterile syringes & other supplies at no cost
- Sharps containers & safe disposal of used syringes
- Naloxone kits & training
- Overdose prevention education
- HIV & Hepatitis C testing, education, and linkage to care
- Referrals to medical, mental, and sexual health services
- Referrals to substance use disorder treatment and recovery support

SSPs have been funded by both the Injury & Violence Prevention Section (IVPS) and the Infectious Disease Epidemiology, Prevention, and Control Division (IDEPC), in addition to funding from other sources, for many years for HIV prevention with additional funding for overdose prevention efforts beginning in 2019. MDH funds SSPs based on the growing body of

evidence that SSPs reduce infectious disease and improve health among people who use drugs. The IVPS is currently funding seven syringe service programs through Overdose Data to Action (OD2A) to support the establishment of linkages to treatment, recovery supports, harm reduction, infectious disease prevention, and basic needs care. SSPs funded by MDH in 2020 include the following, with specific funding sections noted:

- Harm Reduction Sisters (IVPS funded)
- Indigenous Peoples Task Force (IDEPC funded)
- Rainbow Health and Mainline Exchange (IVPS and IDEPC funded)
- Native American Community Clinic (IVPS and IDEPC funded)
- Northpoint Health and Wellness (NPHW) (IVPS and IDEPC funded)
- Rural AIDS Action Network (RAAN) (IVPS and IDEPC funded)
- Southside Harm Reduction Services (IVPS and IDEPC funded)
- St. Paul Ramsey County Public Health/Clinic 555 (IDEPC funded)
- White Earth Nation (IVPS and IDEPC funded)

## Syringe Service Program Evaluation

During the summer of 2021, a member of the IVPS evaluation team met with staff members from IDEPC to develop an evaluation focused on the successes and challenges experienced by SSPs. It was decided that organizations that received funding from both the IVPS and IDEPC during 2020 would be included in evaluation efforts. Other evaluation goals include describing the value that SSPs bring to communities, the extent to which linkage to care work is meaningful and feasible, and how MDH can better support SSP work in the agency's role as a funder. Evaluation findings may be shared with federal funders, legislators, and to guide future SSP programming.

SSPs provide regular updates on their work via electronic surveys and progress reports twice annually. To address the evaluation goals, it was decided that evaluation conversations would be held with at least one staff member from one of the six organizations implementing SSP services that were funded by both IVPS and IDEPC in 2020. The evaluation conversations were structured around a few simple questions:

1. What are the positive impacts of providing linkage to care services for individuals and communities?
2. What is the greatest struggle of being a syringe service program?
3. What would you need or want to be able to do your work better?
4. What is the greatest need you see among your clients? What do you think would be needed to adequately respond to this need?
5. What would need to change to help you do your work better?

IVPS evaluation staff reached out to at least one staff member from each SSP funded by MDH asking if they would be interested and able to participate in an evaluation conversation. As only

staff members from MDH-funded SSPs were interviewed, this evaluation is only a sampling of SSPs that exist in Minnesota and is representative only of the SSPs interviewed. The five SSPs represented in this report include:

- Native American Community Clinic (2 interviews, 4 staff interviewed)
- Southside Harm Reduction Services (1 interview, 1 staff interviewed)
- Northpoint Health and Wellness (1 interview, 1 staff interviewed)
- Harm Reduction Sisters (1 interview, 1 staff interviewed)
- Rainbow Health (1 interview, 1 staff interviewed)

## Year in Review: Syringe Service Programs in 2020

During 2020, the IVP and IDEPC sections provided a total of **\$960,621** to the five SSPs engaged in the SSP evaluation. A total of \$230,000 was provided for linkage to care services. Linkage to care includes coordinating referrals and transportation to medical and treatment appointments, case management, and outreach in the community. A total of \$397,965 was provided to the SSPs included in this report for HIV Early Intervention Services and HIV prevention efforts. In 2020, IDEPC provided \$332,656 of funding to syringe service programs included in this report to provide syringe exchange and overdose prevention education.

The five SSPs included in this report supported 1,996 unique clients and 10,450 total interactions with SSP clients. Many clients of SSPs develop relationships with SSP staff and receive repeat services from the same organization. Funded organizations provided 7,662 exchanges of new syringes for used syringes. In addition to exchanges, SSPs also distribute new syringes to people who use drugs, community members, and other harm reduction organizations to support widespread dissemination of sterile supplies. The SSPs provided **398,420** new syringes and collected **330,433** used syringes for proper disposal, **which is vital to preventing accidental needle sticks and transmission of infectious diseases.**

Naloxone is a life-saving medication that can be used to reverse the effects of opioids on the body during an opioid overdose. In Minnesota, naloxone is available without a prescription from most pharmacies but through evaluation efforts within IVPS, it was learned that people who use drugs have reported not feeling comfortable approaching pharmacy staff to request naloxone and would rather receive naloxone from a trusted SSP in their community. SSPs provided **13,417** doses of naloxone to people who use drugs, community members, and other harm reduction organizations with **SSP clients reporting 690 overdoses prevented by administering naloxone.**

## Impact of Syringe Service Programs

*"I just feel like [syringe services] make the community so much better...[syringe services] keep people safer. People have really understood the harm reduction model and that we aren't enabling or encouraging but we are making people a better life for what they are choosing to do in that moment. We have teachers, lawyers, professionals, and homeless people that use*

*syringe services. You can't make a judgement about who is going to walk through the door."* - SSP Manager

## Dignity and Consistency

The primary positive impact shared by all SSPs interviewed was that SSP clients *"recognize that we see them as people, like real humans, which others may not, and they have stigma towards them"* (SSP Outreach Worker). SSP staff dedicate an enormous amount of time, energy, and emotion to developing trusting relationships with clients and providing care tailored to each person with whom they engage. The work of SSPs is grounded in the harm reduction foundational principle of meeting people where they are and listening deeply to provide client-driven care.

*"[We are] showing people that we care about them and that we see them and giving recognition and respect to these people who often are feeling like they are not being seen by society who is trying to forget them."* –SSP Manager

For many clients, SSPs are the most consistent service provider they interact with, and typically the service provider that provides the greatest array of services. This longevity of the relationship between an SSP and clients is unique. SSPs reported that many clients express frustration that other social service providers come into marginalized communities, specifically people who use drugs and are also houseless, and offer great services but *"they don't stick around for too long, funding changes, they disappear, or they make changes that makes services inaccessible"* (SSP Manager).

Clients are often hesitant to immediately open up to any form of healthcare provider. The reasons for hesitancy vary, but can include prior negative interactions with healthcare providers, medical distrust, and discrimination. Building trust and connection is important for clients to feel comfortable and confident that they will not be judged. For many clients that might be hesitant to request services, seeing a familiar face over time is a crucial piece of building trust and eventually confiding in a SSP staff member.

*"Some people are willing to or are comfortable asking for stuff when there's a lot of other people around, but others might not ask unless they've talked with you a little bit and know what you're about. Sometimes it takes a few meetings to really get into things."* – SSP Outreach Worker

## Trusted Care Provider and Entry Point

All the SSPs reported that the SSP organization is the point of care for most of their clients, many of whom do not feel comfortable going to traditional primary care clinics or hospitals due to prior experiences of feeling judged for substance use and treated poorly as a result. SSPs provide an easy, low barrier entry point to care as appointments are not necessary to speak with SSP staff, who can then connect clients to additional care as needed. An important aspect of SSPs providing this linkage to care is that SSP staff can provide referrals to providers that have been vetted and that SSP staff feel will provide compassionate, destigmatized care. A



successful referral from an SSP to a primary care provider who treats all patients with respect and dignity can act as a pathway for the patient to then continue seeking regular primary care. The benefits of receiving regular primary care for those at risk of or previously diagnosed with an infectious disease such as HIV are numerous and impactful on quality of life.

A major component of linkage to care work is building the capacity among clients to connect themselves and others in their social networks to additional care beyond syringe exchange services. Providing information to one client on where to access compassionate wound care from a local clinic often has a ripple effect as that client can then provide that same information to others in the community that could benefit from the same type of care.

As SSPs have established a lasting presence in the community, they are viewed as dependable and trustworthy. This perception of steadiness coupled with community trust serves as an outreach mechanism to connect additional people with SSP services. An SSP staff member reported that when community members who use drugs are seen in an emergency department and asked who their healthcare provider is, they will list the SSP regardless of if they have ever received services from the SSP. SSP staff mentioned that this may be due to their long-term, consistent presence in the community and prior connection with an SSP staff member, no matter how brief. Perhaps a member of the SSP staff has talked with the person, or one of their friends, only once or twice but they have treated them with respect and responded to a need such as providing a bottle of water, snack, or warm socks.

## Community Connection and Relationship Building

SSPs are primarily funded to provide syringe exchange services and linkage to additional care beyond syringe exchange via referrals, but are providing much more including emotional care, food, tents, sleeping bags, wound care supplies, and, above all, a trusting relationship built on mutual respect. One SSP reported that in the best of times, clients struggle to meet all their needs to achieve and maintain the bare minimum of resources needed for health and safety. To support clients meeting their needs while also adhering to the harm reduction principles, SSPs maintain extensive connections with other service providers and organizations. The maintenance of these community connections is vital to providing effective referrals as SSP staff can keep up to date on waiting lists, services provided, changes in hours, etc. The SSP staff can also provide a warm hand-off between themselves and another service provider. A warm handoff can take a few different forms, but a very common type practiced by SSP staff is introducing the client in-person to the provider. Warm hand-offs can display trust between the SSP staff and referral point of contact, which can then help clients to feel that the referral point of contact can be trusted as well. One SSP described this approach to developing and maintaining relationships as a hub and spoke model in which the SSP is the central point of connection for people who use drugs to access other resources, including food, shelter, substance use treatment, mental health care, housing, primary care, and sexual health care through referrals from a trusted person (See Figure 1).

**Figure 1. Syringe service programs serve as the primary point of connection to other types of care and resources for people who use drugs.**



Despite maintaining extensive community connections to numerous social service organizations, many SSPs reported still being the primary provider of basic needs supplies to clients. Some types of funding limit what SSPs can purchase, but relationships with community organizations allow for informal bartering and trading of supplies to ensure clients can meet their needs in the space they feel most comfortable. For example, an SSP in Minneapolis shares a close relationship with a food bank located nearby their syringe exchange. The food bank can provide food to the SSP to then provide to clients during outreach in exchange for condoms that the SSP purchases. By coordinating in this way, clients that engage with either the SSP or the food bank have access to nutritious food and safer sex supplies. Partnering with others to share resources is referred to as mutual aid, which many SSP staff noted as beneficial to their work supporting clients while also noting that moving away from a mutual aid model would reduce staff stress related to coordinating and gathering all needed supplies. SSPs have robust connections in their communities and provide care to clients in a holistic way, but funding does not recognize the wide breadth of services and resources that SSPs provide. Recognition of the need to utilize funding to purchase supplies beyond syringe exchange supplies would provide SSPs with financial recognition of their role as community centered, holistic care organizations.

### Distinct from Traditional Systems of Emergency Response and Care

Many people who use drugs have negative experiences with law enforcement, hospitals, and healthcare providers. People who are unhoused in the Twin Cities area have reported numerous recent negative experiences with law enforcement following encampment dispersals. Encampment dispersals have resulted in houseless people often losing their

belongings, including safer injection supplies, medication, and naloxone, as well as being treated harshly during the removal process. Many SSPs reported that *“working apart from the system that causes harm is beneficial”* (Program Manager) meaning that their role in the community as trusted providers that are client- and harm reduction- focused provides them with the beneficial opportunity to be distinct from traditional systems of care and emergency response. An SSP outreach worker shared the following to illustrate the benefit of being distinct from the law enforcement and public safety systems:

*“Say we’re out doing outreach and we come across somebody who is overdosing, or somebody is asking for help for someone else. We give them Narcan, and we are there when they wake up and then call EMS if needed. I think that for that person to wake up without a bunch of people in uniform and being afraid of potentially having the police called if somebody has a warrant. They’re afraid to go to the hospital because they might run their name. I think it’s kind of a buffer to the rules and the system that’s in place.”* - SSP Manager

SSPs also have the benefit of providing services more holistically than traditional systems of care and response that can remove barriers to care. SSPs have developed programming that is grounded in a broadly-defined concept of care including mental health, access to shelter, and caring connection to others. Most traditional care providers are specialized and only focus on one aspect of healthcare, whereas SSPs acknowledge the interconnection and importance of all aspects of a person’s life to their health and well-being.

An example of how SSPs have removed barriers to care is when SSP staff respond to someone experiencing an overdose. SSP staff can remain with the client for as long as needed and do not need to transport the client elsewhere and can respond to the overdose event in ways traditional emergency response systems do not by providing basic needs including food, water, and warm clothes. Many SSPs also have nurses that accompany them during outreach to encampments. The nurse can provide basic wound care and complete a general check on a person’s health without the person needing to make an appointment and visit a clinic location. This distinct method of care removes many barriers experienced by SSP clients including access to a telephone or the internet to make an appointment, transportation, and fear of being judged.

## Potentially Effective Practices

Some potentially effective practices emerged from the evaluation interviews. While there are some promising practices that can be extrapolated from the impact narrative above, below are some distinct examples that emerged through discussion of how MDH funding has been utilized to improve SSP services. Potentially effective practices have potential to maintain and amplify the impacts noted previously but have not been evaluated in-depth.

### More In-Depth Model of Care

With support from MDH via linkage to care funding, many SSPs reported that they have been able to move towards a more in-depth model of providing care opposed to prior models. The prior models were described as “in and out” where clients primarily visited the SSP only for syringe exchange. In the simplified in and out model, SSP staff spent very little time with each

client. SSPs reported that while a lot of clients appreciated this direct model of providing syringes quickly and without much interaction, there were quite a few clients that would ask for assistance beyond syringe exchange services. SSP staff shared that in these moments they would feel that they needed to pull together information very quickly or provide a referral to the service the client was requesting, but often they were not sure what the best referral would be. If a referral was provided, it was unknown if clients would act on the referral as there was no formal follow-up or tracking. With limited staffing in a model that was intended to be quick with little personal interaction, staff would feel pressured to balance competing priorities between spending more time with the client requesting additional services while also maintaining exchange services for all other clients accessing the SSP at the same time.

*“With the addition of [linkage to care], that really sparked a lot of conversations on our team for how we can better set up ourselves and our program to have those conversations, track those conversations, and everyone stays in the loop with our participants and even when we have turnover or when I decide to move on to something else those tools and systems setup through [linkage to care] will remain here. When we leave, their services and their information doesn’t go away so their care can continue.” – SSP Manager*

Some SSPs have begun the process of developing internal referral tracking systems to build continuity of care, promote follow-up with clients, and improve the number of successful referrals. Successful referrals are defined as referrals that the client has acted on, such as setting up an initial intake appointment or beginning to receive services. Noting in a centralized system when an SSP staff member speaks with a client about a certain resource, such as treatment, allows other staff members to follow-up with the client the next time they visit the SSP. Tracking of referrals would allow multiple staff to support clients when they come in and are ready to act on a referral using information noted during previous interactions. A more in-depth model of care coupled with improved systems of tracking and internal information-sharing ultimately supports connecting clients with services when they are ready for linkage to care.

SSPs recognize and value the need to develop services that are client-directed and client-focused. When contemplating and implementing any change to services, clients are involved in the process. SSP staff will ask clients about what hours, days, services, etc. are most wanted and needed. A lot of the time client engagement is informal and conducted during regular meetings or exchanges, but the linkage to care funding has allowed for more time devoted to client engagement and service delivery improvement efforts.

## Secondary Exchange

Secondary exchange, the practice of extending accessibility of harm reduction supplies by providing additional supplies to people who use drugs or placing harm reduction supplies in publicly accessible locations, is increasingly utilized to ensure that people who need safer injection supplies and naloxone have access when needed. An SSP in the Twin Cities reported hearing from clients that many overdoses were happening overnight when there were no outreach workers or volunteers available to provide naloxone. To respond to this community need, the SSP discussed with clients the best way to provide naloxone outside of typical SSP hours. Together, they determined that naloxone boxes installed on telephone poles that could

be accessed independently at any time was the best option. They decided on the best locations, and several of these naloxone boxes were installed. They are maintained by the SSP, who is committed to continuing to ask clients if there are new or different locations that would be preferred by clients.

*“The service you guys provide helps SO MANY PEOPLE. This area really needed you guys, as it was extremely difficult to get the needed supplies, especially enough so people didn't have to routinely reuse them. YOU GUYS ARE SAVING LIVES! By providing Narcan you have allowed me to personally save 7 people from almost certain fatal overdose (which I have unfortunately had to see way too many times before your program) just in the last 6 months approximately.”-Secondary exchange provider*

Many SSPs have long relied on volunteers to supplement staff capacity to distribute supplies and conduct outreach. Outreach and volunteer programs that provide extra supplies to clients for secondary dispersal to others that use drugs increases the network of people who have access to sterile syringes, naloxone, and harm reduction resources and further extends the reach of SSPs. Accessing supplies and resources for further distribution to others who use drugs is called secondary exchange. Integrating secondary exchanges into SSP services can be an effective outreach method to people who have not accessed the SSP directly but have benefitted from accessing supplies from others. An example of secondary exchange is when a person who uses drugs receives 100 sterile syringes and a flyer listing HIV testing hours from a volunteer or outreach worker, and they then give some of the syringes and the flyer to another person who uses drugs. Secondary exchanges can be especially important for maintaining access to safer injection supplies when outreach does not occur as often due to distance away from the SSP central location, such as in rural or suburban areas.

## Challenges to Providing Harm Reduction Services

### Displacement and Law Enforcement Interactions

The primary challenge to providing syringe exchange and harm reduction services reported by SSPs located in the Twin Cities metropolitan area is displacement of people from encampments and negative interactions with law enforcement. SSP staff shared that there was very little or no notice given when a camp was going to be dispersed. Clients were directed to hotels for shelter, but many hotels did not allow for drug use, access to sterile syringes, and did not have naloxone on site. The displacement of people who use drugs to shelters that do not allow continued use essentially forces the choice of either stopping use in a new, unsupportive environment or relocating to a different place outside.

*“There were many negative interactions with law enforcement during camp dispersal that added to participant feelings of fear and lack of safety when interacting with law enforcement. Camp dispersals were not communicated with harm reduction services staff or camp residents resulting in many people losing personal belongings due to having to leave quickly, including sterile syringes and other harm reduction supplies.”- SSP Manager*

Many clients lost safer injection supplies and harm reduction resources during displacement, thus unnecessarily increasing risk of infectious disease transmission that could be prevented through use of sterile syringes. In addition to losing access to safe injection supplies, clients reported losing a feeling of safety present in encampments. Clients reported to SSP staff that they feel a safety in numbers and develop relationships with other camp residents that allow clients to feel safer and protected in the community. SSPs reported frustration at the lack of acknowledgement that encampments provide a real form of community and connection for their residents. SSP staff explained that using alone can be very dangerous as there is not anyone to provide Narcan if an overdose occurs. Living near others who use drugs can support harm reduction and prevent overdoses as people can use with or near another person. Additionally, many of these people are trained to recognize overdose and administer naloxone. Being displaced from friends, family, and losing access to SSP resources can be a traumatic and dangerous experience. SSP outreach workers also shared that it is much easier to provide outreach services when people who use drugs are all together in a centralized location. The outreach workers can visit a camp and provide sterile syringes, wound care, food, and harm reduction resources to 25 people in one place versus having to travel to numerous different places to reach the same number of clients.

*“We have law enforcement that is so counterproductive. They take people’s syringes, they don’t respect the pharmacy access law, they take people’s Narcan syringes but leave them the Narcan.” – SSP Manager*

Negative interactions with law enforcement occur outside of encampments as well. Numerous SSPs reported that when law enforcement engages with a person who uses drugs, they will confiscate their sterile syringes and will take needles out of injectable naloxone, rendering the opioid antidote useless despite it being legal to possess sterile supplies and naloxone. SSP staff reported that confiscation of materials that are legal to have is directly causing harm and adding to the feelings of fear and distrust that many people who use drugs harbor towards law enforcement. Certain law enforcement agencies have expressed a desire to support harm reduction and reduce overdoses, but most SSPs have seen very little positive change to reflect this.

## Lack of Housing

There is a lack of affordable housing across the entire state of Minnesota; however the lack of housing disproportionately impacts people who use drugs.<sup>3</sup> The lack of connection between SSPs and housing programs, as well as the strict requirements in place for most housing programs, have contributed to persistent houselessness among people who use drugs. In a cold weather climate like Minnesota, the lack of shelter and housing for people who use drugs contributes annually to preventable deaths from exposure. People who live outside are also at a higher risk of experiencing physical and sexual violence.<sup>3</sup>

Public housing that allows people to use substances is practically nonexistent in the state. Most housing programs require sobriety and impose very strict requirements to maintain housing such as curfews and no visitors without preapproval. Community is important for all people to maintain well-being and is typically very valued by people who use drugs and/or have experienced houselessness to preserve a sense of safety. Housing programs that do not allow



substance use or visitors often results in people leaving housing by choice or being removed due to program violations and ending up houseless once again.

*“The struggles with housing and what’s available are higher barriers. Sometimes participants say they won’t even try that place because “I’m not sober” or “I’m not going to be able to stay sober and that isn’t my goal.” That isn’t going to line up with the requirements for staying in this place. It’s hard to see people that are really good people that have normalized being unhoused.”- SSP Outreach Worker*

The waiting lists to access public housing are typically years long. The first step to getting on housing waiting lists is connecting with a housing navigator, which SSP staff report as being in short supply. SSP staff shared that there seems to be a shortage of housing navigators and that the housing navigators that are in place are extremely limited in capacity with very large caseloads. Multiple SSP staff report that they do not have connections to housing navigators and struggle to connect with housing staff to determine how to get clients on housing lists. SSP staff reported that housing navigators very rarely conduct outreach in the community and people interested in housing services must seek out the housing navigator independently. If SSP staff can connect with housing staff, the client must often attend an intake appointment with housing staff. Making and attending numerous appointments is a barrier as many SSP clients do not have regular access to telephones, email, or transportation needed to schedule and attend appointments. SSP staff do not have knowledge of which housing programs are currently accepting clients or the length of their waitlists and are often not sure which housing program are accepting referrals.

There is a lack of recognition that for some people who use drugs, shelters are associated with prior trauma and not always places where people feel safe. Choice in shelter is a necessary component of showing respect for individual preference and avoiding re-traumatization or placing a person in harm’s way in an unsupportive or dangerous shelter environment.

*“When people go out to encampments and try to put them in shelters, people have trauma around shelters and trauma around the housing being offered. Housing is delicate, and layered, but housing is really, really important.” – SSP Outreach Worker*

SSP managers report that it is often easier to connect people to inpatient alcohol and drug treatment than to housing in general. SSP staff expressed feeling that inflexible housing programs that do not allow for continued use are not operating from a harm reduction perspective. SSP staff shared that many people who use methamphetamines specifically express wanting to stop using but feel like they need to continue using to stay safe by staying awake while living outside. An SSP manager shared that *“it is almost impossible to get clean while living on the streets. It is easier to do if you are inside, comfortable, and warm.”*

The lack of housing that allows substance use stands in direct contradiction to the harm reduction principle of supporting the health and needs of people, regardless of their sobriety or substance use. Safe housing is arguably a harm reduction service in line with the [Housing First model \(https://endhomelessness.org/resource/housing-first/\)](https://endhomelessness.org/resource/housing-first/) as people can feel secure in their own space and be removed from the elements. The Housing First model strives to end homelessness through placing people in permanent housing before addressing other issues,

such as substance use or employment, to ensure safety and that basic needs are met. If the only housing that is available is a bed at an inpatient treatment center, this places people who use drugs in the position of choosing sobriety or choosing shelter.

*“People are going to make a choice to use or not use, but we cannot determine for them when this will be. People always need housing regardless of their use. We can’t expect someone to stop using just to get housing. People use for all sorts of reasons and many people have gone through a lot of trauma. It feels like they are being punished by not providing access to housing.”- SSP Manager*

## Limited Supplies

All SSPs interviewed reported that they struggle to keep up with demands from clients for safer injection supplies and naloxone. Most federal funding sources available to SSPs forbid SSPs from purchasing specific supplies for drug use such as sterile syringes and safer smoking supplies. MDH allocates a portion of SSP funding that allows SSPs to purchase sterile syringes, but this allocation relies on MDH maintaining access to non-federal funds. SSP managers shared that if this funding was not available from MDH that it would be a challenge to purchase sterile syringes. Purchasing of safer smoking supplies and other harm reduction supplies, such as tourniquets and cotton pads, remains heavily restricted. Restrictions on funding result in limited supply inventories and reliance on sporadic donations from other organizations that can utilize different funding streams to purchase needed harm reduction supplies. A nationwide naloxone shortage negatively impacted access to this life-saving opioid antidote. SSPs reported that MDH was supportive in navigating the naloxone shortage when possible, but ultimately all agencies around the state struggled to purchase naloxone. Juggling supply shortages and different purchasing restrictions places burden on SSP staff and administrators to remain in accordance with funding guidelines while also ensuring that supplies remain available to clients. When supplies are limited, continuing secondary exchange is challenging as there may only be enough syringes to supply them to individual participants rather than providing a surplus of syringes for additional distribution.

*“[SSP] has been receiving an increased number of requests for safer smoking supplies from participants who want to reduce or quit entirely injection drug use due to fear of overdose, infection, and difficulty locating safe veins. It has been a challenge to meet this participant request as there are funding limitations that do not allow funds to be used to purchase safer smoking supplies.” – SSP Manager*

A lack of safer injection supplies directly increases the risk of infection and infectious disease transmission among people who use drugs who must either re-use or share injection supplies. Re-using syringes, even without sharing, can damage tissue and veins as well as increased risk for serious wounds and infections. As sterile, new syringes are the primary method of safer injection, an inability to purchase and maintain a surplus of syringes prevents SSPs from providing comprehensive harm reduction services to all those requesting supplies.

*“There are two young men that do deliveries for me, and he talked about how he never shares but he’s been reusing. I said “I would like to tell you that you shouldn’t reuse that syringe,*



*throw it away, but I also know that you may not have access to a new sterile syringe” so he was trying to reduce the harm to the best of his ability given his circumstances. This is the hardest piece because the need is so great and the capacity to respond just isn’t there.”- SSP Manager*

## Limited Staff Capacity

Every SSP manager interviewed reported that they and every member of their team was feeling overworked, overextended, and burnt out. Most SSP staff members are doing the work of multiple different roles. One SSP manager shared that two years ago, there was a staff of seven full-time employees. Due to changes in grant funding, there are now just four staff in total with several working part-time only. SSPs want to maintain successful programs that were supported by grant funding and have a positive impact, but without continued funding SSPs must ask more of staff or risk reducing services and hours.

To maintain the safety of SSP staff during outreach, most SSPs require that outreach is done in pairs. If there is only one staff member available, outreach does not occur and people do not have access to harm reduction supplies. SSP managers with a physical space reported often being put in the position of having to decide between conducting outreach or staffing the permanent syringe exchange location.

A consistent challenge experienced by SSP staff is low wages and long working hours. Providing harm reduction can be emotionally intense and requires substantial emotional labor when responding to client testimonies of trauma, abuse, and violence. To provide the most effective harm reduction services, SSP staff develop relationships with clients. When clients overdose or leave the area, thus severing the SSP staff’s connection to the individual, this can be a very emotional and stressful experience. Low wages among SSP staff are primarily due to limited funding and an inability to bill for services and receive reimbursement from health insurance companies. SSPs that are associated with a clinic or have licensed staff, such as licensed peer support specialists, experience fewer challenges with adequately paying staff but are still confronted with demand for supplies and services outstripping staff capacity. Volunteers are invaluable to keeping SSPs running but are inconsistent and not sustainable sources of labor that rely on people providing free labor in lieu of receiving payment for their time and effort. Some SSPs have been able to provide gift cards to volunteers to reimburse them for their time, but this is not common.

## Highly Mobile Population

People who use drugs, especially those that experience houselessness or unstable housing, can be highly mobile. Many SSP clients do not have a permanent address or permanent phone number. It is very difficult to maintain contact with a person that cannot be contacted regularly. Providing successful referrals is hindered by the irregularity of connecting with SSP clients. Some SSP managers expressed that being able to provide more services directly in-house, such as mental health therapy or completing applications for Social Security benefits, would allow for SSP staff to respond to the client need quickly and not rely on them attending an appointment with another person. SSPs that have been able to use funds to purchase phones for clients shared that this had a positive impact on regularity of contact and linkage to care.

## Lack of Transportation

SSP staff and clients alike struggle with adequate transportation, especially in rural areas. Some SSPs can allocate funds for transportation coordination, such as paying for a taxi ride to an appointment, but this type of funding expenditure is not common among SSPs interviewed. SSP managers must balance spending money on transportation to link clients to additional care or purchasing safer injection supplies. Some SSPs have been able to purchase a vehicle for outreach and supply distribution. However, there are barriers to using these vehicles to transport people. One SSP outreach worker described that due to restrictions on vehicle insurance and liability, they can only transport people who are already established clients of the SSP and have completed an intake form. This prevents the SSP from transporting people before they become enrolled clients and therefore rendering them unable to respond to a transportation need in the moment.

*“Thinking about the winter and cold weather coming up, that makes outreach difficult because in the snow we can’t pull our carts around. These conversations with folks-it seems a little more rushed. They want to get what they need and get out of there and get somewhere warm.”- SSP Outreach Worker*

Transportation in the form of a van or other larger vehicle can provide a warm space for clients to talk with SSP staff and would ease outreach efforts in the winter. Many SSP outreach workers bring wheeled carts full of supplies that can get stuck in the snow and need to be refilled several times throughout an outreach day. A vehicle would reduce this barrier while also allowing outreach workers to bring more supplies with them at one time. Multiple SSP outreach workers shared that during the winter clients want to get their supplies quickly and then go to a warm place. The conversations in winter or adverse weather are often shorter than conversations that take place during nicer months. SSP staff expressed feeling like they are not able to develop new relationships as easily during the winter months or learn about client needs beyond syringe exchange. Being able to provide a space to get warm and have a longer conversation would support the continued evolution of SSPs to more in-depth models of care.

## COVID-19 Pandemic

The COVID-19 pandemic has impacted SSPs in numerous ways that have challenged service delivery, staff, and ability to link clients to care. Social distancing required changes to SSP physical spaces to reduce the potential for transmission while reducing or removing entirely any time spent face-to-face between clients and staff members. SSP staff reported that the inability to spend extended time in-person together lengthened the time needed to cultivate trust and comfort between themselves and clients. Social distancing did not make it impossible to provide SSP services but did make it more difficult to develop new relationships and learn about client needs outside of syringe exchange that would require referrals to other organizations.

*“The pandemic has increased the scarcity of resources for people who use drugs including housing, hand washing stations, bathrooms, and syringe service programs.”- SSP Outreach Worker*

Many SSPs experienced an increase in demand during the COVID-19 pandemic as *“syringe exchange services and other programs that provided social services either closed entirely or greatly reduced their hours”* (SSP Manager). Most SSP staff were unable to work from home due to the nature of the work conducting outreach and meeting people in their own spaces. As a result, many SSPs experienced staffing challenges when staff members were ill with or exposed to COVID.

## Avenues for Change

A question asked during the evaluation interviews was “What would need to change to help you do your work better?” and SSP staff members were asked to think big picture in their responses to include practice, policy, and funding changes. The avenues for change identified represent opportunities for meaningful action that could improve SSP services, reach, and sustainability.

### Physical & Permanent Spaces

Most of the SSPs interviewed are mobile only, have an office that is solely for administrative purposes or are currently in a space that is not client-centered in design. To provide the best quality of harm reduction care, SSPs need a physical space—for people to first and foremost be warm and safe, as well as connect with others and with resources including therapeutic and medical services. SSP managers expressed that due to the highly mobile nature of most clients, having a physical and permanent space can provide consistency in access. With strictly mobile services, outreach workers and clients must rely on meeting with each other during outreach hours that can vary in time and location, whereas with a permanent location clients could access services that are provided on a regular, consistent schedule.

*“It would be great to have a drop-in center or hours and people know they can come and sit down and have a cup of coffee, something to eat, and be somewhere safe and they are open to doing some talking with somebody, with a provider that would be available without needing to have to wait for an appointment.”* – SSP Manager

Ideally, some SSPs would be able to expand their service offerings and transform into a respite space and short-term shelter for people who want to be in a safe indoor space when needed but not necessarily for an extended period. SSP managers and staff shared that they recognize that not all clients are interested in long-term shelter, or have been traumatized in shelters previously, and would like to develop flexible shelter options without sobriety or curfew restrictions. One SSP manager in Greater Minnesota commented that many women served through their program resort to using methamphetamine to stay awake during the night as they are fearful of being vulnerable while sleeping. This SSP manager shared that a 24/7 respite space with showers, food, and a warm place to sleep would be the ideal addition to their SSP, but that the challenges of acquiring and staffing a space that never closes are very daunting. Multiple SSP managers felt that a short-term respite space with no requirements would be representative of a holistic harm reduction approach.

## More Stable and Flexible Funding

All the SSPs interviewed shared that more stable and long-term funding would be transformative to their programs. SSP managers shared that the linkage to care grant from MDH that is three years in length is the longest grant any of their organizations have received. Most grants are only a year or two in-length, meaning that SSP staff spend a lot of time regularly seeking out new sources of funding and completing applications. SSP managers shared that if they were able to receive funding over longer periods of time, they could re-allocate time spent on seeking funding to staff development, outreach, and providing direct care to clients. SSP staff expressed disappointment at feeling like they must continue proving the benefits of consistent SSP services and hoping that eventually the value of these services will be well understood and result in more funding for longer periods of time.

*“What is it going to take to not have to fight to keep the doors open? If we aren’t there now, how bad does it really have to be?”-SSP Manager*

Providing quality harm reduction services takes time as relationships must be built between clients and service providers. More stable funding that continuously funds the same staff positions would improve longevity of employment and reduce stress among staff who are unsure if their position will be funded for longer than a year.

*“The stuff that we are doing is slow at first, but it’s starting to work. It takes time to get these relationships, but [the time spent] a positive impact.”- SSP Outreach Worker*

In addition to more stable funding, SSP staff and managers shared that more flexibility in what was allowable to purchase with funds would be helpful in numerous ways. As noted previously, SSPs are unable to use grant funds to respond to client requests for safer smoking supplies nor can they purchase syringes. Being able to purchase these necessary and client-desired supplies would help SSPs to adequately respond to harm reduction needs. Some SSPs reported that providing phones to clients would greatly benefit linkage to care efforts as SSP staff would be able to keep in touch with clients more easily as well as supporting clients connecting with referral partners directly to schedule and keep appointments. At least one SSP has provided phones in the past and reported it was beneficial for client communication. However, phones are not often an allowable expenditure. Lastly, many SSPs reported that they are restricted from purchasing food with most current funding sources. Outreach workers spoke frequently of how providing food to people is an important way of meeting basic needs and treating them with respect. It is impossible to be well without food, which SSP staff recognize, and would like to be able to meet this need more easily for their clients.

*“With this funding, you can’t buy any food. That’s a huge issue especially if someone’s on meth and you don’t know if they’ve ate in forever. Giving them some water and nutritious snacks or something is really important.”- SSP Manager*

## Additional Staff Roles

All SSPs interviewed shared that more funding for additional staff would be very helpful. A larger outreach staff would support increased outreach hours and time spent in the community. More outreach staff with less ground to cover means that staff could spend more time with one person getting to know them and providing care without limiting the total number of people reached. As SSPs continue to transform their approach into a more in-depth model of care, the addition of staff roles that have traditionally been housed in medical and mental health clinics would be very effective in linking clients to care. Some SSPs have a nurse on staff that conducts outreach and can provide wound care in the field without requiring a client to visit a clinic site. No SSPs had a case manager on staff, but most felt the addition of a case manager to their staff roster would also improve linkage to care efforts.

*“We can provide referrals to case managers, but that’s another referral. Another appointment that we have to expect our participants to attend and travel to...if we had a Case Manager always at [syringe exchange] or on the streets when doing outreach to keep track of where they are, what services they are in need of, where they are at in the process of getting those services...that would be the most ideal kind of the situation.”- SSP Manager*

Having a therapist or Licensed Drug and Alcohol Counselor on staff that can provide destigmatized, compassionate, trauma-informed care was described as perhaps one of the most impactful staffing strategies to support client’s addressing traumas, exploring substance use habit changes or treatment, and developing coping skills. The addition of staff roles that could bill for services and receive reimbursement from health insurance companies or the state of Minnesota would support staff role consistency as well as SSP financial sustainability.

*“Having the overlap between clinic service reimbursement and grant funded services is definitely helpful. I am a certified peer support specialist. When I first started it was through a grant and there were two peers. The other peer wasn’t certified, and he wasn’t able to bill for some services... Being able to bill for services can work together with that funding to fill the gaps and let it stretch a little farther.”- SSP Outreach Worker*

The addition of more staff specialized in housing, mental health care, and substance use treatment would also serve to recognize that substance use does not occur in a vacuum and would support clients addressing the conditions of use. Harm reduction is grounded in meeting people where they are in terms of the type of supports offered, but also recognizes that substance use is a health condition and behavior influenced by many factors outside of an individual’s control. A component of harm reduction is addressing the conditions of a person’s use and “recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequality affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.”<sup>2</sup> Offering holistic services that can address conditions of use influenced by social determinants of health, such as adverse childhood experiences and exposure to violence, in a trusted environment can improve the health and well-being of SSP clients. Developing staff roles that are not focused solely on treatment is also aligned with the goal of harm reduction to encourage any choice that a person who uses drugs wants to make regarding their use.

*“With the folks that I work with, there’s a lot of the heavier drug use that is tied in with trauma, specifically intergenerational trauma, and the things that get passed down. We need more mental health care to be able to get the tools that they would need to be able to move forward.”- SSP Manager*

## Future Directions for Harm Reduction

### Integration into Healthcare Systems

SSPs are the primary source of care for many syringe exchange clients. The acknowledgement by traditional healthcare systems and providers of the vital role that SSPs play in providing care and linking clients to additional resources is in its infancy but has certainly increased over the last several years as harm reduction education has become more widespread. However, as of this report, very few SSPs are integrated within traditional healthcare systems. An SSP outreach worker integrated into a clinic shared that they go to Hennepin Healthcare twice a week to conduct outreach with patients that are being treated for any health condition and have disclosed current substance use. The outreach worker shared that this partnership has been productive and that the SSP worker can serve as a translator or buffer between the patient and hospital staff, a method of practice they would like to see present in all hospitals. An area for future evaluation is an in-depth process and outcome evaluation of the benefits of SSP staff and services being integrated within a community clinic model.

A challenge experienced by many SSPs seeking closer partnership with healthcare systems is a lack of knowledge of harm reduction principles and benefits. An SSP manager shared that they frequently encounter confusion when providers learn that SSP staff do not focus entirely on getting clients into treatment. The SSP manager shared that *“My overall goal when they walk in the door is not to get them treatment because they’ll never come back”*. It is not often understood by traditional medical professionals that SSPs attempt to connect through offering a variety of harm reduction resources, of which treatment is one option. Widespread stigma towards substance use and entrenched views of harm reduction as enabling substance use have been encountered within the healthcare and public safety systems, although SSP staff are hopeful that continued education and story sharing will help to reduce stigma of active substance use.

### Education on Trauma, Substance Use, and Harm Reduction

*“We need to normalize syringe use and I know that sends chills up and down peoples’ spines and it should in some ways but it’s a normal behavior and we don’t want to isolate people anymore. We want real good education about the war on drugs and what that has meant for public health and the people that reside in the state of Minnesota.”- SSP Manager*

All SSPs discussed feeling a shift in public understanding and acceptance of substance use, harm reduction, and the impact of trauma on behavior. However, there is still a long way to go to reach widespread community acceptance of injection drug use, syringe services, and the harm reduction approach. Some SSPs shared that they wish they had more time to conduct outreach



and establish relationships with other community organizations and healthcare providers. SSP staff and managers also expressed a desire for the general public to be more open to hearing stories of how harm reduction has helped people to stay healthy while also respecting their choice to continue using substances. SSP staff also wished for more time and resources to provide education on substances and safer substance use practices with clients. For example, an SSP manager shared that they have had to provide information to clients on fentanyl after a cluster of overdoses. Clients were aware that something had been tainting their drug supply, but the SSP manager reported that many clients did not know about the potential severity of fentanyl toxicity. SSPs are poised to respond to overdose clusters but noted that additional funding and staff time to support education and distribution of harm reduction supplies, including fentanyl test strips, is necessary to reduce overdoses.

## Removal of Restrictions on Purchasing and Distribution of Supplies

Federal policy dictated by the U.S. Department of Health and Human Services forbids syringe service programs that receive federal funds to purchase needles and sterile syringes. SSP staff shared that the inability to use federal grant funds to purchase safer injection supplies substantially limits the reach of SSP harm reduction efforts. The removal of restrictions on funding related to purchasing and distribution would enable SSPs in Minnesota to reach more people who use drugs to prevent transmission of infectious disease. The recent approval of federal funding to purchase fentanyl testing strips was noted by SSP staff as a very beneficial change supporting SSP work to prevent overdoses. The approval of federal funds for fentanyl test strip purchasing was noted as a hopeful sign that funding restrictions would be lifted in the near future and SSP staff are excited to widely share the benefits of fentanyl test strips to clients and overdose prevention.

## MDH's Continued Support & Growth

*"I've always felt really good about the relationships with MDH and it's only gotten better. The level of support and technical assistance that is what I need up here."-SSP Manager*

All the SSPs interviewed felt supported by MDH and recognized that MDH's approach to harm reduction has grown and shifted over the years. SSPs appreciated receiving funding over a three-year period and the consistency that a longer funding period provides to SSP staff and programming. While the relationship between MDH and SSP partners is generally positive, SSPs shared some opportunities for improvement in the grant management process:

- More clarity on allowed purchases.
  - For example, more direction from MDH on how to purchase a laptop for a staff member who has some of their time, but not all of their time, allocated to the SSP grant.
- More meaningful opportunities for coordination between SSPs organized by MDH.
- Consistent and simplified reporting and invoice processes with uniform processes shared by both the Injury & Violence Prevention and Infectious Disease, Epidemiology, Prevention and Control sections within MDH.

## The Future of Syringe Service Programs in Minnesota

MDH has funded SSPs for many years due to the increasingly robust evidence-base that syringe services improve the health and well-being of people who use drugs and their communities. There have been positive shifts in wider acceptance of harm reduction principles among medical providers and public safety, but there are many challenges that remain. SSP staff provided numerous suggestions for program improvement ranging from the construction of permanent spaces to less restrictive funding. SSP staff also identified areas for future evaluation to assess the feasibility and impact of program and funding changes. MDH IVPS is committed to continuing evaluation efforts with SSPs to describe the positive impact of these organizations as they continue to evolve and respond to client needs.

### References

1. Centers for Disease Control and Prevention. (2019, May 23). *Summary of Information on The Safety and Effectiveness of Syringe Services Programs (SSPs)*. <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>
2. National Harm Reduction Coalition. (2020). *Principles of Harm Reduction*. <https://harmreduction.org/about-us/principles-of-harm-reduction/>
3. Pittman, B., Nelson-Dusek, S., Decker Gerrard, M., & Shelton, E. (2020, March). *Homelessness in Minnesota*. <http://mnhomeless.org/minnesota-homeless-study/reports-and-fact-sheets/2018/2018-homelessness-in-minnesota-3-20.pdf>