



Center for
Innovation and
Engagement

TIPS FOR WORKING WITH PEOPLE WHO USE DRUGS—IN THE PANDEMIC ERA & BEYOND

Why this Topic?

COVID-19 has undoubtedly brought about great loss and tremendous societal change—and with it, perhaps, some opportunity. As healthcare systems have been pushed to the brink and supply chains upended, people found themselves unable to access essential services for prolonged periods of time. People who use drugs (PWUD) have been particularly vulnerable to these disruptions, as traditional syringe services and harm reduction programs quickly pivoted to minimize person-to-person interaction while still working to provide life-saving services. Now is the time to leverage all that we have learned during COVID-19 to effectively plan and prepare for future public health crises and continue to advocate for much needed flexibility in service delivery for PWUD.

Relevant Statistics

Since the early days of the pandemic, PWUD have faced significant challenges.

- According to a study of 173 syringe services programs (SSPs), 43 percent reported a decrease in the availability of services including medication for addiction treatment (MAT) such as buprenorphine, and testing and treatment for HIV and viral hepatitis.¹
- Barriers to access in the early months of the pandemic may have resulted in the number of new prescriptions for buprenorphine decreasing by as much as 25 percent.²
- Lack of access coupled with pandemic-induced stressors have resulted in dire consequences. According to the CDC, from September 2019–August 2020 there were 88,295 predicted deaths due to drug overdose—an increase of nearly 27 percent over the prior 12-month period.³



Assessing Current Capacity

SSPs and other harm reduction program staff are already experts at contingency planning with PWUD—but what about at the organizational level, and between community partners? Now is the time to take stock of existing protocols and make changes to standard operating procedures to ensure that essential service disruption is avoided in the future.

- Has your organization drafted an emergency preparedness plan to ensure services stay open/accessible in times of crisis? Have these plans been shared with and reviewed by PWUD and community partners?
- Does your organization support the provision of telehealth services to ensure uninterrupted access to care for PWUD? If not, what are the barriers and how can you overcome them?
- What kinds of creative approaches has your organization taken to engaging PWUD during COVID in new and different ways? Would any of these be useful to include in the emergency preparedness plan?



Centering Health Equity in HIV Service Delivery

Ensuring access to equitable HIV services is essential, irrespective of competing health priorities. Existing health disparities may exacerbate risk, and therefore should be considered in the emergency preparedness planning process.

- Interruptions to harm reduction services may put PWUD at increased risk of overdose and acquiring HIV infection.⁴ What aspects of your plan will mitigate these risks?
- Addressing stigma, which can improve trust in the healthcare system and reduce the impact of health disparities, can be woven into your emergency preparedness plan.
 - Always use person-centered rather than behavior-centered language.
 - Consider the work that may need to be done with community partners to decrease barriers to engagement.



How to Provide Intersectional HIV Services to People Who Use Drugs

Shifts away from traditional and in-person services, such as the disruptions that occurred during the COVID-19 pandemic, may result in increased barriers to care for some PWUD.

- Consider all the populations your organization may serve, including the needs of
 - o Black, Indigenous and people of color (BIPOC)
 - o LGBTQ people
 - o Pregnant people
 - o Adolescents
 - o People experiencing homelessness
 - o People who have been incarcerated

Be sure your emergency preparedness plan is inclusive of the needs of all and make plans to garner input throughout the plan development process.

- Some people may not be technologically savvy or may not have access to space that would be appropriate for web-based appointments. Planning for alternatives, which may include providing minutes for mobile phones, will help keep people connected.



Stakeholder Engagement/Community Partnerships

Community partnerships are an essential component in the development and execution of coordinated emergency response plans.

- Is your organization currently partnering with other community organizations to ensure the needs of PWUD are met? This may include housing, employment, social services, law enforcement, or other community-based organizations.
- Which community partners would you choose to join forces with in this planning endeavor? Do they represent different sectors and can they help stop gaps in services during times of emergency?



Stock photo. Posed by models.

Stories from the Field

NEXT Distro (nextdistro.org) is just one example of a low-barrier harm reduction service which can meet the needs of PWUD at times when traditional syringe exchange or take-home naloxone programs may be less accessible.

This forward-thinking non-profit supports people with mail order access to syringes, naloxone, harm reduction education and other types of drug user health support.

NEXT currently operates in the states of New York, California, Michigan and Louisiana, and is working with other state health departments to support expansion. Contact NEXT to forge a new partnership in your community!



How to Sustain Efforts

Keeping up momentum for tasks such as emergency preparedness planning can be a challenge, especially when many are feeling fatigued and competing priorities arise. Here are some tips to sustaining efforts:

- Continue to provide support to harm reduction programs to operate in ways that are highly accessible. Relaxed regulations during COVID-19 have resulted in fewer barriers to MAT.
- Schedule internal meetings as well as check-ins with community partners as appropriate to ensure alignment on (and to make iterations to) the emergency plan.
- Try to anticipate future funding disruptions, and if possible, plan for utilization of discretionary funds.



About CIE

The Empowering to Improve Replication Project is an intervention-based, implementation science pilot program led by NASTAD's Center for Innovation and Engagement (CIE) in collaboration with Northwestern University and Howard Brown Health. CIE is funded by HRSA's HIV/AIDS Bureau (HAB), RWHP Part F, Special Projects of National Significance (SPNS), under a three-year cooperative agreement entitled Evidence-Informed Approaches to Improving Health Outcomes for People with HIV.

The purpose of this initiative is to identify, catalog, disseminate, and support the replication of evidence-informed approaches and interventions to engage people with HIV who are not receiving HIV health care or who are at risk of not continuing to receive HIV health care. Learn more at www.CIEhealth.org and www.TargetHIV.org/CIE.

Acknowledgements

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References

- ¹ Glick S. N., Prohaska S. M., LaKosky P. A., Juarez A. M., Corcorran M. A., Des Jarlais D. C. The Impact of COVID-19 on Syringe Services Programs in the United States. *AIDS Behavior*. 2020;24(9):2466–2468. doi:10.1007/s10461-020-02886-2
- ² Currie, J. M., Schnell, M. K., Schwandt, H., & Zhang, J. (2021). Prescribing of Opioid Analgesics and Buprenorphine for Opioid Use Disorder During the COVID-19 Pandemic. *JAMA network open*, 4(4), e216147. <https://doi.org/10.1001/jamanetworkopen.2021.6147>
- ³ Baumgartner, J. & Radley, D. (2021, March 25) The Spike in Drug Overdose Deaths During the COVID-19 Pandemic and Policy Options to Move Forward. The Commonwealth Fund. <https://www.commonwealthfund.org/blog/2021/spike-drug-overdose-deaths-during-covid-19-pandemic-and-policy-options-move-forward>.

Conclusion

Emergency preparedness planning will look different for every organization, depending upon the scope of services provided and resources available. Tapping into community partnerships, seeking feedback from PWUD and revisiting plans regularly to make updates will allow for a seamless rollout—whenever the plan may be needed.

Additional Resources

NASTAD: COVID-19: Suggested Health Department Actions to Support Syringe Services Programs (SSPS)

<https://www.nastad.org/resource/covid-19-suggested-health-department-actions-support-syringe-services-programs-ssps>

NASTAD: Syringe Services Programs, Winter Weather, and COVID-19

<https://www.nastad.org/resource/syringe-services-programs-winter-weather-and-covid-19>

National Harm Reduction Coalition: Harm Reduction Amidst the COVID-19 Pandemic

<https://harmreduction.org/our-work/action/covid-19-harm-reduction-response/>

UN Office of Drugs and Crime: COVID-19 HIV Prevention, Treatment, Care and Support for PWUD

<https://www.unodc.org/unodc/en/hiv-aids/new/covid-19-and-hiv.html>

Vital Strategies: COVID-19 Resources for People Who Use Drugs and Other Vulnerable Communities

<https://www.vitalstrategies.org/drug-use-covid-resources/>