

Harm Reduction Workers' Perspectives on How COVID-19 is Impacting People Who Use Drugs



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INTRODUCTION

COVID-19 resulted in public safety measures such as social distancing, wearing masks, and lockdowns that drastically modified everyday life for many people. Dunlop and colleagues (2020) report that healthcare systems are experiencing unprecedented demand, supply shortage, and treatment services for people who use drugs. As such, Lopez-Pelayo and colleagues (2020) recommend reshaping the current addiction treatment landscape by increasing access through telemedicine and digital solutions, liaison addiction services, keeping harm reduction facilities open, and incorporating more integrated addiction care.

No data exists understanding the impact of COVID-19 on harm reduction workers' and their clients – people who use drugs. Understanding the impact of COVID-19 on this high-risk population is essential for developing outreach services throughout the remainder of the pandemic.

STUDY OBJECTIVES

This qualitative study aimed to explore the impact of COVID-19 on harm reduction services and health effects among people who use drugs in Texas.

Research questions included:

- A. How has COVID-19 impacted the following domains of health among people who use drugs:
 - Stress
 - Mental health
 - Substance use
- B. In what ways has COVID-19 impacted harm reduction coalition (HRC) practices and service delivery in Texas?

METHODS

Design: In-depth qualitative interviews were conducted among Harm Reduction Workers across Texas.

Recruitment and Sample: Harm Reduction Workers (N=14) were recruited by local searches and referrals through various organizations across Texas. See Table 1 for demographic data.

Data Collection: Interviews were conducted between April-August 2020, were 60-90 minutes long, and followed a semi-structured interview guide.

Data Analysis: Each interview was audio-taped and transcribed verbatim. Transcripts were coded by trained research assistants. Data were analyzed using Applied Thematic Analysis. Data presented are preliminary analyses using a framework matrix.

RESULTS

Theme 1: Increased drug use frequency and risky drug behaviors among PWUD due to changes in supply and demand of illicit drugs

"COVID-19 is increasing everything; it's increasing demand, use, anxiety; it's increasing not seeking professional help; it's increasing not being tested; it's increasing socializing. I feel like everything is being impacted in an increased way."
- Female, Participant 120

"I wasn't thinking about [it]...in terms of what are new risks [PWUD] have to engage in to get the stuff that they need... it's impacted them by not being able to get their dope. A couple of major drug dealers have closed up shop. They are going to go outside their social network, go outside their communities to get what they need so you know that puts them at higher risk of not only COVID-19 but also police persecution, overdose, and of course folks are not gathering like they would before all of this was happening, so we're not going to capture overdose events like we were doing because gatekeepers are also reluctant to have folks come in their house. I think it's going to impact tremendously in the amount of overdose events occurring" - Male, Participant 107

Classification	Count
Gender	
F	7
M	7
County	
Travis	10
Williamson	1
El Paso	1
Harris	1
Waco	1
Position Title	
HRC Volunteer	2
Executive Leadership	8
Community Leader	1
Program Coordinator	1
Health Care Provider	1
Peer Recovery Specialist	1

Table 1. Participant Characteristics

Theme 2: Increased demand for treatment and services

"The demand [for harm reduction services] has increased... what we are noticing is that people are coming in from areas outside of Austin to get some of the services... people are coming in with just a lot more need than usual." - Female, Participant 116

"...with the borders being closed we were seeing people not having access to heroin and they were really sick [withdrawal], and we thought 'Well that's going to result in more people coming to us' which it has. And that's great that they're getting into treatment, but then we've also noticed because of COVID -19, a lot of people can't afford treatment so they're weaning themselves off their methadone which is not good either. So we've seen a dramatic increase in our intakes because of the borders closing, but then our existing patients can't afford treatment...." - Male, Participant 117

Theme 3: Inability to access substance use treatment and harm reduction services

"You've already seen it with some treatment programs closing, talking about closing permanently..." - Female, Participant 119

"We scaled back instead of providing services 5 days a week, ... now that we are going out two days a week... What we are noticing is that people are coming in from areas outside of Austin to get some of the services... people are coming in with just a lot more need than usual."

CONCLUSIONS

Results from our study highlight how COVID-19 has caused substantial changes in the drug supply chain which increased demand and riskier drug use behaviors. These changes have created significant challenges to providing harm reduction and treatment services. Mobile outreach service hours have been reduced as voluntary workers are wary of social contact. Also, clean needles and wound care supplies are limited. Safe planning for outreach services is urgently needed. **One important step is to increase the amount of appropriate personal protective equipment for harm reduction workers.** This will increase the sense of safety among volunteers and in turn may increase mobile outreach operating hours.

Our study of harm reduction workers' perceptions of COVID-19 impacts among the drug-using population is one of many studies about the pandemic and drug use that will emerge. Our study is unique, however, in that understanding the perspectives of harm reduction workers will provide grassroots level information about treatment services by "non-traditional" providers. Services provided by harm reduction workers fill an important gap for individuals who may not have the financial resources to engage with licensed clinicians. Our continuous collection of data will further widen the number of interviews, which will provide a rich pool of information on further research and analysis.

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ACKNOWLEDGEMENTS

This research was supported by grant number HHS 000508300003 from Texas Health and Human Services.

