Thank you for joining
Harm Reduction Services in the Time of COVID-19
Presented by HepVu

Subscribe to HepVu’s newsletter and blog updates:
www.hepvu.org/email

The webinar will begin at 2:00 PM ET
Harm Reduction Services in the Time of COVID-19

Presented by HepVu & Moderated by Heather Bradley, PhD
Assistant Professor of Epidemiology, Georgia State University, Project Director of HepVu
Webinar Objectives

I. Describe the impact of the COVID-19 pandemic on harm reduction programs

II. Identify strategies to promote continued access to these essential services

III. Characterize the long-term impact of COVID-19 on harm reduction programs, policy actions, and potential opportunities for integrated infectious disease response
Speakers

- Don Des Jarlais, PhD, Associate Director, Infectious Disease Epidemiology and Theory Core, Center for Drug Use and HIV, and Professor, NYU School of Global Public Health
- Tyler Bartholomew, Director of Research and Evaluation, The IDEA Exchange
- Daniel Raymond, Deputy Director of Planning and Policy, Harm Reduction Coalition
The Impact of COVID-19 on Syringe Services Programs in the United States

Sara N. Glick¹, Stephanie Prohaska², Paul LaKosky², Alexa Juarez¹, Maria Corcorran¹, Don Des Jarlais³

¹University of Washington, School of Medicine, Division of Allergy and Infectious Diseases, Seattle, WA
²North American Syringe Exchange Network, Tacoma, WA
³New York University, School of Global Public Health, New York, NY
Syringe services programs (SSPs) have become a primary intervention point for many preventive and treatment services.

The COVID-19 pandemic has dramatically changed operations at many SSPs.

But, the pandemic can also present an opportunity for some SSPs to provide COVID-19 screening, linkage to testing, and policy adaptations to better serve persons who inject drugs (PWID).
Conduct a rapid mixed methods assessment of SSP response to the COVID-19 pandemic in the United States (U.S.) to quantify and characterize changes in services provided by SSPs and the potential impact on PWID
METHODS

• Quantitative data were collected by the North American Syringe Exchange Network (including data up through April 16, 2020)

• Qualitative data were collected through interviews with SSP program staff and public health staff who support SSP activities in their jurisdictions

  • Focus on hotspots for COVID outbreak including Detroit, New Orleans, New York City, Philadelphia, and Seattle
• 173 SSPs that responded to the NASEN survey, 43% reported a decrease in availability of services due to COVID-19

• One-quarter (25%) of responding SSPs reported that one or more of their sites had closed due to COVID-19

• Over one-half (53%) of SSPs are prepacking all supplies for participants

• Many increasing the amount of supplies provided to clients, usually 2-4 weeks’ worth at a time

• Over one-quarter (27%) of SSPs reported that they are screening participants for COVID-19 symptoms
Key themes from qualitative interviews included the following:

1. Programs have adapted to maximize the safety of their staff and participants
2. SSP demand remains high
3. SSPs remain essential services for PWID, but this is not always recognized
4. Syringe and naloxone distribution have been prioritized, while HIV and Hepatitis C (HCV) testing have declined
5. SSPs can provide COVID-19 related services to a vulnerable population
The COVID-19 pandemic revealed an urgent and dramatic shift in critical prevention services provided to PWID.

The consequences of COVID-19 among SSPs have also produced opportunities for ingenuity and have pointed a spotlight on the fortitude of these programs.

Programs indicated the desire to retain these changes after the COVID-19 response end: potential new model going forward.

SSPs stressed the importance of their connections with populations with environmental and structural risk factors for serious COVID-19 sequelae.
• Evaluation of services for locations that detected HIV outbreaks among PWID during 2011–2019, in Europe, North America and Israel

• COVID-19 restrictions started March 12-27th in all sites

• OST, SSP, ART services continued, but most sites reported reductions in services and changes in operation
  
  • Reduced or suspended in-person client visits, counselling and new intakes
  
  • OST services reported treatment relapses while ART services reported some treatment interruptions and adherence problems
• Difficulties reported for PWID to meet basic housing, food and hygiene needs due to severe economic challenges, changes in drug supply

• **Service Response:**
  - Take-home medication for extended periods
  - Providing syringes according to needs
  - Long-acting OST
  - Tele-health services
  - Providing food and shelter for homeless PWID.

• PWID were generally not screened for COVID-19 and only one site reported COVID-19 outbreaks among PWID
SSP Operations and Integration of Telehealth Service Delivery during COVID-19

HepVu Webinar: June 11th, 2020

Tyler Bartholomew, PhD Candidate, Prevention Science
Miller School of Medicine, University of Miami
Director of Research and Evaluation, IDEA Exchange
Miami
Disclosures

This work was supported in part by grant funding through the Frontlines of Communities in the United States (FOCUS), Gilead Sciences. The FOCUS program (a branch of Gilead’s Government Affairs division) partners with health care providers, government agencies, and community organizations to implement HIV and hepatitis C virus screening programs and develop replicable models that embody best practices in screening and linkage to care. The program pays for partial salary support for principal investigators to develop protocols and manage the screening program, administrative staff to assist with data acquisition and linkage, and meeting-related travel expenses.
In 2016, the State of Florida passed the Infectious Disease Elimination Act (IDEA) that authorized the University of Miami to open a pilot syringe service program in Miami-Dade County.

The program offers fixed and mobile a one-for-one needle exchange, safe injection packs, nasal naloxone, harm reduction packs, HIV/HCV testing, referrals, and linkage to HIV, HCV, and substance use treatment.

Through May 2020, the IDEA Exchange has served over 1,400 individuals, exchanged 520,000 syringes, distributed 3,300 boxes of nasal naloxone and administered nearly 2,500 HIV and HCV tests.
Weekly Exchanges and Ratio of Syringes Given per Exchange

- Lines represent:
  - Syringes per person
  - Total exchanges

Graph shows data from Dec 30 to Jun 7, with notable changes on Feb 28.
Figure 2. Map of HIV client flow post implementation of TTRA pilot program at IDEA.

Individual presents to SSP → Patient enrolls in program & takes Rapid HIV test at IDEA SSP → Is the test positive?

Yes → Offered confirmatory test/enrollment into Test and Treat Services → Does patient accept T & T?

Yes → Confidential confirmatory test given & SFAN CM notified → Total enrollment time ~1.5 hrs.

No → Educate patient about harm and risk reduction, direct to additional services as needed → Patient continues with anonymous participation at IDEA SSP

~15-20 min

~10 min

~2.5 hrs.

Medicaid or other insurance notified → Is patient RW eligible?

No → Patient leaves with supply of ARV and follow-up appointments

Yes → IDEA CM escorts patient to a provider and specialty pharmacy

IDEA sends forms & 1628 form to SFAN

Patient signs NOE and consent forms
IDEA PWID experiencing homelessness accessing HIV care via Telehealth

- IDEA team notified of appointment
- Team dispatched to field with iPad and hotspot OR participant comes to IDEA for Zoom meeting
- Prescriptions written
- Controlled substances sent electronically
- Medications delivered
- New capabilities: labs drawn in the field
Preliminary Outcomes of Telehealth HIV Care

- **22** IDEA Ryan White (new and re-enrollments) via Telehealth
- **18** IDEA HIV Provider Appointments since 3/31
- **41** under medication management at IDEA
UMiami IDEA CLINIC
COVID-19 UPDATE

TELEHEALTH APPOINTMENTS
- Suboxone prescriptions
- Medication Refills
- Mental Health Counseling
- Abcess Evaluations
- General check ins!
- General check ins!

To request an appointment, visit:
tinyurl.com/IDEAtelehealth

Call or Text: 786-505-6780
docsideaexchangeclinic@gmail.com
32 IDEA Clients requested telehealth appointments

22 of these requests were for medication for opioid use disorder (MOUD)

15 MOUD Prescriptions sent to pharmacy
Acknowledgements

IDEA Team: Hansel Tookes, David Forrest, Edward Suarez, Carlos Padron, Emelina Martinez, Elisha Ekowo, Chevel Collington, Gabriel Cardenas, Frankie Martinez, Donald Crews, Belen Hervera, Noby Nakamura

IDEA DOCS Students: Marcus, CJ, Megan, Brianna, Aihnoa, Sam
3 Scenarios for SSPs in the COVID-19 Era

Daniel Raymond
@danielbraymond

Harm Reduction Coalition
www.harmreduction.org
Scenario 1: Public Health Integration

A renewed national commitment to investing in public health ushers in an expansion of SSPs as essential infrastructure:

• State-level policy reforms
• Dedicated federal funding stream
• Rapid growth of new programs in diverse settings
Scenario 2: Retrenchment and Reversal

Recessionary pressures resulting in state and local budget deficits, combined with new manifestations of stigma, jeopardize current and future SSPs:

- State & local budget cuts result in program closures
- Increased suspicion of PWUDs as potential vectors for COVID-19 transmission (“superspreaders”)
- Heightened polarization closes window of opportunity for policy change
Scenario 3: Rethinking Harm & Safety

Advocacy pressures to defund police result in broad shifts across communities in the role and value of harm reduction programs:

• Deprioritization/decriminalization of arrests & incarceration targeting PWUD
• Transfering resources & responsibilities for drug-related problems to communities
• Expansion of grassroots harm reduction models that are accountable to communities for addressing equity/disparities
Building towards the Future

• The three scenarios are not mutually exclusive
• The prospects and possibilities for each scenario may be unevenly distributed across the country
• Each of them call for a heightened degree of coordination, alignment, and advocacy
Questions?

Please submit your questions in the Q&A box. Thank you for joining!
Learn more at HepVu.org

info@hepvu.org
HepVu
@HepVu

Subscribe to periodic updates at HepVu.org/email