

Impacts of COVID-19 on Syringe Service Programs: Have COVID-19 related disruptions ceased, and can positive adaptations be sustained?

Maria A. Corcorran¹, Elizabeth Austin², Elsa Briggs², Nicky Cotta¹, Jessica Chen², Czarina Behrends³, Shashi Kapadia^{3,4}, David C. Perlman⁵, Don C. Des Jarlais⁶, Bruce R. Schackman³, Emily C. Williams², Sara N. Glick¹

¹ Department of Medicine, University of Washington, Seattle, WA, USA; ² Department of Health Systems and Population Health, University of Washington, Seattle, WA, USA; ³ Department of Population Health Sciences, Weill Cornell Medical College, New York, NY, USA

⁴ Division of Infectious Diseases, Weill Cornell Medical College, New York, NY, USA; ⁵ Division of Infectious Diseases, Mount Sinai Beth Israel, Icahn School of Medicine at Mount Sinai, New York, NY, USA; ⁶ School of Global Public Health, New York University, New York, NY, USA

BACKGROUND

Prior work from our group demonstrated challenges faced by SSPs during the COVID-19 pandemic:

- Limited participant interactions
- Decreased HIV and HCV testing
- Barriers to linkage to care

Over 2 years into the pandemic, we sought to understand the ongoing impacts of COVID-19 on the provision of harm reduction services.

METHODS

- We conducted semi-structured interviews with SSP staff between April and June 2022.
- Programs were recruited from a random, geographically-stratified sample of SSPs in the NASEN directory.
- All interviews were conducted remotely; interviews were audio-recorded and transcribed.
- Transcripts were analyzed using a rapid assessment process (RAP), an intensive, iterative process that allows for rapid analysis of time-sensitive data.

RESULTS

- 25 programs interviewed
- Characteristics of participating SSPs:
 - 27% Northeast; 31% Midwest; 23% South; 15% West; 4% U.S. Territories
 - 27% public health affiliated; 65% independent non-profit
 - 62% needs-based syringe distribution

Changes to Syringe Distribution

- **Increase in the number of syringes** distributed despite a **decrease in encounters**.
- **Increase in secondary exchange and needs-based exchange** has facilitated syringe distribution and allowed SSPs to reach harder-to-reach populations.
- **Expansion of mobile delivery** has expanded SSP's geographic and population reach.
- **Challenges remain in staffing** both mobile and fixed-sites, as well as procuring supplies.

"We're doing a lot more mobile and popup sites than we were prior to COVID. The number of folks that we're seeing has gone down just a little bit per week, but I also think that that's because folks are getting more supplies, and just not coming out as much."

Changes to Participant Population

- Many SSPs are **reaching more vulnerable/harder-to-reach communities**.
- Changing drug use patterns (e.g., increase in fentanyl, xylazine) has impacted participant needs and made **overdose prevention more challenging**.
- **Housing instability among SSP participants** has led to challenges locating participants.

[...] the safety nets that existed during COVID for people in terms of evictions and housing, and like that has changed, and that is problematic in that people are dispersed and have nowhere to go."

Changes to HIV and HCV Testing

- Most SSPs are doing **less HIV and HCV testing** than pre-COVID.
- SSPs with HIV/HCV testing pre-pandemic have **not yet resumed or are just restarting**.
- Some SSPs **lost community partnerships for testing and treatment**, limiting capacity to test and options for follow-up.
- Some SSPs adapted to do **outreach-based testing** at mobile or non-traditional settings.
- There is a **need to retrain staff**, as testing certifications lapsed during the pandemic.

"What's been hurt more than anything at our exchange is our testing. Because our partner organization pulled back, and we didn't have an in-house tester."

What Does "Return to Normal" Look Like?

- **Return to normal is unknown**, and SSPs anticipate more change and unpredictability.
- "Normal" does not mean going back to pre-pandemic approaches, but a **new normal that integrates lessons learned for service adaptation** (e.g., mobile delivery) during COVID-19.
- **Increased need for funding to support harm reduction services**, particularly given new models for service delivery and demand for increased supplies.

"I guess it feels like we've gone back to what we were doing before the pandemic and now we also have all these additional capacities. This is the new normal for us. COVID is here. We have to deal with it and we can continue providing better services than ever, despite it."

CONCLUSIONS

- Participant and syringe volume continue to increase; SSPs need stable funding to meet growing demand.
- Adaptive and flexible models for syringe exchange should remain long-term, but this will require adequate staffing and funding.
- Large disruptions in HIV and HCV testing are likely to have significant impacts on the health of PWID.

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