

## INTRODUCTION

People who inject drugs (PWID) are a marginalised group disproportionately affected by infectious diseases and who experience barriers to accessing care.

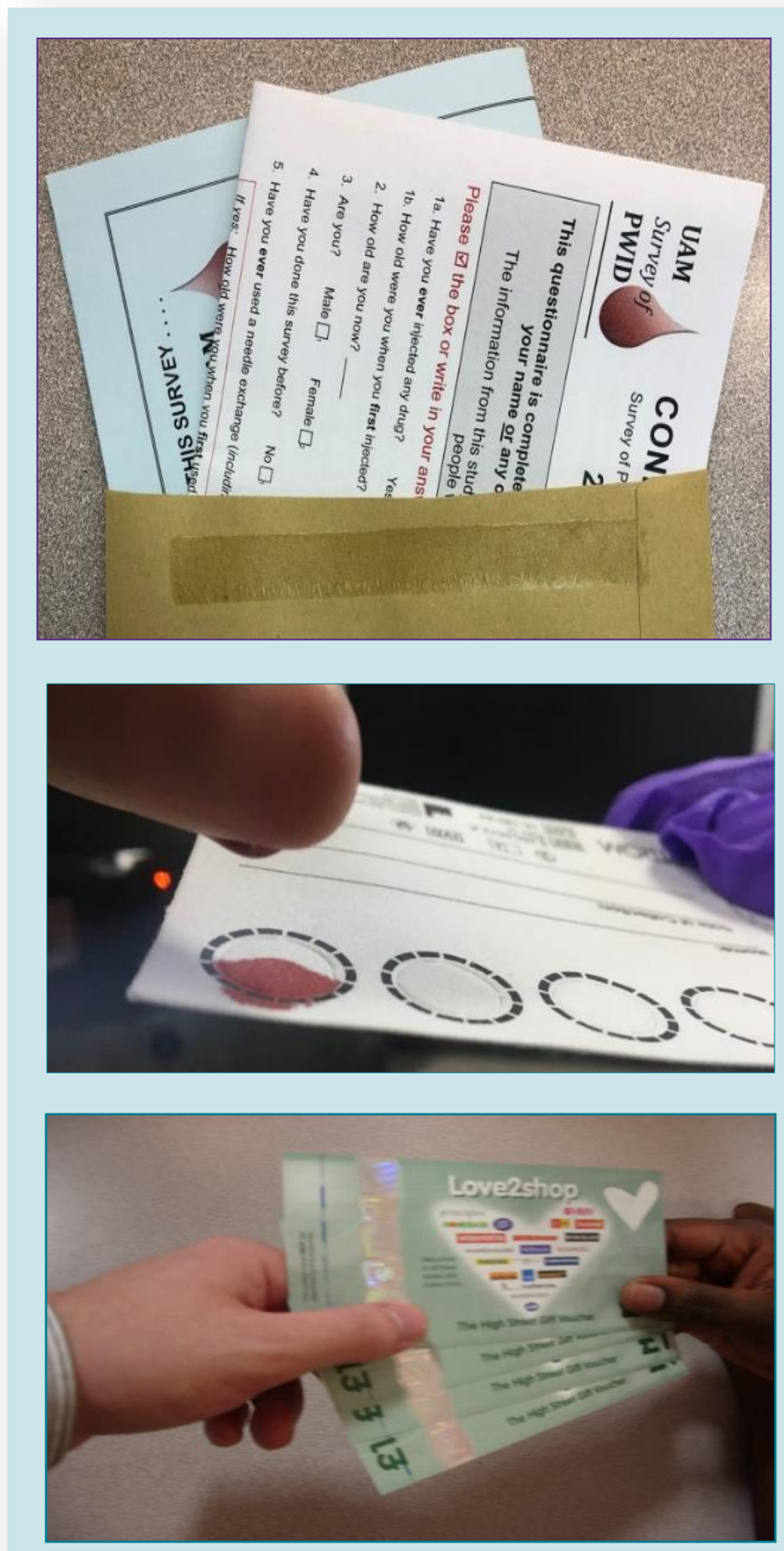
In March 2020, the UK Government introduced unprecedented social and physical distancing measures to reduce transmission of SARS-CoV-2 infection, which causes coronavirus disease (COVID-19).

The COVID-19 pandemic and associated restrictions interrupted healthcare service provision, with staff re-deployed to assist in the response.<sup>1</sup>

Evidence suggests that there was significant disruption to service provision for PWID. Many drug and alcohol services changed their way of working, holding routine client appointments remotely and limiting face-to-face appointments to emergencies or for clients experiencing chaotic lifestyles only.<sup>2,3</sup>

We describe the impact of the COVID-19 pandemic restrictions on the accessibility of harm reduction services for PWID in England, Wales and Northern Ireland (EW&NI).

## METHODS



**Data source:** Unlinked Anonymous Monitoring Survey

- Annual, cross-sectional, bio-behavioural survey (since 1990)
- People who have ever injected psychoactive drugs are recruited from drug and alcohol services in EW&NI.
- Participants provide a dried blood spot (DBS) sample (tested for HIV, HBV and HCV) and self-complete a brief anonymous questionnaire.

**COVID-19 adaption:** option to complete a second brief enhanced COVID-19 questionnaire, instead of providing a DBS sample (June 2020-Dec 2021)

**Harm reduction services:** equipment to use/inject drugs, opioid substitution therapy (OST), naloxone and HIV and/or viral hepatitis testing

**Analysis:**

- Characterise PWID reporting difficulties accessing harm reduction services during the pandemic compared to those reporting no difficulties (Pearson  $\chi^2$ ; significance  $p < 0.10$ ).
- Logistic regression to explore factors associated with experiencing difficulties accessing harm reduction services.

## RESULTS

- There were 498 UAM participants who completed the enhanced COVID-19 questionnaire in 2020 and 1,214 in 2021.
- Overall, 78% (1,332/1,712) of PWID indicated a need for harm reduction services (71% (353) in 2020 and 81% (979) in 2021;  $p < 0.001$ ).
- In 2020, 34% (120/353) of PWID indicated they found accessing harm reduction services more difficult than in 2019. In 2021, this figure was significantly lower at 28% (271/979) ( $p = 0.026$ ).
- Across 2020 and 2021, 18% (184/1,039) of PWID reported difficulty accessing equipment for using/injecting drugs, 18% (194/1,099) HIV and/or viral hepatitis testing, 17% (207/1,204) OST and 9% (102/1,137) naloxone (**Figure 1**). For context, 25% (316/1,283) of PWID reported difficulty accessing drug and alcohol services and 36% (441/1,238) medications other than OST.

- PWID reporting homelessness in the last year, those who injected drugs in the last year, those recruited outside of London, those recruited outside of drug agencies, those sharing any injecting equipment in the last month and those re-using their own equipment in the last month were more likely to report difficulties accessing harm reduction services (**Table 1**).

**Table 1:** Characteristics of people reporting difficulties accessing harm reduction services: England, Wales and Northern Ireland, 2020-2021

Characteristics	n	N	%	p value <sup>‡</sup>	
Gender	Men	289	977	30%	0.802
	Women	99	343	29%	
Age	<35 years	90	310	29%	0.794
	≥35 years	296	993	30%	
Homeless in last year	Yes	187	579	32%	0.027
	No	190	712	27%	
Sex work in last year	Yes	29	85	34%	0.280
	No	344	1202	29%	
Born UK	Yes	357	1204	30%	0.217
	No	27	112	24%	
Injected in the last year	Yes	255	817	31%	0.034
	No	118	461	26%	
Injected in the last month (28 days)	Yes	199	626	32%	0.158
	No	141	505	28%	
Recent initiates to injecting*	Yes	20	89	22%	0.127
	No	356	1182	30%	
Recruitment geography	London	45	219	21%	0.002
	Outside London	346	1113	31%	
Sharing needles/syringes**	Yes	57	133	43%	0.002
	No	136	475	29%	
Sharing any injecting equipment**	Yes	86	238	36%	0.067
	No	109	375	29%	
Reuse of own injecting equipment**	Yes	130	368	35%	0.023
	No	66	248	27%	
Any blood borne virus <sup>†</sup>	Yes	35	150	23%	0.279
	No	202	731	28%	
Overdosed in the last year	Yes	75	249	30%	0.722
	No	295	1018	29%	
Recruitment location <sup>††</sup>	Hostel/Hotel	51	125	41%	0.043
	Drug/alcohol services	53	175	30%	

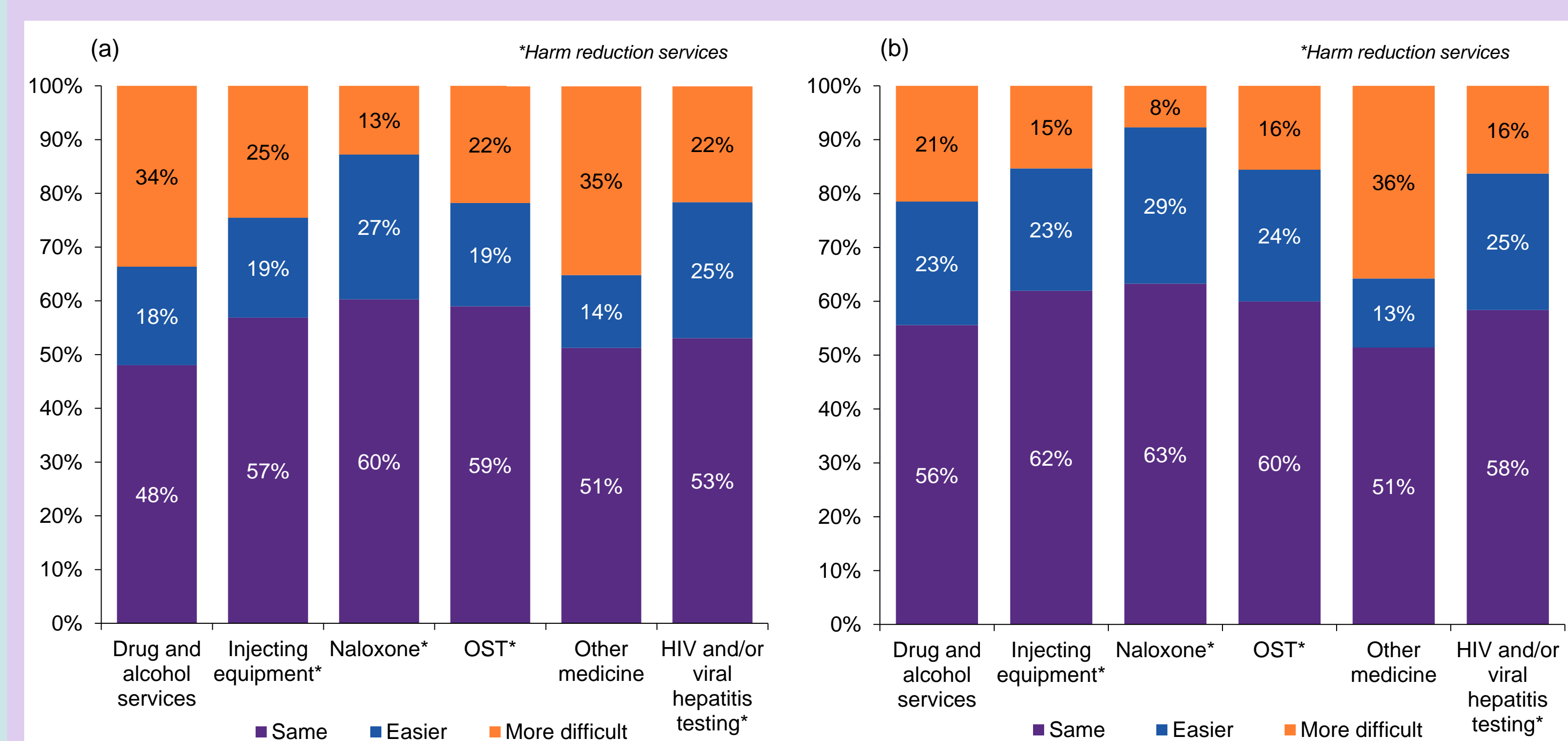
<sup>‡</sup> Pearson's  $\chi^2$  test

\* Those who began injecting in the three years prior to UAM participation

\*\* Among those who reported injecting in the last month (28 days)

<sup>†</sup> Current infection of HIV (antibodies to HIV), hepatitis B (hepatitis B surface antigen), and/or hepatitis C (RNA). Not all participants in the UAM in 2020 and 2021 provided a DBS.

<sup>††</sup> Question only asked of UAM participants in 2020; not included in multivariable logistic regression.



**Figure 1:** Accessibility of services for PWID in (a) 2020 and (b) 2021 compared to in 2019: England, Wales and Northern Ireland

- Between 2020 and 2021, access to some harm reduction services improved, with fewer people reporting difficulties accessing equipment for using/injecting drugs ( $p = 0.003$ ), OST ( $p = 0.019$ ) and naloxone ( $p = 0.036$ ) (**Figure 1**). However, there was no improvement in access to HIV and/or viral hepatitis testing ( $p = 0.111$ ).

- After adjusting for all variables significant in **Table 1** ( $p > 0.10$ ), as well as gender and age, only sharing needles and syringes remained significantly associated with reporting difficulties accessing harm reduction services. (adjusted odds ratio: 1.78; 95% confidence interval: 1.00-3.16;  $p = 0.048$ ).

## DISCUSSION AND CONCLUSIONS

These analyses highlight PWID reported difficulty accessing essential harm reduction and prevention services in 2020 and 2021 compared to in 2019.

Encouragingly, fewer PWID reported difficulties accessing services in 2021 compared to 2020.

Experiencing difficulties accessing harm reduction services was associated with sharing needles and syringes.

Continued monitoring is needed to understand the wider impact of these barriers on national HIV and viral hepatitis elimination efforts, and health inequalities experienced by PWID.

These analyses also show that some PWID found services easier to access during the COVID-19 pandemic. This is likely reflective of implementation of novel approaches to service delivery, such as home delivery of injecting equipment and distribution of self-testing kits.<sup>2,3</sup>

Limitations:

- The sample of PWID recruited to the UAM Survey are those in contact with specialist drug and alcohol services.
- Participants who took part in 2021 were not the same as those who took part in 2020, so caution should be taken in interpreting the difference across years.
- Risk behaviours are self-reported by PWID and may be influenced by both recall and social desirability bias. Nevertheless, self-reporting of risk has been found to be reliable;<sup>4</sup> social desirability bias was reduced through self-completion of the questionnaire and limiting the demographic information collected.

## ACKNOWLEDGEMENTS

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## REFERENCES

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