Harm reduction, COVID-19 and vaccines

UNODC Technical Guidance
Capacity building
In partnership with Harm Reduction International
March 2022

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1. Harm reduction services rising to the challenge (25mins)

2. Maintaining good practice in the implementation of COVID-19 safety measures (25mins)

10 minutes break

3. Vaccines and harm reduction services (70min)

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1. Harm reduction services rising to the challenge

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COVID-19 and harm reduction

The pandemic has highlighted:

- Civil society organisations and peer networks are pivotal in providing access to information and services
- Harm reduction services are key in linking key populations to other social and health care services
- Networks of people who use drugs are:
  - contributing to service delivery (e.g. secondary needle dist.)
  - providing input for other harm reduction service providers
  - disseminating crucial information among the community of people who use drugs

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Disruptions in service delivery

- Early 2020: COVID-19 measures (lockdown, physical distancing, etc) seriously disrupted harm reduction service delivery across the globe
- In 2020, harm reduction services were:
  - Completely disrupted in 30% of countries
  - Partially disrupted in 35% of countries
- End of 2021:
  Some level of disruption in half of countries

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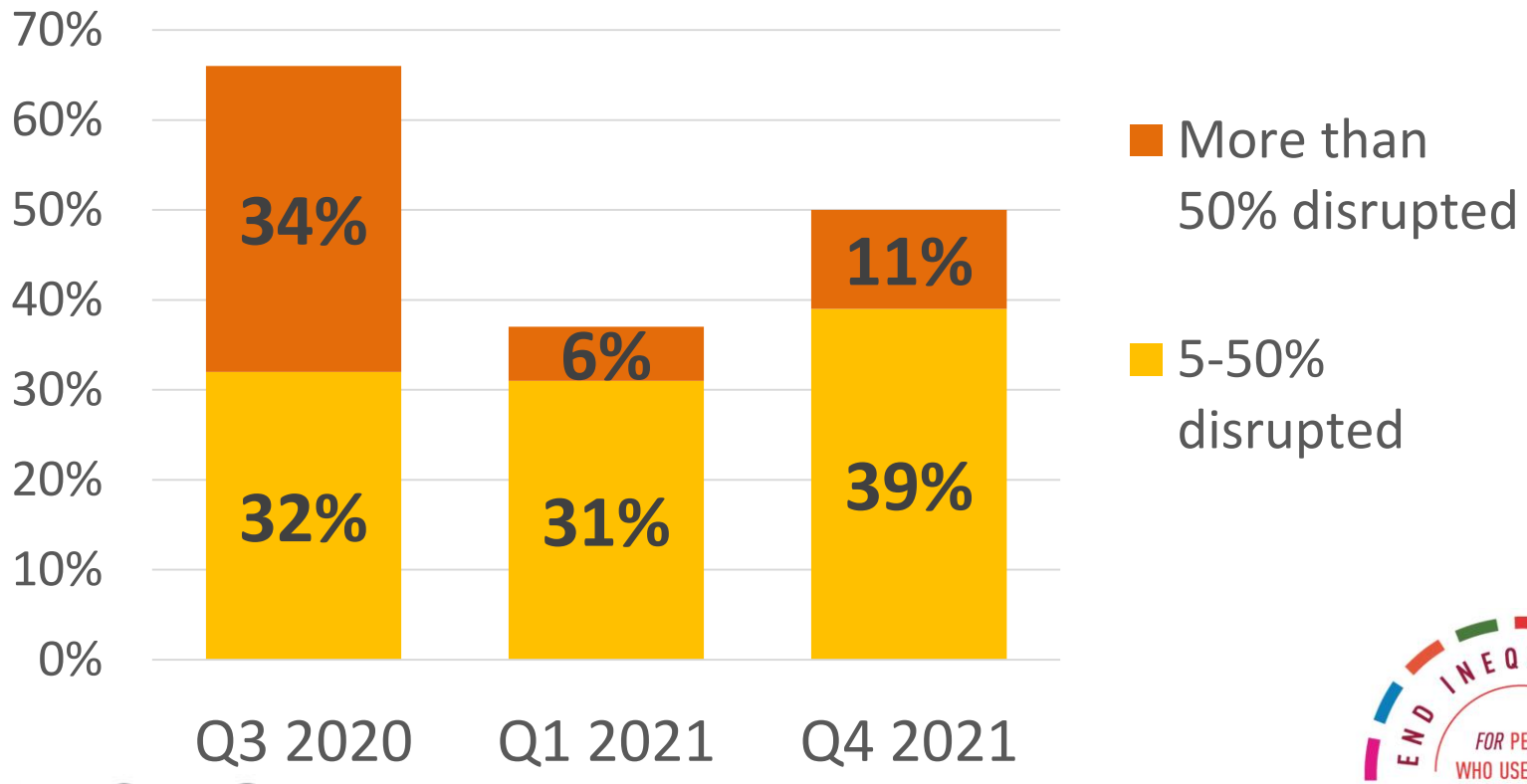
Disruptions in service delivery

Disruptions in critical harm reduction services in countries that responded to all three survey rounds



WHO (2022) Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic: November–December 2021.

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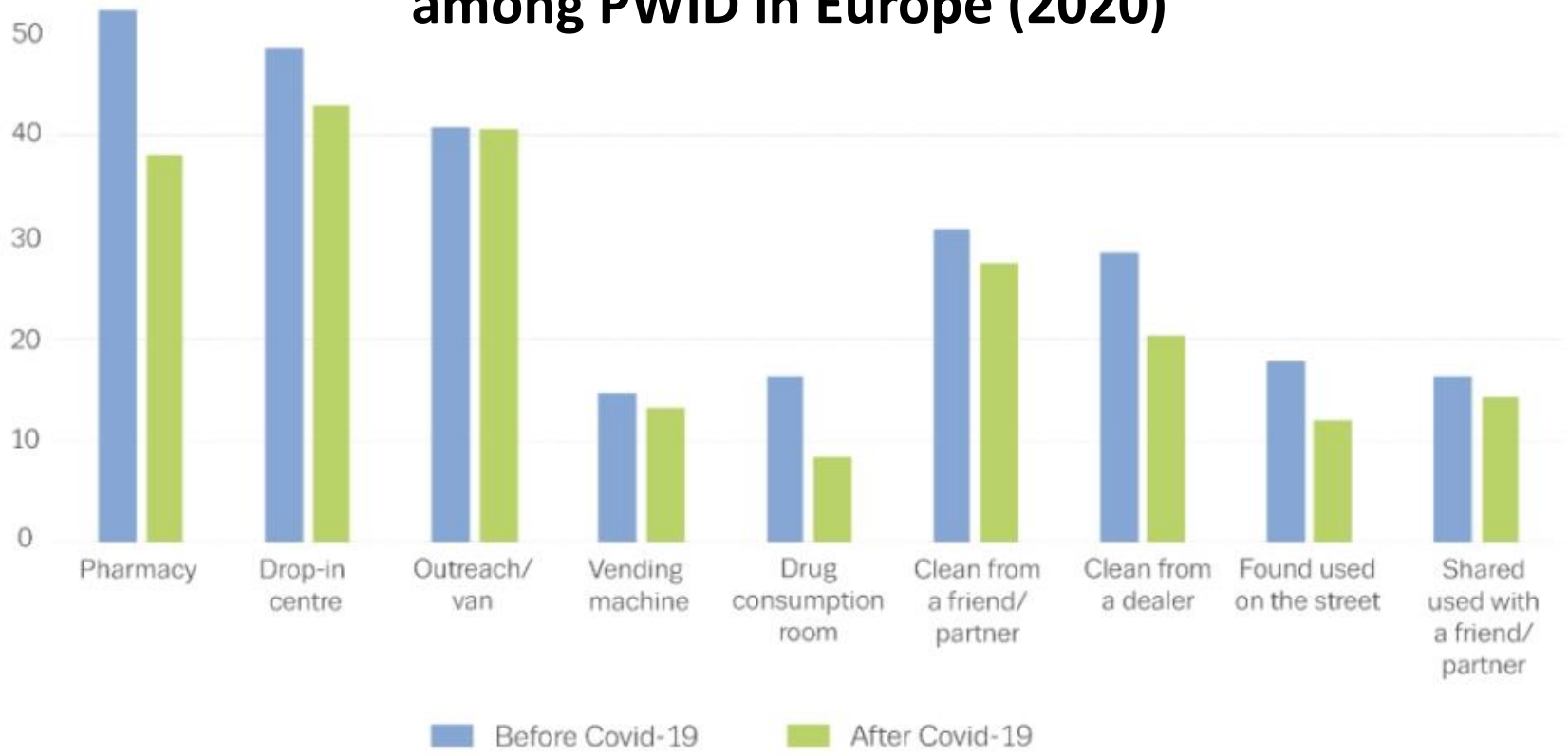
Disruptions in service delivery

Access to syringes before and after COVID-19 among PWID in Europe (2020)



EMCDDA (2020) EMCDDA trendspotter briefing - Impact of COVID-19 on drug services and help-seeking in Europe | www.emcdda.europa.eu. 2020.

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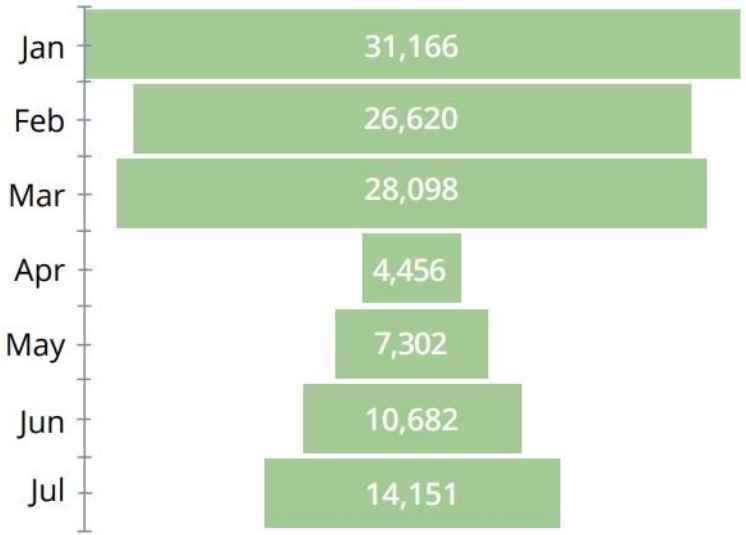
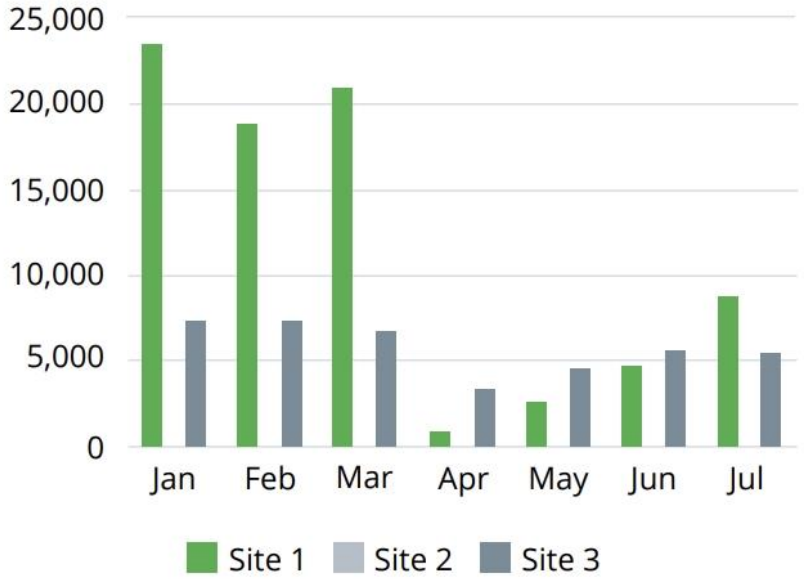
Disruptions in service delivery

Number of needle and syringes distributed via three sites in Nepal and India (January to June 2020)





Choudhury L. (2020) The impact of COVID-19 on harm reduction in seven Asian countries. London: Harm Reduction International;

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Adaptation to the pandemic reality 1/2

- Harm reduction services proved resilient, adapted quickly and effectively
- Adopted COVID-19 prevention measures, adjusted service delivery and methods to maintain service coverage
- Integrated innovative modes of service provision, for example:
  - mailing harm reduction equipment/commodities to clients
  - offering online, phone or video consultations
  - increased outreach activities

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Adaptation to the pandemic reality 2/2

- Opioid agonist treatment regulations were eased in many countries
  - expanded take-home periods
  - home delivery of OAT or distribution in outreach settings
  - reduced waiting periods and initiation

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Discussion

- How has your service/organisation/network adapted to COVID-19?
- What has your service/organisation/network experience been regarding service disruption?

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2. Maintaining good practice in the implementation of COVID-19 safety measures

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Vulnerability of PWUD and PWID

- Consequences of the pandemic disproportionally impacted the most marginalised and criminalised communities
- PWUD, PWID are more likely to experience social and economic disadvantage, stigma and discrimination
- PWID can have underlying medical conditions that enhance vulnerability, for example:
  HIV, viral hepatitis C, TB

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Vulnerability of PWUD and PWID

- People who smoke or inject drugs: higher risks and vulnerabilities of COVID-19
  - smoking or inhaling increases COVID-19 related risks
  - long history of opiate or stimulant use can lead to compromised immune system
- The COVID-19 measures and restrictions introduced (e.g. physical distancing, isolation, stay-at-home orders, travel restrictions) also negatively affected people who use drugs.

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Vulnerability of PWUD and PWID

- Restrictions disrupted access to services and increased adverse mental health impacts
- These circumstances can also lead to an increased risk of drug use and overdose
- PWUD experiencing unstable housing may be less able to maintain self-isolation or adhere to physical distancing rules

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Vulnerability of PWUD and PWID

- Practical examples from peers from Indonesia

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COVID-19 and harm reduction

Recommended steps for integrating COVID-19 measures:

- Carry out situational analysis for COVID-19 safety measures (local laws and policies, data sources, stakeholder analysis, programme resources)
- Implement service adaptations (integrate COVID-19 measures)
- Develop information materials (to ensure the availability of clear, accessible, evidence-based information)
- Train the harm reduction workers
- Ensure community involvement throughout

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Situational analysis for COVID-19 measures

- Assessment of local law and policy environment, restrictions
- Identify national and local public health data sources that can be used to assess the pandemic risks and overall COVID-19 situation
- Identify relevant national and local public health actors
- Assessment of programme resources

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Service adaptations

Essential measures to integrate:

- Face masks (+other PPE appropriate/accessible to the service)
- Physical distancing
- Strict hand hygiene, use of alcohol-based rubs or soap and water
- Regular cleaning and disinfecting (especially frequently touched surfaces)
- Limit the number of people in closed spaces to avoid crowded indoor settings
- Appropriate ventilation of indoor spaces

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Develop information materials

- Information materials could include topics like:
  - COVID-19 prevention
  - Proper use of PPEs
  - Extent of travel bans, levels of lockdown, curfew times, etc
  - Information on vaccines and access to vaccination
- Promote/disseminate materials on harm reduction strategies for PWUD

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Discussion

- What has worked well in your city in terms of rolling out COVID-19 safety measures?
- Where have the major challenges arisen?

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3. Vaccines and harm reduction services

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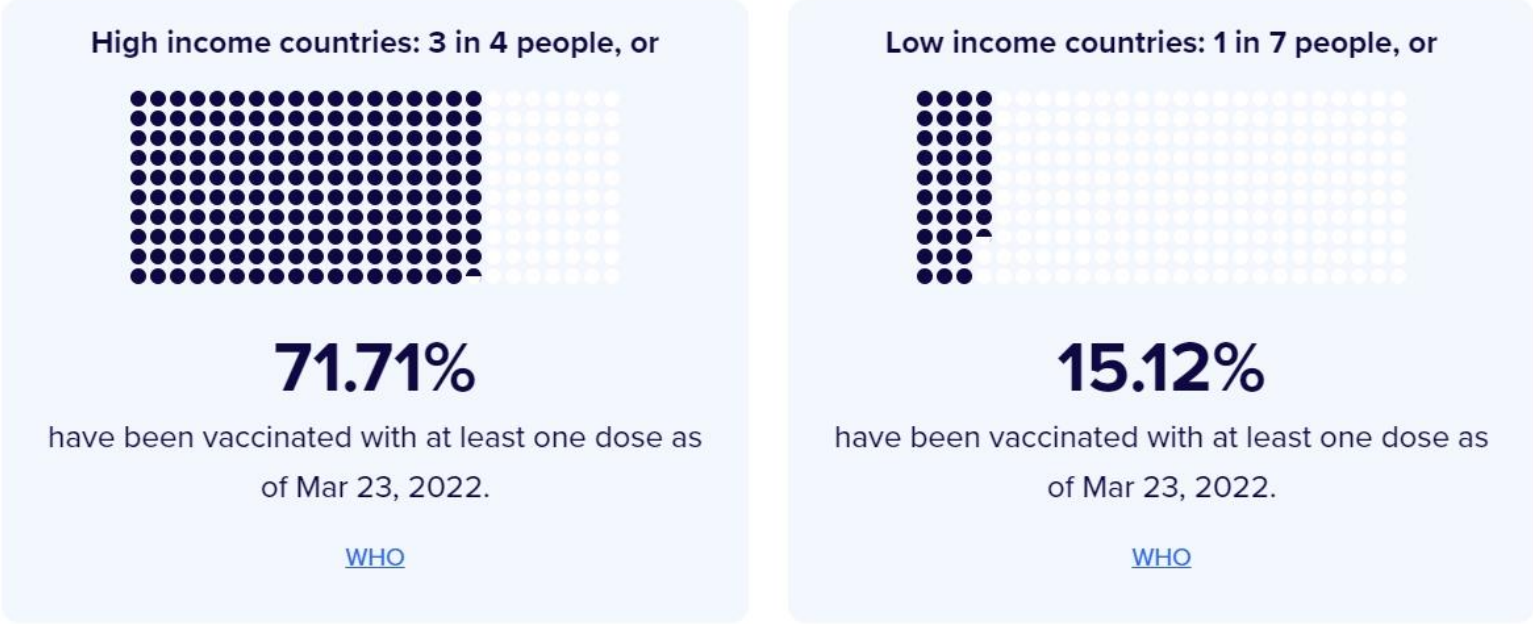
Vaccine equity

- Vaccines should be allocated across all countries based on needs and regardless of their economic status



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Why integrate vaccines into harm reduction?

- PWUD have multiple vulnerabilities to COVID-19, must have appropriate access to vaccines
- PWUD often experience stigma, discrimination, mistreatment in traditional health care settings
- COVID-19 vaccine hesitancy is a major problem in general
- Recent studies show PWUD can have considerable rates of vaccine hesitancy

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Why integrate vaccines into harm reduction?

Two studies on COVID-19 vaccine hesitancy among PWID

- Melbourne, Australia (Dietze et al 2022):
  PWID: 58% would be vaccinated,
  20% undecided, 22% would not
- San Diego-Tijuana border region (Strathdee et al 2021)
  32,3% of PWID were hesitant
  to receive COVID-19 vaccine

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Steps recommended

- Full situational assessment
- Estimate the number of clients that will require vaccination
- Establish links with public health authorities and other partners involved in the COVID-19 vaccination
- Identifying suitable pathways to integrate COVID-19 vaccines
- Identify the COVID-19 vaccination provider, and develop a vaccination plan
- Advocacy for vaccines for people who use drugs
- Develop a COVID-19 vaccine outreach plan and information materials
- Train harm reduction workers

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Full situational assessment

Aim: identify an appropriate and feasible way to integrate COVID-19 vaccination into harm reduction services

- **Meaningfully involve the community**

- Policies, laws and regulations
  - What are the rules relating to vaccine administration and storage?
  - Is it possible outside formal health care settings?
  - Are there barriers related to eligibility?

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Full situational assessment

- Vaccines
  - A comprehensive list of available vaccines
  - Requirements regarding each vaccine

- Stakeholder analysis
  - Relevant national and local public health actors
  - Local social/health services responsible for coordinating vaccinations
  - Possible partners in advocacy or implementation

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Full situational assessment

- Programme resources
  - Financial resources
  - Physical environment of the programme
  - Characteristics of the building or office
  - Opening hours
  - Number of harm reduction workers available
  - Knowledge and skillset of harm reduction workers
  - Volunteers

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Estimating the number of clients for vaccination

- Aim is to get most people vaccinated, though priority groups are defined in the general population, same can be done among the clients of the harm reduction programmes
- Possible data sources:
  - national PWID/PWUD estimates
  - national/local HIV, Hep C, TB prevalence est. among PWID
  - service data
  - involve peers
  - ad-hoc survey, (if feasible) qualitative research at the programme

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Establish links with public health authorities and other partners involved

- Established contacts at public health authorities or health care institutions can help identify the actors responsible for COVID-19 vaccination
- Involve relevant actors and partners early during the planning
  - help in finding a suitable pathway to integrate COVID-19 vaccines
  - they will have relevant inputs and practical knowledge
  - this can ensure that all relevant aspects are considered

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Advocacy for vaccines for PWUD

- Vaccines should be made available in an environment that is safe, confidential, without discrimination and tailored to community needs
- Peer involvement throughout advocacy planning and processes
- Specify in the advocacy plan:
  - each target audience
  - the message
  - modes of communication and influence
- Consider cooperation with other advocates
- This is a good opportunity to highlight that harm reduction services are essential public health services

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Pathways to integrate COVID-19 vaccines into harm reduction programmes

- Harm reduction programmes can support PWUD access to vaccines because they are:
  - trusted sources of health-related information
  - providers of counselling (e.g. HIV and Hep C)
  - accessible without stigma and discrimination
- Some critical components supporting vaccination programmes already available at many harm reduction programmes

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Pathways to integrate COVID-19 vaccines into harm reduction programmes

- Three pathways:

  Path 1 – Information and motivation

  Path 2 – Cooperation

  Path 3 – Fully integrated vaccination service

- These pathways are general approaches to integration (not comprehensive but illustrative)
- Service providers can start in one and build up to another
- Timely implementation is key: start with the easiest, prepare for greater integration

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Path 1 – Information and motivation

- When:
  - vaccine related laws and regulations do not permit vaccination at harm reduction site
  - harm reduction services do not have adequate resources to implement
- Aim:
  - address misinformation and misconceptions about vaccines
  - information about how to get vaccinated

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Path 1 – Information and motivation

Key programme elements:

- Information and advice on COVID-19 vaccines
- Information about vaccination sites
- Information on community-friendly vaccination sites
- Developing community-led information materials on vaccines and sites
- Training peer navigators or peer counsellors about COVID-19 vaccines
- Collecting testimonials from vaccinated PWUD and harm reduction staff
- Support clients to register for vaccines
- Support clients to acquire or store vaccination certificates
- Post-vaccine support information
- Organising events about COVID-19 vaccines

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Path 1 – Information and motivation

- Practical examples from peers: KeNPUD, Kenya

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Path 2 – Cooperation

- When:
  - harm reduction programmes have adequate resources (e.g. space, qualified staff)
  - closer cooperation with COVID-19 vaccination programmes is possible
- Aim:
  - decrease barriers to accessing COVID-19 vaccines
  - co-locate the vaccination programmes or build close cooperation
  - support clients to navigate the health care system

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Path 2 – Cooperation

Key programme elements (in addition to path 1)

- COVID-19 vaccination programme co-located at, or positioned close to, harm reduction premises, or regular access to a mobile COVID-19 vaccination programme
- Peer or harm reduction worker support at COVID-19 vaccination sites
- Accompanying clients to vaccination sites
- Involve vaccination partners in events and trainings about COVID-19 vaccines
- Providing post-vaccine support

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Path 2 – Cooperation

- Practical examples:

  Bellhaven Harm Reduction Centre, South Africa

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Path 3 – Fully integrated vaccination service

- When:
  -Where it is appropriate and feasible (e.g. laws and regulations allow, harm reduction staff qualified, etc.)

- Aim:
  - COVID-19 vaccinations are available at a harm reduction service
  - Administered by staff members known and trusted by the community
  - According to client needs vaccines can be organised as a drop-in service or available at specified intervals

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Path 3 – Fully integrated vaccination service

Key programme elements (in addition to path 1 and 2):

- Drop-in COVID-19 vaccination at the service during opening hours
- COVID-19 vaccination days/hours
- Harm reduction services collect data and provide the required data to national/local public health system on vaccination (including receipt of proof of vaccination, QR code, etc.)

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Path 3 – Fully integrated vaccination service

- Practical examples from peers: NUAA, Australia

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Discussion

- Which pathway – 1, 2 or 3 - makes most sense in your city?
  Are there aspects of other pathways that could be adopted? Or hybrid approaches?
  Are there programme elements already implemented at your service?
- What are the most important barriers in integrating COVID-19 vaccines to harm reduction in your city? What are the most urgent/central issues? Identify advocacy targets!

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Summary and conclusions

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