

FACILITATORS AND BARRIERS TO ACCESSING HARM REDUCTION SERVICES IN A RURAL STATE DURING COVID-19

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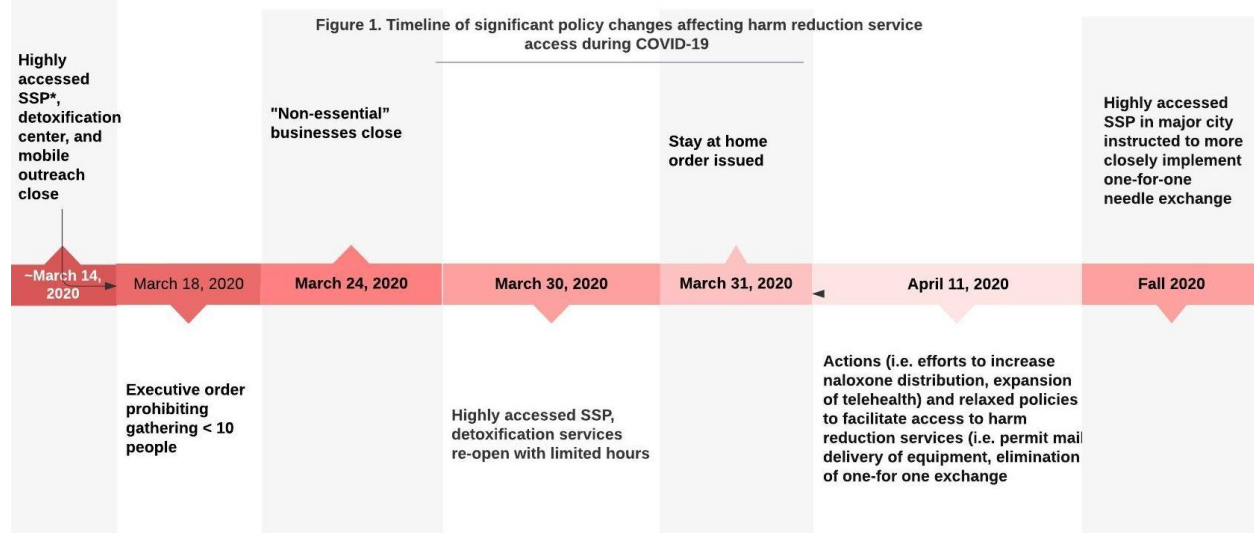
Introduction: The impact of social distancing policies during the COVID-19 pandemic on people who inject drugs (PWID) has varied across regions. Our study objective is to describe the pandemic's impact on PWID access to harm reduction services in a rural state, which has several counties deemed high risk for HIV/hepatitis outbreaks.

Methods: Phone interviews were conducted with rural and urban PWID, harm reduction service providers, and addiction medicine providers in Maine, United States. These interviews focused on changes to services and impacts on access during the pandemic. We focused on access to harm reduction services, which broadly included services such as basic services (i.e. shelter), syringe service programs (SSPs), safe drug supply, low barrier treatment, and peer support. Interviews were audio-recorded and professionally transcribed prior to qualitative analysis. The framework method was used to organize data relevant to specific services. Penchansky's model of access, with Saurman's modification, was used as a theoretical framework to identify six dimensions of access—accessibility, availability, acceptability, affordability, adequacy, awareness.

Results: Thirty-six stakeholders (n=9 community stakeholders, n=9 providers, n=18 PWID) were interviewed. Accessibility to SSPs and treatment was facilitated by policies such as mobile outreach expansion, mail delivery of equipment, and relaxed telemedicine regulations (**Figure 1**). Elimination of the one-for-one needle exchange increased availability, acceptability (i.e. service perception), and affordability for PWID. Implementation of the one-for-one needle exchange in some locations, however, reduced availability and adequacy of SSPs. Other barriers were distrust and stigma, which reduced acceptability of treatment, peer support, safe drug supply, and basic services during the pandemic.

Conclusions: Changes resulting from the COVID-19 pandemic have impacted access to harm reduction services among PWID. We identified several facilitators and barriers around accessing services, particularly in rural areas. These results can inform policies to mitigate complications of drug use, such as infections, on PWID.

Figure 1. Timeline of significant policy changes affecting harm reduction service access during COVID-19



Disclosure of Interest Statement

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