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Canada

# Findings from the Survey on the impact of COVID-19 on the ability to provide STBBI prevention, testing or treatment services, including harm reduction services, in Canada

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## Background and Objective

COVID-19 has changed how healthcare is delivered in Canada. To better understand how the COVID-19 pandemic has affected the ability of healthcare service providers to deliver sexually transmitted and blood-borne infection (STBBI) prevention, testing and treatment services, the Public Health Agency of Canada (PHAC) conducted a survey in November and December 2020.

## Methods

The *Survey on the Impact of COVID-19 on STBBI Service Providers in Canada* included community-based organizations, public health units and other service providers who directly deliver STBBI-related services, including harm reduction and drug treatment services in Canada.

These service providers were invited to complete an online anonymous survey about their ability to deliver, and the demand for STBBI-related healthcare during the COVID-19 pandemic. Information about specific services, and if these services were stopped, reduced or increased, as well as challenges or innovations as a result of the COVID-19 pandemic were collected. All analyses were computed with SAS Enterprise Guide® 7.1.

## Results

In total, 416 service providers participated from all provinces and most territories across Canada (Table 1). Respondents were classified by the types of services they provided[1]:

- STBBI prevention, testing and treatment services (82.7%)
- Support and treatment for people living with HIV and/or hepatitis C (59.9%)
- Harm reduction services (68.8%)
- Drug treatment services (28.9%)
- and other unspecified types of STBBI prevention services (13.7%)

Almost half (46.9%) of the respondents worked in a community-based organization; 26.9% were part of a healthcare clinic or facility; 19.0% were part of a local public health unit and 7.2% worked in a pharmacy or another type of organization or setting. Since the beginning of the pandemic, 77.2% were officially designated as an essential service and 51.2% received additional funding to support their response to the pandemic.

[1] These categories were not mutually exclusive

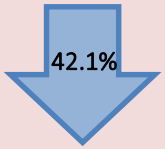
**Table 1. Characteristics of organizations participating in the Survey on the Impact of COVID-19 on STBBI Service Providers in Canada, 2020 (n=416)**

| Characteristic | n | % |
|---|---|---|
| **Province or Territory where organization is located** | | |
| British Columbia | 25 | 6.0 |
| Alberta | 18 | 4.3 |
| Saskatchewan | 35 | 8.4 |
| Manitoba | 31 | 7.5 |
| Ontario | 224 | 53.9 |
| Quebec | 48 | 11.5 |
| Atlantic provinces[a] | 30 | 7.2 |
| Territories[b] | 5 | 1.2 |
| **Size of city or town where organization is located** | | |
| Rural area (population less than 1,000) | 21 | 5.1 |
| Small city or town (population between 1,000 to 29,999) | 53 | 12.7 |
| Medium-sized city or town (population between 30,000 to 99,999) | 36 | 8.7 |
| Large urban centre (population between 100,000 to 199,999) | 50 | 12.0 |
| Large urban centre (population greater than 200,000) | 200 | 48.1 |
| Other: Organization is regional, provincial or national in scope | 56 | 13.5 |
| **Respondent's primary role in organization** | | |
| Frontline health care professional (e.g., physician, nurse) | 158 | 38.0 |
| Manager or Program co-ordinator | 96 | 23.1 |
| Director of organization | 85 | 20.4 |
| Other frontline service provider or non-health care professional | 77 | 18.5 |
| **Key populations served[c]** | | |
| People who use drugs | 353 | 84.9 |
| People living with HIV or hepatitis C and related conditions | 336 | 80.8 |
| People experiencing homelessness | 316 | 76.0 |
| Indigenous peoples | 310 | 74.5 |
| Gay and bisexual men | 300 | 72.1 |
| Transgender persons | 286 | 68.8 |
| People engaged in the sale or purchase of sex | 282 | 67.8 |
| People with experience in the prison environment | 266 | 63.9 |
| African, Caribbean, and Black people | 231 | 55.5 |
| People from countries where HIV, hepatitis B and hepatitis C are endemic | 223 | 53.6 |
| Other populations | 107 | 25.7 |

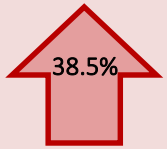
Abbreviations: STBBI, sexually transmitted and blood-borne infection; HIV, human immunodeficiency virus.
Note: The sum of the percentages may not equal 100% due to rounding, unless stated otherwise.
[a] Includes New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador.
[b] Includes Yukon and Northwest Territories.
[c] The proportions for key populations served do not add up to 100% as they were not mutually exclusive; participants could report serving more than one type of key population.

# RESULTS: Demand for and ability to provide services

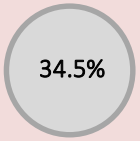
The **demand** for STBBI, harm reduction, drug treatment services and support for people living with HIV and/or hepatitis C has changed for a number of service providers across Canada throughout the COVID-19 pandemic.



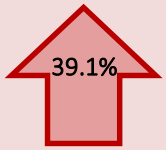

of **STBBI prevention, testing and treatment services** reported a sustained **decrease** in demand




of **Harm reduction services** reported a sustained **increase** in demand

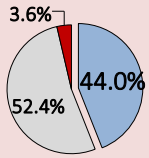



of those that provide **Support and treatment for people living with HIV and/or hepatitis C** reported **no change** in demand

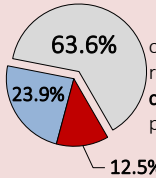



of **Drug treatment services** reported a sustained **increase** in demand

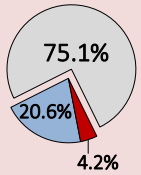
Changes in the **ability to provide** STBBI, harm reduction, drug treatment services and support for people living with HIV and/or hepatitis C varied for service providers across Canada throughout the COVID-19 pandemic.



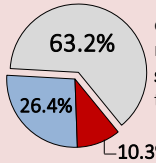

of **STBBI prevention, testing and treatment services** reported a **strong decrease** in the ability to provide these services




of **Harm reduction services** reported **no change or slight changes** in the ability to provide these services




of those that provide **Support and treatment for people living with HIV and/or hepatitis C** reported **no change or slight changes** in in the ability to provide these services

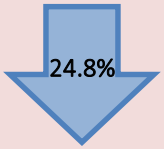



of **Drug treatment services** reported **no change or slight changes** in the ability to provide these services

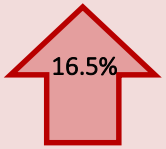
Strong decrease | No change or slight changes | Strong increase

# RESULTS: Staffing, remote services, referrals

## Changes to staffing since the beginning of the COVID-19 pandemic: Increases and decreases




of all service providers reported that staffing levels decreased since the beginning of the COVID-19 pandemic and were still decreased at the time of the survey




of all service providers reported that staffing levels increased since the beginning of the COVID-19 pandemic and were still increased at the time of the survey

## Remote Services

Of all service providers, 80.7% provided remote services since the beginning of the pandemic. Of these:

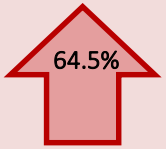
- 20.2% created new remote services for the first time
- 44.9% created new remote services in addition to current remote services
- 14.7% continued with their existing remote services without any new services

## Increased demand for referrals

Since the beginning of the pandemic, among STBBI-related service providers who reported any increase in referring clients to other health and social services (n=184), the types of referral services more in demand included:

- food security (77.7%)
- housing and/or emergency shelters (75.0%)
- health and mental health services (59.8% and 78.3%, respectively)
- harm reduction services (58.2%)

## Changes in the number of drug-use related negative outcomes including overdoses




of harm reduction and drug treatment service providers reported a strong increase in the number of drug use-related negative outcomes including overdoses

# RESULTS: Specific changes within each STBBI-related service, since the beginning of the pandemic

| Harm Reduction Service | Stopped at some point in time | Decreased at some point in time | No change | Increased at some point in time | Service delivery model changed |
|---|---|---|---|---|---|
| Needle, syringe and/or inhalation equipment distribution programs | 10.7% | 26.2% | 15.1% | 27.2% | 20.9% |
| Drop-in centres for PWUD | 54.5% | 24.4% | 6.5% | 4.9% | 9.8% |
| Drug consumption rooms | 27.3% | 29.6% | 13.6% | 15.9% | 13.6% |
| Drug checking services | 22.8% | 19.3% | 40.4% | 15.8% | 1.8% |
| Delivery of safe drug supplies | 15.5% | 22.5% | 20.4% | 37.3% | 4.2% |
| Outreach services | 25.7% | 31.9% | 8.4% | 25.7% | 8.4% |
| Naloxone training and/or provision | 19.1% | 26.8% | 23.4% | 23.0% | 7.7% |
| Peer training, mentorship and support | 34.7% | 34.1% | 11.2% | 12.9% | 7.1% |
| Training to support the meaningful engagement of PWUD and their networks | 37.8% | 30.5% | 13.4% | 11.6% | 6.7% |
| Development and/or dissemination of safer drug use educational resources | 20.8% | 33.7% | 25.3% | 14.9% | 5.5% |

| STBBI prevention, testing and treatment service | Stopped at some point in time | Decreased at some point in time | No change | Increased at some point in time | Service delivery model changed |
|---|---|---|---|---|---|
| HIV testing | 30.8% | 43.9% | 13.1% | 1.5% | 10.6% |
| Hepatitis C testing | 31.0% | 43.7% | 13.8% | 3.5% | 8.1% |
| STI testing | 31.1% | 45.1% | 8.8% | 5.2% | 9.8% |
| STBBI contact tracing and follow-up | 20.8% | 35.4% | 35.4% | 5.6% | 2.8% |
| ART and/or STBBI treatment | 13.9% | 34.0% | 43.8% | 3.5% | 4.9% |
| PrEP and/or PEP provision | 16.7% | 32.4% | 39.2% | 3.9% | 7.8% |
| Condom and/or dental dam provision | 16.6% | 41.5% | 34.1% | 5.5% | 2.3% |
| Mental health counselling | 15.5% | 35.2% | 16.2% | 26.8% | 6.3% |
| Indigenous health or healing practices | 16.9% | 37.1% | 28.1% | 15.7% | 2.3% |
| Peer training mentorship and support | 34.6% | 40.3% | 9.4% | 12.0% | 3.8% |
| Development and/or dissemination of sexual health educational resources | 24.1% | 47.2% | 21.3% | 5.6% | 1.9% |
| STBBI information and awareness including outreach | 33.2% | 43.9% | 10.8% | 9.4% | 2.8% |

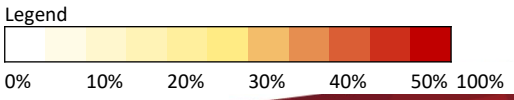
| Drug Treatment Service | Stopped at some point in time | Decreased at some point in time | No change | Increased at some point in time | Service delivery model changed |
|---|---|---|---|---|---|
| Outpatient mental health counselling and psychosocial treatment | 25.4% | 46.3% | 7.5% | 9.0% | 11.9% |
| OST in specialized outpatient treatment centres | 15.4% | 34.6% | 26.9% | 19.2% | 3.9% |
| OST in non-specialized outpatient treatment centres[a] | 24.3% | 27.0% | 21.6% | 18.9% | 8.1% |
| Drug treatment in primary health care settings[a] | 15.9% | 29.6% | 20.5% | 27.3% | 6.8% |
| Drug treatment in primary outpatient mental health care centres | 47.6% | 33.3% | 14.3% | 4.8% | 0.0% |
| Drug treatment in hospital-based residential settings[b] | 53.3% | 26.7% | 20.0% | 0.0% | 0.0% |
| Drug treatment in non-hospital based residential settings[c] | 42.9% | 33.3% | 14.3% | 4.8% | 4.8% |
| Drug treatment in correctional settings | 47.1% | 29.4% | 23.5% | 0.0% | 0.0% |
| Indigenous health or healing practices | 27.3% | 40.9% | 20.5% | 9.1% | 2.3% |
| Overdose prevention and response | 17.1% | 25.7% | 22.9% | 30.0% | 4.3% |

[a] Where service is provided by a physician or nurse practitioner.
[b] Such as a psychiatric hospital.
[c] Such as therapeutic communities.

| HIV and/or hepatitis C support and treatment service | Stopped at some point in time | Decreased at some point in time | No change | Increased at some point in time | Service delivery model changed |
|---|---|---|---|---|---|
| Medical treatment[a] | 12.1% | 51.8% | 22.9% | 3.6% | 9.6% |
| Viral load monitoring | 16.4% | 46.3% | 29.9% | 1.5% | 6.0% |
| Mental health counselling | 16.2% | 44.4% | 9.1% | 23.2% | 7.1% |
| Outreach support | 25.0% | 36.7% | 7.5% | 25.8% | 5.0% |
| STBBI testing | 34.8% | 40.2% | 15.2% | 0.0% | 9.8% |
| STBBI contact tracing and follow-up | 21.7% | 33.3% | 36.7% | 0.0% | 8.3% |
| Linkage to or provision of allied health care | 13.0% | 54.2% | 16.8% | 11.5% | 4.6% |
| Linkage to or provision of social support services[b] | 12.1% | 37.9% | 15.9% | 29.6% | 4.6% |
| Indigenous health or healing practices | 9.8% | 57.4% | 18.0% | 13.1% | 1.6% |
| Peer training, mentorship and support | 33.3% | 43.9% | 7.9% | 7.9% | 7.0% |
| Development and/or dissemination of sexual health educational resources | 23.3% | 45.8% | 16.7% | 9.2% | 5.0% |
| STBBI information and awareness including outreach | 27.1% | 41.8% | 16.4% | 9.0% | 5.7% |
| Support groups for people living with HIV and/or hepatitis C | 49.4% | 28.1% | 6.7% | 5.6% | 10.1% |

[a] Included treatment and adherence support and hospice care.
[b] Included housing, emergency shelters, food, or financial support.

Abbreviations: STBBI, sexually transmitted and blood-borne infection; PWUD, people who use drugs, HIV, human immunodeficiency virus; STI, sexually transmitted infection; ART, antiretroviral therapy; PrEP, pre-exposure prophylaxis; PEP, post-exposure prophylaxis; OST, opioid substitution therapy.
Note: Proportions were calculated from total counts for the corresponding indicator excluding "don't know", "refused" and "not stated" values. The sum of the row percentages may not equal 100% due to rounding, unless stated otherwise.



Service providers identified service delivery model changes where new approaches or adaptations were made, since the beginning of the pandemic

### Harm reduction services

- **Needle, syringe and/or inhalation equipment distribution programs**
  - Addition of staff to distribute supplies
  - New needle distribution program site created
  - Delivery through partner organizations including establishing an integrated multidisciplinary care hub for homeless and street-involved populations
  - Service hours increased to 24/7 availability
  - Delivery of supplies by outreach including mobile vehicle and home delivery
  - Self-serve pick-up and drop-off at service windows or curbside depots
  - Encouraged clients to pick up bulk quantities of supplies
  - Supplies distributed via secure lockers accessed by clients
  - Remote services offered (i.e., telephone and virtual support and information)
- **Drug consumption rooms**
  - New harm reduction prevention centre created
  - Increased number of harm reduction kits
  - Provided pre-packaged gear
- **Drop-in centres for people who use drugs**
  - New 24/7 integrated care hub with drop-in services
  - Remote services offered (i.e., telephone and virtual support and information)
  - Delivery of services by outreach
  - Collaboration with other agencies
- **Drug checking services and Delivery of safe drug supplies**
  - Pilot take-home fentanyl test strip program
  - Delivery of services by outreach
  - Drug checking at main harm reduction site
  - Increased safe drug supply distribution via pharmacies
  - Established linkages to health care clinic
- **Naloxone training and/or provision**
  - New naloxone training and/or provision offered
  - Online format developed
  - Delivery of naloxone by outreach
  - Staff providing training and debriefing outside with clients
- **Peer training, engagement of PWUD, and educational resources**
  - New peer training offered
  - Small group or one-on-one format
  - Online format developed
  - Delivery of services by outreach
- **Outreach services**
  - Online format developed
  - Mobile harm reduction outreach van
  - Indigenous Peoples focused outreach
  - New mobile food support unit and delivery of medical supplies and groceries
  - New peer support programs offered
  - Naloxone provision 24/7 through integrated care hub
  - Increased One-on-one engagement
  - Essential supply delivery
  - Support for encampments
  - COVID-19 testing for people experiencing homelessness or living in encampments

### Drug treatment services

- New Remote services (i.e., telephone or virtual support)
- Delivery of services by mobile outreach and piloting a safer supply program that included prescribing hydromorphone

### STBBI prevention, testing and treatment and Support and treatment for people living with HIV and/or hepatitis C

- New Remote services (i.e., telephone or virtual format including provision of information and educational materials)
- Mobile outreach for HIV, hepatitis C and other STI testing services
- Mailed clients laboratory requisitions, clients picking up self testing kits or medication
- Outreach methods (including a focus on newly diagnosed individuals with HIV/AIDS and individuals lost during follow-up)

## Discussion & Conclusions

- This survey, although using a convenience sampling approach, captured a cross-section that provides important insights on the impact of the COVID-19 pandemic on STBBI-related services in Canada.
- The demand for services and ability to provide services are likely inter-related, as they reflect similar trends.
- The decreased ability to provide STBBI testing, prevention and treatment is concerning. It will be difficult to determine the true impact of the pandemic until testing is back up to pre-pandemic levels. This will need to be considered when interpreting STBBI trends in 2020-21.
- Increased demand for referrals, particularly for food security, housing and/or emergency shelters, demonstrate the severe impact of the COVID-19 pandemic on the social determinants of health, particularly within at-risk populations. It also demonstrates the importance of these organizations in providing a lifeline to people in need
- Increased numbers of negative outcomes linked to drug-use supports the findings reported in the media related to the COVID-19 pandemic and the opioid crisis.
- Service providers demonstrated resilience and innovation by developing new service delivery models, including new remote services, that met the challenges created by the COVID-19 pandemic.
- This information can be used to inform policy and programs that aim to address the unintended consequences of COVID-19 in Canada.

## Limitations

Information was collected in a timely matter using an anonymous, online survey; however due to the nature of convenience sampling used in this survey, it is not possible to generalize the findings to all STBBI service providers in Canada. These findings were based on self-reported data and it is possible that certain responses were over- or underrepresented.

## Acknowledgements

The authors gratefully acknowledge the valuable input and contribution of the survey participants.