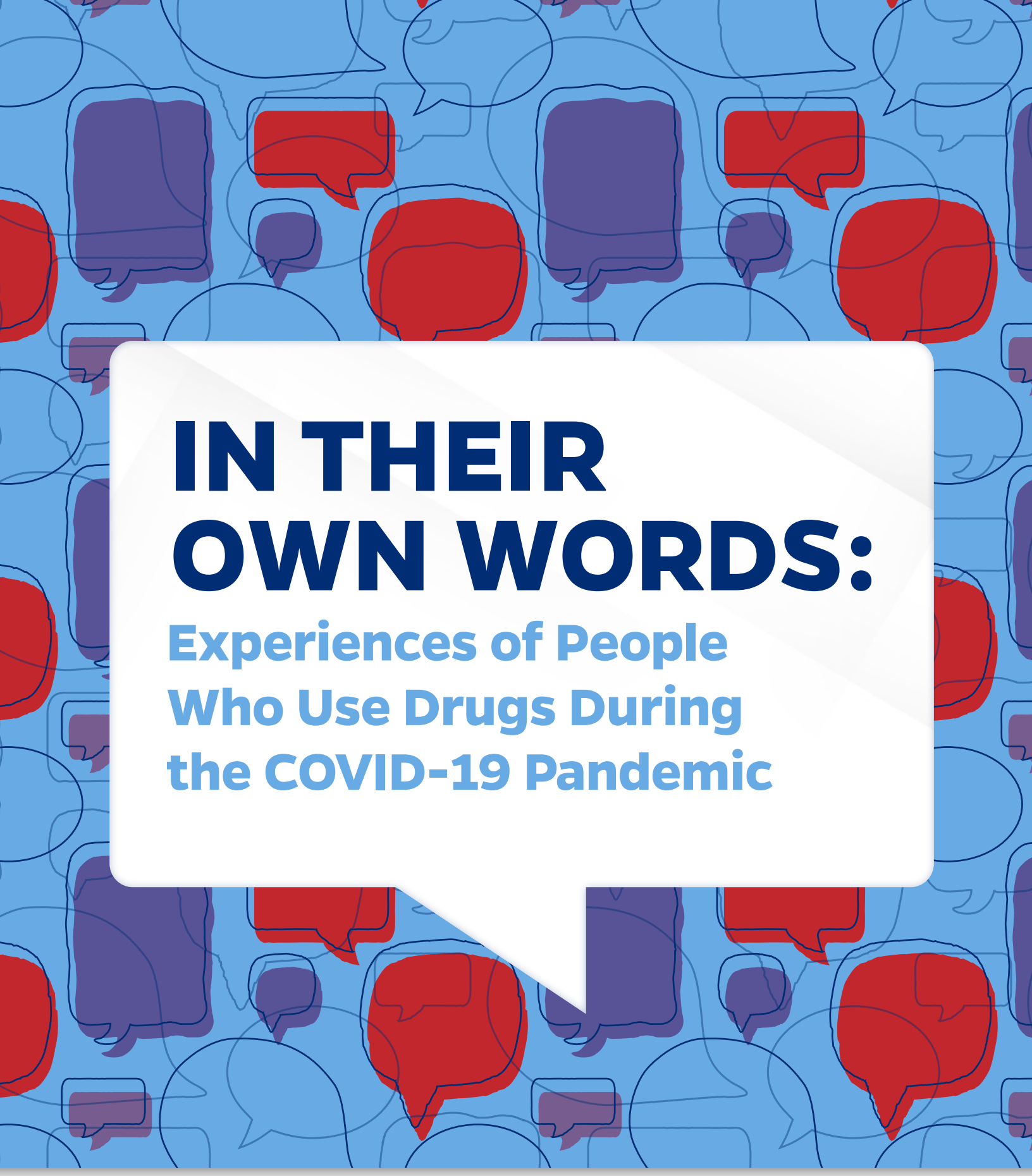

IN THEIR OWN WORDS:

Experiences of People Who Use Drugs During the COVID-19 Pandemic

JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

COVID HARTS

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EXECUTIVE SUMMARY

Historic increases in fatal drug overdoses have been observed over the course of the COVID-19 pandemic, accounting for over 100,000 American lives between 2020 and 2021.[1,2] People who use drugs have historically faced a multitude of challenges including limited availability and affordability of evidence-based treatment and harm reduction services. These pre-existing challenges have only exacerbated over the course of the COVID-19 pandemic with further staffing shortages at treatment programs, changes in the drug supply, and limited capacity in treatment and harm reduction services across the country. Like many Americans, people who use drugs also faced challenges in accessing critical health services, disruptions in employment, and the mental health effects of increased isolation on top of amplified structural barriers such as poverty, lack of transportation, insecure housing, and insurance barriers.

In response, the federal government, many states, and treatment programs across the country implemented temporary policies in an effort to ensure affordable access to health services, including relaxing prescribing regulations for medications for opioid use disorder through telehealth expansion, mobile methadone expansion, reducing limits around medication dispensing, and changing reimbursement structures to facilitate access to substance use disorder treatment services.[3] The availability of quality substance use disorder treatment services and access to harm reduction services are necessary components to effectively address the overdose crisis, more so now than ever given the dramatic increases in drug overdose deaths. Thus, emergency policies enacted during the pandemic to facilitate access to health services should remain and be scaled up to adequately address the increasing severity of the overdose crisis. Additional targeted, unrestricted funding is needed to effectively scale up harm reduction and substance use disorder treatment services.

Further, the voices of people who use drugs should be used to inform policy decision-making as the United States looks to address co-occurring public health crises. This report shares personal experiences of people who use drugs during the COVID-19 pandemic, including their experiences navigating health services, their personal goals, and their areas of greatest need, in their own words.

1 Centers for Disease Control and Prevention (CDC). (2021). Drug overdose deaths in the US Top 100,000 annually. *Atlanta: Centers for Disease Control and Prevention*. Available from: https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

2 Centers for Disease Control and Prevention (CDC). (2022). Provisional Drug Overdose Death Counts. *Atlanta: Centers for Disease Control and Prevention*. Available from: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

3 Pessar, S. C., Boustead, A., Ge, Y., Smart, R., & Pacula, R. L. (2021, November). Assessment of State and Federal Health Policies for Opioid Use Disorder Treatment During the COVID-19 Pandemic and Beyond. In *JAMA Health Forum* (Vol. 2, No. 11, pp. e213833-e213833). American Medical Association. Available from: https://jamanetwork.com/journals/jama-health-forum/fullarticle/2786441

About This Project

This report provides a glimpse into the experiences of people who use drugs and people in substance use disorder treatment during the COVID-19 pandemic. The data were collected by a research team at the Johns Hopkins Bloomberg School of Public Health as part of the COVID Harm Reduction and Treatment Programs Survey (COVID-HARTS). COVID-HARTS was supported by the Bloomberg Opioid Initiative, a campaign from Bloomberg Philanthropies to reduce overdose deaths in the United States.

Study Sample

Study participants were clients of organizations that participated in COVID-HARTS. Briefly, substance use disorder treatment and harm reduction programs (N = 21) across nine states (Maine, Maryland, Michigan, New Jersey, New Mexico, New York, Pennsylvania, Tennessee, and West Virginia) and Washington, D.C., distributed recruitment cards to their clients. Interested clients contacted the research team and, if eligible and providing consent, underwent a phone-administered survey. Qualitative interviews (N = 171) were conducted during the second time point of data collection through a follow-up survey.

Methods

The quotes included in this series were collected from a cross-sectional survey conducted over the telephone with people who use drugs and people engaged in substance use disorder treatment between March and June of 2021 during the COVID-19 pandemic. Participants were asked open-ended questions about the impact of the pandemic on their utilization of substance use disorder treatment and harm reduction services and current challenges to their overall well-being (e.g., access to health services, financial health, transportation, and housing). Interviewers typed responses into Qualtrics software, with the goal of capturing as close to verbatim quotes as possible. Audio was not recorded to further protect participants' anonymity. After qualitative data were extracted from the survey data, a thematic content analysis was conducted by team members. Study team members created a codebook of major themes in a word processing software. Quotes included in this report have been lightly edited for readability.

Summary of Key Findings

Quotes in this report convey experiences among people who use drugs and people receiving substance use disorder treatment during the COVID-19 pandemic. Major themes included in this report demonstrate the impact of the pandemic on personal well-being, along with the impact of the pandemic on experiences navigating substance use disorder treatment, harm reduction, and general health services. Key themes are summarized below.

The COVID-19 pandemic increased the risk of overdose for many people who use drugs.

Many participants noted changes in their drug use patterns and changes in the drug supply. These changes contributed to heightened anxiety about the risk of overdose during the time of our study.

Harm reduction organizations continued to provide critical services during the COVID-19 pandemic.

In response to increased concerns about overdose risks, many participants noted they incorporated new harm reduction strategies when using drugs, such as increased caution about where drugs were supplied from, cutting back on drug use or using smaller amounts, accessing naloxone, ensuring the use of sterile supplies, or changing their routes of drug administration. Some participants having trouble obtaining supplies found a solution in harm reduction programs that delivered supplies to their homes.

The pandemic served as a motivation for change for many participants.

Participants shared that the pandemic made them want to quit using drugs more than ever before, and often noted feelings of relief for being stabilized on medications for opioid use disorder and thus, no longer being at risk of overdosing.

Structural challenges faced by people who use drugs were heightened during the COVID-19 pandemic.

Participants noted significant structural challenges impeding their utilization of health services and well-being. Transportation was the most commonly cited challenge, followed by financial concerns, housing, and insurance.

Summary of Key Findings cont.

Removing barriers to medications for opioid use disorder is a critical tool in supporting sustainable recovery.

Several programs adopted innovative medication delivery models during the pandemic, including offering take-home bottles of methadone or higher quantity supplies to reduce the frequency of clinic visits. Participants noted that this is a modification they hoped would continue as daily visits are challenging, particularly for those facing structural barriers such as those noted above.

The pandemic further highlighted needed organizational changes among substance use disorder treatment programs.

Participants were understanding of the unprecedented challenges on health systems in the pandemic and appreciative of services they received, although many noted organizational changes that would better assist their health and well-being. These recommendations included improving access to mental health counselors, hiring additional staff, and resuming in-person treatment programming.

Access to general health services was more challenging for people who use drugs during the COVID-19 pandemic.

General health services, such as routine appointments for bloodwork, dental services, or HCV treatments were also challenging for many participants to receive because of scheduling and transportation difficulties. Many participants noted they wished they had better access to providers.

Participants were motivated to receive the COVID-19 vaccine to protect themselves and their loved ones.

As noted above, many participants were motivated to improve and protect their health during the pandemic. This theme carried over into perceptions of the COVID-19 vaccine, which many had either already received or wanted to learn more information from their medical providers.

COVID-19 Impact on Drug Use Patterns and Drug Market

Extended periods of time at home due to social distancing and disruptions in routines resulted in changes in substance use and risky behaviors for many individuals during the COVID-19 pandemic. Several participants reported heightened anxiety about the risk of dying from an overdose due to increased use in isolation. In the United States, opioids are the leading contributor of fatal overdose. Wide access to naloxone, an opioid overdose reversal medication often dispensed through harm reduction programs, is a critical tool to reduce overdose deaths. However, increased use in isolation during the pandemic, and thus no one nearby to intervene, is one likely explanation for the rapid increase in fatal overdose. Additionally, the risk of fatal overdose is increased when the contents in the drug supply are unknown. Thus, uninterrupted access to medications for opioid use disorder and harm reduction supplies such as naloxone and drug checking devices are vital.

"I don't use with anybody else anymore, I used to use with other people. I'm now **secluding myself** from everybody and **end up doing more than I should**, which has had a negative impact [on me]. And I'm **more worried about overdosing now because I'm by myself so no one can help me, and I'll die**."

—35-year-old White male Michigan

"When the pandemic started, I hadn't been using, I had quit. **Being alone and stuck inside has made me use again**. I'm just here all the time. I'm sure it's not good, how could it be?"

—60-year-old Black female Washington, D.C.

"**Being isolated has made me want to use more**. I've been **trying to wean myself off of drugs**, and in reducing my heroin intake, my **alcohol intake has increased.**"

—49-year-old Indigenous male Michigan

The content and availability of drugs were less predictable during the COVID-19 pandemic. Participants noted that changes in the drug supply contributed to their concerns about their risk of overdose. Specifically, the United States has seen increasing prevalence of fentanyl, an extremely potent synthetic opioid, that is often mixed into the drug supply and attributes to the dramatic increases in overdose deaths.

"It's become **harder to get drugs** personally and harder for drugs to come into the United States. All these guys are becoming 'chemists' and putting all this stuff into opiates. **You're lucky if someone is going to be there to save you if you get a bad batch of drugs**. In general, it's become harder to get drugs and use drugs."

—44-year-old White female Pennsylvania

"A big change is **not knowing what's actually in the drugs.** Overdose risk is increased when you don't know how potent it is before you ingest it."

—53-year-old Black male New Jersey

Harm Reduction in the COVID-19 Pandemic

Harm reduction programs have existed in the United States since the 1980s and aim to reduce morbidity and mortality associated with drug use through providing access to sterile injection, smoking, and snorting equipment, access to the overdose reversal medication naloxone, drug checking tools (e.g., fentanyl test strips), wound care, and other HIV/HCV prevention services. Decades of research has established that harm reduction programs reduce the risk of infections acquired through non-sterile practices (e.g., needle-sharing), facilitate substance use disorder treatment initiation, reduce overall health costs, and often provide routine medical and wound care to those who may lack access to or lack trust in other health providers. [4,5,6] Harm reduction programs have remained highly adaptable to operational challenges over the course of the pandemic despite already being underfunded.[7]

Given the concerns about unsafe drug supply (see above), several people who were utilizing harm reduction services during the COVID-19 pandemic noted how they integrated new harm reduction strategies to mitigate the risk of overdose or infection with the help of their programs, including changing their routes of administration and being more cautious about purchasing and using drugs.

"**I quit injecting**, and I don't leave my house without a mask. When I snort **I don't use the same utensils as everybody else**."

—46-year-old
White male
New Jersey

"I'm **more careful now about where I get my drugs** from and who I buy from. I was hospitalized with an infection in my body from shooting drugs."

—59-year-old
White female
Michigan

"I'm a little bit **more perceptive now of what I'm ingesting** and how it makes me feel, and how it effects my overall health."

—57-year-old
Black female
Pennsylvania

"I am using more fentanyl now since the pandemic because it's mixed into the heroin. It's affected me. I am more controllable now since **I've stopped using needles**. Safety with the kids and stuff."

—61-year-old
Black male
Pennsylvania

4 Jarlais, D. C. D., Nugent, A., Solberg, A., Feelemyer, J., Mermin, J., & Holtzman, D. (2015). Syringe service programs for persons who inject drugs in urban, suburban, and rural areas—United States, 2013. *Morbidity and mortality weekly report, 64*(48), 1337-1341.

5 Platt, L., Minozzi, S., Reed, J., Vickerman, P., Hagan, H., French, C., ... & Hickman, M. (2017). Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. *Cochrane Database of Systematic Reviews*, (9).

6 Hagan, H., McGough, J. P., Thiede, H., Hopkins, S., Duchin, J., & Alexander, E. R. (2000). Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *Journal of substance abuse treatment, 19*(3), 247-252.

7 Glick, S. N., Prohaska, S. M., LaKosky, P. A., Juarez, A. M., Corcorran, M. A., & Des Jarlais, D. C. (2020). The impact of COVID-19 on syringe services programs in the United States. *AIDS and Behavior, 24*(9), 2466-2468.

Harm Reduction in the COVID-19 Pandemic (cont'd)

Additionally, participants indicated they were using the opioid overdose reversal medication naloxone, brand name Narcan, more during the pandemic. Others noted they would like increased access to naloxone and more training on how to use it, indicating the critical need for scaling up harm reduction programs and integrating harm reduction into substance use disorder treatment and general health settings.

"I've helped to administer Narcan to people who have overdosed before and **I had never had to give Narcan before the pandemic.**"

—51-year-old Black male, Pennsylvania

"**I want more knowledge on how to administer Narcan**, and for group therapy to be held longer throughout the day."

—63-year-old Black male, New Jersey

Participants who received services from harm reduction programs during our study shared that there were new challenges obtaining harm reduction supplies during the COVID-19 pandemic, although some programs provided helpful solutions. The availability of safer drug use supplies is critical in mitigating the risk of overdose and acquiring drug-related infections.

"Getting needles was quite hard for a while, but I've since **found a program that will send them straight to your home**, so I've been able to get needles way easier now. Initially before I found this access my mental health was spiraling. **Not having to worry as much or go to the pharmacy anymore was such a stress reliever**."

—43-year-old White male Pennsylvania

"I feel like the harm reduction clinic has been incredibly unhelpful the past 3 months. They have no appointments available months in advance. **I have gone out of town more often to other needle exchanges to get supplies** because the one near me has been so hard to get into."

—60-year-old Black male New Jersey

COVID-19 Pandemic as Motivation for Change

Like the rest of the nation, people who use drugs and people in substance use disorder treatment were concerned about protecting their overall health during the COVID-19 pandemic. Several participants noted an increased desire to cease drug use, seek out treatment services and support, and invest in their health and well-being. Study participants commonly noted feelings of relief and gratitude for improving their health after decreasing or ceasing drug use with the assistance of their treatment or harm reduction programs.

"I had been trying to stop, but once COVID hit, that really made me try harder to stop, because **I was already risking my life and the pandemic wasn't making things any safer**. I haven't used in almost a year now. When I was getting high, it definitely was affecting my health because I was only caring about getting high, not my health. **Now I'm taking my medication and I'm feeling better. I have no cravings or desires**."

—53-year-old
White female
Pennsylvania

"I think **I've stopped at a good time**, I stopped right before everything got crazy with the pandemic getting worse. I was in programs like detox and a halfway house. I think **I'm in a better position now**. I feel like, now that I'm clean, I'm seeing more of the physical and mental damage I did to myself, things that I didn't see and feel when I was high. Now that I'm sober I'm dealing with the damage."

—60-year-old
Black male
New Jersey

"**My desire to get clean is stronger since the pandemic began**. It's been good, I'm getting more rest like I need to, I'm less stressed, spending time with my grandkids, and being more responsible."

—57-year-old
White female
New Jersey

"When the pandemic first started it seemed like I was using a bit more, but **now I'm just trying to stay away from everything and make a better change in my life**. I haven't used since 7 months ago. It's made me feel a lot better, I don't have the urges that I used to, and I'm happy about it. **I'm very happy that I'm not using**... I have broken my habits on cocaine and methamphetamines and have been on methadone treatments for opiates. **They** (the treatment program) **have bettered my health and well-being.**"

—54-year-old
Black female
New Jersey

"I haven't used drugs since the pandemic started. **I don't have to worry about overdosing anymore**. People are making their own pain medicine now out of fentanyl and you're really taking that chance of overdosing when you do fentanyl. **If I wasn't on methadone, I would still be buying pills on the street**. Not having to worry about overdosing makes me feel good. **I'm relieved.**"

—61-year-old
White female
Pennsylvania

Structural Determinants of Health

People with substance use disorder are often vulnerable to a multitude of structural challenges that can make managing their lives and recovery challenging. For many participants, the impact of structural determinants on their ability to manage their health were amplified during the COVID-19 pandemic. Structural barriers commonly cited by participants included housing instability, a lack of health insurance, and a lack of reliable transportation. This created challenges with their health, access to health care, and their ability to employ COVID-19 prevention measures. These barriers impede the utilization of treatment and harm reduction services. Thus, additional efforts to bridge disparities in access, such as the continued expansion of telemedicine for physical and behavioral health services, mobile harm reduction, and mobile methadone, are urgently needed to serve the most vulnerable.

Unavailability of transportation and concerns about the safety of public transportation during the COVID-19 pandemic were the most commonly cited barriers to accessing treatment, harm reduction, and general health services.

"**I had to stop going to the methadone treatment clinic** because **I didn't have any transportation**. I wish there were a clinic that's closer than 35 miles away."

—51-year-old Black male Pennsylvania

"**I'm bipolar and I have issues with PTSD**, and I'm diabetic and have high-blood pressure so things have been hard for me, especially with getting my medicine because I don't have a car, so **I have to use public transportation. Not everyone on the bus has a mask on or is being safe**. People need to just make sure they are practicing safe habits and keeping their masks on, stepping away from groups if they need to smoke. A car would mean I don't have to use public transportation."

—38-year-old Hispanic/Latinx female New Mexico

Accessing mental health services specifically was a concern for participants, especially because the isolation associated with the pandemic exacerbated mental health concerns.

"My biggest priorities for my health are to **stay connected with my bupe program** and to **find a psychiatrist** to help with my mental health healing. Having **access to transportation** to go to those appointments would help me meet those needs."

—31-year-old Biracial female Maryland

Other barriers to obtaining necessary health services identified by participants included insurance, housing, and financial concerns.

"I need better health care, **better health insurance** so that things can be **more affordable.**"

—52-year-old White male New Jersey

"My biggest priority right now is to **find stable housing, I can't do much when I'm on the streets**... I could use unemployment and disability benefits to help me find and obtain stable housing. **I hope they extend unemployment benefits to help me out as I am applying for disability**. Financial assistance and time are the major things I need."

— 55-year-old Indigenous/Hispanic/Latinx male New York

Medication Treatment Continuation and Take-Home Methadone

For those who are able to access substance use disorder treatment services, many barriers remain in the accessibility specifically of medications for opioid use disorder, methadone and buprenorphine, which are the most evidence-based treatments for opioid use disorder. Methadone—an opioid agonist—is only available at federally licensed opioid treatment programs that often require daily clinic visits, frequent urine drug screenings, and cash or insurance payment. Methadone effectively reduces cravings and is a safe alternative for many people who use opioids. During the pandemic there were changes in treatment regulations to make methadone more accessible in order to minimize the risk of COVID-19 exposure for participants and staff, including expanding telehealth appointments and increasing privileges for take-home doses of methadone.

Medication continuity was a major concern for study participants receiving substance use disorder treatment during the COVID-19 pandemic. Participants noted that take-home methadone, higher quantity supplies or dosages, and/or curbside services to reduce the frequency of their clinic visits would make managing their recovery easier. Policymakers should look to expand the availability of medications for opioid use disorder beyond the COVID-19 pandemic, as these adjustments are only temporarily in place under an emergency order.

"I would personally like to **receive take-home bottles of methadone**. There are too many people and **not enough counselors**, and they don't give out enough bottles of medication. I have to stay on top of the counselors because they don't do their job. Some people end up relapsing or going to different clinics."

— 39-year-old
Black female
Maryland

"My program is absolutely meeting my needs. The improvement I would like to see is my program **giving out more medication at one time**, like if a person's been stable or off drugs for 6 months or more, they would give more drug treatment medication at one time, like 3 months' worth at one time, for example."

—31-year-old
Biracial female
Maryland

"I would like to see them reconsider their whole medical marijuana usage policy. They only allow me two days of take-home methadone because I use medical marijuana, but **I would like to be able to receive more days of take-home methadone.**"

—54-year-old
Black female
New Jersey

Medication Treatment Continuation and Take-Home Methadone (cont'd)

Participants enrolled in programs that offered take-home methadone noted this modification was helpful with their treatment continuity, protecting their health, and significantly improved their wellbeing. Take-home methadone was a treatment option they hoped would continue after the pandemic.

"My program seems to be fairly well run at the current time. I would just personally, for my own selfish reasons, like to **receive take home bottles of methadone** because I'm not able to right now. "

— 39-year-old Black female Maryland

"During the pandemic **they cut my methadone dosage due to alcohol**, and after that I had a relapse back in July, but I haven't used drugs since then... **I would like them to stay on this take-home scheduled medication forever**, but that's not going to happen. I guess we'll just have to see what happens. I wasn't in the program before the pandemic, so we'll see what it's like afterwards."

— 35-year-old White male Maine

"I've remained clean and sober. My clinic has given me two and a half weeks of **take-home methadone**, so I have more of that in my residence. **That has helped me not have to go out as much**, which I really appreciate and I think that's helped a lot of people... Since Sunday I've been feeling lousy. I called yesterday for a test, so I'm just staying in now. I'm worried I might have the virus and I'm pretty bent out of shape over this because I could end up in the hospital. I need a way to **get my methadone without putting others at the clinic at risk**, like if I can just drive by with my car and they bring it out."

— 60-year-old Black female Washington, D.C.

"In the future I would hope I could get some **take home methadone** and maybe just go in once a week, not everyday. Otherwise everything is fine for me for right now."

— 54-year-old Black female New Jersey

Organizational Changes

During COVID-19, several organizational changes were made to protect staff and participants from COVID-19 exposure, though some of these changes further highlighted existing gaps and barriers to adequate care. National healthcare provider and counselor shortages extended to substance use disorder treatment settings. Individuals who received substance use disorder treatment or harm reduction services during the COVID-19 pandemic identified opportunities for organizational improvement in their programs. Several participants noted staffing shortages and long wait times, often citing the need for additional mental health counselors, medical staff, and administrative staff.

"I would like to see actual **one-on-one treatment** for the individual, and better therapy, **no one here is really getting any kind of mental health treatment**... And the staff should be **better trained and licensed regularly**, because most of the staff is unprofessional or don't care."

—29-year-old
White female
New Jersey

"**Mental health** is my biggest priority right now because I'm kind of secluded... I think there should be **more availability of psychiatrists**, I think a lot of people could use that. The pandemic has affected a lot of people mentally, maybe even more so than physically... I would like **hepatitis shots** and **Narcan** to be available at my clinic. I would also like there to be **more medical staff** at my clinic to help the individuals."

—60-year-old
Black female
Washington, D.C.

"Honestly, I feel like everything is running well at this point, **I feel like they're doing the best they can** during this pandemic and dealing with everything. I don't know, I feel maybe they could have a better system on how they do things, because **the lines are really long** and things don't move so smoothly... I think if they got **another staff member** things could improve."

—60-year-old
Black male
New Jersey

Additionally, participants missed in-person interactions with their providers and peers during the COVID-19 pandemic and looked forward to resuming in-person treatment services.

"I'd like to see us get back there **in person**, but that's really dependent on the pandemic."

—35-year-old
Hispanic/Latinx
female
New Jersey

"My biggest priorities for my health right now are just to keep up with my therapy and keep going to the **methadone** clinic, keep wearing my mask and staying in the house as much as possible. It's a little difficult with everything being **telehealth**, it's a little harder to get the actual appropriate care. **I would like to be able to see them in person to get the care and attention I need.**"

—35-year-old
White male
Maine

Access to General Health Services

Access to primary health care services and specialists overall was greatly reduced across the country during the pandemic, but particularly for people who use drugs who often have disproportionate access to medical providers and insurance challenges. Continuity of treatment for general medical care was a priority for participants. Participants often reported that the accessibility and quality of necessary health care services was a challenge during the COVID-19 pandemic, and that having many comorbidities and structural barriers to address often exacerbated their issues. Specific needs identified by study participants included a need for basic health supplies, greater access to providers, and assistance with scheduling appointments.

"**I need more access**, sometimes appointments are spread so far apart that you forget about them. Also, **medical supplies**, like a thermometer, so I could check on myself."

39-year-old
Black female
Maryland

"I have **hepatitis C** and I'm trying to get treatment for that right now because I think that's where my pain is coming from, and **I want to take care of it before things get worse**... I am just trying to do the right thing, eat the right food, take my medicine, listen to what doctors tell me to do, get tested, and get the [COVID-19] shot."

—52-year-old
White male
New Jersey

"My goal is to follow up with doctors' appointments for bloodwork and dental. It would help if it was **easier to make appointments**, but COVID restrictions have made it near **impossible to schedule and attend**."

—44-year-old
White female
Pennsylvania

"I need to get this cancer out of my breasts and make sure I don't have nothing else, and I'm hoping I don't catch the coronavirus as well, because I don't feel well as it is. **I need to see doctors and have more access to them**. I need someone to help me, like a **case manager**, with my medical needs. When I start chemo and radiation I'm going to need somebody to help."

—59-year-old
Black female
New Jersey

"I just had two massive heart attacks so right now my biggest priorities are seeing my cardiologist and making sure I'm doing the things I have to do. I need to **take my medicine, eat correctly, and make sure I go to my doctor's appointments**."

—43-year-old
Black male
Washington, D.C.

Motivation to Receive the COVID-19 Vaccine

Overall, many participants in our survey were motivated to improve their health during the pandemic, including making changes in their drug use and taking care of their health. This theme also emerged in regard to the COVID-19 vaccine. Many study participants expressed feelings of support for the COVID-19 vaccine, and several had already received it at the time of the survey.

"**I couldn't wait to get the shot**—'When can I get it? How soon can I get it?'—I was relieved to get my first shot."

—61-year-old White female Pennsylvania

"I have observed and read a lot about the vaccines and I don't have a problem with it. I think they did a good job, **all the scientists in the world wanted to get it done and they got it done and it's going to help us.** I'm scheduled to get it next week."

—59-year-old Black female New Jersey

"**I feel that it is safe** and I understand that the second dose will get you sick but that **one day of sickness is worth saving my life and others lives as well**."

—60-year-old Black male New Jersey

"I reviewed articles about the vaccination and was concerned about getting it in the beginning, but **because I lost seven family members [to COVID-19] I'm going to get the vaccine**. I don't have a specific plan on how to get the vaccine yet because my primary doctor isn't in the office as much."

—38-year-old Hispanic/Latinx female New Mexico

Other individuals were hesitant to receive the vaccine because of concerns about potential side effects or interactions with other medications. Some participants indicated they wanted to learn more information from their doctor or give it more time.

"I have **mixed feelings** about it. I have heard stories about people who do good with it and other stories that when people get the vaccine they have died. So I have mixed emotions about it, which is why **I am waiting to talk to my doctor before I am vaccinated**."

—63-year-old Black female Pennsylvania

Conclusion

Overall, people who use drugs and people in substance use disorder treatment faced a multitude of new or exacerbated challenges during the COVID-19 pandemic, although many treatment and harm reduction programs were quick to adapt their programs to better meet the needs of their clients. Highlighted in the quotes included in this report is how the changing drug supply motivated some participants to make changes in their substance use, while others found the increased isolation and mental health challenges increased their anxiety about and likelihood of overdose. The largest barriers to accessing substance use disorder treatment, harm reduction, or general health services were related to transportation accessibility and the safety of public transportation. Beyond this, longer wait times and staffing shortages during the pandemic made it challenging to obtain necessary health services.

Take-home methadone and mail delivery syringes by harm reduction programs were key solutions that participants noted greatly reduced their anxiety, reduced their risk of COVID-19 exposure, and improved their safety and well-being. To adequately address the dramatic increases in fatal overdose deaths, efforts to remove barriers in access to harm reduction and substance use disorder treatment are critical. Additional funding should be allocated to existing harm reduction and substance use disorder treatment services, expand mobile service coverage, and hire additional staff to meet the increased demand for these services. Further, accommodations made during the pandemic to reduce restrictions around medications for opioid use disorder should be upheld to effectively manage the overdose crisis.

Limitations

Findings should be viewed with several limitations. First, it is important to note that the COVID-HARTS study was limited to a few sites and may not generalize to experiences in other areas. Further, those who opted into participating in this survey were currently connected to a substance use disorder treatment or harm reduction program and may differ from potential participants who were not successfully recruited, or from those who were not successfully recontacted for participation in the second phase of the study. Second, the cross-sectional study design and self-selection of participants may subject study results to recall and self-response bias. Third, quotes captured in this report occurred within the context of a quantitative survey, and thus the depth and context of the quotes could be limited. Last, quotes were transcribed in real time by study staff, and thus some sentiments may not have been fully captured.

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