DATE: May 4, 2020
RE: COVID-19 Rapid Response Research Calls
FROM: Drug Policy Alliance, Department of Research & Academic Engagement

In April 2020, the Department of Research and Academic Engagement facilitated three calls in hopes to encourage collaboration between interdisciplinary researchers, community-based organizations (CBOs) and people who use drugs in order to measure and evaluate the impacts of COVID-19 and related policy responses. We hoped to provide a space for innovative rapid response research on key public health, drug policy, and criminal justice areas and to help make these findings available to harm reduction, healthcare, and treatment providers, people who use drugs, policy makers, and the community at large.

We identified several areas where rapid research and evaluation could guide policy reform, as well as service provision:

1. COVID-19-Related Decarceration and Decriminalization
2. COVID-19 Policy Impacts on Drug Supplies and Drug Markets
3. COVID-19 Impacts on Drug use, Overdose, Harm Reduction, Treatment, and HIV/HCV

This memo summarizes:

1. The content of each call, including the research questions that emerged
2. The logistical and methodological considerations for conducting research in light of COVID-19 that were discussed by attendees.

**Call Summaries**

**Decarceration and Decriminalization Call**

Roughly 25 attendees joined the decarceration and decriminalization call, including a significant number of CBOs doing harm reduction and criminal justice advocacy, as well as researchers from across the country.

Attendees talked about several key areas of concern on this call:

1. *Varying degrees of decarceration in jails across the country.* Where it’s happening and where it’s not, but also who is being released and what were their charges or sentences? What does this look like by race and gender? Which health conditions have justified release and which have not? How old are those who are being released? Have jails that promised to decarcerate actually done so in meaningful ways? Why or why not? How can communities hold them accountable and track whether this has occurred? How can communities and researchers track the benefits of current decarceration efforts in order to continue advocacy efforts after social distancing guidelines change? How do recently-released people experience returning back to their communities during social distancing?

2. *Varying degrees of ‘decriminalization’ – reduced arrests or prosecutions – across the country.* Which charges have decreased and which charges have increased? Attendees from various communities across the country commented upon the observation that while certain charges have decreased due to being deprioritized, such as personal drug possession, they have noticed that law enforcement have used loopholes to charge
individuals with charges with increased severity so they can still be charged and detained. Other questions include, What have Law Enforcement Assisted Diversion (LEAD) Programs been doing differently in light of social distancing, How have parole and probation officers changed their practices in light of COVID-19? Can decriminalization outcomes from social distancing be used to support broader decriminalization efforts beyond COVID?

3. **Concerns about re-entry supports and availability.** What types of re-entry supports (including naloxone) and programs have been put into place and how effective have they been at reducing COVID risk, but also overdose and other health risks?

4. **Concerns about those who remain incarcerated.** What types of medical treatments are still being provided for incarcerated people and have MOUD protocols been maintained in settings where they have been available? What type of hygiene and sanitation measures are being implemented and have community efforts to provide supplies been distributed to those at risk? Have these efforts been effective or helpful?

**Drug Supplies and Drug Markets Call**

Approximately 25 people joined the call focusing on drug supplies and markets, including many representatives from different CBOs across the countries and researchers from various universities and institutes.

Several topics were discussed over this call:

1. **Varying drug supply availability, quality, purity, and cost.** Some attendees discussed how they have seen changes in heroin supplies – either towards increasing amounts of fentanyl or China white availability in traditionally black tar markets – while others did not yet notice changes. Which communities, regions, and neighborhoods experienced earlier supply disruptions that impacted quality, purity and costs and which communities experienced these later? How long did they ultimately last? In which cases did changes happen immediately as dealers themselves experienced supply disruptions? In which cases were these changes dealer-driven in anticipation that they would need to stretch existing supplies in anticipation of future supply disruptions? Were there differences in supply quality or cost changes between rural and urban markets and what influenced them? Were there different disruptions in quality for different drug classes? (For instance, an attendee discussed how opioid quality changed, but noted no changes in methamphetamine quality.)

2. **Demand for drug checking kits and materials.** Several community groups and researchers who joined the call spoke about efforts to distribute various drug checking kits, including fentanyl test strips and reagent tests. Several were conducting studies on these efforts. One CBO that offered a broad range of testing kits for various drug classes noted that demands for drug checking tests for psychedelics drugs increased, but MDMA decreased. What can drug checking test demand tell us about drug use during COVID-19? What were the most highly utilized methods for acquiring drug checking kits and which methods were the most challenging? How did access to drug testing supplies impact drug use and risk behaviors during COVID-19?

3. **Drug purchase trends and changes.** Which consumer groups were most likely to engage in bulk purchases and for which classes of drugs? At what point during social distancing were individuals most likely to purchase in bulk? How did social distancing impact the frequency of drug purchases? Several attendees discussed how questions around purchasing were incorporated into ongoing studies and may reveal COVID-19-related trends or changes.
4. *Drug markets and policing.* What novel strategies and adaptations did dealers and sellers engage in to continue drug sales while avoiding surveillance and reducing COVID-19 risk? In known open air drug markets, did police presence and surveillance change? One attendee discussed a current study underway with questions on these issues that may reveal COVID-19-related trends or changes.

**Harm reduction access, overdose risk, HIV/HCV risk, and treatment access call**

Almost 50 people joined this call from across the country including a large number of medical providers, researchers, and CBOs doing diverse types of work – including harm reduction access, MOUD access, and research.

Some of the themes that were discussed during the call:

1. *Harm reduction program disruptions and adaptations:* Attendees spoke about some harm reduction and syringe service program closures in communities across the country, while others have remained open have adjusted operations to comply with social distancing. What types of precautions have harm reduction programs taken to ensure the safety of staff and participants and how has this impacted syringe, naloxone, and other harm reduction supply access? What best practices have emerged and what access issues remain? Which strategies have been implemented in rural areas versus urban areas? How has access to Personal Protective Equipment (PPE) varied for harm reduction programs, their staff, and participants across the country and within communities? How have harm reduction programs implemented COVID-19 screening measures for staff and participants? How have harm reduction programs been able to track and follow-up with regular program participants and what is known about overdoses, HIV/HCV risk, and COVID-19 rates among participants?

2. *Variability of methadone take-homes in light of loosened restrictions.* Attendees shared that they have observed tremendous variability between Opioid Treatment Programs (OTPs) and their willingness to adopt loosened restrictions for methadone dispensing. While some programs have transitioned significant numbers of their patients to 14- or 28-day take-home doses, others have continued to expect frequent clinic visits and strict monitoring. Which OTP organizational factors facilitated some facilities to adopt loosened restrictions (i.e. attitudes, beliefs, more methadone supply in stock, etc.)? What are OTP staff perspectives and views on new loosened restrictions in light of COVID-19 and how do they differ between programs that adopted new policies and those that did not? What are the demographic characteristics of patients allowed greater take-homes and what were their health outcomes after being allowed greater take-homes? How did receiving greater take-home doses impact patient quality of life, treatment satisfaction, and COVID-19 risk factors? In New York City, a methadone delivery program began to deliver doses to certain high-risk patient populations. What lessons can other cities and programs learn from this program in terms of logistics, feasibility, scale, and patient satisfaction?

3. *Innovations for buprenorphine induction and ongoing follow-up.* Attendees shared various programmatic adjustments that have been made in order to maximize the benefits of loosened restrictions for buprenorphine access, including telemedicine and the ability to use videoconferencing platforms. What types of innovative practices did providers and programs develop in response to loosened restrictions for buprenorphine access? How did new patients experience inductions through telemedicine and how satisfied were they with services? What were patient experiences with pharmacies as they tried to fill buprenorphine prescriptions on site? How did patient outcomes compare for those induced and maintained on buprenorphine via in-
person sessions versus those treated via telemedicine? Which factors helped ensure better treatment outcomes?

**Conducting Rapid Response Research**

Attendees discussed current and ongoing studies, as well as studies they would like to conduct during the current COVID-19 pandemic. A number of logistical and methodological considerations emerged and are summarized in this section.

**Logistical Considerations for Rapid Response Research**

**Varying Institutional Review Board Delays**

Undergoing Institutional Review Board (IRB) review is an essential part of the study process, given that many of the studies that researchers and community-based organizations would like to conduct involve human subject research. However, attendees on the calls discussed the challenges of undergoing IRB review at their current institutions whose IRBs currently have varying response and lag times to approval. In order for rapid response research to occur, these processes must be efficient and timely.

**Data and Information Request Delays**

Researchers discussed potential challenges in conducting secondary research with government, justice system, medical records, or other types of data, since processing these requests may be delayed due to staffing limitations and shifted priorities. This can make it difficult to make timely observations about current trends and changes, whether when studying decarceration trends in jails or prisons, or admissions for treatment.

**Identifying Alternative Data Sources**

Researchers discussed the need to identify new data sources, in light of the challenges listed above regarding human subject research and some data request processes. Some researchers discussed other research strategies and methods to track COVID-19 impacts, including using electronic health record databases, tracking media mentions, conducting comparative policy analysis, and analyzing programmatic data. An excellent example of using alternative data sources for rapid response research is a newly published study by Glick and colleagues on the impact of COVID-19 on syringe service programs in the United States.

**Managing Funding Challenges**

Research funding continues to be a challenge for researchers, both those who would like to modify current studies to explore the impact of COVID-19 on study participants and those who are seeking funding for new studies to examine COVID-19 impacts. Some attendees on the calls said that they have had some success applying for supplements from National Institutes of Health for studies already underway as long as aims were not dramatically changed. Attendees were interested in learning about more research funding opportunities to do this work, although application and approval processes may still lead to study lag times.

**Methodological Concerns for Rapid Response Research**

**Outreach, Recruitment, and Follow-up Strategies**

Some researchers discussed how they have paused research activities for studies that were currently underway where ongoing follow-up with participants would have been challenging. Other
researchers discussed how they have had some success implementing new strategies to keep in touch with participants while maintaining social distancing, including through telephone follow-up. While telephone, videoconferencing, and web-based surveys may be helpful strategies for some participant engagement, attendees on the calls discussed how these methods are not necessarily possible for participants who do not have reliable access to landlines, cellphones, computers, and/or internet. This can be a challenge for recruiting these participants for new studies, but also for maintaining contact with them for ongoing studies.

A few researchers discussed how collaborating with harm reduction organizations and CBOs has been one way to continue to engage with hard-to-reach participant groups who may still be accessing services on site or by receiving street outreach or delivery services. These types of collaborative relationships should be explored further and the Department of Research and Academic Engagement has developed some resources for best practices for both CBOs and researchers to democratize this work.

Participant compensation was also a topic of discussion since social distancing can present challenges for ensuring that participants have received funds or gift cards. Some participants may not have bank accounts or safe or consistent places where they can receive mail, requiring researchers to find new ways to ensure that participants are compensated for their valuable time and contributions. Researchers talked about how they have tried to develop strategies, albeit imperfect ones, to do their best to ensure delivery and avoid theft. One notable example was sending unactivated gift cards by mail and remotely activating them after the study participant confirms they have received it so that if it is not received, another can be sent again. Other researchers acknowledged that as long as a participant is willing to assume the risk, that they have simply sent cash in the mail. This will remain an area for needed innovation and improvisation to accommodate for changing circumstances.

Tracking changes over time

Attendees discussed the necessity to be clear when developing retrospective interview questions or surveys about which discrete time periods will be examined, particularly if attempting to compare factors prior to shelter-in-place orders to those during shelter-in-place and those immediately after restrictions are lifted. Given that different states implemented shelter-in-place or stay-at-home measures on different dates, studies should consider these variations when asking study participants about behaviors, drug availability or markets, or other factors. Attendees also discussed the challenges of waiting until they can resume studies or start data collection for new studies, which may be several months into the pandemic, making accurate recall challenging for study participants.

Instrumentation

Researchers and CBOs on the calls all expressed an interest in sharing survey instruments, interview questions, and other data collection resources with one another to help others who are designing new or conducting ongoing studies in other parts of the country. Areas of shared interest included changes in drug markets and supplies, as well as changes in harm reduction and treatment availability. Attendees agreed that shared questions could help with standardization of outcomes, but also to clearly make comparisons across different communities and population groups on these variables of interest.

Web- and phone-based data collection and resources

Researchers shared how some studies have already transitioned to phone-based interviews for survey completion since in-person data collection is no longer possible. However they also discussed the ongoing challenges with this approach, including the fact that many low-income participants do not have
consistent access to telephones or cellphones. Some researchers shared that they are running ongoing web-based studies that have remained functional and they discussed how they would be willing to share what they have learned about online data collection. There were a number of researchers on the call who were interested in learning more about web-based data collection options and best practices and DPA would be willing to host a webinar on this issue for researchers who want to learn more.

Thank you

The Department of Research and Academic Engagement would like to thank the researchers, CBOs and people who use drugs who participated in the research calls we arranged over the past several weeks. We hope that the notes above are useful to individuals and groups seeking to document and track the impact of COVID-19 policies on people who use drugs.