ASSESSING THE IMPACT OF COVID-19 AND ASSOCIATED CONTROL MEASURES ON INTERVENTIONS TO PREVENT BLOOD-BORNE VIRUSES AMONG PEOPLE WHO INJECT DRUGS IN SCOTLAND.

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Background:
COVID-19 and associated control measures have likely affected the delivery of interventions to prevent and control blood-borne viruses (BBVs) among people who inject drugs (PWID) in Scotland. We assessed the impact of the first wave of COVID-19 on: 1) needle and syringe provision (NSP), 2) opioid substitution therapy (OST) and 3) BBV testing (HIV and HCV).

Methods:
Segmented regression was used to model the impact of the first COVID-19 wave on each intervention; the 23rd March 2020 (date of first lockdown) was chosen as the key change point. The study period was from September 2018 to August 2020. Four different data sources representing each intervention were analysed (NSP, OST, HIV and HCV test). Outcomes were counts aggregated by week, except OST that was aggregated by month.

Results:
Preliminary results showed that the number of needles/syringes (n/s) distributed, HIV tests and HCV tests in drug services/prisons, decreased by 18% (RR=0.816, 95% CI 0.750 to 0.887, p<0.001), 94% (RR=0.062, 95% CI 0.041 to 0.094, p<0.001) and 95% (0.049, 95% CI 0.034 to 0.069, p<0.001) immediately after lockdown, respectively. The total amount of methadone prescribed remained stable, but a reduction in the number of prescriptions (2.4%; RR=0.976, 95% CI 0.959 to 0.993, p=0.006) and an increase in the quantity prescribed per prescription (2.8%; RR=1.028, 95% CI 1.013 to 1.042, p<0.001) per month post-lockdown was observed. Post-lockdown, an increasing trend was observed relating to the number of n/s distributed (0.6%; RR=1.006, 95% CI 1.001 to 1.012, p=0.015), HIV tests (12.1%; RR=1.121, 95% CI 1.092 to 1.152, p<0.001) and HCV tests (13.8%; RR=1.138, 95 CI 1.111 to 1.165, p<0.001) per week.

Conclusion:
The first wave of COVID-19 severely impacted the delivery of BBV prevention interventions for PWID; continued monitoring is important in the context of subsequent waves of COVID-19. Maintaining the coverage of interventions is important to ensure previous gains in relation to the prevention and control of BBVs among PWID are not reversed.

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