

Expanding Mail-Based Distribution of Drug-Related Harm Reduction Supplies Amid COVID-19 and Beyond

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One of the most disheartening aspects of the decades-long increase in drug-related harm in the United States is our failure to fully implement the wide array of effective interventions available for reducing that harm. These strategies include broad access to opioid agonist therapy,¹ sterile injection supplies,² and naloxone,³ as well as the establishment of supervised consumption sites.⁴ Despite their efficacy, scaling up these interventions has proven a persistent challenge as a result of poorly targeted funding, legal barriers, stigma, and inadequate coordination among stakeholders.

Consequently, thousands in the United States die from drug-related overdoses and contract infectious bloodborne diseases each year, despite the preventable nature of much of this morbidity and mortality; in 2019, 70 630

people died of drug overdoses.⁵ As of 2010, more than 140 000 people had contracted HIV through injection drug use, and in 2011, 43 126 of every 100 000 people between 40 and 65 years of age who injected drugs were infected with hepatitis C virus.⁶ A lack of access to sterile syringes helped drive the annual incidence of acute hepatitis C virus infection from 0.3 to 0.7 cases per 100 000 people between 2004 and 2014⁷ and has also contributed to outbreaks of hepatitis A virus and HIV in multiple states in recent years.

Substance use disorder treatment, as with other areas of medicine, has swiftly adapted to meet the challenges brought on by COVID-19. For example, in response to decreased access to opioid agonist therapy providers and locations caused by the pandemic, the US Substance Abuse and Mental Health

Services Administration and the US Drug Enforcement Administration acted quickly to relax certain regulations limiting access to opioid agonist therapy by allowing buprenorphine initiation via telephone and removing some of the limits on “take home” doses of methadone. This rapid adaptation is an example of pivoting service delivery to better meet the needs of patients in the context of a crisis.⁸

Although these efforts to minimize the pandemic’s impact on vulnerable individuals with substance use disorders are both necessary and warranted, they are insufficient to counter its acceleration of our overdose crisis.⁹ To augment measures taken by the federal government, state governments, and others to address this worsening crisis, we suggest increasing access to harm reduction supplies, such as naloxone and sterile injection supplies, via an additional avenue already capitalized on by our nation to overcome pandemic-related distribution barriers: using the United States Postal Service (USPS) and private courier services to supply these vital items directly to people who use drugs. The volume of mail and parcels processed by the USPS grew by 50% between April to June 2019 and April to June 2020,¹⁰ illustrating the rapid rise in mail and package deliveries during the pandemic. Should providers of harm reduction supplies embrace this distribution approach, there is significant potential to save lives and reduce health care costs associated with substance use.

NEXT DISTRO MODEL OF DISTRIBUTING SUPPLIES BY MAIL

Despite the increasingly critical need for harm reduction supplies since COVID-19’s

arrival, access to them has declined, with an April 2020 national survey of 173 syringe service programs (SSPs) revealing that 43% had reduced services because of the pandemic.¹¹ As a result, some states have removed barriers to mailing these supplies. For example, Maine's governor issued an executive order authorizing SSPs to mail injection supplies to their clients,¹² and Pennsylvania modified its naloxone standing order to permit community organizations to mail naloxone.¹³

Mailing harm reduction supplies to people who use drugs is not new, but the pandemic has provided an opportunity to learn from and build upon preexisting efforts. Since 2017, NEXT (Needle Exchange Technology) Distro, a nonprofit organization based in New York City, has been at the forefront of scaling up mail-based distribution of free naloxone, sterile injection supplies, and educational materials on safer drug use practices nationally. To reduce improperly discarded syringes, the organization also distributes needle clipping devices and sharps containers. Clients order supplies via NEXT Distro's Web site (<https://www.nextdistro.org>) and learn about its services via Internet searches and word of mouth. As of this writing, NEXT Distro has distributed harm reduction supplies to people in at least 45% of US counties.

NEXT Distro's approach includes not only disseminating harm reduction supplies directly to those in need but also developing a hub and spoke model to grow harm reduction efforts across the country. The organization currently has partnerships in 32 states, primarily with SSPs, to facilitate naloxone distribution and also has partnerships in five states for distribution of sterile injection supplies. Expansion of the latter network has been more difficult because of

legal and financial barriers, as well as challenges encountered as SSPs attempt to incorporate a new model of sterile injection supply distribution into their already busy operations.

NEXT Distro also provides infrastructure for health departments and harm reduction programs to begin or scale up their own mail-based efforts. Although its work has primarily been supported by private funding thus far, some health departments, including the Delaware Department of Health and the New York City Department of Health and Mental Hygiene, have partnered with NEXT Distro and are providing support. Other health departments, insurers, and organizations working to prevent overdose deaths and drug-related infectious disease spread should consider working with this organization or replicating its approach.

LIMITATIONS OF RECENT STRATEGIES TO EXPAND ACCESS TO SUPPLIES

Although sterile injection supplies can be purchased online without a prescription through Web sites such as [Amazon.com](https://www.amazon.com), and naloxone can be purchased in most states through www.naloxoneexchange.com, mail-based distribution of free supplies via SSPs, health departments, and other harm reduction organizations could greatly enhance access given the financial hardships faced by many people who use drugs. States have made helpful efforts to expand access to such supplies, but these dissemination strategies face ongoing barriers, leaving ample opportunity for disruptive innovation via mail-based distribution.

Naloxone access has increased in the United States in recent years as a result of growing recognition of the vital need

to have this medication on hand at the scene of an opioid overdose, as well as implementation of legal innovations designed to remove some of the barriers to obtaining it. However, fear of being stigmatized often prevents patients from asking for naloxone prescriptions or obtaining naloxone at a pharmacy or SSP, and although numerous states permit naloxone standing orders, many pharmacies have been slow to embrace this change.¹⁴ A further complication is that even in states permitting standing orders, pharmacists retain discretion over who to dispense naloxone to, allowing the personal beliefs and poor regulatory knowledge of some pharmacists to prevent the benefits of this approach from being fully realized.¹⁵

Sterile injection supplies, along with naloxone, have long been available via SSPs. However, stigma, legal barriers, financial underinvestment, and community opposition continue to hinder the creation of these organizations and limit their operation. In addition, their harm reduction impact is constrained by distance, as shown by a recent study revealing that the further people who inject drugs live from an SSP, the higher their risk for sharing injection equipment.¹⁶

Because of these realities, most states have expanded nonprescription sales of sterile injection supplies at pharmacies. The vast majority of pharmacists in one survey strongly agreed that people who inject drugs should always be allowed to purchase nonprescription sterile injection supplies; however, they also reported that restrictive store policies, time limitations, and other structural barriers limited their ability to fully implement this strategy and other harm reduction interventions when interacting with these customers.¹⁷

Gatekeeping¹⁸ by some pharmacists opposed to sale of nonprescription supplies has also limited the efficacy of this approach, resulting in people who inject drugs regularly being refused sale of nonprescription sterile injection supplies, particularly those who are minoritized populations.^{19,20} Quantity limits, age restrictions, and anti-paraphernalia laws also continue to impede nonprescription sales.

ADVANTAGES OF MAIL-BASED DISTRIBUTION OF SUPPLIES

Mail-based distribution of harm reduction supplies circumvents many of these obstacles. For example, fear of being stigmatized is far less of a deterrent for people who use drugs when they can order supplies online for direct delivery instead of having to visit pharmacies or SSPs to obtain them. Although NEXT Distro has primarily partnered with SSPs to distribute harm reduction supplies, allowing clients to order supplies through its own Web site and receive them in discreetly labeled packaging helps attract potential clients who would prefer not to be directly associated with an SSP and those unable to access SSPs owing to physical disability, lack of transportation, or employment during hours of operation.

Mail-based distribution is also immune to the community opposition that often arises when opening an SSP is proposed. Furthermore, it allows supplies to reach remote areas and ones with policies limiting locally based harm reduction efforts, which is particularly helpful in counties (many in predominantly rural areas such as Appalachia) declared by the Centers for Disease Control and Prevention to be vulnerable

to rapid dissemination of HIV and hepatitis C virus among people who inject drugs.²¹

BARRIERS TO MAIL-BASED DISTRIBUTION AND POTENTIAL SOLUTIONS

Although several barriers stand in the way of seizing the full potential of mail-based distribution, they are not insurmountable. Unsurprisingly, one of the biggest obstacles is securing financial support. NEXT Distro has found success in partnering with SSPs for distribution, but SSP funding is often limited and tenuous. With significant state budget shortfalls expected from the pandemic, the financial security of many SSPs is at risk, despite our worsening overdose epidemic and the sizeable return on investment provided by SSPs.²² This reality poses what may be the most serious obstacle for expansion of mail-based distribution of harm reduction supplies in the near term, because the capital necessary for processing supply orders and shipping supplies to clients makes this approach more expensive than in-person distribution.

Because of the funding challenges for SSPs and the relatively small number of programs in the United States, further collaboration between organizations such as NEXT Distro and health departments and the resulting financial support would likely be greatly beneficial with respect to expanding the reach of this strategy. Health departments could also serve as a valuable conduit for mail-based distribution services to increase their client base by displaying and providing written information about them in their clinics. To catalyze these relationships, it is important for states, cities, and counties to gain a better understanding of the need for mail-based

distribution of harm reduction supplies. We are unaware of research addressing this important line of inquiry at this time.

However, on the basis of NEXT Distro's experience of rapid client base increases soon after new geographic communities of people who use drugs become aware of its services, coupled with the fact that only 6% of 173 SSPs surveyed in April 2020 reported mailing supplies,¹¹ potential demand likely far exceeds current capacity. Given the absence of relevant peer-reviewed data, research on need for mail-based services and potential health care savings resulting from this approach could prove vital in demonstrating its merits to governments and other potential funders. Considering the potential of mail-based distribution to significantly increase the life-saving and cost-saving effects of harm reduction efforts, we strongly recommend that both private and public donors increase funding of innovative initiatives employing it.

Retail pharmacies could provide an additional avenue for partially addressing funding limitations. With pharmacists already regularly mailing prescriptions to customers, they could also mail naloxone and sterile syringe supplies to insured customers who use drugs. Although not all insurance covers naloxone or syringes or covers them without a copay, such coverage is something that could be negotiated, advocated for, or mandated by regulation. Given the potential to bill insurers for these supplies, this approach would generate an automatic funding stream and be self-sustaining. If such a strategy were effective, additional external funding could expand it to uninsured patients.

Legal barriers in many jurisdictions also pose challenges to mail-based distribution that must be addressed. Most states continue to criminalize the

possession and distribution of syringes for use in injecting illegal drugs, with limited carve outs for SSPs. Still, these SSP laws sometimes impose requirements that may implicitly forbid mailing syringes to be used for injecting illegal drugs, such as mandating that a person return syringes to receive new ones or that SSPs provide verbal information or referrals to other services to clients. In addition, under current federal law, combining syringes with information on how to use them more safely when injecting illegal drugs might make it easier for federal prosecutors to argue that federal paraphernalia law has been violated by those who mailed them, although this law does not apply to anyone authorized to distribute syringes under federal, state, or local law. To address these regressive barriers, legislatures should repeal paraphernalia laws entirely,²³ exempt injection equipment from their reach, or explicitly permit harm reduction programs to mail supplies to clients.

Confusion about existing laws also presents a hurdle to expansion of mail-based distribution. In many states, laws already allow anyone permitted to dispense or distribute naloxone to ship it, although this may not be common knowledge. At the federal level, non-controlled prescription medication can be mailed by individuals dispensing the medication to someone under their care, which would likely apply to anyone already authorized under state law to distribute naloxone.

Another challenge for mail-based distribution resides in reaching people who are unhoused. However, the USPS already offers a potential solution. General delivery is a USPS service that allows people without a permanent address to receive mail at a designated post office in their community. It is

regularly employed by unhoused clients of NEXT Distro, and the organization's Web site also provides instructions on how to use this service to encourage more unhoused people to become clients.

Recently, prolonged delays have plagued USPS mail delivery in many parts of the country, presenting a previously unencountered obstacle for mail-based distribution of harm reduction supplies. This is unfortunate in that the USPS previously provided the best conduit for shipping these supplies because privacy laws governing its parcel handling are stricter than those applying to private couriers, its prices for low-weight parcels are less than those of its competitors, and its distribution network is unrivaled in size.^{24,25} However, with the recent change in presidential administrations and the approval of effective COVID-19 vaccines by the Food and Drug Administration, the reliability of USPS services could soon be restored via potential government action to help bolster the struggling agency and a possible reduction in online shopping parcel volume as vaccinated individuals return to stores.

CONCLUSIONS

With direct deliveries of everything from groceries to ballots being made to millions of Americans daily throughout the pandemic, the renewed prominence of mail and parcel delivery in keeping our society in motion is hard to miss. Amid the reinvigorated epidemic of drug-related harm brought on by COVID-19, we should also be harnessing the public health potential of postal and courier services by using them to distribute harm reduction supplies more widely. In doing so, we can save lives, prevent

infectious disease spread, reduce health care costs, and establish a new distribution method for these items that could benefit our country long after the pandemic's conclusion. To put harm reduction supplies in the hands of those who need them, we have sought solutions in many places, but COVID-19 has unexpectedly revealed that an effective one may have been waiting all along in a location many of us in the public health community have not yet checked: our mailboxes. **AJPH**

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PUBLICATION INFORMATION

Full Citation: Barnett BS, Wakeman SE, Davis CS, Favaro J, Rich JD. Expanding mail-based distribution of drug-related harm reduction supplies amid COVID-19 and beyond. *Am J Public Health*. 2021; 111(6):1013-1017.

Acceptance Date: February 6, 2021.

DOI: <https://doi.org/10.2105/AJPH.2021.306228>

CONTRIBUTORS

B.S. Barnett originated the editorial and wrote the first draft. S.E. Wakeman, C.S. Davis, J. Favaro, and J.D. Rich assisted in the development of the concept and helped revise the editorial.

CONFLICTS OF INTEREST

Jamie Favaro is the founder of NEXT Distro.

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