NYS Office Hours: Harm Reduction, COVID-19 and People Who Use Drugs

Harm Reduction Coalition
March 25, 2020
Harm Reduction Coalition

Policy & Advocacy
Trainings & Technical Assistance
Overdose Prevention
National & Regional Conferences
Resources & Publications
Today’s Panelists

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Zoom Webinar
Housekeeping Slides
Housekeeping

- This webinar is being recorded
- The recording and notes will be shared afterwards
- You will receive a confirmation email that you attended this webinar
- There are no certificates
- We will not have all the answers
  - We will follow-up afterwards if we get them
COVID-19 and Harms to People Who Use Drugs

- War on Drugs policies fueled by racism, xenophobia
- Many ppl have chronic medical conditions unaddressed that are risk factors for COVID
- Stigma, distrust, fear and alienation from healthcare system
- Criminalization of people who use drugs and/or live in poverty
- Housing insecurity/homelessness (sleep, nutrition)
- Lack of means to enact COVID-19 prevention measures
- Living in everyday state of emergency and structural violence
Flattening the Curve and People Who Use Drugs

- Why should we do this? How can we explain this to ourselves, pts, clients?

Source: CDC

IMPERIAL COLLEGE COVID19 REPORT
“Don’t be Patient 31”
Overdose Prevention in a time of COVID

- Use universal precautions, especially regarding changing sources and using alone
- Stock up on substances and be prepared for possible w/d (alcohol, benzos, opioids)
- Re-envision safety planning during physical distancing
  - If not physically together, try and utilize other tools if available
    - Calls/ Facetime
    - Hotlines
      - Never use Alone (800) 484-3731
      - Mutual Aid networks
        - As hotlines get full, perhaps create local ones
          - Consider:
            - What you will do if someone does not respond
            - Options if EMS/paramedics are unable to respond
Build A Safety Plan: NYS DOH Guidance

Overdose Response

1. Check responsiveness
2. Administer naloxone
3. Alert EMS
4. Rescue Breathing/CPR
5. Recovery Position
6. Aftercare
How to Give Rescue Breathing

- Use face shield if available
- Tilt the head back, pinch nose
- Start with 2 quick breaths
  - If the chest doesn’t rise, reposition head, check mouth for food, gum, etc. and try again
- Then give one breath every 5 seconds
  - Give normal sized breaths
NYC OOPP Guidance

Reporting:
Effective immediately, we are temporarily suspending use of the Naloxone Recipient Form (NRF) and will only require submission of monthly summary sheets for naloxone dispensing.

- Please continue to submit monthly summary sheets (site and master, if possible). We understand that reporting may be delayed due to COVID-19 response.
- If your program has been submitting data extracts and can continue to do so, we welcome ongoing submission of this data, but it is not required.
- We will resume use of the NRF following the emergency response to COVID-19.

Dispensing:
We support secondary distribution of naloxone to minimize individual transactions and increase access.

- Please dispense multiple kits on an as-needed basis to folks at risk of experiencing or witnessing overdose and encourage redistribution in social networks.
- The educational insert included in all kits provides overdose response instruction in English and Spanish. Please encourage recipients to refer to this material and share knowledge with others.
NYC OOPP Guidance

Training of Dispensers for staff:
We understand that training new staff to dispense naloxone can pose a burden for OOPPs and are committed to reducing that burden.

- We have modified dispenser training requirements during the emergency response to COVID-19. If you need staff trained to dispense, please email Kelly at kmvtinger@health.nyc.gov to discuss your options.

If you have additional suggestions on how DOHMH can support naloxone dispensing at this time, please do not hesitate to reach out to naloxone@health.nyc.gov. We are available to respond to any questions or concerns.

Mailing naloxone:
Mailing naloxone is an acceptable practice.

- Mailing naloxone must be done in a way that protects the privacy of the kit recipient.

- DOHMH is, unfortunately, unable to reimburse costs associated with mailing naloxone.
  - Exceptions to this rule may exist for programs already receiving contracted funding from DOHMH. Please contact Anistla at arugama1@health.nyc.gov to discuss this possibility.

- If your OOPP will be mailing naloxone, please email naloxone@health.nyc.gov for guidance on how to maintain the privacy of the recipient and other considerations

For New York State (excluding NYC): Contact overdose@health.ny.gov for more information if you’re interested in mailing naloxone
MAIL-BASED SYRINGE ACCESS DURING COVID-19:
ABRIDGED GUIDE FOR SYRINGE ACCESS PROGRAMS

Given potential changes to in-person services, the purpose of this is to share some basic information for mail-based syringe access for those who may have the ability to implement this as an option for folks to continue receiving supplies.

LEGALITY
It is not illegal to mail syringes in the US. What puts syringes into a legal gray area is when they are paired with any type of ‘paraphernalia’ or drug user health education component.

Diabetic syringes are available through online marketplaces if folks have the means to purchase them. Amazon sells one box of EasyTouch (10 bags of 10 syringes each) for about $15. This is cheaper than most in-person pharmacy prices.

COST
Depending on the amount of supplies in a package, it costs anywhere from $7-$20 to ship a box of harm reduction supplies via USPS.

Bubble mailers are a less expensive option but they hold far fewer supplies. For very heavy packages, a USPS flat rate box is sometimes cheaper. More info on USPS pricing.

https://nextdistro.org/covid19guide
Medications for Opioid Use Disorder

The DEA has changed their guidance regarding prescribing and dispensing methadone and prescribing buprenorphine

- Telemedicine is permitted for initial visits as well as regular visits for controlled substances including buprenorphine and other opioids
  - Can be done via Facetime, Skype, or any other video method. They are waiving HIPAA enforcement (!)

https://www.deadiversion.usdoj.gov/coronavirus.html

OASAS Guidance for NYS

What guidance is there to provide patients with take home dosing during the COVID-19 crisis?

The federal requirement for daily dosing has some therapeutic benefit and decreases the risk of diversion for clients who are unstable in treatment. However, in the context of the COVID-19 pandemic, frequent attendance will likely increase the risk of transmission among patients, program staff, and community members. All patients who have chronic medical conditions and/or who are otherwise vulnerable to infection should be given up to a 28-day supply of take homes, using the federal 8-point criteria as a guide and employing a risk / benefit analysis that considers risk of diversion in comparison to risk of infection to the patient, as well as the risk of transmission of the virus to staff and other patients. Consider active communication outreach to patients through phone calls, emails, and post handwashing / sanitizing signs as well as specific to COVID-19 signage onsite to let them know if they become sick to contact the OTP immediately before coming onsite. COVID-19 materials can be found on the NYS DOH COVID-19 page.

OASAS Guidance for NYS

A. Take home medication exceptions for patients with laboratory confirmed COVID-19 disease:
Patients with lab-confirmed COVID-19 should receive 28 days of medication immediately and should
not present for dosing to the clinic

B. For patients with signs/ symptoms of a respiratory infection, e.g., cough and/or fever: Such patients
should be given a surgical mask, isolated, and evaluated by a medical provider using appropriate
PPE, who will make a determination as to a safe number of take-home doses, taking into
consideration the patient’s stability in treatment and ability to safely store and protect the medication,
up to 28 days of medication.

C. All patients with significant medical comorbidities and/or older patients (over the age of 50): Eligible
for take-home medications up to 28 days, at the clinical discretion of the program physician.

D. For select patients who have already qualified for 1 or more additional take home doses and
suggest likely ongoing compliance and stability: Should be provided 7- 28 days of medication as
clinically and medically appropriate.

For select patients with no or only one take home (unearned), as determined by the medical provider
to be appropriate: Patients should be considered for a staggered take-home schedule.

F. Unstable patients: Patients in any of the population categories above who are determined unstable or unsafe to manage and/or store any take home doses should continue daily dosing in the clinic. Inability to safely take and/or store unsupervised medication due to a cognitive or psychiatric condition, or inability to keep a take home doses of medication safe due to a chaotic living situation (e.g., certain types of homelessness) would be grounds for patients being deemed ineligible for an emergency, take home exemption.

G. Patients who are new admits / not on a stable dose: Special considerations should be taken when patients are in the MAT induction phase or any phase in which they are increasing their medication dose, unless they are in any of the high-risk population categories noted above. Patients who are in the induction phase should be maintained on the dose of methadone ordered on the day that take home doses are prepared; escalating doses of methadone should not be given to patients who are receiving multiple days of take home medication. Rather, the patient is to be held at the dose they are taking and evaluated for an increased dose at the next clinic visit and prior to the preparation of additional take home doses if needed.
Dear [FIRST NAME OF CASEWORKER],

I am writing you today on behalf of [PROGRAM PARTICIPANT's NAME], [PARTICIPANT'S DATE OF BIRTH], and [PARTICIPANT'S MMTP ID#], a client at your program. Due to the risk of contracting the COVID-19 virus at Opioid Treatment Programs (OTPs) New York State Office of Addiction Services and Supports (OASAS) has provided new guidance for safety of clients and staff as well as guidance for take home doses. Within this guidance is the statement:

All patients who have chronic medical conditions and/or who are otherwise vulnerable to infection should be given up to a 28-day supply of take homes, using the federal 8-point criteria as a guide and employing a risk/benefit analysis that considers risk of diversion in comparison to risk of infection to the patient, as well as the risk of transmission of the virus to staff and other patients.

The guidance also says that OTPs should provide for someone to pick up a patient’s medicine who is homebound and/or to provide delivery services. In light of this evolving public health crisis as well as new guidance from OASAS I urge you to provide a 28-day supply of take homes for [PROGRAM PARTICIPANT'S NAME] so that they can keep themselves and their community virus free.

All of this information can be found online here - https://oasas.ny.gov/system/files/documents/2020/03/covid19-otp-faos_2.pdf

If you have any questions or concerns you can contact

Belinda Greenfield, NY State Opioid Treatment Authority (SOTA)  
Belinda.greenfield@oasas.ny.gov  
Weekday Business Office Hours: 646-728-4581  
Off-Hours: 201-921-6849 (cell)

Best Wishes,

[YOUR NAME]  
[YOUR TITLE]  
[YOUR ORGANIZATION]  
[YOUR EMAIL]  
[YOUR PHONE NUMBER]  

If you become aware of people having issues with their methadone or buprenorphine prescriber, please email  

covid19@harmreduction.org
Prepare for Possible Withdrawal

• Call your doctor and ask if there are any medications they can prescribe to treat withdrawal - alcohol, benzos, opioids
• Buy and stock OTC meds to treat withdrawal symptoms (tylenol, imodium, pepto, gatorade/ensure)
• Call your doctor or call an urgent care doctor hotline about any symptoms you may be having before you go into the Emergency Room
SSP Best Practices

- Prioritize Staff and Program Participant Safety
- Review staffing patterns and distribution models to reduce risk
- Promote needs based vs 1:1
- Take Stock of your Essential Services
- Review/Create a Communication Plan
- Plan for Employee Absences
- Offer Extra Supplies
- Pre-package supplies for participants
- Keep Calm and Don’t Panic
Syringe Access Changes in NYS

New York City: https://iduha.org/nyc-sep-map/

New York State:
https://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/docs/sephours_sites.pdf (also available through the IDUHA website.)
Supplies/ Protective Gear

• Ideally everyone would have access to proper supplies but there are not enough
  ○ Prioritize masks (N-95 especially) for healthcare workers in hospitals
    ■ Use other methods such as homemade masks
    ■ Maintain distance (6ft)
• SSPs will continue to get amfAR orders
  ■ Distribute supplies as you can
  ■ Try not to stockpile
Safer Drug Use During the COVID-19 Outbreak

Practice Safer Drug Use

MINIMIZE THE NEED TO SHARE YOUR SUPPLIES.
Don’t share e-cigs/cigarettes, pipes, bongs or joints, or nasal tubes such as straws. If you have to share, practice harm reduction with your supplies (wipe down the mouthpieces with an alcohol swab before sharing or use separate mouthpieces). Put used smoking, snorting, and injecting equipment in a bio-bucket so people know they are used.

MINIMIZE CONTACT.
If you are having sex or doing sex work, COVID-19 can be transmitted by close contact like coughing, kissing, or direct contact with bodily fluids. Try to minimize close contact and ensure condom use.

PREPARE YOUR DRUGS YOURSELF.
Wash your hands thoroughly for 20 seconds with soap and water and prepare your own drugs. Keep your surfaces clean and wipe them down before and after use, with microbial wipes, alcohol (at least 60%), or bleach. If you can’t prepare your own drugs, stay with the person who is. Get them to wash their hands thoroughly, and to clean up before and after.

PLAN & PREPARE FOR OVERDOSE.
Emergency services might be stretched in a COVID-19 outbreak, and slow to respond to 911 calls. Load up on naloxone and fentanyl testing strips. If you are alone, experiment with using less to lower your risk of OD, and go slowly. If you are using with others, make an OD plan with them and stagger use if possible. Store a breathing mask for use in case rescue breathing is needed.

How To Clean Your Syringes

- If possible, always use a new, sterile syringe* and never share any injection equipment.
- A disinfected syringe is not as good as a new, sterile syringe, but it can greatly reduce your risk for HIV and viral hepatitis.
- Wash your hands before cleaning your syringes.
- You will need three clean containers (e.g., bowl, jar, etc.), clean water, and bleach.

To clean a syringe correctly, you must do all nine steps below:

A. Rinse with clean water

1. In first container, fill up syringe (rig) with clean water.
2. Tap or shake syringe for 30 seconds.
3. Discard water from syringe.

REPEAT steps 1, 2, and 3 at least once or until water in syringe is clear (no blood).

B. Disinfect with pure bleach

4. In second container, fill up syringe (rig) with bleach.
5. Tap or shake syringe for 30 seconds.
6. Discard bleach from syringe.

C. Rinse with clean water

7. In third container, fill up syringe (rig) with new, clean water.
8. Tap or shake syringe for 30 seconds.

Because viral hepatitis can survive on surfaces (even if you can’t see blood), cookers (like a spoon) should also be cleaned with water and bleach.

For more information please visit www.cdc.gov/hiv

* In this fact sheet, the term syringe includes syringe and needle as a single unit.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

CDC
COVID-19 and Sex Work

- Risks are highest being close to someone with COVID for >10 minutes
- COVID-19 has not been detected in semen/vaginal secretions, however has been detected in feces and blood; use barriers as much as possible
- If possible avoid kissing, close face to face contact
- Engage regular clients as much as possible, if you can say no to someone who looks or sounds ill, please do
- Wash hands and shower before and after each booking
- Access digital platforms if available
Resources re: sex work

- VXPages is a helpful resource for in-person SWs looking to transition to online work. It provides people trying to move to web-based work / be more knowledgeable about web security with online mentors.
- SWOP facebook page: compiled list of various COVID-19/SW-related articles and resources.
- http://coyoteri.org/wp/ put together list of resources/suggestions in response to COVID-19. It's aimed at US-based sex workers specifically, but I am confident that a number of the suggestions could be applied internationally in other places where SW is not legal or decriminalized.
- bit.ly/covid19collectivecare lists links to a number of mutual aid funds, including some for SWs.
- Tits and Sass http://titsandsass.com/
- If you want more info on how COVID-19 is impacting SWers, don't ask your SWer friends! That's a lot of emotional labor to put on people who are already being incredibly impacted financially, healthwise, and emotionally. Instead, these three articles offer some good insight.
Resources as Guidelines

- [https://www.virusanxiety.com/](https://www.virusanxiety.com/)
- [NYC United Against Coronavirus - Resources and Information](https://nycunitedagainstcoronavirus.com/resources)
- [Database of Localized Resources](https://www.odhio.com/resources)
Resources as Guidelines

- Shelter and homelessness provision? - Coalition for the Homeless
Community Share

- What are questions you have for the group?
- How has your agency/program/community adapted during this time?
QUESTIONS?

Send us Resources for a COVID SSP support Document!!

COVID19@
HARMREDUCTION.ORG