COVID-19 Office Hours 2020-03-18 Virtual Office Hours Notes

Prevention

● How can we reduce exposure to the virus? What harm reduction practices are most useful in this climate? KLS
  ○ How can we encourage some of these prevention measures (Hygiene, quarantine, social isolation in PWUD, PWLWH, People with HCV, and with those who are houseless or in shelter) KLS

● How can we increase access to screening/testing, and should we be promoting testing?
  ○ Testing is one of the bottlenecks in this country, we are finding that even in states that have started a response early are still having a hard time with testing. We are getting conflicting guidance around testing and it depends on local guidelines. Some areas have drive in testing but that won’t meet the needs of everyone and isn’t available in many places.

● When do I stop making deliveries (we only do deliveries)? At what point are we causing more harm than good?
  ○ Programs are responding to this differently but some are shifting to delivery as a safer way to distribute supplies. Best practice is to leave these supplies outside of a house where no contact is needed. Package supplies wearing gloves to keep them sanitary. Do not open packages of syringes. Try to give bulk amounts of supplies to reduce the number of visits needed.

● How should we be dispensing naloxone? What post-OD care tips are most important at this moment? (Especially considering prevention tips)
  ○ Liberal distribution of naloxone is best practice and strongly encouraged right now.

● How to prevent infection of workers and program participants, homeless folks and sex workers particularly?
  ○ Keeping work areas sanitized, staying home when sick, grouping staff and volunteers so if one group gets sick another one can step in and
there isn’t as much chance for exposure to everyone. Plan for employee absence. Adjust services accordingly.

○ Everyone should very closely assess your own conditions that predispose you to acquiring COVID and responding poorly to it, and assess the communities you are in close contact with and conditions that increase risk of doing poorly.

● How do we make sure everyone using public libraries is safe, including people who use drugs?
  ○ Many public libraries are closed. If you know that libraries are open in your area it might be worth contacting these places and offering them naloxone and letting them know about some of the safety protocols we outlined in the call. In most places naloxone is available for purchase in a pharmacy.

● What kind of trainings & tools are available for the general public? HRC resources
  
  ● Where can I personally get supplies at this moment? Especially considering supply shortages? (DIY and other ideas)

● Should we be switching to delivery models over drop-ins? Yes
  ○ Drop in programs have either had people stay outside and brought supplies out or allowed for people to enter one at a time, sanitize hands, and pick up pre-packaged supplies to minimize contact.

**Medication for Addiction Treatment (MAT) Changes and Guidelines:**

● Methadone guidelines changed last week and then again this week. Clinics in state’s in state of emergency and states without state of emergency can authorize 28 days of take homes for patients who have been on a consistent dose. If they are new patients they may authorize a shorter time frame. Patient does not have to show signs of COVID.

● Buprenorphine- recommending month long scripts with a refill. DEA gave guidance this week allowing for tele-medicine for all controlled substances. This now applies to new patients for their initial visits. Office of Civil Rights has recommended that these evaluations can even be done by facetime, overriding typical HIPPA procedure.
- Telling patients to prepare for possible withdrawal, prepare with over the counter drugs, taper on drugs where possible.
- How can we prevent ODs if methadone clinics are providing take-homes? Should they even provide take-homes?
  - It is critical that they should provide take homes. It is very contingent on the doctor in the clinic, the clinic policy and individual patients. Having 200+ patients on methadone travel every day is already a burden, but with COVID it is a huge risk. Providing naloxone is also critical. Also, having a conversation with patients about taking medication as prescribed and engaging partners or loved ones to help manage the dose. Helping people find online resources/support groups to help them manage the medication.
  - How can we advocate for government support? Should we advocate for HR services to be kept open?
- How can we help people who may have trouble accessing MAT or their drug of choice?
  - Since the DEA has changed regulations, telemedicine can now be used for initial appointments, so even if someone doesn’t have a doctor now they can meet with one and get prescribed buprenorphine. HIPPA compliance for telemedicine isn’t being enforced right now, which means that you can use Skype, Zoom and facetime.

Other Medical
- How can community pharmacists be engaged in how COVID-19 affects people who use drugs and/or on MAT?
  - Stigma free zone
  - Early refills
  - Honoring longer prescriptions
  - Making sure stocked up on bupe and methadone as providers might be rx’ing higher quantities than normal
  - Allowing 3r party pick up to prevent people who are ill traveling around
- Are there any confirmed cases among PWUD? Any difference in severity?
- We aren't aware of any specific cases specifically. PWUD could experience greater severity if they have other medical conditions (endocarditis, HCV, HIV)

- Should programs that offer HIV/HCV testing continue? If they do, what recommendations around performing phlebotomy and social distancing should be considered?
  - Probably should pause on this for a while to let things cool off. Some of this is dependent on staffing capacity.

- There are rumors that HIV antiretroviral medications may offer some protection against COVID-19. Is there any truth in this?
  - The meds belong to a class of drugs known as protease inhibitors, which block a key enzyme that helps viruses replicate. Previous studies had found that the mixture was helpful in preventing SARS, also a coronavirus, from maturing and replicating.
  - Spain’s first coronavirus patient, Miguel Ángel Benítez, 62, is believed to have made a full recovery after being treated with Kaletra, local newspapers reported last week.
  - Doctors in Thailand and Japan have also reported using lopinavir and ritonavir to fight COVID-19 and China last month began testing Kaletra as treatment.
  - Thai doctors gave those drugs, in combination with a hefty dose of flu drug oseltamivir to a Chinese coronavirus patient — who then tested negative within two days, according to Thailand’s Ministry of Public Health.

- What are some special considerations for people with HIV, diabetes, are pregnant, have cancer or are on dialysis?
  - These have been flagged as creating higher risk for people with COVID-19. Guidelines are currently to continue to take medication regularly. Sleep and hydration are also important for PWUD and/or those with pre-existing medical conditions.

- How/what substances affect people’s body temperature especially when they are experiencing a fever?
○ It is becoming more clear that people who are younger may not be having fevers. Some substances may affect temperature but PWUD should pay attention to changes out of the ordinary from those that they usually experience.

● Any extra considerations for those with pre-existing respiratory conditions?
  ○ There is some evidence to show if patients are able to stop smoking or vaping at this time it may help their respiratory system. Offering harm reduction tools (patches, gum, etc) to these folks could be helpful.
  ○ What guidance should we give about rescue breathing?

● How long is the transmission period? Is it before symptoms occur?
  ○ Between 5-14 days is when most symptoms begin to appear.

● Has there been a higher mortality rate in any specific community?
  ○ Highest mortality rate is among people over 80. Some health care workers who have higher exposure to the virus may be at greater risk even if they are younger.

Organizational
● Can and Should we still be working our SSP’s, outreach events, methadone clinics etc?
  ○ This is rapidly evolving. In California, in the Bay area we have a shelter in place ordinance. We are working to make sure that harm reduction providers are considered essential workers during this time. This has happened in San Francisco but not explicitly in other places. Finding a way to continue services while staying safe is the best case scenario and how to do this is an ongoing practice.

● What are some important communication strategies as we close SSP’s? Including for folks who don’t have the internet to get updated info.
  ○ Trying to communicate as best as possible with clients about changes in service. Giving as many supplies as possible at one time could help. Having people work in teams so they limit contact with each other to reduce exposure and reduce staff contact.

● How to shut down responsibly?
○ If your program must shut down try to communicate with as much advance notice as possible. Post on social media or with signs at your drop in center with alternate plans for participants. These could include: Purchasing through a pharmacy or purchasing online. Giving out information on the safest way to reuse supplies if necessary. Educating folks on wound care, other safer drug use practices, hygiene kits, providing as much education on COVID risk, etc. Getting creative about what other access points might be available. Physicians in California can distribute syringes and this may be a time where more of them are willing to do this in your area. If possible give out as many supplies as possible before you shut down.

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● What (if any) trends are funders showing in terms of addressing meeting deadlines and goals?
  ○ A lot of health departments are shifting staff roles to respond to the pandemic. We recommend transparency with funders about impact and asking for leniency on deliverables. And the impacts are still unfolding and will for some time. Documenting your own response to COVID as a harm reduction tool and strategy to show government funders your relevancy should budget cuts occur is advised.

● Will funding cuts occur and make temporary closers at SSPs more permanent?
  ○ This depends on each state/region and on the changing situation. No one really knows yet what the long term impact will be.

Best Practices

● Are people still mailing supplies? Should we all be mailing supplies?
  ○ Yes, NEXT Distro is still operating and mailing supplies. If you are interested in mailing supplies that is an option that you could explore but also delivery or mobile operation that limits social contact could still be the best way. It is legal to mail syringes in the US so this is a viable
option. There's good tips from NEXT distro available that can be shared as well.

- I’m PLWHA, and how can I still help my clientele?
  - Try to find creative ways to be present with your clients while also taking your personal health and/or your family, or communities, health. For some participants it might be providing them phones to keep them engaged and connected.

- How do we combat isolation with all support groups and drop-ins shut down?
  **Self-care for PWUD?**
  - Finding new and creative ways to stay engaged. Teaching breathing exercises to help people to self-soothe, offering tips on how to engage in self-care generally (eating, drinking, grooming, rest). We know our community has a lot of resilience and strength and drawing this out in the communities that we work in will be ideal.

- What more should we be providing our participants? (OTC med's Etc)
  - Any cleaning and hygiene supplies that are hard to find.

- Should we create a list of organizations that are still open/have reduced hours?
  - Yes if this is possible this would be a great resource to get out to your community

- What are you hearing from sex workers about what their greatest needs are now, and how hard are they being hit financially?
  - Sex workers are being hit really hard financially either because they are seeing a dip in clients or because they are rejecting clients to keep themselves safe or both. There are a number of mutual aid funds for sex workers being creating right now.

- How will this impact drug supply? How can we gauge new drug supply risks at this time?
  - We don’t know however we recommend to prepare for shortages and changes in supply and potential unplanned withdrawal. (See MAT section for some tips on dealing with unplanned withdrawal) and use test strips if you have them.
• Dealing with frustration around not having management that is up to date with protocols?
  ○ We have heard that a lot of people aren’t up to date including participants. Starting about making sure that people have all of the information about why this is important to flatten the curve and how to make sure PWUD can lower risk of getting and spreading COVID.

• For people doing street based outreach what should they be wearing to keep themselves safe
  ○ Wearing clothes and gloves.

• For other substances, beside opioids, is changing a route of administration safer with COVID?
  ○ Using best judgement about the risk and benefit of using substances at this time. That is going to be a very person by person choice. For people who smoke meth/crack/opioids alternate routes of administration may help lung function. These could include snorting, injecting, booty bumping. It is important to go slow and if possible be with someone else until you know the impact of these routes of administration.

**Take Away Points**

• There is not a lot of uniform information, laws and requirements vary by state and although SAMSHA and the DEA have set out new guidelines, it’s hard to say how they will be followed and how the information will be disseminated.

• Things are changing quickly, hospitals are overwhelmed, providers are acting quickly to respond

• Flattening the curve- allows for doctors and providers to respond, accounts for medical staff getting sick, to bring on additional staff and find more areas to give care

• This will impact general health access due to time spent treating COVID patients and we should prepare to be dealing with this for awhile

• Communication methods are as important as ever now. The internet is still a privilege and so finding creative ways to get information out widely so folks can communicate is important
● Funders are responding to this as actively as we are. Health departments are actively in the field, responding to this as well. It's important to prioritize care for those who need it, and we can get a better idea of how deliverables and funding may or may not shift as this becomes less acute.

● Emergent Solutions has stated they’re not concerned around Naloxone supply or production
  ○ “We are confident that there will be minimal to no interruption of our services and engagement with you. We have several months of supply of NNS in inventory at our Third-Party Logistics (3PL) partner, and our manufacturing facility in central New Jersey is currently operating without disruption. Further, we have ample supply and reserves of naloxone, the active pharmaceutical ingredient (API) in NNS. Our business continuity plan aims to provide continued access to NNS for those who need it.”