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

Harm Reduction Coalition
March 18, 2020
Harm Reduction Coalition

Policy & Advocacy

Trainings & Technical Assistance

Overdose Prevention

National & Regional Conferences

Resources & Publications
Zoom Webinar
Housekeeping Slides
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?

**Flattening the Curve**

- Cases without protective measures
- Cases with protective measures
- Delay outbreak peak
- Reduction in peak of outbreak

**Critical Care beds occupied per 100,000 of population**

- Surge critical care bed capacity
- Do nothing
- Case isolation
- Case isolation and household quarantine
- Closing schools and universities
- Case isolation, home quarantine, social distancing of >70s

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

One page of a document outlining a safety plan for individuals dealing with substance abuse. The plan includes sections on knowing the facts, carry naloxone, find a buddy, talk about it, and my safety plan. It also provides helpful resources and tips on how to stay safe while using drugs.
Example Guidance

To help you support overdose education and naloxone dispensing during this time, please see the guidance below:

- DOHMH encourages OOPPs to discontinue group trainings.
- Provide the shortest possible training covering **brief essential topics only** to limit contact. Please encourage all recipients to review the instructional materials included in the kit. If possible, we encourage use of an **educational video** for naloxone trainings or provide education over the telephone.
  - Please remind recipients that gloves and face shields are provided in each kit.
  - Any training in rescue breathing should include a message that there is a risk for COVID-19 exposure in performing this technique, even when using a face shield.
- When conducting trainings, minimize the number of participants and provide enough space for social distancing (6 feet between individuals).
- Wash hands for at least 20 seconds before and after dispensing naloxone kits.
- Use best judgment in managing inventory to keep supply available and maximize limited resources. That said, consider **dispensing more kits to folks at highest risk** to minimize trips and allow for sharing within networks.
- **For reporting** with the Naloxone Recipient Form (NRF):
  - Please continue to complete the date and program information section at the bottom of the NRF.
  - Please have dispenser **ask recipient for their response to Q2 only** on the top section: “What is the ZIP code of the place you live or stay most often?”
  - Avoid sharing pens and clipboards.

**Video Link:**
https://www.youtube.com/watch?v=p5st4Raik-8&feature=youtu.be
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
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

3/16/2020

Opioid Treatment Program (OTP) Guidance

SAMHSA recognizes the evolving issues surrounding COVID-19 and the emerging needs OTPs continue to face. SAMHSA affirms its commitment to supporting OTPs in any way possible during this time. As such, we are expanding our previous guidance to provide increased flexibility.

FOR ALL STATES WITH DECLARED STATES OF EMERGENCY

The state may request blanket exceptions for all stable patients in an OTP to receive 28 days of Take-Home doses of the patient’s medication for opioid use disorder.

The state may request up to 14 days of Take-Home medication for those patients who are less stable but who the OTP believes can safely handle this level of Take-Home medication.

FOR STATES WITHOUT A DECLARED EMERGENCY

Each OTP can provide a blanket exemption request for its clinic per the guidance above (i.e., up to 28 days for stable patients and up to 15 days for less stable patients).

These requests do not have to be submitted on a per-patient basis. Programs and states should use appropriate clinical judgment and existing procedures to identify stable patients. Please note an increased medication supply will likely accompany these requests. Therefore OTPs and states must ensure that there is enough medication ordered and on hand to meet patient needs.
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
- 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
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 a syringe and needle as a single unit.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention
Safer Drug Use During the COVID-19 Outbreak

Stock up on Supplies

STOCK UP ON SUPPLIES.
Work with your local SSP to get enough syringes and injecting equipment to last you 2 to 4 weeks. Note: Your local SSP may have syringe and supply shortages, so they may not be able to do this.

STOCK UP ON DRUGS.
If possible, try to stock up on your drug of choice. Be safe: Having larger amounts of drugs can be dangerous if you are stopped by police or someone desperate enough to target you for them.

STOCK UP ON MEDICATIONS.
Access to prescription meds may be limited in an outbreak. Ask your medical provider about getting a full month’s supply if possible. If you take methadone/buprenorphine, ask your clinic or doctor to make a plan to prevent disruptions to your dose. Ask about their emergency plans for patients (refills over the phone, telehealth visits, etc.).

PREPARE FOR A DRUG SHORTAGE
You might lose access to your drug of choice in an outbreak. Consider alternative drugs or medications that could help take the edge off. If facing potential opioid withdrawal, consider buying over the counter medications to make it less difficult (ibuprofen, Pepto-Bismol, Imodium). For opioid dependence, you can work with your local SSP to enroll with a local provider for buprenorphine or methadone.

Syringe Services and Harm Reduction Provider Operations During the COVID-19 Outbreak

Prioritize & Prepare Your People

PRIORITIZE STAFF & PARTICIPANT SAFETY.
Provide ample supplies for participant preparedness whenever possible. Send sick employees home (yourself included!), and be mindful of the work done by peers. Provide access to vaccinations to prevent immune systems from becoming more compromised—consider flu, hepatitis A, and hepatitis B vaccines, and partnering with your local pharmacy or health department. Encourage and promote hand washing/sanitizing, and coughing/sneezing into tissues or elbow. Consider limiting program access for non-essential visitors.

SANITIZE SURFACES.
Regularly clean commonly touched surfaces in all service delivery spaces before, during, and after services are being provided. Clean with household cleaners, bleach, and other microbicides.

OFFER EXTRA SUPPLIES.
As possible, offer extra and ample supplies for participants in case of service closures, including syringes and harm reduction equipment for safer smoking, snorting, and injecting drug use. Take inventory of your stock and discuss with all staff what is the maximum allowance for each item. If you are not already giving out harm reduction supplies for safer smoking and snorting, make arrangements to do so. Whenever possible, stock up on latex gloves, safe masks, and hand sanitizer for distribution to participants, including instructions for how and when to use them. Remind your staff to equip participants with ample supplies of naloxone kits including breathing masks. Discuss if you have capacity to deliver supplies.

Syringe Services and Harm Reduction Provider Operations During the COVID-19 Outbreak

Plan Ahead

TAKING STOCK OF YOUR ESSENTIAL SERVICES.
Which program services are essential and must be provided even at reduced operations? Which activities can be postponed or canceled (including groups)? When are those services delivered, how and by whom, and could they incorporate creative flexibility?

REVIEW/CREATE COMMUNICATION PLAN.
Make and revisit the plan for communicating upcoming or ongoing service disruption information with staff and participants. Consider and plan for overcoming barriers – such as language, cultural, technological, disability—to reach the people you serve with timely and accurate service disruption information, such as through social media, email, word-of-mouth, text, etc. Ensure all staff/volunteers understand the communication plan and their roles.

STAY INFORMED AND CONNECTED.
Monitor your state and local health department website and the CDC COVID-19 website for the latest information. Communicate and cooperate with your local health department in the case of suspected exposure.

PLAN FOR EMPLOYEE ABSENCE.
At the height of the outbreak, anticipate 10% to 20% staff absence. Prepare for absence by cross-training staff, and planning for skeleton operations. Allow for flexible work attendance and sick leave wherever possible. Track flu-related absences. Use phone, video, and app technology to replace in-person meetings. Review and/or create service/program and organizational contingency plans, including with staff. Ensure all staff have access to and understand organizational contingency plans.

MEDICATION CONTINUITY.
Access to prescription medicines could be limited in a COVID-19 outbreak. Ensure the medical providers serving participants have emergency plans in place, and clear processes and criteria for patients to receive extra refills / doses of their HIV, HCV, psychiatric, and other chronic condition medications. Ensure methadone and buprenorphine providers have emergency plans to preserve low-threshold continuity for participants, including extra take-home doses. Consider one-month scripts of buprenorphine, with possibilities for telehealth or refills by phone as needed.
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 as Guidelines

- [https://www.virusanxiety.com/](https://www.virusanxiety.com/)
- [NYC United Against Coronavirus - Resources and Information](NYC United Against Coronavirus - Resources and Information)
- [Database of Localized Resources](Database of Localized Resources)
Questions on Prevention

- How can we reduce exposure to the virus? What harm reduction practices are most useful in this climate?
- 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)
- How can we increase access to screening/testing, and should we be promoting testing?
- When do I stop making deliveries (we only do deliveries)? At what point are we causing more harm than good?
- How should we be dispensing naloxone? What post-OD care tips are most important in this moment? (Especially considering prevention tips)
- How to prevent infection of workers and program participants, homeless folks and sex workers particularly?
- How do we make sure everyone using public libraries are safe, including people who use drugs?
- What kind of trainings & tools are available for the general public?
- Where can I personally get supplies at this moment? Especially considering supply shortages? (DIY and other ideas)
- Should we be switching to deliver models over drop-ins?
Medical Questions

- How can community pharmacists be engaged in how COVID-19 affects people who use drugs and/or on MAT?
- Are there any confirmed cases among PWUD? Any difference in severity?
- Should programs that offer HIV/HCV testing continue? If they do, what recommendations around performing phlebotomy and social distancing should be considered?
- There are rumors that HIV antiretroviral medications may offer some protection against COVID-19. Is there any truth in this?
- What are some special considerations for people with HIV, diabetes, are pregnant, have cancer or are on dialysis?
- How/what substances affect people's body temperature especially when they are experiencing a fever?
- Any extra considerations for those with pre-existing respiratory conditions?
  - What guidance should we give about rescue breathing?
- How long is the transmission period? Is it before symptoms occur?
- Has there been a higher mortality rate in any specific community?
Organizational Considerations

- Can and Should we still be working our SSP’s, outreach events, methadone clinics etc?
- What are some important communication strategies as we close SSP’s? Including for folks who don’t have the internet to get updated info.
  - How to shut down responsibly?
  - Communicating alternate plans for accessing resources? What alternate plans?
- How can we prevent OD’s if methadone clinics are providing take-homes? Should they even provide take-homes?
- 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?
- What (if any) trends are funders showing in terms of they are addressing meeting deadlines and goals?
- Will funding cuts occur and make temporary closers at SSPs more permanent?
- Is anyone collecting data?
Best Practices

- Are people still mailing supplies? Should we all be mailing supplies?
- I'm PLWHA, and how can I still help my clientele?
- How do we combat isolation with all support groups and drop-ins shut down?
- Self-care for PWUD?
- What more should we be providing our participants? (OTC med’s Etc)
- Should we create a list of organizations that are still open/have reduced hours?
- What are you hearing from sex workers about what their greatest needs are now, and how hard are they being hit financially?
- How will this impact drug supply? How can we gauge new drug supply risks at this time?
QUESTIONS?

Send us Resources for a COVID SSP support Document!!

COVID19@
HARMREDUCTION.ORG