National Office Hours:
Medications for Opioid Use and COVID-19

Harm Reduction Coalition
May 13th, 2020
Today’s Panelists

**Harm Reduction Coalition Staff**

**Facilitators:**
- **Jenna Haywood:** Capacity Building and Community Mobilization Manager  
  - haywood@harmreduction.org
- **Dr. Kim Sue:** Medical Director - sue@harmreduction.org

**Chatbox:**
- **Nathalia Gibbs:** LGBTQI Coordinator - gibbs@harmreduction.org
- **Dana Kurzer-Yashin:** Overdose and Harm Reduction Trainer - Kurzer-Yashin@HarmReduction.org

**General support:**
- **Hiawatha Collins:** Harm Reduction Community Mobilizations Coordinator  
  - collins@harmreduction.org

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**Ann Breidenstein**
*Evergreen Health Services*

**Dr. David Kan**
*Bright Heart Health*

**Louise Vincent**
*NC Survivor’s Union*
Zoom Webinar
Housekeeping Slides
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Meeting Topic: Success Onboarding Team's Personal Meeting
Host Name: Success Onboarding Team
Invitation URL: https://zoom.us/j/7228544372
Participant ID: 52

Join Audio
Computer Audio Connected

Zoom Group Chat
From Amazing host to Everyone:
Thanks for joining today. Please feel free to use the chat panel to communicate.
Housekeeping

- This webinar is being recorded
- The recording and notes will be shared afterwards
- You will receive a confirmation email (tomorrow or the following day) that you attended this webinar
  - There are no certificates
- Just a reminder, any “private messages” will be visible in the transcript later
- We will not have all the answers
  - We will follow-up afterwards if we get them
Resources

● HRC’s Previous and upcoming Office Hours: https://harmreduction.org/blog/covid-19-virtual-office-hours/
  ○ Outreach
  ○ Sex Work
  ○ POC Community Care


● National Alliance to End Homeless also has COVID specific resources for outreach: endhomeless.org
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
What’s changed in recent weeks?

● The CDC is now recommending that we all wear masks when leaving our homes
  ○ Cloth masks are fine for lay people -- please leave N-95 respirators and surgical for frontline medical workers (including harm reduction staff!) who need them.

● COVID-19 is disproportionately impacting Black and Brown communities
  ○ About 33% of people hospitalized in the U.S. are Black according to NPR
  ○ This number may be higher in actuality, as many states are not releasing data that includes racial breakdowns
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

In the Chat Box: Community Share

- How has your agency/program/community adapted during this time?

These responses will be shared with the group at the end on a later slide
Notes from the field:

Ann Breidenstein  
_Evergreen Health Services_

Dr. David Kan  
_Bright Heart Health_

Louise Vincent  
_NC Survivor’s Union_
To access the full recommendations:
https://ncurbansurvivorunion.org/2020/04/09/mat-treatment-recommendations/
Audience Q&A from chat
Most of my clients who live in supportive housing have been given 2-4 weeks of take home doses. Many are having difficulty managing this.

COMMUNITY SHARE

We are operating our needle exchange from our mobile van in our office parking lot utilizing all social distancing protocols.

Using Social Media and pop-ups

Suspended HIV and HEP C testing due to no safe environment to do them in; Trying to start at-home testing program

We're mailing out naloxone kits and creating pick up spots instead of handing them out

working remotely and use of telemedicine and telebehavioral health

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passing out Mask and Hand Sanitizers

drop in center has been walk up take out supplies and food.

1x a week going to the Hotels in Oakland

We are trying to plan for what a secondary spike in cases might mean for our participants.

We have been doing SSP’s and Outreach food truck style.

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Most of my clients who live in supportive housing have been given 2-4 weeks of take home doses. Many are having difficulty managing this.
QUESTIONS?

Send us Resources for a COVID SSP support Document!!

COVID19@
HARMREDUCTION.ORG