



CALIFORNIA

Opioid Safety Network

A project of the Public Health Institute

HARM REDUCTION AND COVID-19

How to adapt your community
strategies

April 29, 2020



LEARNING OBJECTIVES

- Increase understanding of the impact of COVID-19 on people who use drugs
- Learn how to adapt local programs in light of COVID-19
- Identify available resources

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VICE PRESIDENT, EXTERNAL RELATIONS AND PREVENTIVE MEDICINE

PUBLIC HEALTH INSTITUTE (PHI)

DIRECTOR, CALIFORNIA OPIOID SAFETY NETWORK

DIRECTOR, CENTER FOR HEALTH LEADERSHIP AND PRACTICE

DIRECTOR, DIALOGUE4HEALTH, PUBLIC HEALTH INSTITUTE

- Directs PHI's efforts to advance and expand strategic relationships through development, innovative initiatives and partnerships
- Served as Director of Health and Human Services Department and Health Officer for City of Berkeley, medical director of La Clinica de la Raza, an Oakland-based Federally Qualified Health Center, and medical director of San Diego based Beach Area Community Clinic.
- Elected President of American Public Health Association in 2009, and served as Chair of the Board of Latino Coalition for a Healthy California, President of California Public Health Association – North, and founding chair of Center for Public Health Advocacy



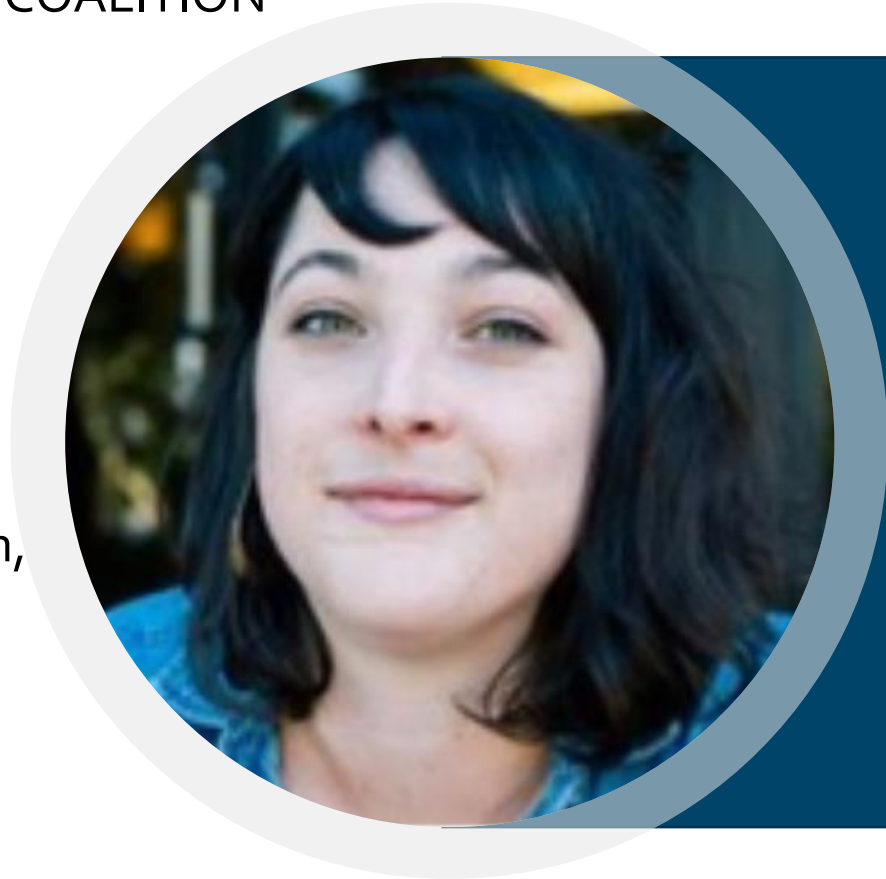
California Opioid Safety Network

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SAVANNAH O'NEILL, MSW, CATC

CAPACITY BUILDING AND COMMUNITY DEVELOPMENT
MANAGER, HARM REDUCTION COALITION

- Oversees projects throughout California, supporting existing syringe exchange programs, buprenorphine access and the expansion of harm reduction services.
- Experience in working at the intersections of harm reduction, mental health care and advocacy against incarceration for the past 12 years.
- Certified as an Addictions Treatment Counselor and a State-Certified HIV test counselor



Harm Reduction & COVID-19: How to adapt your community strategies



Savannah O'Neill, MSW
Capacity Building and Community Mobilization Manager

Harm Reduction Coalition



Policy & Advocacy



Trainings & Technical Assistance



Overdose Prevention



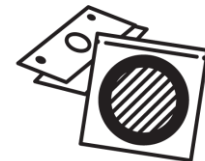
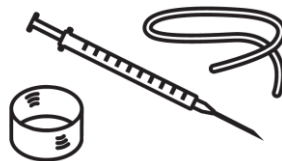
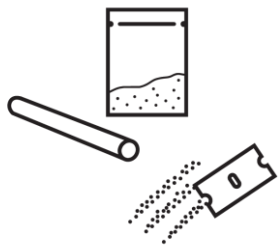
National & Regional Conferences



Resources & Publications

HARM REDUCTION

- Incorporating a spectrum of strategies including **safer techniques**, **managed use**, and **abstinence**
- A framework for understanding structural inequalities (poverty, racism, homophobia, etc.)
- Meeting people “where they’re at”, but not leaving them there



PRINCIPLES OF HARM REDUCTION

Health and
Dignity

Participant
Centered
Services

Participant
Involvement

Participant
Autonomy

Sociocultural
Factors

Pragmatism
and Realism

Harm Reduction Services



**Syringe
Access**



**Syringe
Disposal**



**Safer Drug
Use**



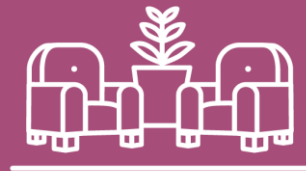
Naloxone



**Medication
Assisted
Treatment**



**Supervised
Consumption
Services**



**Drop-In
Centers**



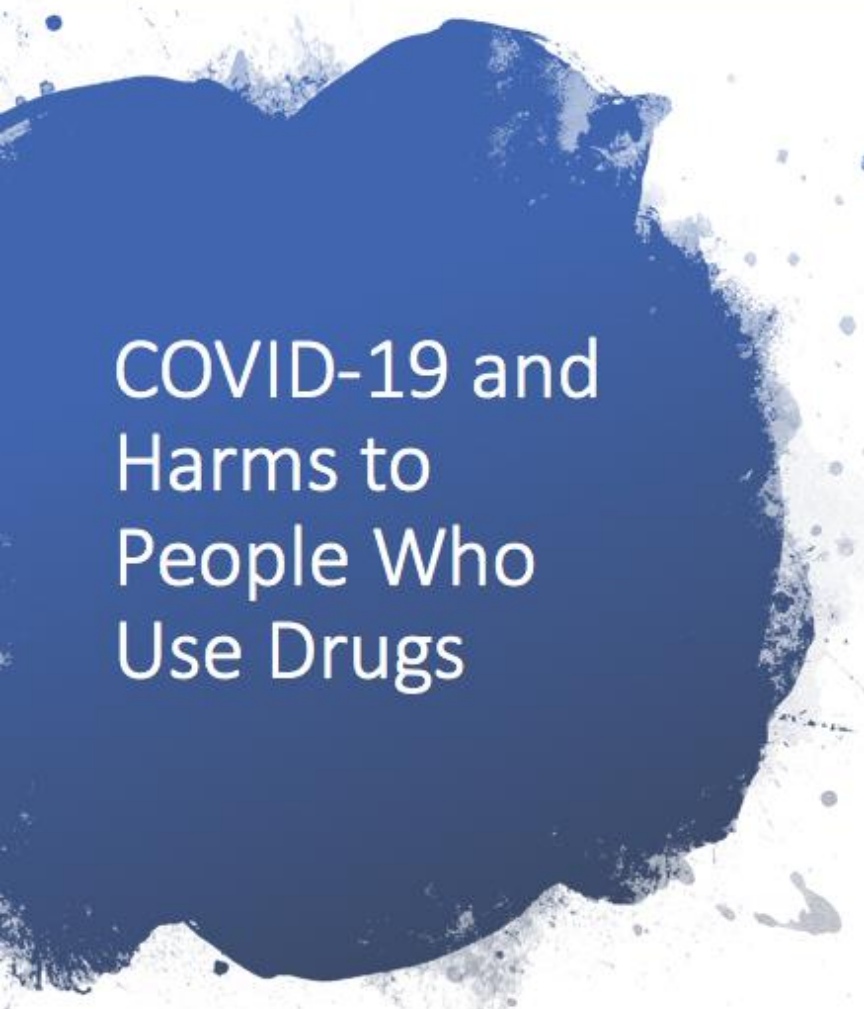
**Housing
First**



**Pharmacy
Access**



Referrals

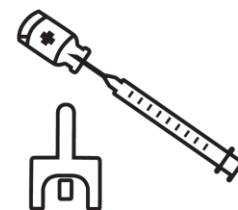


COVID-19 and Harms to People Who Use Drugs

- 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

Overdose Prevention in a time of COVID

- People are at increased risk of overdose death when they are alone - so messaging we use to keep people safe from overdose is counter to messaging of social distancing
- Use universal precautions, **especially regarding changing sources, testing for fentanyl, going slow**
- In quarantine it's important to 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
- Distribute and use breathing masks and face shields if possible
- Wash your hands after interaction, if intervening in an overdose



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.

<https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs/>

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 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.).

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

PREPARE FOR A DRUG SHORTAGE

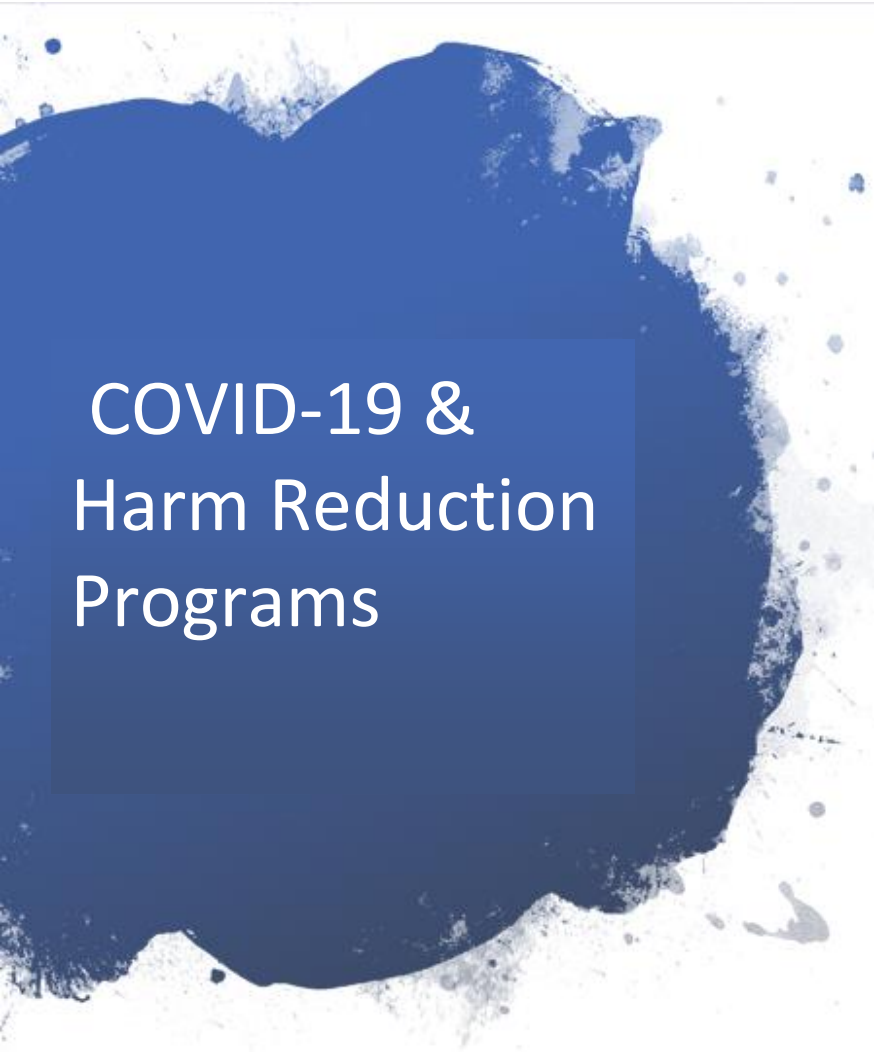
You might lose access to your drug of choice in an outbreak. Consider alternative drugs or medications that could help take the edge off. If facing potential opioid withdrawal, consider buying over the counter medications to make it less difficult (ibuprofen, Pepto-Bismol, Imodium). For opioid dependence,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

<https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs/>



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



COVID-19 & Harm Reduction Programs

- 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

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.

<https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs/>

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

Plan Ahead

TAKE 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.

Policy Changes Under COVID-10

- The DEA has changed their guidance regarding 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.
- SAMSHA has issued guidelines relaxing regulations on OTP's allowing blanket requests to provide 14 or 28 day takehomes of methadone
- Counties in California (and likely other places) have relaxed 1:1 syringe service distribution policies to decrease frequency participants need to attend
- Medi-cal reimbursement for telehealth behavioral health services

Harm Reduction Coalitions COVID-19 Response



FULL COVID-19 RESOURCE DOCUMENT

RESOURCES FOR PEOPLE
WHO USE DRUGS,
PEOPLE WHO ENGAGE IN
SEX WORK, AND OTHERS
IMPACTED BY
STRUCTURAL VIOLENCE

HRC VIRTUAL OFFICE HOURS

REGULAR VIRTUAL
OFFICE HOURS WITH
HARM REDUCTION
COALITION STAFF RE:
COVID-19

COVID-19 GUIDANCE FOR PEOPLE WHO USE DRUGS AND HARM REDUCTION PROGRAMS

PDF RESOURCE IN
MULTIPLE LANGUAGES

<https://harmreduction.org/blog/covid-19-resources-for-people-who-use-drugs-and-people-vulnerable-to-structural-violence/>

QUESTIONS?

**Send us Resources for a COVID SSP support
Document!!**

**COVID19@
HARMREDUCTION.ORG**



CALIFORNIA

Opioid Safety Network

Center for Health Leadership & Practice

UPCOMING WEBINAR

**ADAPTING YOUR COALITION IN THE
ERA OF COVID-19:
CHANGE MANAGEMENT
STRATEGIES**

Thursday, May 7, 10:30 AM – 11:30 am PST)