Harm Reduction in a Virtual Environment

Handouts
6/24/2020
CIBHS
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 stressed 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.

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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

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.