Reducing Harm for People Using Drugs & Alcohol During the COVID-19 Pandemic:

A Guide for Alternate Care Sites Programs

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Many communities are quickly standing up COVID-19 alternate care sites (ACS), which can accommodate people experiencing homelessness who need a safe place to await test results, receive treatment, and/or be protected from the risk of COVID-19 infection. Because this population has high rates of chronic medical and behavioral health conditions—to include substance use disorders (SUD)—ACS must be prepared to address a full range of health care needs. Addiction doesn't stop because there's an infectious disease pandemic, but escalating behaviors can be a challenge for programs to manage. Simply barring people from ACS because they have an SUD is not an effective response during an infectious disease outbreak. If the primary goal is to prevent the spread of COVID-19, ACS should not penalize individuals for using substances and instead, support them using the approaches outlined in this brief.

This issue brief is intended to provide local government officials and ACS program managers with a framework for serving individuals with SUD in isolation and quarantine, and reducing possible harmful consequences. It outlines why 'harm reduction' is critical to saving lives, how to prepare an ACS space in a manner that will reduce harm, and tips for supporting vulnerable people while they are in isolation/quarantine.

Failure to accommodate substance use disorders will likely mean increases in fatal overdoses/dangerous withdrawals, higher rates of vulnerable people leaving I&Q against medical advice, and compromised individual and public health.

Why Harm Reduction is a Life-Saving Approach

Simply put, 'harm reduction' is a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use. In the haste to erect many ACS, people who are homeless may have been suddenly uprooted from their regular shelter or encampment location and been taken to these new spaces with limited understanding of where they are, how long they will be there, what to expect while they are there, and who else is around them. This understandably exacerbates an already tense environment, with fear, confusion, and stress serving as common triggers for increased levels of substance use and escalated behaviors.

If ACS programs cannot find a way to accommodate the use of substances among very vulnerable people, clients may overdose or go into withdrawal (which can also be deadly if not medically monitored). Clients may also leave the program against medical advice, risking their own health and/or civil detention, as well as contributing to public health risk. Supporting people who use drugs and alcohol during this time will not only save lives, it will

make the ACS intervention itself more effective. Ideally, ACS could also help clients connect to drug treatment services as part of its programming.

The following are strategies to help ACS programs protect the health of people using drugs and ensure continuity of treatment during this public health emergency.

Preparing for Isolation and Quarantine

- **Adapt to the space**
  - Provide support and mitigate risks depending on the layout of the ACS space (i.e. de-escalation may be easier in private hotel rooms versus crowded convention spaces; however, monitoring well-being can be easier in a congregate space compared to an individual room).
  - Consider the options and risks of the space, and plan accordingly.
- **Stock up on supplies**
  - Stock up on safe use supplies, like gloves, syringes, injection equipment, Naloxone/Narcan, and fentanyl testing strips.
    - Ensure legal substances for quarantined individuals are available onsite [i.e. cigarettes, alcohol, and marijuana (where legal)].
    - Allow clients the ability to obtain substances on their own (e.g., allowing them to leave for brief periods, not confiscating drugs, etc.). This may be under a "don't ask, don't tell" policy.
  - For those with opioid-use disorders, provide medication assisted treatment:
    - Provide longer prescriptions or take-home doses.
    - Prescribe medication by phone whenever possible.
    - Use telemedicine to provide treatment remotely. See guidance from the Drug Enforcement Administration (DEA) on certain flexibilities for prescribing and dispensing of controlled substances during this federal public health emergency. *(Most states have made telemedicine far more flexible during this pandemic.)*
- **Train and support the workforce providing services**
  - Expect individuals to express a range of behaviors (such as aggressive communication, hypervigilance, mistrust, impulsivity, refusal to engage, shame, substance use, etc.), and understand that these are natural responses to stress and trauma.
  - Train staff about trauma, trauma-informed practice, and de-escalation so they are able to provide appropriate support.
  - Prepare for staff absences by cross-training staff on these skills.
  - Develop a plan for communicating program policies and expectations with staff and clients.

- **Maximize new public policy flexibilities that connect clients to health care**
  - For those with opioid use disorders, facilitate access to medication assisted treatment, which may have been disrupted during the COVID response. SAMHSA and the DEA have provided flexibility in prescribing and dispensing of controlled substances to ensure therapies remain accessible in the following ways:
    - Allow Opioid Treatment Programs (OTPs) to prescribe buprenorphine to new and existing patients by phone.
    - Allow OTPs to continue treating an existing client with methadone via telehealth options.
    - Allow opioid treatment medications to be delivered to patients who are in ACS through strategies such as 'doorstep delivery' or delivery by a member of the household who does not have COVID-19 using SAMHSA's released guidance.
    - Refer to SAMHSA's FAQs on the provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency
  - Allow for continuity of care when clients are sheltering-in-place, in quarantine, or in isolation by using telehealth practices in the following ways:
    - Using CDC guidance, promote use of telehealth services by shifting practices to triaging and assessing individuals remotely using 'nurse' phone lines, provider "visits" by telephone, text monitoring systems, video conferencing, or other telehealth/telemedicine methods that reduce potential exposure to COVID-19.
    - Per SAMHSA advice, use telehealth services to provide behavioral health and drug treatment services during the COVID-19 pandemic.
    - Use SAMHSA's Telebehavioral Health Training and Technical Assistance webpage and the National Consortium of Telehealth Resource Center's COVID-19 Telehealth Toolkit, which contain tools and resources on telehealth best practices.
    - Refer to the National Council for Behavioral Health's Best Practices for Telehealth brief for recent federal policy changes and guidance on supportive telehealth practices.

Providing Support in Isolation and Quarantine

- **Use harm reduction approaches for individuals struggling with substance use.**
  - Minimize the negative consequences of substance use by advancing strategies that encourage safe use, including using non-judgmental attitudes, providing clean use supplies, and supporting individuals in making their own decisions.
  - Ensure people in quarantine have access to activities, entertainment, and practical items to meet their individual needs (i.e. food, medicine, books/television/movies, alcohol, cigarettes, computer/internet access, cell phone chargers, etc.). If the goal is to keep people in the ACS until they are discharged, organizations need to make it a safe and comfortable space where people will stay.

- **Ensure individuals struggling with substance use have multiple options for support.**
  - Create staffing patterns that ensure all individuals are checked at least twice daily. The emotional toll of rapid change creates a special vulnerability for people with substance use disorders and those maintaining a fragile sobriety.
  - Create options for peer support (while maintaining a safe 6-foot distance).
  - Refer those with smartphones to virtual AA and NA options.
- **Reduce the risk of overdose**
  - Public Health Seattle & King County site several factors that may heighten overdose risk during the COVID-19 pandemic. General recommendations regarding how to help prevent overdose include:
    - Have naloxone and train staff and clients on how to use it.
    - Do not use alone if possible. If you do, have someone check on you.
    - Start low and go slow. Use a small amount at a time to assess for potency and not overdo it.
    - Recognize signs of overdose.
    - Call 911 if someone may be overdosing.

Additional Resources

- Substance Abuse and Mental Health Administration (SAMHSA): Alcohol Management as Harm Reduction
- Harm Reduction Coalition: COVID-19 Guidance for People Who Use Drugs and Harm Reduction Programs
- Yale Addiction Medicine: COVID-19 Guidance: Patients Engaged in Substance Use Treatment
- The San Francisco Department of Public Health: Addressing Needs of People Who Use Alcohol, Tobacco, or Other Drugs Who are Sheltering in Place or Require Isolation or Quarantine Related to COVID-19
- Public Health Seattle and King County: Overdose Prevention Guidelines