

SUBSTANCE USE – HARM REDUCTION AND COVID-19

Information for nurses on harm reduction strategies when supporting individuals struggling with Substance Use disorder during a pandemic.

HARM REDUCTION	
Harm Reduction	<p>Key points:</p> <p>COVID-19 is a virus that can cause a respiratory infection and other health problems. Fentanyl and other opioids can slow breathing rate, so COVID -19 may increase the risk of overdose death when using opioids. We also know that COVID-19 is spread through droplets in the breath of those that have COVID-19, and that helping someone breathe is essential to overdose response.</p> <p>Encourage clients to continue to practice safe drug use by:</p> <ul style="list-style-type: none"> • Not sharing supplies and if sharing is unavoidable, wipe pipes with alcohol wipes and/or use new mouthpieces; • Avoiding close contact and trying to stay at least an arm’s length - ideally 2m (6.5 ft) - from others to minimize risk. Using with a buddy is safer than using alone. • Washing their hands or using wipes before preparing, handling or using drugs; • Coughing or sneezing into elbow or use tissues; throwing tissues away immediately and washing hands thoroughly; • Cleaning surfaces with soap and water, alcohol wipes, bleach or hydrogen peroxide before preparing drugs if possible; • Identifying a support person who can be available by phone or messenger. (If client is COVID-19 positive, encourage isolation by helping to organize shelter, food, harm reduction supplies, medicine, and substances.) • Finding safe ways to maintain contact while using. (Encourage the client to have a phone buddy or some kind of contact system to ensure their safety.) • Providing naloxone and creating an overdose plan. <p>Harm Reduction Supplies and Opioid Agonist Therapies (OAT)</p> <ul style="list-style-type: none"> • Make sure clients have naloxone • If you are supporting clients on OAT, check with your prescriber and pharmacist regarding procedures that need to be put in place if client is quarantined or the health centre/nursing station needs to close • Make sure the nursing station/health centre is stocked up on harm reduction supplies • Supply may become limited during the pandemic. Consider alternative drugs or medications that could help. If a client is facing potential withdrawal due to limited supply, connect with the prescriber and pharmacist to consider alternatives. Health Canada is working on exemptions to ensure access to OAT and other medicines. For more information contact: hc.exemption.sc@canada.ca

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Responding to Overdose

As per BCCDC- [When responding to an overdose in the community](#):

When responding to an opioid overdose there is a risk of infection, particularly if rescue breaths are given without protective equipment. This is why each kit contains gloves and a CPR face shield. The risk of infection is low relative to the very high risk of brain injury or death during an overdose. Taking basic precautions will minimize the risk of infection of both the person who overdoses and the responder.

- Stimulate - put on gloves and try and rouse the person, encourage them to take big breaths
- If no response; call 9-1-1
- Administer naloxone - if needed give two doses
- Provide rescue breaths to restore oxygen to the brain and administer additional naloxone as needed
- Anyone not responding to the overdose should leave the room or immediate area
- When using a take home naloxone kit or facility overdose response box
 - Use the face shield/breathing barrier to give rescue breaths
 - The face shield has a one-way valve and large impermeable area which protects the responder from respiratory secretions
 - After responding dispose of the face shield before taking off the gloves and wash/clean hands thoroughly
- If chest compressions are needed, gently place a towel or a piece of clothing over the person's nose and mouth

As per BCCDC - if you are working at an **Overdose Prevention Site or Supervised Consumption Site**, see this [guidance document about responding to an overdose](#)

References:

BC Centre for Disease Control, 2020. People Who Use Substances. Retrieved from <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/priority-populations/people-who-use-substances>

BC Centre for Disease Control, 2020. Harm Reduction and Overdose Response. Retrieved from: https://sneezesdiseases.com/assets/wysiwyg/COVID%2019%20community%20resources/Final_BCCDC_COVID19_HR_Mar18.pdf

Toward the Heart, 2020. Take Home Naloxone. Retrieved from <https://towardtheheart.com/>

BC Centre on Substance Use, 2020. Risk Mitigation in the Context of Dual Public Health Emergencies. Retrieved from: <https://www.bccsu.ca/wp-content/uploads/2020/05/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.6.pdf>

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VCH: Safer Use Strategies to Reduce Risk of COVID-19 -

https://sneezediseases.com/assets/wysiwyg/COVID%2019%20community%20resources/Safer%20Use%20in%20Times%20of%20COVID_Final_Ver1.0_Mar%2019%202020.pdf

Harm Reduction Coalition: COVID19 Guidance for PWUD - <https://harmreduction.org/wp-content/uploads/2020/03/COVID19-safer-drug-use-1.pdf>

Harm Reduction Coalition .2020.Syringe Services and Harm Reduction Provider Operations During the COVID-19 Outbreak. Retrieved from <https://www.vitalstrategies.org/wp-content/uploads/Syringe-Services-and-Harm-Reduction-During-COVID-19-Outbreak.pdf>