

Overdose prevention and harm reduction guidelines during COVID-19 pandemic

The following are quick tips for service providers to reduce the risks to their clients who use drugs. See *Resources* below for additional information and guidance.

Help prevent the spread of COVID-19

- 1) Inform clients about COVID-19, including prevention, risk factors, transmission, and symptoms.
 - Recommend that clients avoid others as much as possible if they have a cough, fever, sore throat or body aches that are different from their typical withdrawal symptoms.
- 2) Encourage effective hygiene practices. Advise clients to do the following, whenever possible:
 - Wash hands thoroughly and regularly, including before preparing drugs.
 - Wash/wipe down surfaces with disinfectant or soap and water before preparing drugs.
 - Don't share drugs or equipment, especially smoking/inhalation materials.
 - Prepare your own drugs and don't prepare for others.
- 3) Support social distancing while limiting disruptions in care.
 - Provide longer buprenorphine prescriptions or take-home methadone doses.
 - Prescribe buprenorphine by phone whenever possible.
 - Utilize new telemedicine rules to provide buprenorphine inductions remotely.
 - While a federal public health emergency is in effect, certain regulations are waived allowing providers to initiate a new patient on buprenorphine using common audio/visual technologies (FaceTime, Skype, etc.). See guidance [here](#).
 - Refer people who are not currently on medication for opioid use disorder and want to be; find providers at [Washington Recovery Helpline](#).
 - Allow clients to take extra supplies from Syringe Service Programs and/or increase delivery service to limit the frequency of on-site pick-ups.

Respond to increased overdose risk

Several factors may heighten overdose risk during the COVID-19 pandemic, including but not limited to:

- 1) Stocking up on drugs. Some people may stock up due to concerns about losing access to their regular supply of drugs and/or medications (e.g. if they must isolate due to illness, lose medications, or there are clinic closures). Because some people may normally limit their use by limiting the amount they buy at one time, having access to more may mean they use more.
- 2) Disruptions in drug supply followed by resumption of use after a period of abstinence.
- 3) Respiratory infection. COVID-19 causes lung infection and shortness of breath. This can worsen oxygen deprivation during an overdose.
- 4) Extended take-home doses of methadone. It's possible a client may take more than prescribed.
- 5) There is an influx of counterfeit pills in the community containing fentanyl.

While extended take home doses and stocking up on personal drug supply can be important for social distancing, it's vital that people who use drugs are alerted to their increased risk of overdose. Ensure clients:

- 1) Have naloxone, know how to use it, and know where to get a refill.
 - Naloxone is available to all individuals with Medicaid without a copay. Pharmacists can dispense naloxone without a practitioner's prescription; find a pharmacy [here](#).
 - For those without Medicaid, kits are available at the Robert Clewis Center, Hepatitis Education Project, and People's Harm Reduction Alliance.
 - Your organization can order a temporary supply for distribution from [here](#).
- 2) Receive overdose prevention messages and can "teach-back" strategies to reduce their risk and respond. These strategies include:
 - Whenever possible, don't use alone. 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. You can always do more, but you can't do less.
 - Recognize signs of overdose, which may include: 1) not responding, 2) abnormal, slow or no breathing, 2) snoring, gurgling, gasping, 3) blue lips or fingernails on people with lighter skin tones, pale or ashen color for people with darker skin tones.
 - Call 911 if someone may be overdosing. Remind clients of the Good Samaritan Law and that they don't have to disclose drug use, only that someone is not responding.
 - Have naloxone ready and know how to use it.

More Resources

1. General COVID-19 information and guidance
 - [King County updates](#) and [FAQ](#)
 - [Healthcare for the Homeless](#)
2. DEA [telemedicine guidance for COVID](#)
3. Yale's detailed [COVID19 Harm Reduction Guidance](#)
4. SAMHSA's relevant guidance:
 - [FAQs for OUD prescribing and dispensing during COVID](#)
 - [Opioid Treatment Program \(OTP\) Guidance \(March 16, 2020\)](#)
 - [Sample OTP COVID-19 FAQs](#)
 - [The Notification of Enforcement Discretion on Telehealth Remote Communications](#)
 - [Tips For Social Distancing, Quarantine, And Isolation During An Infectious Disease Outbreak](#)
 - [TAP 34: Disaster Planning Handbook for Behavioral Health Treatment Programs](#)
5. Harm Reduction Coalition resources
 - [Syringe Services and Harm Reduction Provider Operations During the COVID-19 Outbreak](#)
 - [Safer Drug Use During the COVID-19 Outbreak](#)
 - [COVID-19 Guidance for People Who Use Drugs and Harm Reduction Programs](#)
6. Treatment providers can be found at [WA Recovery Helpline](#).
7. Naloxone resources, including training videos and pharmacies that stock kits at [stopoverdose.org](#).