April 2020
How the COVID-19 pandemic is impacting people who use drugs

ONTARIO HARM REDUCTION NETWORK

Below are some points from our network of 90 front-line harm-reduction service providers across the province. It is always important to recognize people's individuality and unique situations. While one person may be significantly impacted, another may not; one person's immediate needs (such as access to housing, food or drugs) may outweigh any consideration of risk or impact from COVID-19.

- We can expect to see increased overdoses:
  - People will be using drugs that may not come from their regular source and may be more toxic.
  - People will have reduced tolerance if using less, so at increased risk of overdose when they do have access to drugs.
  - People will be using more often in isolation with less people to monitor them or respond in case of overdose.
  - CTS sites are already reporting clients leaving and not accessing services because of reduced capacity.
  - There is increased advocacy by direct service providers for the establishment of "safe supply" programs to help reduce overdose:
    - Before COVID hit, the unregulated drug supply was becoming increasingly contaminated and toxic. This poses significant risk of overdose to people who use drugs.
  - The recent trend of benzodiazepines in the unregulated drug supply is even more concerning in the context of COVID-19, as these drug supress breathing, so there may be increased rates of death in people infected with coronavirus who have "benzos" in their system.

- Clinicians should expect to see people in withdrawal:
  - People who use drugs may not be able to access their regular drug supply as supply chains become disrupted and their income is reduced.
  - Pain patients, who may have high tolerance for prescribed opioids, may be at increased risk of withdrawal and overdose as their access to medications may become limited.
  - In Ontario, the government kept LCBO and Cannabis stores open as some people need these substances for various medical reasons, or physical dependency – if the stores were closed we could see people in withdrawal flooding emergency rooms in hospitals. Similar is true for people who to use other drugs. Clinicians may consider prescribing people prescription alternatives for opioids and stimulants.

- Increased access to Opioid Agonist Therapy and alternative prescribing (Hydromorphone; Suboxone; Methadone) is critical in mitigating risks for people who use drugs in the current context.
  - This also includes clinicians providing more "carries" (take home doses) than before.
  - Clinicians may want to be less restrictive (e.g. hours of service and urine drug screens).

- Increased access to other alternatives may also need to be considered to mitigate non-opioid drug withdrawal (e.g., benzodiazepines, as withdrawal can be life-threatening).

- People who use drugs are being cut off from community access points (e.g. food programs; libraries; telephone and email access) which will increase their isolation, and may also result in increased public drug use. They do not have access to washrooms for basic needs and handwashing and cannot buy essentials items as many stores have stopped accepting cash. Sources of income such as panhandling have been cut off too.

- Front line services (e.g. shelters/community health centres/needle exchange programs) are facing staff shortages and limited hours which poses challenges for people who use drugs being able to meet their basic needs and harm reduction equipment for preventing infection transmission. We may well see increases in HIV/HCV/TB infections.

- Many harm reduction programs have been rapidly adapting their program delivery models to ensure there is still some access to harm reduction supplies, including naloxone. However, the realities of infection control measures have definitely resulted in a decrease in service delivery, province wide.

- People who use drugs may be afraid of going to COVID-19 assessment centres even if they are symptomatic, because of the fear of going into withdrawal and not being able to access their drug supply.

- Many people who use drug experience homelessness or are street involved and it will be very difficult to practice physical distancing, particularly in shelter environments.
    - There is increased advocacy by direct service providers for the use of empty hotel rooms or student residences as self-contained isolation spaces where they could provide direct outreach and service provision.