CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE
INITIATIVE CANADIENNE DE RECHERCHE EN ABUS DE SUBSTANCE

CRISM-ICRAS

NATIONAL RAPID GUIDANCE AND PROJECTS RELATED TO COVID-19

Dr. Tara Elton-Marshall

Health Canada Webinar
February 5, 2021

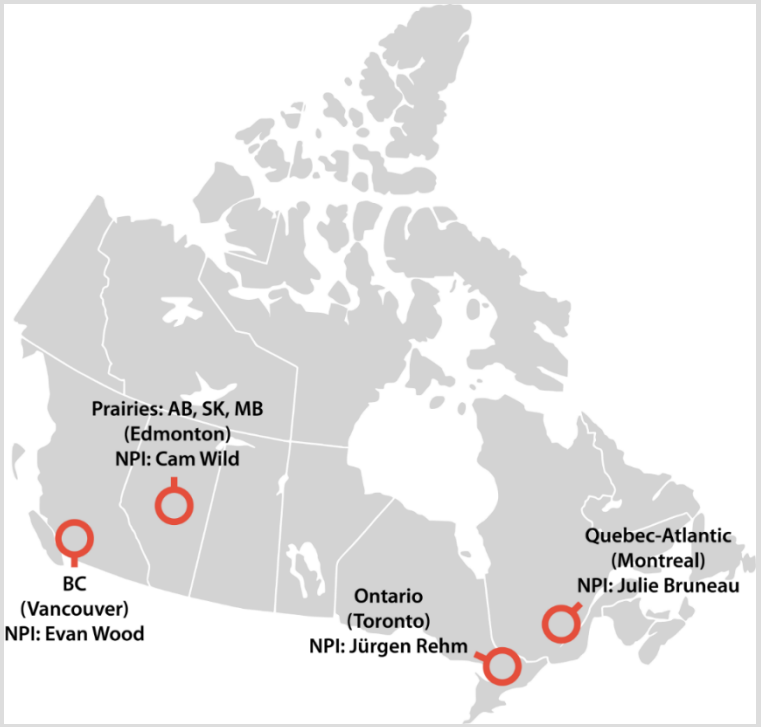
CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE

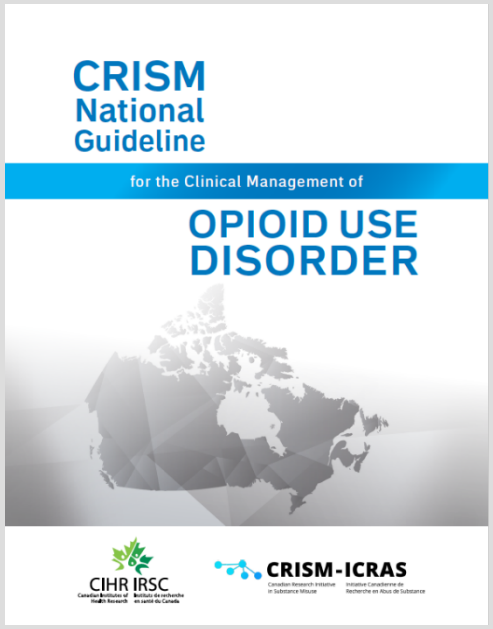
CRISM provides regional and national access to:

✓Over 400 affiliated researchers located in 40 institutions across Canada (specialists in addiction medicine, health services, epidemiology, health policy, statistics, infectious disease, health economics, social and behavioural science)

✓ Over 1000 affiliated knowledge users located in over 200 non-academic organizations

✓ People with lived and living experience of substance use





COVID-19 AND SUBSTANCE USE

- People who use drugs (PWUD) and people with substance use disorders have particular vulnerabilities that place them at risk of acquiring and transmitting SARS-CoV-2, which may lead to a worse course
  - Poor housing
  - Active addiction (both factors that may make physical distancing challenging)
  - Comorbid health conditions (e.g. COPD, HIV+) that may predispose to more severe infection resulting in increased morbidity, mortality and healthcare system utilization

CRISM AND COVID-19

Health Canada asked CRISM to develop a series of **national guidance documents** to address urgent needs of people who use substances, service providers, and decision makers in relation to the COVID-19 pandemic. Proposal peer reviewed and funded by CIHR.

- *Supporting people who use substances in shelter settings during the COVID-19 pandemic (82 pages)*
- *Telemedicine support for addiction services (47 pages)*
- *Supporting people who use substances in acute care settings during the COVID-19 pandemic (61 pages)*
- *Harm reduction worker safety during the COVID-19 global pandemic (50 pages)*
- *Strategies to reduce SARS-CoV-2 transmission in supportive recovery programs and residential addiction treatment services (37 pages)*
- *Medications and other clinical approaches to support physical distancing for people who use substances during the COVID-19 pandemic (53 pages)*

GUIDANCE DOCUMENT PRODUCTION – PROCESS

Authorship Committees

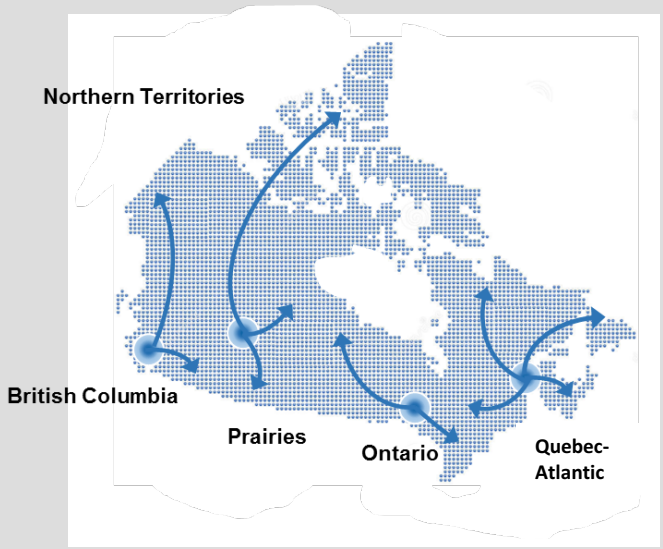
Text production & review (2 rounds)

External Review

Final Review and Approval

Coordinated by CRISM Nodes. Recruited specialists affiliated across the CRISM network. Includes PWLE, infection control specialists, and Indigenous representation.

Experts recruited from across Canada. Conflict of interest assessment.

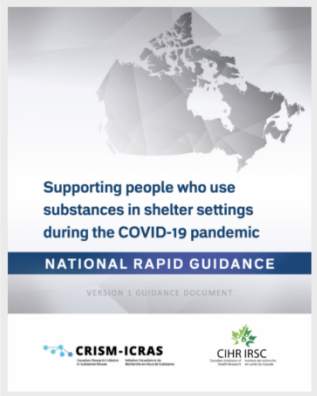


https://crism.ca/projects/covid/

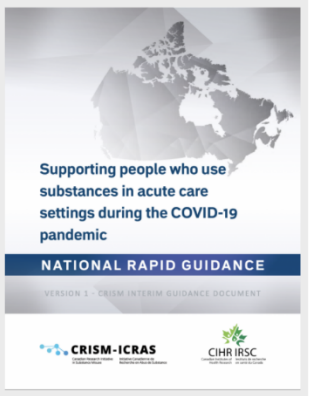
COVID-19 PANDEMIC – NATIONAL RAPID GUIDANCE

French

At the request of the Government of Canada, CRISM is rapidly developing a series of six national guidance documents. Collectively, the six documents address urgent needs of people who use substances, service providers, and decision makers in relation to the COVID-19 pandemic. The guidance provided in these document is subject to change as new information becomes available and the landscape of the pandemic and public health responses evolve over time. Check this page often for updates and new resources. French language versions of the documents are pending.



Telemedicine support for addiction services



Supporting people who use substances in acute care

DISCLAIMER FOR HEALTH CARE PROVIDERS

The recommendations in this guidance document represent the view of the Guidance Document Authorship Committee, arrived at after careful consideration of the available scientific evidence and external expert peer review.

The application of the guidance contained in this document does not override the responsibility of health care providers to make decisions appropriate to the needs, preferences, and values of an individual patient, in consultation with that patient (and their guardian[s] or family members, when appropriate) and, when appropriate, external experts (e.g., specialty consultation).

When exercising clinical judgment in considering strategies to support people who use drugs to self-isolate, health care professionals must uphold their duties to adhere to the fundamental principles and values of their relevant codes of ethics, while taking this guidance document into account.

Nothing in this guidance document should be interpreted in a way that would be inconsistent with compliance with those duties.

SUPPORTING PEOPLE WHO USE SUBSTANCES IN SHELTER SETTINGS

DOCUMENT COVERAGE

1. Rationale for supporting PWUD and who are experiencing homelessness or housing vulnerability during COVID-19
2. Guidance on how to obtain a legal exemption, implement, and operate a temporary supervised consumption service [Urgent Public Health Need Site]
3. Guidance on providing or facilitating access to a range of conventional first- and second-line substance use disorder treatments and recovery options
4. Guidance on risk mitigation strategies, such as replacement pharmacotherapy or managed alcohol programs, to support people with substance use disorders in emergency shelter settings when conventional treatments are not effective or appropriate
5. Advice for monitoring and evaluating the provision of these services

SUPPORTING PEOPLE WHO USE SUBSTANCES IN SHELTER SETTINGS – KEY POINTS

- Integrating supervised illegal drug consumption services into shelter settings is feasible
- Regularly review infection prevention and control and personal protective equipment procedures
- Facilitate access to healthcare providers to assist with SUD treatment, withdrawal management, and substance use stabilization/risk mitigation
- First- and second-line SUD treatments are available to support shelter residents who wish to abstain from drugs and/or alcohol

- Consider providing access to replacement medications for withdrawal and craving management, and to mitigate harms for those who don't accept or stabilize on evidence-based treatment

- Managed alcohol programs (MAPs) are a promising option

- Multiple avenues to receive prescribed medications (e.g. multi-day dispensing, pharmacy delivery, on-site pharmacy services)

- Psychosocial interventions (alone or in conjunction with prescribed medications or managed alcohol)

- Continuity of care for SUD treatment, replacement pharmacotherapy, and/or managed alcohol

DECISION MATRIX: SELECTING PPE FOR GENERAL COMMUNITY (NON-HEALTHCARE) SETTINGS

Participant Risk Category	**Minimally invasive tasks***	**Invasive tasks with possible contact with participants' bodily fluids^**
No risk factors for COVID-19	Medical-grade mask Consider eye protection (see text for details)	Medical-grade mask Gloves if hands exposed to non-intact skin or bodily fluids Gown if clothing exposed to bodily fluids Eye protection if face exposed to bodily fluids
Risk factors for COVID-19	Medical-grade mask and eye protection	Gown, gloves, medical-grade mask, eye protection

* Minimally Invasive Tasks: talking to participant, contact with intact skin, vital sign monitoring, simple assessments, administering medications, distributing food/supplies

^ Invasive Tasks: Nasopharyngeal swab collection, full physical exam, injectable medications and any other task with possible contact with bodily fluids including saliva, sputum, nasal secretions, vomit, urine, feces, blood, etc.

[1] This matrix is provided as an example of existing guidance for non-healthcare settings. PPE advice and recommendations vary according to specific jurisdiction, setting and service model. Operators should defer to local public health guidance in determining staff PPE requirements. Given the evolving nature of the COVID-19 pandemic and associated knowledge base, PPE requirements should be continually reviewed and updated as required

SUPPORTING PEOPLE WHO USE SUBSTANCES IN SHELTER SETTINGS KT MATERIALS

Homelessness, substance use disorder, and COVID-19

NATIONAL RAPID GUIDANCE DOCUMENT

PROVIDERS MAY TAKE THESE KEY POINTS INTO CONSIDERATION; HOWEVER THIS DOCUMENT DOES NOT SUPERCEDE PROVINCIAL / TERRITORIAL REGULATION OR CLINICAL EXPERIENCE

Why is it important to support people who use substances in shelter settings during COVID-19?

COVID-19 has put people experiencing homelessness/housing vulnerability and who use substances at high risk of negative health outcomes and death, from both COVID-19 and overdose.

What is the impact of COVID-19 on overdose?

If people overdose in public spaces, there may be no one around to help because of COVID-19 guidelines. If bystanders *do* see an overdose, they may not help because they are afraid of getting COVID-19, or afraid of giving the person who has overdosed COVID-19.

Shelter staff's ability to help during COVID-19 may be limited without enough protective equipment. Rescue breaths and CPR may be delayed until EMS arrives, increasing risk of harm and death to the person who overdosed.

What is the role of shelters?

Many shelters have reduced their capacity to meet COVID-19 guidelines.

This may lead to more people sleeping outside, where it can be hard to physically distance, self-isolate, use good hand hygiene, and follow mask guidelines.

Even though shelters try to support physical distancing and self-isolation, many still have trouble preventing COVID-19 spread. Studies in the United States have found 15-66% case rates of COVID-19 in some shelters.

What should shelter operators due to support people who use substances during COVID-19?

People should not be excluded from shelters because of bans on drug use or possession. Shelters should use harm reduction strategies to help reduce risk of harms and promote safety.

What can we do to support the health and safety of people experiencing homelessness or housing vulnerability?

COVID-19 highlights the need to provide housing for everyone. Housing is the first-line defence against COVID-19.

While shelters can work to reduce risks of COVID-19, they are a temporary solution and should not replace the goal to provide safe and adequate housing for all.

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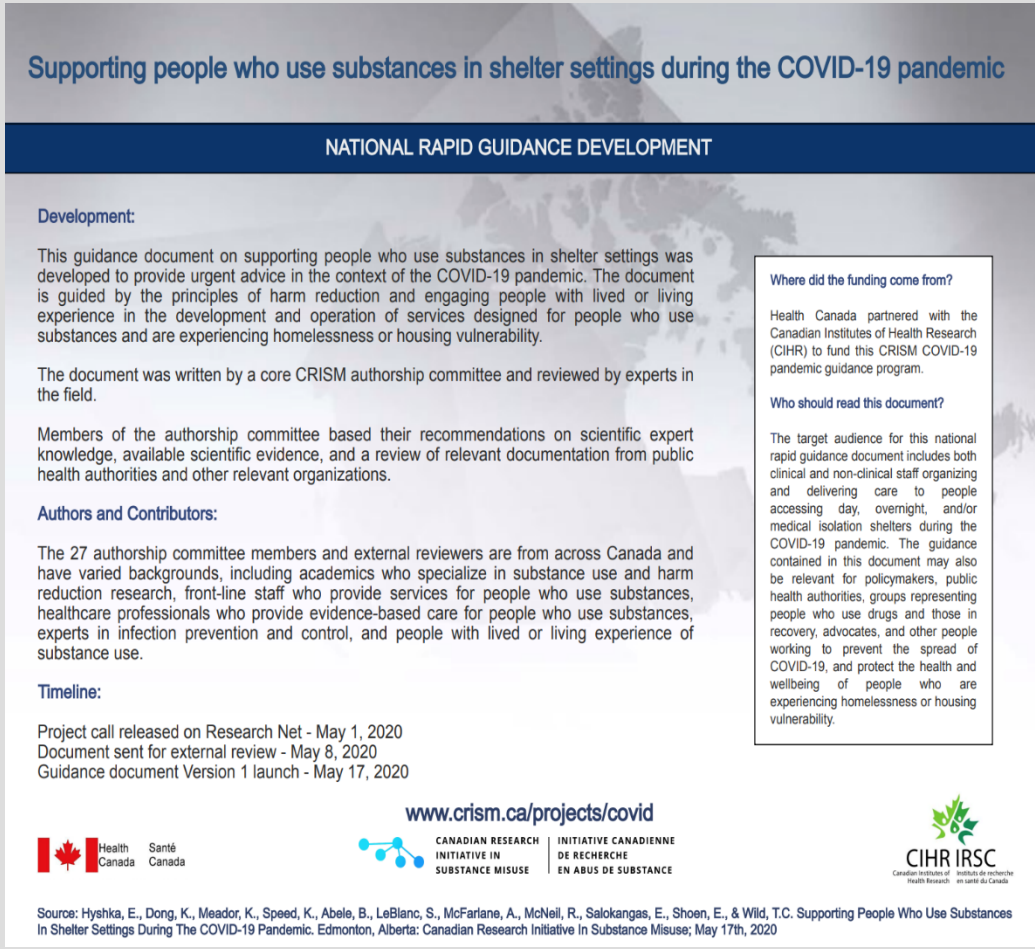
Source: Hyshka, E., Dong, K., Meador, K., Speed, K., Abele, B., LeBlanc, S., McFarlane, A., McNeil, R., Salokangas, E., Shoen, E., & Wild, T.C. Supporting People Who Use Substances In Shelter Settings During The COVID-19 Pandemic. Edmonton, Alberta: Canadian Research Initiative In Substance Misuse; May 17th, 2020



Supporting people who use substances in shelter settings during the COVID-19 pandemic

NATIONAL RAPID GUIDANCE DEVELOPMENT

Development:

This guidance document on supporting people who use substances in shelter settings was developed to provide urgent advice in the context of the COVID-19 pandemic. The document is guided by the principles of harm reduction and engaging people with lived or living experience in the development and operation of services designed for people who use substances and are experiencing homelessness or housing vulnerability.

The document was written by a core CRISM authorship committee and reviewed by experts in the field.

Members of the authorship committee based their recommendations on scientific expert knowledge, available scientific evidence, and a review of relevant documentation from public health authorities and other relevant organizations.

Authors and Contributors:

The 27 authorship committee members and external reviewers are from across Canada and have varied backgrounds, including academics who specialize in substance use and harm reduction research, front-line staff who provide services for people who use substances, healthcare professionals who provide evidence-based care for people who use substances, experts in infection prevention and control, and people with lived or living experience of substance use.

Timeline:

Project call released on Research Net - May 1, 2020
Document sent for external review - May 8, 2020
Guidance document Version 1 launch - May 17, 2020

Where did the funding come from?

Health Canada partnered with the Canadian Institutes of Health Research (CIHR) to fund this CRISM COVID-19 pandemic guidance program.

Who should read this document?

The target audience for this national rapid guidance document includes both clinical and non-clinical staff organizing and delivering care to people accessing day, overnight, and/or medical isolation shelters during the COVID-19 pandemic. The guidance contained in this document may also be relevant for policymakers, public health authorities, groups representing people who use drugs and those in recovery, advocates, and other people working to prevent the spread of COVID-19, and protect the health and wellbeing of people who are experiencing homelessness or housing vulnerability.

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TELEMEDICINE SUPPORT FOR ADDICTION SERVICES

DOCUMENT COVERAGE

1. Assessing appropriate use of telemedicine
2. Relaxation of prescription rules during COVID-19
3. Opioid agonist treatment and telemedicine
4. Expanded roles of pharmacists

TELEMEDICINE SUPPORT FOR ADDICTION SERVICES – KEY POINTS

General

- Same standards as in-person clinical care
- Assessment and treatment of physical and mental health conditions and other drug use-related concerns, prevention, harm reduction and other health information and counseling
- Patient consent must be obtained and documented and providers must articulate the limitations of telemedicine
- Follow the same documentation guidelines as a regular consultation

Opioid Agonist Treatment

- Assess and document safety concerns and measures to address them (especially methadone and sustained released oral morphine) as per Opioid Agonist Treatment (OAT) Guidelines

- Use clinical judgment to determine patient suitability for carries. Exceptional carries (beyond maximum carries allowed in guidelines) may be provided

- Should explore alternative measures for witness dosing (e.g., virtual communication and observational methods)

- Safe storage and risk of carries as per OAT Guidelines discussed and documented, Develop a Safe Carry Agreement

SUPPORTING PEOPLE WHO USE SUBSTANCES IN ACUTE CARE SETTINGS

DOCUMENT COVERAGE

- Content adapted from *Guidance Document on the Management of Substance Use in Acute Care*
- Literature search:
  - Total of 1016 articles retrieved, 61 articles identified as potentially relevant
  - An additional 2 potentially relevant articles identified from other sources
  - Of these 63 articles, 17 met criteria for inclusion in report– 6 systematic reviews, 3 randomized controlled trials, 6 non-randomized studies and 2 economic evaluations
- The following broad categories identified:
  1. Recommendations for clinical practice in acute care settings;
  2. How our health system can be more supportive

SUPPORTING PEOPLE WHO USE DRUGS IN ACUTE CARE SETTINGS – KEY POINTS

General

- Identify patients with SUD and initiate evidence-based treatment, manage withdrawal and cravings

- Access to sterile equipment, a place to safely dispose of used equipment, education about safer drug use during COVID-19, and an individualized safety plan for those who continue to use substances

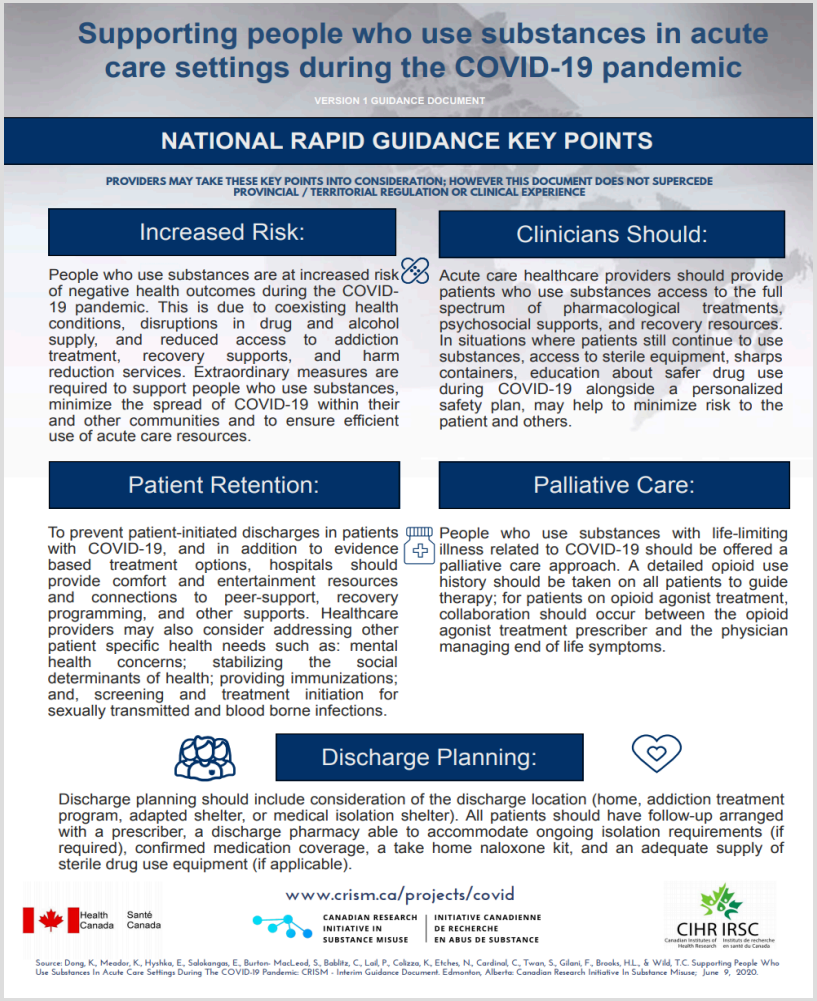
- Patients with life-limiting illness related to COVID-19 should be offered a palliative care approach. Detailed opioid use history to guide therapy; for patients on OAT, collaboration between prescriber and physician managing end of life symptoms

- Opportunity to address other health needs (e.g., mental health concerns, stabilizing the social determinants of health, immunizations, screening and treatment for sexually transmitted and blood borne infections)

- Discharge planning should include consideration of the discharge location (home, addiction treatment program, adapted shelter)

- Arrange follow-up with a prescriber, a discharge pharmacy, confirm medication coverage, provide a take home naloxone kit, and an adequate supply of sterile drug use equipment (if required)

SUPPORTING PEOPLE WHO USE DRUGS IN ACUTE CARE SETTINGS KT MATERIALS



Supporting people who use substances in acute care settings during the COVID-19 pandemic

VERSION 1 GUIDANCE DOCUMENT

NATIONAL RAPID GUIDANCE KEY POINTS

PROVIDERS MAY TAKE THESE KEY POINTS INTO CONSIDERATION; HOWEVER THIS DOCUMENT DOES NOT SUPERCEDE PROVINCIAL / TERRITORIAL REGULATION OR CLINICAL EXPERIENCE

Increased Risk:

People who use substances are at increased risk of negative health outcomes during the COVID-19 pandemic. This is due to coexisting health conditions, disruptions in drug and alcohol supply, and reduced access to addiction treatment, recovery supports, and harm reduction services. Extraordinary measures are required to support people who use substances, minimize the spread of COVID-19 within their and other communities and to ensure efficient use of acute care resources.

Clinicians Should:

Acute care healthcare providers should provide patients who use substances access to the full spectrum of pharmacological treatments, psychosocial supports, and recovery resources. In situations where patients still continue to use substances, access to sterile equipment, sharps containers, education about safer drug use during COVID-19 alongside a personalized safety plan, may help to minimize risk to the patient and others.

Patient Retention:

To prevent patient-initiated discharges in patients with COVID-19, and in addition to evidence based treatment options, hospitals should provide comfort and entertainment resources and connections to peer-support, recovery programming, and other supports. Healthcare providers may also consider addressing other patient specific health needs such as: mental health concerns; stabilizing the social determinants of health; providing immunizations; and, screening and treatment initiation for sexually transmitted and blood borne infections.

Palliative Care:

People who use substances with life-limiting illness related to COVID-19 should be offered a palliative care approach. A detailed opioid use history should be taken on all patients to guide therapy; for patients on opioid agonist treatment, collaboration should occur between the opioid agonist treatment prescriber and the physician managing end of life symptoms.

Discharge Planning:

Discharge planning should include consideration of the discharge location (home, addiction treatment program, adapted shelter, or medical isolation shelter). All patients should have follow-up arranged with a prescriber, a discharge pharmacy able to accommodate ongoing isolation requirements (if required), confirmed medication coverage, a take home naloxone kit, and an adequate supply of sterile drug use equipment (if applicable).

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Supporting people who use substances in acute care settings during the COVID-19 pandemic - VERSION 1 GUIDANCE DOCUMENT

NATIONAL RAPID GUIDANCE RECOMMENDATIONS

PROVIDERS MAY TAKE THESE KEY POINTS INTO CONSIDERATION; HOWEVER THIS DOCUMENT DOES NOT SUPERCEDE PROVINCIAL / TERRITORIAL REGULATION OR CLINICAL EXPERIENCE

OVERVIEW

- Clinicians should screen and assess acute care patients for substance use, initiate or provide access to evidence-based substance use disorder treatment, and provide psychosocial and/or pharmacologic management for withdrawal and cravings.
- Patients who continue to use substances should be offered sterile equipment and sharps containers, education about safer drug use during COVID-19, and a personalized safety plan to minimize the risk to themselves and others (e.g. unwitnessed overdose).
- Hospital staff should use a trauma-informed approach to care and, specifically, give a clear explanation and rationale for all COVID-19 infection control measures upon admission and throughout admission as required.

SUBSTANCE SPECIFIC RECOMMENDATIONS

- Hospital staff should encourage all admitted patients to reduce their use or abstain from smoking tobacco and cannabis products, particularly those with COVID-19. Nicotine replacement therapy and management of cannabis withdrawal or cravings can be provided.
- Clinicians must appropriately manage alcohol withdrawal and cravings. If alcohol use continues, the provision of alcohol via a managed alcohol program should be considered.
- Clinicians should offer patients with opioid use disorders immediate access to opioid agonist treatment (OAT), including specialist led approaches such as slow release oral morphine and injectable opioid agonist treatment where possible. For patients who are treatment refractory or in the process of stabilizing on OAT, a harm reduction approach which includes titrating full-agonist opioids to manage withdrawal and cravings, should be considered. All patients at risk of having an unintentional opioid overdose should have an as needed naloxone order on their chart as well as be provided with a naloxone kit upon admission.
- Patients with stimulant use disorders should be offered medications to address specific symptoms, as well as connection to contingency management programs and addiction counselling.

PREVENTING PATIENT-INITIATED DISCHARGES

Hospital staff should supply patients on isolation precautions access to entertainment activities such as television, tablets, music, reading materials, and art supplies. They should also facilitate virtual access to family, friends, community and recovery supports (e.g. Alcoholics Anonymous sponsor). Where available, hospital employed peer support workers and addiction counselors can also provide in-person support and connection to resources.

END OF LIFE AND PALLIATIVE CARE CONSIDERATIONS

Patients with life-limiting illness related to COVID-19 should be offered a palliative care approach. Clinicians should encourage and have conversations with patients about their personal goals of care. Collaborative management, particularly for patients with opioid use disorders, will ensure optimal symptom management.

ADDRESSING OTHER HEALTH NEEDS

Hospital staff should address other patient-specific health needs such as: mental health concerns; stabilizing the social determinants of health; providing immunizations; and, screening and treatment initiation for sexually transmitted and blood borne infections.

TRANSFER OF CARE TO COMMUNITY PROVIDERS

All discharged patients should have follow-up arranged with a prescriber, a discharge pharmacy able to accommodate ongoing isolation requirements (if required), confirmed medication coverage, a take home naloxone kit, and an adequate supply of sterile drug use equipment (if applicable). Hospital staff should take into consideration the discharge location (home, addiction treatment program, adapted shelter, or medical isolation shelter) when coordinating discharge planning.

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HARM REDUCTION WORKER SAFETY

DOCUMENT COVERAGE

- Systematic review of the academic literature
  - Total of 696 articles retrieved, 56 articles identified after screening
- Grey literature search (review of reports and community resources)
- The following broad categories identified:
  1. Recommendations for use of personal protective equipment (masks, gloves, gowns, etc.) under different conditions (e.g. during overdose response, in community, etc.)
  2. Environmental infection control protocols
  3. Barriers and facilitators to infection control protocol adherence

HARM REDUCTION WORKER SAFETY – KEY POINTS

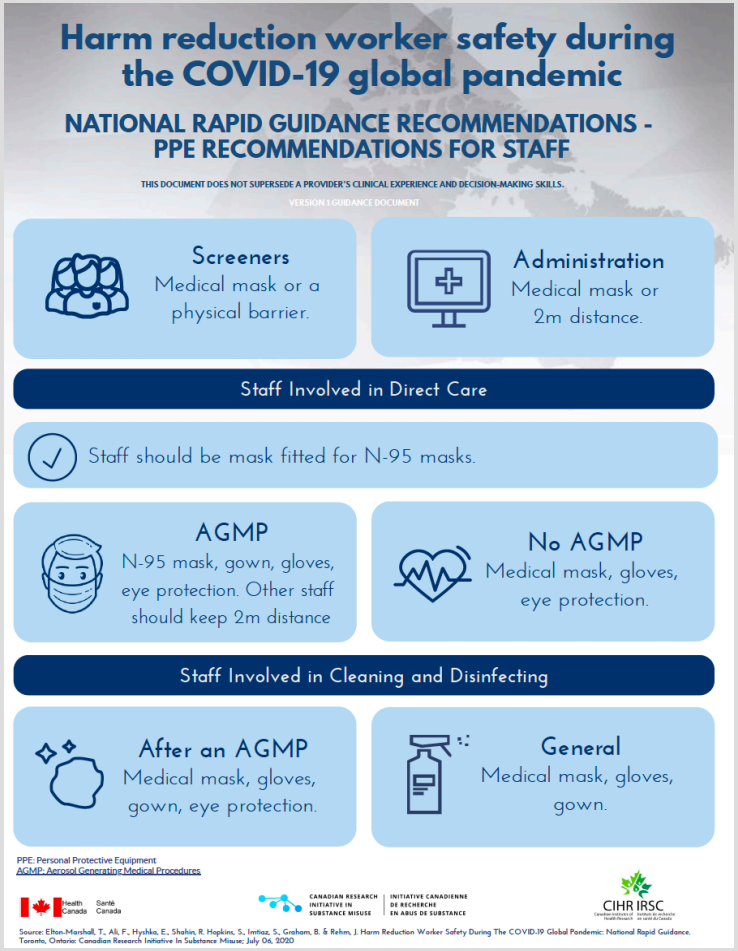
- Critical for preventing and reversing drug overdoses, providing harm reduction equipment to prevent infectious disease (e.g. HIV) spread, linking to treatment, health care and providing other supports
- Close contact with participants, body fluids, overdose response increase risk of contracting COVID-19
- The focus of these recommendations are for application within harm reduction sites in fixed locations including supervised consumption sites

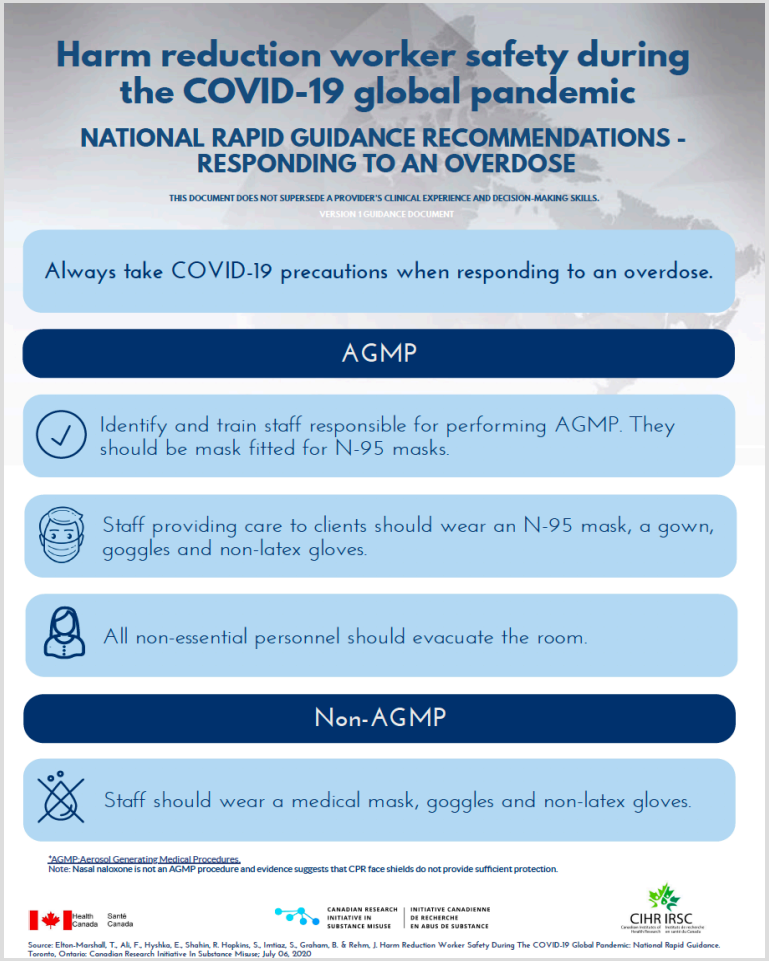
- PPE (masks, gowns, gloves, goggles/face shields) reduces risks to harm reduction workers when used correctly

- Implement physical distancing measures and/or separation between individuals, to help minimize risk of COVID-19 transmission

- Governments must also offer the highest level of required protection to all health care workers and allocate the necessary PPE resources, prepare for pandemics and other outbreaks by stockpiling PPE

HARM REDUCTION WORKER SAFETY GUIDANCE DOCUMENT KT MATERIALS





CRISM

STRATEGIES TO REDUCE TRANSMISSION IN SUPPORTIVE RECOVERY PROGRAMS AND RESIDENTIAL TREATMENT SERVICES

DOCUMENT COVERAGE

- **Deliverable**: Infection prevention and control procedures and operational recommendations for supportive recovery facilities
- **Rationale**: Supportive recovery services are unique due to the complexity of health conditions in clients and the specialized operations and programming. Thus, specific guidance is required

- **Includes information on**:
  - Facility risk assessment
  - Entry and screening procedures
  - Hygiene and disinfection practices
  - Protocols for suspected/confirmed COVID clients
  - Changes to programming and activities
  - Communication
  - Resources

STRATEGIES TO REDUCE TRANSMISSION IN SUPPORTIVE RECOVERY PROGRAMS AND RESIDENTIAL ADDICTION TREATMENT SERVICES – KEY POINTS

- Protocols to address infection prevention and control in the context of facilities and programs are needed
- Develop procedures to minimize interactions among staff, visitors and clients to reduce transmission within and between facilities
- Modify physical space and programming to accommodate physical distancing, including shifts to outdoor spaces or online platforms (where possible)
- Implement hand hygiene, PPE , and facility cleaning and disinfection procedures

- Develop an outbreak protocol that includes procedures for communication with staff, clients, and public health officials
- Ensure clients and staff from Indigenous communities are supported in maintaining cultural connection during social isolation
- Implement procedures to support the mental health and wellbeing of staff
- Guidance does not supersede infection prevention and control directives from regional, provincial, and national public health officials

MEDICATIONS AND OTHER CLINICAL APPROACHES TO SUPPORT DISTANCING FOR PEOPLE WHO USE SUBSTANCES

DOCUMENT COVERAGE

- **Deliverable**: Overview of prescribing strategies and principles of care for PWUD during the pandemic
- **Rationale**: PWUD often experience social/structural challenges that impair ability to follow public health directives. Along with chronic health issues, PWUD may be at high risk for acquiring and spreading COVID-19, which necessitates unique health care responses to maintain health and safety
- **Includes information on**:
  - Eligibility and assessment
  - Unique considerations for care planning
  - Alternative prescribing strategies
  - Other supports, such as overdose response, medication delivery, and rural considerations

MEDICATIONS AND OTHER CLINICAL APPROACHES TO SUPPORT DISTANCING FOR PEOPLE WHO USE SUBSTANCES – KEY POINTS

- Extraordinary measures are needed to support PWUD, including alcohol, to follow public health directives and prevent ongoing community spread
- When evidence-based treatment options are not effective, available, or are declined, consider alternative strategies—(e.g., prescribing pharmaceutical alternatives or providing other regulated substances)
- For individuals who need to self-isolate and who are at risk of withdrawal from illicit substances: clinical judgment and patient preference should inform prescribing options

- For individuals who need to self-isolate and who are at risk of withdrawal from licit substances: work with each individual to determine how best to reduce the risk of withdrawal and support self-isolation

- For individuals with co-occurring substance use or substance use disorders: consider risk of overdose associated with co-ingestion of CNS depressants when weighing risks and benefits. Use clinical judgement with priority to providing alternatives for the substances with highest risk of severe withdrawal

- Provide education on harm reduction strategies and access to harm reduction supplies

- For clients initiating or continuing to be prescribed medication for substance use disorders: identify pharmacies that offer delivery and can transport medication to the client

KNOWLEDGE MOBILIZATION

1. National and provincial Webinars highlighting the National Guidance Documents

   Tailor webinars for specific sub-groups where applicable: health care providers, knowledge users, end-users, scientific community

2. Plain-language documents and infographics summarizing key guidance under development

3. Dissemination of products including National Guidance Documents and infographics via local and national existing CRISM networks, Health Canada, and CIHR

4. Peer reviewed publications and conference presentations, including by trainees

5. Supporting PWLE involved in the development of guidance documents to help translate knowledge through various accessible formats (community presentations, and local/national conferences

6. Leverage existing knowledge holder and knowledge mobilization structures and committees to assist with dissemination (local, regional, national public health and medical bodies/groups

7. All guidance documents are in the process of being updated

ADDITIONAL WORK ON COVID BEING UNDERTAKEN BY CRISM (1)

Qualitative research with people who use substances

- May 4- July 27, 2020
- 200 interviews completed (29% Indigenous participation)
- Each CRISM Node facilitated regional data collection
  - ✓ BC Node: Cumberland, Chilliwack, Nelson, Quesnel, Vancouver (N=32)
  - ✓ Prairie Node: Calgary, Edmonton, Innisfail, Saskatoon, Winnipeg (N=38)
  - ✓ Ontario Node: Burlington, Hamilton, Kenora, Kitchener, London, Ottawa, Peterborough, Sudbury, Thunder Bay, Toronto, Windsor (N=67)
  - ✓ Quebec-Atlantic Node: Sydney, Halifax, New Glasgow, Windsor & Lower Sackville Nova Scotia, St. John's Newfoundland, St. John New Brunswick, Montreal, Quebec (N=63)
- Two papers highlighting major findings have been submitted for publication to disseminate results

QUALITATIVE INTERVIEWS: IDENTIFYING NEEDS AND CHALLENGES OF PWUD DURING THE COVID-19 GLOBAL PANDEMIC

Objectives:

(a) Overall challenges and concerns faced by PWUD in relation to the COVID-19 pandemic (including drug use and supply, service access, economic, social and health impacts)

(b) Specific needs during the pandemic

(c) Potential strategies that may be adopted to appropriately respond to urgent needs

Eligibility criteria:

a) Adults 18 years of age or older;

b) Current resident of Canada;

c) Fluent in English or French;

d) Currently (daily or weekly) using a licit or illicit psychoactive substance (alcohol, cannabis, opiates, central nervous system stimulants or depressants) and/or currently receiving opioid agonist therapy (OAT) treatment.

CURRENT SUBSTANCES USED AMONG STUDY PARTICIPANTS

Substances Used *not mutually exclusive	Participants N (%)
Polysubstance	147 (75%)
Stimulants	145 (74%)
Opioids	117 (60%)
Cannabis	82 (42%)
Alcohol	38 (19%)
Benzodiazepines	31 (16%)
Hallucinogens	9 (5%)

THEME	NOTES
Changes in Supply and Use Characteristics	• Illegal drug supply impacted by border and business closures • Reduction in drug supply, exacerbated by an increased cost • Majority of respondents identified decreased quality in substances and indicated harder drugs (e.g., fentanyl) are heavily cut with fillers and unknown substances • Toxicology results from BC and Ontario suggest a greater number of cases with extreme fentanyl and other (e.g., benzodiazepine) contamination in April-August 2020 compared with previous months • Difficulty accessing substances (have to wait longer or attempt with multiple dealers to obtain substance of choice) • Some participants expressed substituting with other - harder - substances when they were unable to access their substance of choice • Increased use alone

THEME: Changes in Supply and Use Characteristics	Quotes

"I stopped buying, what I call street dope, like for a fentanyl mix, heroin mix. It's not heroin anymore though, it's always fentanyl because the makeup of it has seemed to change a lot since COVID started. There seems to be weird stuff in it now that wasn't there as much. It's just a lot more prevalent now it seems like there's benzos in it or something. And I've noticed that people have overdosed that wouldn't normally overdose" (PN.10; Male, age 40)

"What you used to get for $10.00 you now pay like $30.00 for it. And like I said, it's not even good quality anymore, it's not like you're getting better for it. Most of the time it doesn't work the first time so I have to go do two or three more" (ON 77; Female, age 23)

THEME	NOTES
Greater risk for Overdose	• Illicit drug toxicity deaths increased by 72% in British Columbia (439 deaths between March 2019 and July 2019 and 758 deaths between March 2020 to July 2020 - Average weekly overdose death rate increased by 38% in Ontario during the first 15 weeks of COVID-19 compared to the 15 weeks prior - Other jurisdictions in North America have also reported increases - Attributable to "accidental" deaths (not suicide) • Changes to the drug supply - quality, price and availability - have led to overall toxic illicit substance supply • Self isolation measures have led to increasing unaccompanied substance use • Lack of service support has caused individuals to use alone, and increases in substance use as a coping mechanism • Lack of access and reduced capacity of OAT programs resulted in treatment disruptions, changes in tolerance levels and increased illicit substance use

THEME: Greater Risk for Overdose	Quotes

"It tends to be either really strong or really fuckin weak. It's never the same. I've had many Narcan [naloxone] episodes. Because of my asthma I go down pretty hard… [I've overdosed since COVID] multiple times" (ON 77; Female, age 23)

"I've been using all my life and I've never once overdosed until just a couple weeks ago. I think it's because the drugs are so bad because they can't get them across the borders and stuff now that they're mixing anything and everything with them. So whatever was mixed with the drug that I was doing – I think it was fentanyl or something. The drugs are terrible now and they're cut with everything and anything. You really never know what you're getting" (AN.38; Female, age 42)

THEME	NOTES
Changes in Service Access	• Harm reduction services closed or reduced hours and capacity • Sharing and re-using drug use equipment (syringes, pipes, etc.) because of decreased access to sterile equipment • Long lines, need to make advance appointments and risk of exposure to COVID-19 deterred PWUD from accessing services • Pharmacies reduced operating hours and occasionally ran out of medications • Shifting of services to online format restrictive and inaccessible for those without access to internet/computer/phone • Reduced access to detox, shelters, and residential treatment programs

THEME	NOTES
Changes in Service Access	• Positive outcomes - Mobile outreach to distribute harm reduction supplies helpful, but not all jurisdictions offered this and they are limited in capacity and resources - PWUD on OAT were able to receive take-home medication doses 'carries' more easily, allowing them to stay home and reduce their substance use - Pharmacies began delivering medications so PWUD could self-isolate - Temporary 'pop-up' shelters allowed unstably-housed PWUD a place to self-isolate and receive support

THEME: Changes in Service Access	Quotes

"And I've been having to reuse my own needles because I can't get to a site, or there's no sites open or I'm in a field somewhere by myself and all I have is my needle from the day before" (ON.77; Female, age 23)

"A lot more overdoses started happening when they closed those places [supervised consumption services]" (ON.70; Male, age 24)

"I usually don't have any issues getting in. Usually I get in, like, within one or two days, but with this COVID, I put my name in a month ago and still waiting. They can only take so many people in now" (AN.38; Female, age 42)

"The one good thing was COVID impacting me getting the carries from methadone" (AN.15; Male, aged 64)

PUBLIC HEALTH RECOMMENDATIONS

1. Support for 'Safe-Supply' Programs

2. Greater access to drug testing and take-home naloxone kits

3. Increased access to harm-reduction and mental health services (i.e. supervised consumption sites, counselling, self-help groups)

4. Access to mobile needle exchange and outreach services

5. Access to extended OAT prescription renewals and home delivery options

ADDITIONAL WORK ON COVID BEING UNDERTAKEN BY CRISM (2)

Cohort research

- Purpose is to identify needs and challenges of PWUD during the pandemic
- COVID-related survey items added to ongoing Canadian cohort studies of people who use drugs
  - Montreal: HepCo is an open prospective cohort of PWUD established in 2004. Currently has 550 active participants
  - Vancouver: Participants drawn from VIDUS (1000 drug injectors). AIDS Care Cohort to Evaluate Exposure to Survival Services (1000 HIV+ who use illicit drugs, At-Risk Youth Study (500 street-involved youth)
  - Toronto: OiSIS is an open prospective cohort of people who inject drugs with 673 current participants
  - Edmonton cohort under development

COHORT PROGRESS

- Vancouver: Completed 874 interviews November 23rd: Follow-up period began in December 2020
- Toronto: Completed 147 interviews November 23 2020 - plan to continue baseline and follow up through the Winter
- Montreal : completed 228 interviews December 18 2020 - follow up assessments of these participants to begin in February

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THANK YOU