

May 8, 2020

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ONTARIO
HARM REDUCTION
NETWORK

Housekeeping

- The audio is being streamed via your computer. For optimal sound, please use external speakers or earphones. If you are still having trouble hearing our presenters, you can dial into **+1-647-484-1598** or access the list of **Global call-in numbers**
- This webinar will be recorded and posted on **EENet.ca** following the presentation.
- Please also let us know via the chat box if someone is watching the webinar with you!
- Some collected data from the webinar might be used for reporting.
- We would appreciate having your feedback on today's knowledge exchange webinar. You will receive a link to the survey at the end of the webinar. **Thanks in advance for the 5 minutes of your time to complete our online feedback survey!**

AGENDA

Introduction
& Welcome

Context and
experiences
of PWUD
during COVID-
19

Ontario Harm Reduction
Innovations

Q&A

- The AIDS Network Hamilton
- Positive Living Niagara
- HARS Kingston
- Peer work and outreach

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Introduction

But first, a bit about you!

Please answer the polls that appear on your screen to give us a better idea of who is joining us today!

What is **your main role** in relation to the addictions and/or mental health sectors?

Which sectors are engaging in today's webinar?

What geographic region does your organization serve?

Co-Hosts

Today's webinar is co-hosted by Evidence Exchange Network, part of the Provincial System Support Program at CAMH, and the Ontario Harm Reduction Network.

Evidence Exchange Network (EENet) is a knowledge exchange network that helps create and share evidence to build a better mental health and addictions system in Ontario.

The Ontario Harm Reduction Network (OHRN) supports harm reduction efforts in Ontario by providing training, networking opportunities and consultations to service providers and agencies.



Today's webinar

During this webinar, you will learn about:

- ✓ Risk factors for people who use drugs during COVID-19; and
- ✓ Innovative Ontario harm reduction responses during COVID-19.

You will hear from:

- ✓ Staff of Ontario harm reduction programs operating in multiple settings.
- ✓ People who use drugs and people who participate in peer outreach and harm reduction.

Context and Experiences of PWUD During COVID-19

The Ontario Harm Reduction Network (OHRN)



OHRN supports harm reduction efforts in Ontario by providing training, networking opportunities and consultations to service providers and agencies. We also bring together harm reduction workers from across the province through **The Outreach Network (TON)**. OHRN is funded by the Ministry of Health.



Kim Trenchard
(she/her; they/them)



Christian Hui
(he/him)



Nick Boyce
(he/him)

- 90 Harm Reduction and Hepatitis C Outreach Workers
- 52 agencies (primarily HIV organizations; Community Health Centres)



Drug Culture Experts



- Natalie (she/her)
- Em (they/them)
- Peter (he/him)

Ontario Harm Reduction Distribution Program



ontario harm reduction distribution program

OHRDP co-ordinates the distribution of harm reduction supplies to core Harm Reduction Programs through a licensed distributor. Through the distribution of sterile, single-use equipment and better knowledge transfer we can help communities stay safer and healthier.



SAFER INJECTING SUPPLIES:

- Alcohol Swabs
- Acidifiers (Vitamin C)
- Tourniquets
- Filters
- Cookers
- Sterile Water

SAFER SMOKING SUPPLIES:

- Push Sticks
- Screens (brass)
- Straight Stems (pyrex)
- Bowl Pipes (pyrex)
- Mouthpieces (vinyl)
- Foil



Select Region
Sudbury and District ▼ **FIND**

8 NSPS FOUND

Map Satellite

A [Sudbury & District Health Unit - Rainbow Centre](#)
10 Elm Street - Unit 130
Sudbury, ON
(705) 522-9200 ext.778
Safer Injecting Supplies
Safer Smoking Supplies
Opioid Overdose Prevention
Bio Hazard Disposal

B [Sudbury & District Health Unit - Sudbury](#)
1300 Paris Street
Sudbury, ON
(705) 522-9200 ext.778
Safer Injecting Supplies
Safer Smoking Supplies
Bio Hazard Disposal

C [Sudbury & District Health Unit - Espanola](#)
800 Centre Street - Unit 100C
(Espanola Mall)
Espanola, ON
(705) 222-9202
Safer Injecting Supplies



Two crises... COVID-19 on top of an entrenched overdose crisis

Ontario opioid deaths - yearly increases for 20+ years



Opioid overdose deaths in Ontario

2017: 1,265

2018: 1,450

2019: 1,535*

**2019 may be revised as outstanding investigations are completed*



Key recent changes in the unregulated opioid supply



- Fentanyl and analogues
 - More difficult overdoses – e.g., quick onset of OD; chest wall rigidity
 - “no legs” → more frequent injecting
 - Potential for increases BBIs?
 - Spending more → increased engagement in survival behaviours
- Synthetic cannabinoids
 - Showing up in unregulated opioid supply
 - Psychosis type symptoms
- Benzodiazepine type drugs
 - People not waking up after naloxone restores breathing → ‘deep sleep’
 - Strains on first responders and staff at “Injection Sites”
 - Excessive (and unnecessary) naloxone administration in community

Ontario coroner data – methamphetamine deaths



Year	Meth	Meth + Alcohol	Total
2011	14	0	14
2012	13	1	14
2013	22	2	24
2014	41	5	46
2015	59	8	67
2016	116	8	124
2017	142	15	157

Download: “Impact of COVID-19 on People Who Use Drugs_April 2020”



April 2020

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



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 suppress 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 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).

April 2020

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



- 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.

Ontario Harm Reduction Innovations During COVID-19

How are harm reduction programs adapting to COVID-19?



THE AIDS NETWORK
Hamilton, Halton, Haldimand, Norfolk and Brant



DOWNLOAD: “How Ontario harm reduction programs are adapting to COVID-19_May 2020”



May 2020

How Ontario harm reduction programs are adapting to COVID-19



The OHRN team wishes to thank all those working to support people who use drugs across the province, as well as our Ministry of Health partners and key stakeholders such as [OHRDP](#), [CATIE](#) and [CAMH-PSSP](#) for their efforts to support harm reduction programs during the COVID-19 pandemic.

Below are highlights shared by harm reduction frontline workers and program managers about how they are adapting programs and services in response to the COVID-19 pandemic. Decisions about how to change program and service delivery need to take into account the local context and organizational capacity, and should be made in consultation with local public health guidance and organizational leadership.

General changes to harm reduction programs

- Co-locating with other services in temporary venues where physical distancing is possible.
- Where offices are closed, re-routing office calls to staff personal phones.
- Providing service users with updated lists of local services (e.g., shelters, warming rooms, food services) that remain open.
 - Editable Google Docs can be used to maintain real-time up-to-date information that can be updated by any service provider.
- Moving in-person support groups, educational components and services online.
- Providing outreach workers with letters identifying them as essential workers in case they are approached by enforcement officers.
- Developing harm reduction outreach best practice documents or organizational protocols specific to delivering services during the COVID-19 pandemic.

Harm reduction equipment and naloxone supplies

- To minimize infection transmission, moving away from single item self-serve to preparing and providing pre-packaged harm reduction kits.
- Using gloves and masks when preparing kits.
- Designating specific programs to become “kit making hubs” to supply programs that have reduced capacity to make their own kits.
- Taking orders for harm reduction supplies through email, phone or text messaging apps.
- Programs are distributing supplies in a variety of ways:
 - Out of mobile units (e.g., vans).
 - Partnering with other services such as meal delivery programs or COVID-19 isolation sites.
 - Through contactless means:
 - front door pick-up or drop-off;
 - drive-through;
 - self-serve harm reduction kit pick-up, with hand sanitizer available.
 - Pick-ups at predetermined locations on set days and times.
 - Supplying pharmacies with kits given that they are open longer hours.
 - Providing peers with kits for distribution to other peers.

May 2020

How Ontario harm reduction programs are adapting to COVID-19



Connecting to service users

- Including notes in harm reduction kits to advise service users to connect with staff for COVID-19 updates, or to provide COVID-19-specific information.
- Many service users do not have phones/computers or do not have substantial phone/data plans or home internet. Programs have reported:
 - Collecting phones and older computer equipment to provide to service users.
 - Providing service users with information on free Wi-Fi services.
 - Leaving the Wi-Fi on at their offices and removing the need for a password to access it – service users may be able to access the Wi-Fi from outside the building during hours that the organization is closed.

Staffing


- Remaining flexible and responsive to the needs of staff, and recognizing that productivity may differ as they work in higher stress environments and/or at home.
- Providing staff with clear and timely information about the organization’s response to COVID-19 (e.g., policies, changes in service delivery models, etc.).
- Providing staff with information on mental health and other supports.
- Staggering staff on a rotating basis so that not everyone is onsite at once (e.g., 50% in the office and 50% working from home), thus making physical distancing easier in the office.
- Implementing opt-out policies where workers can decide whether they wish to continue with their assigned roles with no pay penalty if they decide not to engage in work that may pose risk of COVID-19 infection.
- Cross-training staff from other programs on harm reduction outreach to ensure there is no shortage of staff due to potential future social isolation requirements for outreach staff.
- Providing online team meetings, check-ins, support sessions and trainings.
- Offering debriefs for both teams and leadership either internally or through a community partner agency.
- Creating online chat rooms for staff.
- Facilitating virtual social gatherings for staff, allowing them to connect outside of work.
- Reconnecting with one another by turning on cameras during web-based meeting and calls.

Peer workers

- Relieving peers from outreach positions with pay or redeploying to non-contact duties if there are concerns about risk of COVID-19 infection.
- Exploring ways to find more suitable and safer positions for peer workers (e.g., packing kits, becoming a driver for deliveries, etc.).







- Amanda Rogers
Harm Reduction Coordinator



HARM REDUCTION MOBILE OUTREACH SERVICE

The Harm Reduction Mobile Outreach Service is a program offered through HARS in partnership with KCHC's Street Health Centre and our local Public Health Units. We provide comprehensive, nonjudgmental and inclusive services to urban, rural and remote communities within our catchment area (Kingston, Lennox, Addington, Prince Edward Hastings, Frontenac, Lanark and Leeds and Grenville counties.)



WHAT DOES THE MOBILE OUTREACH SERVICE OFFER?

- HARM REDUCTION SUPPLIES
- NALOXONE TRAINING AND KIT DISTRIBUTION
- HIV/HEP C TESTING
- VEIN/WOUND CARE REFERRALS
- INFORMATION ABOUT SAFER SUBSTANCE USE
- REFERRALS TO COMMUNITY AGENCIES
- BASIC NEEDS ITEMS (FOOD, WATER, BLANKETS, ETC)
- HYGIENE SUPPLIES

For our schedule & locations, please contact us or check out our website/facebook page.

UrWorx (613) 329-6932
HARS (613) 545-3698

 @harskingston 

www.hars.ca/urworx



- Allie Torrance
Regional Harm Reduction Worker (Haldimand, Norfolk, Brant)
- Kaitlin Labatte
IDU Outreach Worker

THE AIDS NETWORK
Hamilton, Halton, Haldimand, Norfolk and Brant





- Talia Storm
Manager of StreetWorks Services



Innovations and solutions



- What is community taking on, that service providers cannot?
- What are two or three big picture changes you would like to see?

DOWNLOAD: “WorksCOVID19Tips”



COVID-19 Harm Reduction Tips



Clean your hands

Clean hands frequently with soap and water for at least 15 seconds or use alcohol-based hand sanitizer. Do this right before you prep your drugs and after any contact with others, using the TTC, handling cash, and getting your drugs. Dry your hands well with paper towel or a clean cloth towel.



Don't share gear

Sharing stems, meth pipes, straws, and injecting supplies (including ties, swabs, filters) all increase the risk of spreading the virus and other germs. Avoid sharing cigarettes, bongs, joints and vapes too.



Prep your own drugs

Try not to let others handle your drugs or drug-use supplies and don't let them handle yours. Before you prep, wash your hands and use alcohol swabs or a household cleaning product to clean the surface you are using. If you have to have someone else prep your drugs, make sure they wash their hands or use alcohol based hand sanitizer.



Get extra harm reduction supplies and naloxone

Next time you are at a harm reduction agency, ask for extra supplies. Stocking up for 2-4 weeks will help to limit your contact with others.



Avoid putting drug baggies/wraps in your mouth, anus or vagina

If you have to carry drugs inside your body, clean the bag/wrap thoroughly with alcohol-based sanitizer, alcohol swabs or isopropyl alcohol solution prior to inserting and after you take it out. Use an alcohol-based mouthwash to clean your mouth if that's how you carry. If your dealer carries in their mouth, ask them to consider a different method.



Work with your Methadone/Suboxone/OAT Prescriber

If you are on opioid agonist treatment or prescribed opioids for safer supply reasons, ask your healthcare provider to extend your prescription and reduce the frequency of your in-person appointments. Ask them for telephone or video-chat appointments, carries or to help you get doses delivered to you if possible.



Prepare for unplanned withdrawal

Have a back-up plan in case your dealer gets sick. Ask your healthcare provider to help with getting on OAT or getting the medications you might need for opioid withdrawal. Benzodiazepine and alcohol withdrawal can be very dangerous—team up with someone you trust who will be able to get you medical care if you go into withdrawal.



Respond to overdose

Any time you have to give naloxone or respond to a medical emergency, use the gloves provided in your naloxone kit. Always safely dispose of used kits contents directly into the trash after use and clean your hands.

If you ever have difficulty breathing or experience other severe symptoms, call 911.

416.338.7600 | toronto.ca/covid19 | **TORONTO** Public Health

Adapted from a resource by INPUD

Questions & Answers

Thank You!

camh

Please take a few minutes to answer a feedback survey on today's webinar and give us suggestions on future webinar topics.

<https://www.surveymonkey.com/r/HRandCOVID>

The webinar recording will be posted to EENetConnect shortly.



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Contact Us



Email: [info @ ohrn.org](mailto:info@ohrn.org)

www.ohrn.org

