

Harm Reduction and COVID-19

Guidance Document for Community Service Providers

Note: Due to the rapidly evolving nature of COVID-19 in Alberta, all information in this document is current but may be updated at any time. For the most current information on the situation in Alberta, please visit the following websites:

- Alberta Health Services COVID-19 page at www.ahs.ca/covid
- Government of Alberta COVID-19 page at www.alberta.ca/covid19

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Purpose

This guidance document for community service providers was prepared by the **Alberta Health Services (AHS) Harm Reduction Services Team** in partnership with the **Alberta Community Council on HIV (ACCH)**. It covers information on how community services may alter harm reduction practices during the COVID-19 pandemic with the goal of reducing the spread of COVID-19. This information can also be used by service providers to communicate information and education on reducing spread of COVID-19 while maintaining health and wellness along the spectrum of substance use.

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Overview on COVID-19 in Alberta

About COVID-19

Human coronaviruses are a common family of viruses that usually produce respiratory illnesses like the cold. COVID-19 is a respiratory illness caused by a specific new strain of coronavirus, now called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) or more commonly the COVID-19 virus (World Health Organization, 2020a). Presence of the COVID-19 virus was first confirmed January 7, 2020, after several cases of pneumonia were identified related to an unknown virus in Wuhan, China. Since then, the virus has spread globally with Canada confirming its first case related to travel on January 25, 2020 (Government of Canada, 2020c). A global outbreak of the disease has occurred, causing more stringent public health responses and emergency measures to be put in place. COVID-19 was declared a pandemic by the World Health Organization on March 11, 2020, and Alberta declared a state of public health emergency under the [Public Health Act](#) on March 17, 2020 to respond to the COVID-19 pandemic (Government of Alberta, 2020).

Most people will recover from COVID-19 without needing special treatment. However, for those who are more vulnerable, the disease can result in pneumonia and severe illness that could lead to death (Alberta Health Services, 2020). There is no vaccine or specific treatment for COVID-19 at this time. Current interventions are intended to support the ill person and address signs and symptoms that develop and are serious in nature.

How COVID-19 is spread

Coronaviruses are spread commonly through respiratory droplets produced when a person exhales, coughs or sneezes (Government of Alberta, 2020). Close contact with a person who is sick, including touching surfaces they have recently touched and then touching your eyes, nose or mouth can spread the virus (Government of Alberta, 2020). The virus survives several hours to several days on various surfaces (Government of Canada, 2020d).

Signs and symptoms of COVID-19

COVID-19 symptoms can vary from mild to severe. Signs and symptoms can take up to 14 days to appear after exposure to the virus. Signs to look for are:

- Fever
- Cough
- Difficulty breathing or shortness of breath
- Sore throat
- Runny nose or nasal congestion

(Alberta Health Services, 2020)

Individuals who have travelled outside of Canada or have been exposed to a person who has COVID-19 are also at particular risk and must follow specific steps to prevent potential spread of the virus, per the mandatory [public health orders](#) from the Chief Medical Officer of Health (Alberta Health Services, 2020).

What to do if experiencing signs and symptoms or possible contact with a person with COVID-19

Controlling the spread of COVID-19 is possible when people with symptoms are isolated. If you suspect you may have come in contact with a person with COVID-19, follow these instructions:

- If you have travelled outside of Canada in the last 14 days, **you must [self-isolate](#) immediately upon return for 14 days.**
- If you are a close contact of a confirmed case of COVID 19, **you must [self-isolate](#) immediately for 14 days.**
- If you have the following symptoms: cough, fever, shortness of breath, runny nose or sore throat that are not related to a pre-existing illness or health condition, you **must self-isolate for 10 days after the onset of symptoms or until the symptoms resolve, whichever is longer.**
- Take the online [COVID-19 Self-Assessment](#) to determine if testing for COVID-19 is necessary. **Note:** a unique [COVID-19 Self-Assessment for Healthcare Workers](#) is available for healthcare workers, which includes*:
 - Healthcare workers
 - Group home workers and shelter workers
 - First responders, including Firefighters and Emergency Medical Services (EMS)
 - Those involved in COVID-19 enforcement, including Police, Peace Officers, Bylaw Officers, Environmental Health Officers, and Fish and Wildlife Officers
 - Correctional facility staff, working in either a provincial or federal facility.
- **Do not visit a hospital, clinic, lab or healthcare facility without calling [Health Link 811](#) first.**
- Call [Health Link 811](#) if symptoms worsen.
- Call 911 if experiencing serious illness or needing immediate medical attention. Let them know that you may have COVID-19.

* This list may change. Please click on the assessment link above for the most current information.

(Alberta Health Services, 2020)

Vulnerability to COVID-19

Some people have a greater risk of becoming ill with COVID-19 and can develop more severe complications due to health and social factors (Government of Canada, 2020f). Extra caution and attention may be necessary to support staff and clients who are considered vulnerable. The list below outlines risk factors of people who may experience greater difficulties.

- Older adults
- People with underlying chronic medical conditions (e.g., heart disease, kidney disease)
- People who have compromised immune systems from medical conditions or treatment (e.g., chemotherapy, hepatitis, arthritis)
- People who require supervision or support for activities of daily living
- People who have difficulty accessing health care
- People who have inadequate or no access to housing, shelter, or hygiene supplies
- People who have unstable employment or working conditions
- People who live in remote or isolated communities or situations

(Government of Canada, 2020f)

Harm reduction practices to help reduce the spread of COVID-19

Daily hygiene practices

- Wash hands with soap and water or use alcohol-based hand sanitizer often. Wash for at least 20 seconds. Always wash hands before and after the activities listed below:
 - Handling food, medications or drugs
 - Using the toilet
 - Personal hygiene practices (e.g., applying cosmetics or contact lenses)
 - Providing direct care(Alberta Health Services, 2020)
- Avoid touching your eyes, nose, mouth, or face (Alberta Health Services, 2020).
- Avoid close contact with people who do not live with you. Practice [physical distancing](#). Stay at least 2 metres (6 feet) away from others in public, and limit the number of times you leave your home. Stay home to avoid spreading or contracting the virus (Alberta Health Services, 2020).
- Cover coughs and sneezes with a tissue or cough into the bend of your arm. Never cough into your hands. Dispose of used tissues in a lined waste container and wash hands immediately after (Government of Canada, 2020d).
- Clean and disinfect frequently touched surfaces (e.g. doorknobs, light switches, faucets, countertops, phones) and shared spaces (e.g., kitchens and bathrooms) often (Government of Canada, 2020d).

The COVID-19 virus can be effectively eliminated by commonly used cleaners and disinfectants. Use disinfectants with bleach, alcohol (at least 70%) or hydrogen peroxide. Use disposable cleaning supplies as much as possible. If using reusable cloths, wash in hot water (60-90°C) with regular laundry soap.

(BC Centre for Disease Control, 2020; Government of Canada, 2020a, 2020b)

Community service provider practices

- **ANTICIPATE AND PLAN FOR CHANGES IN OPERATIONS**
 - Plan for employee absences and prepare by cross-training staff. Consider implementing health screening for staff before every shift, checking for any [signs and symptoms](#) of COVID-19, or probable exposure. Staff who have symptoms or a probable exposure must stay home. Reduce operations as needed so that the focus can be on essential services (Harm Reduction Coalition, 2020). Be creative and flexible in service delivery.
 - Plan appropriately for additional supply needs or shortages.
 - Stay informed and connected to current and accurate information for your local geographic area (Harm Reduction Coalition, 2020).
- **REDUCE CONTACT**
 - Use a “buddy” system to limit contact with affected individuals. Only one healthy person should provide care to an individual to minimize the number of staff members interacting with clients with any symptoms (BC Centre for Disease Control, 2020; Government of Canada, 2020f; Harm Reduction Coalition, 2020).
 - Re-assign staff who may be especially vulnerable to complications from COVID-19 to work that does not involve direct contact with clients who may have symptoms.
 - Limit access to nonessential visitors when possible. (e.g., friends that are accompanying the individual using services can wait outside the service space) (Harm Reduction Coalition, 2020).

- Install barriers or devices to create an appropriate physical distance between clients and staff (e.g., plexiglass, tables, cones or taped off lanes).
- Always perform a point of care risk assessment prior to client interaction and determine need for personal protective equipment (PPE). Wear appropriate disposable PPE if providing care or support for a client within 2 metres (6 feet); use a disposable mask, gloves, and eye protection (Government of Canada, 2020b). Learn how to safely put on, use, and remove the PPE correctly. PPE should not be re-used and should be disposed of immediately.
 - See [Additional information resources](#) for information on PPE use.
 - If programs do not have access to PPE, look at ways to provide without close contact as in [Operational strategies to reduce risk of spread of COVID-19](#).
- **FOCUS ON HYGIENE**
 - Clean and disinfect commonly used or high touch surfaces regularly.
 - Always wash hands before and after contact with clients.
 - Ensure visitors, clients and staff have direct access to handwashing stations or hand sanitizer and encourage everyone to sanitize their hands when entering and leaving the facility.
 - If clients do not have access to hand sanitizer or running water, consider providing extra alcohol wipes or personal hygiene wipes and demonstrating how to clean hands and surfaces.

Supporting clients accessing community services

- **COMMUNICATE PRECAUTIONS**
 - Provide clear instructions on prevention of virus spread. Use common language. Demonstrate how to wash hands and cover coughs and sneezes. Use signs in shared public spaces as reminders (Government of Canada, 2020f).
- **ENSURE ACCESS TO MEDICATIONS AND NECESSARY SUPPLIES**
 - Discuss plans for filling prescriptions and accessing necessary medical supplies to avoid any delay or continuity in treatment (e.g. opioid agonist therapy, antiretroviral therapy, psychiatric medications, harm reduction supplies) (Government of Canada, 2020f). Have an emergency plan in place if supplies are unavailable. Consider scripts for longer durations or telehealth options. Find a friend or support person who can deliver supplies as needed (BC Centre for Disease Control, 2020; Government of Canada, 2020f). Many pharmacies are also providing delivery if you request it. Support clients with accessing recovery-oriented services (e.g., counselling, detoxification and stabilization, treatment).
- **ADDRESS BASIC NEEDS**
 - Provide access to food, drinks, and hygiene supplies (Government of Canada, 2020f). Offer extra supplies in case of closure. Provide information on how to access supplies if anticipating shortage or closure. Prepare and stock up on supplies for clients appropriately (BC Centre for Disease Control, 2020; Harm Reduction Coalition, 2020).
- **DESIGNATE SPACE**
 - Provide separate safe spaces for people who are symptomatic to rest safely or use the washroom. Always put the toilet lid down before flushing (Government of Canada, 2020b).
- **FACILITATE REFERRALS TO RECOVERY-ORIENTED SERVICES**
 - Everyone is different and treatment will look different for each person. AHS has outpatient assessment and counseling, detoxification and stabilization, day treatment, residential treatment and aftercare. Alberta Health Services has over 20 clinics that treat

opioid dependency, including the Virtual Opioid Dependency program that can provide treatment anywhere in Alberta. A full listing of programs available can be found on the [College of Physicians and Surgeons](#) website.

- Provide information on support resources like the Addiction Helpline at 1-866-332-2322; or [ahs.ca/amh](https://www.ahs.ca/amh).

Poisoning response

Community Based Naloxone Program recommendations on suspected opioid poisoning response in the community

Poisoning response requires close proximity to the individual needing care, which may present a potential risk for exposure to COVID-19 to the responder. Providing rescue breathing to someone infected with COVID-19 would be considered a substantial exposure and it is unknown how a one-way rescue breathing mask may impact the risk of transmission. Individuals over 60 years of age and those with preexisting health conditions are most at risk of severe symptoms from COVID-19. It is at the discretion of the responder to perform rescue breaths or cardiopulmonary resuscitation (CPR) as part of the poisoning response. This document can be used to support individuals when responding to suspected opioid poisoning with a Community Based Naloxone Kit.

RECOMMENDATIONS FOR SUSPECTED OPIOID POISONING RESPONSE

- Call 911. If there is reason to believe the person has COVID-19 symptoms, tell the 911 operator.
 - See [Symptoms](#) of COVID-19.
- Anyone not responding to the suspected opioid poisoning event should leave the room or immediate area (e.g., with clearance of at least 2 metres or 6 feet).
- Assess the risk of spreading infection: note any contact you might have with blood or body fluids. Wash or sanitize your hands, if possible, and don Personal Protective Equipment (PPE), including gown, face mask, eye protection and gloves, if available.
 - See the following AHS infographics on PPE and more information in [Additional information resources](#).
 - [Modified PPE for Suspect or Confirmed COVID-19 in Vulnerable Populations outside of Healthcare Facilities](#)
 - [Putting on \(Donning\) Personal Protective Equipment \(PPE\)](#)
 - [Taking off \(Doffing\) Personal Protective Equipment \(PPE\)](#).
 - If PPE is not available, put on the gloves included in the naloxone kit.
- Administer naloxone.
- If you choose to provide rescue breaths, use the one-way rescue breathing mask included in the naloxone kit which has a one-way valve to decrease the possibility of transmission for the responder. Ensure that the airway is open by performing a “jaw-thrust” maneuver (if previously trained and familiar with this technique), or tilting the head back and lifting the chin up (“head-tilt-chin-lift technique”), regardless of whether rescue breaths are provided.
- Continue to monitor the individual; assess response after 2 minutes. If no response, administer another dose of naloxone and continue to provide rescue breaths as able. Repeat these steps until first responders arrive or the individual begins breathing on their own.
- If the individual is breathing, place them in the recovery position.
- After the response, thoroughly wash hands with soap and water or with an alcohol based hand sanitizer and dispose of all items used in the response safely.
- Once the scene has been cleared, thoroughly clean the area in which assistance was provided and wash hands again after cleaning.
 - See [Environmental Cleaning in Public Facilities](#) and [Prevention](#).
- Use new or appropriately cleaned PPE with each poisoning event.

PROVISION OF CPR

Some responders may choose to provide CPR during opioid poisoning response or may be directed to do so by a 911 operator. AHS Infection Prevention and Control states that providing **chest compressions only** is not aerosol-generating; therefore, use of an N95 respirator is not required. If CPR is required, placing a mask (if available) over the individual's mouth and nose is recommended to prevent potential spread of droplets.

Note: If CPR is being provided with a bag-valve mask, this will be an aerosol-generating medical procedure that will require use of appropriate PPE, which includes a fit-tested respirator, such as N95. For more information on this, visit ahs.ca/covidppe.

Harm reduction program operations during COVID-19

Harm reduction is centred on meeting clients where they are at. For some, local harm reduction programs may be their single point of access to a variety of health and social services. Naturally, harm reduction programs would not want to put clients who are already at risk of harm related to substance use and social health factors without support. Many clients of these services will also have underlying chronic medical conditions, experience homelessness and difficulty accessing basic needs, all factors that make them vulnerable to complications of COVID-19. Continued access to programs and services that provide basic needs, temporary shelter, and substance use and safer sex equipment is necessary.

It is crucial clients are not left unsupported in this time of uncertainty.

Provision of harm reduction supplies remains a priority during a public health emergency. A reduction to the number of sites or restrictions on opening hours or operation will reduce the availability of new, sterile equipment and supplies. “Shortages will increase the risk of equipment reuse as well as sharing of equipment, which increases the risk of skin and soft tissue infections, spore-forming bacterial infections and blood-borne virus infections in a population with already high prevalence of viral hepatitis and HIV” (Scottish Drugs Forum 2020). It is essential to ensure that adequate access to harm reduction supplies and services is maintained. The following practices can reduce the risk of spread of COVID-19 while reducing harms related to substance use.

Operational strategies to reduce risk of spread of COVID-19

Harm reduction programs will need to adapt operations and processes with COVID-19 in mind. Some suggestions for how to continue to provide services safely are listed below.

- Set up a designated area that allows for appropriate distancing during client interactions.
 - Keep at least 2 metres (6 feet) between staff and clients. This may involve placing a physical partition to prevent physical contact (e.g., plexiglass, tape, cones, table or chair).
 - Limit interactions to one client at a time. If clients line-up to access harm reduction supplies, place markers on the floor to ensure clients are spacing themselves at least 2 metres (6 feet) apart.
- Communicate precautions clearly.
 - Consider placing signage around the area so clients are aware of proper coughing etiquette and proper use of hand sanitizer/hand washing.
 - See AHS [Signage & Posters](#) for a variety of signage and infographics on COVID-19 precautions.
 - Communicate changes and precautions with rationale in client interactions. Demonstrate precautions as appropriate.
- Encourage people to take more supplies to reduce the number of times they need to return to re-stock.
 - Clients may choose to request enough supplies to last at least 14 days to prepare and anticipate any need for self-isolation if exposed to COVID-19.
 - If available, larger sharps disposal containers should be provided to clients with private residences to facilitate safer disposal of sharps in the home and also reduce the frequency of visits needed to sharps disposal facilities or services. If not available, provide an appropriate number of sharps disposal containers for clients taking larger quantities of supplies.
- Screen clients for [signs and symptoms](#) of COVID-19 prior to interaction and have a plan in place for clients who present with symptoms.

- Assessment can be done verbally, via a written questionnaire, or with a thermometer, as appropriate for the program. Signs and symptoms include:
 - Fever
 - Cough
 - Difficulty breathing or shortness of breath
 - Sore throat
 - Runny nose or nasal congestion
 - Fatigue (extreme tiredness)
- Programs may develop their own processes in alignment with Government of Alberta and Alberta Health Services recommendations. Staff should be made aware of established facility or program processes, as well as precautions and public health orders around COVID-19.
 - e.g., If a client is exhibiting signs or symptoms of COVID-19, provide a mask or gloves, if able, for them to wear while accessing the service.
- If symptoms are consistent with COVID-19 use the online [COVID-19 Self-Assessment](#) to determine whether they should be tested for COVID-19 or whether they need to call [Health Link 811](#). The assessment can be completed by the client or by a staff member on behalf of the client, if they are unable to complete it independently.
- Provide hand sanitizer or handwashing stations for clients to be able to clean hands.
 - Refer to [daily hygiene practices](#) for the full list of prevention strategies that should be implemented.
- Provide clients with information on best practices for cleaning substance use equipment at home, in the event they need to reuse supplies with no options for obtaining sterile supplies.
 - Evidence has shown that cleaning needles with bleach is not an effective way to prevent HIV and hepatitis C transmission. Evidence-based best practice is to use new, sterile equipment each time and not to share or borrow supplies from others.
 - If cleaning a needle and syringe with bleach is their only option, please provide them with the correct steps to follow. See [What about when you can't get new needles or other injection equipment?](#) from CATIE.
 - Advise clients to rinse the needle with cold water after using it so blood does not dry in the syringe and clog it. Remind them that this will not kill bacteria or viruses like hepatitis C or HIV. The needle can also be re-sharpened by scraping the point and beveled edge along a matchbook, where you would strike a match (CATIE, 2016).

Naloxone kit distribution

Naloxone distribution programs are able to reduce poisoning deaths among participants (Freeman, Bourque, Etches, Goodison, O’Gorman, Rittenbach, Sikora & Yarema, 2017). As identified in the 2017 Alberta Medical Examiner’s data (Government of Alberta, 2019b), most poisoning events occur in a range of stable housing environments. Because COVID-19 public health measures have encouraged and, for some, mandated people to stay home, some people who use substances are now at increased risk of using alone and experiencing a poisoning. Naloxone has been used by members of the public to reverse thousands of opioid poisoning events. Many lives have been saved in Alberta by community members using naloxone kits. It is imperative that naloxone kit distribution continues while Alberta experiences the COVID-19 pandemic.



A list of all registered Community Based Naloxone (CBN) Program distribution sites across the province can be found at www.albertahealthservices.ca/info/Page15586.aspx. This list is updated by the CBN Program, but may not reflect current hours or availability of listed programs given potential changes related to the COVID-19 pandemic. Always call ahead to check for availability prior to advising a client where they can access additional naloxone kits before they go in person.

Training on response during COVID-19 should not be any different. Individuals should still receive information on the full scope of interventions. The earlier section on Poisoning Response clarifies current recommendations by the Community Based Naloxone Program for responding to a suspected opioid poisoning with naloxone. Rescue breathing can be provided at the responder's discretion as there may be a potential risk of transmission of the COVID-19 virus without appropriate personal protective equipment. As always, 911 should be called when an opioid poisoning or any medical emergency is suspected.

For individuals who are unable to receive training and education on opioid poisoning response and naloxone kit use in person, online resources may be helpful. A list of online links that provide training on naloxone kit use and opioid poisoning response can be found below. Additional Community Based Naloxone (CBN) Program information and training materials can be found at www.ahs.ca/naloxone.

COMMUNITY BASED NALOXONE PROGRAM RESOURCES

- Naloxone Kit Instruction Insert: [How to Respond To An Opioid Poisoning With Naloxone](#)
- eLearning Module: [Community Based Naloxone Overdose Response Kit Training Program](#)
- Printable Information
 - [Injectable Naloxone Information](#)
 - [Injectable Naloxone Storage Recommendations](#)
 - [Naloxone Expiry Notice](#)
 - [Opiates Overdose Signs and Symptoms and Prevention](#)
 - [Overdose Prevention and Response](#)
 - [Naloxone Kit Training](#)
- [Frequently Asked Questions for Clients](#)

VIDEOS

- [Ask A Paramedic – Opioid Overdoses](#)
- [Overdose Response and Administration of Naloxone](#)

ADDITIONAL INFORMATION

- [DrugSafe.ca](#)
- [Substance Use: Common Drugs](#)
- [Fentanyl FAQ](#)
- [Overdose Prevention: Fentanyl](#)

Providing supplies during office closures or reduced hours

Many programs may be closing offices or reducing hours during COVID-19, due to a variety of factors or circumstances. Sometimes these programs may be the only ones locally available to the public. Below are some ways to support clients in continuing to access necessary harm reduction supplies.

- Ensure office closures and reduced hours are clearly communicated to clients.

- Identify alternative locations or programs to access harm reduction supplies and communicate information clearly to clients.
- Determine if there are alternate service providers or community outreach services that are willing to provide supplies in your community that have not been doing so before. Provide them with necessary information and support for best practices in harm reduction supply distribution.
- Create pre-made packages that are easy to hand out to clients. This can reduce the time you spend in direct interaction with a client. Encourage them to take quantities that they may realistically need in the event of closure or need to self-isolate for 14 days or more.
- Consider mail service if direct client interaction is not possible.
- Consider initiating a mobile service with contactless drop-off.
- Consider implementing a harm reduction supply dispensing machine.
 - See [Harm Reduction Dispensing Units](#) from CATIE for more information on dispensing unit programs.
- Identify community pharmacies that are able to provide syringes for a small fee or for free.
- Some supplies may be available for purchase online if no local resources are available. Provide product information to clients who are interested in purchasing their own supplies as appropriate.

General support and information-sharing with clients

More detailed information for clients can be found in [Safer substance use and COVID-19](#). Information service providers should ensure clients understand include:

- Discussing and encouraging clients to prepare for potential scenarios they may experience during a pandemic, such as:
 - Poisoning
 - Withdrawal
 - Shortage medications and other substances (e.g., other drugs, tobacco or nicotine, cannabis, alcohol)
 - Shortage of harm reduction supplies
 - Shortage of basic needs items (e.g., food, hygiene supplies)
- Encouraging clients to establish support systems for access to supplies and basic needs
 - For clients in self-isolation, arrange to have a friend or family member drop off supplies and leave on the doorstep.
 - Clients not on isolation can be encouraged also to be a friend to those who may need extra support and supplies as well.
- Checking with community pharmacies that may have options for delivery or contactless pick up for individuals on self-isolation.
- Advising clients of potential new resources that have been implemented in response to COVID-19 (e.g., temporary shelter spaces)

Sharps disposal

Community members are encouraged to call their local municipalities, or 311 in larger urban centres, for more information about where sharps containers can be dropped off for safe disposal. Some communities have pre-existing fixed disposal units at various locations. Keep in mind that during COVID-19, hours may be reduced and sites may be temporarily closed. It is always best to call ahead to obtain current information on what is available locally.

SAFE PICK UP AND DISPOSAL OF SHARPS, NEEDLES, OR SYRINGES IN THE COMMUNITY

The same precautions used when collecting used sharps still apply during COVID19. These steps, listed below can be used to train staff who may not be familiar with how to pick up needles or sharps around the work site, or to educate clients and community members on safe disposal of sharps in the community.

1. Have a sharps disposal (or biohazard) container and set it on the ground. A rigid plastic or metal container with a narrow opening and secure cover (e.g., bleach bottle) may suffice. Label any makeshift containers clearly with “*SHARPS.*”
 - Note that some sites that collect sharps containers for disposal may have specific requirements about the container (e.g., pharmacies may require a biohazard container and not take household containers like bleach bottles).
2. Wear disposable gloves.
3. Pick up syringes one at a time, by the barrel with the needle facing away from you.
4. Put the needle in the container with the needle facing down and away from your body.
5. Dispose of gloves and wash hands with soap and water, or use alcohol-based hand rub.
6. Secure the container cover and tape down when sharps pick up is completed.
7. Dispose of the container appropriately. In Alberta, call your local municipality or 311 in larger urban centres to find out where you can drop off sharps for safe disposal.

See [Getting Rid of Needles Safely](#) on MyHealth.Alberta.ca for more information on needle safety.

Safer substance use and COVID-19

Sharing substance use supplies can contribute to spread of COVID-19. A person who may have COVID-19 or been exposed to COVID-19 can spread the virus through handling equipment or objects without first washing their hands. At this time only respiratory droplets (e.g., saliva or mucous) have been found to contain infectious SARS-CoV2 components. Sharing any supplies that have come in contact with the nose or mouth would involve a risk of COVID-19 transmission (e.g., pipes, mouthpieces, straws, beverage containers). Spread of COVID-19 has not yet been identified through non-respiratory body fluids (e.g., vomit, urine, breast milk, semen) (Centers for Disease Control and Prevention, 2020), however other infectious diseases can be spread through blood and body fluid. Substance use supplies should not be shared. It is best for unused supplies, even when in original packaging, to be cleaned and disinfected prior to use.

Information on risk factors and safer substance use that can be used to train staff and engage clients in safer substance use planning can be found in this section.

Client education: Risk factors for poisoning

Many of the risk factors for poisoning are the same regardless of COVID-19. Education for clients on risks related to poisoning are listed below.

1. QUALITY & QUANTITY (POTENCY)

Substances sold illegally may not be produced with infection control measures and may unknowingly contain traces of other substances. These substances may be handled and/or come into contact with people who have been exposed to COVID-19.

2. MIXING SUBSTANCES

Opioids are central nervous system **depressants** that cause sedation, slowed breathing, and lowered heart rate, that may be fatal if the person isn't provided with immediate help. Poisoning is more likely to occur when opioids are used with other central nervous system depressants because these combinations can further depress breathing.

Depressants (“downers”): substances that slow down central nervous system activities, causing sedation, slowed mental processes, slowed breathing and heart rate. Examples include opioids, benzodiazepines, muscle relaxants, tranquilizers or sleeping aids, and alcohol.

Stimulants, such as methamphetamine (“crystal meth”) and cocaine, are sometimes combined with opioids (depressant). Mixing opioids or other depressants with stimulant substances can also increase the risk of poisoning, especially when an opioid is unknowingly present in the stimulant.

Stimulants (“uppers”): substances that speed up central nervous system activities, causing increased alertness, energy, faster breathing and heartrate. Examples include amphetamines, methamphetamines (crystal meth), cocaine, MDMA, methylphenidates, caffeine, nicotine, and cathinones.

3. TOLERANCE

Tolerance is needing larger doses of an opioid to achieve the same effect. Lower tolerance means it takes a smaller amount of a substance to feel its effects. Tolerance builds with continued use and can be influenced by health status. This means it takes larger and larger doses to produce the same effect over time. Individuals who can't maintain regular use will have their tolerance levels go down. Tolerance levels can drop in as little as 24 hours of not using (Harm Reduction Coalition, 2012). Returning to use when

tolerance has dropped increases risk of poisoning. This is important to consider for people who are in self-isolation, or who may be unable to access substances they need to stay well during COVID-19. This can also happen when someone returns to use after being in isolation or quarantine, completing a detoxification program, being in the hospital, being incarcerated, or not using for any other reason.

4. HEALTH STATUS AND AGE

Health status and age may increase risk of poisoning. While a history of using substances can lower the risk of poisoning (due to tolerance, familiarity with substances, and experience), increasing age has the opposite effect. As a person ages, they are more likely to have illnesses, infections, and health conditions related to their long-term substance use (Harm Reduction Coalition, 2012). These factors increase the chance for opioid poisoning and decreased ability to recover to full wellness.

If a person has been ill prior to substance use, COVID-19 symptoms may mask poisoning and make the first aid response to a poisoning more challenging.

Health conditions that may increase poisoning risk

- Liver, kidney, and respiratory problems (e.g., hepatitis, chronic obstructive pulmonary disease (COPD), asthma, smoking)
- Compromised immune system (e.g., HIV)
- High blood pressure, heart disease, diabetes
- Infections
- Sleep deficit, dehydration, poor nutrition
- Mental health status
- History of previous poisoning

(Government of Manitoba, 2017)

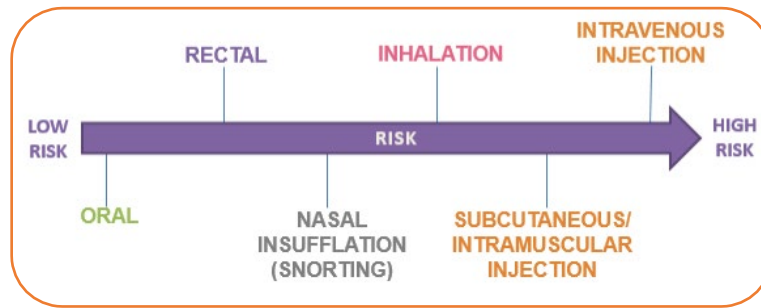
5. ENVIRONMENT

The actual act of using alone does not increase the risk of poisoning. However, using without another person present, who is able to respond in the event of a medical emergency, increases the risk of a poisoning becoming fatal.

6. ROUTE AND METHOD OF USE

Although there are many ways to use substances, all routes of substance use pose risk of poisoning. The safest route is taking substances orally (by mouth). As you move along the continuum (Figure 1), the individual's risk increases. Intravenous (IV) injection is preferred by some because of the rapid onset of euphoria (feeling good) it can produce, and because smaller amounts of substances are needed to produce greater effects. IV injection is also the highest risk route of use. When an individual changes their route of use (e.g., going from snorting to smoking), the risk of poisoning can also increase as they adjust to the effects (Harm Reduction Coalition, 2012). Individuals in self-isolation who may have to ration supplies or substances may be in a position to switch routes and may have an increased risk of poisoning. For those whose route of choice is smoking or snorting, there may be added risk of transmission of the virus from hand to mouth or nose (World Health Organization, 2020b). Early evidence suggests that there may be increased risk of transmission and complications of COVID-19 for those who use drugs by inhalation (e.g., smoking and vaping) (Brake, Barnsley, Wenying, McAlinden, Eapen, & Sohal, 2020; Cai, 2020; Lewis, 2020).

Figure 1. Routes of Substance Use on a Continuum of Risk (adapted from Toward the Heart, n.d.)



Client education: Safer substance use strategies

Practices that may reduce harms associated with using substances, and the possibility of poisoning or exposure to COVID-19 are listed below.

1. AVOID USING ALONE

When using with others, stagger use to ensure someone is always alert and able to call for emergency medical support (EMS) and administer naloxone, if required. If available, use at a supervised consumption services (SCS) or overdose prevention site (OPS). If using alone is unavoidable, arrange to have someone do a safety check, leave doors unlocked for easy access, and establish a safety plan with loved ones or support persons.

2. USE IN A FAMILIAR ENVIRONMENT AND AVOID RUSHING

Taking the time to prepare substances carefully and purposefully in an environment that is comfortable and free of threat can reduce the risk of poisoning. Remember the [daily hygiene practices](#) for reducing spread of COVID-19 and ensure all surfaces touched are cleaned properly before and after using substances.

3. USE A TEST DOSE

Test the dose by using a smaller amount to determine the strength of the substance. Test dosing is especially important when using a new batch, when returning to use after a period of abstinence, or having changed suppliers because of the pandemic. Doses can be repeated until the desired effect is achieved.

4. AVOID MIXING DRUGS

Mixing drugs, in particular depressants, can put a person at greater risk for poisoning. Test dosing is encouraged when mixing substances. If mixing an opioid with another type of substance, use the opioid first to gauge its effect before using more. Be aware of potential interactions between substances used and any pharmaceutical or non-pharmaceutical medications that a person may take routinely. This also includes mixing with legal substances like alcohol, cannabis, or tobacco.

5. BE MINDFUL OF HEALTH STATUS AND TOLERANCE

Knowing how health status affects tolerance is important. If possible, stay hydrated, eat regularly and get enough sleep. Acute or chronic health conditions may reduce tolerance. Periods of not using can reduce tolerance in as little as 24 hours, particularly with opioids. When returning to use, always do a test dose.

6. CAREFULLY SELECT ROUTE OF SUBSTANCE USE

How substances are taken (route of substance use) impacts level of risk. Injection and inhalation (smoking) present the greatest risk of poisoning. Oral, nasal and rectal consumption may reduce the risk of poisoning.

7. BE FAMILIAR WITH SIGNS AND SYMPTOMS OF POISONING

Recognizing the signs and symptoms of poisoning reduces response time.

8. CARRY A NALOXONE KIT AND CALL 911

Calling 911 and having access to naloxone in case of opioid poisoning can save a life. Naloxone acts as an antidote to opioid poisoning and works against any type of opioid although the amount needed may vary. It will not harm someone who has not used opioids, so it is safe to use, even if you're not sure what substance the individual has taken.

Signs and symptoms of opioid poisoning

- Slow or no breathing
- Unresponsive to voice or pain
- Pale face
- Lips or nails appear blue
- Gurgling or snoring sounds
- Choking or vomiting
- Cold and clammy skin
- Constricted or tiny pupils
- Seizure-like movement or rigid posture

Call 911 if you see these signs and follow the instructions in your naloxone kit.

9. KNOW COMMUNITY SUPPORTS AND RESOURCES

Information about community services is available through Inform Alberta's Harm Reduction directories. The directories list services that can assist in reducing harm and increasing an individual's sense of health and well-being. It is best to call ahead for information on current operating hours of services during COVID-19.

A list of helplines that can support with accessing community and social services, recovery-oriented care, mental wellness, and general health advice is also available.

Inform Alberta Directories by AHS Zone

- [Harm Reduction - Alberta Wide](#)
- [Harm Reduction - North Zone](#)
- [Harm Reduction - Edmonton Zone](#)
- [Harm Reduction - Central Zone](#)
- [Harm Reduction - Calgary Zone](#)
- [Harm Reduction - South Zone](#)

Helplines

- [211 Alberta](#) – information on community and social services
- [Addiction Helpline](#) – recovery oriented care support
- [Health Link 811](#) – 24/7 health advice and information
- [Help in Tough Times](#) – list of Alberta helplines and supports

Everyone is different and treatment will look different for each person. AHS has outpatient assessment and counseling, detoxification and stabilization, day treatment, residential treatment and aftercare. AHS has over 20 clinics that treat opioid dependency, including the Virtual Opioid Dependency program that can provide treatment anywhere in Alberta. A full listing of programs available can be found on the [College of Physicians and Surgeons](#) website and more information on AHS Addiction and Mental Health services at ahs.ca/amh. See the Harm Reduction Services information sheet on [Harm Reduction and Recovery-Oriented Care](#) for additional education on how recovery and harm reduction are closely linked.

Additional safer substance use measures specific to COVID-19

To prevent spread of COVID-19, some additional practices to consider related to substance use that can be reviewed with clients, as appropriate, can be found below.

- Avoid sharing any substance use supplies (e.g., pipes, lighters, mouthpieces, push sticks, foil, screens, cookers, filters). Separate supplies so that people do not use communal storage containers and minimize contact (BC Centre for Disease Control, 2020; Harm Reduction Coalition, 2020; Vancouver Coastal Health Authority, 2020).
 - If using with others, keep own needles and syringes. Mark them with tape, a marker or nail polish so that it is clear which supplies belong to whom (e.g., all supplies marked with red nail polish belong to “Sam”).
 - Never re-use cookers, filters, or other equipment that have already been used by another person.
 - If smoking and insufflation (snorting) supplies need to be reused, they can be disinfected with an alcohol wipe.
- Clean and disinfect all surfaces that that may be touched when using substances (e.g., countertops for drug preparation or snorting, scales, containers, sinks, doorknobs) before and after using.
 - See [daily hygiene practices](#) for more information on cleaning at home.
- Disinfect the packaging substances come in and cook solutions for injection (until they boil) for at least 10 seconds (BC Centre for Disease Control, 2020; Harm Reduction Coalition, 2020; Ontario Harm Reduction Network, 2019; Vancouver Coastal Health Authority, 2020). With COVID-19, it is important to be aware that any packaging that may have come in contact with respiratory droplets may carry the virus and pose a risk of spreading the disease.
- Avoid taking substances that have been prepared by someone else. There is no way to ensure that the person preparing the substance (e.g., drug solution for injection) has not been exposed to COVID-19 or unknowingly or purposefully contaminated the solution. Prepare and take substances independently to maintain full control over own substance use, but avoid using alone.
- Maintain a distance of 2 metres (6 feet) between other people when using with others.
- Dispose of sharps in a sharps container and other used supplies immediately in a lined waste container with a secure cover.
- Stock up on supplies so that there is enough to last at least 14 days to minimize the need to go out for supplies and to have enough for self-isolation.
- Stock up on medications and other substances needed to stay well. Prepare for any potential shortage or closures and potential poisoning (with different batches or substances) or withdrawal. Consider buying over the counter medications for comfort measures and work with authorized prescribers or health care providers to plan for timely and safe access to medications (BC Centre for Disease Control, 2020; Harm Reduction Coalition, 2020; Vancouver Coastal health Authority, 2020).
 - Switching route of consumption to swallowing (e.g., “parachuting” in tissue paper), eating, smoking or snorting until injection equipment can be re-stocked may be something to consider. Rectal or vaginal administration may also be options.

Safer sex practices during COVID-19

Close contact during sexual activity can increase risk of transmission of COVID-19. Gonorrhoea and syphilis, which are sexually transmitted illnesses (STIs), continue to be on the rise in Alberta, and are spread through contact with blood and body fluid. Some key messages on safer sex practices and sexual wellness from AHS STI Services are include below.

Sexual partners

- The safest sex partner is yourself. Masturbation is an option that will not spread COVID-19.
- The next safest sex partner is your partner(s) that you live with. This aligns with the principles of [physical distancing](#).
- Avoid sex with anyone that you don't live with and try to have as few partners as possible to reduce contact and potential risk of spread of the virus. This also includes avoiding sex with new or anonymous partners.
 - Consider options like phone, video, or online methods to connect.
 - Have ongoing discussions about consent and privacy.

Safer sex practices

- Have condoms available and use them for sexual activity (BC Centre for Disease Control, 2020; Harm Reduction Coalition, 2020; Vancouver Coastal health Authority, 2020) to reduce risk of STIs.
- Contact your health care provider for STI or HIV testing if you have symptoms or have had new or anonymous partners.
- Using birth control and condoms at the same time is the best way to reduce the chances of both pregnancy and STIs.
- For some, stopping sex work may be unrealistic or undesirable. See [Sex Work COVID-19: Guidelines for Sex Workers, Clients, Third Parties, and Allies](#) from Butterfly Asian and Migrant Sex Workers Support Network and Maggie's Toronto Sex Workers Action Project for additional information on sex work and COVID-19.

Additional information resources

- AHS COVID-19 information
 - For the public: www.ahs.ca/covid
 - For AHS Staff & Health Professionals:
<https://www.albertahealthservices.ca/topics/Page16947.aspx>
- AHS [COVID-19 Public Health Recommendations for Hotels, Hostels, and Inns](#)
- AHS [Environmental Cleaning in Public Facilities](#)
- AHS [Infection Prevention & Control \(IPC\) Emerging Issues](#)
 - [Interim IPC Recommendations: COVID-19](#)
 - [Point of Care Risk Assessment \(PCRA\)](#)
 - [Routine Practices](#)
 - [Staff Tips: COVID-19 Personal Clothing and Cleaning Surfaces](#)
- AHS [Information for AHS Staff & Health Professionals](#)
- AHS [Personal Protective Equipment \(PPE\)](#)
 - [AHS Guidelines for Continuous Masking in Healthcare Settings](#)
 - [AHS Guidelines for Continuous Masking in Home Care and Congregate Living Settings](#)
 - [For Healthcare Workers: How to Wear a Mask Poster](#)
 - [Modified PPE for Suspect or Confirmed COVID-19 in Vulnerable Populations outside of Healthcare Facilities](#)
 - [Interim Infection Prevention & Control Recommendations: COVID-19](#)
 - [Putting on \(Donning\) Personal Protective Equipment \(PPE\)](#)
 - [Taking off \(Doffing\) Personal Protective Equipment \(PPE\)](#)
- AHS [Signage & Posters](#)
- AHS information on substance use for the public: www.drugsafe.ca
- Canadian Drug Policy Coalition [COVID-19 Harm Reduction Resources](#)
- Canadian Network for the Health and Housing of People Experiencing Homelessness [Coronavirus COVID-19 Resources](#)
- Government of Alberta COVID-19 information: www.alberta.ca/covid19
- Government of Alberta [Guidance for Providers of Services to Albertans Experiencing \(or at-risk of\) Homelessness: 201- Novel Coronavirus \(COVID-19\) Prevention and Preparation](#)
- Government of Canada [Guidance for providers of services for people experiencing homelessness \(in the context of COVID-19\)](#)

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