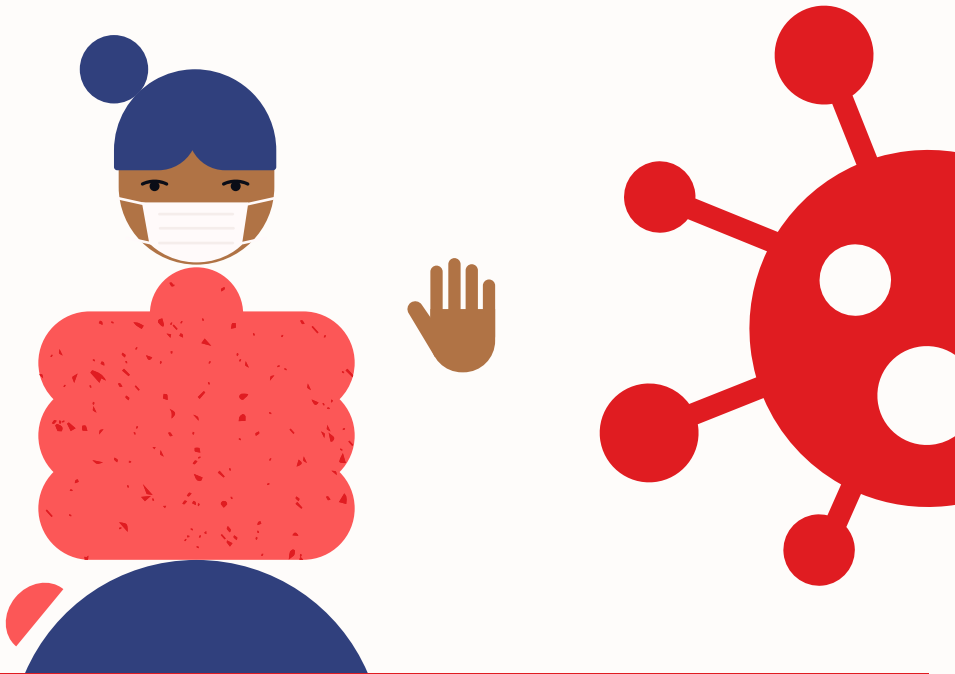


Key recommendations for staff and volunteers on harm reduction services in time of Covid-19 crisis



ROME CONSENSUS

TOWARDS A HUMANITARIAN DRUG POLICY

The COVID-19 pandemic represents an international emergency that globally threatens individual and collective health and the local economies.

Currently, the most important protective measures against the COVID-19 are based on everyday preventive actions including staying home and hygienic practices.

As part of the collectivity, People Who Use Drugs (PWUD) represent a key population that could have an increased risk for the COVID-19 infection because of their behaviors, vulnerabilities and the related social and environmental settings.

The recommendations are intended to support a humanitarian response planning by care and service providers including health providers, street units, meal service and shelter providers.

It is extremely important from protection, human-rights and public health perspectives, that people who use drugs are included in all COVID-19 outbreak readiness and response strategies, plan and operations. There is a strong public health rationale to extend all measures to everyone, regardless of status and ensuring inclusiveness.

Recommendations are developed by the Red Cross/Red Crescent Partnership on Substance Abuse and its partners, in the framework of the Rome Consensus humanitarian drug policy (<https://romeconsensus.com/>), with the aim to guarantee a humanitarian approach by leaving no one behind in this outbreak and avoiding any kind of discrimination for people with drug use disorders.

In alignment with UNODC¹ suggestions for people with drug use disorder in the context of the COVID-19 pandemic and with WHO COVID-19 Strategic Preparedness and Response Plans and guidance² particularly in relation to the following objectives:

1. Limit human-to-human transmission, including reducing secondary infections among close contacts and healthcare workers, preventing transmission amplification events, strengthening health facilities
2. Identify and provide early care for infected patients
3. Communicate critical risk and information to all communities, and counter misinformation

1 . Suggestions about treatment, care and rehabilitation of people with drug use disorder in the context of the COVID-19 pandemic https://www.unodc.org/documents/drug-prevention-and-treatment/Drug_treatment_and_care_services_and_COVID19.pdf

2 <https://www.who.int/publications-detail/strategic-preparedness-and-response-plan-for-the-new-coronavirus>

Key programmatic recommendations for volunteers and staff are working daily with people who use drugs, with drug use disorders and their families ³



Ensure the access to treatment, the continuity and sustainability of harm reduction and other lowthreshold services for PWUDs during the COVID-19 epidemic.

This includes, in particular, Opiate Substitution Treatment (OST), Needle and Syringe Programs (NSP), Naloxone provision. In addition, essential basic services need to be provided, including day and night shelter, showers, clothing, food, and other services. This is of particular importance to those who experience homelessness and/or live on the streets.

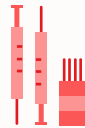


Rehabilitation centers and harm reduction services should provide COVID-19 prevention material and information for staff, volunteers, and service users, including soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and face-masks. They should as well discard paper material for procedures with patients encouraging the use of PC and technology with the use of gloves.

³ . Some recommendations, in line with the Red Cross and Red Crescent Partnership on Substance Abuse health policy, have been absorbed by the joint position on the COVID-19 crisis published by the Correlation – European Harm Reduction Network at: <https://www.correlation-net.org/harm-reduction-must-go-on/>



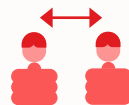
Provide adequate funding for treatment services, harm reduction and other low-threshold service providers, and supply them with adequate equipment to protect staff and clients from infections (soap, hand sanitizer, face-masks, tissues etc.). Availability of swabs for those who show symptoms like fever, coughing, and sneezing could help to detect early people infected by the Covid-19 and minimize the risk of clients that could receive a home taking therapy (like OST) where needed.



NSP should provide PWUDs with larger amounts of needles, syringes, and other paraphernalia to minimize the number of contacts. Special bins for needles and syringes should be provided to collect used material at home.



OST should be maintained and take-home regulations should be established or extended for patients to have the opportunity to come for treatment less than once a week. Access through pharmacies should be ensured.



Drop-in services, day shelters, and DCRs should advise and support PWUD in preventing COVID-19 infections. Visitors should be asked to sanitize their hands when entering and should stay no longer than is strictly necessary. Kitchens can prepare take-away food to be eaten

outdoors. All necessary measures should be made to increase social distancing among visitors/staff with all possible means, and rooms should be ventilated. Overcrowding in harm reductions services, shelters, and DCRs should be avoided, by establishing safety measures, e.g. minimizing the duration of stay, the maximum number of visitors, allowing only one visit per day. People with permanent housing should be encouraged to stay at home and to come only to pick up needles and other harm reduction paraphernalia and tools.



Recovery and therapeutic drug centers should establish a safe working environment and make sure that staff members are well informed and protected against infection to protect them. All the staff should work in a safe environment and should be able to organize a home treatment delivery for people isolated in quarantine or for those who show symptoms, ensuring the continuum of care.



New treatment admissions should be guaranteed for all the urgent cases such as the opioid or alcohol withdrawal syndrome. Coercive measures (e.g. treatment referrals made by court/prosecutor/police, probation officer visits etc.) should be suspended. To those new patients who need to start a residential path in recovery centres, is recommended to make a swab and start a self-quarantine for 14 days inside the facility.



Law enforcement should avoid any punishment to those PWUDs that need to get treatment, especially in lockdown countries, where people have movement restrictions. Public authorities should recognize the basic right of PWUDs to get their therapy. Access to recovery and rehabilitation centres for patients should be guaranteed as state of necessity for people with substance abuse disorders. Emergency units should be provided to intervene in case of arrest or detention of PWUDs in order to facilitate and mitigate any conflicts and administer therapy, especially for people with heroin or alcohol addictions.



Night shelters need to be made available for people experiencing homelessness, with a separation in place between those who are not infected and those who are infected and need to be quarantined but do not need specific medical care and treatment in hospitals. Night shelters have to comply with the overall safety regulations for COVID-19, and people should not be exposed to additional risks for infection through overcrowding and insufficient health care.



Group-related services, such as meetings, consultations psychological therapy, should be postponed until further notice or organized as online services. Helplines should be offered to provide daily psychological support for patients and their families.



Acknowledge the important role of harm reduction by developing specific guidelines and regulations for harm reduction services during the Covid-19 pandemic, with respect to the vulnerable situation of PWUDs and related target groups. These guidelines should be developed in close cooperation with involved staff and the affected communities. UNODC and WHO guidelines and recommendations, should take in consideration the best practices coming out from community health based experience are currently coping with Covid-19 emergency in the most affected countries.

General Recommendations:

1. Regular consultations with ad hoc task force are required in order to establish protocols for the assessment, the management and the monitoring of suspected or confirmed COVID-19 cases identified in a client.
2. Identify if alternate care sites are available for clients with confirmed COVID-19 or if service providers should plan to isolate cases within their facility. These protocols should provide instructions also for clients dealing with people with a suspected or confirmed diagnosis of COVID-19 infection.

Address specific key prevention strategies:

1. Promote the practice of everyday preventive actions. Use health messages and materials developed by public health sources
2. Identify space that can be used to accommodate clients with mild respiratory symptoms and separate them from others. Most persons with COVID-19 infections will likely have mild symptoms and not require hospital care. Furthermore, it might not be possible to determine if a person has COVID-19 or another respiratory illness. Designate a room and bathroom (if available) for clients with mild illness who remain at the shelter and develop a plan for cleaning the room daily. This concept is particularly important in the residential community such as rehab center or prisons or for the homeless. Isolation environment should be pre-established by the health services and managed by skilled personal. In case of PWUD that need medical attention or specific therapies that can be isolated in their home, the health services should guarantee daily home assistance.
3. People who use drugs and their families may be at increased risk of adverse mental health outcomes, particularly during outbreaks of infectious diseases and possible quarantine.

For further thematic insights, you can consult other resources and find information and guidelines collected by:

The Correlation European Harm Reduction Network

- <https://www.correlation-net.org/covid-19-resource-centre/>

UNODC

<https://www.unodc.org/unodc/en/hiv-aids/new/covid-19-and-hiv.html>

https://www.unodc.org/documents/drug-prevention-and-treatment/Drug_treatment_and_care_services_and_COVID19.pdf

EMCDDA

<http://www.emcdda.europa.eu/publications/topic-overviews/covid-19-and-people-who-use-drugs>

The scientific understanding of COVID-19 and the precautionary best practices to avoid infection and transmission continue to evolve each day. This information has been written the 30 march 2020 and is subject to change. Latest versions may be obtained at <https://romeconsensus.com/>