Overdose Prevention During a Pandemic

A collaboration between the Canadian Association of People who Use Drugs and Dalhousie University's Global Health Service Learning Program.

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Canadian Association of People Who Use Drugs

Contents

ACKNOWLEDGING SYSTEMIC RACISM IN DRUG POLICY

The Canadian Association of People who Use Drugs (CAPUD) acknowledges that we work, live, and play on Mi'kma'ki, the traditional, ancestral and unceded territory of the Mi'kmaq People. As a national organization we also recognize that our work takes place throughout Turtle Island.

The "War on Drugs" is a war on those who consume drugs, which disproportionally impacts Black and Indigenous People of Colour. Therefore, we must recognize these longstanding inequities in the work we do. People of privilege and power must use their presence to empower those who are systematically discriminated against. In drug policy much of the dialogue is focused on stigma, however, the discrimination experienced by these folks is most damaging. These negative and damaging experiences occur at a multitude of levels including structurally, socially, and internally. It is our job to be advocates and act to change systematic racism.

Through this work and the principles of harm reduction, we commit ourselves to end racism, homophobic, transphobic, discriminatory, judgemental, hypercritical, or negative towards any population of people. We commit ourselves to standing up for those who may not be able to stand up for themselves. Let us take this oath to be kind, compassionate, caring, and empathic always.

Finally, we want to thank our members who shared intimate details of their lives and drug use during COVID-19. We would not be able to do this work without your honesty and trust in CAPUD.

ABOUT US

CAPUD is a national organization, established in 2011, to empower people who currently use drugs deemed illegal to survive and thrive, with their human rights respected and voices heard. We strive to reduce oppressive societal conditions that people who use drugs (PWUD) face and emphasize the need for their direct involvement in public policy decision-making. We focus on the strengths, talents, and merits of our membership as we build a better future for PWUD. Our guiding principle is "Nothing About Us Without Us."

We envision a world where drugs are regulated and the people who use them are not criminalized. We are survivors of this war, and we will continue to fight for policy reform that is based in evidence, understanding, and compassion.

The Canadian Association of People who Use Drugs is raising the voice of people who use drugs throughout the policy making process at every level of government.

We didn't start the war, but we'll end it!

DALHOUSIE UNIVERSITY'S GLOBAL HEALTH SERVICE LEARNING PROGRAM

Service Learning Program[1] goals

1. Enhance students' learning by enabling them to practice skills and test classroom knowledge through related service experiences in the community;
2. Enable students and community partners to engage in experiences that create reciprocal learning opportunities we are informed by the priorities of the people served by the community partner organization;
3. Create opportunities for students, faculty, and community partners to contribute to the Faculty of Medicine's commitment to social accountability and the strategic pillar of Serving and Engaging Society;
4. Assist faculty in their role as facilitators of service learning and in their engagement with the community;
5. Provide leadership training and scholarly activity to advance service learning in the Faculty of Medicine with our community partner organizations.

This booklet is the product of a collaboration between two 2nd year medical students Jessie Pappin, Romy Segall, and CAPUD

DALHOUSIE UNIVERSITY
FACULTY OF MEDICINE

We are grateful for Jessie Pappin and Romy Segall's time, effort, and thoughtfulness throughout their placement and work with CAPUD.

CAPUD AS A SERVICE LEARNING PROGRAM COMMUNITY PARTNER

CAPUD staff have worked with Dalhousie University's Global Health Service-Learning Program for several years. Prior to this year our work with the Service Learning Program was through various other community-based organizations such as Direction 180, Mainline Needle Exchange, and the Halifax Area Network of Drug Using People. CAPUD feels it is extremely important to work with and educate medical students prior to them practicing medicine to ground them in the realities of our community. Further, it ensures incoming physicians see PWUD as people not patients.

Through the collaboration with the Service Learning Program students, we set out to create a clear and concise booklet to offer insight on the further inequities COVID-19 has placed on PWUD, with the goal of educating Canadians more broadly on issues that PWUD are forced to endure.

RESEARCH 101: A MANIFESTO FOR ETHICAL RESEARCH IN THE DOWNTOWN EASTSIDE

CAPUD follows the community-based research ethics developed in Vancouver's Downtown Eastside by academics and PWUD. The document we follow is called the "Research 101: A Manifesto for Ethical Research in the Downtown Eastside" which is based on the ethics of PWUD[2].

What we expect from researchers who want to work with us:

Getting To Know Each Other

When starting a research partnership we want to know some things about who researchers are to ensure this work can start off in a good way.

Ethical Review: Whose Ethics?

During the initial phases of planning the research we want to subject research projects to our own community-based ethical review, in addition to the university-based ethics review process most research requires.

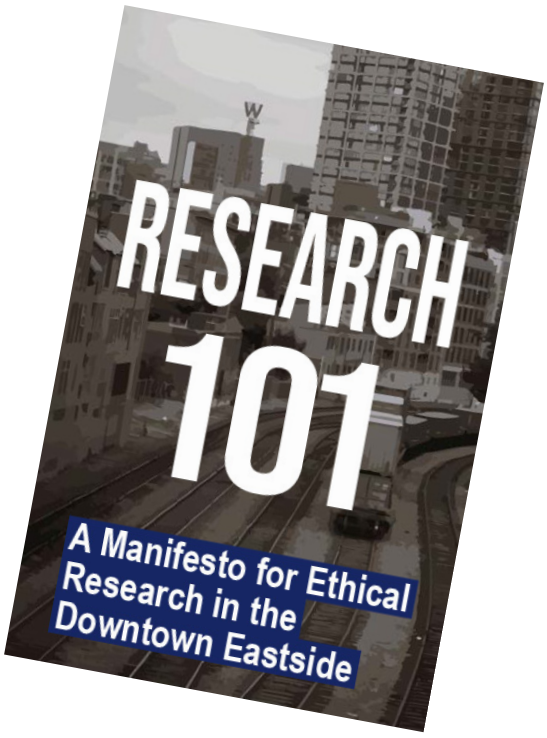
Doing the Research: Power and "Peers"

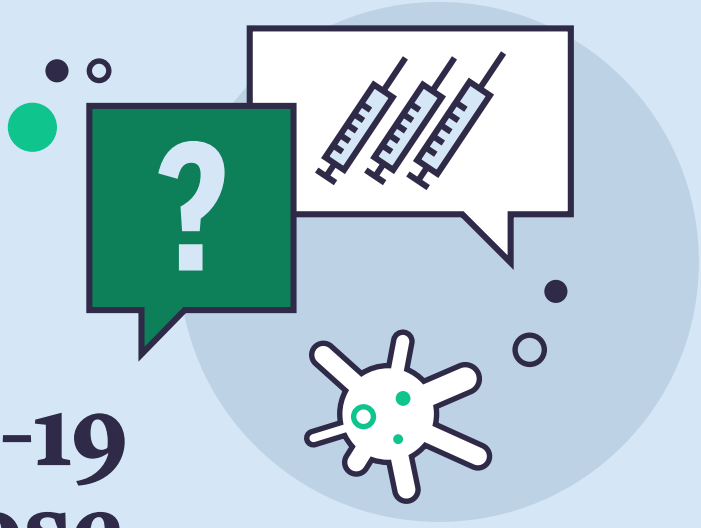
We expect researchers to include us in all aspects of the research process, and have some expectations for how "peer" researchers can be included fairly and in ways that acknowledge the values of our unique expertise, including fair pay for our work.

Reciprocity and Bringing the Research Back

Once the research is complete we can expect that researchers won't just disappear, but will return to share their findings in a meaningful way with us and continue working together with us to turn research into action for positive change.

We use these principles for all our community-based research projects and/or online surveys





CAPUD asked its membership:

How has COVID-19 impacted overdose risk and response?

52% Have been forced to use drugs alone

26% Reported their community SCS/OPS has reduced capacity since COVID-19

21% Reported their community SCS/OPS has reduced hours since COVID-19

40% Have not had sufficient education on overdose response in a pandemic

79% Have not been able to access a safe supply

42% Are more hesitant to provide rescue breaths during the pandemic

INTRODUCTION

As the COVID-19 pandemic continues to present new challenges, historic, and systemic oppressors experienced by PWUD have only become more exacerbated. PWUD were already experiencing a lack of resources, lack of funding, and neglect by the health care system[3]. In the context of a global pandemic, these inequities have driven up risk for PWUD, and it is paramount that we capture this experience to prevent history from repeating itself. CAPUD felt it was important to collect data and hear from our members to gain insight into the collateral impacts of COVID-19, as it relates specifically to overdose prevention services. We felt it was important during these unprecedented times to understand changes in accessibility to harm reduction and overdose prevention services. It is equally important for the public to hear and understand that our community is experiencing a **syndemic**[4] of public health emergencies which disproportionately impact PWUD. The confluence of public health emergencies includes; HIV, Hepatitis C, injection related infections, mass incarceration, violence, homelessness, poverty, the ongoing volatile and poisonous drug supply and much more[5].

METHODOLOGY

We used a mixed method approach for gathering information for this community-based project. First, we disseminated a quantitative survey to CAPUD's membership using a Google Survey. We left an optional field in the survey for participants to leave their contact information for a follow up and more in-depth qualitative focus group. Once we had reviewed the results of the survey, we organized two separate focus groups where participants provided consent for us to record them to later transcribe each recording. The transcribed data were coded into themes using NVivo™ software by two individuals.

All participants were compensated for their valuable time, experience, and insights according to CAPUD's payment standards.

RESULTS

By combining data from a quantitative survey on how access, drug use patterns, and overdose responses have changed throughout the course of the pandemic with anecdotes from the focus groups, three major themes were identified. First, **access** to safe consumption, safe supply, public services, and/or overdose response services have been reduced. Second, that **community** is critical for the support and safety of PWUD, and this has been negatively impacted by COVID-19. Lastly, the **system** and the response to the needs of PWUD have been, and continues to be inadequate during COVID-19[6].

For the full list of qualitative focus group responses see **Appendix A.**

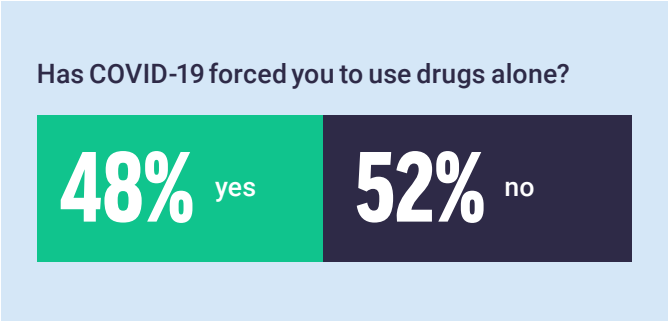
ACCESS

Access to lifesaving consumption services is a critical determinant of health for PWUD—these have become a necessity in Canada as a response to ongoing drug prohibition-based laws and policies. These services come in the form of safe or rather, "supervised" consumption sites (SCS), overdose prevention sites (OPS), and when possible, access to pharmaceutical grade alternatives to the illegal drug supply. There was agreement amongst all participants that it has been more difficult to obtain a constant supply of drugs during the COVID-19 pandemic, and that the available drugs were becoming more volatile, more toxic, and more contaminated with unwanted substances. A current pattern across Canada is the unpredictable contamination of benzodiazepines and benzodiazepine analogues like etizolam in the unregulated opioid supply[7], putting PWUD at high risk of unwanted side effects such as benzodiazepine withdrawal and at increased risk of death via overdose fatality.

One participant emphasized the issue of consent when using unregulated drugs and the risk that was being generated by bad drug policy:

"I did not consent to these effects"

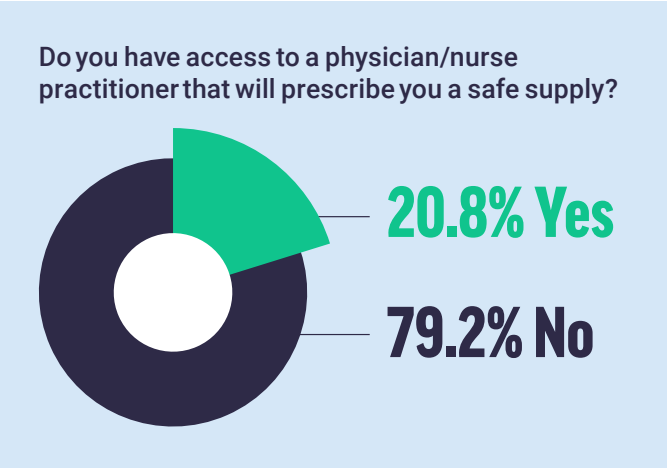
Combining the heightened risk related to an ever-changing illegal drug supply, along with increased isolation and closures/restrictions to essential harm reduction services, we see how the global pandemic has dramatically increased risk for PWUD.



Also, one participant mentioned that isolation may precipitate and exacerbate mental health issues, potentially increasing drug use or increasing risk in other ways. They reported that isolation made **"overdosing in a pandemic scarier"**, due to lack of community and support. Despite community resources not being considered essential by the government and health authorities, there was an overwhelming feeling of community during the focus groups. Many felt overdose prevention services should have been deemed essential services by the government and health authorities, there was an overwhelming feeling of community support during the focus groups. This persistence of community even in the most difficult of times emphasizes its importance and the need for recognition by the system.

Participants reported increases in drug prices, a reduction in the supply of certain drugs, and many reported they had to use drugs alone due to isolation. Further, COVID-19 has resulted in the loss of a consistent supply that many people had relied on before the pandemic. One participant explained this to be a result of new border restrictions brought on by the global pandemic.

"I'm on safe supply and I can't even get my [fuckin'] safe supply medication anymore, so, like, I'm screwed, I went from having a regular supply to now having to go back to a street supply, because I can't get my meds. They're just out of them" – PWUD PARTICIPANT



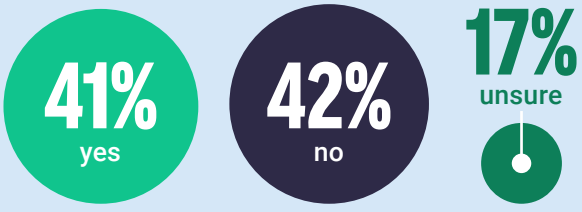
"[We] ended up having to drive further and further to get like a reliable safe supply like [they] had" – PWUD PARTICIPANT

Changes in the drug supply have been accompanied by an increase in fatal and non-fatal overdoses[8]. Insufficient overdose response measures have been a longstanding issue, exacerbated by the pandemic. Participants from across Canada have also reported that naloxone and overdose prevention training has decreased. Those involved have had to fight for overdose response training to be recognized as an essential service during COVID-19. Furthermore, participants reported that the guidelines for how to respond to an overdose have changed in response to COVID-19, causing a lot of confusion in the community. Participants reported that accessibility to evidence-based and timely information related to safe overdose responses within the context of COVID-19 has been a considerable challenge.

Have you had access to sufficient information to respond safely to an overdose during COVID-19?

More importantly, participants have expressed increased hesitation to provide rescue breaths largely out of fear of COVID-19. The ever-changing and poorly disseminated information on COVID-19 and overdose response has contributed to this fear. Participants have reported varied experiences in being told not to provide breaths in some instances, and in other instances being told not to do chest compressions when the individual has no pulse. This information is not standardized by province, so even when it is readily accessible, it can also be contradictory.

Are you more hesitant to provide rescue breathing during COVID-19?



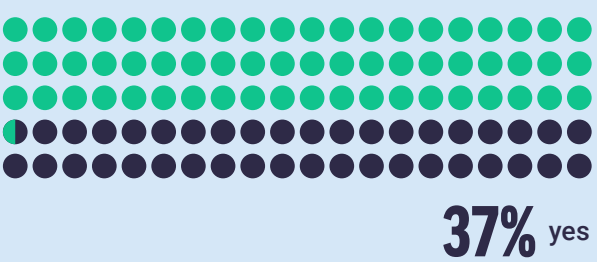
"My job is outreach coordinator, so part of that is making sure that there is, uh, a peer team, I don't like "peer team", but people with lived experience who are part of our casual staff that are able to go out with naloxone kits and train people in their communities and give them away, um, so that has definitely been limited 'cause we used to go out, uh, 5 times a week and we would go out for 8 hours, or 7 hours at a time, and now I've been limited to 1 day a week for 4 hours and so that's obviously gonna limit the ability for people to get naloxone, um, and our vans have been, like, uh, our needle exchange vans have been back and forth, so people do have to go to the pharmacy, um, the problems at the pharmacy always are people are usually running in in the moment of crisis and then that, they have to have a conversation with a pharmacist and fight for a naloxone in a moment where they're trying to save someone's life" – PWUD PARTICIPANT

Some participants mentioned that they are still able to acquire Naloxone despite service closures during the pandemic:

"It is very easy to get Naloxone in Quebec you just need to go to the pharmacy or CACTUS or places that give out needles."
– PWUD PARTICIPANT

"Access to most services has changed because of social distancing measures so things like injection booths have to be spaced out so you only get half the amount of people coming."
– PWUD PARTICIPANT

Are you concerned about shortages of Naloxone?



COMMUNITY

The emphasis on community during the focus groups was overwhelming. On a large scale, individuals reported that community outreach and services such as OPS/SCS provide them with a reliable space to seek help and/or use drugs, along with a sense of connection. With closure/restrictions/disruptions of these programs and services, individuals have been forced to seek support in places where they do not feel comfortable, such as pharmacies and hospitals[9,10]. Also, many programs have reduced capacity due to social distancing guidelines. On a smaller scale, social distancing measures during the pandemic have caused isolation, which conflicts with universal harm reduction messaging, which encourages PWUD to never use alone. For the participants, this means not being able to use drugs with friends and community members, and as a result many individuals are using drugs alone more frequently. While many community members were quick to respond by providing their contact information so they could be a resource for anyone who may be forced to use alone. A practice that has been referred to as "Spotting" or "Witnessing" where people can virtually use with one another, so they are not alone and other community members or Emergency Health Services can be called in case of an overdose[11].

"I think something else that's been affecting people, and I've talked with a couple of elders lately, is people aren't able to have ceremonies, and we can't gather we can't go to sweats, we can't go into lodges we can't be together and take those medicines that we would normally get. And so that's kind of affecting people here too, and the fact that we can't meet for peer groups, I think, has had a big impact on our group of peer Advisory Council."

– PWUD PARTICIPANT

In your local area, have SCS/OPS remained open during COVID-19?

SYSTEM

The failure of the system to care for and support PWUD is not a novel issue. However, COVID-19 has amplified these issues and there has been an inadequate response from the health care system and government to respond these inequities. As previously noted, closure of community-based organizations and their programs has forced individuals to use alone or services that make them feel unsafe or uncomfortable. Some have simply been unable to access any services. Many PWUD have had to go to pharmacies for drug using supplies[12]. One participant mentioned that this is problematic, as many people are going to pharmacies to get naloxone in a time of crisis, or they are going daily to receive their opioid agonist therapy medication and may not feel comfortable asking for supplies. They are faced with an abundance of unnecessary questions from pharmacy staff and encounter barriers to access. Further, many people have had negative experiences with pharmacies and are dependent on community distribution and outreach teams for their harm reduction supplies. This highlights an issue that is long standing for the community: that PWUD who require services and resources provided by people in the community, more importantly by people who currently or formerly use drugs. However, these are often not the services that are funded or prioritized, especially in the context of a pandemic. Participants reported there is an unrecognized dichotomy between PWUD that may seem more stable and PWUD within the community that may appear to need more support, this leaves many unrepresented and not cared for. The few services that are available during the pandemic are allocated to those that are at high risk, leaving those who are considered "stable" without resources and/or access to safe supply, leaving a large population of PWUD at risk of overdosing or experiencing other drug policy related harms[13].

CONCLUSION

In compiling information from both the surveys and the focus groups, we were able to identify major gaps in the services available to PWUD during COVID-19. It is important to recognize that these are not new issues, nor will they disappear with the resolution of the pandemic. If anything, these gaps will continue to widen as funding is reallocated to reconcile losses from the pandemic. The experiences of PWUD during COVID-19 must be used as a learning opportunity for our communities and our structural, societal, and governmental system. PWUD deserve to have equitable access to the same resources available to any other individual who is at risk of contracting COVID-19. Access to care, a secure regulated supply of drugs, and community-based services outreach are inalienable rights and not privileges. PWUD deserve equity which includes the right to life, liberty, and the pursuit of happiness[14].

ACRONYMS

PWUD: People Who Use(d) Drugs
CAPUD: Canadian Association of People Who Use Drugs
OPS: Overdose Prevention Site
SCS: Supervised Consumption Site
HIV: Human Immunodeficiency Virus
COVID-19: Coronavirus Disease

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Appendix A: Focus Group Responses

ACCESS TO SERVICES & DRUG SUPPLY

Drug Supply

- In Ontario the price of Cocaine has reached a high
- There are issues with availability
  - "Drought periods"
  - People are having a difficult time getting a hold of the substances they need when they need them
- Crystal meth price has skyrocketed (400x)
- It was always toxic before COVID but it has gotten worse apart from the other prices
- There is a lot more contamination with benzodiazepines
- On the east coast the drugs (cocaine) seem to be pure right now
  - Perhaps the drugs are stuck and are unable to be transported elsewhere
- During Christmas during the pandemic packages were not being checked
  - From the dark web and mail
  - They were getting their supply like this, and it was safer because of they were not being checked during Christmas or COVID
- The benzodiazepines are getting stronger with COVID (although it started before the pandemic)
  - The amount that is in the drugs is increasing
  - People are having different effects like forgetting where and who they are for hours
    - This length of time is different to how it was before
    - It used to be a one-off to be confused and not it is the norm due to the fact that the drugs are spiked
  - It has become the norm to find contamination in the drug supply
- One participant mentions it is upsetting to see benzo effects
  - The person did not consent to these effects
  - People are very confused, lost and have to get support from their families because they are trying to leave the house but they don't know where they are
  - This means other people have to be involved when they are high which is meant to be an intimate time with your drug of choice
- The benzo contamination started beforehand but they are getting stronger and the amount in the drugs is increasing
- There are no drug checking services in Ontario but one participant checks drugs for her friends and they all have benzos in them
  - Highlights the necessity for drug checking services and safe supply
- One participant who is on safe supply is unable to get their safe supply during the pandemic
  - Now they have to shift from having a regular, safe supply to a street supply
  - This highlights that there has been a crisis for so long and now you have an added layer of a pandemic and this is disproportionately felt by marginalized communities

- Noticing more stimulant overdoses
- One participant's dealer did not sell fentanyl before COVID but since COVID he is finding it difficult to find heroin
  - The heroin now is not like it used to be
  - The participant notices they feel paranoid, tachycardia and it isn't the relaxing feeling they are looking for
    - They want to relieve anxiety but not it is not a good feeling
  - They feel they may have PTSD from injecting and having these bad experiences
  - They drug dealer has them test out samples and they had their first +ve fentanyl test
- In Montreal they found heroin, fentanyl and morphine in the drugs but not pure heroin
  - The price is the same but since it's contaminated it's more expensive because you get less for what you pay for and you aren't getting the effect you desire
- The drug supply is volatile due to the borders being restricted so there are lots of intersection issues that are resulting in a spike in overdose deaths that we are seeing
- Some of the drug lines have been cut off and one participant's partner got drugs from a new source. They injected the drugs which turned out to be rock salt which caused a psychosis
- In Vancouver specifically the price of side has gone down the price of coke has gone up by like 30 $40 a gram if you want, like you know 90% pure cocaine.
  - The price of fentanyl has remained relatively stable
- One participant mentioned they have had to travel further and further during the pandemic to get a reliable and safe supply

SERVICES (OVERDOSE PREVENTION SITES, SAFE SUPPLY, NALOXONE)

- In Niagara the safe injection site is still open according to one participant
- Many participants discuss that it is still difficult to get access to a safe supply
  - Note: I did not include all of the information as it has not changed with COVID
- Naloxone training:
  - In Quebec they had to fight for it to be essential
    - It is difficult to give the courses in person (which is better) and on Zoom you can't really do it so it was very difficult
    - Finally, they were able to go monthly around in Quebec and give courses
    - It is very easy to get Naloxone in Quebec you just need to go to the pharmacy or CACTUS or places that give out needles
    - They are now able to give courses again
  - One participant mentioned they used to go out and give kits and train 5/week for 7-8 hours
  - Now they are limited to 1 day/week for 4 hours which limits the availability of naloxone
  - The needle exchange vans have also been back and forth so people have to go to the pharmacy
    - This is problematic because people are usually running in in a moment of crisis and then they need to chat with the pharmacist and fight for naloxone in a moment where they need it urgently to save someone's life
    - People have bad experiences at the pharmacies and are very dependent on community distribution and the outreach teams to get them the Narcan

- In BC on participant mentions they are still training 100 people/week
- Also, the way in which people are trained during COVID has changed back to the way they were trained before (the wrong way)
  - This was to give chest compressions and then it was changed to giving breaths but they took the breaths away during COVID and now it's just compressions
  - This is confusing to the community
  - Is COVID or overdose more deadly?
  - This was a very upsetting change
- One participant mentions that the overarching general theme of the pandemic is closure of services and isolation
- According to another participant access to most services has changed because of social distancing measures so things like injection booths have to be spaced out so you only get ½ the amount of people coming
- There are places that are permanently closing down since March
- One participant mentions they started delivering supplies and stuff to people
  - Supply is still open and you can still go and get subsidized
- One participant comments on feeling disconnected from most people
  - Some people they know who have died were living in single occupancy hotel type places and were often alone at the time of the overdose
- In Vancouver a huge problem is isolation because when people are isolated they have less motivated to do smart and safe things while using drugs
- One participant mentions she has spoken with Elders about the ability to have ceremonies and sweats to take medicines
  - This is a normal practice for them
  - It is affecting people
  - They cannot meet for peer groups
  - They have adapted to meetings online which aren't the same

COMMUNITY BASED RESPONSE

- One participant mentioned that they personally hand out Narcan kits to their friends who don't want to go to safe injection sites and pick one up for themselves and it's the same for drug testing
  - Emphasizes the importance of peer support
- One participant mentions that the overarching general theme of the pandemic is closure of services and isolation
  - Isolation leads to depression and this can lead to an increased uptake in the use of substances
  - This is thus the worst year for people dying in BC from overdoses
- Social distancing has meant more people are alone
- One participant mentions that he uses fentanyl every day and uses alone
  - He has a partner but they are not together all the time

OVERDOSE PREVENTION

- One participant explained how safe injection sites are not run by people who use drugs
- Safe injection sites do not accommodate the schedules of people who use drugs (only open 9:30am-2:30pm) - people who use drugs need service 24/7
- One participant explained that naloxone training used to be 5 times per week for 8 hours, but is now limited to 1 day per week for 4 hours
- Training during COVID-19 does not include breathing into people's mouths, which all participants agreed was better and prevented more death
- The participants emphasized the importance of peer support in the context of overdose prevention
- Included comfortability with peers/people who use drugs to ask questions, get drugs tested, etc. (versus seeking physician help or a pharmacy)
- Social distancing has caused things like injection booths to be spaced out, so only half the population of people go
- A participant from Quebec explained that the quality of naloxone training was greatly diminished by doing it over Zoom
- Because people hesitate to go into the doctor or pharmacy, they rely heavily on the community distribution

OVERDOSE RESPONSE

- Participant from Quebec described that during COVID, groups giving naloxone training had to fight to be considered 'essential'
- The changed training (chest compressions instead) has made people 'scared to save each other'
- Participant responded to an overdose and still did breathing for the person, even though they were told not to do that
- All participants agreed that overdoses in COVID are higher
- One participant mentioned that while calling the paramedics, the responders wasted time by asking about symptoms of COVID
- One participant explained that one tenth of their staff and group overdosed recently
- "Overdosing during the pandemic was certainly scarier"
- Responding to overdoses and ensuring you're using safely are limited by isolation rules
- Guidelines on how to approach an overdose are changing and they are not clear
  - There is also probably hesitancy
- Two participants mentioned they would still call 911 if they were witnessing an overdose

SYSTEM ISSUES

- Pharmacies are just places where people get stigmatized and treated like shit
- Participants explained how the negligence toward this community is really shown through their changing the overdose guidelines
- It really depends on the paramedics and cops that respond

- Closure of services during COVID is a major issue, but more so because it causes isolation - people get depressed, which increases drug use
- The actual reported overdoses is less than what it is in actuality
- There isn't consistency across the board of how this population is treated by cops, paramedics, etc.
- Not a new issue, but there is lack of appreciation of the urgency and immediacy of the risk to people who use drugs
- Trust with cops/paramedics isn't there
- The obvious solution is to decriminalize drugs, but also putting money into communities where we know overdoses are happening more often
- Don't need a community health centre specifically, but just a few people that are 'that' person for individuals in the community
- The system also pays the most attention (still not a lot) to individuals that are using drugs and in danger, homeless, etc. -- not people that are high-functioning
- Community care model is what works
- Even after COVID, this community will still suffer as a result of all the COVID funding coming from social service money
- "People have to have somebody at the bottom, to feel good at the top right. So that just puts the whole category of, you know marginalized in that are as people"
- Not treated like a chronic illness, even though it should be
- Overall, there were issues before, but COVID has really accentuated those issues
- CERB is problematic because people eventually will get cut off and then what will they do?
  - They use the money for supplies and to stay alive

OTHER

- One participant mentioned there has been an increase in domestic violence in their community
- People tend to use drugs alone more often during COVID
- One participant mentioned they use more since the pandemic because they no longer have a 9-5 job out of the home