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

### NATIONAL RAPID GUIDANCE DEVELOPMENT

## **Development:**

This guidance document on supporting people who use substances in acute care settings was developed to provide urgent advice in the context of the COVID-19 pandemic.

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

Members of the authorship committee based their recommendations on scientific evidence, expert knowledge, and other relevant literature.

The recently released document entitled, "Management of Substance Use in Acute Care Settings in Alberta: Guidance Document" also informed the development of this work and can be viewed as a complementary resource.

#### **Authors and Contributors:**

The 30 authors and external reviewers are from across Canada and have varied backgrounds. Many are medical professionals who provide evidence-based care for people who use substances in acute care settings. Others are academics who specialize in substance use and harm reduction research, and others are front-line staff who regularly provide services for people who use substances. Additionally, people with lived or living experience of substance use actively participated in the creation and review of this document

#### Timeline:

Project call released on Research Net - May 1, 2020
Rapid Response proposal approved and document development began - May 8, 2020
Document sent for external review - May 21, 2020
Guidance document launch - June 9, 2020

# Where did the funding come from?

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

# Who should read this document?

The target audience for this rapid quidance national document includes both clinical and non-clinical staff caring for people who use substances in acute care hospital settings. The information contained in this document may also be relevant for senior operational and medical leaders, policy makers, public health authorities, those operating shelters for people who use substances, groups representing people who use substances, and people with lived and living experience of substance use.

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