

CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE  
INITIATIVE CANADIENNE DE RECHERCHE EN ABUS DE SUBSTANCE



# SUPPORTING PEOPLE WHO USE SUBSTANCES IN SHELTER SETTINGS DURING THE COVID-19 PANDEMIC: NATIONAL RAPID GUIDANCE

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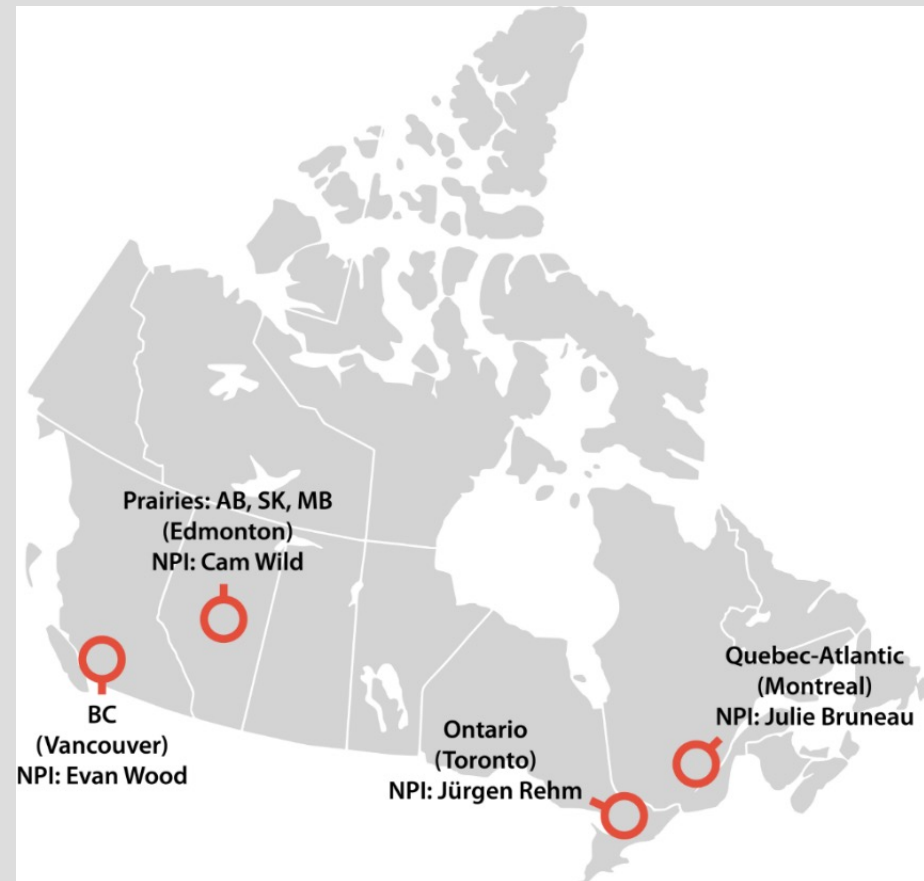
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## CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE

CRISM provides regional and national access to:

- ✓ Over 400 affiliated researchers located in 40 institutions across Canada
- ✓ Over 1000 affiliated partners located in over 200 non-academic organizations
- ✓ People with lived experience of substance use



# CRISM AND COVID-19

CRISM developed a series of **national guidance documents** to address urgent needs of people who use substances, service providers, and decision makers during the COVID-19 pandemic.

- *Supporting people who use substances in shelter settings during the COVID-19 pandemic*
- *Telemedicine support for addiction services*
- *Supporting people who use substances in acute care settings during the COVID-19 pandemic*
- *Harm reduction worker safety during the COVID-19 global pandemic*
- *Strategies to reduce SARS-CoV-2 transmission in supportive recovery programs and residential addiction treatment services*
- *Medications and other clinical approaches to support physical distancing for people who use substances during the COVID-19 pandemic*

# GUIDANCE DOCUMENT PRODUCTION – PROCESS

## Authorship Committee

11 experts in infectious diseases, clinical and community care provision, research, and lived or living experience of drug use.

## Text Production

Based on expert knowledge, scientific evidence, and a review of documentation from public health authorities and other relevant organizations.

## External Review

16 expert reviewers from across Canada provided feedback on the guidance in the document.

## Publication

Version 1 published May 17, 2020 and is available at: <https://crism.ca/projects/covid/>.  
Version 2 is under development and will be published later in 2021.

# ACKNOWLEDGEMENTS AND THANKS

CRISM Node Managers: Aissata Sako (Quebec-Atlantic), Farihah Ali (Ontario), Denise Adams (Prairies) and Nirupa Goel (British Columbia)

Authorship committee members and external reviewers from across Canada

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# PURPOSE OF DOCUMENT

## KEY SUBPOPULATIONS OF PEOPLE STAYING IN SHELTERS

1. Those accessing services who are asymptomatic, not under any public health directive to self-isolate and not undergoing any investigations related to COVID-19.
2. Those who are self-isolating after testing positive for COVID-19, having high-risk exposure to a contact with known COVID-19 infection, or are otherwise under a related investigation.

## SCOPE OF DOCUMENT

- Rationale for document.
- Guidance on obtaining a legal exemption, implementing, and operating an UPHNS.
- Guidance on providing or facilitating access to addiction treatment and pharmacotherapy in shelter settings.
- Advice for monitoring and evaluating these services.



# KEY POINTS

## OVERVIEW

- Shelter settings should support people who use substances during COVID-19.
- Focus on modifying risks instead of enforcing abstinence.
- Access based on self-determined needs and goals.

## IMPLEMENTING TEMPORARY SCS

- SCS are feasible and can reduce overdose and other negative health outcomes.
- A variety of SCS models can be operated.

# ADDICTION TREATMENT AND PHARMACO- THERAPY

- Substance use disorder treatment
- Withdrawal management
- Substance use stabilization/risk mitigation
- Psychosocial interventions and supports
- Continuity of care following shelter discharge

## GUIDING PRINCIPLES

- Harm reduction
- Engaging people with lived and/or living experience of:
  - substance use
  - homelessness or housing vulnerability

# IMPLEMENTING TEMPORARY SCS

## SECURING AN EXEMPTION FOR AN UPHNS

- Exemption under subsection 56(1) of the *Controlled Drugs and Substances Act*.
- Applications can be obtained via:
  1. Province/territory class exemption.
    - Contact your provincial or territorial department of health.
  2. Health Canada.
    - Email [hc.exemption.sc@canada.ca](mailto:hc.exemption.sc@canada.ca).

## SETTING UP SCS: FACTORS TO CONSIDER

- Privacy
- Lighting
- Centralized models
- Grouping participants depending on COVID-19 status
- Decentralized or dispersed models
- Mode of administration
- Hours of operation
- Hand hygiene
- Surface and environmental cleaning
- Building trust with people who use drugs
- Preventing overdose in adjacent shelter areas



## SCREENING FOR COVID-19: STAFF

- Screen staff as they arrive to work.
- Place staff experiencing new symptoms or meeting other criteria on leave.
- Refer staff to testing.
- Advise staff of procedures for self-isolation, offsetting lost income, etc.

Consider scheduling cohorts of staff together to mitigate impact of COVID-19 exposure.

## SCREENING FOR COVID-19: PARTICIPANTS

- Screen all participants during intake from behind a physical barrier, with physical distancing, or with appropriate PPE.
- If possibly COVID-19 positive:
  - Provide a medical-grade mask.
  - Educate on infection prevention and control measures.
  - Facilitate COVID-19 testing.
  - Refer to self-isolation support.
- Ensure physical distancing, proper hand hygiene, and thorough cleaning of each consumption space after use regardless of COVID-19 status.

# STAFF PPE

PARTICIPANT RISK CATEGORY	MINIMALLY INVASIVE TASKS*	INVASIVE TASKS WITH POSSIBLE CONTACT WITH PARTICIPANTS' BODILY FLUIDS^
No risk factors for COVID-19	Medical-grade mask  Consider eye protection (see text for details)	Medical-grade mask  Gloves if hands exposed to non-intact skin or bodily fluids  Gown if clothing exposed to bodily fluids  Eye protection if face exposed to bodily fluids
Risk factors for COVID-19 <sup>†</sup>	Medical-grade mask and eye protection	Gown, gloves, medical-grade mask, eye protection

\* Minimally Invasive Tasks: talking to participant, contact with intact skin, vital sign monitoring, simple assessments, administering medications, distributing food/supplies

^ Invasive Tasks: Nasopharyngeal swab collection, full physical exam, injectable medications and any other task with possible contact with bodily fluids including saliva, sputum, nasal secretions, vomit, urine, feces, blood, etc.

† This matrix is provided as an example of existing guidance for non-healthcare settings. PPE advice and recommendations vary according to specific jurisdiction, setting and service model. Operators should defer to local public health guidance in determining staff PPE requirements. Given the evolving nature of the COVID-19 pandemic and associated knowledge base, PPE requirements should be continually reviewed and updated as required

## MONITORING CONSUMPTION AND PROVIDING CARE

Develop clear procedures and train staff on:

- Appropriate PPE use
- Harm reduction
- Cultural safety
- Trauma informed care/practice
- Basic first aid
- Overdose response
- Infection prevention and control

## RESPONDING TO OVERDOSE

- Physical distancing and PPE may complicate recognizing overdoses.

In the event of an overdose:

- All participants and staff not responding should exit the area.
- Responding staff should wear PPE.
- For possible COVID-19 cases, staff should wear fit tested N95 respirators when providing interventions considered AGMPs.
- Thoroughly disinfect the area prior to anyone returning.

## STAFF EXPOSURES TO COVID-19

- Outbreaks could impact service delivery as many staff may be off at once.
- Provide clear guidance on decontamination and reporting protocols.
- Instruct staff to self-monitor for new symptoms, self-isolate, and seek direction from local public health authorities.

## REPORTING AND EVALUATION

- Authorities/funder may require reporting on aggregate data or outputs.
- If capacity allows, conduct evaluation or quality improvement to:
  - Demonstrate effectiveness in supporting compliance with public health recommendations.
  - Determine participant satisfaction.
  - Facilitate opportunities for improvement and expansion.

# ADDICTION TREATMENT AND PHARMACOTHERAPY



# SUBSTANCES

Evidence-based substance use disorder treatments, withdrawal management, and risk mitigation strategies for:

- Opioids
- Stimulants
- Benzodiazepines
- Alcohol
- Tobacco
- Cannabis

## PRESCRIPTIONS

- Prescriptions should consider physical distancing and/or self-isolation requirements
  - Long enough duration to facilitate compliance
- Possible avenues:
  - Deliveries from community pharmacies or authorized individuals
  - Dedicated pharmacy space in the shelter
  - Individual secure storage space

## ADDITIONAL CONSIDERATIONS

- Psychosocial supports should be available but not required
- Ensuring continuity of care
- Reporting and evaluation

# KT MATERIALS

Available at:

<https://crism.ca/2020/12/08/shelter-settings-rapid-covid-19-guidance-document/>

- Key points
- Homelessness, substance use disorder, and COVID-19
- The impacts of COVID-19 on the risk of overdose
- How to set up temporary SCS in shelter settings
- Development of the document
- Resources

## NEXT STEPS

- Working on version 2:
  - Update based on developments in evidence and practice in the last year.
  - Harmonize with other rapid guidance documents.
- We want your feedback on:
  - Any content areas we missed.
  - Any areas of current practice where scientific guidance would be helpful.

# THANK YOU!



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