

# Reducing Opioid Overdose Risk During COVID-19



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Death due to overdose is a common risk associated with opioids, used alone or with other substances. Requirements for physical distancing have not only disrupted harm reduction and recovery support programs and treatment services for people who use drugs, but they also have magnified the isolation many people who use drugs struggle with daily. Loss of social support caused by this isolation may disrupt or impair recovery.

Unemployment, loss of opportunities for casual labor, and inability to generate income through sex work or jobs in the street economy have disrupted people's ability to pay for food or housing, much less medication for opioid use disorder treatment or drugs. Communities, service providers, and agencies as well as friends and families may not recognize the increased threat to the health of people who use drugs and who may be struggling to locate reliable guidance.

JBS International has drawn upon our subject matter experts, who have firsthand experience in health programming for people who use drugs, syringe services, overdose prevention, recovery support, treatment, and coalition building, to provide strategies to reduce the risk of overdose in the context of COVID-19. This *JBS News Brief* addresses the following topics:

- Planning for Unpredictable Supplies and Services
- Physical Distancing Without Isolation
- Continuing Recommended Safe Practices



## Planning for Unpredictable Supplies and Services

The COVID-19 pandemic is disrupting the global economy, including the supply chains through which opioids are distributed. Risk of overdose increases when the supply of illicit substances changes, for two reasons. First, interruptions to access can cause abstinence from drug use and withdrawal, decreasing a person's tolerance such that a quantity or dose that previously could have been consumed in relative safety can now cause overdose. Second, drugs obtained from a regular supplier typically have consistent quality and packaging, but that safeguard may be lost if the supplier is no longer available or if the supplier has obtained the drug from a new source whose supply differs in purity. Below are strategies that workers in opioid use disorder services can share with people who use drugs to help them minimize harm.

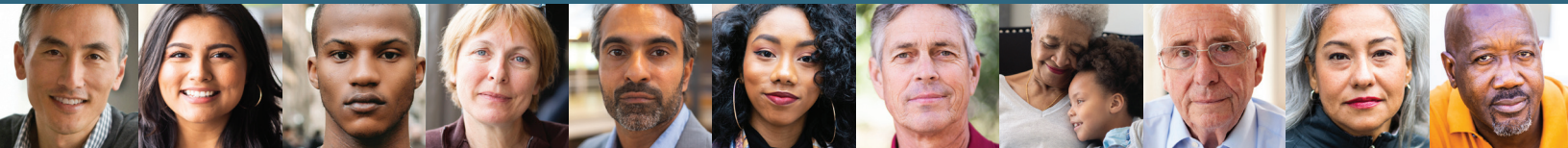
### Stock up

Loss of a consistent, reliable source of drugs impacts people who use drugs in much the same way as when people with other chronic conditions run out of prescription medications.

- People who use drugs will need to stockpile a safe supply to accommodate self-isolation and social distancing requirements.
- Stocking up on one's drug of choice reduces supply-related risk of overdose because it limits transactions to a familiar supplier and limits exposure to variations in purity. However, stockpiling an illicit substance may not be possible due to the extra capital required or lack of a safe storage area. People may also avoid stockpiling due to fears of the significant legal penalties commonly attached to possession of larger quantities of illicit substances, or out of concern that they may not be able to regulate their use of the stockpile and binge instead. Individuals should weigh the risks and benefits of stockpiling a substance, including the risk to their liberty and the safety of those around them.

### Test test test

When stockpiling is not possible, or stores are depleted, people who use drugs may find themselves acquiring drugs from new or unfamiliar sources. In addition, the drugs obtained through even familiar suppliers may be altered.



- When using drugs from an unfamiliar supplier or that appear in any way different from the usual, it is advisable to do a test shot: use a smaller amount than the standard dose, for example one third, and wait to gauge the physical effects. Alternatively, do a slow shot: injecting only part of the syringe dose, leaving the needle in the vein, and waiting 30 seconds before pressing the plunger down the rest of the way (see harm reduction tips at [Go Slow](#)). If possible, anyone using drugs should have a trusted person watch for respiratory depression caused by a drug overdose.
- Chemical test strips can quickly detect whether a drug is contaminated with fentanyl, a synthetic opioid that can readily induce overdose. Testing the drug with a fentanyl test strip prior to every first use from a drug baggie is an important risk reduction measure, because the mixture and composition of a drug may change with each portion. If the supply is contaminated with fentanyl, do not use. If that is not an option, use a smaller amount, slowly, and with an observer who has naloxone (see guidance below). Test strips are available through harm reduction and syringe services programs and online via the test kit supplier, [Bunk Police](#).

### Consider treatment with medication

- Some outpatient treatment programs, particularly those offering medication for opioid use disorder (MOUD, also known as Medication-Assisted Treatment [MAT]), continue to operate during the pandemic.
- Treatment may be easier to access than in the past, because the process has been streamlined during the pandemic to increase access to medication. Many outpatient treatment programs are not requiring daily visits and offer telehealth options, lowering the logistical burden often associated with treatment.
- Even if treatment with medication is not preferred in the long term, entering treatment now can help people both manage withdrawal and survive.

### Have naloxone

- Naloxone is a prescription medicine that reverses opioid-based overdoses caused by prescription analgesics (e.g., Percocet, OxyContin), legally and illegally produced synthetics (e.g., fentanyl), and heroin.
- It is ideal to have at least two to three dose kits available per person in any living or using environment, especially in places with limited transportation or in rural



environments where obtaining a replacement naloxone kit would be difficult.

- Everyone in a location where drugs are used should be informed of how to obtain and use the naloxone kits.
- Naloxone kits should be as easily accessible as a fire extinguisher and not locked away.
- Naloxone works for several years [after its expiration date](#). If the only naloxone available is expired, it should be used anyway and will not cause harm.
- Learn where to access naloxone by state at [Next Naloxone](#).

### Physical Distancing Without Isolation

Quarantine, stay-at-home orders, and physical distancing requirements implemented in response to COVID-19 need to be complied with to reduce spread of the infection to self or others. However, steps can be taken to reduce harm to people who use drugs and minimize any increased risk of overdose due to these restrictions.





## Do not use alone

- Another person should (ideally) always be on hand whenever someone is using drugs. Sometimes this means people must take turns using to monitor each other's safety.
- Someone who must be physically alone when using can take steps to reduce their risk of fatal overdose:
  - Arrange for someone to check on them by webcam, phone, or text.
  - Make use of drug-use safety monitoring resources such as [Never Use Alone](#) (visit the website or phone/text 800-484-3731) and [BeSafe](#).

## Stay connected and healthy

The following tips can be shared with people who use drugs to help them avoid the mental and physical deterioration that may occur with pandemic-caused isolation.

- Join a mutual aid group that fits your needs. This may be a harm reduction mutual aid group that does not require or expect abstinence, like [Any Positive Change](#) or [Harm Reduction Works](#).
- Connect with others that are similarly affected and work together to make your needs known.
- This is not the time to ignore chronic medical conditions. Keep routine follow-up appointments; these may be on-line now and more convenient than before or conducted with precautions to prevent coronavirus transmission. Do not delay assessment of possible complications or changes related to an existing chronic disease.
- All medications should be taken as prescribed. Even the strictest shutdown orders allow people to go to the pharmacy.
- Getting enough sleep and staying active by walking or working out indoors are both important strategies for maintaining health and coping with stress.



## Continuing Recommended Safe Practices

In addition to not using alone (discussed above), other harm reduction practices with demonstrated effectiveness used prior to the pandemic can also reduce the risk of overdose.

### Do not mix drugs

- It is important to remember that alcohol is a drug. Alcohol and other sedatives like benzodiazepines increase the likelihood of respiratory failure when taken together or with opioids.
- Stimulants like cocaine and methamphetamine also increase the risk of overdose by making the heart work harder and the body consume more oxygen while the opioids slow respiration and decrease the oxygen supply.

### Tolerance for opioids decreases during periods of non-use or decreased use

- People who have been incarcerated or have recently come out of detox or treatment are at high risk of overdose due to dramatically reduced tolerance.
- Decreased tolerance means an amount of drug someone used safely in the past may be enough to kill them now. When reinitiating drug use after a period of abstinence, start low and go slow to reduce risk of overdose.

## JBS Staff: Experts You Can Trust

Our staff offer an array of clinical and technical expertise to address the prevention and treatment of mental illness and substance use disorder. Brief bios of a sampling of our staff are provided below.



**Lisa Patton, PhD:** Dr. Patton, a clinical psychologist with more than 20 years of experience in the behavioral health industry, has directed evaluation and research related to health care, serious mental illness, and the opioid crisis. During her 7 years at the U.S. Department of Health and Human Services, Dr. Patton directed work at the Office of the Assistant Secretary for Planning and Evaluation and the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Division of Evaluation, Analysis and Quality, where she stood up the national evaluation of the State Targeted Response to the Opioid Crisis (Opioid-STR) grants. Dr. Patton has also worked in community mental health.



**Melinda Campopiano von Klimo, MD:** Dr. Campopiano von Klimo is a family doctor, boarded in addiction medicine, and an expert in primary care. Over her 18-year career, she has led a family medical practice, served as medical director of opioid treatment programs (OTPs), and treated patients with buprenorphine in an office-based setting. As a medical director at SAMHSA for five years, Dr. Campopiano von Klimo had regulatory authority for OTPs, updated the federal guidelines for OTPs, and wrote new regulations expanding access to buprenorphine. She serves as senior medical advisor at JBS.



**Robert Childs, MPH:** Mr. Childs has specialized for two decades in harm reduction practices, overdose prevention and response initiatives, drug policy advocacy and legislative reform, media affairs, and law enforcement occupational safety and overdose prevention partnerships. He previously worked as North Carolina Harm Reduction's executive director (2009-2018), where he helped develop the largest syringe services network and community- and law enforcement-based naloxone distribution programs in the Southern U.S. and helped set up the South's first law enforcement assisted diversion (LEAD) program. Mr. Childs' work has been featured in *The New York Times* and *The Wall Street Journal*.



**Andrew Bell, BA:** Mr. Bell has worked with people who use drugs and programs that serve them for the past 10 years as a frontline mental health worker, program manager, and state health department administrator. From 2017-2019, he supervised expansion of the Maryland Department of Health's Syringe Services Program after state laws changed in response to the ongoing opioid overdose crisis. Previously, Mr. Bell helped expand naloxone access in Washington, DC, while managing direct service programming and staff at HIPS, a community-based organization in the District of Columbia.

## Links to Additional Information

Public health organization providing support to governments and civil society organizations: [Vital Strategies](#)

Harm Reduction Coalition publication: [Safer Drug Use During the COVID-19 Outbreak](#)

Sign up for JBS opioid [updates](#) and alerts.

