



# COVID-19 HIV PREVENTION, TREATMENT, CARE AND SUPPORT FOR PEOPLE WHO USE DRUGS<sup>1</sup>

COVID-19 is the infectious disease caused by the most recently discovered coronavirus



## How does COVID-19 spread?

People can acquire COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales.



Other people can then acquire COVID-19 by touching objects or surfaces, then touching their eyes, nose or mouth. People can also acquire COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets.

The World Health Organisation (WHO) is assessing ongoing research on the ways COVID-19 is spread. For the latest information, see <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

For many people, COVID-19 infection can be mild and they make a full recovery with minimal intervention. However, it can be much more serious for people with underlying health conditions, and people with weakened immune systems.



## What are the symptoms of COVID-19?

The main symptoms feel like the flu or a really bad cold:

- Fever
- Cough
- Shortness of breath/difficulty breathing

# Providing Comprehensive HIV<sup>1</sup> Services for and with People who Use Drugs During the COVID-19 Outbreak

THE ROLE OF THE COMMUNITIES IS ESSENTIAL IN ALL RESPONSE MEASURES



People who use drugs can be particularly vulnerable to COVID-19 due to underlying health issues, stigma, social marginalization and higher economic and social vulnerabilities, including a lack of access to housing and health care.

People have the right to health even in countries under lockdown or where a state of emergency has been declared. This includes access to life-saving comprehensive HIV harm reduction<sup>1</sup> services and programmes.



The continuity and sustainability of comprehensive HIV<sup>1</sup>, HCV and other low-threshold services for people who use drugs must be ensured during the COVID-19 epidemic.

Closing down services will only result in the over-crowding of those that stay open, which will increase transmission risks and impact on service quality.



Comprehensive HIV<sup>1</sup>, HCV and other low-threshold services for people who use drugs should establish a safe working environment.

Adequate funding should be made available.



<sup>1</sup> WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users, 2012 revision, (Geneva, WHO, 2012)

UNODC HAS wishes to acknowledge the valuable support and contributions of the following experts: Annette Verster and Vladimir Poznyak (World Health Organization), Boyan Konstantinov (United Nations Development Programme), Jane Batte (UNAIDS), Judy Chang (International Network of People who use Drugs), Marian Ursan (Carousel), Mat Southwell and Jamie Bridge (International Drug Policy Consortium), Naomi Burke-Shyne, Robert Csak, Olga Szubert (Harm Reduction International), Edith Riegler (Consultant), Palani Narayanan (The Global Fund to Fight AIDS, Tuberculosis and Malaria). Coordinated by: Monica Ciupagea (UNODC).



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## Active tips to share with clients



**Regularly and thoroughly clean your hands** with soap and water or an alcohol-based hand rub.

**Stay home if you feel unwell.** If you have a fever, cough and difficulty breathing, seek medical attention and call in advance.



**Reduce Risk.** Minimize sharing of equipment including all injecting equipment, tourniquets, pipes, bongs, joints and nasal tubes. Use alcohol swabs on mouthpieces before using and dispose of used equipment.

If you take ARV and/or methadone/buprenorphine, ask your clinic or doctor for **longer take-home doses** and also work with them to make a plan to prevent disruptions to your dose.



**Maintain at least 1 metre (3 feet)** distance between each other at all times.

Work with your local needle exchange service to **get enough syringes and injecting equipment.**



**Avoid touching your eyes, nose and mouth.**

**Avoid traveling.**



Make sure you, and the people around you, **follow good respiratory hygiene.** This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.

**Plan & prepare for overdose.** Make sure you have access to **naloxone** and **agree with your peers on an OD plan.**



**Follow the directions of your local health authority. Keep up to date on the latest COVID-19 information.**

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## Advice for service providers

### Plan ahead

Evaluate the needs and stock up on sterile needles and syringes and all other commodities, over-the-counter medications, and naloxone.



Have a clear communication strategy.

Plan for employee absence.

Promote the secondary (peer-to-peer) distribution of sterile needles and syringes. Plan for home deliveries for those on lockdown.

Provide permits for outreach workers in line with government requirements to avoid them being subject to fines or imprisonment.



Establish a safe working environment in the HIV harm reduction<sup>1</sup> services – avoid overcrowding:

- ▶ Offer extra supplies to clients, including sterile needles and syringes, other injecting, smoking and snorting paraphernalia, and naloxone.
- ▶ Make sure people with stable clinical conditions are given a possibility of longer Opioid Substitution Therapy (OST) take-home doses.
- ▶ Prepare doses in advance for each client.
- ▶ Schedule the pick-up times to avoid overcrowding the premises.
- ▶ Start implementing OST take-home policy, where it does not already exist.
- ▶ Provide extra refills and doses for clients on HIV/HCV or other chronic condition medications.
- ▶ Coordinate with other health services to ensure the continuity of health care.



### Prevent the spread of COVID-19 in your workplace

Practice Social Distancing. Both staff and clients should keep at least 1 metre (3 feet) distance between each other at all times.



Provide field services maintaining the 1 metre (3 feet) distance between outreach workers and clients, and following hygiene protocols.

Make sure your workplaces are clean and hygienic:

- ▶ Surfaces (such as desks and tables) and objects (such as telephones and keyboards) need to be wiped with disinfectant regularly.
- ▶ Promote regular and thorough hand-washing (20 seconds) by employees and clients.
- ▶ Put sanitizing hand rub dispensers in prominent places around the workplace, and make sure these dispensers are regularly refilled.
- ▶ Display posters promoting hand-washing.
- ▶ Make sure that staff and clients have access to places where they can wash their hands with soap and water.



Promote good respiratory hygiene in the workplace:

- ▶ Display posters promoting respiratory hygiene and coughing etiquette.
- ▶ Where possible, make available face masks and latex gloves for your workers, along with closed bins for hygienically disposing of used equipment.



Brief your employees and clients that if COVID-19 starts spreading in your community anyone with even a mild cough or low-grade fever (37.3 oC / 99.14 oF or more) needs to stay at home.

Apply the one-on-one principle. Avoid overcrowding of the premises by allowing one client at a time. All staff and client consultations and interactions should be one-on-one.



Go virtual. Medical consultations, psychosocial and mental health services should be moved to virtual or online platforms such as phone and email.

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