

Emergency Preparedness in the COVID-19 Era and Beyond

A presentation for Harm Reduction practitioners and the programs that support them

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AGENDA

- Objectives
- Organization and Project Overview
- Setting the Stage
- Promising Strategies
- Harm Reduction Spotlight: Rebel Recovery
- Wrap-up

OBJECTIVES

This webinar will serve as a technical assistance resource for the Ryan White HIV/AIDS Program and the broader public health community. The specific objectives of this webinar are to:

- Discuss the critical nature of harm reduction work in a changing and unpredictable environment
- Highlight the need to prioritize emergency preparedness in the harm reduction space
- Share relevant research
- Provide guidance and resources for developing an emergency preparedness plan of your own

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PROJECT OVERVIEW

NASTAD

WHO: A national non-profit representing public health officials who administer HIV and viral hepatitis programs funded by state and federal governments.

WHERE: All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Islands.

HOW: Interpret and influence policies, conduct trainings, offer technical assistance, and provide advocacy mobilization for U.S. health departments

Project Overview

Special Project of National Significance – Part F

- **Funder:** HRSA HAB
- **Goal:** Identify, catalog, disseminate, and support the replication of evidence-informed approaches and interventions to engage people living with HIV (PLWH) who are not receiving, or who are at risk of not continuing to receive HIV healthcare.
- **Partnerships:** NASTAD, Northwestern University's Center for Prevention Implementation Methodology, and Howard Brown Health Center
- Three-year project: September 1, 2018 – August 31, 2021
 - Extended through August 2022

CIE Overview

CIE's goal is to:



Identify



Catalog



Disseminate

innovative, evidence-informed models of HIV care.

CIE Resources

Key Features:

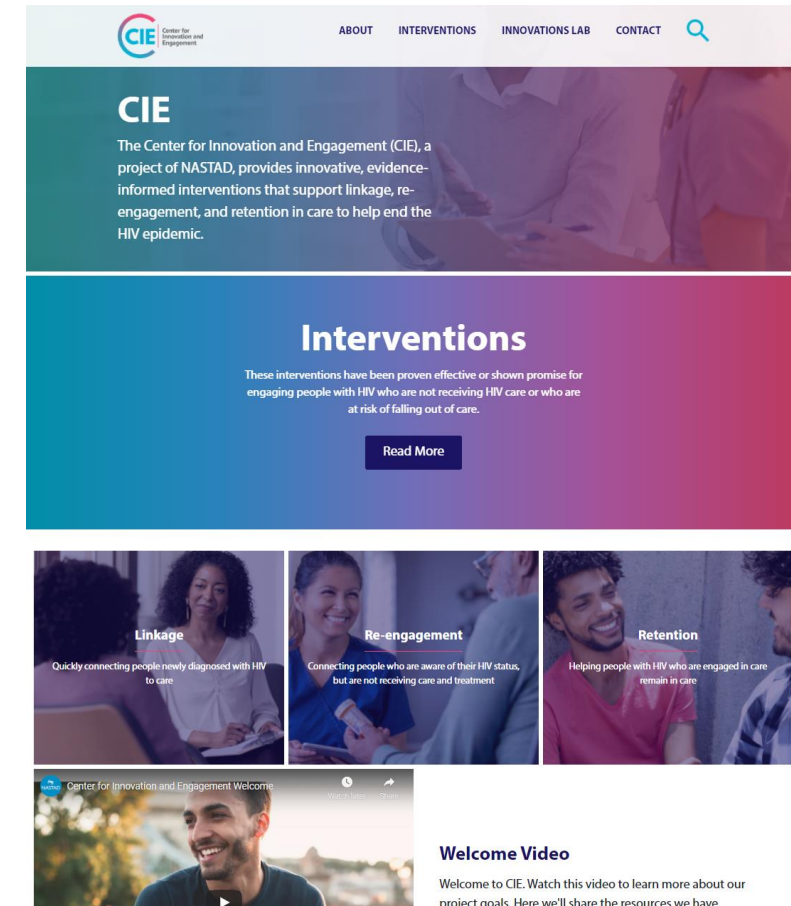
- Implementation Guides
- Provider Tools
- Videos
- Key Info Presented Up-Front
- Cost Calculator & How-to Video
- Listserv
- Webinars, TA Request System, Population-Specific Tip Sheets, and more!



Implementation Guides



Website








Integrated HIV and Opioid Addiction Treatment with Buprenorphine

- The following intervention summary can serve as a resource for replicators who may be interested in implementing evidence-informed approaches that can advance health equity for people who use drugs (PWUD):
 - [Intervention Fact Sheet Summary](#) - This is an intervention that integrates care in a single setting with a multidisciplinary team and improves clinical capacity.



Intervention Fact Sheet*

				
Priority Population:	Intervention Type:	Setting:	Results:	Priority Level:
PWUD	Service Delivery	Care Clinics	75% ↑ in Visits	High

The Integrated HIV and Opioid Addiction Treatment with Buprenorphine intervention is considered high priority because it addresses co-morbid conditions (e.g., opioid use) that impact morbidity and mortality while remaining interdisciplinary in its approach. The intervention integrates care in a single setting with a multidisciplinary team that facilitates practice convenient for patients and improves clinical capacity. This is also applicable to other HIV primary care clinics, in particularly those with on-site pharmacies, and can be reimbursable by third-party payers.

INTERVENTION DESCRIPTION

Manuscript Title: Strategies to Improve Access to and Utilization of Health Care Services and Adherence to Antiretroviral Therapy among [People with HIV who Use Drugs]

Focus: Retention

Category: Integrative services

Location(s): Bronx, New York City, NY

Population(s) Focus: People who inject drugs

Intervention Setting: Other HIV care clinic

Staff Delivering the Intervention: Medical service providers

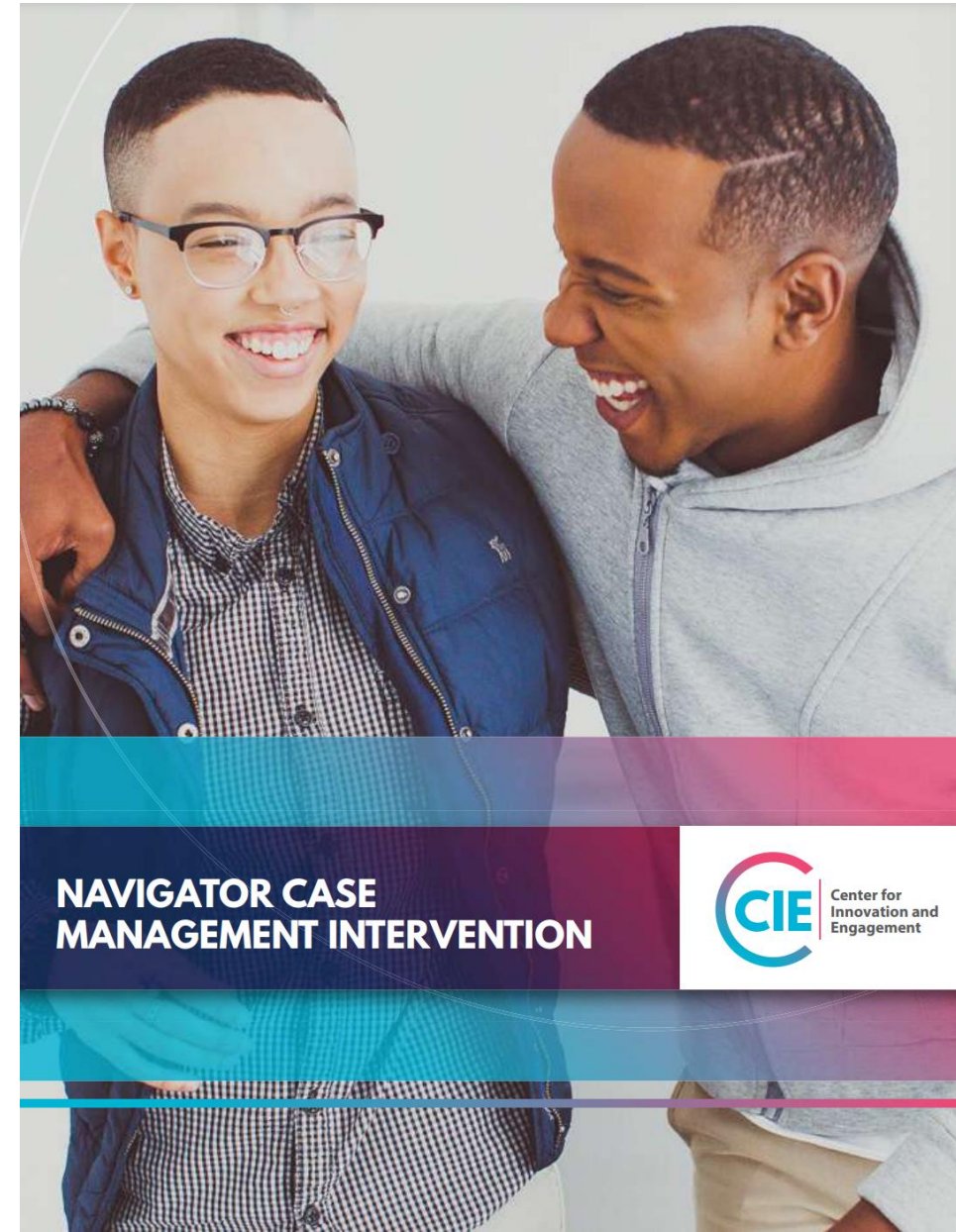
Study Time Period: 2006–2008

Brief Description of Intervention: The Integrated HIV and Opioid Addiction Treatment with Buprenorphine program consists of on-site buprenorphine treatment guided by an experienced HIV physician who is trained to incorporate motivational interviewing techniques into routine medical visits to provide substance use behavior counseling. An HIV pharmacist facilitates buprenorphine induction, stabilization, and maintenance treatment with oversight by a physician.

*The manuscript for this intervention can be accessed at ncbi.nlm.nih.gov/pmc/articles/PMC3150583/.

Navigator Case Management Intervention

- The following implementation guide can serve as a resource for replicators who may be interested in implementing evidence-informed approaches that can advance health equity for people with HIV who have been incarcerated:
 - [Navigator Case Management](#) - This is a 12-month intervention for people with HIV who are incarcerated and are leaving to return to the community. The intervention leverages harm reduction, prevention case management, and Motivational Interviewing techniques to promote healthy behaviors.



SETTING THE STAGE

The Big Picture

"Climate change is happening now and to all of us. No country or community is immune...and, as is always the case, the poor and vulnerable are the first to suffer and the worst hit."

- UN Secretary-General António Guterres¹

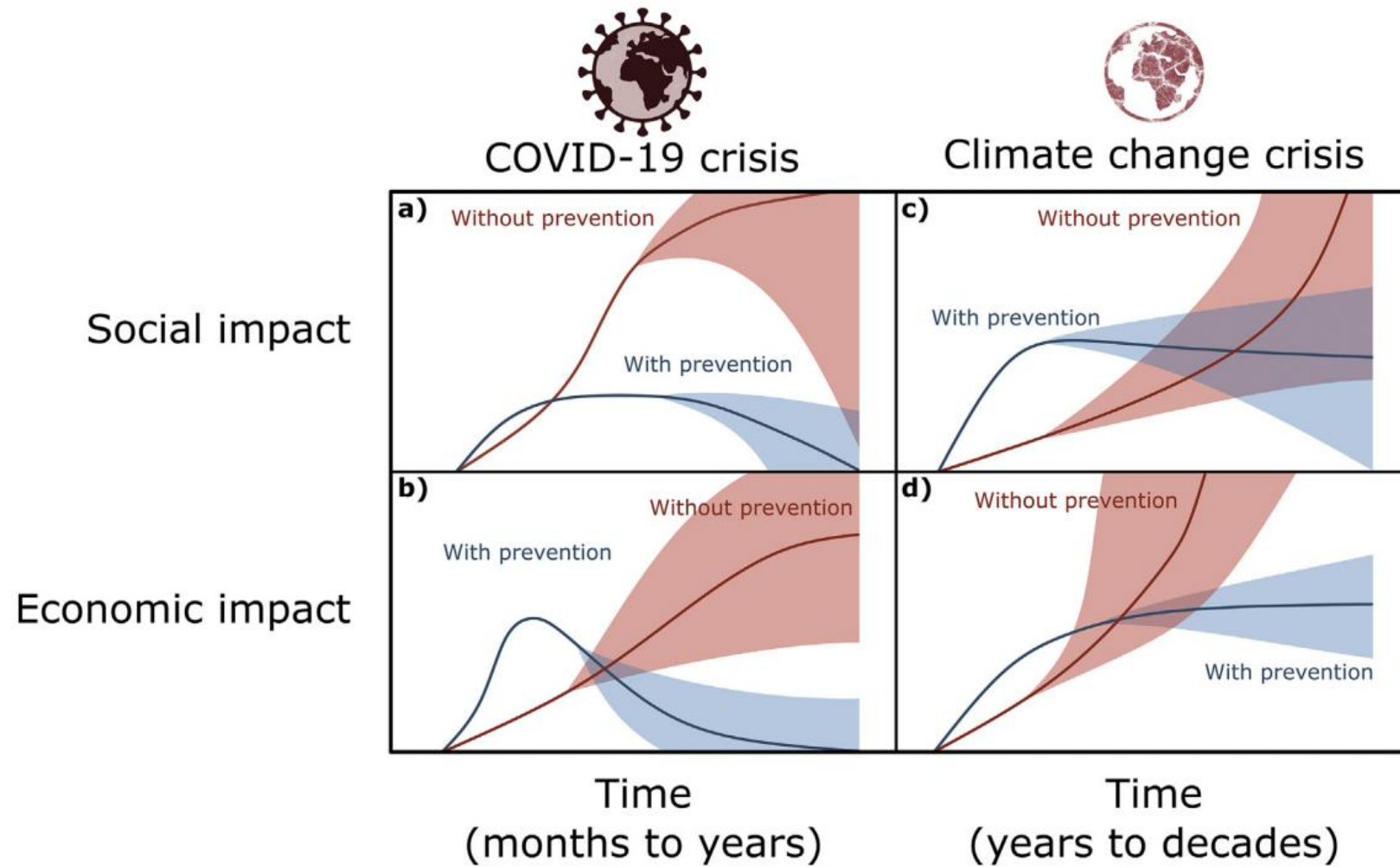
"Climate change can both facilitate zoonotic spillovers and have an effect on transmission chains. These effects, alongside human behavior and awareness, need to be integrated in pandemic forecasting models."

- Ruben Manzanedo & Peter Manning, authors of
"COVID-19: Lessons for the Climate Change Emergency"²

Emergency Preparedness: Why Now?

- Across the globe we are seeing an increase in the frequency of incidents that impact access to essential services
 - According to data from the UN Office on Disaster Risk Reduction, there were 7,348 recorded disaster events from natural hazards worldwide during the last two decades³
 - According to the WHO, COVID-19 continues to disrupt health services in 90% of countries⁴
- Disruptions with far-reaching effects include:
 - Temporary or permanent loss of livelihood
 - Displacement from home or larger community
 - Social implications
 - Supply chain delays or shortages
- Emergency preparedness planning is no longer optional

Emergency Preparedness: Why Now?



Emergency Preparedness: Protecting the People We Serve

- Population vulnerability due to varying exposure and sensitivity plays a role in who bears the highest risk; this includes people who use drugs (PWUD).⁵
- We know the COVID-19 pandemic has had a catastrophic impact on PWUD
 - Loss of life due to drug overdose reached an all time high in the 12-month period ending December 2020, resulting in 92,183 preventable deaths⁶
- Local entities (harm reduction organizations, other community-based organizations, county health departments) form the backbone of emergency response efforts and are often under-staffed and under-resourced. ***What can we do to prepare, despite constraints?***

Emergency Preparedness and Centering Equity

"Using an equity lens would facilitate moving beyond incremental adaptation, and increase resilience and sustainability"

- Kristie Ebi & Jeremey Hess, authors of
"Health Risks Due To Climate Change: Inequity In Causes And Consequences"⁷

- Oftentimes, emergency plans do not reflect the needs of many frontline communities, such as communities of color, low-income communities, LGBTQ people, pregnant people, people with with disabilities, and incarcerated people.⁸
 - Groups that tend to be most seriously impacted by disasters are also excluded from the emergency planning process. ***It is critical to include diverse perspectives in emergency planning.***

Syringe Service Programs (SSPs) are Essential Service Providers⁹

- De Facto Role of SSPs as Homelessness Service Providers
- Role in Linkage to Care / Substance Use Disorder Treatment
- Infectious Disease Expertise
- History of Innovation

2021 Report: Practicing Harm Reduction in a Climate of Disasters¹⁰

- 50+ Syringe Services / Harm Reduction Programs surveyed nationally
 - Explores the experiences of programs in circumstances of natural or other impactful disasters
 - Seeks to better understand the needs of programs in cases of disaster
 - Seeks to better understand the technical assistance desires of programs experiencing or anticipating disasters, particularly due to climate change

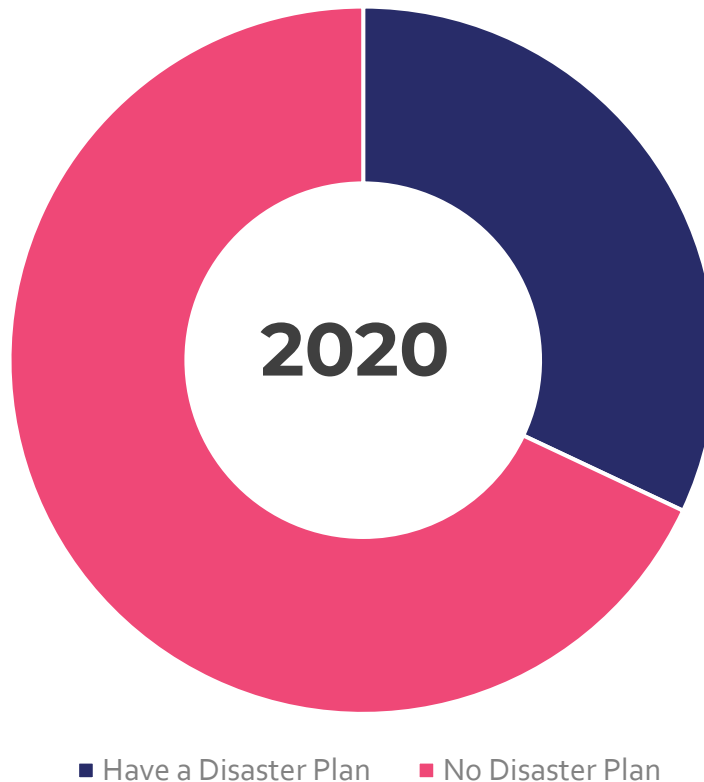
SYRINGE SERVICES/HARM REDUCTION PROGRAM DISASTER PREPARATION |

TWO-THIRDS OF PROGRAMS HAVE NO PLAN, DON'T FEEL ADEQUATELY PREPARED

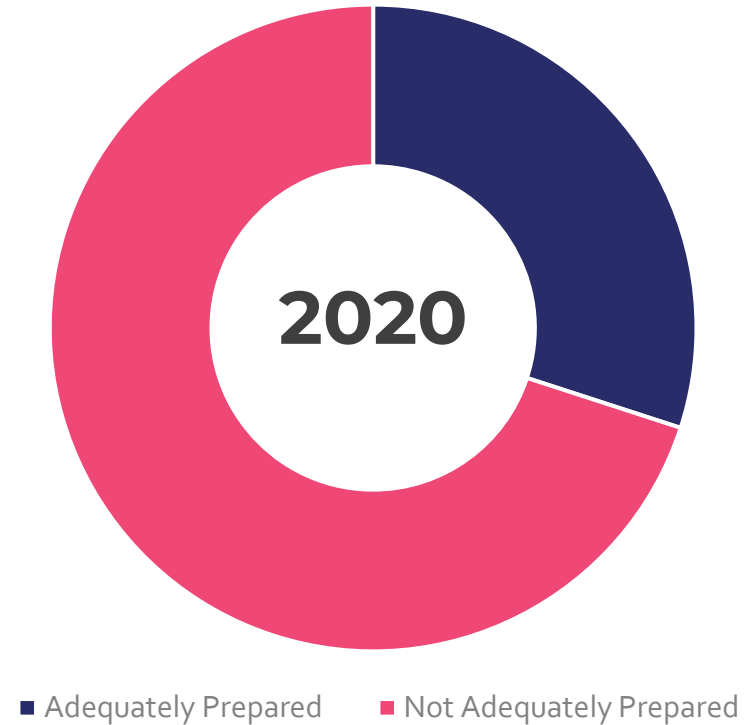
Only 32 percent of syringe services / harm reduction programs (HRPs) report having a disaster plan on file.

Just 30 percent of SSP/HRPs report feeling at least adequately prepared for a disaster or other disruption.

SSP/HRPs With & Without Disaster Plans



SSP/HRPs Self-Reporting as Adequately Prepared or More for Disaster/Disruption



IMPACTS OF DISASTER FELT ON HARM REDUCTION WORK |

ACCESS & SUPPLY CHAIN

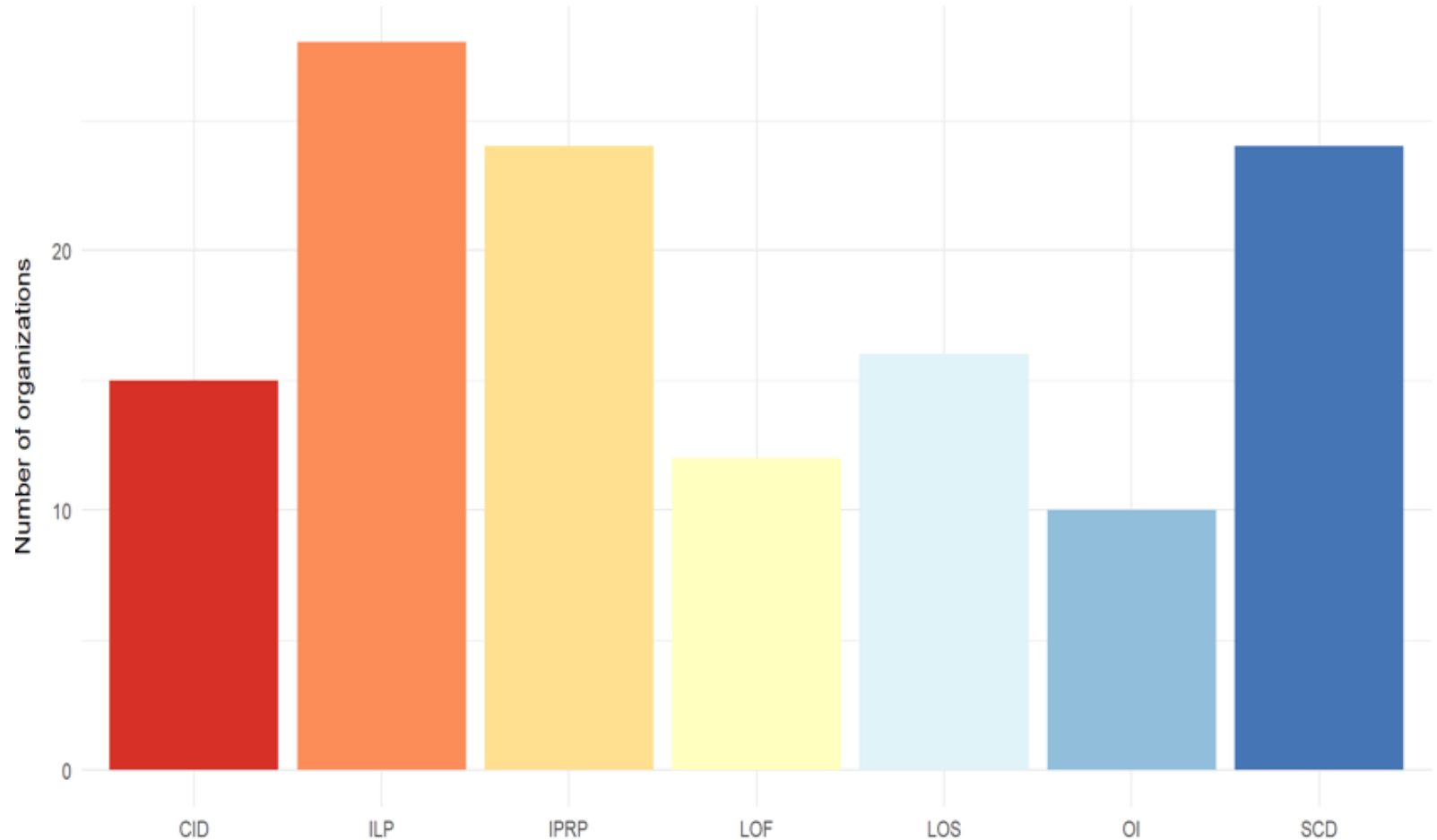
Most Relevant Impacts:

- Inability to locate participants
- Inability of participants to reach the program
- Supply chain disruptions

Legend:

CID - civil infrastructure disruptions,
ILP – inability to locate participants,
IPRP - inability of participants to reach the program, LOF – loss of funding,
LOS – loss of staff, OI – other impacts,
SCD - supply chain disruptions.

Most relevant impacts felt in harm reduction work



PROMISING STRATEGIES

ESSENTIAL COMPONENTS OF THE EMERGENCY PREPAREDNESS PLANNING PROCESS

Recommendations include:

- Tailoring services to clients and staff; context specific
- Ensuring the planning process is **purposeful** and **inclusive** and clients and staff are at the core
- Revisiting your plan to make modifications
- Addressing funding limitations as this may be a barrier to operations during an emergency





1. COALITION BUILDING

For partnerships when you need them most.

Who do you need to be collaborating with during times of emergency? Who else works with your community or could provide useful aid? Don't wait to build with local partners!

- Service partnerships
- Mutual aid
- Pool resources to minimize impact of supply chain Disruptions
- Communication partners

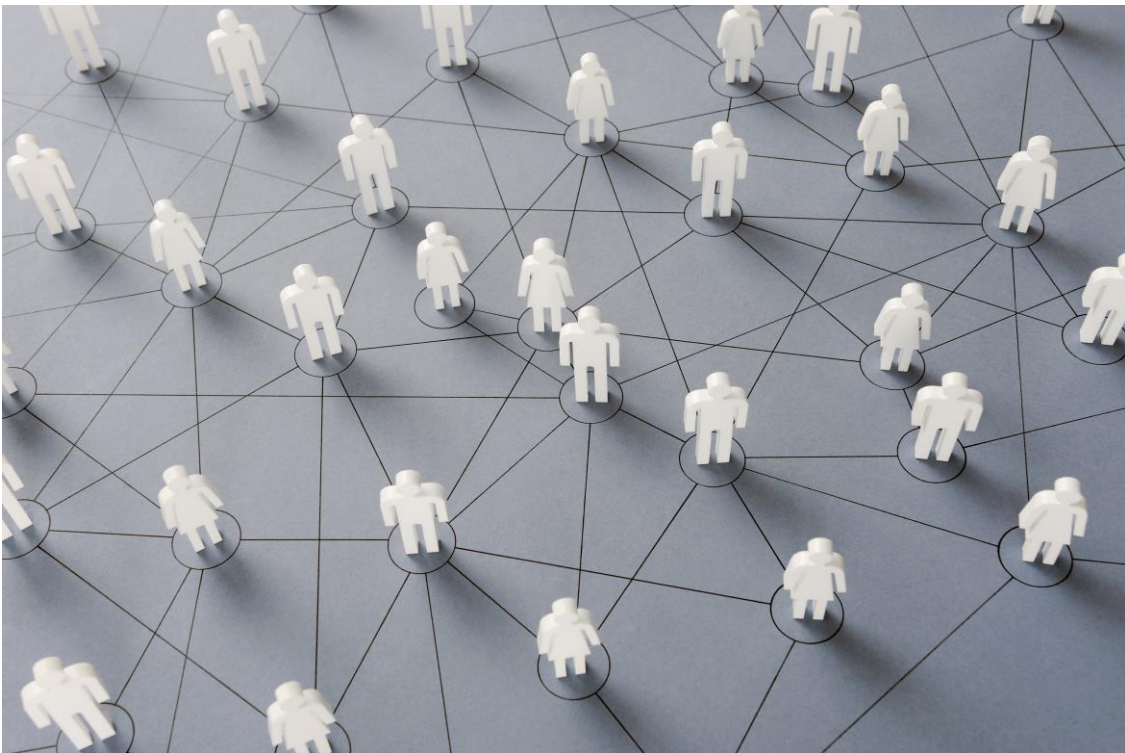


Photo Credit:

2. DEVELOPING AN EMERGENCY COMMUNICATIONS PLAN

To relay crucial information efficiently and effectively.

How will you communicate critical information to program participants, staff, partners, and other key stakeholders?

- Identify trusted sources of information
- Consider internal and external communications
- Consider the special needs of your service population
 - [CDC Special Populations Assessment Tool](#)
- Identify who will be responsible for which communications and flow of information

3. MONITORING DRUG USE AND SUPPLY TRENDS

To identify emerging issues and adapt services.

Is a given emergency impacting the local drug supply? How? What implications are there for program participants without access to their drug(s) of choice?

- Availability
- New / Bad Cuts
- Drug Use Patterns
- Emerging Issues



4. DEVELOP ALTERNATIVES TO BRICK-AND-MORTAR SERVICES

To improve access to services.

Does your program currently operate a fixed site only? Are there ways to develop or expand alternative service delivery options?

- Mobile / Bike / Street
- Delivery services
 - Warm Line / Text Line
- Telehealth options
- Secondary distribution



5. CONTINUED ADVOCACY

To support reform to harm reduction & treatment systems and improve crisis responses.

The International Network of People Who Use Drugs (INPUD) created **#PeersInThePandemic**, a global campaign calling for reforms to harm reduction and treatment systems in light of the COVID-19 pandemic.

- Declare harm reduction as essential
- Expand and maintain OAT take home doses
- Prioritize peer-led responses
- **No** to punitive measures in harm reduction
- Act on decriminalization

Harm Reduction Spotlight: Rebel Recovery Florida

- Rebel Recovery Florida (RR) is Florida's first peer founded and led Recovery Community Organization (RCO) supporting people who actively use drugs and those in or seeking recovery.
- Founded by Nancy McConnell and Justin Kunzelman
- Sole purpose of providing services to drug users and those in or seeking recovery that valued their personhood, right to choice, and a belief that any positive change should be considered recovery.
- Rebel Recovery was founded by people directly impacted and with personal experience receiving services within Palm Beach County's public health and social services system across 30 years of residency.



**Using rebellious love to improve wellness for Floridians
impacted by drug use since 2016.**

Overview of Services

Mission : Rebel Recovery Florida is a low barrier recovery community organization that provides recovery support services, education, and advocacy to people impacted by drug use and those living with or at risk of HIV/AIDS.

Vision: A Florida that values the lived experience of marginalized and oppressed communities in the funding, development, leadership, and delivery of supportive services for people directly impacted by drug use.

Emergency Preparedness Plan (EPP): What for? What's in there?

- An EPP outlines an organization's preparations to respond to any number of emergency situations that may occur during service provision or operations.
- These plans generally help guide both staff and participants of the program to ensure their safety and security in times of emergency.
- Many policy components can be included in an EPP. Most generally cover Medical Emergency, Fire, Terrorist Acts, Power Loss, Natural Disasters.
- EPPs can help save lives and money by lowering the rate of remuneration (cost rate per \$100) on payroll with Worker's Compensation Insurance carriers, often included as part of a Risk Management Plan.

Call me the universe, because I'm expanding

- Medical and First Aid Emergencies - Covers general illness, injury and other medical emergencies.
 - Staff and participant medical emergency - Explicit procedure for dealing with staff and participant emergencies both minor, (non 911 illness/injury) and major (requiring 911 or other immediate medical attention)
 - These procedures should be discussed with staff and participants on an ongoing basis.
 - In programs serving directly impacted populations (i.e. PWUD), specific attention should be given to the potential impact of calling 911 or presence of police/fire rescue.
- Natural/Human-Caused Disasters - Varies depending on geographic location, covers any potential natural or man-made disaster not previously covered, and responding to fires.
 - Fire - Identifies emergency exits, location and description of different types of fire extinguishers, response to fire alarms, maintenance of safety equipment, fire drills, logbook of test drills, types of fire and response to each.
 - Hurricane - Regionally specific example. Covers response to hurricanes, identifies shelters and food banks, defines warning system, outlines participant individual planning steps, steps to ensure clear lines of communication, provides resources for impacted staff and participants. Should identify internally related policies (i.e. Insurance Claims, paid time off)

RESOURCES

NAACP:

[In the Eye of the Storm: A People's Guide to Transforming Crisis & Advancing Equity in the Disaster Continuum](#)

Higher Ground Harm Reduction & Shareable:

[2021 Report: Practicing Harm Reduction in a Climate of Disasters](#)

The Global Commission on Drug Policy:

[COVID-19 Dialogue Series: Empowering People who Use Drugs](#)

International Network of People Who Use Drugs:

[We Are the Evidence: Community-led Responses on Decriminalization, COVID-19 and Harm Reduction](#)

Vital Strategies:

[COVID-19 Resources for People Who Use Drugs and Other Vulnerable Populations](#)

AIDS United:

[Syringe Services Programs & Harm Reduction Programs as Essential Services](#)



Check out this comprehensive toolkit, created by the NAACP's Environmental & Climate Justice Program. This equity-focused toolkit can help with "bigger picture" emergency preparedness planning.

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Thank You!

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