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## **Homelessness and Substance Use During the COVID-19 Pandemic: A Guide for Primary Care Providers**

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### **Background**

Being homeless and using substances could make our patients more vulnerable to serious illness and death once infected with the novel coronavirus.<sup>1</sup> Some substances, such as benzodiazepines, opioids, and alcohol, can cause respiratory depression. This could potentially worsen respiratory dysfunction once infected with the virus. Other substances are inhaled, which could impact the functioning of their lungs. Living in shelters and homeless encampments further puts these patients further at risk of infection due to close contacts with others.

Beyond this, individuals who are homeless have higher rates of medical problems, which further puts them at increased risk of serious COVID-19 infection. One report estimated that 4.3% of the homeless population (21,295 people nationally) could require hospitalization once the infection peaks. Around 0.7% of the population, or 3,454 people, could die.<sup>1</sup>

Primary care providers caring for this vulnerable group of patients during the COVID-19 pandemic should ask about homelessness and use of substances, and advise patients of risk accordingly. They can also advise their patients on the signs/symptoms of illness, which include cough, fever, fatigue, and shortness of breath.

The following questions may also arise during clinical care of this population:

### **How can I help my patients experiencing homelessness and substance use disorders minimize their risk of COVID-19 infection?**

Careful hygiene practices are important for all patients, but can be more difficult to maintain for those without homes and for those using substances. Advise patients on available public showers and sinks in the city. Many communities have set up washing stations for people without homes.

Also advise patients of the importance of using their own pipes, bottles, cups, and bongs, and not sharing with other people.

Patients in this population may have difficulty accessing information about COVID-19 due to limited internet and television access. Providers should offer patients general guidance on the local spread of COVID-19, the importance of social distancing, the symptoms of COVID-19, how to isolate themselves if they become symptomatic, and when to seek further care. If sleeping in an encampment, they should have a 12 ft x 12 ft space to themselves and avoid entering or congregating in others' tents.<sup>2</sup>

### **How can my patients who use substances be safer during this pandemic?**

Advise patients on the possibility that the drug supplies could become disrupted—for example, their drug supplier could become sick and unavailable to them. Patients may be safer if they stock up on their drug of choice.<sup>3</sup> Advise patients on the signs and symptoms of withdrawal, and the possible sequelae of withdrawal from their substance of choice. Advise patients when withdrawal is an emergency. Make sure to have medications, food, and drinks needed to help detox.<sup>3</sup>

Some patients may be ready and willing to start methadone or buprenorphine at this time. Ask patients if they are interested in medication-assisted therapy for opioid addiction.

Patients should also know that the risks from overdosing are higher in light of the COVID-19 pandemic. Emergency medical services may be slower to respond to an overdose during this time. Patients may benefit from using less, using slowly, and avoiding use while alone.<sup>4</sup>

Provide patients with naloxone—even patients using non-opioid drugs (methamphetamines, for instance, can be laced with fentanyl). Patients can also use fentanyl strips to check if their drugs have been laced with fentanyl, to reduce risk of overdose.<sup>4</sup> For example, within LA County, information on where to find fentanyl strips is available at: <https://aplahealth.org/fentanyl/>. In other states, they are often available at syringe exchange programs. For providers who wish to purchase their own supply of fentanyl strips, they are available for sale at: <https://www.cliawaived.com/drug-testing/fentanyl-testing.html>.

### **How can I help homeless patients with maintaining their sobriety during this pandemic?**

Many patients use medications to assist them with sobriety. Will your clinic be able to continue injectable medications for sobriety, such as Vivitrol? Consider that Vivitrol injection services could be interrupted by clinic closures and staff illness. Consider supplying patients with oral naltrexone in case this happens. The same might be considered for patients who take long-acting injectable antipsychotic medications.

Furthermore, consider loosening requirements around urine testing and in-person clinic appointments for patients taking buprenorphine, consider dispensing larger counts of medications, and provide telehealth visits for addiction treatment.

Patients may rely on meetings like AA or NA to assist in maintaining sobriety. Online meetings are available:

- [https://www.addictionrecoveryguide.org/resources/online\\_communications/online\\_meetings](https://www.addictionrecoveryguide.org/resources/online_communications/online_meetings)
- <https://www.onlinegroupaa.org/>
- <https://www.intherooms.com/home/live-meetings/>

Keep in mind that with libraries closed, online resources and meetings may be difficult to access for those without phone or home internet connections. With many local businesses closed, many patients will also not have a place to charge their cell phones.

### **How can I prioritize my patients' mental health during this time? How can I help them with stress, coping, and well-being?**

Patients experiencing homelessness and substance use may be vulnerable to depression, suicidal thoughts, and poor coping, especially under the stress of social isolation and disconnection from reliable services.<sup>5</sup> Inquire about patients' mental health, access to services providers, entertainment, and social connections.

Providers can also advise patients on managing stress and improving well-being through healthy choices. Inquire about sleep hygiene, exercise, and routines. Regular healthy activities and habits can reduce stress.

### **How can I make clinical care safer for my patients who are experiencing homeless and substance use?**

Consider telehealth for patients with access to a phone or computer. Consider that some patients may be difficult to access through telehealth, especially those who are unsheltered homeless with active substance use and/or mental illness. These patients may benefit from outreach services if they are available, or might continue to receive care in the clinic. Patients should be screened for COVID-19 symptoms before entering the clinic.

You should also consider providing patients with 2-3 months of medications for their chronic conditions, so they can avoid going to the pharmacy frequently.

### **How should I direct my patient to a residential facility or shelter?**

Keep in mind that many shelters, rehab facilities, and detoxification centers are not accepting patients right now. Call facilities directly before referring patients.

## **How can I advocate for my patients experiencing homelessness and substance use?**

Advocacy in the community is vital during this time. For patients who are homeless with confirmed or suspected COVID-19, or for those who are especially vulnerable, some counties and states have funds available for isolated housing in hotels/motels.<sup>6</sup> This arrangement is ideal for social distancing within the homeless population; providers can advocate for expanded access to individual hotel/motel housing.

Many communities are intolerant of homeless encampments. During this time, the Centers for Disease Control and Prevention (CDC) recommends that communities not clear encampments unless individual housing units are available.<sup>7</sup> This is because clearing encampments can cause people to disperse throughout the community—thereby potentially spreading the infection—and lose their connections with service providers.

Providers can also advocate for 24/7 restroom facilities near encampments with functional water taps and stocks of soap and bath tissue. If toilets or handwashing facilities are not available nearby, providers can advocate for portable latrines with handwashing facilities.<sup>7</sup>

## **How can I advocate and treat my patients who are staying in shelters?**

There is increasing concern about the safety of congregate shelters giving findings of asymptomatic and pre-symptomatic spread of the coronavirus among shelter residents. Guidelines call for deconcentrating shelters and moving individuals into safe, non-congregate settings.<sup>8</sup> Despite this, in many cases patients experiencing homelessness are sleeping in shelters.

Within shelters, providers can advocate for appropriate safety measures. Patients should be allowed to sleep in the same bed each night and have access to sinks and disinfecting solutions. Clients' beds should be lined up with their heads alternating directions, with faces at least 6 feet apart. Clients with mild respiratory symptoms should be isolated from the group.<sup>9</sup>

Shelter staff can be trained to screen clients for symptoms, and should have a clear protocol for when clients need to be isolated.<sup>5</sup> Shelters that are unable to isolate patients with respiratory symptoms, or to quarantine patients with positive COVID-19 tests, should alert public health authorities and have a clear plan for referral and transportation. Staff can also decompress the shelter population by screening clients for eligibility in motel or hotel housing if it is available.

Shelter staff should also be trained on the spread of infectious disease and appropriate measures for sanitation and food service. If outdoor space is available, shelters can use it for socializing or food service.

## **What additional services are available to patients experiencing homelessness and substance use during this pandemic?**

Patients in this population may be especially vulnerable to disruptions in services like social work outreach and Meals on Wheels. Food banks at this time are becoming overburdened with long lines. Ask patients if they are able to obtain food and water, refer them to available services in the community, and deliver food and water to them when possible.

## **How do I support my own wellbeing as provider?**

This is a stressful time for healthcare providers. Care for your own well-being by discussing safety and support with your agency and supervisor. Be sure that you are meeting your own basic needs, such as sleep and exercise. Connect with your colleagues, contact your family, and take breaks when you need them.<sup>10</sup> If you become depressed or experience symptoms of post-traumatic stress, talk with a professional.

### **Further Information:**

For providers caring for people who are homeless and using substances:

- <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>
- <http://hsh.sfgov.org/wp-content/uploads/COVID19-Sheet-for-PEH-03.16.2020.pdf>

For providers interested in advocacy:

- <https://nhchc.org/wp-content/uploads/2020/04/Issue-brief-2-COVID-19-HCH-Community-Public-Health-Actions.pdf>
- <https://jamanetwork.com/journals/jama/fullarticle/2765378>

For care at shelters:

- <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html>
- <https://files.hudexchange.info/resources/documents/COVID-19-Shelter-Management-During-an-Infectious-Disease-Outbreak.pdf>

For patients who use substances:

- [https://law.yale.edu/sites/default/files/area/center/ghjp/documents/covid-19\\_guidance\\_harmreduction\\_317203.pdf](https://law.yale.edu/sites/default/files/area/center/ghjp/documents/covid-19_guidance_harmreduction_317203.pdf)

For provider stress support:

- [https://www.cstsonline.org/assets/media/documents/CSTS\\_FS\\_Sustaining\\_Well\\_Being\\_Healthcare\\_Personnel\\_during.pdf](https://www.cstsonline.org/assets/media/documents/CSTS_FS_Sustaining_Well_Being_Healthcare_Personnel_during.pdf)

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