



## **Needle Exchange Provision in COVID-19 Pandemic**

### **1. Background**

Harm reduction is a corner stone of our National Drug and Alcohol Strategy, 'Reducing Harm, Supporting Recovery' and one of the key elements of Harm Reduction among People who Inject Drugs (PWID) is the provision of needle exchange. In Ireland this service is delivered in a number of ways including fixed-site locations such as clinics or Community Pharmacies and novel interventions such as Backpacking Outreach programmes.

### **2. Concerns**

**2.1** The virus causing COVID-19 spreads mainly from person-to-person, between people who are in close contact with one another, and through respiratory droplets produced when an infected person coughs or sneezes. The virus can also survive for relatively long periods of time on some surfaces.

**2.2** Sharing injecting material increases the risk of infection with blood-borne viruses, such as HIV and viral hepatitis B and C, the sharing of inhalation, vaping, smoking or injecting equipment contaminated with COVID-19 may increase the risk of infection and play a role in the spread of the virus.

**2.3** The COVID-19 outbreak may present additional risks that are currently not widely recognised, for example the sharing of cannabis joints, cigarettes, vaping or inhalation devices or drug paraphernalia.

**2.4** Disruption to the supply of and access to equipment is likely to occur for a number of reasons that may include staff shortages, service disruption and closure, self-isolation and restrictions placed on free movement.

### **3. Recommendations**

**3.1** A broader harm reduction approach in the current COVID-19 Pandemic needs to be considered by services when they deliver interventions.

**3.2** Harm reduction advice should include information on the risk of COVID-19 transmission through all forms of intake, including sharing of cannabis joints, cigarettes, vaping and injecting equipment.

**3.3** Contingency plans need to be developed to ensure continuity of provision of drug use paraphernalia. Scaling up the level of provision of equipment for individuals in self-isolation is likely to be necessary.

**3.4** The utilisation and training of additional staff from section 39 agencies who are involved in the provision of care for PWUD should be considered to deal with staff shortages in CHO areas. The phone number of the harm reduction service should be available and circulated widely among the community targeted for injecting equipment.

### **3. Process**

**3.1** If an individual is in self-isolation and requires needle exchange, requests for equipment can be made by phone and amounts and equipment are pre-packed and then delivered to the specific location.

**3.2** The staff members must ensure that the intended target is in receipt of the package and that the package is not left unattended.

**3.3** At fixed site locations services, requests are taken over phone and also pre- packed and handed out at front door.

**3.4** All HSE staff and allied professionals delivering harm reduction services and injecting equipment should be provided with clear guidelines in relation to minimising contact with individuals, dealing with issues over the phone and maintaining personal safety.