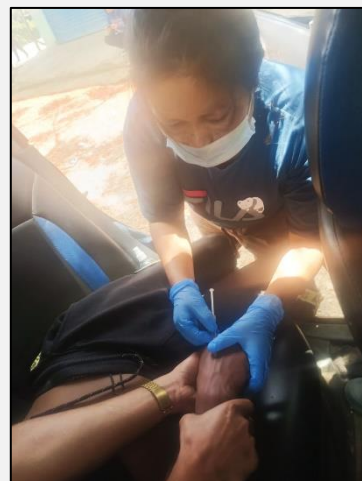


Drug Overdose Prevention during COVID-19 Opportunities and Challenges in Manipur

COVID-19 has turned the world upside down in a very short period. The first wave of COVID-19 pandemic is marked as a time when the state was itself amid of long-standing trouble of drug overdose caused by illegal drug supply. This double burden greatly impacted the lives of drug users across the state of Manipur. This resulted in increased deaths from drug overdose during isolation period, COVID lockdown, suspension of social support programs, and compromised drug supply.

In response to such menace, there is a need for new modifications in drug overdose prevention services along with care continuum for the frontline workers / overdose (OD) management team. This includes monitored injection spaces to adhere to social distance, the use of personal protective equipment, virtual platforms for clinical advice, and providing take-home doses to promote opioid agonist treatment retention. These strategies aim to mitigate indoor overdose risk inclusive of those due to COVID-19. Addressing COVID-19 makes such an approach even more urgent and compelling.



I-TECH India in coordination with Social Action and Service Organisation (SASO) has been supporting the OD backup response units in providing services across the state from a long period of time. The OD response unit coordinates with the TI NGOs which further coordinates with other OD response teams at district level building a prompt response system. The response is truly helping, by not just applying a band-aid but also renewing the spirit of everyone who is a part of the team. During COVID-19 lockdown in April 2021, the SASO CSO OD response team managed to save 8 lives while managing OD cases successfully!

The OD response team provides technical support and training to the state. It also develops the IEC materials for use during non-availability of healthcare providers or when the clinic is closed and overdose spikes (IEC include health alerts, flyers with referral hotlines, information about risks associated with counterfeit pills, and how to access harm reduction resources). It develops and disseminates overdose prevention training on opioids, treatment, and overdose prevention for clinicians and non-clinicians. It also trains the law enforcement officials on opioid use disorders, treatment, and overdose prevention strategies. In addition, it also trains healthcare professionals to support jurisdictions' opioid rapid response efforts, including linkages to care, gap care, care coordination, motivational interviewing, and pain management.



Indeed, there are numerous health and economic factors that may cause the drug users of age group 20-50 years to suffer from opioid use disorder (OUD). This population is at higher risk in context of the COVID-19 pandemic, such as pre-existing health conditions associated with substance use and prior overdose;

mental health challenges associated with social isolation, income instability; and threats to the supply of illicit substances, including increasingly toxic and unpredictable potencies. Additionally, physical distancing measures due to COVID, bring up unique challenges in providing overdose prevention services to those in need. At times, patients' treatment got interrupted due to difficulty in accessing

OST drugs for daily dispensation of medications from the OST centres, due to travel restrictions and lockdown in the state.

Many COVID related adaptations were followed in the states to make the services easily accessible and reachable. To promote retention during the pandemic, the OST centre has permission for longer prescriptions with the option of take-home doses. In addition, the COVID related social distancing measures within the overdose response team and the use of personal protective equipment were also followed. Without N95 masks, overdose responses should limit to administering naloxone only, as administering breaths via bag valve masks and providing CPR both carry aerosolization risks.

Overdose prevention education within the clinical practice should be adapted to promote safer substance use while decreasing the risk of COVID-19 transmission. The question that still lies during the pandemic is on uncertainty, which is salient, especially concerning the effectiveness of treatment, policies, and outcomes. And do all healthcare decisions come with uncertainty, is still unknown.

Action in Overdose Response:

- Check that environment is safe;
- Try to ROUSE the person by: slapping/shaking;
- Rub STERNUM (centre of chest) or upper lip firmly with knuckles;
- If the person wake-up, ensure the airway is clear;
- If the person CANNOT BE AROUSED; Call on the Helpline No: 7421928642/8414906162
- Check the airway is not block of the person;
- Check the breathing – look, listen and feel for breath;
- If not breathing, begin basic life support, if breathing, place in the RECOVERY POSITION;
- Administered Naloxone.

Naloxone Injection:

- Naloxone is a specific antidote to treat opioid overdose;
- Naloxone reverse the life threatening symptoms caused by the overdose;
- It wakes you up and make you breathe;
- It has no effect except in the presence of opioid drugs;
- If is routinely used in Emergency Medical Service.

How to prevent overdose:

- Never mix heroin with any other drugs or substance as it increase the risk of overdose;
- Heroin tolerance drops rapidly during a break in use;
- Taste a hit; inject a little of the drug and taste the effects before emptying the whole barrel;
- Try not to use alone and try to avoid locking your door while taking drugs.

When an overdose happens:

- When someone experiencing overdose, don't inject them with anything or give them anything to eat or drink;
- Don't drag them outside or leave them alone;
- Don't splash with cold water. SEEK MEDICAL ATTENTION.

Drug Overdose Prevention

For any Overdose Case Please contact
SASO Helpline



+91 7421928642



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