Harm reduction in an emergency response to homelessness during South Africa’s COVID-19 lockdown

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Background
• 15 March: President Ramaphosa announces national state of emergency as a response to the emerging Covid-19 pandemic.
• 23 March: Lock-down announced to start 26 March.
• 26 March: Lock-down starts. Regulations mandate the provision of temporary shelters for homeless persons and those unable to self-quarantine or self-isolate.

Dept of FM during this time: daily preparation meetings to prepare for the lock-down, focusing on sustaining essential primary healthcare services, including COSUP.
Resources by the State during lockdown

11 D. (1) For the period of the declaration of a lockdown, a person refusing to be evacuated from any place subject to lockdown, may be evacuated by an enforcement officer to a temporary shelter, if such action is necessary for the preservation of life.

(2) The State shall identify-
(a) temporary shelters that meet the necessary hygiene standards for homeless people; and
(b) temporary sites for quarantine and self-isolation that meet the necessary hygiene standards for people who cannot isolate or quarantine in their homes.

(3) The provision of the State's resources listed herein shall be for the duration of the lockdown, and the use thereof will be subject to conditions determined by the Cabinet member responsible for such resources.
Thursday 26 March

Small numbers of persons arrive at Caledonian, ”Koffiehuis” fills up overnight.
27 March
Friday 27 March

- Significant numbers start to arrive Caledonian Stadium.
- Walk in from the street, or dropped off by police.
- CoT Dept of Social Development oversee operations.
- Tents were erected, no mattresses, only 240 blankets.
- Opiate withdrawal identified as emerging problem.
28 March
Establish a makeshift service point outside the stadium, on the street.

Permission obtained from CoT to procure additional methadone.

Started providing opiate substitution therapy:
  - Two family medicine registrars
  - Two COSUP clinical associates
  - TMPD to maintain order
  - Paper based records: later entered into cloud-based spreadsheet.
Around 240 persons identified themselves as opiate users, and were experiencing withdrawal.

- Focus on treating withdrawal symptoms.
- Did not have the luxury of:
  - Privacy
  - Time
  - Diagnostic tools such as urine tests
- Used the clinical opiate withdrawal scale to assess withdrawal
- Educate patient on physiology of withdrawal, and how methadone works, risk of overdose.
- Doctor would then prescribe 20 to 30 mg of methadone to be given as a stat/DOT dose.
COSUP’s role:

After this day: City convenes a Homelessness Task Team with the help of Tshwane Homelessness Forum, and adopt the provincially endorsed Covid-19 shelter plan.

COSUP’s role in Covid-19 screening and provision of OST is formalised.
29 March
Sunday 29 March

- Stadium still unmanaged.
- Still overcrowded, with no assigned places to sleep. Numbers fluctuated: increase during service delivery and meal times.
- No handwashing facilities, ablutions unacceptable.
- Addition of another FM registrar.
- Two service stations:
  1. For patients initiated the previous day.
  2. For newly arrived patients.
- Greater community involvement: some substance users, some not.
COSUP & the Tshwane Homelessness Forum inform the CoT that the situation is not ethically or operationally tenable.

Alternative solutions were sought.
30 March
Covid-19: We want drugs, say homeless at Caledonian Stadium

By Sakhile Ndlazi  Mar 30, 2020

HUNDREDS of homeless people, including drug addicts, have been accommodated in tents at the Caledonian Stadium. Bongani Shilubane African News Agency (ANA)
Monday 30 March

- 1800 to 2000 people at the stadium at the moment. ±350 make use of OST service.
- Media report CoT to enforce stricter access control and restrict movement.
- Safety: OST services still outside the stadium.
- Clinical team, along with a pastor from the Tshwane Homelessness Forum, become the de facto “face of care”.
- Unable to provide full package of harm-reduction care: Reluctance to allow needle and syringe services on-site.
- COSUP and Homelessness Task Team work through the day and night to set up additional shelters.
31 March
Tuesday 31 March

- Instructed by City management to deliver service inside the stadium. No police showed up, so it was considered unsafe to do so.
- Planned re-sheltering started: moving persons to smaller, more manageable shelters.
1 April onwards
1 April Onwards

- Started providing services in the stadium. Additional support from local clinics: provision of medication and laboratory services.
- Space still sub-standard.
- Bureaucracy: resistance to OST as withdrawal management.
- Quantity of methadone required: Over 500 individuals made use of the service during the two weeks.
- New clients decreased over time to 20 - 30 per day.
- 4 April: floods
- Shelter closed on 6 April
## Table 1: City of Tshwane COVID-19 emergency re-sheltering 31 March–6 April 2020

| Date  | Facility name                          | Capacity | Number placed | Sex | Age category                          | Status            |
|-------|----------------------------------------|----------|---------------|-----|---------------------------------------|-------------------|
| 31 Mar| Lucas van der Berg Stadium             | 400      | 400           | M   | Adults and youth                      | Homeless          |
| 31 Mar| Lyttleton Town Hall                    | 36       | 31            | M+F | Adults                                | Homeless          |
| 1 Apr | Oosterlig                              | 20       | 20            | M   | Older adults                          | Homeless          |
| 1 Apr | NG Arcadia Church                      | 20       | 20            | M   | Older adults                          | Homeless          |
| 1 Apr | Melodi Ya Tshwane                      | 25       | 25            | F   | Adult mothers and their children      | Homeless          |
| 3 Apr | Capital Park                           | 51       | 52            | M   | Adults and youth                      | Homeless          |
| 3 Apr | Life Changing Ministries               | 90       | 90            | M   | Adults and youth                      | Homeless + PWUD   |
| 5 Apr | St Wilfreds                            | 24       | 24            | M   | Adults and youth                      | Homeless          |
| 5 Apr | Mabopane Indoor Sport Centre           | 150      | 85            | M   | Adults and youth                      | Homeless + PWUD   |
| 6 Apr | Lyttleton Sports Park                  | 300      | 348           | M   | Adults and youth                      | Homeless + PWUD   |
| Total |                                        | 1116     | 1095          |     |                                       |                   |

*PWUD: people who use drugs

Source: Authors’ own table
Discussion
Discussion: Why did we focus on opiate withdrawal?

- Patients in withdrawal were the most acutely ill.
  - Symptoms such as runny nose, tachypnoea could be confused for/mask Covid-19 & other respiratory infections.
  - Symptoms such as diarrhoea and runny nose could facilitate the spread of other diseases.
- To decrease the risk of subsequent fatal overdose.
- To reduce volatility and tension at the site.

Many responders were initially opposed to the harm reduction approach, stemming from:

- Poor knowledge of the severity of opioid withdrawal.
- Poor knowledge regarding the magnitude of homelessness and opioid dependence.
• Evolution of responsive network of organisations and actors: provided shelter, food, healthcare. This was as a result of nurturing and calling on established relationships between players.
• Provided successful treatment of opioid withdrawal: no overdoses recorded.
• Provided an entry-point into harm-reduction services.
• Pandemic in early stage: No outbreak of Covid-19 in the shelter setting.
Discussion: What was left behind?

- Emergency setting with bureaucratic hindrances: could not provide a full package of harm reduction services: Struggle to initially include HIV, Hepatitis and other disease screening.
- Responding to almost exclusively withdrawal: other at-risk homeless persons health needs were potentially neglected: elderly, women, mental health care users.
- Communication with shelter residents was overlooked. They were unaware of the challenges we faced, the reasons for some of our actions.
• Shelters need to adhere to basic standards of hygiene, safety and infection control before people occupy them *en masse*.

• The experience made visible to policy makers and practitioners the necessity of providing substance use services and health care services to homeless persons.

• Relationships that are multi-disciplinary and collaborative are key ingredients to responding to an emergency setting.
1. Marcus, T. S. et al. Harm reduction in an emergency response to homelessness during South Africa’s COVID-19 lockdown. *Harm Reduct J* 17, 60 (2020).

2. Covid-19: We want drugs, say homeless at Caledonian Stadium. Pretoria News, 30 March 2020.

3. Stowe, M.-J., Scheibe, A., Shelly, S. & Marks, M. COVID-19 restrictions and increased risk of overdose for street-based people with opioid dependence in South Africa. *S Afr Med J* 110, (2020).

4. Pictures courtesy of Mr S Lalla.