

Cold Weather and People Who Use Drugs



Department of Health

Information for Harm Reduction Organizations

Purpose

While the health of all New Yorkers is impacted by cold weather and low temperatures, not everyone is equally at risk. Cold weather and lower temperatures pose additional health risks for people who use drugs (PWUD).

This fact sheet describes the increased risk of cold-related illnesses and injuries among people who use drugs and how organizations serving people who use drugs can help. It includes tips to reduce drug and cold weather-related harms.

The Impact of Lower Temperatures on People Who Use Drugs

Cold weather poses the following major risks to people who use drugs (PWUD):

- **Hypothermia:** Being in cold weather for a long time can cause hypothermia. People who are unhoused and use drugs out in the elements are especially at risk when nodding off. Hypothermia slows breathing and heart rate, which is very risky when you are using a substance that has similar side effects. Overdosing while experiencing hypothermia increases the risk of death.
- **Frostbite:** Frostbite occurs when the skin and underlying tissues freeze due to extreme cold. The longer the individual remains in freezing temperatures, the worse the effects of frostbite can become. Prolonged frostbite can lead to permanent skin and tissue damage, gangrene, and, in severe cases, amputation.
- **Lack of running water:** Public fountains are usually turned off during the winter, and frozen pipes can affect public restrooms. This can lead to a lack of access to running water, which is extremely important for hydration and hygienic/sanitary preparation and clean up when injecting drugs.
- **Intravenous drug use:** When it's cold, the body will naturally constrict blood vessels close to the skin to preserve heat. Warming up the injection site and encouraging veins to pop out are important steps when preparing to shoot up. This, and needing to take clothing off to get to the injection site, puts people who inject drugs at a disadvantage when they need to use outside in cold weather. Trying to shoot into veins that are constricted causes repeat injection attempts and increases the likelihood of infections, abscesses, and missed shots.
- **Altered Temperature Perception:** Stimulants may also affect the brain's temperature-regulating centers, potentially making individuals less aware of or sensitive to changes in body temperature, including feeling less cold. This can be especially dangerous in cold environments, as it may delay or prevent someone from taking necessary steps to warm up.¹

¹Docherty JR, Alsufyani HA. Cardiovascular and temperature adverse actions of stimulants. *Br J Pharmacol.* 2021; 178: 2551–2568.

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The Impact of Lower Temperatures on People Who Use Drugs (continued)

- **Seasonal respiratory illness:** During the winter, cases of respiratory illnesses increase. This is a challenge for people who smoke their drugs as smoking can prolong or worsen respiratory illness.
- **Major winter storms disruptions:** May result in changes in drug supply, limited access to social support services and public transportation, negatively affecting access to sterile syringes, medications for opioid use disorder (MOUD), supplies for safer use, and naloxone.

How Organizations Who Serve People Who Use Drugs Can Help:

- Distribute the following to participants and clients during periods of cold weather: hats, gloves, scarves, socks, warming/heat packs, lip balm, and water.
- People who are on medications for opioid use disorder (MOUD), such as buprenorphine or methadone, are more likely to experience excessive sweating because of their medication. Educating this population on the importance of keeping dry in the colder months may help with increased heat loss due to medication side effects.
- Increase take-home methadone to minimize exposure to the cold when possible.
- Distribute extra/additional harm reduction supplies (syringes, supplies for safer use, naloxone, test strips, and wound care kits if available) to participants and clients who are facing multiple social determinants of health barriers and may have difficulty accessing your services.
- Consider checking and replacing naloxone that is stored outdoors (i.e., in vending machines or naloxone housing units also known as “naloxboxes”) when temperatures drop below 5°F.
- Become familiar with recognizing and managing cold-related injuries, particularly for people who inject drugs who are at greater risk of infection.
- Be mindful that the use of some substances is associated with an increased risk of respiratory depression (opioids, xylazine, tianeptine (also known as “gas station heroin”), medetomidine). Using these drugs in the cold can increase the risk of opioid overdose, respiratory failure, and death in people who use these drugs. Carry naloxone in the event of an accidental opioid overdose.
- Educate participants and clients who inject drugs on using sterile injection equipment (syringes/needles, tourniquets, cottons, cookers, waters, etc.) each time they inject, and to avoid sharing injection equipment to prevent the transmission of viruses (hepatitis, HIV).
- Educate participants and clients on how to use safe supplies for varying routes of administration in case they are unable to find a vein or want to choose a route of administration with a lower associated risk of overdose.
- Discuss safety planning and provide naloxone. Talk with clients to plan drug use accordingly. Consider the impact of cold weather on drug effects. Try to use your drugs in safe, familiar



places with people you trust. If using with a group of people, stagger your use to ensure that there is at least one person who remains alert and can respond in the event of an accidental overdose or overamping (stimulant overdose). Try not to use alone; if so, try to make sure there is someone available to come check on you. Never Use Alone is the US National Overdose Response line (800-484-3731) that people can call when they're using by themselves.

- Some helpful resources include: [CDC's prevention guide for the extreme cold](#) and [NYSDOH's Cold Weather Tips](#).

Cold-Related Harm Reduction Tips to Share with People Who Use Drugs

- Carry naloxone in case of an accidental opioid overdose. If you live (or spend most of time) outdoors or in a non-insulated building, consider storing your naloxone inside your jacket pocket so that it is readily available and so that your body temperature keeps it warm. Naloxone can freeze, making it impossible to administer. It freezes at around five degrees Fahrenheit. Contact your local Syringe Service Program for a replacement naloxone kit.
- Drink water regularly and do your best to stay hydrated. Especially if you are using drugs that can cause dehydration (MDMA/"Molly"/"Ecstasy", methamphetamine, crack cocaine, or cocaine), consider a sports drink or electrolyte replacement drinks to replenish the electrolytes.
- Low temperatures and heating up the pipe can cause glass, and Pyrex pipes and stems to break easily due to sudden temperature changes. Replace broken smoking supplies whenever possible. If using a broken pipe or stem, use a rubber mouthpiece to prevent cuts. Avoid sharing smoking supplies to prevent the spread of viruses such as Hepatitis and HIV.
- Low temperatures can cause dehydration and chapped lips. Drink water to stay hydrated and apply lip balm regularly to avoid cutting your lip. Dehydration can cause chapped lips, increasing the risk of viral transmission (hepatitis, HIV) and the risk of sexually transmitted infections. Wear lip balm to reduce your risk of infection.
- If you are inhaling vapors of opioids (also known as "chasing"), use a new straw, stem and a new piece of aluminum foil with each use. Avoid sharing chasing supplies with others as this can result in viral transmission (hepatitis, HIV).
- If you are snorting substances, remember to alternate between nostrils and wash your nasal passages with saline to reduce risk of infection. Applying Vaseline to the outside of your nose can help reduce irritation and redness. Use a sterile straw (or a small piece of clean paper) and avoid sharing snorting tools. If snorting with a friend, mark your straw clearly with a sticker, marker, or use a different colored straw to avoid sharing. If your nasal passages are increasingly clogged or agitated, consider switching your route of administration to give your nasal passages time to heal.

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- Using certain drugs (such as cocaine, crack cocaine, methamphetamine, Adderall, or MDMA) can increase core body temperature, decreasing your sensitivity to the cold. Be conscious of this when deciding whether to keep your jacket, hat, or gloves on.
- Watch out for warning signs of how your body responds to the cold. Shivering is usually the first sign that your body is quickly losing heat, and this should be taken as a sign to promptly seek warmth, regardless of whether you “feel” cold or not. Other signs of the onset of hypothermia include memory loss, exhaustion, slurred speech, drowsiness, confusion, and numbing of hands.
- Dress in layers to protect yourself against the cold; try your best to cover your face, neck, hands and feet. Exposure to rain or sweat, or being wet, can increase your risk of developing hypothermia (cold illness) as well as injuries such as ulcers, trench foot or frostbite. Try to stay dry and avoid wearing wet or damp socks or gloves.
- Connect with support networks: Stay connected to trusted friends, support groups, or harm reduction organizations that can provide aid and support during periods of cold or extreme weather.
- New York State provides drug checking services. New York’s drug checking service offers people who use drugs timely and detailed information on the contents of their drugs, helping you to make more informed decisions. [Click here](#) to see if there is a drug checking program near you.
- New York is a Code Blue State. This means that no one should be denied access to shelter when temperatures drop to below 32°F. Have resources on your nearest shelter (warming center, shelter, drop-in center, etc.) available when temperatures begin to fall.

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