

COVID & Opioid Use Disorder Management

Presented By:

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About Us

- The Great Lakes ATTC, MHTTC, and PTTC are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).



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Date and year

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About Our Presenter




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Risks for people who use opioids in the setting of COVID-19

- ▶ If quarantined or isolated, may:
 - ▶ Experience dangerous withdrawal
 - ▶ Reuse drug consumption supplies
 - ▶ Obtain drugs from new sources (which can increase risk of overdose)
 - ▶ Be more likely to use alone (no one to respond to overdose)
- ▶ May be more likely to live in communal environments (shelters, SROs, jails, residential programs) where they are likely to be exposed
- ▶ May have co-morbidities such as COPD, cirrhosis, or HIV which may increase risk of severe disease

Keeping patients, providers, and community safe

- ▶ **Implementing social distancing into all aspects of care!**
- ▶ ↓ in-person clinic visits to protect vulnerable patients from unnecessary exposure risk
 - ▶ SAMHSA/DEA guidance allows for OBOT initiation without in-person visit and may be by phone
 - ▶ Communication w/ OTPs coming direct from DHS (allowing 28-day dispense)
 - ▶ Reduce mandatory in-person visits to a minimum.
 - ▶ In-person visits still required for methadone initiation at OTPs
 - ▶ Use telehealth (text or phone, video if possible) to communicate with patients whenever possible.
- ▶ Lab testing
 - ▶ Suspend any oral fluid testing
 - ▶ For urine testing “a clinical decision balancing the risk of unnecessary exposure for patients and providers with concerns about individuals’ persistent use or diversion”



Keeping patients, providers, and community safe

- Cancel groups.
- Help patients identify online meetings or groups if that is something they currently engage in/are interested in.
- ↓ instances patients have to go to the pharmacy:
 - Extend prescriptions to maximum length possible.
 - Move to month-long prescriptions when possible.
 - See if local pharmacies are able to deliver to patients' homes.
 - Many also have curbside pick-up

What about injectable preparations?

- Should continue as long as providers have appropriate PPE
- If PPE runs out, consider prescription of oral buprenorphine products, and/or oral naltrexone
- If patient receiving injections shows signs or symptoms of COVID-19, a provider may use their clinical judgement and forgo a scheduled injection and instead prescribe oral formulation
- At current time, no concern has yet been expressed for shortages of methadone or buprenorphine products



Other General Preparations

- ▶ Procedures for clients with respiratory symptoms (e.g. not waiting in lobby w/ others)
- ▶ Inform clients re: importance of contacting facility in advance of any in-person visit if they do have resp symptoms
- ▶ Plans for possible staff shortages
- ▶ Social distancing on site for staff and clients
- ▶ Plans for self-pay clients out of work due to illness or to business closure, particularly those without sick/vacation pay/benefits

Resources

▶ SAMHSA

▶ <https://www.samhsa.gov/coronavirus>

▶ <https://www.samhsa.gov/sites/default/files/considerations-care-treatment-mental-substance-use-disorders-covid19.pdf>

▶ CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

▶ NIDA: <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

▶ National Health Care for the Homeless COVID-19 Resources: <https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>

▶ WI DHS <https://www.dhs.wisconsin.gov/covid-19/index.htm>

▶ California Bridge COVID 19 Emergency Response: <https://www.bridgetotreatment.org/covid-19>

▶ Harm Reduction Coalition: <https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs>