

Treatment of Substance Use Disorders in Association with COVID-19

As of March 1, 2020 COVID-19 has been declared a national emergency. As COVID-19 spreads, people who use drugs (PWUD) may be particularly at risk. The below information is recommended in order to support the care of PWUD. To address the unique needs of this vulnerable population and with consideration to an overburdened health system, any approach to treatment for substance use disorder (SUD) must be adjusted from any standard norm.

RISKS FOR PWUD DURING COVID-19

COVID-19 increases risk of overdose.

Social isolation, loss of income, and loss of access to support services can put people who use drugs at increased risk of overdose. [AMA's Issue Brief: Reports of increases in opioid- and other drug-related overdose and other concerns during the COVID pandemic highlights these concerns](#). Additionally, if quarantined or isolated, PWUD may face withdrawal, run out of clean supplies, or seek drugs to treat their withdrawal from new sources that may put them at risk. While practicing social distancing, PWUD are unable to use drugs together and therefore, naloxone reversal is limited.

PWUD may be at increased risk of COVID-19 exposure and severe COVID-19.

Communal living environments, including shelters, single-room occupancy hotels, encampments, jails, and residential programs, may increase the risk of occupants and visitors contracting COVID-19. PWUD may have high-risk comorbidities such as COPD, cirrhosis, or HIV that may put them at greater risk of severe disease.

TREATMENT ACCESS DURING COVID-19

Buprenorphine starts during COVID.

While COVID-19 is at pandemic levels, healthcare resources are limited. As much as possible, anyone interested in treatment for SUD should be started immediately and provided the most longitudinal and streamlined care possible to limit contact with healthcare facilities as they focus on COVID-19.

- Most patients can be prescribed at least one week of medications when they are first started, and prescriptions can be up to 1 month. Longer prescriptions are indicated during COVID since:
 - Clinics may have limited follow up availability.
 - Patients may be quarantined.
 - Longer-duration prescriptions allow patients to decrease their contact with healthcare facilities, which may decrease their risk of contracting COVID-19.
- Labs and urine toxicology are unnecessary prior to starting buprenorphine, as are significant intake processes. Streamline new starts as much as possible to minimize time in the healthcare facility. Urine toxicology may be performed in the ED in partnership with outpatient clinics if that will help the clinic see patients via telehealth.
- During COVID-19, buprenorphine starts can be done by telephone.

- Many patients can be started on buprenorphine outside of healthcare facilities with home/non-facility starts.
 - [Gentle self starts](#)
 - [Rapid self starts](#)
- Make sure to get a reliable phone number for patients so that follow up is possible via phone.
- Connect all PWUD to:
 - Naloxone
 - Safe consumption supplies (see harm reduction below)

Outpatient care for patients on buprenorphine.

Offer telehealth visits to patients who are already on buprenorphine to decrease contact with healthcare facilities.

- Consider whether your patient may be a candidate for month-long prescriptions.
- Urine toxicology is not necessary with every fill, use only when necessary for clinical decision making.
- Make a plan for medication access in case of a patient entering quarantine/isolation. Ensure that patients have naloxone on hand.

Substance Use Navigator (SUN) safety is critical.

- SUNs are essential members of the healthcare team, face to face interactions between SUNs and patients are valuable.
- SUNs should not interact with patients under investigation for COVID-19 in a face to face manner.
- SUNs should follow the same precautions and PPE regulations as any healthcare provider. They should follow the instructions of their employer, local health department, and their personal healthcare team to support their own health and safety.

REDUCING HARM IN PATIENTS WHO ACTIVELY USE DRUGS AMONG COVID-19

Drug use hygiene.

- Hand hygiene and washing down surfaces before preparing drugs, as well as not sharing drugs, using their own supplies, and not preparing other people's drugs, can prevent the spread of COVID-19. More information on drug use hygiene is available through the [Harm Reduction Coalition](#).

Tools for every patient to reduce harm.

- Naloxone
 - Dispense to all PWUD in the ED
 - Naloxone can now [be sent by mail](#)
 - [Never use alone](#), is a public-facing harm reduction hotline. The operator will stay on the line with the caller while they use and if they do not respond after a set amount of time after consumption, the operator will notify emergency services.
- Fentanyl test strips for overdose prevention and mitigation
 - Although false positives may occur, these are particularly useful at the time of social distancing when naloxone reversal may be less readily available.
 - One example is btvx.com/HarmReduction which can ship orders
- Safe injection and safe smoking supplies
 - Pipes and smoking materials should not be shared and should be cleaned with alcohol-based products.
 - Work with local syringe exchange to see if they will be switching from drop-in to delivery based models.
 - Physicians may dispense syringes per [B&P Code Section 4145.5b](#)

CARING FOR PATIENTS IN QUARANTINE OR ISOLATION

People who have been actively using opioids:

Offer buprenorphine to treat withdrawal:

- Short prescription (eg Buprenorphine/naloxone 8/2mg #42) and instructions for starting buprenorphine outside of a hospital setting can be a good starter pack
 - [Gentle self starts](#)
 - [Rapid self starts](#)

People who are already on buprenorphine.

- If a family member or case manager will be picking up the patient's medications, call the pharmacy at the time of prescribing to let them know who will be picking it up
- See if any local pharmacies are able to deliver medications to the patient
- In many cases, a one month supply of sublingual buprenorphine may be appropriate for a patient in quarantine or at risk of quarantine
- If a patient is due for subcutaneous buprenorphine during their quarantine, offer them an appointment for an injection as soon as they are allowed to move about the community. Subcutaneous buprenorphine has a very long half-life, so delays of 1-2 weeks are unlikely to cause withdrawal. If a patient experiences withdrawal, consider prescribing sublingual buprenorphine until they can be re-injected.

People who use stimulants, benzodiazepines or alcohol.

- Consider offering medications to treat alcohol withdrawal
- Consider mirtazapine for people who use methamphetamines
- Offer nicotine replacement therapy
- Offer safer consumption supplies
- See this [SF based guidance](#) for an overview of PWUD care during COVID-19

Caring for people on methadone who are quarantined/isolated or high risk.

- As soon as you learn that a patient in methadone or buprenorphine from an opioid treatment program (OTP) is quarantined, call the OTP. You do not need an ROI to let them know.
- State and federal authorities may alter regulations regarding take-homes, chain of custody for take-homes, as well as urine testing and counseling requirements.
 - [SAMHSA Opioid Treatment Program Guidance](#)
 - [DHCS COVID-19 Frequently Asked Questions: Narcotic Treatment Programs \(NTPs\)](#)
- Some OTPs are able to increase take-homes, dose outside the facility in mobile clinics, or deliver medications.

MEDICATION FOR OPIOID USE DISORDER (MOUD): STARTS, FOLLOW UP, AND LOGISTICS

MOUD Starts:

Face To Face In The Ed

Patients should still be welcome to come to the ED 24/7 for MOUD starts! While providers should see them face to face with proper PPE, consider having the SUN interact with patients by phone. Consider obtaining a utox to support outpatient partners, and writing 14-28 day Rx.

Face To Face Outpatient

Outpatient clinics should still welcome patients to come in person, including for drop-in services. While providers should see them face to face with proper PPE, consider having the SUN interact with patients by phone. Consider writing 14-28 day Rx, and having subsequent follow up by phone if the patient has a phone.

By Telehealth From Ed Or Outpatient

It is ok to start patients without an in-person visit in the setting of COVID-19, you can use a telephone or two-way audiovisual communication. Use patients' report to determine OUD diagnosis, and opioid withdrawal status.

Example Telehealth Workflows

Some communities have started a telehealth access line, using a phone number that patients or providers can call to initiate a real-time visit for telehealth initiation of buprenorphine. These visits can then be documented/billed through an ED, an outpatient clinic, or a county behavioral health system. A pool of providers can cover the line, or a SUN can answer it and direct it to the on-call provider. Existing access lines can also be co-opted for this purpose.

MOUD Follow Up:

Whenever possible, we recommend that patients follow up with a brick and mortar community clinic, either in person if necessary or by telehealth.

If your community has limited outpatient access at this point consider:

- ED providers & SUNs can support patients after buprenorphine starts for a limited time (see below)
- Some telehealth companies may be able to support your patients

Monitoring when outpatient access is limited:

- Prescribe 7-28 day Rx depending on patient preference—not all patients feel they can keep a long prescription safe
- SUNs or providers should call patients on approximately this schedule:
 - 1-2 days after start (did they receive Rx, how does dose feel, any use/cravings/withdrawal)
 - 1 week after start (any use/cravings/withdrawal, mood, use of other substances)
 - Every 2 weeks subsequently until linkage

Logistics:

Please see our [Guide to Telehealth in California](#) for telehealth guidance on registering patients, and audiovisual platforms.

Insurance Enrollment

For those who don't have insurance for medication coverage consider:

- Covered California/Medi-Cal enrollment: [special enrollment period](#) has been opened due to COVID-19
- GoodRx coupons
- Some counties have funds specifically for uninsured/underinsured pharmacy benefits, others are using grant funds to cover patients who are uninsured/underinsured

Documentation And Billing

- See resources from:
 - [AMA](#)
 - [ACP](#)
 - [Mental Health Technology Transfer Center](#)
 - [ACEP](#)

Telephones

- Work with patients to obtain phones to participate in telehealth through the [LifeLine program](#)

Transportation

- As some public transportation has shut down, those who need in-person visits may benefit from Medi-Cal [transportation benefits](#)

Regulatory Changes

- 3/13/2020-- [EMTALA regulations](#) changes
- [OTP federal regulatory changes](#) and [state OTP FAQs](#): increased access to take homes, decreased in-person visits
- 3/30/2020—[HIPAA enforcement discretion](#): can use different audiovisual platforms
- 3/31/2020 – [DEA/SAMHSA Guidance: telephone and audiovisual buprenorphine starts](#)
- Updates to [42 CFR part 2](#)

RESOURCES

Support Relevant To Sub Treatment During Covid-19

- [Harm Reduction Coalition \(HRC\)](#)
- [Health Management Associates \(HMA\)](#)
- [Foundation for Opioid Response Efforts \(FORE\)](#)
- [Center for Care Innovations \(CCI\)](#)
- [Aces Aware](#)
- [National Health Care for the Homeless Council](#)

Harm Reduction Coalition

- [DRUG USE HYGIENE \(PDF\)](#)
- [NEVER USE ALONE - Public-Facing Harm Reduction Hotline](#)
- [Safer Drug Use During the COVID-19 Outbreak - Harm Reduction Coalition](#)
- [Syringe Services and Harm Reduction Provider Operations During the COVID-19 Outbreak - Harm Reduction Coalition](#)
- [Fentanyl test strips available for shipping - BTNX](#)

Substance Abuse And Mental Health Services Administration (SAMHSA)

- [3/24/2020 - Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus \(COVID-19\)](#)
- [3/19/2020 - 42 CFR Part 2 Guidance](#)

U.S. Department Of Health And Human Services

- [Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency](#)
- [3/13/2020 - Waiver or Modification of Requirements Under Section 1135 of the Social Security Act](#)

U.S Department Of Justice - Drug Enforcement Administration- Diversion Control

- [COVID-19 Information Page](#)
- [3/31/2020 - DEA Guidance for telephone initiated Buprenorphine](#)
- [3/16/2020 - Exception to 21 CFR 1301.74\(i\) - Delivering Medications](#)

CA Department Of Health And Human Services

- [State of California Office of Health Information Integrity](#)

CA Department Of Health Care Services (DHCS)

- [DHCS COVID-19 Response](#)
- [3/18/2020 - Emergency Telehealth Guidance](#)
- [3/14/2020 - Information Notice 20-009 Guidance on COVID-19 for Behavioral Health](#)
- [3/13/2020 - COVID-19 FAQ for Behavioral Health](#)
- [3/13/2020 - COVID-19 FAQ for Narcotic Treatment Programs](#)

American Society Of Addiction Medicine (ASAM)

- [Covid-19 Resources](#)

American Medical Association

- [Special coding during the COVID-19 emergency](#)

California Medical Association

- [Covid-19 Resources, Webinars, FAQ, and News](#)

Foundation For Opioid Response Efforts (FORE)

- [MOUD and COVID-19 National Emergency Response Resources](#)
- [3/19/2020 Opinion Letter](#) with legal analysis of hypothetical case scenarios for prescribing buprenorphine OUD during the COVID-19 public health emergency

Center For Care Innovations (CCI)

- [Addiction Treatment Starts Here Resource Hub](#)

OTHER IMPORTANT RESOURCES

- [3/12/2020 - COVID-19: Potential Implications for Individuals with Substance Use Disorders - National Institute on Drug Abuse](#)
- [What to do if you are sick - Centers for Disease Control and Prevention](#)
- [Online Groups for Addiction Treatment and Recovery](#)

This guide was last updated October 2020. Specific policies and regulations surrounding addiction care and medication dispensing and prescribing may have changed since that time.

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More resources available www.CABridge.org