

Triggers & Relapse

- The stress of this situation on all systems in society may place your patients at greater risk for alcohol and or drug use.
 - Expect that they will experience stresses due to changes at work, childcare, family care, social support structures, and anxiety related to media reports and finances. Encourage patients to practice additional self-care during this stressful time.
- Screening for coronavirus should be universal and not targeted to those with addiction. Be sure you understand your community's protocol before referring patients for testing. It is often not done in emergency rooms or primary care: <https://portal.ct.gov/Coronavirus>
- Offer medications for the treatment of Opioid Use Disorder or Alcohol Use Disorder for those in whom they are indicated. Provide outpatient alcohol withdrawal management when appropriate. Review outpatient alcohol withdrawal guidance in UpToDate: shorturl.at/kuvMP

Access to Medications

- Clinicians should restructure their practices to help assure their patients have uninterrupted access to medications for addiction treatment and naloxone if appropriate. This includes patients who have tested positive for coronavirus or are self-quarantining due to exposure.
- Some patients may be able to switch to a long acting version of a medication (monthly injections of buprenorphine or naltrexone), or buprenorphine implants which may help ensure continued treatment.
- Universal mandatory counseling and monitoring (urine, breathalyzer) requirements should be avoided. All counseling and monitoring should be tailored to individual patient needs to avoid unnecessary visits and exposures.
- Work to provide telemedicine or telephone options, including for new patient evaluation and treatment. Consult resources and guidelines on the prescription and maintenance of medications for addiction treatment using telemedicine provided at the end of this document.
- Work with pharmacies that may be able to deliver medications to patients.
- Support patients' efforts to start treatment. Unobserved or home induction of buprenorphine can be successfully completed with many patients.
- Create a backup system (3-4 providers deep) in your practice or community to ensure that someone with a DATA 2000 X-waiver can access and review the electronic medical record for PDMP and continue to provide prescriptions to patients in case you are not available. Note, the patient counts on your census only for the duration of the prescription you provide.
- Work with your Information Technology department to establish remote medical record access so you can provide a prescription for a patient even if you are not able to be in the clinic.

Special Considerations for Access to Methadone:

- If a patient is unable to access methadone, DEA regulations allow Emergency Departments and hospitals to dispense (not prescribe) daily methadone for 72 hours as a bridge to ongoing treatment.

Special Considerations for Access to Methadone *continued*:

- Methadone treatment programs can work with state agencies to increase the amount of take-home bottles of methadone (up to 28 days) for some patients and/or those with serious medical problems.
- Patients with exposure to coronavirus may be able to get 14-day take-home doses of methadone to allow them to stay home and away from others.
- Monitor for regulatory changes that may allow home delivery of methadone.
- Federal officials have released guidance to methadone treatment programs that allows individuals who are quarantined with novel coronavirus infection to designate an uninfected third party to deliver their methadone or, if necessary, provide for "doorstep" delivery using an approved lock box.
- Methadone treatment programs can use telehealth, including telephone, in compliance with HIPAA.
- Reduce the number of groups held and limit the number of people attending groups.
- Arrange guest dosing for your patients who need to travel and consider offering guest dosing to those who need it locally.

Interim Medication

- This practice refers to providing medication with minimal to no counseling. This practice has been deployed in emergency situations with demonstrated benefit to retention in treatment and reduced substance use.
- Robust research demonstrates that many patients benefit from medication and brief medication management or medication along (also known as interim methadone and interim buprenorphine). Brief medication management is also effective for patients receiving medications for alcohol use disorder and for those trying to quit smoking.
- Treatment settings should consider interim medication approaches while much of the U.S. is in mitigation phase against coronavirus.

Counseling & Meetings

Resources listed here are for information-sharing purposes only and should not be considered direct endorsements.

- Some patients will benefit from limited counseling.
- Work with your patients to identify alternatives to in-person visits.
 - This may include telephone or telemedicine options
- All group visits in the clinician's office should be avoided.
- Patients with CT Medicaid can request a peer mentor at 877-552-8247, or visit www.ctbhp.com.
- Discuss the risks and benefits of meetings (AA, NA) attendance and give specific recommendations regarding social distancing and avoidance of hugging, shaking hands and holding hands.
- Consider online or digital support group options for your patients.
 - Free, noncommercial online options include:
 - CT Narcotics Anonymous (NA): <https://ctna.org/find-a-meeting/virtual-meetings/>
 - Alcoholics Anonymous (AA) Intergroup: <http://aa-intergroup.org/>
 - Cocaine Anonymous (CA) Intergroup: <https://ca.org/meetings/>
 - Marijuana Anonymous (MA): <https://ma-online.org>
 - Smart Recovery: www.smartrecovery.org, click on "online community"
 - InTheRooms: <http://intherooms.org>

Counseling & Meetings *continued*

- LifeRing (Secular Recovery): <https://www.lifering.org/online-meetings>
- DynamiCare: <https://www.dynamicarehealth.com/news/2020/3/16/free-daily-online-recovery-support-meetings>
- Two commercial options, which may require fees or in-app purchases, include:
 - Headspace: <https://www.headspace.com>
 - Connections (Chess Health): <https://www.chess.health/download/>
(requires clinician facilitation)
- You can explore more options by visiting <https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf>
- Prescribing of medication should not be contingent upon counseling or meeting attendance for most patients.

Monitoring

- Work with your patients to identify patient-centered strategies to continue monitoring their condition.
 - This may include a change in the type or frequency of monitoring (self-report, urine or breathalyzer testing).
- This monitoring should be tailored to the patient's status and modified as appropriate. For instance, current federal regulations require only 8 urine toxicology tests per year through opioid treatment programs. Current buprenorphine guidelines recommend patient visits and medication supply be up to 28 days for those who are well established in treatment. We should not expect a patient to come in to the clinic or go to a lab for urine toxicology testing if they have symptoms of coronavirus or close contact to someone with the virus.

Smoking & Vaping

- Patients with lung disease are at increased risk of acquisition and developing more severe coronavirus infection.
- Smoking and vaping of any substance may increase the risk and severity of viral infection.
- Provide patients with access to nicotine treatments (patch, gum, lozenge, inhaler) or other treatments (varenicline, bupropion) to help minimize smoking and vaping. Refer patients to the Connecticut Quitline: www.quitnow.net/connecticut or 1-800-QUIT-NOW

Travel

- Travel, including local travel, should be limited to those trips in which the benefits outweigh the risks.
- Most local municipalities and states have travel guidance that should be shared with patients.
- Work with patients who need to travel to provide adequate supplies of medication and/or find a clinician or treatment program able to offer guest dosing local to their travel destination.

Age and Other Medical Conditions

- Age over 60 and/or specific medical conditions (cardiovascular disease, diabetes, chronic respiratory disease such as COPD and asthma, high blood pressure, cancer) place patients at increased risk.
- Work with patients to be sure these underlying health conditions are being treated.

Age and Other Medical Conditions *continued*

- Provide or refer for vaccinations including influenza, tetanus, hepatitis A and B, and pneumonia as needed.

Where to Find Information About Coronavirus

Monitor your state and local health department website and the Centers for Disease Control (CDC) Coronavirus website for the latest information.

- CDC Coronavirus Website for Healthcare Professionals: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
- Connecticut Department of Health Coronavirus Website: <https://portal.ct.gov/Coronavirus>
- Yale New Haven Health Coronavirus Website: <https://www.ynhhs.org/patient-care/covid-19.aspx>
- Hartford Healthcare Coronavirus Website: <https://hartfordhealthcare.org/health-wellness/coronavirus>
- Connecticut Department of Mental Health and Addiction Services Coronavirus Website: <https://portal.ct.gov/DMHAS/Newsworthy/News-Items/DMHAS-Response-to-COVID-19>

Additional Information

Additional information on safer drug use:

<https://yale.app.box.com/v/COVID19HarmReductionGuidance>

<https://harmreduction.org/wp-content/uploads/2020/03/COVID19-safer-drug-use-1.pdf>

Find syringe service programs in Connecticut:

https://www.211ct.org/search?terms=syringe&page=1&location=ct&service_area=connecticut

Guidance to Syringe Services and Harm Reduction Programs

<https://harmreduction.org/wp-content/uploads/2020/03/COVID19-harm-reduction-providers-1.pdf>

Homeless Populations:

<https://www.commerce.wa.gov/wp-content/uploads/2020/03/Seattle-King-County-Interim-Guidance-COVID-19-Homeless-Service-Providers.pdf>

For patients living with HIV:

<https://www.hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/emergencies-and-disasters>

<https://aidsinfo.nih.gov/guidelines/html/8/covid-19-and-persons-with-hiv--interim-guidance-/0>

Coping with stress during infectious disease outbreaks:

<https://store.samhsa.gov/system/files/sma14-4885.pdf>

Taking care of your mental health during infectious disease outbreaks:

<https://store.samhsa.gov/system/files/sma14-4894.pdf>

Additional Information *continued*

American Society of Addiction Medicine Guidance:

<https://www.asam.org/advocacy/practice-resources/coronavirus-guidance>

American Association for the Treatment of Opioid Dependence (AATOD) Guidance for Opioid Treatment Programs:

<http://www.aatod.org/advocacy/policy-statements/covid-19-aatods-guidance-for-otps/>

Guidance from Substance Abuse & Mental Health Administration (SAMHSA)

SAMHSA Coronavirus Website:

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

Information for SAMHSA Regulated Opioid Treatment Programs:

<https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/covid-19-guidance-otp>

Guidance to States Regarding Take-Home Methadone:

<https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf>

Guidance on Alcohol and Benzodiazepine Withdrawal:

<https://www.samhsa.gov/sites/default/files/considerations-crisis-centers-clinicians-treatment-alcohol-benzodiazepine-withdrawal.pdf>

FAQs for Prescribing Methadone and Buprenorphine During the COVID-19 Pandemic:

<https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf>

OTP Guidance for Patients Quarantined with Coronavirus:

<https://www.samhsa.gov/sites/default/files/otp-covid-implementation-guidance.pdf>

Information on Telehealth Options for Prescribing MAT

Drug Enforcement Agency:

https://www.deadiversion.usdoj.gov/mtgs/pract_awareness/resources/Telemedicine_MAT.pdf

Health and Human Services:

<https://www.hhs.gov/opioids/sites/default/files/2018-09/hhs-telemedicine-hhs-statement-final-508compliant.pdf>