



Special Report

COVID-19 Guidance for Clinicians and Opioid Treatment Programs

Triggers & Relapse

The stress of this situation on all systems in society may place your clients at greater risk for alcohol and or drug use. Expect that they will experience stresses due to changes at work, childcare, family care, and social support structures. Encourage patients to practice additional self-care during this stressful time. Screening for coronavirus should be universal and not targeted to those with addiction. Questions related to COVID-19 can be directed to 954-357-9500, or by emailing COVID-19@flhealth.gov. Broward residents concerned they may have been exposed to COVID-19 should call the same number before traveling to any health care facility.

Access to Medications

Clinicians should restructure their practices to help assure their clients have uninterrupted access to medications for addiction treatment and naloxone if appropriate. This includes those who have tested positive for coronavirus or are self-quarantining due to exposure. Some clients 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 the individual client needs to avoid unnecessary visits and exposures. Work to provide telemedicine or telephone options, including for new client 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.

Agencies can also work with pharmacies to deliver medications. In addition, they can support clients' efforts to start treatment via unobserved or home induction of buprenorphine. It is also important to create a backup system (3-4 providers deep) in your practice or community to ensure that someone can access and review the electronic medical record for PDMP and continue to provide prescriptions in case you are not available. Work with your Information Technology department to establish remote medical record access so you can provide prescriptions for clients even if you are not able to be in the clinic.

Special Considerations for Access to Methadone

If a client 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. Methadone treatment centers can work with state agencies to increase the amount of take-home bottles of methadone (up to 28 days) for some clients and/or those with serious medical problems. Clients 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. 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 also use telehealth, including telephone, in compliance with HIPAA. It is also very important during this time to reduce the number of groups held and limit the number of people attending groups. Arrange guest dosing for your clients 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. Research demonstrates that many clients 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 clients 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

Some clients will benefit from limited counseling. Work with your clients to identify alternatives to in-person visits, including telephone or telemedicine options. All group visits in the clinician's office should be avoided. Those with FL Medicaid can learn about changes related to the State of Emergency enacted as a result of COVID-19 here: https://ahca.myflorida.com/covid-19_alerts.shtml

In addition, 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 free, non-commercial online or digital support group options.

Note: These resources are for information-sharing purposes only and should not be considered direct endorsements.

Florida Narcotics Anonymous (NA): <https://naflorida.org/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>

LifeRing (Secular Recovery): <https://www.lifering.org/online-meetings>

You can explore more options from the Substance Abuse and Mental Health Services Administration via <https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf>

Monitoring

Work to identify client-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 client'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 visits and medication supply be up to 28 days for those who are well established in treatment. We should not expect a client to come into 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 and Vaping

Clients 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 clients with access to nicotine treatments (patch, gum, lozenge, inhaler) or other treatments (varenicline, bupropion) to help minimize smoking and vaping. Refer patients to Tobacco Free Florida: <https://tobaccofreeflorida.com/>

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. Visit [Broward.org/Coronavirus](https://www.broward.org/Coronavirus) for the latest updates. If necessary, work with clients 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 clients at increased risk. Work with clients to be sure these underlying health conditions are being treated. 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 site for Healthcare Professionals:

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

Florida Department of Health Coronavirus Website: <https://floridahealthcovid19.gov/>

Florida's COVID-19 Data and Surveillance Dashboard:

<https://fdoh.maps.arcgis.com/apps/opsdashboard/index.html#/8d0de33f260d444c852a615dc7837c86>

Additional Information

Safer Drug Use

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

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

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>

American Society on Addiction Medicine Guidance

<https://www.asam.org/Quality-Science/covid-19-coronavirus>

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 (SAMSHA)

SAMSHA Coronavirus Website

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

Information for SAMHSA Regulated Opioid Treatment Programs

<https://www.samhsa.gov/medication-assisted-treatment>

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.dea.gov/diversion.usdoj.gov/mtgs/pract_awareness/resources/Telemedicine_MAT.pdf](https://www.dea.gov/diversion/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>

Source: Yale Program in Addiction Medicine.

https://medicine.yale.edu/intmed/genmed/addictionmedicine/Clinicians%20Yale%20ADM%20COVID-19%20Guidance_032620_380627_5_v2.pdf

Broward Briefings may be copied. Please cite United Way of Broward County Commission on Behavioral Health & Drug Prevention.



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