

A public health approach to withdrawal management in a pandemic

Table of Contents

Background	2
Eligibility	2
Target Population	2
Measures in place to ensure clinical eligibility and to reduce secondary harms such as drug diversion.....	3
Enrolment and Prescribing.....	3
Pandemic Pharmacotherapy Protocols:	3
Opioids	3
Stimulants	3
Illicit Benzodiazepines:.....	3
Tobacco:.....	4
Alcohol:	4
Cannabis:.....	4
Overdose Prevention	4
Delivery Support	4
Outreach Support:	5
Appendix A: Resources:	6

A public health approach to withdrawal management in a pandemic

Background

British Columbia declared a public health emergency on March 11, 2020 due to spread of COVID-19. During this time extraordinary measures are needed to support people who use drugs (PWUD), including alcohol, and prevent ongoing community spread of COVID-19 among a vulnerable, often immune-compromised population.

Given that it may be challenging for PWUD to self-isolate when experiencing withdrawal, this protocol is intended to support health care providers to manage individuals who are symptomatic, suspected or confirmed COVID-19 cases and to prevent people from leaving their shelter, SRO or housing facility against medical advice. These guidelines are not intended for treatment of substance use disorders but rather to support individuals with substance use disorders to self-isolate and avoid risk to themselves or others.

Eligibility

Target Population

This guideline aims to reduce the risk of clients breaking their self-isolation due to cravings and/or withdrawal, leading to increased community spread of COVID-19. Clients referred to this service are those who meet the criteria below:

- Confirmed COVID-19 positive on self-isolation or a suspected case awaiting diagnosis
- History of ongoing active substance use disorder (opioids, stimulants, or alcohol)
- Those that are deemed at high risk of withdrawal and/or overdose or significant cravings that would put them at increased risk, via a detailed clinical assessment
- Those who have not been able to achieve a therapeutic dose with currently available opioid agonist treatments or the treatments have not been beneficial.
- Those experiencing homelessness or living in a shelter, SRO or supported housing unit.
- Those deemed unable to stay in self-isolation without an adequate supply of substances and assessed as a risk for breaching self-isolation

Youths age < 19 and pregnant people may be eligible if:

- There is informed consent by the client to receive treatment from the program and additional education about the risks associated with this population.
- In collaboration with the participant, referral to health and social services and connection to resources related to their population.

Those **NOT** eligible include:

- Those who are not in self-isolation due to Covid-19

A public health approach to withdrawal management in a pandemic

Measures in place to ensure clinical eligibility and to reduce secondary harms such as drug diversion

- For any new potential clients unknown to the program MD, program eligibility and intake will include a detailed clinical assessment.
- All clients will be offered referrals to available evidence-based treatment programs based on patient identified goals (i.e. OAT, recovery oriented, etc.).
- For the safety of all enrolled participants, all pharmaceuticals will be daily dispensed by either the housing provider, pharmacy or a clinical outreach team.
- Regular follow-up with health care providers with ongoing assessments of clinical & psychosocial stability will be conducted.

Enrolment and Prescribing

In order to enrol in the service clients will first be encouraged to work with their existing or assigned GP who can use the below protocols and pharmacy delivery as per their usual process. A specialist phone consult service is available for community GPs and accessed via the Overdose Outreach Team (OOT) 604-360-2874. For clients who do not have a GP or for whom the GP declines the service the OOT Team will connect with the specialist physician consult service. This service is intended for the self-isolation period only and clients will be offered transition to treatment services as their isolation ends.

Pandemic Pharmacotherapy Protocols:

Opioids

For those with active opioid use disorder who are not currently on opioid agonist therapy:

- Offer opioid agonist therapy according to BCCSU guidelines
<https://www.bccsu.ca/opioid-use-disorder/>
- If client declines, prescribe oral hydromorphone 8mg tablets (1-3 tabs q1h as needed up to 14 tablets) daily dispensed
- Or prescribe M-eslon 80-240mg BID daily dispensed oral.
- Note these doses can be up titrated as needed based on patient requirements

Stimulants

For clients with active stimulant use disorder who are not currently on replacement therapy:

- Prescribe Dexedrine 10-20mg BID SR daily dispensed with a maximum dose of 60mg BID per day.
- Or prescribe methylphenidate 10-20mg BID daily to max of 100mg total daily dose as needed or methylphenidate SR 20-40mg once daily PO with maximum dose of 100mg/24hrs.

Illicit Benzodiazepines:

For clients with active benzodiazepine use disorder:

- If the patient describes buying diazepam 10mg x 3/day then consider starting at 5mg TID and increasing the dose as needed to ensure no harm is done due to varying potency from street benzodiazepines.

A public health approach to withdrawal management in a pandemic

Tobacco:

For those not ready to stop smoking:

- Prescribe nicotine replacement therapy for those with nicotine use disorder i.e. patch, gum, lozenge, inhaler, or offer a pack of cigarettes

Alcohol:

For clients with alcohol use disorder including non-beverage alcohol:

- Provide managed alcohol program or daily dispensed alcohol. Dosing will be based on individual use and a case by case basis. For example: if someone drinks 6-10 beers per day, provide an average dose, with the goal of preventing withdrawal.
- If low risk of complicated withdrawal i.e. PAWSS less than or equal to 3, consider providing withdrawal management medications including gabapentin and/or clonidine or and/or carbamazepine (refer to the BC Centre on Substance Use Alcohol Use Disorder treatment guidelines <https://www.bccsu.ca/wp-content/uploads/2020/03/AUD-Guideline.pdf>)

Cannabis:

For clients with cannabis use disorder:

- Support clients to place an online order via an existing online retailer such as <https://www.bccannabisstores.com/>

Overdose Prevention

Despite being in isolation patients are encouraged to not use alone, use harm reduction best practices to prevent overdose and be provided with take home naloxone. They can have someone check in on them by knocking on their door or practice witnessed injection from 2 meters away in case of an overdose.

Delivery Support

The prescriber will identify pharmacies that will have delivery services to transport medication to the client's place of residence. Prescriptions will be sent to those pharmacies.

Process of delivery:

- Medications will be delivered directly to the clients. Dropped at their door and ensured received by the client.
- If client is not available, identify if place of residents have staff to receive medication on behalf of clients.
- If above are not available, to contact OOT team to provide delivery service.

For homeless or precariously housed clients who are in shared living spaces, there will be referral for isolation at specified shelters upon confirmed diagnosis of COVID -19. Delivery of medication can be arranged to the location the client will be assigned to for self-isolation.

A public health approach to withdrawal management in a pandemic

Outreach Support:

The VCH OOT team will closely support clients with the following:

- Pharmacy delivery issues
- Prescription changes
- Identification of clinical needs and linkage to care
- Navigate other supportive services during quarantine period

Overdose Outreach Team referral call 604-360-2874

Consider ongoing assessment by phone to ensure the dosing is adequate. It is also important to consider food, fresh air, entertainment and cigarettes for those in self-isolation. Approach should be flexible in keeping with the pandemic and in the best interest of the client and community.

A public health approach to withdrawal management in a pandemic

Appendix A: Resources:

Harm Reduction Guidelines for COVID-19:

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/vulnerable-populations/people-who-use-substances>

Prescribing resources:

BCCSU Guidelines:

- [Opioid Use Disorder](#)
 - [Guideline for the Clinical Management of Opioid Use Disorder](#)
 - [Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder](#)
 - [Treatment of Opioid Use Disorder During Pregnancy](#)
 - [Treatment of Opioid Use Disorder for Youth](#)
- [Alcohol Use Disorder](#)

Rapid Access to Consultative Expertise (RACE) for Addictions is available M-F 8am-5pm for additional consultation and support <http://www.raceconnect.ca/>

Local Calls: 604-696-2131

BC Centre on Substance Use COVID-19: Information for opioid agonist treatment prescribers and pharmacists March 17, 2020 bulletin:

<https://www.bccsu.ca/wp-content/uploads/2020/03/COVID-19-Bulletin-March-17-2020.pdf>

Reviewed and Approved (in alphabetical order): Dr Keith Ahamad, Dr Rupri Brar, Nancy Chow, RN, Dr Neasa Coll, Miranda Compton, MSW, Dr Patty Daly, Guy Fellicella, Elizabeth Holliday, Cheyenne Johnson, RN, Dr Perry Kendall, Dr Laura Knebel, Garth Mullins, Dr Daniel Pare, Dr Aida Sadr, Dr Christy Sutherland, Meaghan Thumath, RN, Dr David Tu, Jeff West, Dr Evan Wood, Dr Steven Yau