



BRITISH COLUMBIA  
CENTRE ON  
**SUBSTANCE USE**

*Networking researchers, educators & care providers*

# What Prescribers Should Know About COVID-19, Substance Use, and Safe Supply

New Provincial Clinical Guidance April 2020

# Acknowledgement

We respectfully acknowledge the land on which we work is the traditional territory of the Coast Salish Peoples, including the unceded homelands of the x<sup>w</sup>məθkwəyəm (Musqueam), Sk̓w̓x̓w̓ú7mesh (Squamish), and sə́lílwətał (Tsleil-Waututh) Nations.

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  - How prescribing works
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# Welcome and Introduction

## **Dr. Christy Sutherland, MD, CCFP, dip ABAM**

Dr. Sutherland is the Physician Education Lead with the BCCSU and is a family doctor and diplomat of the American Board of Addiction Medicine who works in the DTES providing care to Canada's most vulnerable population. Dr. Sutherland is the Medical Director of the Portland Hotel Society where she leads a team of physicians and nurses who are embedded in low barrier, harm reduction projects.

## **Dr. Rupinder Brar, MD, CCFP, CSIAM**

Dr. Brar is a primary care and addictions medicine physician with the PHS Community Services Society in the Downtown Eastside. She also works as an Addictions Consultant at St. Paul's Hospital and is a Clinical Assistant Professor with the Department of Family Practice at the University of British Columbia.

## **Guy Felicella**

Mr. Felicella is a passionate advocate for the vulnerable people who suffer in addiction. He spent nearly his entire life suffering from the same disease and now he educates communities on harm reduction through public speaking to eliminate the stigma that exists around it. Mr. Felicella is a Peer Clinical Advisor with the BCCSU, Vancouver Coastal Health, and Ministry of Mental Health and Addiction.

# Learning Objectives

At the end of this session, you should be able to:

1. Describe key strategies for risk mitigation during dual public health emergencies
2. Select the appropriate pharmacological interventions based on evidence as well as individual patient needs, circumstances, and preferences
3. Appreciate the complexity of substance use disorders, diversity of care, and provide informed referrals to evidence-based support services where appropriate
4. Employ strategies to facilitate continued access to medications in the context of COVID-19
5. Develop a contingency plan for patients

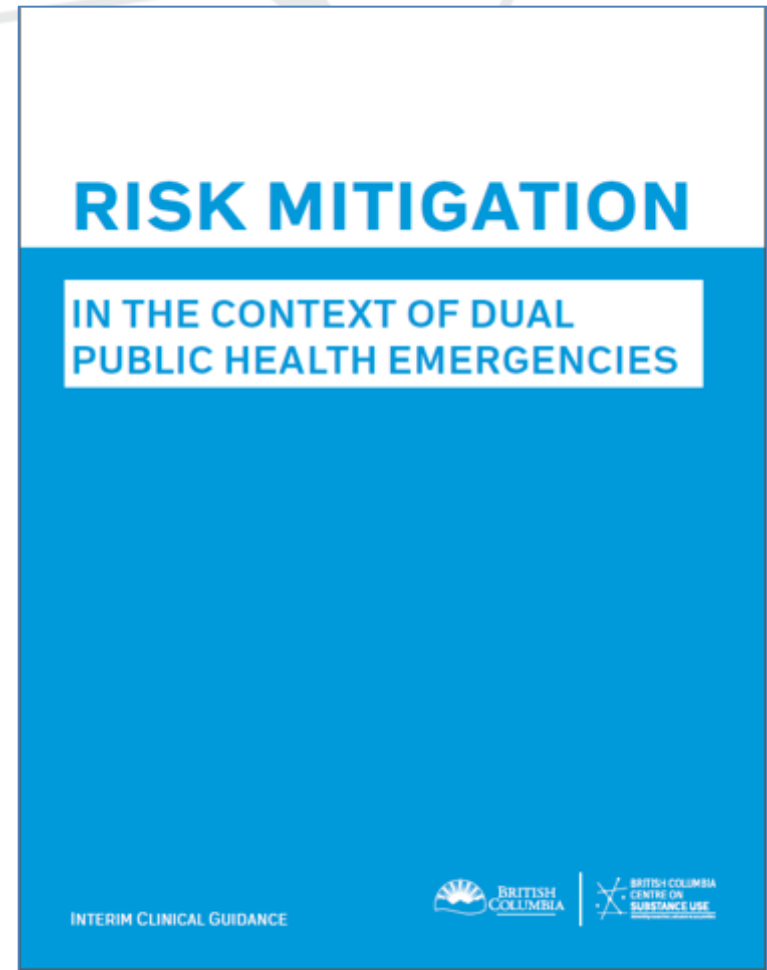
# The COVID-19 Pandemic and Safer Supply

- On March 11, 2020, World Health Organization declared COVID-19 a pandemic; March 17, 2020 BC declared a public health emergency
- Social distancing measures may mean there are reduced hours of operation of pharmacy and clinic services to meet the needs of patients. It may also mean disruptions in drug supply for people who use drugs
- Aim to employ strategies to ensure safe access to substances to reduce the risk of harms and death that can be associated with destabilization and/or withdrawal

# Overview of Safe Supply Guidelines

# New Guidelines

- New guideline to manage withdrawal, cravings, and other harms from **opioids, stimulants, illicit benzodiazepines, tobacco and alcohol**
- The goal is to support patients to self-isolate or maintain physical distance and avoid substance related harm
- This is not substance use treatment





# Eligibility

## 1

- At risk of COVID-19 infection
- Confirmed COVID-19 positive
- Suspected case (e.g., symptomatic and self-isolating)

## 2

- History of ongoing active substance use:
  - Opioids
  - Stimulants
  - Alcohol
  - Benzodiazepines
  - Tobacco

## 3

- At high risk of:
  - Withdrawal
  - Overdose
  - Craving, or
  - Other harms related to drug use

Note: Youth and people who are pregnant may be eligible

## How did we develop these?

- Looking to the literature and our clinical experience in:
  - iOAT
  - TiOAT
  - Managed Alcohol Programs
  - Nicotine Replacement
  - Unpublished research from Vancouver that showed that illicit Hydromorphone use decreased illicit fentanyl use

# Nicotine Replacement

- Well established
- Safe
- Replacing a harmful substance with the same substance – just a safer mechanism

# iOAT

- Was originally giving heroin in an illicit heroin context
- Well studied
  - Reduces illicit drug use
  - Good retention to care
  - Reduction in sex work
  - Improved health and social functioning

# TiOAT

- 14 months of clinical experience and chart review
  - No overdoses in the 60 people on this program, and overdose was one of the recruitment strategies in this program
  - Engagement in primary care and chronic disease management
  - Titration of OAT
  - Adverse events – cellulitis, one case of osteomyelitis in a person who had ongoing stimulant IVDU

## OAT and safe supply

- Just like iOAT and TiOAT, you can add on the safe supply in addition to their baseline OAT
  - Consider how much they are using on top of their OAT
  - Consider how much money they are spending on illicit drugs
  - Review urine drug tests
  - Titrate up OAT as per guidelines

# Managed Alcohol

- Replacing illicit non-beverage alcohol with beverage alcohol, observed or daily dispensed
  - Decreased in risky behaviour
  - Participants report increase in personal security and control over their drinking
  - Periods of abstinence
  - Decreased crime (decreased theft)
  - Decreased interactions with police
  - Improved relationships with family
  - Connection with primary care

## Unpublished literature

- There is a signal to indicate that using illicit hydromorphone decreases the amount of illicit fentanyl a person uses.



# What about pain?

- Thinking about pain versus OUD
  - Risk of Death
  - Urine testing
  - Overdoses
  - OAT history
  - Discussing that the reason for drug use is independent from a person's risk of death

# Medications

<p><b>Opioids</b></p> <ul style="list-style-type: none"><li>• Opioid agonist treatment: Increase dose and carries as needed</li><li>• Oral hydromorphone (“Dilly 8’s”)</li><li>• M-Elson (long-acting morphine)</li></ul>	<p><b>Benzodiazepines</b></p> <ul style="list-style-type: none"><li>• Careful dosing as illicit doses unknown</li></ul>
<p><b>Stimulants</b></p> <ul style="list-style-type: none"><li>• Dexedrine (dextroamphetamine)</li><li>• Methylphenidate (Ritalin)</li></ul>	<p><b>Alcohol/Tobacco</b></p> <ul style="list-style-type: none"><li>• Nicotine replacement</li><li>• If wanted to stop alcohol consumption: Naltrexone/acamprosate</li><li>• Seizure medication for alcohol withdrawal</li><li>• Managed alcohol or tobacco program (where available)</li></ul>

# HOW TO ACCESS SAFER DRUGS NOW



## WHO IS ELIGIBLE?

- AT RISK OF COVID INFECTION OR HAVE A SUSPECTED CASE
- ACTIVE SUBSTANCE USE OF **OPIOIDS, STIMULANTS, ALCOHOL, BENZOS OR TOBACCO.**
- HIGH RISK OF WITHDRAWL OR OD



## WHO CAN PRESCRIBE?

- WORK WITH YOUR EXISTING DOCTOR OR NURSE PRAC.
- **DON'T HAVE ONE?** CONTACT **HEALTHLINK (811)** AND ASK TO BE CONNECTED TO A RAPID ACCESS CLINIC OR OUTREACH



## WHAT ARE SOME OPTIONS?

- **OPIOIDS:** HYDROMORPH, M-ESLON, OR OAT
- **STIMULANTS:** DEXEDRINE, METHYLPHENIDATE
- **BENZOS:** DIAZEPAM, CLONAZEPAM
- **ALCOHOL / TOBACCO:** OPTIONS BASED ON AVAILABILITY
- *DOSAGE DEPENDS ON USE / ALTERNATIVE DRUGS MAY BE OFFERED*



## HOW WILL IT WORK?

- YOU WILL LIKELY RECEIVE A SCRIPT FOR **23 DAYS**
- SCRIPT SHOULD NOT END ON WEEKEND OR MONDAY
- PRESCRIBER CAN HELP FIND A DELIVERY OPTION



## REPORT ANY ISSUES

- IF YOU HAVE **ANY ISSUES, TEXT OR CALL** BC YUKON ASSOCIATION OF DRUG WAR SURVIVORS **(778-801-5920)**

THESE STEPS WERE CREATED FROM THE BCCSU GUIDELINES:  
"RISK MITIGATION: IN THE CONTEXT OF DUAL PUBLIC HEALTH EMERGENCIES"

# How Prescribing Works



- Work with clients' existing or assigned GP/NP who can use the protocols, and usual pharmacy delivery process
- For patients who do not have a GP/NP or for whom the GP/NP declines the service, refer to links in the next slide for links to connect them further
- Medication costs are covered by Pharmacare
- Initial prescriptions should be for 23 days to support isolation

# Health Canada Exemptions to Controlled Drugs and Substances Act

Health Canada has introduced exemptions under the Controlled Drugs and Substances Act, which

- Permit pharmacists to extend prescriptions
- Permit pharmacists to transfer prescriptions to other pharmacists
- Permit prescribers to issue verbal order (i.e., over the phone) to extend or refill a prescription
- Permit pharmacy employees to deliver prescriptions of controlled substances to a patient's home or other locations where they may be (i.e., self-isolating)
  - *Note: At this time, only pharmacists in BC are permitted to deliver OAT medications to a patient if they feel it is safe, appropriate, and in the best interest of the patient, as per recent amendments to Professional Practice Policy – 71: Delivery of Opioid Agonist Treatment.*

# Patients on Opioid Agonist Treatment: Preparedness Planning

- Patients may be self-isolating and unable to attend medical appointments or present to the pharmacy for daily witnessed ingestion or to pick up carries
- Talk with patients about COVID-19
- Develop a contingency plan with patients, in the event that they are unable to come in for medications or appointments
- Consider alternative avenues to promote social distancing
  - Telemedicine appointments
  - Extend prescription durations
  - Consider pharmacist delivery (take into account capacity)

# Guidance for Prescribers

- Document any changes to a patient's treatment plan in their medical record
- Where possible, provide patient support using telemedicine and give time to pharmacy to adjust doses
- Consider writing renewable prescriptions to reduce clinic and pharmacy visits
- Consider individual factors when prescribing longer duration of carry doses
  - Patients presenting with respiratory symptoms or in isolation may need an increased number of carries or a way for medications to be delivered
  - Longer carries may come with increased risk of overdose, diversion, or risk to other household members. Ensure that the patient receives counselling on safe storage of medication and has access to naloxone kits and adequate training on their use
  - Use clinical discretion to determine the necessity of urine drug testing given the changing landscape

# Guidance for Prescribers: Slow-Release Oral Morphine (i.e. Kadian)

- Where clinically appropriate, temporarily prescribe carry doses
  - Patient should be clinically stable with a secure place to store a week's worth of medication
- If daily witnessed ingestion is deemed necessary, consider indicating that 'sprinkling' is not recommended on the prescription
  - Not opening the capsule will reduce handling of the medication by pharmacy staff and reduce time that the patient spends in the pharmacy



# BCCSU Bulletins

- COVID-19: Information for Opioid Agonist Treatment Prescribers and Pharmacists: [www.bccsu.ca/covid-19](http://www.bccsu.ca/covid-19)
- More guidance on alcohol use disorders, iOAT, and patient materials all can be found here: [www.bccsu.ca](http://www.bccsu.ca)

**BRITISH COLUMBIA CENTRE ON SUBSTANCE USE**  
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**COVID-19: INFORMATION FOR OPIOID AGONIST TREATMENT PRESCRIBERS AND PHARMACISTS**  
March 17, 2020

On March 11, 2020, the World Health Organization declared the novel coronavirus, COVID-19, a pandemic, citing concern over alarming levels of spread and severity across the globe. The novel coronavirus has caused a global outbreak of respiratory infections since its discovery in December 2019. For most, this coronavirus causes only mild to moderate symptoms including fever and cough, however, older adults and those with existing health problems are at greater risk for more severe symptoms such as pneumonia.

The situation regarding COVID-19 continues to evolve here in BC, Canada, and other jurisdictions in the world.

Federal and provincial health officials have urged individuals on chronic medications to acquire an adequate supply of prescription drugs. Ensuring uninterrupted access to essential medications, including opioid agonist treatment (OAT) medications for patients with opioid use disorder, is of critical importance to reduce the risk of harms and death that can be associated with medication destabilization.

**PREPAREDNESS PLANNING FOR PATIENTS ON OAT**

Many patients on OAT currently receive daily witnessed medications. In the context of the COVID-19 pandemic, there may be additional considerations for access that prescribers and pharmacists should be aware of. For example, immunocompromised patients and those who exhibit symptoms or are under quarantine or self-isolation may not be able to attend medical appointments or present to the pharmacy for their witnessed dose or to pick up their carries. To facilitate continued access to OAT medications all health care providers should:

- Talk with all patients about COVID-19, including ways to reduce risk of infection and any specific concerns related to an individual's health (e.g., existing chronic health conditions, immunosuppression). See General COVID-19 Preparedness practices below.
- Develop a contingency plan with patients, in the event they are unable to come in for appointments or access all of their medications through regular means, including OAT.
- Consider alternative avenues to get essential medications to patients that both reduce the number of patient visits (e.g., extending prescription durations) and promote social distancing (e.g., telemedicine). This may also include delivery of OAT via outreach teams or pharmacist delivery, where services exist.

**GUIDANCE FOR OAT PRESCRIBERS**

- Carefully document in the patient's medical record the rationale for any treatment plan augmentations or alterations due to COVID-19

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## Case 1

- A 70 year old woman who is well known to your practice is on methadone 120mg x 10 years
- She continues to use IM fentanyl and is worried about her risk of COVID-19
- After discussion, she would like m-eslon 250mg IM daily. You prescribe this as daily dispense.
- You offer twice weekly dispense of her medications as well, but she would like to continue with daily.

## Case 2

- A 45 year old woman, under your care is waiting for the result of a COVID-19 test, and in isolation at your housing first project.
- She uses crystal meth 1g per day, Ativan 1mg at night and 0.5gm Fentanyl per day IV

## Case 2

- SROM Titration
- Day 1 = 300
- Day 2 = 400
- Day 3 = 500
- Day 4 = 600
- Dilaudid 8mg x 7 tabs per day
- Dexidrine SR 20mg daily, methylphenidate IR 10mg BID
- Ativan 1mg po qhs

## Long Term Care Plans

- Patient and substance specific planning
- Shared decision making – nothing abrupt!
- Documentation of functional changes, overdoses, housing, drug use
- Different plans for different substances

## Long term plans

- This will require careful and robust evaluation and study.
- As prescribers, we make shared decisions with our individual patients.

# Questions and Discussion

# Questions and Discussion

- Do you have any questions about the new guidelines?
- What are communities experiencing during COVID-19?
- How can the community mobilize to help people access safe supply?
- How can we support peers who are in self-isolation and unable to have in-person face to face connections?



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# Resources

- **Community Resources for Working with Vulnerable Populations**  
<https://sneezesdiseases.com/covid-19-community-resources>
- **Risk Mitigation in the Context of Dual Public Health Emergencies (BCCSU)**  
[www.bccsu.ca/covid-19](http://www.bccsu.ca/covid-19)
- **List of Resources for COVID-19 and Substance Use by BCCSU**  
<https://www.bccsu.ca/resources-substance-use-and-covid-19/>