



COVID-19, Substance Use, and Safer Supply

Interim clinical guidance to reduce
risk of infection and overdose



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^wməθkwəyəm (Musqueam), Sk̓wx̓wú7mesh (Squamish), and sə́lílwətał (Tsleil-Waututh) Nations.

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Welcome and Introductions

Guy Felicella

Guy 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 BC Centre on Substance Use and has started a career with Vancouver Coastal Health and Ministry of Mental Health and Addiction in addition to attending various school districts to educate students on addiction.

Matthew Bonn

Matthew Bonn is the Program Coordinator for the Canadian Association of People Who Use Drugs (CAPUD). He is also a member of the Halifax Area Network of Drug Using People (HANDUP), the lead peer with Peers Assisting & Lending Support (PALS), Outreach Worker with Mainline Needle Exchange and a National Board Member with Canadian Students for Sensible Drug Policy (CSSDP). Matt was an instrumental part in advocating and implementing Atlantic Canada's first Overdose Prevention Site.



Cheyenne Johnson, MPH, RN, CCRP

Cheyenne Johnson is an addictions trained registered nurse and the Co-Interim Executive Director with the BC Centre on Substance Use. In her previous roles as Director of Clinical Activities and Development and the founding Director of the Addiction Nursing Fellowship, Cheyenne oversaw the development of provincial clinical care guidance documents and dissemination, including evidence-based clinical guidelines, practice support tools and policy briefs. She is also actively involved with the BCCSU's interdisciplinary program of research related to substance use.

Dr. Andrea Sereda

Dr. Sereda is a Family Physician with the London InterCommunity Health Centre (LIHC) where she works with the Hydromorphone Emergency Safer Supply substitution program. She also works with Street Level Women at Risk (SLWAR), a program in the community that uses a housing stability approach to assist women who are experiencing homelessness and involved in street-level sex work.

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 WITHDRAWAL 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

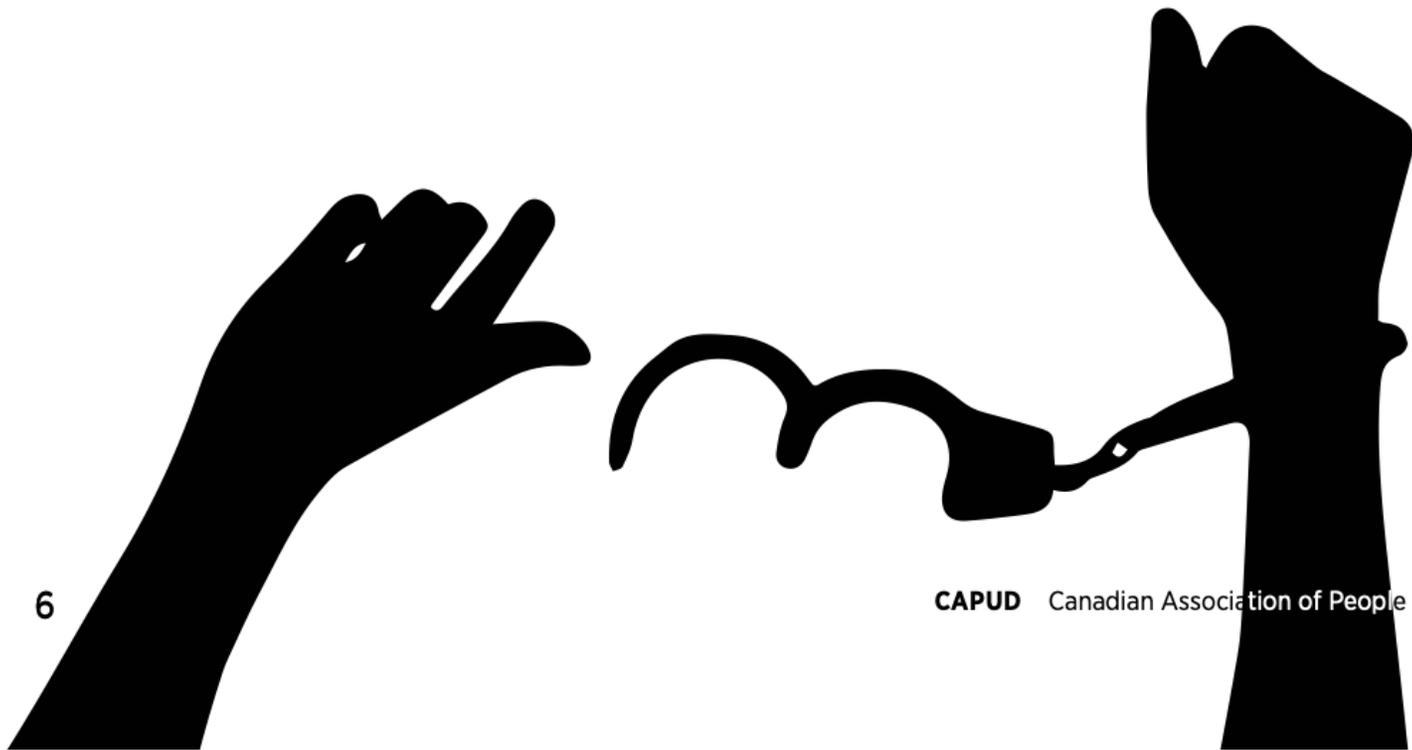
- IF YOU HAVE **ANY ISSUES, TEXT OR CALL** BC YUKON ASSOCIATION OF DRUG WAR SURVIVORS **(778-801-5920)**

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

A RESOURCE BY: BC / YUKON ASSOCIATION OF DRUG WAR SURVIVORS

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#SAFESUPPLY MEANS FREEDOM.



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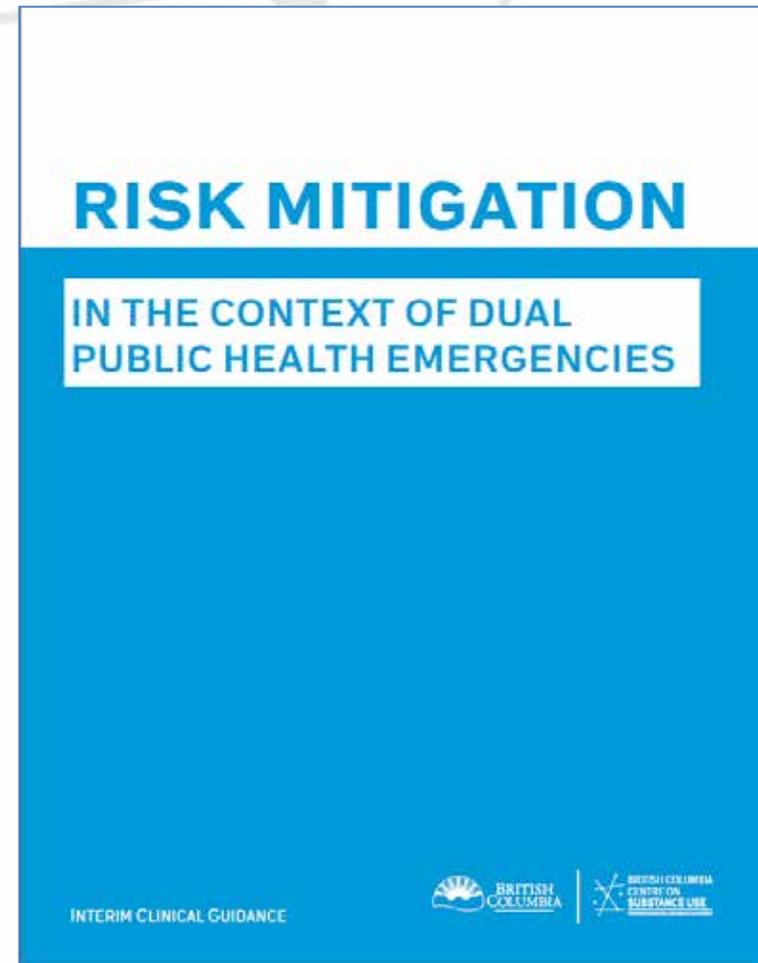
CAPUD Canadian Association of People who Use Drugs

Overview of BC's 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 (i.e. OAT etc.)
- Updated version coming soon



<https://www.bccsu.ca/covid-19/>

AUTHORS AND REVIEWERS (IN ALPHABETICAL ORDER)

Keith Ahamad, MD; Paxton Bach, MD; Rupi Brar, MD; Nancy Chow, RN; Neasa Coll, MD; Miranda Compton, MSW; Patty Daly, MD; Julius Elefante, MD; Guy Felicella; Ramm Hering, MD; Elizabeth Holliday; Cheyenne Johnson, RN; Perry Kendall, MD; Laura Knebel, MD; Mona Kwong, PharmD; Tamara Mihic, PharmD; Garth Mullins; Daniel Pare, MD; Gerrard Prigmore, MD; Samantha Robinson, RN; Josey Ross, MA; Andy Ryan, MD; Aida Sadr, MD; Christy Sutherland, MD; Meaghan Thumath, RN; David Tu, MD; Sharon Vipler, MD; Jeff West; Evan Wood, MD; Steven Yau, MD

REVIEWED BY:

Ministry of Health
Ministry of Mental Health and Addictions
Office of the Provincial Health Officer
College of Physicians and Surgeons of BC
College of Pharmacists of BC
BC College of Nursing Professionals
First Nations Health Authority

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OAT Guidance

- Separate guidance for prescribers to manage carries, doing, delivery etc. of OAT
- Goal is similar: support to maintain existing or new medications AND to self-isolate or maintain physical distance
- This *is* substance use treatment

<https://www.bccsu.ca/covid-19/>



COVID-19: INFORMATION FOR OPIOID AGONIST TREATMENT PRESCRIBERS AND PHARMACISTS

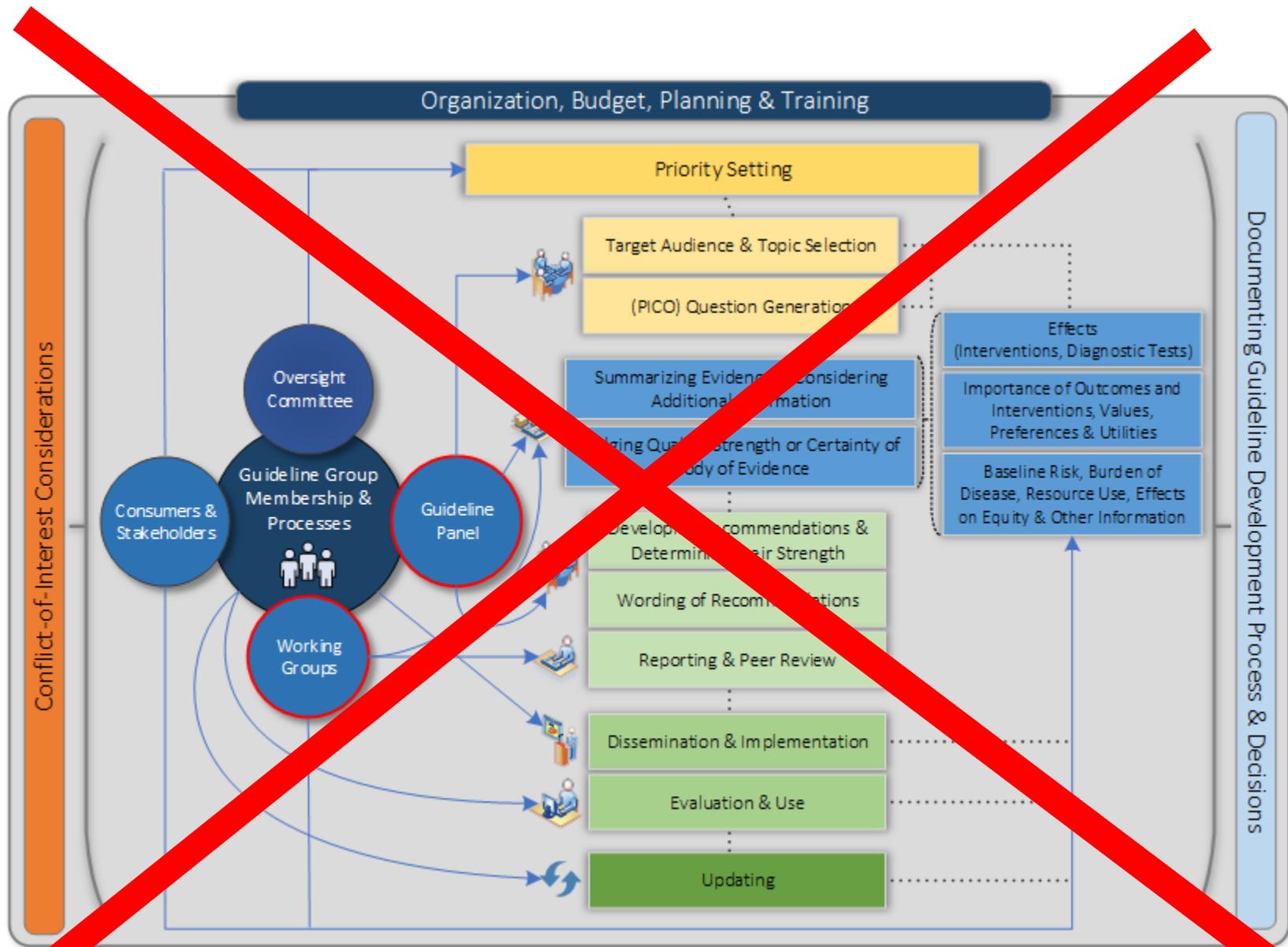
March 31, 2020 (originally published March 17, 2020)

Visit www.bccsu.ca/covid-19 for the latest version

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 in BC, Canada, and other jurisdictions around 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.



<https://cebgrade.mcmaster.ca/guidelinechecklistonline.html>

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

Opioids

- Oral hydromorphone (“Dilly 8’s”)
 - 8mg tablets (1-3 tabs q1 up to 14 tabs)

AND/OR

- M-Elson (long-acting morphine)
 - 80-240mg PO BID (no sprinkling)

+/- opioid agonist treatment: increase dose and carries as needed

Benzodiazepines

- Careful dosing as illicit doses unknown
 - Consider long acting BZD (e.g. clonazepam, diazepam)
 - Start with lower dose and up titrate

Stimulants

- Dexedrine (dextroamphetamine)
 - For SR formulation: 10-20 mg BID (max dose 40 mg)
 - For IR formulation: 10-20mg IR BID-TID with a maximum dose of 80mg per day)

AND/OR

- Methylphenidate (Ritalin)
 - For SR formulation: 20-40 mg PO BID (max dose 100 mg every 24hr)

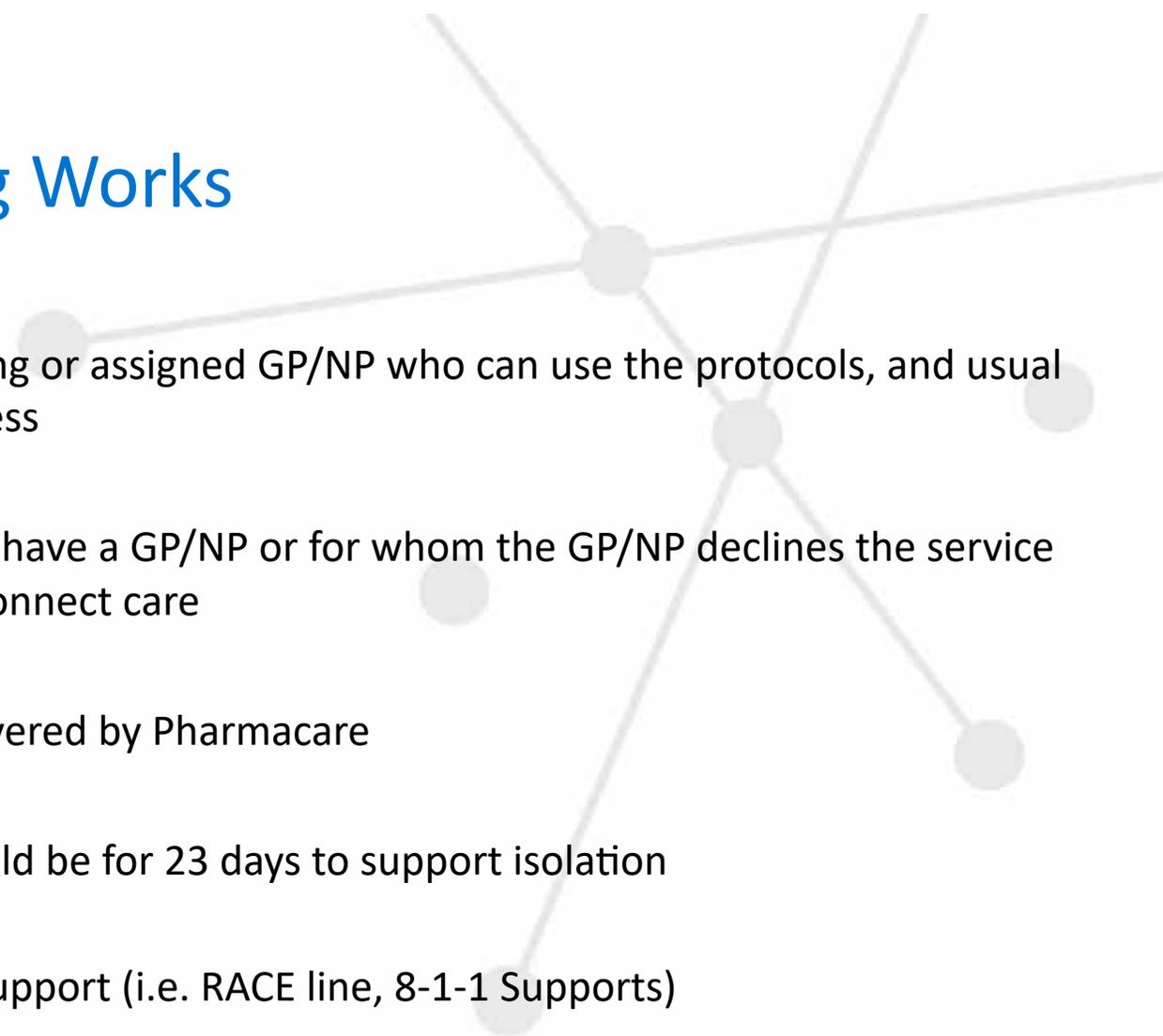
AND/OR

- For IR formulation: 10-20 mg PO OD (max dose 100 mg every 24hr)

Alcohol/Tobacco

- Nicotine replacement
- If patient goal is to stop alcohol consumption: Naltrexone or acamprosate
- Medications to help manage alcohol withdrawal
- Managed alcohol or tobacco program (where available)

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 to make a referral and connect care
- Medication costs are covered by Pharmacare
- Initial prescriptions should be for 23 days to support isolation
- Utilize existing consult support (i.e. RACE line, 8-1-1 Supports)

Health Canada Exemptions to Controlled Drugs and Substances Act

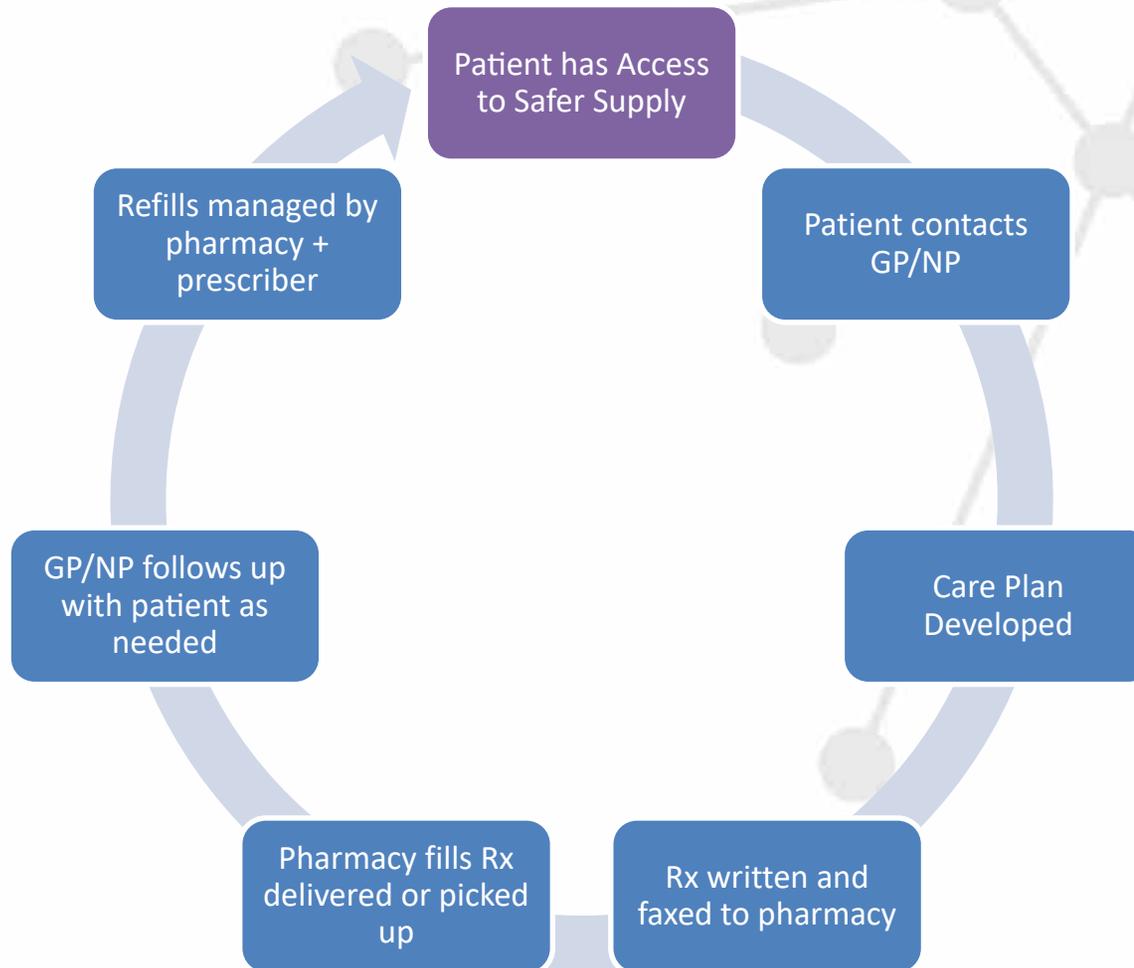
Health Canada has recently introduced exemptions under the Controlled Drugs and Substances Act, which:

- 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: *New CPBC amendments to professional practice policy released April 7th:*
<https://www.bcpharmacists.org/news/bc%E2%80%99s-covid-19-response-temporary-authorizations-delivery-opioid-agonist-treatment-non>

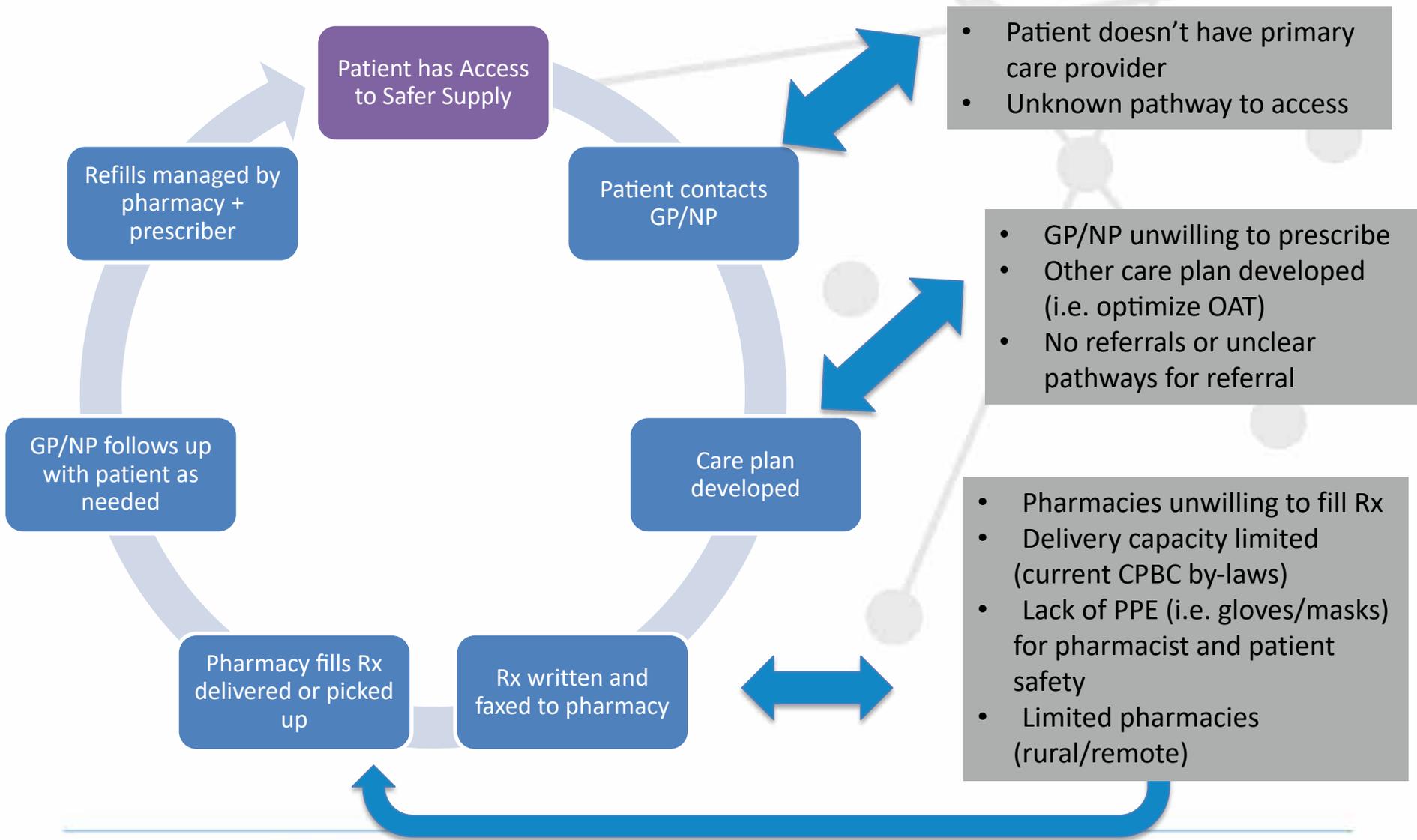
Guidance for Prescribers—What to discuss with Patients and What to Document

- Discuss and Document:
 - Changes to treatment plan during COVID
 - Individual health needs (i.e. chronic conditions, immunosuppression)
 - Consent
 - Safe storage
 - Harm reduction supplies, education and naloxone
 - Prescription length
 - Pharmacy planning (i.e. delivery, pick up)
- Other areas to consider:
 - 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
 - Urine drug testing: use clinical discretion to determine necessity and utility

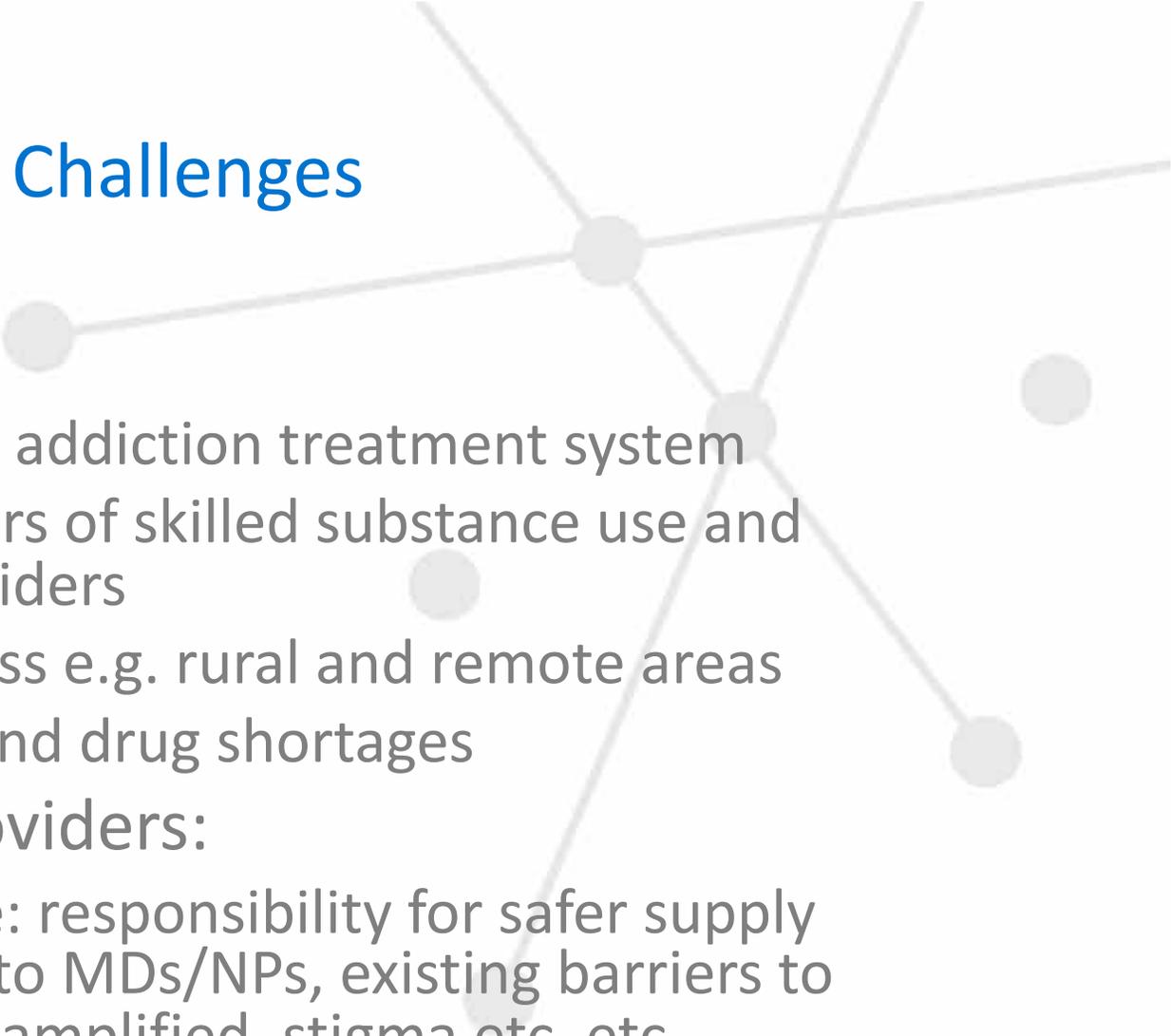
'Ideal' Pathway for Access to Safer Supply



'Reality' for Access to Safer Supply



Implementation Challenges



- System wide:
 - no functioning addiction treatment system
 - limited numbers of skilled substance use and addiction providers
 - Equitable access e.g. rural and remote areas
 - Supply chain and drug shortages
- Health care providers:
 - Prescriber side: responsibility for safer supply 'downloaded' to MDs/NPs, existing barriers to accessing OAT amplified, stigma etc. etc.
 - Pharmacy side: by-laws, delivery, stigma

Opportunities

- Co-location with other services—brand new HC Exemptions:
 - Drug checking, SCS, OPS
- Post-COVID and safer supply guidance and ongoing overdose crisis