



### **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, 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. 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>

### **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.
- 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. See Health and Human Services permission to provide buprenorphine via telemedicine: <https://www.hhs.gov/opioids/sites/default/files/2018-09/hhs-telemedicine-hhs-statement-final-508compliant.pdf>
- Work with pharmacies to deliver medications to 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.
- Methadone treatment centers 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.
- Develop the capacity to provide home delivery of methadone.
- 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

- 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.
- 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. Provide recommendations for online teleconferencing platforms or web-based support groups.
  - Online options include AA Intergroup (<http://aa-intergroup.org/>) and Smart Recovery ([www.smartrecovery.org](http://www.smartrecovery.org), click "online community").
- 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 ongoing monitoring of 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 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.

## Smoking & Vaping *continued*

- 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](http://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 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.
- 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.

- 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>

## Additional Information

Additional information on safer drug use:

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

Information for SAMHSA regulated opioid treatment programs:

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

DEA information on telemedicine for patients receiving medication for addiction treatment:

[https://www.deadiversion.usdoj.gov/mtgs/pract\\_awareness/resources/Telemedicine\\_MAT.pdf](https://www.deadiversion.usdoj.gov/mtgs/pract_awareness/resources/Telemedicine_MAT.pdf)

## **Additional Information *continued***

DEA information on telemedicine for patients receiving medication for addiction treatment *continued*:  
<https://www.hhs.gov/opioids/sites/default/files/2018-09/hhs-telemedicine-hhs-statement-final-508compliant.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>

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>

American Society of Addiction Medicine:

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