

COVID-19 National Emergency Response

Immediately reduce person to person contact in MAT services

Bridge program and MAT services must take immediate action to slow COVID-19 spread by implementing social distancing into all aspects of care.

Key Steps to Keep Patients and Providers Safe

- Extend prescriptions of buprenorphine, including first prescriptions from the Emergency Department (ED) to the **maximum length possible**.
- Month-long prescriptions are encouraged - including first buprenorphine prescriptions from the ED (for >7 day prescriptions, check CURES).
- Utilize pharmacy home delivery for buprenorphine especially for those in quarantine or with comorbidities that put them at increased risk.
- Reduce mandatory in-person visits to a minimum; **minimize any in-person visits for urine drug screens and counseling**.
- Use text or phone, video if possible to communicate with patients wherever possible. In some cases, patients may be prescribed medications without a face-to-face visit.
- All people who use drugs should be given naloxone, safe consumption supplies, and fentanyl test strips. Even those who are not ready to quit can receive buprenorphine to treat withdrawal.

Reducing Risk to Substance Use Navigators (SUNs)

- SUNs should not be present in clinical spaces unless completely trained and aware of policies and procedures to limit COVID-19 transmission. SUNs should be included in all health system communications related to COVID-19.
- Any SUN who requests time off from on-site duties should be allowed to work from home. Their work should immediately transition towards primarily interacting with patients by phone text or video calls wherever possible.
- SUNs should not physically be present in clinical spaces or waiting rooms unless it is essential to their work and they are adequately equipped and trained in COVID-19 transmission precautions.

People Who Use Drugs Are at Increased Risk in The Setting of COVID-19

Social distancing and preventing unnecessary healthcare contact is essential. We must continue to provide buprenorphine to this particularly vulnerable population.

- If quarantined or isolated, people who use drugs (PWUD) may face dangerous withdrawal, reuse drug consumption supplies, or seek to obtain drugs from new sources increasing the risk of overdose and infection.
- Social distancing increases overdose risk – PWUD may not use drugs together and thus cannot reverse with naloxone.
- Communal living environments including shelters, single-room occupancy hotels, encampments, jails, and residential programs may increase the risk of COVID-19.
- PWUD may have high-risk comorbidities such as COPD, cirrhosis, or HIV that may increase the risk of severe disease.

PROVIDER RESOURCES

California Substance Use Line

CA Only (24/7)
1-844-326-2626

UCSF Substance Use Warmline

National (M-F 6am-5pm; Voicemail 24/7)
1-855-300-3595

Caring For People on Buprenorphine Who Are Quarantined/Isolated or High Risk

- If a family member or case manager will be picking up their medications, call the pharmacy at the time of prescribing to let them know who will be picking it up.
- See if local pharmacies will deliver medications to the patient.
- A one month supply of sublingual buprenorphine may be appropriate for a patient in quarantine or at risk.
- If a patient will be due for subcutaneous buprenorphine during their quarantine, offer them an appointment for an injection as soon as they are allowed to move about the community. If a patient experiences withdrawal, consider prescribing sublingual buprenorphine until they can be re-injected.

Caring For People on Methadone Who Are Quarantined/Isolated or High Risk

- As soon as you learn that a patient in methadone or buprenorphine from an opioid treatment program (OTP) is quarantined, call the OTP. You do not need an ROI to let them know.
- State and federal authorities may alter regulations regarding take home medications, chain of custody for take homes, as well as urine testing and counseling requirements.
- Some OTPs are able to increase take homes, dose outside the facility in mobile clinics, or deliver medications.

Reducing Harm in People Who Use Drugs

- **Drug use hygiene**
Hand hygiene and washing down surfaces before preparing drugs, as well as not sharing drugs or preparing other people's drugs, can prevent the spread of COVID-19. Pipes and other smoking materials should not be shared.
[More information on drug use hygiene is available through the Harm Reduction Coalition.](#)
- **Other substance use disorders**
 - Prescribe medications to treat alcohol withdrawal or use long-acting treatments in the ED
 - Consider mirtazapine for people who use methamphetamines
 - Prescribe month-long supplies for nicotine replacement therapies
- **Patients in quarantine or isolated that have been actively using opioids**
Offer buprenorphine to treat withdrawal:
 - Buprenorphine prescription (1 month supply) + [a home-start guide](#) can be a good starter pack
- **Overdose prevention**
 - Naloxone
 - Fentanyl test strips for overdose prevention and mitigation

Additional Resources

COVID-19: Potential Implications for Individuals with Substance Use Disorders

[drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders](https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders)

Safer Drug Use During the COVID-19 Outbreak

harmreduction.org/wp-content/uploads/2020/03/COVID19-safer-drug-use-1.pdf

Syringe Services and Harm Reduction Provider Operations During the COVID-19 Outbreak

harmreduction.org/wp-content/uploads/2020/03/COVID19-harm-reduction-providers-1.pdf

What to do if you are sick

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html?CDC_AA_refVa

Materials provided through the California Bridge may be utilized for the sole purpose of providing information. Providers are responsible for assessing the care and needs of individual patients and provider institutions. Such materials may be distributed with proper attribution from the California Department of Health Care Services, Public Health Institute, California Bridge Program. Questions may be submitted via email to info@bridgetotreatment.org

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More resources available at www.BridgeToTreatment.org