



PUBLIC HEALTH MEMO

COVID-19

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Interim Guidance for Primary Healthcare Providers that Work with People Who Use Drugs

The existing evidence base about COVID-19 and its intersection with substance use disorders is limited and the impact of COVID-19 on the ongoing opioid overdose crisis means that healthcare providers must support clients to address these two significant health issues simultaneously. The guidance provided below is a supplement to those practices which may already be in place to support people who use drugs and is intended to provide the best possible support for those individuals and protect them from disproportionate negative outcomes as a result of COVID-19.

Risks for People Who Use Drugs (PWUD) during the COVID-19 Pandemic

People who use substances have very specific needs and may be at an increased risk of COVID-19 due to a number of physical and/or social and environmental reasons. Particularly, their health may already be compromised health as a result of their drug use. Smoking and vaping any substance as well as the use of opioids and methamphetamine have demonstrated potentially negative effects on respiration and pulmonary health which may exacerbate the impacts of COVID-19:

- Opioids slow breathing and have already been shown to increase mortality in people with respiratory diseases - reduced lung capacity from COVID-19 could be a problem.
- Methamphetamine has been shown to produce significant pulmonary damage and this will likely increase the risk of negative outcomes if used during a COVID-19 infection.
- Vaping, like smoking, may also harm lung health, but emerging evidence suggests that exposure to aerosols from e-cigarettes harms the cells of the lung and reduces the ability to fight infection.

[\(National Institute on Drug Abuse, 2020\)](#)

Continuity of Care and Contingency Planning for Those Who Use Substances

For professionals in the healthcare sector that work with people who use substances there are some unique considerations due to the COVID-19 public health emergency. Some of these include the following:

- Potential medication shortage
- Community pharmacy disruption to dispensing
- Disruption of injecting equipment provision
- Patient illness or quarantine

Access to prescription medications may be limited during this time. It is important to work with clients, especially those that are taking [Opioid Agonist Therapies \(OAT\)](#), such as methadone and buprenorphine. New interim guidelines (March 23, 2020) for management of OAT address office visits, remote visits, carry doses, and frequency of urine drug testing during the COVID-19 pandemic. Specific guidance is as follows:



- **Patients who are asymptomatic and under isolation:** Pharmacy delivery should be used if available. Virtual communication may be used to support witnessed dosing. If pharmacy delivery is not available, prescriber should closely coordinate patient attendance with pharmacy staff so that appropriate precautions can be taken
- **Patients who are symptomatic and/or quarantined, presumed COVID-19 positive, or confirmed COVID-19 positive:** Pharmacy delivery should be used if available. Virtual communication may be used to support witnessed dosing. All reasonable measures should be explored to support patient remaining in quarantine, including having a reliable, designated agent (e.g., family member or friend) to pick up or receive the carries. Practice may need to be modified outside the scope of this guideline on an individual basis, applying clinical judgment to weigh risks and benefits to patient and public in each case (META:PHI/OMA, March 22, 2020).

What are some options I can provide to my patients to help them manage chronic pain when physiotherapy and other allied healthcare isn't accessible?

- Some professionals will provide tele-rehabilitation (using technology to access physiotherapy services at a distance when an in-person visit is not possible), but there are also some on-line and [self-help resources](#) available to patients to utilize to manage chronic pain without the use of opioids or other pharmacological therapies.

Recommendations for Patients and Clients

- Patients and clients should be advised to practice good hand hygiene (e.g., frequent hand washing, alcohol-based hand sanitizer) and respiratory etiquette (e.g., sneezing into a bent elbow or disposable tissue).
- Patients and clients should be advised to practice social distancing as much as possible and maintain a distance of 2 meters from other people.
- Patients and clients should be advised of virtual recovery options. Social connectedness is a key part of recovery from substance use for many people. Twelve step programs like Alcoholics Anonymous have physical meetings that people are encouraged to attend in person. Now that people are practicing social distancing and self-quarantining, to limit the spread of COVID-19, virtual resources are essential.
 - [Alcoholics Anonymous](#): Offers online support
 - [Big White Wall](#), a 24/7 anonymous online education and discussion platform for mental health support.
 - [Bouncebackontario.ca](#) a guided self-help program using workbooks, with phone coaching support, or ask your primary care provider for a referral.
 - [Narcotics Anonymous](#): Offers a variety of online and skype meeting options
 - [SAMSHA's Virtual Recovery Resources](#) factsheet.
 - [Self-Help Resources for Managing Chronic Pain and Mental Health](#) – MacHealth



Additional Community Resources for Substance Use

- **Erie St Clair Clinic - Rapid Access Addiction Medicine (RAAM)** Clinic provides fast access to treatment for individuals with opioid or alcohol dependence. The program provides assessment and medical treatment using approved drug therapies, along with other services and referrals.
519-977-9772 -Windsor / 519-326-7742 –Leamington
- **House of Sophrosyne** offers a continuum of programs and services at no cost for individuals with substance use disorder. Virtual treatment and support groups available.
12 Hour Crisis Telephone Line (Monday to Sunday): **519-252-2711 X 100**
- **Withdrawal Management Services (WMS) and Community Withdrawal Management Services**
Hotel-Dieu Grace Healthcare Residential or community based, non-medical services for individuals who are intoxicated and in crisis. Individuals can admit themselves into the detoxification unit where they can safely withdraw. Call to ensure bed availability. **519-257-5225**
- **Windsor Addiction Assessment and Outpatient Service (WAAOS) Assessment and Referral Program**
Designated assessment and referral centre in Windsor-Essex for persons wishing to access treatment for addiction to alcohol and/or drugs. Helps individuals determine appropriate treatment options.
519-257-5220 ext. 1
- **The Community Crisis Centre**: Offers walk-in crisis services and a 24/Hour Crisis Line – **519-973-4435**

For additional assistance, the *Ontario's Ministry of Health* has established a **Healthcare Provider Hotline**:

1-866-212-2272

Key References:

META:PHI. (March 20, 2020). *Strategies for reducing COVID-19 risk to RAAM clinic patients and providers*. Retrieved from https://www.metaphi.ca/assets/documents/provider%20tools/RAAM_COVIDStrategies_20.03.20.pdf

META:PHI / OMA. (March 22, 2020). *COVID-19 - Opioid Agonist Treatment Guidance*. Retrieved from http://metaphi.ca/assets/documents/news/COVID19_OpioidAgonistTreatmentGuidance.pdf

National Institute for Drug Abuse (March 23, 2020). *COVID-19: Potential Implications for Individuals with Substance Use Disorders*. Retrieved from <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

Substance Abuse and Mental Health Service Administration (SAMSHA) (March 20, 2020). *Considerations for the care and treatment of mental and substance use disorders in the covid-19 epidemic*. Retrieved from <https://www.samhsa.gov/sites/default/files/considerations-care-treatment-mental-substance-use-disorders-covid19.pdf>