The Office of Continuing Medical Education & Professional Development

Alcohol and Substance Use in the Time of COVID-19

Rural Videoconference 2019-2020

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UNIVERSITY OF CALGARY

Faculty/Presenter Disclosure

Faculty

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Learning Objectives

•Apply care strategies to care for patients with alcohol and substance use in the time of COVID in rural areas

•Determine when face to face care or acute care is necessary for patients and take appropriate steps to refer

•Determine what resources are available virtually for patient support and advice during COVID

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Alberta Addiction Education Sessions

2019-20 Livestream Dates

Alberta Health Services
Addiction and Mental Health

Join our monthly Addiction Education Sessions (formerly the ODT Livestream)!

These 3 hour sessions (9am-12pm), spanning the 2019/20 academic year, will give you an opportunity to learn from experts across the province about Addiction and Mental Health through didactic presentations, de-identified case discussions, and question and answer periods.

Alberta Health Services
University of Calgary
College of Physicians & Surgeons of Alberta
CARNA
Alberta College of Pharmacy
CRISM-ICRAS
Canadian Research Initiative in Substance Misuse | Initiative Canadienne de Recherche en Abus de Substance

Social Distancing

What does Social Distancing mean?

This means making changes in your everyday routines in order to minimize close contact with others, including:

- avoiding crowded places and non-essential gatherings
- avoiding common greetings, such as handshakes
- limiting contact with people at higher risk (e.g. older adults and those in poor health)
- keeping a distance of at least 2 arms lengths (approximately 2 metres) from others, as much as possible

Isolation

If you're concerned you may have COVID-19:

- separate yourself from others as soon as you have symptoms
- if you are outside the home when a symptom develops, go home immediately and avoid taking public transit
- stay home and follow the advice of your Public Health Authority, who may recommend self-isolation
- call ahead to a health care provider if you are ill and seeking medical attention

Substance Use Disorder during COVID-19

Challenges During this Time

- Negative emotions may increase substance use in the general population.
- Mental health burdens may trigger relapse into substance use.
- Individuals who use substances may have concerns acquiring substances (whether legally or illegally) which may trigger withdrawal symptoms, and can trigger psychiatric

Opioid Use Disorder a potential risk factor for COVID-19 mortality?

American Journal of Therapeutics 11, 354–365 (2004)

Opioid Therapy and Immunosuppression

A Review

Ricardo Vallejo,[1]* Oscar de Leon-Casasola,[2] and Ramsun Benyamin[3]

Opioid-induced immunosuppression

Paola Sacerdote

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Current Opinion in Supportive and Palliative Care 2008, 2:14–18

Purpose of review
This review provides an overview of the immunological effects of commonly used analgesic opioid drugs with particular emphasis on human studies, with the final aim to highlight their potential clinical relevance.
Recent findings
The immunomodulatory effects of morphine have been characterized in animal and human studies. Morphine decreases the effectiveness of several functions of both natural and acquired immunity, interfering with important intracellular pathways involved in immune regulation. Mainly from animal studies, however, it has emerged that not all opioids induce the same immunosuppressive effects and evaluating each opioid's profile is important for appropriate analgesic selection. The potent opioid fentanyl also exerts a relevant immunosuppression, while the partial agonist buprenorphine appears to have a more favourable immune profile. The impact of the opioid-mediated immune effects could be particularly dangerous in selective vulnerable populations, such as the elderly or immunocompromised patients.
Summary
The impact of opioid drug treatment on immunity may be a new safety concern for the physician. Although many advances have been made in understanding the effects of opioid drugs on immune responses, their relevance is not completely clear. The scientific community must be aware that it is about time to perform well designed clinical studies in order to assess the importance of opioid-induced immune suppression.

Prescriptions

Health Canada Santé Canada

SUBSECTION 56(1) CLASS EXEMPTION FOR PATIENTS, PRACTITIONERS AND PHARMACISTS PRESCRIBING AND PROVIDING CONTROLLED SUBSTANCES IN CANADA DURING THE CORONAVIRUS PANDEMIC

- permit pharmacists to extend prescriptions;
- permit pharmacists to transfer prescriptions to other pharmacists;
- permit prescribers to issue verbal orders (i.e., over the phone) to extend or refill a prescription; and
- permit pharmacy employees to deliver prescriptions of controlled substances to patient's homes or other locations where they may be (i.e self isolating).

Don't let patients run out!

- Talk about being careful with dose
- Talk about delivery for those needed shorted dispensing intervals
- Don't have patients come to Clinic unless ABSOLUTELY NECESSARY

Virtual Care

- Almost all Provinces, States, and Countries around the world have put together Virtual Compensation for Physicians
- This allows patients to see their docs and specialists, important for complex patients
- This reduces risk of spread to community and health care workers

Opioid Agonist Therapy

Prescriptions

Health Canada Santé Canada

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Home Induction

- **Suspend all Urine Drug Screens**
- **Delivery when possible**
- **No Daily Witnessed dosing of Bup/Nal**
- **No in office invitation of Bup/Nal - Home Induction**
- **Up to 60 days Bup/Nal Dispensing**
- **Carries for Methadone and potentially SROM on physician assessment of risk**
- **Consider discussing rotating to Bup/Nal**

Home Induction

A CASE SERIES OF HOME INDUCTION

- 103 patients (68% heroin, 18% pills, 14% methadone < 40 mg)
- An initial 4-mg buprenorphine dose followed by one to two additional 4-mg doses, as needed every 1-4 h, for a day 1 maximum of 12 mg, was recommended to all patients.
- 1 week retention 73% “similar to a comparable primary care based study” of office induction
- No severe precipitated withdrawal was noted.
- 5 patients had mild-moderate “buprenorphine-prompted withdrawal symptoms” including symptoms of anxiety, nausea without vomiting, sweating, musculoskeletal aches, and sleepiness/sedation.

Home Buprenorphine/Naloxone Induction in Primary Care, Joshua D. Lee, MD MSc eta all J Gen Intern Med. 2009 Feb; 24(2): 226–232.

Home Induction

Chose your own strategy for 79 patients

- **13 had chosen in office based induction**
- **66 received home induction kit. This includes:**

1. **A instruction sheet**
2. **Ten 2/0.5mg BUP/NX pills**
3. **Four 8/2 BUP/NX pills,**
4. **Six pills each of ibuprofen, clonidine, and loperamide hydrochloride**

A comparison of buprenorphine induction strategies: patient-centered home-based inductions versus standard-of-care office-based inductions. Cunningham CO, et al J Subst Abuse Treat. 2011 Jun;40(4):349-56.

Contents of the tool kit for patient-centered home-based inductions

Instruction sheet

Section	What the section addresses
What's in the tool kit?	Guides when/how to use medications in the kit
When to start Suboxone	Guides the timing of treatment initiation
Things not to do	Warns against common mistakes or misunderstandings
How to take Suboxone	Facilitates correct dosing method
Plan	Guides treatment, provides support, and facilitates follow-up
What was taken	Facilitates keeping track of dosing

Medications

# Pills	Medication	Dose (mg)	Rationale
10	Buprenorphine/naloxone	2/0.5	Initiate buprenorphine treatment (day 1)
4	Buprenorphine/naloxone	8/2	Buprenorphine treatment (days 2–3)
6	Ibuprofen	200	↓ Withdrawal symptoms (pain)
6	Clonidine	0.1	↓ Withdrawal symptoms (anxiety)
6	Loperamide hydrochloride	2.0	↓ Withdrawal symptoms (diarrhea)

A comparison of buprenorphine induction strategies: patient-centered home-based inductions versus standard-of-care office-based inductions. Cunningham CO, et al J Subst Abuse Treat. 2011 Jun;40(4):349-56.

Home Induction

- **Adjusting only for baseline opioid use, participants with standard-of-care office-based inductions and patient-centered home-based inductions had similar reductions in opioid use (AOR=0.74, 95%CI=0.16–3.50).**
- **Adjusting for baseline opioid use, age, gender, and ethnicity, this finding remained (AOR=0.63, 95%CI=0.13–2.97).**

A comparison of buprenorphine induction strategies: patient-centered home-based inductions versus standard-of-care office-based inductions. Cunningham CO, et al J Subst Abuse Treat. 2011 Jun;40(4):349-56.

Home Induction

RANDOMIZED CONTROL TRIAL

- **20 patients randomly assigned to unobserved vs office induction, stratifying by past buprenorphine use.**
- **Outcome results were similar in the two groups: 60% successfully inducted in each group,**
- **30% experienced prolonged withdrawal, and 40% stabilized by week**

Unobserved versus observed office buprenorphine/naloxone induction: a pilot randomized clinical trial. Gunderson EW et al Addict Behav. 2010 May;35(5):537-40

Home Induction

- **Patients received a prescription for BUP/NX, usually sixteen 2mg/0.5mg tablets filled at a local pharmacy**
- **They were instructed to initiate medication taking 1–2 tablets after abstaining 16 hours or more from opioids and when the SOWS reached ≥17.**
- **Both groups were instructed to take no more than 16mg on Day 1**

Unobserved versus observed office buprenorphine/naloxone induction: a pilot randomized clinical trial. Gunderson EW et al Addict Behav. 2010 May;35(5):537-40

Home Induction

LITERATURE REVIEW

- **10 clinical studies describing unobserved induction were identified: 1 randomized controlled trial, 3 prospective cohort studies, and 6 retrospective cohort studies.**
- **Evidence is weak to moderate in support of no differences in adverse event rates between unobserved and observed inductions. There is insufficient or weak evidence in terms of any or no differences in overall effectiveness.**

Unobserved "home" induction onto buprenorphine.
Lee JD, Vocci F, Fiellin DA. J Addict Med. 2014 Sep-Oct;8(5):299-308.

Calgary Method

- Day 0: Stop all opioids and provide withdrawal medications including clonidine 0.1 MG TID for 1-3 days, gabapentin 300mg TID for 1-3 days, and if necessary clonazepam 0.5mg BID for 1-3 days.
- Day 1: Once appropriate withdrawal is reached, initiate 2mg SL q1hour Suboxone, as needed for persistent or reoccurring withdrawal symptoms up to 16mg. Hold if sedation.
- Day 2: Total of Day 1 (eg. 16mg) then 2mg SL q1hour for persistent or reoccurring withdrawal symptoms, up to 32mg total. Hold if sedation.
- Call Patient to review final dose, provide Rx for 1week, follow up in 1 week, then 28 days prescriptions if appropriate.

Practice

- Suspend all Urine Drug Screens
- Delivery when possible
- No Daily Witnessed dosing of Bup/Nal
- No in office invitation of Bup/Nal - Home Induction
- Up to 60 days Bup/Nal Dispensing
- Carries for Methadone and potentially SROM on physician assessment of risk
- Consider discussing rotating to Bup/Nal

Harm Reduction Advice

Education

- **All the usual education**
- **Increased Risk of OD**
- **Buddy up, BUT stay 2m away**
- **Continue to use SCS/OPS**

Harm Reduction in the Time of COVID-19

- Understand that smoking increases risk of COVID-19 mortality, even if it is Cannabis as well as stimulants.
- Educate your clients who are still using substances to be careful handing parcels of substances which have been carried in people's mouths.
- Ensure clients stock up on needles, syringes, and other injecting kits.
- Encourage clients to co-plan with local harm reduction services on how to obtain supplies.

Education

- Do not share supplies, such as cigarettes, joints, pipes, injecting equipment, containers for alcohol, utensils, and other supplies. If you have to share, wipe pipes with alcohol wipes or use new mouthpieces.
- Reduce close contact (e.g. shaking hands, hugging, kissing) and ensure condom use
- Wash your hands or use wipes before preparing, handling or using your drugs.
- Wash down surfaces where you are preparing.
- Prepare your drugs yourself.

Education

- Cough or sneeze into your elbow or use tissues. Throw tissues away immediately and wash your hands thoroughly.
- Clean surfaces with soap and water, alcohol wipes, bleach or hydrogen peroxide before preparing drugs if possible
- Carry naloxone and have an overdose plan. Please use breathing masks available in the THN kits if responding to an overdose.

Overdose Management

- Naloxone 2-3 injections right away.
- If CPR is needed, place mask on client then do chest compressions.
- No airway interventions (ie. Bag-valve-mask) unless you have PPE and an N95 mask.

VSCS

- **Virtual Supervised Consumption Service**
- **AMH SCN**

Home Detoxification

Alcohol Withdrawal

- Great variation in the amount of withdrawal exists with clients.
- Patients with moderate withdrawal should receive pharmacotherapy to treat their symptoms and reduce their risk of seizures and delirium tremens during outpatient detoxification.
- Benzodiazepines are the treatment of choice for alcohol withdrawal.

Alcohol Withdrawal

- Patients with mild to moderate alcohol withdrawal symptoms and no serious psychiatric or medical comorbidities can be safely treated in the outpatient setting.
- Patients with moderate withdrawal should receive pharmacotherapy to treat their symptoms and reduce their risk of seizures and delirium tremens during outpatient detoxification.
- Benzodiazepines are the treatment of choice for alcohol withdrawal.
- Patients with history of severe withdrawal symptoms, seizures or delirium tremens, comorbid serious psychiatric or medical illnesses, or lack of reliable support network should be considered for detoxification in the inpatient setting.

Alcohol Withdrawal

Diazepam 3 day (follow up in 3 days)
• 10–20 mg every 6 hours for 4 doses, then
• 5–10 mg every 6 hours for 8 doses

Diazepam 7 day (follow up in 7 days)
• 10mg QID (6am, 12pm, 6pm, 12am) X 2 days
• 5mg TID and 10 mg QHS X 2 days
• 5mg BID X 3 days

Lorazepam
• 2–4 mg every 6 hours for 4 doses, then
• 1–2 mg every 6 hours for 8 doses (consider this choice if significant hepatic dysfunction).

Alcohol Management

Begin Anti-craving medication

- Naltrexone 50mg PO Qdaily
- Acamprosate 666mg PO TID
- Gabapentin 600mg PO TID

Referral to on going treatment
- Residential Treatment (Poundmaker, Aventa, Fresh Start, Oxford House, Landers, Claresholm)
- Community Based Treatment (Adult Addiction Services/RAAM, Addiction Centre)

Stimulant Withdrawal

- Diazepam 5 mg PO every 4 hours PRN; maximum 30mg/24 hours
- Lorazepam 1 mg PO/SL every 4 hours PRN; maximum 6mg/24 hours

Psychosis Concerns: Note, if psychosis lasts greater than 3 days, a referral to psychiatry

- Olanzapine 5-10mg PO/SL QID PRN, for hallucinations/delusions, first line; maximum 30mg/24 hours.
- Risperidone 1-2 mg PO BID PRN for hallucinations/delusion.

Additional Medications

Anxiety and Agitation

- Hydroxyzine 25-50 mg PO TID PRN for agitation and anxiety not related to alcohol withdrawal, maximum 100mg in 24 hours, do not use if client is experiencing hallucinations

Antiemetic

- Dimenhydrinate 25-50 mg PO Q4H PRN for nausea/emesis.
- Maximum 200 mg/24 hours; be cautious with those receiving CNS depressant medications
- Metoclopramide 10 mg PO every 6 hours PRN for nausea/emesis. Maximum 40 mg in 24 hours; contraindicated with Quetiapine and Olanzapine
- Ondansetron 4-8 mg PO every 8 hours PRN for nausea/emesis. Maximum 24 mg/24 hours

Additional Medications

Analgesia
- Acetaminophen 500-1000 mg PO QID PRN for pain or symptomatic fever (maximum dose 4000mg/24H)
- Ibuprofen 400-800 mg PO Q6H PRN for pain or symptomatic fever (maximum dose 3200mg/24H)

Acid Reflux
- Pantoprazole 40 mg PO Q daily PRN

Constipation
- Sennosides 2-4 tabs PO BID PRN; recommended for all clients who use opioids
- Lactulose 30mL PO Q daily to BID PRN
- Bisacodyl 10 mg PR daily PRN
- Polyethlyene Glycol 3350 (PEG 3350) 17G PO Daily PRN

Diarrhea
- Loperamide 4 mg PO x 1 PRN for diarrhea and then 2 mg PO PRN after each loose stool to maximum of 16 mg in 24 hours. NOT for clients with blood in stool or if febrile.

Gastrointestinal Cramping
- Hyoscine butylbromide 10 mg PO TID PRN for abdominal cramping not related to constipation

Recovery

Online

12 Step Online Meetings

This is a directory of online Alcoholics Anonymous meetings in various formats, including email, chat room, audio/video, discussion forums, and telephone.

Alcoholics Anonymous **-** http://aa-intergroup.org/directory.php

Cocaine Anonymous **-** https://www.ca-online.org/

Narcotics Anonymous **-** https://www.na.org/meetingsearch/text-results.php?country=Web&state&city&zip&street&within=5&day=0&lang&orderby=distance

Online

AA Sober Living

Online recovery help for those in all stages of recovery, family, friends and loved ones including message boards, chats, blogs, and daily and weekly readings.

www.aasoberliving.com

SMART Recovery

This website includes message boards, chat rooms, online meetings, and an online library of recovery resources.

https://www.smartrecovery.org/smart-recovery-toolbox/smart-recovery-online/

Online

In the Rooms

A free online recovery tool that offers 130 weekly online meetings for those recovering from addiction and related issues. They embrace multiple pathways to recovery, including all 12 Step, Non-12 Step, Wellness and Mental Health modalities.

https://www.intherooms.com/home/

The Daily Pledge

This is Hazelden Betty Ford Foundation's free online Community Social Site. It provides a home page to make a Daily Pledge to sobriety with healthy daily activities to help people see others “recover out loud.” The site also includes a Discussions forum, Chat, Online Meetings, Fun and Photo sections, private messaging with other members, and other interactive involvements. You need to sign-up to participate.

https://thedailypledge.org/

Online

myRecovery

This is a free social networking community and resource center for those in alcohol and drug addiction recovery. Similar to other social networking community sites such as Facebook, myRecovery offers a full profile system with a real time "wall", the ability to add photos and videos, and the option for people to display as much or as little information about themselves as they wish, including full anonymity. There is also a live public video chat as well as an open forum section where users can post on a number of topics. Members can also create their own groups. myRecovery has a resource section with recovery tools including a large repository of addiction-related videos and audio files, a comprehensive 12-step meetings search to help people find meetings in their area, a live online video meetings section, a recovery blog, latest news on addiction and an assessment section.

www.myrecovery.com

Online

SoberRecovery

The message board in this directory of recovery resources covers a wide variety of categories: Newcomers, Ask the Experts, General Forums, Alcoholism (AA, Alanon, ACOA), Drug Addiction (NA, Nar-Anon), Family and Friends, Mental Health and much more.
www.soberrecovery.com/forum

CannabisRehab.org

This free online drug rehab group was originally set up just to help those trying to quit marijuana but they now welcome anyone struggling with drug addiction.
www.cannabisrehab.org

Online

HAMS Harm Reduction Network

HAMS is a free of charge peer led support group for people who want to reduce the harm in their lives caused by alcohol or other substances. HAMS offers support via a chat room, an email group, and live meetings. HAMS supports every goal from safer use to reduced use to abstinence from alcohol. Their daily chat is schedule for 9 P.M. EST , 6 P.M. PST.
hamsnetwork.org

Managed Substances during COVID-19 Pandemic

Managed Substances

Opioid/Stimulant/Benzodiazepine/Alcohol Eligibility criteria:
o Not already connected to a health care professional or requiring further assistance
o Confirmed COVID-19 positive on self-isolation, or
o Suspect case awaiting diagnosis for COVID-19, or
o At risk of COVID-19 infection, or
o Has upper respiratory symptoms and is self-isolating as per public health guidelines

AND one or more of the following:
o History of active substance use disorder (opioids, stimulants, or alcohol)
o Deemed at high risk of withdrawal and/or overdose or with significant cravings that would put them at increased risk, via a detailed clinical assessment
o Have not been able to achieve a therapeutic dose with currently available OAT treatment, or treatments have not been beneficial
o Experiencing homelessness or living in a shelter, SRO or supported housing unit
o Deemed unable to stay in self-isolation without an adequate supply of substances and who are assessed as a risk for breaching self-isolation

Managed Substances

OPIOIDS
The following would be for temporary use of home managed opioids for patients refusing OAT:

a. Oral hydromorphone 8 mg tablets (1-3 tabs q1h as needed, up to 14 tablets; daily dispensed)
b. M-Eslon 80 - 240 mg BID; daily dispensed

Managed Substances

STIMULANTS
The following would be for temporary use of home managed stimulants for patients refusing home detox. Patients with psychosis should be excluded and treated with benzodiazepines in a home detox protocol.

i. Dextroamphetamine 10-20 mg BID SR; daily dispense (max dose of 60 mg BID per day)
ii. Methylphenidate IR 10-20 mg BID; daily dispensed (max dose of 100 mg/24 hours)
iii. Methylphenidate SR 20-40 mg once daily; daily dispensed (max dose 100 mg/24 hours)

Managed Substances

BENZODIAZAPINES

The following would be for temporary use of home managed benzodiazepines for patients refusing home detox.

i. Enquire which benzodiazepine the patient is using per day and aim to
prescribe according to current use.

- For example, if a patient describes buying diazepam 10 mg, three times a day, then consider starting diazepam 5 mg TID; daily dispensed. Doses can be titrated as needed.

Please be aware of increased overdose risk.

Stay Home, Stay Safe, Be Safe

QUESTIONS:
Email: smghosh@gmail.com
Sumantra.Ghosh@AlbertaHealthServices.ca

Attendance Form and Evaluation Survey

Attendance form

- In order to receive the CME certificate, you need to register in Rural Videoconference and complete the brief attendance and evaluation form

Registration link

- https://conted.ucalgary.ca/portal/events/reg/participantTypeSelection.do?method=load&entityId=50748581
- *you do not need to select a session, simply choose your profession and “Continue”

Evaluation and Attendance link

- https://survey.ucalgary.ca/jfe/form/SV_0k7uiSJ4N5seyXj

After the session, you will receive an email with the link