



Interim Guidance for Providers:

Addressing Needs of People Who Use Alcohol, Tobacco, or Other Drugs Requiring Isolation or Quarantine Related to COVID-19 March 16, 2020

AUDIENCE:

The following preliminary guidance was developed by the San Francisco Department of Public Health for use by medical providers caring for people who use drugs (PWUD) who need to be quarantined. This guidance can be found online at <http://www.sfcdcp.org>.

BACKGROUND:

Novel coronavirus disease, or COVID-19, is a new respiratory disease that can spread from person to person. Most people who get the infection have no symptoms or mild symptoms of a cold. Some people have gotten very sick from it and need to be hospitalized – especially people who are older and have chronic medical conditions. The most common signs and symptoms of infection include fever, cough, difficulty breathing, fatigue, muscles aches, sore throat, and headache. Nausea, vomiting, or diarrhea are less-common symptoms of COVID-19. At present, there is no vaccine to prevent COVID-19 and no treatment after someone has been exposed to COVID-19. The best way to prevent the spread of the virus is to avoid being exposed to the virus.

PWUD may be particularly hard hit by COVID-19 due to unstable housing and common medical comorbidities, including lung and heart disease. Isolation or quarantine for PWUD can be uniquely complicated by limited access to substances and withdrawal risks. These guidelines support providers in maximizing the comfort of PWUD and their ability to follow isolation and quarantine recommendations.

GENERAL RECOMMENDATIONS:

- **Provide harm reduction guidance to all PWUD**
 - **Printable version:** [Safer Drug Use During the COVID-19 Outbreak](#)
 - Prescribe naloxone to all patients that access street drugs
 - Consider prescribing syringes and alcohol swabs
- **Provide follow up:** Social isolation of quarantine carries risk of worsening concurrent mental health symptoms and using alone increases the risk of overdose death. You and your team can stay in frequent contact to assess your patient's well-being and provide counseling.
- **If withdrawal is a concern** during this time, ensure your patient has access to supportive medications (see below).
- **If your patient is quarantined with others:** Discuss the risk of transmitting COVID-19 to others when smoking any substance and/or through sharing pipes and other devices.
- **Medications.** To ensure supply of needed medications:
 - **Home delivery.** Seek out pharmacies that deliver OR make arrangements for family members OR a public health RN to pick-up (pharmacy must be notified ahead of time).
 - **Extend prescriptions to maximum length possible, as appropriate:** Medicaid covers a 90-day supply, controlled substances limited to 30-days.
- **For Peer-to-Peer Consultation and Decision Support,** call the [UCSF Substance Use Warmline](#) at (855) 300-3595; see additional [pharmacotherapy protocols](#).



OPIOIDS:

- **Patients on FDA-approved medications for opioid use disorder:** All efforts should be made to continue treatment as interruptions in treatment are associated with increased mortality.
 - **Methadone:** Contact the patient's opioid treatment program (OTP) immediately to assure continued treatment. (No release of information is needed for this contact).
 - **Buprenorphine (SL):** If appropriate, extend prescription up to a 1 month supply. Routine urine drug screens can be deferred during this time.
 - **Extended Release (SubQ) Buprenorphine:** A delay of 1-2 weeks is unlikely to cause significant withdrawal symptoms. If a patient cannot receive follow up injections during quarantine, offer sublingual buprenorphine/naloxone.
 - **Extended Release (IM) Naltrexone:** If a patient cannot receive follow up injections during quarantine, consult the *Substance Use Warm Line* or consider transition to oral naltrexone (high overdose risk) or sublingual buprenorphine.
- **Patients interested in starting buprenorphine/naloxone:**
 - X-waivered providers can initiate buprenorphine (preferred buprenorphine/naloxone) with their patients via telehealth visits. Urine toxicology is *not* needed in this situation. The *Substance Use Warm Line* or *California Poison Control* can provide guidance.
 - See [Patient Buprenorphine Initiation Instructions](#)
 - See [Patient Withdrawal Management Instructions](#)
 - Non-waivered primary care providers can call the *Substance Use Warm Line* for support.
- **Patients NOT in treatment and planning to continue using:**
 - Discuss [Safer Drug Use During the COVID-19 Outbreak](#)
 - Prescribe naloxone and sterile injecting equipment
- **Patients concerned about withdrawal:** review withdrawal symptoms and prescribe clonidine, hydroxyzine, ondansetron, loperamide based on [Patient Withdrawal Management Instructions](#).

ALCOHOL:

- **Patients on medications for alcohol use disorder (AUD):**
 - If a patient is currently on oral naltrexone for AUD management, consider offering extended-release IM naltrexone in preparation for possible quarantine.
 - Consider prescribing 90-day supply (naltrexone, acamprosate, disulfiram, etc.)
- **Patients NOT on maintenance treatment and wanting to stop using alcohol:**
 - If there is a history of withdrawal seizures or delirium tremens (DTs) → Refer to hospital for inpatient management.
 - If NO history of withdrawal seizures or DTs → Consider outpatient withdrawal management with gabapentin or using these [SFDPH protocols](#). Check in daily with patients during this process, with low threshold to refer to the ED if not improving.
- **Patients NOT on maintenance treatment and planning to continue drinking:** If patient has an adequate supply, recommend no more than current level of use or decreasing use slowly, and rationing their remaining stores to avoid withdrawal symptoms.

BENZODIAZEPINES:

- **Patients prescribed long-term benzodiazepines:** Continue prescribing current dose for the remainder of quarantine. If patient is on a tapering schedule, hold at current dose until after quarantine is over.



- **Patients using unprescribed benzodiazepines:** Consider frequency of use, history of withdrawal seizures, and other complications. If unsure, consult *Substance Use Warm Line* to determine required level of care.
- **Patients who plan to continue using benzodiazepines:** If patient has an adequate supply, recommend no more than current level of use. Discuss [Safer Drug Use During the COVID-19 Outbreak](#).
- **For all patients taking benzodiazepines:** Prescribe naloxone and recommend using fentanyl test strips as there can be opioid contamination.

GAMMA HYDROXYBUTYRATE (GHB)

- Management will depend on frequency of use and prior experiences with withdrawal. If your patient is using daily, consult with *Substance Use Warm Line* to determine required level of care.
- [NEJM review of GHB](#) can be helpful.

STIMULANTS:

- **As there are no FDA-approved medications for cocaine or methamphetamine use disorders,** consider motivational interviewing over the phone. Behavioral health televisits may be available. Contact [San Francisco AIDS Foundation](#) for more information about behavioral treatment.
- **Patients who may experience symptoms of methamphetamine withdrawal:** Refer to guidance on pharmacotherapy and behavioral treatments found at the [UCSF HIV site](#). Medications that have been used with potential benefits include bupropion, mirtazapine, naltrexone, and methylphenidate.
- **Patients NOT in treatment who plan to continue using stimulants:** If they have an adequate supply, recommend no more than current level of use. Prescribe naloxone and recommend using fentanyl test strips as there can be opioid contamination.
- Discuss [Safer Drug Use During the COVID-19 Outbreak](#)

TOBACCO:

- **Encourage tobacco cessation, as it is a risk factor for severe COVID-19.** Consider varenicline, nicotine replacement therapy, and bupropion for 90 day supply, for further information see the [SFDPH guidelines](#). Patients can also call 1-800-NO-BUTTS (1-800-662-8887) for behavioral and emotional support.
- **If patient plans to continue using:** Consider e-cigarettes and avoid sharing smoking devices.

NON-MEDICAL CANNABIS USE:

- **If your patient is interested in withdrawal treatment:** Consider prescribing off-label dronabinol; for more information click [here](#).
- **If your patient plans to continue using:** Patients may be able to utilize delivery services. Offer guidance [to Reduce Risks to Your Health When Using Cannabis](#).

ADDITIONAL INFORMATION:

National Institute on Drug Abuse (NIDA): [COVID-19: Potential Implications for Individuals with Substance Use Disorders](#)

National Health Care for the Homeless Council's: [Coronavirus and Influenza Resources](#)

SFDPH Guidelines: [Preventing Spread of COVID-19 Among Persons Experiencing Homelessness](#)