



### Interim Guidance for Providers:

## Addressing Needs of People Who Use Alcohol, Tobacco, or Other Drugs Who are Sheltering in Place or Require Isolation or Quarantine Related to COVID-19 April 6, 2020

### **AUDIENCE:**

The following interim guidance was developed by the San Francisco Department of Public Health for use by medical providers caring for people who use drugs (PWUD) who are sheltering in place, or need to be isolated or quarantined for COVID-19. 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 or provide [naloxone](#), [syringes](#), and other safer consumption supplies (e.g. alcohol pads) as appropriate.
  - Recommend [fentanyl test strips](#) to all patients using non-prescribed drugs to prevent overdose from widespread fentanyl adulteration of the street drug supply.
  - Using alone increases the risk of death in the event of an overdose. If your patient has no choice but to use alone, they can contact [Never Use Alone](#) at (800) 484-3731 for telephone support during use.
  - Smoking appears to be a risk factor for more severe COVID-19 infection and death, and sharing pipes and other inhalation devices may transmit SARS-CoV-2. Recommend alternatives to smoking or inhalation of drugs and how to minimize or clean shared equipment.
- **Ensure Access to Addiction Medicine Services:** This includes withdrawal management, medications for addiction treatment (MAT), and counseling. For provider-to-provider clinical consultation and decision support, the [UCSF Substance Use Warmline](#) is available at (855) 300-3595, Monday-Friday 6 AM-5 PM PT or [online](#) for non-emergent clinical queries.
  - **If you and your patient are concerned about acute drug withdrawal:** Assess for risk of life-threatening withdrawal (see alcohol, benzodiazepines, GHB below). Prescribe or provide supportive medications for symptom management as indicated.



- **Extend MAT prescriptions to the maximum duration, if possible:** A 90-day supply of chronic medications and 30-day supply of opioid medications are permitted by many Medi-Cal managed care plans. COVID-19 specific guidance is available from [Medi-Cal](#) and [SFHP](#), including early refills, deliveries, utilizing out-of-network pharmacies, and additional coverage for OTC disinfectant solutions and OTC latex gloves.
- **Ensure medications are received:** Arrange with pharmacies for a family member, friend, or public health nurse to pick up a quarantined patient's prescriptions. Signature requirements are temporarily suspended by the Board of Pharmacy. The [SFGH Outpatient Pharmacy](#) is offering to mail prescriptions for free. Call the Substance Use Warmline for help identifying other community and hospital pharmacies with capacity for mail or delivery services.
- **Stay connected:** Social isolation carries risks of worsening concurrent mental health symptoms and return to use. Stay in frequent contact with your patient by telephone, text, or video to assess their well-being, provide emotional and behavioral support, and to share [other therapeutic](#) and [recovery resources](#). [San Francisco Suicide Prevention](#) offers two telephone hotlines to provide assistance and support to people who are struggling with substance-related issues and for friends and families.

#### 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; [online California directory](#)) immediately to ensure continued treatment. No release of information is required; OTPs are operating with [updated federal guidance](#) to provide essential medicine to individuals with OUD during the outbreak.
  - **Buprenorphine (with or without naloxone):** If appropriate, extend sublingual prescriptions up to a 30-day supply. Routine urine drug screens can be deferred during this time.
  - **Extended-release buprenorphine:** A delay of 1-2 weeks is unlikely to cause significant withdrawal symptoms due to 45-day half-life. If monthly follow-up subcutaneous injections are not available, offer an equivalent dosage of a sublingual buprenorphine product (100 mg SQ = 8 mg SL), adjust dose per clinical symptoms, and/or consult the Substance Use Warm Line.
  - **Extended-release naltrexone:** If follow-up intramuscular injections are not available, consider a transition to a sublingual buprenorphine product or bridging with oral naltrexone. (Caution: oral naltrexone is associated with higher overdose risk). Call the Substance Use Warm Line for clinical consultation and decision support.
- **Patients interested in starting buprenorphine:** DATA 2000 waived providers can initiate buprenorphine with all patients. During the COVID-19 crisis, buprenorphine treatment may be started in new patients by telehealth, including telephone visits without face-to-face encounters. Urine toxicology is *not* needed in this situation. Refer to [Patient Buprenorphine Initiation Instructions](#) and [Patient Withdrawal Management Instructions](#).
  - Non-waivered providers without a waived colleague can call the Substance Use Warm Line for referral to an addiction medicine telehealth provider in San Francisco.
  - All medical providers seeking urgent assistance during evenings/weekends or from acute care settings, can reach trained healthcare professionals at the California Poison Control System at any time via the [California Substance Use Line](#) at (844) 326-2626. Additional resources, especially for providers in acute care settings, are available at [CA Bridge](#).



- **Patients who plan to continue using non-prescribed opioids:** Recommend [Safer Drug Use During the COVID-19 Outbreak](#). Plan and prepare for overdoses. Provide or prescribe [naloxone](#), [fentanyl test strips](#), and [safer consumption supplies](#). If your patient has an adequate drug supply, recommend no more than their current level of use or decreasing use slowly and rationing remaining stores to avoid withdrawal episodes.
- **Patients prescribed chronic opioid therapy:** Avoid abrupt discontinuation and continue current dose for the remainder of quarantine. If your patient is on a tapering schedule, hold the current dose until after quarantine is over. Routine urine drug screens can be deferred during this time.
- **For any patient concerned about experiencing opioid withdrawal:** Review anticipated withdrawal symptoms and prescribe clonidine, hydroxyzine, ondansetron, and loperamide accordingly: [Patient Withdrawal Management Instructions](#).

### ALCOHOL:

- **Patients on medication for alcohol use disorder (AUD):** When possible, extend prescriptions for stable patients to the maximum duration of [medications for AUD](#) (naltrexone, acamprostate, disulfiram, topiramate, gabapentin). Check for drug shortages, such as that for [disulfiram](#).
  - **Oral naltrexone:** For patients taking oral naltrexone, consider offering once monthly extended-release intramuscular naltrexone in preparation for possible quarantine or isolation.
  - **Extended-release naltrexone:** If follow-up intramuscular injections are not available, consider bridging with oral naltrexone; consult with the Substance Use Warm Line.
- **Patients at risk for alcohol withdrawal** or who plan to reduce/discontinue alcohol use or have inadequate supply of alcohol: Abrupt discontinuation may be life-threatening. SAMHSA has issued [guidance for reducing seizure risks](#). Call the Substance Use Warm Line for peer-to-peer clinical consultation and decision support.
  - For patients with a history of withdrawal seizures or delirium tremens (DTs) → Refer to hospital for inpatient medically-supervised withdrawal management.
  - [Residential medically supervised withdrawal management programs in San Francisco](#) (e.g. Joe Healy, HR360) are open with limited staffing but without isolation rooms for quarantined patients. Contact the 24-hour Behavioral Health Access Center phone line (415) 255-3737 for updates on the availability of isolation rooms.
  - For select patients with or at risk of mild alcohol withdrawal and no history of withdrawal seizures or DTs → Consider ambulatory medically supervised withdrawal management with [gabapentin](#) or using [SFPDH protocols](#). Prescribe thiamine and folate. Check in with patient daily and maintain a low threshold for referral to the ED for acute worsening.
- **Patients who plan to continue drinking:** If your patient has an adequate alcohol supply, recommend no more than current level of use or slowly reducing use, and rationing remaining stores to prevent serious withdrawal events.

### BENZODIAZEPINES:

- **Patients prescribed chronic benzodiazepines:** Abrupt discontinuation may be life-threatening. Continue prescribing current dose for the remainder of quarantine. If your patient is on a tapering schedule, hold the current dose until after quarantine is over. Routine urine drug screens can be deferred during this time.
- **Patients taking non-prescribed benzodiazepines at risk for withdrawal:** Management will depend on frequency and amount of use, as well as history of withdrawal seizures or other complications. If unsure,



consult with Substance Use Warm Line to determine required level of care, including hospitalization. Clinical guidance for [reducing seizure risk](#) has been issued by SAMHSA.

- **Patients who plan to continue using non-prescribed benzodiazepines:** Discuss [Safer Drug Use During the COVID-19 Outbreak](#). If your patient has an adequate supply, recommend no more than current level of use or decreasing use slowly, and rationing their remaining stores to avoid serious withdrawal events. Prescribe or provide [naloxone](#) and recommend [using fentanyl test strips](#) to minimize opioid overdose due to widespread fentanyl adulteration of street benzodiazepines.

### **GAMMA HYDROXYBUTYRATE (GHB)**

- **Withdrawal management** will depend on frequency of use and prior experiences with withdrawal. For persons with heavy or daily [GHB](#) use, consult the Substance Use Warm Line to determine required level of care, including need for hospitalization to prevent life-threatening events.
- **Patients who plan to continue GHB use:** Recommend no more than current level of use or decreasing use slowly with rationing their remaining stores to avoid withdrawal symptoms. Prescribe or provide [naloxone](#) and recommend [using fentanyl test strips](#) to minimize opioid overdose due to widespread fentanyl adulteration of the street drug supply.

### **STIMULANTS:**

- **As there are no FDA-approved medications for the treatment of cocaine or methamphetamine use disorders**, consider motivational interviewing sessions by telephone. For methamphetamine use, refer to [guidance](#) on off-label pharmacotherapy (e.g. [mirtazapine](#)), and behavioral treatments. Behavioral health televisits may be available through community partners (contact [San Francisco AIDS Foundation](#)).
- **Patients at risk for withdrawal** who plan to reduce/discontinue use, or have inadequate drug access: Acute withdrawal from chronic stimulant use may include feelings of fatigue and unrest, irritability, long but troubled sleep, intense hunger, and moderate to severe depression for up to two weeks after discontinuing use. Prepare your patient for addressing symptoms through nutrition, exercise, behavioral health consultation, and antidepressant therapy (e.g. bupropion). For clinical consultation, contact the UCSF Substance Use Warm Line.
- **Patients who plan to continue using stimulants:** Recommend [Safer Drug Use During the COVID-19 Outbreak](#). Counsel about smoking as a risk factor for severe COVID-19 and transmission risks with inhalation and intranasal administration. Recommend minimizing the need to share pipes or other devices for inhalation and cleaning these with alcohol-based products. If your 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 episodes. Provide or prescribe [naloxone](#) and [fentanyl test strips](#) to minimize opioid overdose due to widespread fentanyl adulteration of the street drug supply.

### **TOBACCO:**

- Encourage all tobacco smokers to stop immediately. Smoking appears to be a risk factor for more severe COVID-19 disease and death.
- **Patients interested in tobacco cessation:** Medications improve abstinence by 100%-200% compared to “cold-turkey.” To initiate varenicline, bupropion, or nicotine replacement therapy, consult [SFDPH guidelines](#) or call the UCSF Substance Use Warmline. Patients also can call the [California Smokers’ Helpline](#) at 1-800-NO-BUTTS (1-800-662-8887) for behavioral and emotional support.
- **Patients on medications for treatment of tobacco use disorder:** When possible, extend prescriptions to 90 days for patients already on varenicline, bupropion, or nicotine replacement therapy.



- **Patients who plan to continue using tobacco:** Lung irritation from vaping may worsen a COVID-19 infection, but vaping may be less harmful than smoking. If unable to not smoke, consider non-combustible commercial e-cigarette alternatives. Recommend patients avoid sharing smoking devices and cleaning these with alcohol-based products.
- **Patients concerned about nicotine withdrawal symptoms:** recommend dual nicotine replacement therapy (patch plus gum/lozenge)

### **CANNABIS**

- Encourage all cannabis smokers to stop immediately. Smoking appears to be a risk factor for more severe COVID-19 disease and death. Lung irritation from vaping also may worsen an infection, but vaping may be less harmful to lungs than smoking.
- **Patients who plan to continue using cannabis:** Recommend edible or topical alternatives, if possible. Recommend against vaping cannabis products that are not from state-certified sources. Recommend minimizing the need to share pipes or other devices for inhalation and cleaning these with alcohol-based products. Provide guidance to [Reduce Risks to Your Health When Using Cannabis](#). The city's cannabis dispensaries have been encouraged to offer [home delivery](#) of cannabis products. If a 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 episodes.
- **Patients concerned about cannabis withdrawal symptoms:** Consider off-label [dronabinol](#) or [gabapentin](#) for patients with heavy or prolonged use, who may experience [cannabis withdrawal syndrome](#) characterized by irritability, anxiety, and sleep disturbance.

### **ADDITIONAL RESOURCES**

- California Bridge Project [Information on Substance Use Disorder \(SUD\) and COVID-19](#)
- California Society of Addiction Medicine [COVID-19 Updates](#)
- American Society of Addiction Medicine [Coronavirus Resources](#)
- Drug Policy Alliance [Coronavirus \(COVID-19\) Resources](#)
- Harm Reduction Coalition [COVID-19 Guidance for People Who Use Drugs and Harm Reduction Programs](#) and [Drug Overdose Prevention & Education \(DOPE\) Project: San Francisco - Harm Reduction Coalition](#)
- Substance Abuse and Mental Health Administration [Coronavirus \(COVID-19\)](#)
- Drug Enforcement Agency [COVID-19 Information Page](#)
- National Institute on Drug Abuse [COVID-19 Resources](#)
- SFDPH [Interim Guidance: Preventing Spread of COVID-19 among Persons Experiencing Homelessness](#)
- National Health Care for the Homeless Council [Coronavirus and Influenza Resources](#)