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ALCOHOL AND OPIOID USE IN THE TIME OF COVID-19

Webinar date: **April 9, 2020**
Recording: **https://ubccpd.ca/covid-19-update-ask-emergency-and-critical-care-specialists**
Presentation Slides: **https://ubccpd.ca/sites/ubccpd.ca/files/COVID-19-Webinar-Apr-9-Annotated-Slides.pdf**

Disclaimer: Information on COVID-19 is changing rapidly and much of the research is preliminary. Assessment and management protocols are suggestions only; they do not take the place of clinical judgement. Please check with your own health authorities and local medical health officers as policies and support for the suggested approaches to patient care may vary between regions.

This summary was prepared by Dr. Simon Moore and not by the speakers.

Webinar Summary

Brief Summary of Clinical Pearls

- **Effects of COVID on addictions:** Be aware that COVID-19 is exacerbating addiction medicine issues through multiple mechanisms (e.g. increased stressors, decreased supply)
- **Approach to a patient with addictions:** 1. Diagnose using tools (e.g. AUDIT, DAST, CRAFFT) 2. Determine Dependence 3. Understand Circumstances 4. Reduce risk
- **New Canadian low-risk drinking guidelines:** from the Canadian Geriatric Journal - Patients over 65 should drink HALF of the adult amounts from the Canadian low-risk drinking guidelines
- **Reduce risk of alcohol Withdrawal:** Healthy patients are very unlikely to have a seizure if they are drinking < 7 drinks per day; they can stop 'cold turkey.' The best predictor of impending seizure is hand tremor & tongue tremor.
- **High risk patients should attend residential detox even during COVID:** Inpatient centres are still open during COVID; patients who are high risk need inpatient detox (High risk: ≥8 drinks/d AND unsuccessful tapering / medical management AND medical or social risk factors). An inpatient protocol is provided.

- **Low-risk patients should try to taper; if they are unable, outpatient detox can be offered:** Attempt taper by 1-2 drinks/day. The PAWSS tool can help determine who can be safely detoxed as an outpatient using a benzodiazepines or gabapentin protocol.
- **Drugs for alcohol use disorder:** Naltrexone is the safest and can be used while still drinking; complications are rare. Gabapentin can be dangerous while still drinking.
- **Changes to opioid prescribing in a pandemic:** A pandemic situation is likely not the best time to taper off opioids; consider continuing on stable doses of opioids. Opioid prescriptions can now be phoned-in if hard copy is mailed after. Consider home induction protocols for buprenorphine/naloxone.
- For COVID positive patients the **prescribing guidelines and urine drug screen recommendations** have been loosened significantly and more carries and home delivery can be arranged. Alcoholics Anonymous has gone virtual during COVID.
- There are **increased supports** for prescribing decisions e.g. RACE phone advice line, 24-hour alcohol and drug information and referral line 1-800-663-1441. As well there are increased supports for health care workers during this stressful time e.g. Physician Health Program.

Question & Answers

Q: Suggestions for working with individuals who refuse to self-isolate?

A: Have conversations with the individual as to the reasons and what we can offer to mitigate that. This could include supports from family members, outreach workers, peer support workers. If withdrawal management is not an option, safe supply can be arranged. In the downtown eastside, high-risk patients can received prescribed alcohol.

Q: How do you manage patients without access to phone or video?

A: Overdose outreach team can meet with a patient and use the devices belonging to the team. Can also look at peer support workers or family members.

Q: Naltrexone: For patients with frequent alcohol withdrawals and using trazodone is it safe to start naltrexone?

A: Other than opioid therapy (e.g. ensure no Tylenol 1 is being used) or fulminant liver failure, there are few contraindications. For patients with mildly elevated liver enzymes, there may be more harm from continuing alcohol than from starting naltrexone.

Q: What if access to a rehab centre is unavailable?

A: All publicly-funded detox centres are still running (with reduced capacity for distancing). As well home detox protocols from this presentation can be used. Failing that, a patient could go to ER for stabilization even for a brief admission.

Q: Should we expect an increase in overdoses as supply is compromised during COVID?

A: This may occur but in some natural disasters, overdoses decrease. This is an opportune time for patients to engage in opioid agonist therapy treatment. Patients can attend rapid-access clinics and community health centres. If these are unavailable, family physicians or walk-in clinic doctors can contact RACE or the new pandemic prescribing hotline (available through the BCCSU website).

Q: What recommendations do you have for patients who are incarcerated or isolated in quarantine?

A: An Ontario review found that many prisons can reduce spread of infection and having an infectious diseases or public health physician attend and provide recommendations can be helpful. For COVID positive patients the prescribing guidelines have been loosened significantly and more carries and home delivery can be arranged.

Q: Any recommendations for smokers of marijuana or tobacco due to COVID risk?

A: Recommend stop smoking/vaping (e.g. nicotine replacement therapy) or cannabis (e.g. switch to sativex nasal/bucal spray). In one study 85% of the patients with nicotine vape-related lung injury were also vaping cannabis oils; this may be an association that adds to risk.

Q: What do we anticipate will happen after safe supply interim guidelines are removed post-COVID?

A: This is unknown. Safe supply guidelines have been in development well before COVID. We expect months or more of physical distancing requirements so the benefits and potential long-term consequences of safe supply will be determined and should be monitored. There may be movement towards broadened access to safe supply rather than solely by physician prescription.

Q: What are you doing about urine drug screens during this time?

A: Sometimes an outreach worker can help but during this time we may need to forego this. NIDA and the American Society of Addiction Medicine are recommending not using Urine Drug Screen during self-isolation. This can also be ordered at a lab if needed.

Q: What patients are eligible for methadone carries and take-home drug supplies?

A: Anyone who is COVID positive or at risk of contracting the infection. We are now much more supported in providing this; it should be done on a case-by-case basis. Be aware of the risk of overdose with Methadone and switching to buprenorphine may be warranted.

Q: Can the buprenorphine/naloxone tablets be cut into eights without crumbling?

A: The crumbles can be ingested if needed; as well switching to a patch (not covered on formulary) is an option

Q: To encourage transition from methadone to buprenorphine during these times would you attempt that during COVID?

A: It is doable if the patient wants to do this. We do have success switching patients over even from high-dose methadone. Another option is to do a methadone washout by switching to high-dose morphine then switching to buprenorphine. This can be also done with microdosing. The techniques for this are listed in the article mentioned above.

Q: Suggestion of options for patients with stimulant dependence?

A: See the Safe Supply guidelines on the BCCSU website. All formulations of stimulants are now covered. If a patient is trying to procure methamphetamine or cocaine on a daily basis, and Ritalin or Concerta could reduce this, then that is a harm reduction approach that may be acceptable temporarily.

Q: For a patient with cocaine use history requiring urine drug testing to continue their employment – suggestions during COVID?

A: May need to use other options such as be alert to physical signs (e.g. dilated pupils, accelerated), videoconference, and look for other signs of destabilization or drug use

Thanks to the speakers on the video:

- **Dr. Launette Rieb,** Family Physician certified in Addiction Medicine, Medical Director at Multidisciplinary Pain Clinic
- **Dr. Annabel Mead,** Addiction Medicine, Program Director of BCCSU Addiction Medicine Fellowship