# COVID 19 _GGC Alcohol and Drug Services Coronavirus (COVID-19) Contingency for Medication Assisted Treatment with Opioid Replacement Therapy_26 03 2020

## Key Principles:

The evolving Covid-19 pandemic poses a high level of risk to service user's health and to the continued operation of service delivery.[1] In this unprecedented and rapidly developing situation, we have been re-evaluating provision of ORT (methadone and buprenorphine).

Our priorities are to:

- Retain service users in ORT treatment
- Provide ORT to new service users who are most in need
- Support and respond to reduced community pharmacy capacity
- Support service users with social distancing, self-isolation and shielding
- Maintain contact in the context of reduced face to face appointments and social isolation
- Safeguard delivery of life-saving clinical treatments [2]

As Covid-19 impacts on the external environment, increasing disruption will make it more challenging for individuals on ORT, particularly those on more restrictive dispensing regimes, to continue receiving treatment as usual.

Our service users are likely to be at greater risk from complications of Covid19 compared with the general population, so we need to actively seek to reduce their chance of being exposed to the virus.

Community pharmacy colleagues are under particular pressure from increased workload and continued face to face contact for collection of medication and supervised self-administration of ORT. In review of ORT treatment, consideration should be given to reduce footfall and in particular supervised self-administration as much as safely possible, with the aim of supporting community pharmacies to continue to provide supervision to a small number of high risk service users.

## Contingency for ORT treatment during Covid-19 pandemic

The guidance below aims to ensure safe and reliable access to mitigate the impact of Covid-19 on people in receipt of ORT.

The following points are relevant for all scenarios:

- All decisions regarding changes (or reasons for no change) to prescribing should be documented clearly in electronic systems and the paper titration sheet should be updated.

- Safe storage and risk to any children or vulnerable adults at home should be discussed and documented with everyone receiving increased take home supply.
- Take-home naloxone or GP10 prescription for Prenoxad should be provided along with ORT prescriptions and supply documented.
- Covid-19 patient information leaflets / letters should be issued with prescriptions.
- Service users should be advised that pharmacy opening hours are likely to be restricted with limited numbers of people able to enter the pharmacy at any one time. Service users should attend early and be aware that they may be required to queue outside. It is essential to maintain the 2m social distancing while outside and inside the pharmacy.

## Contingency for service users observing social distancing

All non-essential clinic appointments have been changed to telephone consultations with prescription delivery to community pharmacies.

All service users' treatment should be reviewed on an individual, risk assessed basis to consider increasing length of prescription treatment.

All service users' treatment should be reviewed on an individual, risk assessed basis to consider relaxation of instalment dispensing and supervision.

The above considerations should balance the benefits of reducing risk of exposure of service users to staff and the general public and reducing footfall in pharmacies and treatment services against the increased risks of overdose, diversion or risk to household members.[3]

Where possible, maintenance ORT should be issued as 28 day prescriptions for weekly dispense or weekly instalment supervised only on day of collection, to support service users with social distancing.[4] For those service users viewed as particularly stable, supervision should be removed.

In situations where this is deemed to pose too high a risk to the individual, twice weekly or three times weekly instalment dispensing may be required and in a handful of cases, daily instalment dispensing may still be required for safety. In each individual case, consideration should be given to how many doses are required to be supervised i.e. three times weekly instalments could have only one dose per week supervised.

Chaotic drug use, recent non-fatal overdose, alcohol dependence and recent prison release or hospital discharge should be considered although there may be circumstances which mitigate all or some of these risks for an individual.

Detoxifications and dose reductions should be deferred, with service users encouraged to maintain stability during this period of uncertainty.

Transfers between methadone and buprenorphine (or vice versa) should be deferred unless they are clinically indicated in individual circumstances to reduce risk.

All other prescribing decisions should be based on current local prescribing guidelines,[5] in particular regarding responding to missed doses, where reduced doses should be avoided when possible.

## Contingency for service users self-isolating due to Covid19 symptoms

Covid-19 symptomatic individuals in maintenance ORT treatment who are advised to self-isolate (but who do not require hospital treatment) will be asked to nominate a named representative to collect their medication on their behalf.[6] If a representative cannot be identified, where possible, staff will collect and deliver the medication.[7, 8] Symptomatic self-isolation usually requires a supply of 7 days medication, however in high risk circumstances more frequent collection / delivery may be required.

## Contingency for service users living in isolating households

Service users who have been advised to self-isolate due to living with someone who is either confirmed Covid-19 positive or has Covid-19 symptoms will be asked to nominate a named representative to collect their medication on their behalf.[6] If a representative cannot be identified, where possible, staff will collect and deliver the medication.[7, 8] Asymptomatic self-isolation is usually required for a period of 14 days. Depending on the individual risk assessment, a supply of 14 days medication should be arranged, or in higher risk circumstances, weekly or more frequent collection / delivery may be required.

## Contingency for service users who are shielding

Some service users who are extremely vulnerable have been advised to undertake shielding.[9] Shielding involves not leaving the house at all and minimising non-essential contact with other household members. Extremely vulnerable individuals include people who are undergoing chemotherapy or radiotherapy, those on immunosuppressants following organ transplant, those with severe lung conditions such as cystic fibrosis or severe asthma requiring hospital admission etc.

Some people who have been advised to undertake shielding have decided to undertake social distancing measures and continue to leave the house for essential reasons. Service users should be asked what level of shielding they are undertaking and an individual risk based treatment plan should be agreed. This may require identification of a representative to collect medication and telephone support from service staff. If it is difficult to reach a safe treatment plan due to level of assessed risk, cases should be discussed with local senior clinicians.

## Contingency for re-starting ORT

Service users who have recently stopped taking their ORT and are requesting restart, should be assessed for risk of loss of tolerance and any current Covid-19 symptoms or requirements to isolate or shield.

Assessment (by both worker and prescriber) may be possible by telephone with prescription drop off to pharmacy, depending on length of time out to treatment and individual risk factors.

Decisions to restart ORT may be complex and may require to be discussed with a local senior clinician. They should be clearly documented in the electronic record.
It may be safer to restart ORT onto buprenorphine (Espranor) as first choice given the improved safety profile for first two weeks treatment.[10]

Most service users restating ORT will require daily supervised dispensing for at least the first two weeks of treatment.

## Contingency for requests for new start ORT

It is possible that services may receive increasing requests for new start ORT due to changes in street drug availability and the financial impact of social distancing, however responding to these requests will be increasingly challenging as staffing levels reduce and effect both the ability to clinically assess face to face and to manage any daily medication delivery if the service user has to start self-isolating.

Local and national guidelines recommend daily supervised dispensing for at least the first 3 months when starting ORT and while it may be possible in these unprecedented circumstances to reduce that timescale, a period of daily supervised medication will still be required when possible, to minimise harm.

In order to safely be commenced the service user should be reliably contactable by telephone.

Lower risk service users should identify a representative (who does not live in the same household) who could assist if the service user was advised to self-isolate while higher risk service users would require staffing levels to be adequate for daily delivery of medication.

For all new patients, buprenorphine (Espranor) should be encouraged as first choice given the improved safety profile in the first two weeks treatment.[10]

In some circumstances the benefit of staring treatment based on previous records, detailed history of drug use and withdrawals and clinical system information may be such that treatment can commence from remote telephone assessment. Buprenorphine (Espranor) would be the preferred treatment in these cases.

Delivery of harm reduction advice and interventions should be prioritised including supply of IEP, foil and either take home naloxone supply or GP10 prescription for Prenoxad.

## Contingency for loss of supervised self-administration in pharmacies

Due to circumstances beyond our control, community pharmacy capacity may reduce below a minimum safe level of provision of supervised self-administration. In this scenario, we would be required to balance the risk of withholding treatment with the risk of unsupervised instalment dispensing. Is likely that in all, or almost all scenarios, unsupervised dispensing would pose less

risk. A tiered approach of risk assessment and use of instalment dispensing should still be applied in the absence of supervision. No service should take a blanket approach to dispensing arrangements.

## References


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5. Prescribing Guideline for Community Medication Assisted Recovery with Opioid Replacement Therapy. GGC Addiction Services. 17 Feb 2017
6. Guidance for patient representatives collecting controlled drug medication from Community Pharmacies for Self-Isolating Patients. NHS GGC Alcohol and Drug Services. 23 Mar 2020
7. Guidance for collection of dispensed ORT medication from a community pharmacy by alcohol and drug service staff. NHS GGC Alcohol and Drug Services. 16 Mar 2020
8. Covid-19 Contingency Planning – Delivery of Dispensed ORT Medication. Standard Operating Procedure. Glasgow Alcohol and Drug Recovery Services. 24 Mar 2020.
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