Suggestions about treatment, care and rehabilitation of people with drug use disorder in the context of the COVID-19 pandemic

A contribution to the health security of countries and communities

Coronavirus disease 2019 (COVID-19), COVID-19 is a respiratory illness caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). The disease is characterized by a respiratory infection with symptoms ranging from mild common cold/flu-like to more serious health problems. The symptoms usually include fever, coughing, sore throat and shortness of breath. Muscle pain and tiredness have also been described.

On 11 March 2020, the World Health Organization (WHO) announced that the current outbreak of COVID-19 is a pandemic[1] . Although the COVID-19 disease is usually mild and most people recover quickly, it can be very serious for certain groups of people, including the elderly and people with stressed immune systems or underlying conditions.

Pandemics and health emergencies like the current COVID-10 outbreak, can cost many lives and pose additional risks to the global economy and overall security and stability. Ensuring continued access to health care during a pandemic, including services for people who use drugs and treatment of drug use disorders, are key not only to protect the health of populations, but also key to security and stability.

Drug use disorders are frequently accompanied by somatic conditions such as HIV/AIDS, hepatitis B and/or C and tuberculosis, lung or cardiovascular disease, stroke, cancer and injuries and traumas among others. Moreover, people with drug use disorders, especially those who inject drugs, may have a compromised immune system. Finally, stigma and discrimination linked to drug use and drug use disorders often result in limited access to basic resources such as housing, employment, health care and social support. For all these reasons, it may be more difficult for people who use drugs and with drug use disorders to protect themselves and they may be particularly at risk of developing COVID-19.

Therefore, it is important to ensure the continuity of adequate access to health and social services for people who use drugs and with drug use disorders and provide the continuum of care required as described in the International Standards for the Treatment of Drug Use Disorders (UNODC/WHO, 2020) to the best extent possible also in times of crisis. This includes low-threshold services as well as psychosocial treatment and pharmacological treatment in a range of settings.

This is also in line with the strong mandates of the Member States of the United Nations that have, *inter alia*, committed to health for all leaving no one behind in the 2030 agenda and highlighted the need to protect the health, safety and well-being of individuals, families, vulnerable members of society, communities and society as a whole in the UNGASS 2016 Outcome Document on addressing the world drug problems.

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[1] https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

In this context, it is suggested that Member States and drug treatment, care and rehabilitation systems and services develop plans to ensure continuity of care for people who use drugs and people with drug use disorders, bearing in mind the following issues.

Address continued access to the services

Consider the continued access of people to the services even and especially in times of crisis; prepare service continuation plans, make sure overall recommendations for infectious respiratory diseases are followed and special guidelines for COVID 19 patients are in place.

Address the safety of the staff and the patients at the services

Consider the need to organize the delivery of services so that the risks associated with close contact with people or any other form of social gathering are minimized; for example, waiting rooms and queues in outpatient settings might need to be reorganized, whilst in residential settings, measures to reduce the spread of the virus amongst people already in treatment, whilst ensuring continuity of care will need to be applied. Train staff, including outreach workers, on COVID-19 prevention and provide them with protection equipment.

Make sure the premises of the services are clean and hygienic

Refer to WHO guidance including: surfaces and objects wiped with disinfectant regularly; regular and thorough hand-washing by staff and people that visit the services promoted; sanitizing hand rub dispensers are made available in prominent places around the premises; dispensers are regularly refilled; posters promoting hand-washing are displayed; ensuring that that staff and people visiting the services have access to places where they can wash their hands with soap and water.

Provide people with information on and means to protect themselves at every possible occasion

Refer to WHO guidance to provide information to people about how to protect themselves and provide people in contact with the services with basic hygienic necessities to protect themselves from the virus, such as soap[2]. Encourage people not to gather together to the extent possible, highlighting dangers for themselves and others. Brief staff and people in contact with the services that, if COVID-19 starts spreading in their community, anyone with even a mild cough or low-grade fever (37.3 C or more) needs to stay at home.

Continuity of low-threshold services

Distribute naloxone to people likely to witness an opioid overdose including those who use opioids, outreach workers, and first responders for emergency responses to opioid overdose; maximize efforts to distribute clean needles to people who inject drugs to avoid sharing of needles; consider the continuation of peer support even through remote means of communication.

[2] https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

Continuity of pharmacological therapy

Consider measures continued access of all medications, including: restocking, providing delivery at home, take-home medication, extended prescriptions, and extended-release formulations.

- Naloxone needs to be available on premises and provided to people who use opioids and/or those likely to witness an opioid overdose.
- With regard to opioid agonist maintenance therapy with methadone and buprenorphine (including extended release buprenorphine where available), increase the number of patients which are eligible for take-home doses, providing take-home doses for a minimum of two weeks; pre-prepare the doses for each patient to reduce the waiting time; and, schedule the pick-up time so that the daily number of patients accessing the services is low.
- If withdrawal is a concern, ensure people have access to supportive medication.
- Consider continued access to symptomatic medications and medication for the treatment of co-occurring disorders.
- For some highly motivated people with opioid use disorders or in places where maintenance treatment with opioid agonists is not available, access to naltrexone for relapse prevention might be an option.

Continuity of psycho-social therapies

If therapies, including group therapy, need or will need to be suspended, consider the possibility of providing contact remotely[3] (e.g. by phone or internet)[4],[5] and/or on an individual basis to provide patients with the care and support required.

Support homeless people, including people with drug use disorders

Provide shelter keeping in mind social distancing guidance, as possible; distribute safety and hygiene equipment when possible and ensure access to the basic WHO recommended prevention measures.

Under no condition should a person be denied access to health care based on the fact that they use drugs!

Ensure access to respiratory assistance, including intensive care when required, to people who use drugs and with drug use disorders without discrimination. Consider the fact that people with drug use disorders which are not yet in treatment, might be interested to start in this time of crisis: it is crucial to be ready to provide support as soon as possible. For this purpose, drug treatment centers can establish separate triage services to address COVID-19 related queries and drug treatment demand without delays.

Whilst hard, crisis times, like the current pandemic, are another chance to recall universal human values and unite our forces to work together for the same goal, leaving no one behind, including people who use drugs, with drug use disorders and their families.

[3] https://www.unodc.org/documents/17-01904_Rural_treatment_ebook.pdf
[4] https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
[5] https://www.unodc.org/documents/17-01904_Rural_treatment_ebook.pdf