Guidance on Contingency Planning for People who use Drugs and COVID-19

26/03/2020

Developed by the HSE for anyone who is working with people who use drugs (PWUD) including those on OST.

Disclaimer COVID-19 is a rapidly evolving pandemic with national advice and guidance updated regularly. This document is accurate at the point of publication and will be reviewed regularly and updates issued as and when required.

Contents

Concerns

- People who are not on OST currently and may need to be commenced.
- Naloxone provision.
- People's ability to acquire top up drugs may be limited.
- People may be rough sleeping or using one-night-only accommodation, hostels, B&Bs and hotels and may not be able to self-isolate if required.
- People may be stockpiling drugs, increasing risk of overdose.
- People may be self-isolating and using alone, increasing risk of overdose.
- There may be polydrug use including alcohol and non-prescribed prescription medications.
- Covid-19 is a respiratory illness with possibility of respiratory depression.
- Many people may find isolation and quarantine intolerable and may have difficulty co-operating.
- People may not have sufficient access to clean injecting equipment due to limited access to needle exchange or due to isolation.
- People who do not attend the prescriber or pharmacy as planned.
- Harm reduction advice to people who use drugs.

Actions

Identification

- Urgently identify homeless people and others on waiting lists in need of drug treatment. Aim to get all clients awaiting OST into treatment promptly in order to minimise their risks to self and to others in the current Covid-19 crisis. Staff working in drug services, homeless services and social inclusion-specific testing services all have a role in identifying people needing OST.

Information

- Ensure that all prescribing locations including Level 1 and Level 2 GPs gather up-to-date contact details, dose details and dispensing clinic/pharmacy details for all clients on OST. This information should be stored in line with GDPR guidelines and in a manner that would be accessible should a clinic/GP practice need to close.

Induction of new clients on OST during COVID-19 crises

As outlined in the OST guidelines it may not be necessary to go through a prolonged assessment process in the following circumstances, which are also relevant to rapid/emergency induction:

- the person is a known opioid dependent person through engagement with the service.
- there are track marks are visible.
- the person has a previous history and has been on OST treatment before - this can be verified through CTL as necessary.
- the person is/was in treatment in another jurisdiction.

Process:

- Clinical review is important and can take place via video link on a smartphone with a Level 2 GP. Opioid presence can be confirmed with point of care testing. Please see communication issued by the ICGP to Level 1 and Level 2 GPs in appendix 1.
- Client sends a photo of themselves to the GP via Smartphone.
- GP completes CTL template form and attach a clear photo to CTL via Healthmail or HSE email to centraltreatmentlist.gp@healthmail.ie.
- Liaise with relevant GP coordinator (see appendix 2).
- Liaise with pharmacy co-ordinator (see appendix 3).
- Treatment card issued from CTL electronically.
- Induction on OST in line with the OST guidelines.
- An initial 20mg of methadone can be prescribed to the individual after clinical assessment to commence the induction process.

Emergency induction of OST is likely to be required when a person with opioid addiction is required to enter isolation due to possible or confirmed COVID 19 infection.

In certain circumstances the clinician may be unsure about the safety of commencing, please refer to list of GP coordinators in appendix 2 for further advice.

Please note: Unlike our usual policies for managing waiting lists and commencing clients on treatment, we may have to deviate from these policies during the current crisis in order to ensure the safety of the client and to fulfil the public health requirements for minimising viral transmission.

Medication Choice

There is a risk/benefit balance to be struck in terms of whether to commence the client on methadone or buprenorphine/naloxone. If there is a designated family member who could safely supervise the doses at home in the event of a lockdown situation then this may be a factor in choosing the appropriate medication.

Buprenorphine/naloxone may be a preferable option within a clinic setting if the person does not need to self-isolate. Contact must be made with the liaison pharmacist to check the availability of a dispensing pharmacy and to check the capacity to supervise buprenorphine/naloxone in the current situation before a decision is made about medication and before the client leaves the clinic.

The following considerations may determine which to choose in each individual case:

METHADONE	
PROS	**CONS**
1. Methadone involves less supervision time for pharmacist 2. No need to wait for withdrawals to commence 3. GPs are more familiar with induction or methadone	1. Induction to optimum dose is slower 2. Methadone is less safe if take away doses are required particularly early in the induction phase 3. Less safe if polydrug use is an issue

BUPRENORPHINE	
PROS	**CONS**
1. Buprenorphine is a safer medication to take home in the event that a lockdown situation arises 2. buprenorphine can be titrated to optimum dose faster 3. safer medication where overdose is a risk consideration	1. Supervision of Buprenorphine takes more contact time for the pharmacist 2. Client will be in the pharmacy building for longer 3. Client needs to be in withdrawals to commence treatment

Naloxone for people using opioid drugs

Naloxone is a medicine recommended by the World Health Organisation for treatment in opioid overdose cases. Within minutes, it reverses the effects of opioid overdose. Naloxone is a prescription-only medication. GPs can prescribe Naloxone to a person who is at risk of overdosing on opioids. The GP can dispense the naloxone and will explain to the client how it should be used. Naloxone can be obtained by GPs who intend to prescribe this by contacting the HSE National Social Inclusion Office [appendix 3].

Every individual in receipt of OST and in contact with treatment providers should be offered and encouraged to take a supply of Naloxone.

Naloxone should be administered by a person trained in using the product. In the current crisis, consider using injectable Naloxone. If using intranasal product, use precautions including gloves taking care to wash hands thoroughly after. Used product should be disposed of within sharps bins using the normal protocols.

OST Provision

OST for person in isolation at home

Follow all public health advices on minimising viral transmission

If the person is already on treatment, the following options can be considered for the on-going management of their OST:

- Clinical review is important and can take place via video link on a smartphone.
- Option 1: The provision of take away doses for the duration (or part) of the self- isolation.
- Option 2: The provision of medication to a responsible family member following consent from the client.
- Option 3: The provision of medication by a driver and a clinical person/key worker. Inform the client in advance that a photograph will be taken using a mobile phone by the person delivering the medication. This is to ensure the correct person is receiving the medication and avoid the need for a signature for receipt of same.

- If no paper prescription is available, PCRS have confirmed that a scanned copy of the prescription can be transmitted from the clinic/GP to the pharmacy via Healthmail. This can then be followed up by a postal copy.
- A scanned copy of the ID of the designated person should be sent to the pharmacy in advance of the pick up particularly if the pharmacy are not familiar with the person along with completed nominated person template in appendix 5. The designated person will need to show ID to the pharmacist.
- Advice on the safe storage of medications must be given to the client, refer to HSE leaflet on storage of methadone at home.

If the person is not on OST treatment, please see section on induction of new clients on OST during COVID-19 crises.

OST for person in a residential facility including isolation hub and homeless accommodation

Please see the Guidance for Vulnerable Group Settings on the HSPC website.

If the person is already on treatment, ensure adequate and safe supplies of medication. The following should be taken into consideration:

- Safe and secure storage of medication including the presence of a small safe.
- Where clients are residing with family, advice on the safe storage of medications must be given to the client, refer to HSE leaflet on storage of methadone.
- Accurate records of client details including dose.
- Risk of take-out doses to other residents.
- Contact the local HSE addiction service for support in managing any remaining medication should a client leave the isolation hub (either as a result of a negative test or transfer to another facility/back to homeless accommodation).

If the person is not on OST treatment, please see section on induction of new clients on OST during COVID-19 crises.

OST for person in hospital

- Refer to Clinical Guidelines for Opioid Substitution Treatment: guidance document for OST in the hospital setting.

People who use Benzodiazephines and/or Alcohol

Benzodiazepine

There may be people who report use of benzodiazepines but who do not have a prescription for same. This can be determined by self-report, clinical assessment and confirmed by point of care or laboratory testing.

To avoid benzodiazepine withdrawal symptoms, GPs are advised to commence the person on a maximum dose of 30 mgs per day in divided doses using 2mgs tablets. This should facilitate the patient remaining in self-isolation.

It should however be made clear to the client and should be documented that such treatment is for the duration of the isolation only. However, a brief tapering prescription of daily dispensed meds might be considered on discharge-at the discretion of the responsible clinician.

Information in relation to the management of benzodiazepine use in the longer term is available from the Medicines Management Programme.

Alcohol

People with alcohol use disorder may present with alcohol withdrawal symptoms. GPs are advised of the following:

- The use of a benzodiazepine such as diazepam or chlordiazepoxide is recommended to manage alcohol withdrawals in the community. A useful article is available here.
- NICE guidelines advise the following:
    - In a fixed-dose regimen, titrate the initial dose of medication to the severity of alcohol dependence and/or regular daily level of alcohol consumption.
    - In severe alcohol dependence higher doses will be required to adequately control withdrawal and should be prescribed according to the SMPC. Make sure there is adequate supervision if high doses are administered. Gradually reduce the dose of the benzodiazepine over 7–10 days to avoid alcohol withdrawal recurring.
    - Vitamin supplementation should be considered in those at risk of developing Wernicke's encephalopathy.
    - For people who typically drink over 15 units of alcohol per day, and/or who score 20 or more on the AUDIT, consider offering:
        - an assessment for and delivery of a community-based assisted withdrawal, to include vitamin supplementation if necessary
          or
        - assessment and management in specialist alcohol services if there are safety concerns about a community-based assisted withdrawal.

Community Pharmacy

Disruption to dispensing

In the event of closure of a community pharmacy:

- Community pharmacies should contact the Liaison Pharmacist so they can assist in co-ordinating the transfer and liaising with GPs/clinics to ensure all clients are made aware of the pharmacy change. Active prescriptions should be transferred form the closed pharmacy and will need to be continued until the next scheduled prescription from the GP. Prescriptions from the closed pharmacy should clearly indicate if emergency take-away doses have been given to the client at the discretion of the pharmacist, e.g. due to isolation.

- If a large number of clients are being transferred the new pharmacy may need to requisition OST medicines from the closed pharmacy (if feasible), in order to obtain more stock if there is a delay in wholesaler ordering and delivery.
- Communication issued from the HSE Liaison Pharmacists to community pharmacies dispensing Methadone/Buprenorphine to OST clients can be found here.
- In the event that a pharmacy cannot supervise doses in the consultation room, every consideration should be given to preserve the client's privacy while consuming their dose. If this cannot be facilitated please contact the Liaison Pharmacist.

Disruption to prescribing service

In the event of a GP prescriber or practice having to close, the following steps should be taken:

- Inform the relevant GP Co-ordinator at the earliest possible convenience. Have an up to date list of OST clients with their contact details and doses available on request.
- If possible identify a practice or close colleague who may be able to prescribe in the GPs absence.
- If no local arrangement possible alternative prescribing will be facilitated by the relevant GP Co-ordinator.
- Continuity of medication must be prioritised.

Communication with people who use drugs

The need for appropriate social distancing in the clinic/pharmacy setting should be highlighted to clients. General advice on COVID-19 can be found on the HSE website

Guidance for healthcare professionals can be found on the Health Protection Surveillance Centre website

Advice for people who use drugs can be found on drugs.ie

COVID-19 avoidance strategies should be routinely promoted to clients through all Injecting Equipment Provision services. Staff should also communicate the increased risk of transmission if sharing smoking/inhalation equipment. All staff should continue to promote the HSE advice on social distancing, hand washing and cough etiquette.

Appendix 1 Letter to Level 1 and Level 2 GPS from the ICGP

March 13th, 2020

URGENT COMMUNICATION REGARDING OST PATIENTS

To all Level 1 and Level 2 GPs

Dear Colleagues,

Following the advice provided by ECDC yesterday, we need to make every effort to ensure the safety of ourselves, our staff, our pharmacy colleagues as well as the safety of our patients. We manage a vulnerable cohort of patients and as you will appreciate, it will be a challenge to get that balance exactly right. However, in conjunction with the HSE and our Public Health colleagues, we would like to recommend the following guidelines:

1. For each patient in your care, assess the need for the patient to attend in person at your surgery/clinic. Where possible **do follow up consultations electronically or by telephone.**

2. Assess the safest dispensing requirements for the patient. Where possible;

   - **Minimise the number of pharmacy attendances**
   - **Give the maximum number of take away doses** having given due consideration to the safety of the patient
   - **Engage the help of a family member** where necessary to assist with the safe management of medication particularly if patient is getting more take away doses than usual.

3. Consider giving the patient and/or the designated family member the following leaflet on

the safe storage of methadone: https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homelessness-and-addiction/addiction-treatment-and-rehabilitation/keeping-children-safe.pdf

4. Consider giving patients a copy of the methadone leaflet to remind them of the risks associated with methadone: http://www.drugs.ie/drugtypes/drug/methadone_opiate

5. **Individuals who have symptoms suggestive of Covid-19 should self-isolate for a period of 14 days**. Additional measures will need to be put in place to ensure safe delivery of medication for these individuals. This may involve a family member collecting medication or a pharmacy delivery if that remains the only option.

6. **Viral testing for symptomatic individuals should follow arrangements which are in place in your local area.** These arrangements are likely to change as it is an evolving situation and it is important that the local arrangements are followed.

In this time of unprecedented challenges and the uncertainty about how the Covid-19 situation will evolve, we as practitioners need to apply our best clinical judgement on a case-by-case basis. We will not be in a position to rigidly apply our existing guidelines and work practices – there needs to be appropriate flexibility in their application.

We will be in regular contact with our HSE and Public Health colleagues on these matters and we will keep you briefed on the evolving situation. In the meantime should you have any queries, please contact the GP Co-ordinator for your area:

North Dublin City: Dr Des Crowley, des.crowley@hse.ie, 083-1058809

North Dublin: Dr Hugh Gallagher, hugh.gallagher@hse.ie, 087-9327972

South Dublin and County Kildare: Dr Margaret Bourke, margaret.bourke@hse.ie, 086-0222704, 014767010 (Castle St Clinic)

National Co-ordinator (all areas outside Dublin): Dr Ide Delargy, info@gpblackrock.com, 086-8100803

Please look after yourselves and your staff during these challenging times.

Kind regards,

Dr Ide Delargy
Director, ICGP Addiction Management in Primary Care Programme

Dr Des Crowley
Assistant Director, ICGP Addiction Management in Primary Care Programme

Appendix 2 GP Liaison contact details

Area	Contact
West Dublin and South Side (D2, D4 Ringsend only, D6, D8, D12, D16, D24) Co Kildare East Coast (Dún Laoghaire, South County Dublin, Wicklow)	Dr. Margaret Bourke margaret.bourke@hse.ie 0860222704
Dublin North City (Fairview, Blanchardstown, North Strand, Thompson Centre, Dublin1)	Dr. Des Crowley des.crowley@hse.ie 0879327972
Dublin North County (Drumcondra, Ballymun, Finglas, Skerries, Swords)	Dr. Hugh Gallagher hugh.gallagher@hse.ie 0872198094
All areas outside of Dublin	Dr. Ide DeLargy info@gpblackrock.com

Appendix 3 Pharmacy Liaison contact details

Area	Contact
Dublin South city and county, Kildare and Wicklow	James Kee james.kee@hse.ie 0877068013 Helen Johnston helen.johnston@hse.ie 0868543733
Dublin North City and County	Blaithin Cotter blaithin.cotter@hse.ie 087 7068013
All areas outside of Dublin	Norma Harnedy NormaM.Harnedy@hse.ie 0868397159

Appendix 4 HSE Addiction Service Managers contact details

CHO	AREA	CONTACT
CHO1	Donegal	Cora McAleer cora.mcaleer@hse.ie
	Sligo/Leitrim/West Cavan	Martin Jones martin.jones@hse
	Cavan/Monaghan	Trish Garland patricia.garland@hse.ie
CHO2	Galway, Roscommon, Mayo	Shane McGuire shane.mcguire@hse.ie
CHO3	Clare, Limerick, North Tipp/East Limerick	Rory Keane rory.keane1@hse.ie
		Tony Quilty tony.quilty@hse.ie
CHO4	Cork, Kerry	David Lane david.lane1@hse.ie
		Rebecca Loughry rebecca.loughry@hse.ie
CHO5	South Tipp, Carlow, Kilkenny, Waterford, Wexford	Paul Goff paul.goff@hse.ie
		Jeanne Hendrick Jeanne.Hendrick@hse.ie
CHO6&7		Louise Ann DEVLIN Louise.devlin@hse.ie
		Concepta DeBrun Concepta.DeBrun@hse.ie
		Justin Parkes Justin.Parkes@hse.ie
CHO8	Laois, Longford, Offaly, Westmeath	Fran Byrne fran.byrne@hse.ie
	Louth Meath	Michelle Keaveney Michelle.Keaveney@hse.ie
CHO9		Lorraine Brown lorraine.brown@hse.ie
		Donal Cassidy gmsidncc gmsidncc@hse.ie
NDTC	National Drug Treatment Centre	williamh.ebbitt1@hse.ie
CTL	Central Treatment List operational queries	ctl@dtcb.ie
Liaison	National Pharmacy liaison	NormaM.Harnedy@hse.ie
	National GP liaison	idedelargy@gmail.com

SI	National Social Inclusion Office	eamon.keenan@hse.ie
		Nicola.corrigan@hse.ie

Appendix 5 Letter to pharmacy re designated person

Emergency Measures as a result of COVID 19

Dear Pharmacist,

A client whom you dispense methadone for is now in isolation and cannot call to the pharmacy for daily supervision of their Methadone/buprenorphine dose.

Given these exceptional circumstances it is necessary for a designated person to collect their medication and deliver for administration in the clients' place of isolation. It may also be necessary for their prescription to be sent by electronic means such as Healthmail.

It would be extremely helpful if the medication could be ready for collection by 10am each day (subject to local arrangement).

Client name	DOB	Designated person picking up medication

Many thanks and kind regards,

Clinic stamp/GP authorisation