Caring for Patients Who Use Substances





COVID-19 presents increased risks for individuals with a history of ongoing active substance use and those who are at high risk of withdrawal, overdose, or other harms related to drug use.

Use of fentanyl and other opioids make patients with COVID-19 more susceptible to respiratory depression.

The pandemic has led to heightened anxiety and depression for many, which can increase dependency on substances. Further, many of the traditional approaches for support—such as group meetings—have been removed or restricted.

PLAN WITH YOUR PATIENT

Explore options to continue communicating with the patient while reducing in-person contact, such as phone appointments. Be mindful that the patient may not have ready access to technology.

Talk with the patient about COVID-19 as it relates to them, including ways to reduce risk of infection and specific concerns relating to their individual health.

The goal is to reduce potential harms related to substance use activities, not to stop the patient from engaging in the activity.

BE MINDFUL OF HOUSING

Patients who use substances may be living and working in communal settings or may be homeless or have unstable housing. This reduces the possibility for physical distancing.

Advise patients to identify a "buddy" who can bring food, harm reduction supplies, medication, and substances in case they must isolate. Become familiar with supported self-isolation options in your community.

It is especially important that patients living in communal settings who develop COVID-19 symptoms be tested.

MANAGE MEDICATIONS AND SUPPLIES

Review patients' medication and medical supplies. Consider providing longer Rx if possible and safe to do so. Pharmacists are able to transfer prescriptions and are offering other ways to witness doses (e.g. outside or with the patient sitting in their vehicle).

Interim clinical guidance is available on the <u>B.C. Centre on Substance Use website</u> to support prescribers in preventing patients from experiencing withdrawal and seizures if unable to access supplies.

ADVISE PATIENTS ON HOW TO REDUCE HARM

Provide education on how patients can reduce risks while using, such as:

- Use with someone or let someone know when using (buddy system), start low and go slow, and split doses. Carry a naloxone kit and have an overdose plan.
- Avoid sharing supplies, such as cigarettes, joints, syringes, utensils, and alcohol containers. Use new supplies or clean with an alcohol wipe.
- Clean hands before handling or using drugs—patients should prepare their own drugs.
- Clean surfaces with soap and water, alcohol wipes, bleach or hydrogen peroxide before preparing drugs.
- If a patient has COVID-19 symptoms, they should not visit overdose prevention sites but can consider using outside of one.
- If smoking, stay distant from others and ideally do so outdoors.

TRAUMA-INFORMED PRACTICE

Trauma is often closely tied to substance use, mental illness, stigma, barriers to health care access, and other challenges.

Learn to recognize physical and verbal signs of trauma. Ensure that patients are in a place they can speak freely that does not compromise confidentiality.

Exercise patience and understanding. Seek patients' consent and give them choices whenever possible.

Take time to explain the "why" behind what you are doing.

B.C. Mental Health and Substance Use Services provides guidance on trauma-informed practice: www.bcmhsus.ca

ADDITIONAL RESOURCES

BCCFP COVID-19 Resources: www.bccfp.bc.ca/covid-19

www.bccsu.ca

www.bcmhsus.ca