

# Supporting people who use substances in acute care settings during the COVID-19 pandemic

- VERSION 1 GUIDANCE DOCUMENT

## NATIONAL RAPID GUIDANCE RECOMMENDATIONS

PROVIDERS MAY TAKE THESE KEY POINTS INTO CONSIDERATION; HOWEVER THIS DOCUMENT DOES NOT SUPERCEDE PROVINCIAL / TERRITORIAL REGULATION OR CLINICAL EXPERIENCE

### OVERVIEW

- Clinicians should screen and assess acute care patients for substance use, initiate or provide access to evidence-based substance use disorder treatment, and provide psychosocial and/or pharmacologic management for withdrawal and cravings.
- Patients who continue to use substances should be offered sterile equipment and sharps containers, education about safer drug use during COVID-19, and a personalized safety plan to minimize the risk to themselves and others (e.g. unwitnessed overdose).
- Hospital staff should use a trauma-informed approach to care and, specifically, give a clear explanation and rationale for all COVID-19 infection control measures upon admission and throughout admission as required.

### SUBSTANCE SPECIFIC RECOMMENDATIONS

- Hospital staff should encourage all admitted patients to reduce their use or abstain from smoking tobacco and cannabis products, particularly those with COVID-19. Nicotine replacement therapy and management of cannabis withdrawal or cravings can be provided.
- Clinicians must appropriately manage alcohol withdrawal and cravings. If alcohol use continues, the provision of alcohol via a managed alcohol program should be considered.
- Clinicians should offer patients with opioid use disorders immediate access to opioid agonist treatment (OAT), including specialist led approaches such as slow release oral morphine and injectable opioid agonist treatment where possible. For patients who are treatment refractory or in the process of stabilizing on OAT, a harm reduction approach which includes titrating full-agonist opioids to manage withdrawal and cravings, should be considered. All patients at risk of having an unintentional opioid overdose should have an as needed naloxone order on their chart as well as be provided with a naloxone kit upon admission.
- Patients with stimulant use disorders should be offered medications to address specific symptoms, as well as connection to contingency management programs and addiction counselling.

### PREVENTING PATIENT-INITIATED DISCHARGES

Hospital staff should supply patients on isolation precautions access to entertainment activities such as television, tablets, music, reading materials, and art supplies. They should also facilitate virtual access to family, friends, community and recovery supports (e.g. Alcoholics Anonymous sponsor). Where available, hospital employed peer support workers and addiction counselors can also provide in-person support and connection to resources.

### END OF LIFE AND PALLIATIVE CARE CONSIDERATIONS

Patients with life-limiting illness related to COVID-19 should be offered a palliative care approach. Clinicians should encourage and have conversations with patients about their personal goals of care. Collaborative management, particularly for patients with opioid use disorders, will ensure optimal symptom management.

### ADDRESSING OTHER HEALTH NEEDS

Hospital staff should address other patient-specific health needs such as: mental health concerns; stabilizing the social determinants of health; providing immunizations; and, screening and treatment initiation for sexually transmitted and blood borne infections.

### TRANSFER OF CARE TO COMMUNITY PROVIDERS

All discharged patients should have follow-up arranged with a prescriber, a discharge pharmacy able to accommodate ongoing isolation requirements (if required), confirmed medication coverage, a take home naloxone kit, and an adequate supply of sterile drug use equipment (if applicable). Hospital staff should take into consideration the discharge location (home, addiction treatment program, adapted shelter, or medical isolation shelter) when coordinating discharge planning.

[www.crisim.ca/projects/covid](http://www.crisim.ca/projects/covid)



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