CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE
INITIATIVE CANADIENNE DE RECHERCHE EN ABUS DE SUBSTANCE

CRISM-ICRAS

SUPPORTING PEOPLE WHO USE SUBSTANCES IN ACUTE CARE SETTINGS

Dr. Kathryn Dong
Department of Emergency Medicine, University of Alberta

Health Canada Webinar
June 21, 2021

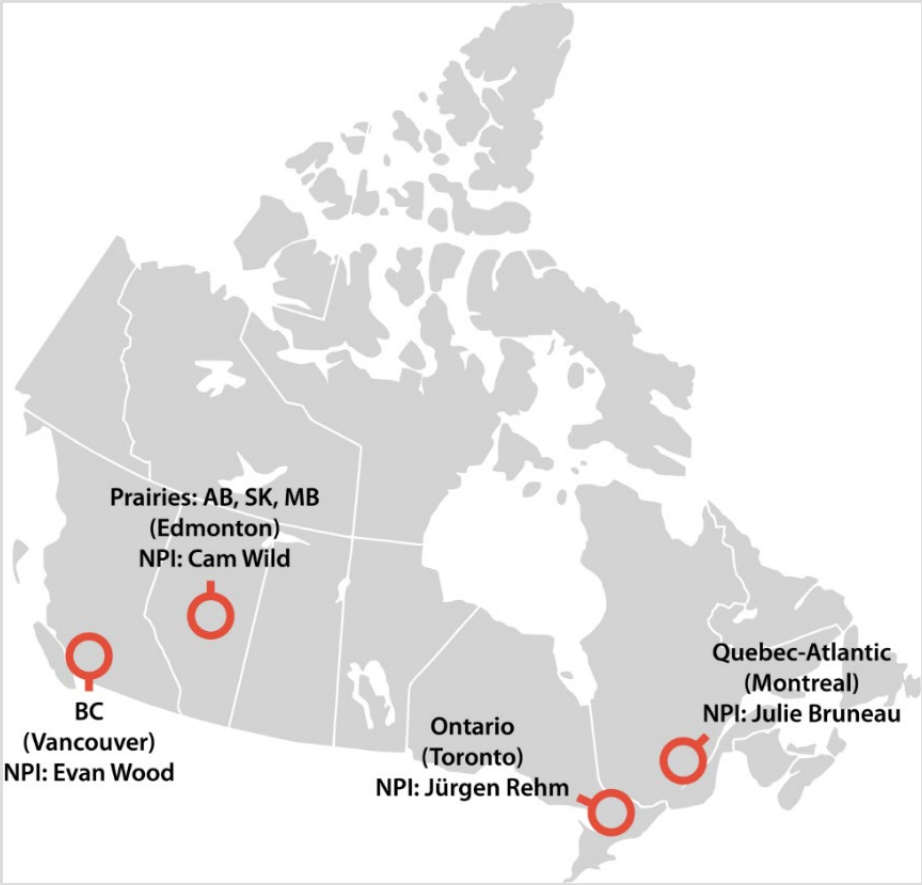
CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE

CRISM provides regional and national access to:

✓Over 400 affiliated researchers located in 40 institutions across Canada

✓ Over 1000 affiliated partners located in over 200 non-academic organizations

✓ People with lived experience of substance use



CRISM AND COVID-19

CRISM developed a series of **national guidance documents** to address urgent needs of people who use substances, service providers, and decision makers during the COVID-19 pandemic.

- *Supporting people who use substances in shelter settings during the COVID-19 pandemic*
- *Telemedicine support for addiction services*
- *Supporting people who use substances in acute care settings during the COVID-19 pandemic*
- *Harm reduction worker safety during the COVID-19 global pandemic*
- *Strategies to reduce SARS-CoV-2 transmission in supportive recovery programs and residential addiction treatment services*
- *Medications and other clinical approaches to support physical distancing for people who use substances during the COVID-19 pandemic*

WE RESPECTFULLY ACKNOWLEDGE THAT THE WORK TO COMPLETE THIS RAPID GUIDANCE DOCUMENT WAS HOSTED ON TREATY 6 TERRITORY, A TRADITIONAL GATHERING PLACE FOR DIVERSE INDIGENOUS PEOPLES INCLUDING THE CREE, BLACKFOOT, MÉTIS, NAKOTA SIOUX, IROQUOIS, DENE, OJIBWAY/SAULTEAUX/ANISHINAABE, INUIT, AND MANY OTHERS.

CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE
INITIATIVE CANADIENNE DE RECHERCHE EN ABUS DE SUBSTANCE
CRISM-ICRAS

SUPPORTING PEOPLE WHO USE SUBSTANCES IN ACUTE CARE SETTINGS

CRISM

ACKNOWLEDGEMENTS AND THANKS

CRISM Node Managers: Aissata Sako (Quebec-Atlantic), Farihah Ali (Ontario), Denise Adams (Prairies) and Nirupa Goel (British Columbia)

Authorship committee members and external reviewers from across Canada

Hannah Brooks

DEVELOPMENT - PROCESS

Authorship Committees	14 authors from across Canada; conflict of interest assessment
Text production	Members of the authorship committee based their recommendations on scientific evidence, expert knowledge, and relevant literature The recently released document entitled, "Management of Substance Use in Acute Care Settings in Alberta: Guidance Document" also informed the development of this work and can be viewed as a complementary resource
External Review	16 reviewers from across Canada; conflict of interest assessment
Final Review and Approval	First version launched June 9, 2020; second version launched February 18, 2021; Knowledge translation documents also available

DISCLAIMER FOR HEALTH CARE PROVIDERS

The recommendations in this guidance document represent the view of the National Operational Guidance Document Review Committee, arrived at after careful consideration of the available scientific evidence and external expert peer review. The application of the guidance contained in this document does not override the responsibility of health care professionals to make decisions appropriate to the needs, preferences, and values of an individual patient, in consultation with that patient (and their guardian[s] or family members, when appropriate), and, when appropriate, external experts (e.g. specialty consultation). When exercising clinical judgment in caring for patients, health care professionals may take this guidance document into account while upholding their duties to adhere to the fundamental principles and values of their relevant codes of ethics. Nothing in this guidance document should be interpreted in a way that would be inconsistent with compliance with those duties.

SCOPE OF DOCUMENT

- Guidance for hospital-based health care providers so that they can:
  - Identify people in need of substance use related support early in their care
  - Provide care based on best practices
  - Mitigate the risks of both substance use related harm and COVID-19 transmission

- Does not provide guidance on management in pre-hospital, emergency department or intensive care settings

HOSPITAL AS A 'HIGH-RISK' ENVIRONMENT

Acute care hospitals can be viewed as a 'risk environment' due to:

- stigma and mistrust
- attempts by staff to deter substance use through formal or in-formal sanctions
- challenges practicing safer use strategies

People who use substances are at increased risk of:

- suboptimal experiences and health outcomes
- patient-initiated discharge, lengthy and costly hospitalizations

KEY POINTS

IN THE CONTEXT OF THE COVID-19 PANDEMIC, EXTRAORDINARY MEASURES ARE REQUIRED TO SUPPORT PEOPLE WHO USE SUBSTANCES

Need to preserve limited acute care resources by minimizing the number of people who become infected with COVID-19

Need to reduce the risk of substance use related harm during a period of reduced access to services and escalating toxicity in the illegal drug market

Need to identify and act on opportunities to address other COVID and non-COVID health needs

PEOPLE WHO USE SUBSTANCES ARE AT INCREASED RISK OF NEGATIVE HEALTH OUTCOMES DURING THE COVID-19 PANDEMIC

People who use substances are at increased risk of negative health outcomes during the pandemic due to:

- co-existing medical and mental health conditions
- difficulty adhering to physical distancing recommendations
- disruptions in access to drug and alcohol
- increasing levels of contamination in the illegal drug supply
- reduced access to addiction treatment and recovery supports
- barriers accessing harm reduction services such as sterile equipment and supervised consumption services
- structural vulnerability

IDENTIFY PATIENTS WITH SUBSTANCE USE DISORDERS AND SWIFTLY INITIATE EVIDENCE-BASED TREATMENT

Ask patients about substance use in a patient-centered and nonjudgmental way

Initiate evidence-based treatment while simultaneously managing withdrawal and cravings

- Refer and provide a warm handoff to community-based providers, addiction treatment programs and/or other recovery resources

In order to reduce the risk of patient-initiated discharge:

- provide access to comfort and entertainment resources
- offer connection to peer and other supports (in person or virtual)

CRISM

KEY PRINCIPLES

- Addressing stigma
- Routine screening and assessment
- Harm reduction and recovery
- Trauma informed care
- COVID-19 considerations
  - isolation requirements
  - changes to hospital procedures
  - disruptions in access to alcohol and other substances → withdrawal can mimic COVID-19 symptoms + loss of tolerance

GENERAL CONSIDERATIONS

- Coordination of medication times and other patient care activities
- Early consideration of availability of ongoing treatment in the local community
- As needed naloxone order and naloxone kit provision on admission
- Tailored education about safer substance use in the setting of COVID-19

TOBACCO

- Encourage smoking cessation
- Nicotine replacement therapy
- Pharmacotherapy (varenicline, bupropion SR)

ALCOHOL

- Withdrawal management
- Thiamine replacement
- Pharmacotherapy (acamprosate, naltrexone)
- Managed alcohol program

CANNABIS

- Offer psychosocial interventions either in person or virtually (if available)

- Consider gabapentin, nabiximols, nabilone (all off-label use)

OPIOIDS

- Opioid Agonist Treatment (OAT)
  - Buprenorphine/naloxone
  - Methadone
  - Slow release oral morphine (SROM)
  - Injectable Opioid Agonist Treatment (iOAT)

- Pain, withdrawal and craving management

STIMULANTS

- Offer psychosocial interventions (contingency management) either in person or virtually (if available)
- Stimulant induced psychosis
- Withdrawal management

PATIENTS WHO CONTINUE TO USE SUBSTANCES DURING HOSPITAL ADMISSION MAY BENEFIT FROM AN INDIVIDUALIZED SAFETY PLAN

Ongoing substance use may occur despite treatment initiation and management for withdrawal and/or cravings

Individualized safety plan can minimize the risk to the patient (for example, unwitnessed opioid poisoning), staff and visitors

Consideration can be given to:

- managed alcohol program
- providing sterile drug use equipment (must include a way to safely dispose of used equipment)
- naloxone kit provision
- education about safer drug use during COVID-19
- supervised consumption services

PEOPLE WHO USE SUBSTANCES WITH LIFE-LIMITING ILLNESS RELATED TO COVID-19 SHOULD BE OFFERED A PALLIATIVE CARE APPROACH

- Detailed opioid use history should be taken on all patients to guide therapy
- For patients on opioid agonist treatment, collaboration should occur between the opioid agonist treatment prescriber and the physician managing end of life symptoms

HOSPITALIZATION SHOULD BE VIEWED AS AN OPPORTUNITY TO ADDRESS SOCIAL DETERMINANTS OF HEALTH AND OTHER PATIENT-SPECIFIC NEEDS

Hospitalization should be viewed as an opportunity to:

- address mental health concerns
- facilitate connections to resources around housing, income supports, and medication coverage
- provide immunizations
- screen and initiate treatment for sexually transmitted and blood borne infections

DISCHARGE PLANNING SHOULD CONSIDER DISCHARGE LOCATION, ACCESS TO PRESCRIBER AND PHARMACY, MEDICATION COVERAGE

- Discharge location (home, addiction treatment program, shelter, or medical isolation shelter)
- Follow-up arranged with a prescriber (new or existing)
- Discharge pharmacy able to accommodate ongoing isolation requirements (if required)
- Confirmed medication coverage
- Naloxone kit and other safer use supplies as clinically indicated

DISCHARGE CHECKLIST

Discharge Checklist

Disposition planning

Confirm:

- ❑ Active infection prevention and control issues
- ❑ Disposition location (home, addiction treatment program, adapted or medical isolation shelter)
- ❑ Disposition plan remains safe and accessible to patient
- ❑ Patient meets criteria for the disposition location (if applicable)
- ❑ Supports and medical services available at the disposition location

Plan for ongoing care

- ❑ Reconnect to existing provider(s) (primary care, OAT provider (if different), specialists) or refer to new provider(s) if required
- ❑ Book any required follow up appointments
  - Key considerations:
    - How the community provider is connecting with patients during the pandemic
    - Patient's access to technology or a telephone
    - Any ongoing requirements to self-isolate
- ❑ Confirm patient's contact information
- ❑ Confirm patient has contact information for community providers (clinic, pharmacy)
- ❑ Connect to outreach for follow-up (if available) to bridge the gap between discharge and community follow up appointment (may be available through hospital-based outreach teams, social work, Public Health, peer support organizations, home care or other local organizations)
- ❑ Ensure the patient care unit is sending discharge information and prescription to correct ongoing care providers
- ❑ Provide patient with a mask if the patient anticipates imminent situations where they may not be able to physically distance in the immediate post discharge period
- ❑ Provide education around physical distancing, respiratory etiquette, and hand hygiene practices in the community

Ongoing and seamless medication support

- ❑ Reconnect to existing pharmacy care provider or refer to new pharmacy if required
  - Key considerations:
    - Does the disposition location require use of a specific pharmacy provider?
    - Do the pharmacy hours support the preferred or required frequency of medication dispensing?
    - Does the pharmacy offer delivery in the event that the patient is required to self-isolate after discharge?
- ❑ Confirm status of medication coverage
- ❑ Confirm clarity of the prescription
  - Key considerations:
    - Clear dispensing frequency
    - Outlines approval for delivery to an authorized individual if required
- ❑ Confirm all required elements of opioid agonist treatment prescription
  - Key considerations:
    - Clear dispensing frequency including approval for carries (if applicable)
    - Outlines approval for delivery to an authorized individual if required
    - Last milligram dose and date last received in hospital
    - Name and contact information for provider planning to take over prescribing in the community
    - Follow up appointment information
    - Missed dose management including who to notify of missed doses

*Ensure that prescriptions do not lapse on a Friday, weekend, or statutory holiday

Communication of specific follow up/monitoring

Provide patients with a discharge letter stating that the individual has completed the legal/medical requirements of isolation and is safe to return to the community. Alternatively, provide the date of completion of isolation order if being discharged to home or an isolation shelter.

In addition to the above letter, provide the following (if applicable) to the patient's community provider: antibiotic end dates, pending blood work, due dates of required injections or immunizations, sexually transmitted infection treatments provided in hospital

Social stability

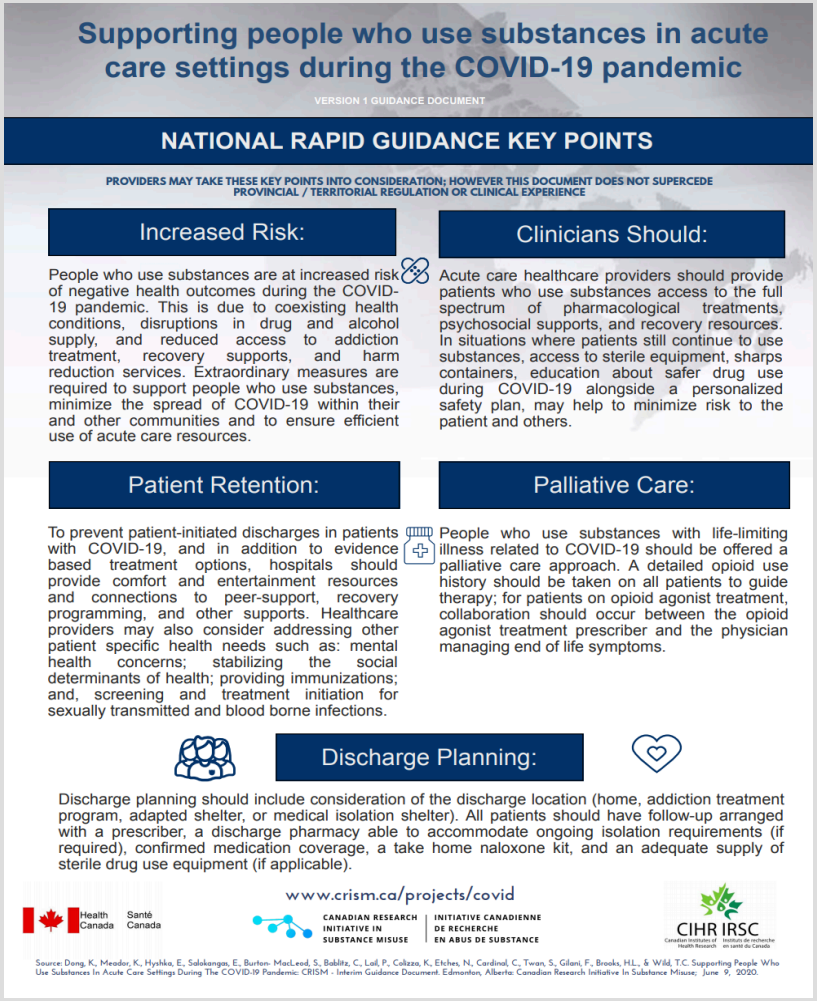
Confirm access:

- ❑ Identification
- ❑ Active health care number
- ❑ Health care card
- ❑ Income support
- ❑ Transportation/ability to follow up with community providers

Other safety considerations

- ❑ Confirm patient has a take home naloxone kit
- ❑ Offer any required sterile drug use equipment
  - Key considerations:
    - If able, provide a two-week supply on discharge from acute care
    - Ensure the patient has access to a way to safely dispose of used equipment e.g. a mobile needle exchange program, community drop box, suitably sized sharps container for home use on self-isolation
- ❑ Provide safer drug use education (see Appendix 3: Harm Reduction Resources)

SUPPORTING PEOPLE WHO USE DRUGS IN ACUTE CARE SETTINGS KNOWLEDGE TRANSLATION RESOURCES



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

VERSION 1 GUIDANCE DOCUMENT

NATIONAL RAPID GUIDANCE KEY POINTS

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

Increased Risk:

People who use substances are at increased risk of negative health outcomes during the COVID-19 pandemic. This is due to coexisting health conditions, disruptions in drug and alcohol supply, and reduced access to addiction treatment, recovery supports, and harm reduction services. Extraordinary measures are required to support people who use substances, minimize the spread of COVID-19 within their and other communities and to ensure efficient use of acute care resources.

Clinicians Should:

Acute care healthcare providers should provide patients who use substances access to the full spectrum of pharmacological treatments, psychosocial supports, and recovery resources. In situations where patients still continue to use substances, access to sterile equipment, sharps containers, education about safer drug use during COVID-19 alongside a personalized safety plan, may help to minimize risk to the patient and others.

Patient Retention:

To prevent patient-initiated discharges in patients with COVID-19, and in addition to evidence based treatment options, hospitals should provide comfort and entertainment resources and connections to peer-support, recovery programming, and other supports. Healthcare providers may also consider addressing 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.

Palliative Care:

People who use substances with life-limiting illness related to COVID-19 should be offered a palliative care approach. A detailed opioid use history should be taken on all patients to guide therapy; for patients on opioid agonist treatment, collaboration should occur between the opioid agonist treatment prescriber and the physician managing end of life symptoms.

Discharge Planning:

Discharge planning should include consideration of the discharge location (home, addiction treatment program, adapted shelter, or medical isolation shelter). All 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).

www.crism.ca/projects/covid

Health Canada Santé Canada

CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE | INITIATIVE CANADIENNE DE RECHERCHE EN ABUS DE SUBSTANCE

CIHR IRSC Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

Source: Dong, K., Meador, K., Hyshka, E., Salakangas, E., Burton- MacLeod, S., Babiltz, C., Lail, P., Colizza, K., Etches, N., Cardinal, C., Twan, S., Gilani, F., Brooks, H.L., & Wild, T.C. Supporting People Who Use Substances In Acute Care Settings During The COVID-19 Pandemic: CRISM - Interim Guidance Document. Edmonton, Alberta: Canadian Research Initiative In Substance Misuse; June 9, 2020.

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.crism.ca/projects/covid

Health Canada Santé Canada

CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE | INITIATIVE CANADIENNE DE RECHERCHE EN ABUS DE SUBSTANCE

CIHR IRSC Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

Source: Dong, K., Meador, K., Hyshka, E., Salakangas, E., Burton- MacLeod, S., Babiltz, C., Lail, P., Colizza, K., Etches, N., Cardinal, C., Twan, S., Gilani, F., Brooks, H.L., & Wild, T.C. Supporting People Who Use Substances In Acute Care Settings During The COVID-19 Pandemic: CRISM - Interim Guidance Document. Edmonton, Alberta: Canadian Research Initiative In Substance Misuse; June 9, 2020.

CRISM

NEXT STEPS

- National guidance document on the management of people who use substances in acute care settings

- We want your feedback on:
  - Any content areas we missed.
  - Any areas of current practice where scientific guidance would be helpful

THANK YOU!

kathryni@ualberta.ca

crism.ca

PLEASE VISIT: WWW.CRISM.CA TO BECOME A MEMBER WITH YOUR RESPECTIVE NODE!