Continuity of care for Opioid Use Disorder during COVID-19

In light of the current COVID-19 crisis, the Center for Behavioral Health and Justice (CBHJ) recognizes that availability of and access to substance use treatment, including discharge planning and connection to community-based services, may decrease or be temporarily eliminated. As such, the CBHJ has compiled the following recommendations and information relating to medications for opioid use disorder (MOUD) for those who remain confined and continuity of care as individuals with opioid use disorder (OUD) are released during this crisis and transition from jail into the community:

- **Role of MOUD and importance of continuity**
- **Response to COVID-19**
- **Psychosocial supports**

If you would have questions or would like more information about establishing emergency protocols for Medication Assisted Treatment, MOUD, or continuity of care, please contact Brad Ray, CBHJ Director at bradray@wayne.edu.

Role of Medications for Opioid Use Disorder

Medications to treat OUD increase the likelihood of successful treatment and reduce spread of infectious disease, overdose, and mortality. Using MOUD to treat those involved in the criminal legal system provides the same benefits and reduces recidivism.

Importance of MOUD Continuity

Similar to other medications, MOUD needs to be continued as prescribed. It should not be discontinued because of external circumstances. When MOUD is discontinued, it should be done with a thorough plan and under medical direction. If MOUD is being provided to an individual while incarcerated, it should continue, but follow the same precautions that jails/prisons have put in place.

Response to COVID-19

Comprehensive transition planning is imperative as local jails and prisons begin to release individuals from facilities to prevent the spread of COVID-19. Transition planning must take into consideration any new limitations or precautions that community MOUD providers are taking in light of COVID-19 (e.g., providers not taking new patients, restrictions on clinic times).

Communities around the country are coming up with innovative ways to keep individuals connected to treatment of OUD during the COVID-19 pandemic including:

- Home methadone delivery,
- Bulk pick-up of medications,
- Take-home lockboxes for medication, and
- Use of remote technologies to connect SUD clinicians with patients.
Michigan Department of Health and Human Services (MDHHS) has provided a blanket exception in line with SAMHSA’s new guidance **allowing Opioid Treatment Programs (OTPs) to send patients home with a 14-28-day supply of medications**.\(^4\)\(^5\) This allows an OTP to provide 28 days of take-home doses for 'stable patients' and up to 14 days of take-home medication for patients who are 'less stable but can safely handle this level of take-home medication'.

MDHHS is also reminding methadone and buprenorphine providers that the U.S. Drug Enforcement Administration is **allowing telemedicine to satisfy the requirement for an in-person visit** as long as the country is under a declared public health emergency.\(^5\)\(^6\)

MDHHS encourages OTPs to facilitate social distancing, including limiting the number of individuals in the waiting room at one time, maintaining lines of patients outside when necessary, **keeping six feet of space between individuals** when possible, and staggering dosing times.\(^2\)

MDHHS issued a reminder that the standard 'three-day rule' is still in effect allowing **any practitioner to administer buprenorphine to a patient for the purpose of relieving acute withdrawal symptoms while arranging for the patient’s referral for treatment**. This includes practitioners not separately registered as a narcotic treatment program or certified as a waivered DATA 2000 physician.\(^5\)

### Psychosocial Supports

The COVID-19 pandemic and our nation’s current overdose crisis go hand-in-hand: social distancing and economic uncertainty can put individuals with substance use disorders at increased risk for overdose.\(^2\)

Along with medications, **individuals should remain connected to psychosocial supports** including family, friends, therapists, case managers, recovery coaches, and support groups.

When feeling the need for extra support, **individuals should increase connection to their support network** because of additional stress/anxiety around the current situation.

Traditional support groups have moved online to provide virtual support during this time. Online recovery meetings now available include:

- **Online group AA meetings**: onlinegroupaa.org/
- **Online group NA meetings**: na.org/meetingsearch/text-results.php?country=Web
- **In the rooms**: intherooms.com/home/category/community-and-meetings/
- **Recovery Dharma online**: recoverydharma.online
- **Women for Sobriety**: wfonline.org/
- **Smart Recovery**: smartrecovery.org/community
- **LifeRing**: lifering.org/
- **The Phoenix**: thephoenix.org/covid19/
- **SOS Sobriety**: sossobriety.org/start-a-meeting
- **Alcohol Use Disorder-specific group**: reddit.com/r/stopdrinking/
- **Addiction online support group**: reddit.com/r/REDDITORSINRECOVERY/
- **Soberistas**: soberistas.com/ (recovery community for women)
- **Herren Project**: herrenproject.org/virtual-support-groups/
- **Cocaine Anonymous**: caonline.org
- **Families Anonymous**: familiesanonymous.org/meetings/virtual-meetings/
- **Al-Anon**: al-anon.org/al-anon-meetings/electronic-meetings/
- **Nar-Anon**: naranon.com/board/viewforum.php?f=1

### References