

Taking action on opioid use disorder, pain & harm reduction during COVID-19

Updated July 2, 2020

The AMA has provided detailed policy recommendations focused on pain, opioid use disorder (OUD) and harm reduction to help states and others during the COVID-19 global outbreak. Examples of states, physicians and others implementing these types of recommendations and taking specific actions to help patients include:

OUD

- As part of detailed recommendations from state government in Washington, New Jersey and Ohio, clinics are being provided options for patients such as curbside and “doorstep” deliveries of methadone and buprenorphine as suggestions for patients who are quarantined or isolated because of COVID-19 or are older with severe health issues.
- Virginia Medicaid (PDF) introduced significant flexibility for physicians and patients, including relying of physician judgment for conducting telemedicine and telephone-only consultations, whether to require toxicology testing, billing guidance and more.
- An opioid treatment program in Wisconsin continues to see patients, is using telehealth to check-in with patients and has changed operations to ensure it stays open for treatment.
- A Seattle methadone clinic has increased use of telehealth, made use of a mobile methadone unit and continued to accept new patients. The clinic also is collecting data to determine outcomes regarding increased use of take-home methadone for patients.
- New Hampshire drug courts have adopted telehealth options that are reducing transportation barriers and helping enrollees in the program avoid unnecessary contact with others.
- The National Association of Drug Court Professionals and National Center for State Courts have issued a new guide, *Treatment Courts and COVID-19: What to Consider During a Pandemic*, including short- and long-term examples for courts on issues including drug testing, treatment sessions, complementary services and more. The guide and other resources are online.
- The Colorado Consortium for Prescription Drug Abuse reports that small and large

treatment centers (and individual providers) have transitioned IOP and OP services to virtual delivery, most residential services have developed protocols for accommodating new admissions while assessing and/or mitigating risk associated with potential COVID-19 infection; OTPs have arranged for curbside delivery of methadone—with increased security and telephone check-ins/scheduling; and there is greater use of online/free recovery support services being offered across the state, including those in English and Spanish.

The New Hampshire Center for Excellence in collaboration with the Healthcare Task Force of the NH Governor’s Commission on Alcohol and Other Drugs published a comprehensive guide, "Supporting People with Substance Use Disorder in New Hampshire during the Pandemic" (PDF).

Pain

New Minnesota law protects patients with chronic disease (Best practice for states to support increased refill policy for patients with chronic pain and other conditions).

Emergency rules in Texas were extended (PDF) until at least May 8, 2020 to help ensure chronic pain patients have continued access to necessary pain care. The extension allows for “telephone refill(s) of a valid prescription for treatment of chronic pain by a physician with an established chronic pain patient.”

Fifteen pain medicine physicians who provide care at top academic medical centers across the nation published “Pain Management Best Practices from Multispecialty Organizations during the COVID-19 Pandemic and Public Health Crises” to provide “a framework for pain management services, systems-wide and individual decisions must take into account clinical considerations, regional health conditions, government and hospital directives, resource availability, the welfare of health care providers.”

The American Academy of Physical Medical & Rehabilitation provided COVID-19 specific recommendations and considerations for physicians in a national webinar, “Critical Conversations: How to Manage Chronic Pain and Opioids in an Outpatient Setting during the COVID-19 Pandemic.”

Pain medicine physicians in Las Vegas are making increased use of telemedicine to minimize chronic pain patients’ exposure to unnecessary travel and COVID-19.

Harm reduction

The AMA urges all states to follow the lead of Michigan to provide naloxone to community groups and others to help save lives from overdose.

AMA urges states to adopt new Maine needle, syringe exchange policy This is a best

practice for states to reduce the spread of infectious disease and provide other public health benefits.

The Indiana Division of Mental Health and Addiction said it will provide opioid treatment programs with lockboxes and naloxone kits. The lockboxes will enable Hoosiers, who are stable in their treatment of opioid use disorder, the ability to reduce their number of trips and time spent at an OTP to receive their daily dose of methadone. Naloxone will be issued with the lockboxes as a precautionary method.

The Chicago Recovery Alliance continues to offer naloxone and needle and syringe exchange services through its mobile van services to areas throughout Chicago.

The Pennsylvania Harm Reduction Coalition embarked on a new program to distribute 6,000 doses of the opioid overdose reversal drug to county jails and syringe service programs statewide, according to Billy Penn News. The newsletter also reported that the Philadelphia Health Department started offering virtual narcan trainings every week.

The Winthrop (Massachusetts) Police Department is distributing new “survival kits” that include COVID-19 safety information along with naloxone, referral information to treatment, telemedicine information and specific information about fentanyl.

Next naloxone, a harm reduction organization in Ohio, is offering online ordering for naloxone.

The Rhode Island Department of Health developed a comprehensive resource (PDF) highlighting the need for sterile needle and syringe exchange, mental health supports and where people can get help with starting treatment for an opioid use disorder.

Additional article on OUD during COVID-19

COVID-19 policy recommendations for OUD, pain and harm reduction