

## **Contingency Planning Guidelines – COVID-19 management:**

### **For Individuals using Opioid Maintenance Treatment (OMT)**



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# Who are the guidelines for?

Anyone who is working with people on opioid maintenance treatment (OMT). This includes general practitioners, pharmacists and staff at the Canberra Health Services Alcohol and Drug Service (ADS).

# Who compiled these guidelines?

These guidelines were compiled by the ACT Health Directorate (ACTHD) in collaboration with our partners in the community pharmacy sector, the Alcohol and Drug Service at Canberra Health Services, and the alcohol and other drug treatment sector and the Canberra Alliance for Harm minimisation and Advocacy.

# Disclaimer

Coronavirus (COVID-19) disease management is a continually evolving issue with national advice and guidance updated regularly. This is an 'organic' document that will be updated in response to changes and identified needs.

# Introduction

The purpose of these guidelines is to assist contingency planning for the consequences of COVID-19 in relation to people on Opioid Maintenance Treatment (OMT). The aim is to raise awareness of potential problems that may arise and offer guidance as to how these challenges may be mitigated.

The ACT Government has implemented a [COVID-19 Management Declaration Framework](#) to help manage the public health risks of COVID-19 in place of the Public Health Emergency setting declared in March 2020. Additionally, as of 14 October 2022, mandatory isolation requirements were lifted in the ACT for individuals who test positive to COVID-19.

Specific service-user populations may still be at heightened risk of COVID-19 related illness or complications. Typically, this includes people who are pregnant, people who are 70 years or older; those with chronic medical conditions including immunosuppression; and residents of nursing homes or other care facilities. People who use drugs or are on OMT are a particular risk group with very specific needs.

# Background

In the ACT, over 1000 people are recipients of Opioid Maintenance Therapy (OMT) at any given point in time.

Interruption to the existing delivery of OMT and associated clinical care as a result of COVID-19 may put people at increased risk of overdose and, in turn, drug-related death. People on OMT who test positive to COVID-19 may also be at risk of withdrawal and distress if they are unable to continue their treatment. It is also likely to result in people sourcing illicit drugs as an alternative and thus putting themselves at further increased risk from overdose, blood-borne viruses, related infections and, potentially, increasing their risk of COVID-19 exposure or transmission. It is essential to ensure that adequate OMT service provision is maintained.

## Underlying assumptions

### Prescriber capacity and availability

Many community prescribers, as well as Canberra Health Services (CHS), have indicated they are well positioned to undertake phone consultations or other telehealth services to ensure continuity of care for this patient group, when in-person or face to face appointments and assessments are not possible.

### All facilities already undertaking planning and actions relating to social distancing

Community pharmacies, drug treatment centres, public health facilities and general practitioners (GPs) have undertaken a range of measures to stop the spread of COVID-19. This has included restricting the number of people in confined spaces, adjusting opening hours, utilising other appointment models, encouraging the existing community measures of hand hygiene and physical distancing.

### Stock availability

This guideline assumes that stock of OMT medications (methadone and buprenorphine products) continues to be available through routine supply chains.

It is likely that this will be a dynamic situation particularly as it relates to naloxone products due to ongoing supply chain issues.

# Pharmacy Disruption to dispensing

Community pharmacy closures or restricted opening hours have occurred during the COVID-19 pandemic. In the event of closures, dispensing of OMT and in the provision of injecting equipment will be disrupted.

Pharmacies are independent businesses who are responsible for their own Business Continuity Plans (BCPs). These BCPs indicate the likely alternative dosing point for OMT for clients of individual pharmacies.

At the beginning of the COVID-19 response, pharmacies collated a list of their OMT clients. The list included the medication prescribed, the current dose, name of prescriber, existing prescription expiry date, and current contact details for the patient. Ideally, the list should be quickly updated to include details of the most recent dose collected in order to facilitate transfers to an alternative pharmacy should unexpected pharmacy closures occur.

## OMT options to support patients with COVID-19

Individual pharmacies and the Alcohol and Drug Service at Canberra Health Services (ADS) have undertaken appropriate actions to reduce the likelihood of virus transmission at their sites. Measures have included adjusted opening times, restricting the number of individuals inside and the use of specified appointments.

A range of GP prescribers, as well as ADS, have access to telehealth capability in order to reduce the need for patients to travel, and protect the health of frontline staff, while maintaining robust patient assessment.

Options for remote prescribing are permitted under ACT law (including for schedule 8 (controlled) medicines), including telephone, faxed or electronic prescriptions<sup>1</sup>. An original written prescription must be received by the pharmacy within 14 days.

### Prescribing Options

Prescribers can consider increasing the number of unsupervised or 'takeaway doses' for a patient who tests positive to COVID-19.

#### Category 3A and 3B approval take away limits

Prescribers are authorised to prescribe unsupervised doses up to the limits described for a Category 3A or 3B approval in the [Controlled Medicines Prescribing Standards](#).

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<sup>1</sup> Sections 31, 40 and 41 Medicines, Poisons and Therapeutic Goods Regulation 2008.

### Category 3A Approval - Methadone

Length of time in treatment (months)	Methadone	Comments
0-3	0	Exceptional circumstances may allow one dose
3-5	2 per week	Not consecutively
5-7	2 per week	Maximum 2 consecutive
7-9	3 per week	Methadone – maximum 2 consecutive
>9	4 per week	

### Category 3B Approval- buprenorphine/suboxone

Length of time in treatment (months)	Buprenorphine / naloxone	Comments
0-1	0	Exceptional circumstances may allow one dose
1-3	2 per week	Not consecutively
3-5	4 per week	Maximum 2 consecutive
5-7	6 per week	
7-9	13 per fortnight	2 weeks unsupervised dosing
9-12	27 per 28 days	4 weeks unsupervised dosing

In accordance with the [Controlled Medicines Prescribing Standards](#), patients already receiving take-away doses can request additional take-away doses for urgent situations such as travel for a family death, up to a maximum of one request per month.

In addition, up to three additional take away doses are permitted under a Category 3A or 3B approval or an [Approval by Drug](#) during a declared public health emergency to enable rapid commencement or continuation of unsupervised doses for a person unable to attend their usual pharmacy for supervised dosing for reasons outside their control. An example of this was the compulsory isolation during the COVID-19 public health emergency.

The limit of three additional take-aways is intended to authorise the commencement or continuation of take-aways over a weekend. The prescriber will be required to seek [Approval by Drug](#) (or an amendment to their existing Approval by Drug) for any additional take-away doses required during 'special circumstances' such as a public health emergency period. For individuals who have not had access to take-aways before, naloxone should also be supplied.

### *Requests for increased takeaways during COVID-19*

Prescribers seeking continuation of increased unsupervised doses beyond the term for 'special circumstances', are already able to apply to the Chief Health Officer by completing an [Approval by Drug](#) application form stating the reasons for the request. The application must be accompanied with a completed [Client Stability Form](#). Each request will be considered on a case-by-case basis.

### *Naloxone*

The provision of naloxone to all OMT patients receiving unsupervised doses is recommended, particularly for patients using methadone. Naloxone is now available free of charge from a range of community pharmacies directly to clients. Directions Health Services or the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) can also assist with stock and training material provision. It may be necessary to consider naloxone provision throughout treatment, not exclusively at the commencement of COVID-related unsupervised dosing.

## Supply Options

These options will apply to clients dosing at either ADS or in community pharmacies, and can extend to other prescription medications clients require, including staged supply medications.

Staged supply refers to arrangements where a pharmacist, usually in response to a request from the prescriber, supplies a medicine to a patient over a period of time in instalments rather than supplying the full amount prescribed at the outset.

### *Collection by the patient*

COVID-19 positive patients may personally collect their OMT from a dosing point. Collection arrangements should be discussed, preferably over the phone, with the dosing point in the first instance. The dosing point will advise the patient on how to practise [COVID smart behaviours](#) including wearing a mask, practising good hygiene and physical distancing.

### *Collection by an agent nominated by the patient*

OMT unsupervised doses can be collected by an agent of the patient. If considered appropriate by the patient, prescriber and dosing point, this can be a nominated family member or friend over the age of 18, who is likely providing other supports such as grocery shopping to the patient. Amendments to the prescription beyond the requirements

regarding unsupervised doses are not required, but the prescriber should be made aware that an 'agent' is acting on behalf of a patient.

The patient will need to nominate a specific individual, and consent to the collection of OMT doses on their behalf and indicate this in a phone call to the relevant pharmacist or clinic. The nominated agent will need to provide photo identification when doses are collected, and sign for receipt of a specific number of doses.

Upon arrival at the patient's residence, agents should call the patient to communicate their medication is at the door and confirm the patient's name during the phone call. If the patient is home, the agent should leave the OMT at the door and practise physical distancing while it is collected by the patient.

Agents must not leave doses unattended at any time. Should the patient not answer the door, agents should contact the pharmacy immediately, and return the doses to them. A record of doses returned will need to be made at the pharmacy or clinic.

Patients and potential agents will be advised that if any discrepancies arise with the doses delivered on even one occasion which cannot be resolved, an alternative agent will need to be identified for the patient.

### *Delivery to patients in residential rehabilitation*

If a patient is currently a resident at a rehabilitation facility or other therapeutic community, engagement directly with the facility is also required. Some facilities have capacity for their staff to act as the patient's agent. In this case the relevant facility is nominated as the patient's agent.

## Risk Identification

Any alternative OMT arrangements carry risks. With increased numbers of unsupervised doses available in the community, the potential for both diversion and accidental overdose by patients and third parties increases. Ensuring access to naloxone is recommended, particularly for clients using methadone.

Should patients need training materials regarding take home naloxone, or experience financial difficulty preventing their access to it, they can be referred to CAHMA on 02 6253 3643.

For patients receiving unsupervised doses for the first time, it is recommended they are provided with advice on safe storage in the home and appropriate clinical judgements are made regarding whether dose volume expansion is required.

All alternative arrangements are still subject to the professional judgement of the prescriber, particularly when considering requests for increased limits of unsupervised doses. The prescriber must conduct a stability assessment of the client using the [Client Stability Assessment Form](#). Clinical judgement or telehealth follow-up is essential for patients who may have contracted COVID-19 and are utilising unsupervised dosing with agent delivery.

It is noted that some of the risks are borne by the prescriber, with COVID-19 creating circumstances where patients who would otherwise be ineligible for unsupervised dosing, requiring access. In this case, prescribers may opt to restrict the number of doses delivered at any one time.

Where prescribers, pharmacists or nurses have specific concerns regarding a patient, they are encouraged to contact that patient in the hours following their dose. Additionally, dose increases are not recommended in the absence of face-to-face review and some supervised dosing. This acknowledges that routine practice during OMT induction is not to prescribe unsupervised doses.

## Process Review

These arrangements will apply to individuals who test positive to COVID-19. As with many contingency arrangements, the options for OMT access may need adjustment over time.

Should you have any concerns or suggestions for improvement regarding this document, or the OMT provision contingency process, please email [AODPolicy@act.gov.au](mailto:AODPolicy@act.gov.au)

## Additional Resources

### Commonwealth Government – Department of Health

Website: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

### ACT Government COVID-19

Website: <https://www.covid19.act.gov.au/>

#### ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

#### ACCESSIBILITY

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