



Pharmacist's Role in Managing Opioid Use Disorder During COVID-19



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In a [statement](#) issued on May 29, 2020, the Chief Public Health Officer of Canada raised concerns about the negative consequences that the pandemic has had on the public health crisis of opioid-related overdoses and deaths.¹ COVID-19 poses additional challenges and risks for those who battle substance use disorders including limitations on services and support. Despite the pandemic, pharmacists must continue to play an important role in harm reduction and medication safety to prevent opioid overdoses and deaths by providing patient education on safe and appropriate use of opioids and take-home naloxone kits.

DISCLAIMER: The information provided in this document is intended to assist pharmacists with managing opioid use during the COVID-19 pandemic and does not replace professional judgement and responsibilities. It is intended to supplement materials provided by regulatory authorities, and should there be any discrepancies, municipal, provincial, and federal laws, policies and guidelines shall prevail. The information provided in this document is current at the time of publication. The decision for use and application of this document is the responsibility of the user. OPA assumes no liability for such use and application or any resulting outcomes.

Naloxone

Naloxone is a life-saving medication to help prevent opioid overdose and death. It is especially important during the pandemic as multiple factors may result in an increase in the number of overdoses, such as a higher likelihood of people using opioids in isolation, people potentially accessing opioids from other sources rather than their usual suppliers, and access to drugs may be affected resulting in potential risk of overdose when drug use resumes due to a loss of tolerance.²

All patients at risk of respiratory depression from opioid use, including those on Opioid Agonist Therapy (OAT), should be provided with a naloxone kit and trained on its use.³ This is especially true during the pandemic as COVID-19 can pose an additive risk of respiratory distress for patients using opioids.³ When dispensing naloxone kits, pharmacists should consider protective measures such as using a counselling room to maintain privacy while allowing physical distancing of at least two metres from the patient, or providing delivery and following up with the patient to provide counselling and training virtually.

Patient Education:

Saving a life with naloxone can be done safely to protect the rescuer and the victim even during the COVID-19 pandemic. In addition to routine counselling and training provided during the dispensing of a take-home naloxone kit, some additional points for pharmacists to highlight include:

- Both injectable and intranasal naloxone can be used to treat an opioid overdose. Based on available evidence, Public Health Ontario (PHO) has clarified that the administration of intranasal naloxone is not an aerosol generating medical procedure (AGMP) and thus, use should not produce aerosols that could spread the COVID-19 virus.^{4,5}

- Rescuers should be encouraged to wear non-latex gloves⁵ and a mask when responding to an overdose to protect themselves and the patient. To facilitate this, if possible, pharmacists should consider providing or making available for purchase an extra pair of non-latex gloves and a surgical mask when dispensing naloxone kits.
- For individuals who are trained in cardio-pulmonary resuscitation (CPR), the Ontario Naloxone Program (ONP) advises against rescue breathing during the pandemic as it may increase the risk of disease transmission.⁵ Instead, the rescuer should provide chest compressions only.⁵ CPR face shields and one-way valve masks have not been proven to offer adequate protection from COVID-19.⁵

Prescribing and Dispensing Controlled Substances

Health Canada's [short-term subsection 56\(1\) exemption under the Controlled Drugs and Substances Act \(CDSA\)](#) is an important measure put in place in the public interest to ensure continuity of care during the COVID-19 pandemic.

In Ontario, this exemption, along with recent changes to the *Pharmacy Act* provides pharmacists with the authority to:

- Accept verbal prescriptions and refills for controlled substances from a prescriber
- Transfer prescriptions for narcotic or controlled drugs to another pharmacist in Ontario (even if it has been transferred before)
- Transfer prescriptions for benzodiazepines or other targeted substances to another pharmacist (even if it has been transferred before)
- Refill prescriptions for benzodiazepines or other targeted substances even if it has been more than one year since the original date that the prescription was written
- Renew prescriptions for controlled substances
- Adapt prescriptions for controlled substances (including part-filling or deprescribing)

For more information about the recent changes, please refer to the following resources from the Ontario College of Pharmacists (OCP):

- [Prescribing and Providing Controlled Substances During the Coronavirus Pandemic Guidance](#)
- [Initiating, Adapting and Renewing Prescriptions Guideline](#)
- [Narcotic Prescriptions Part-Fill Fact Sheet](#)
- [Prescription Transfers Fact Sheet](#)
- [Prescription Expiry Fact Sheet](#)

Forgeries:

In order to protect public health and safety and minimize diversion, pharmacists must ensure the authenticity of all prescriptions and be vigilant when filling prescriptions to identify forgeries.⁶ Pharmacists are reminded that unsecured email cannot be used for drugs listed in the Narcotic Control Regulations.⁶

Some tips for identifying forgeries include, but are not limited to:⁷

- **Screen the prescription:** Check appropriateness of the strength, dosage, dose regimen and quantity
- **Verify the prescription:** Call the prescriber back using the office number found on the website of the [College of Physicians and Surgeons of Ontario](#) to verify the prescription
- **Assess the patient:** Consider the patient's profile and medication history to determine if the prescription is clinically appropriate for the patient. Evaluate the patient's behaviour and body language at the pharmacy to determine whether an attempt at a forgery may be in progress.

More information about identifying forgeries and authenticating prescriptions can be found in OCP's fact sheet on [Forgery: Tips for Identifying Fraudulent Prescriptions](#).

If a forgery is identified, it must be immediately reported to police and within 10 days of its discovery to the Office of Controlled Substances.⁸ If the prescription has not been dispensed, pharmacists can voluntarily report the forgery to Health Canada using the [Forgery Report Form](#).⁸ However, if the forged prescription was partially or fully dispensed, it must be reported to Health Canada using the [Loss or Theft Form](#).⁸ Pharmacists should also ask the prescriber to notify the Drug Program Delivery Branch at the Ministry so that information can be provided to alert other pharmacies.⁸ During the COVID-19 pandemic, this notification should be done by email to DrugProgramsDelivery@ontario.ca instead of by fax.⁸ Additional information about reporting fraudulent prescriptions can be found in OCP's fact sheet on [Forgery: Management and Reporting of Fraudulent Prescriptions](#).

Patch-for-Patch Fentanyl Return Program:

The Patch-for-Patch Fentanyl Return Program is required by [legislation](#), and the acceptance of used patches should not be deferred. Pharmacists should do their best to examine and document returned patches and store them in a secure location. The following are some suggestions to help reduce the risk of contracting and spreading COVID-19 while still complying with the requirements of the Patch-for-Patch program.

- Request patients place the used patches in a transparent bag and place the bag in a tray or basket designated for post-consumer returns to maintain a proper physical distance.⁹
- Pharmacy staff should handle all products with gloves and the tray or basket should be disinfected after.⁹
- Where a patient is not able to physically visit the pharmacy to return and pick-up their prescription, pharmacists should use their professional judgement to assess the situation and determine the best course of action. This may include but is not limited to having an agent act on the patient's behalf to return and pick up the new prescription, or verifying the used patches through virtual means and delivering the new patches in exchange for the used ones (to be placed in a bag) while maintaining proper distancing and gloves for handling of the used patches. As with any delivery, pharmacists must ensure the security and storage of the medication (e.g., delivery person should call the patient once outside to request the patient place the bag of used patches outside, the driver should collect the used patches for return to the pharmacy, deliver the new prescription and then call the patient once dropped off to confirm the patient receives it). Measures should also be undertaken to ensure patient confidentiality is maintained throughout the process.

Other Post-Consumer Returns of Controlled Substances:

The Office of Controlled Substances has issued a [bulletin](#) to provide pharmacists with information on temporary exceptional measures for post-consumer returns containing controlled substances during the COVID-19 pandemic to decrease the likelihood of transmission of COVID-19 between pharmacy staff and patients. The bulletin contains a number of recommendations to allow for reduced contact between patients and pharmacists when accepting returns as well as advice for patients to safely store products for return that may contain controlled substances in their home temporarily during the pandemic. To the best of their ability, pharmacists are still required to ensure post-consumer returns containing controlled substances remain secure. These recommendations are set to expire on September 30, 2020, the date that they are replaced by new or additional measures, or the date when these measures are revoked, whichever is earlier.

Managing Opioid Agonist Treatment

Pharmacists who are providing opioid agonist treatment (OAT) to patients may have to adjust practice to accommodate social distancing, self-isolation and quarantines. An interim consensus guideline, [COVID-19 – Opioid Agonist Treatment Guidance](#), has been developed by the Centre for Addictions and Mental Health (CAMH), Mentoring, Education, and Clinical Tools for Addiction: Primary Care-Hospital Integration (META:PHI) and the Ontario Medical Association (OMA) to supplement existing standards and guidelines. In addition, CAMH has prepared an [Early Guidance for Pharmacists in Managing Opioid Agonist Treatment during the COVID-19 Pandemic](#) to support pharmacists who dispense buprenorphine and/or methadone as OAT during the pandemic. Despite Health Canada's [short-term subsection 56\(1\) exemption under the Controlled Drugs and Substances Act \(CDSA\)](#), pharmacists are reminded that changes to the dosage of existing OAT therapy should not be made unless working in collaboration with the prescriber.¹⁰ It is important to note that situations may occur that are beyond the guidance provided by the above guidelines and existing OAT standards and guidelines. In such cases, pharmacists must use their professional judgement to assess each situation to weigh the risks and benefits on a case-by-case basis to determine the most appropriate course of action.¹⁰ These documents are meant to provide guidance and are not meant to limit the scope of one's clinical practice or replace clinical experience/decision making skills. Pharmacists are reminded that any activities undertaken using the guidance provided by these documents should be documented. As the pandemic evolves, these documents will be updated, and individuals are encouraged to consult the most recent versions for up-to-date information. Some highlights from these guidelines are included below.

Observed Dosing:

- Prior to observing a dose, pharmacists must continue to follow standard protocols including assessing the patient for sedation and intoxication to ensure the dose can be safely ingested.¹¹
- For patients who are asymptomatic and under isolation and patients who are symptomatic and/or quarantined, presumed COVID-19 positive, or confirmed COVID-19 positive, witnessed dosing should be done through virtual communication, if possible.¹⁰ See section below on *Delivery or Pickup by an Authorized Agent*. Verification of the ingested methadone dose can be done by asking the patient to speak after taking the dose.¹¹

- For any patients who must present to the pharmacy for observed dosing, in addition to personal protective measures, extra precautions such as avoiding handling and disposal of dosing cups by pharmacists and reduced contact by foregoing the signature for dosing should be considered.¹⁰
- For buprenorphine/naloxone, discuss with the prescriber whether witnessed dosing is still required.¹¹ If the dose must be observed at the pharmacy, pharmacists should try to keep the observation period of buprenorphine/naloxone brief and minimize close contact with the patient.¹⁰

Carries:

- In order to decrease the number of pharmacy visits to protect both pharmacy staff and patients, a revised maximum number of take-home doses for methadone and buprenorphine/naloxone has been suggested in the [COVID-19 – Opioid Agonist Treatment Guidance](#) document.¹²
- If applicable, advise patients that exceptional carries are only being provided due to the pandemic, but application of OAT standards will return once the public health emergency is over.¹²
- Document the patient’s understanding of the risks of carries and the importance of safe storage. Ensure that patients have the ability to store an increased number of carries safely and appropriately.^{10,12}
- For patient safety, special considerations that may be warranted include, but are not limited to, limiting the number of methadone carries delivered to the patient each time and advising patients on how to properly rinse and dispose of carry bottles rather than returning them to the pharmacy during the pandemic.¹⁰
- Patient assessments performed by the pharmacist may help with determining suitability for progressive carry doses, thus, continuous communication with the prescriber is critical to ensuring patient safety.¹⁰

Delivery or Pick-up by an Authorized Agent:

- For patients who are asymptomatic and under isolation and patients who are symptomatic and/or quarantined, presumed COVID-19 positive, or confirmed COVID-19 positive, pharmacy delivery should be used if available.¹⁰ For more information about prescription deliveries, please refer to OPA’s [A Pharmacist’s Guide to Pandemic Preparedness](#).
- Alternatively, an authorized agent may pick up the OAT doses at the pharmacy provided that the pharmacist confirms that the individual has been authorized by the patient to be their agent, the identity of the agent prior to releasing OAT doses, and that the patient receives the medication.¹⁰
- When delivery is used, pharmacists should evaluate their delivery processes and make changes, if required, to ensure safe delivery of OAT.¹³ ISMP Canada’s [Safety Bulletin on the Delivery of Opioid Agonist Treatment During a Pandemic](#) highlights factors to consider which include, but are not limited to:¹³
 - Organizing delivery schedules to prioritize patients who are receiving OAT to reduce the risk of these patients missing their doses and to ensure consistent dose administration times.

- Assigning consistent staff to manage these deliveries to ensure they are familiar with the processes and the patients, which would allow them to help identify any concerns that require additional attention.
- Reviewing prescription hardcopies and reconciling with the deliveries completed to ensure that deliveries have not been missed and that all OAT doses that require observation have been completed with appropriate documentation.
- Ensuring all pharmacy staff are aware of any changes to policies and procedures regarding the provision of OAT during the pandemic.
- Informing patients to contact the pharmacy right away if there are any issues with their deliveries.

Communication Tips:

These are challenging and unprecedented times, especially for patients with opioid use disorder, and pharmacists can play a key role in supporting patients during the pandemic. Some points to consider include (but are not limited to):¹²

- Speak with patients and acknowledge that this is a stressful time, which can be triggering and challenging to deal with. Explain to them the current situation, how treatment protocols may be different, and the support available to them.
- Discuss the importance of naloxone and provide all OAT patients with a take-home naloxone kit.
- Provide more counselling opportunities either by phone or virtual means to ensure patients have access to up-to-date information, reassurances, and/or help with stress management.
- Provide patients with information about available online resources, such as:
 - [Canadian Addiction Counsellors Certification Federation – Virtual Addiction Counselling](#)
 - [SMART Recovery Program – message boards, chat rooms, online meetings, and other resources](#)
 - [Anxiety Canada’s free MindShift CBT app – Anxiety Management](#)
 - [Wellness Together Canada – Mental Health and Substance Use Support](#)
 - [Taking Care of your Mental Health \(COVID-19\)](#)

Additional Resources for Pharmacists (please note this is not an exhaustive list):

- [Ontario Pharmacists Association’s naloxone webpage](#)
- [Health Canada Toolkit: COVID-19 and Substance Use](#)
- [Canadian Centre on Substance Use and Addiction – Impacts of COVID-19 on Substance Use](#)
- [Canadian Research Initiative in Substance Misuse – Telemedicine Support for Addiction Services: National Rapid Guidance Document](#)

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