

Information on opioid substitution and Sars-CoV-2/Covid-19
Advice for physicians

The coronavirus Sars-CoV-2 has reached the first substitution practices and outpatient clinics in Germany. It is now a matter of a pragmatic balancing between securing the supply and ensuring the protection against infection while taking into account the control of narcotics.

In comparison with other treatment centres and practices, there are hardly any alternative distribution points and treatment centres available when substitution practices are closed. Therefore changes in the distribution and prescription practice are recommended.

Key messages regarding strategies to contain Covid-19 cases are:

- Restrict social contacts to slow the spread of the virus and to protect vulnerable groups from infection.
- Substitution practices are potential vectors for disseminating the new Coronavirus among staff and patients, especially due to the daily directly observed treatment with substitution medications.
- One infected team member or patient could already lead to the closure of the practice.

Measures must therefore be taken **to limit contacts** between professionals and patients and between patients **to the absolutely necessary extent. Consequently, as many substitution patients as possible should be kept away from the practices and outpatient clinics in the coming weeks by means of "take-home" distribution .**

The new legal provisions (BtMVV and BÄK-RL) largely allow this.

How, then, can the "take-home capacity" of substitution patients be assessed in the context of a pandemic?

1. In the case of substituted patients that are stable, the expansion of take-home prescriptions with information on self-responsible use should not pose a problem. Prescriptions which previously provided for a seven-day supply can be extended **up to** four weeks, if necessary in partial quantities with the supply of one weekly dose each, "...in justified individual cases in the quantity required for up to 30 days." (BtMVV, §5 (9)). The responsibility for the classification as "take-home capable" lies with prescribing doctors.

2. For non-stable patients, as defined by BtMVV and BÄK-RL, it is necessary to take a decision between *addiction medical/narcotic law criteria* on the one hand and *infection prevention recommendations* on the other.

Ultimately, it is **up to the substitution doctor to decide whether a prescription of substitution medication for self-responsible use is justified** by the fact that otherwise "the continuity of the substitution treatment of the patient cannot be guaranteed in any other way". However, this exception only applies to the issuing of Z-prescriptions (once a week for 2 days).

What **alternatives** are available and have already been proven in practice?

- Scaling up take-home prescriptions, provided that these are considered to be sufficiently safe in consideration of the overall situation from the point of view of addiction medicine, reduces the frequency of visits to the practice and thus potentially infectious contacts.
- Individual practices with a high proportion of patients directly observed treatment have started to **admit only a small group of patients** for taking the medication under visual observation at a time.
- The extension of dispensing and opening hours also helps to avoid short-term crowding.
- The issuing of prescriptions for **directly observed treatment in pharmacies**, and if needed, take-home regulations for the weekend using mixed prescriptions, contributes to the prevention of infection.
- Sars-CoV-2 (suspected) **cases with home quarantine** can, where justifiable (see above), either receive a prescription for self-administration for the duration of isolation or should be treated by an **outpatient nursing service**. Before the first prescription is issued, a doctor must visit the patient at home and the medication is then delivered directly to the patient's home by a pharmacy. For unstable patients in quarantine, prescriptions can be issued for a few days and contacts can in the meantime be made by video on mobile phones.
- In diamorphine outpatient clinics, infection prophylaxis can be carried out by (partially) switching to oral substitutes. In the injection rooms the distance between patients must be safe to prevent infection.
- Patients who live **in (residential) facilities** of state-approved drug help organisations can receive their substitution medicine from **trained personnel** employed there (agreement between the substitution doctor and the facility).
- Care close to home and the avoidance of social contacts can also be achieved by transferring the substitution to **officially recognised outpatient drug facilities**, where it is carried out by professionally trained staff.

Conclusion for pragmatic solutions:

Stable patients

- should be issued take-home prescriptions" for a period of 2-4 weeks.

Unstable patients

- continue to receive their medication under sight in the surgeries and outpatient clinics in order to be able to detect signs of illness at an early stage if necessary and to comply with the regulations of the BtMVV. **Z-prescriptions** with charges for self-responsible intake are permissible.
- Unstable patients with **long commuting distances** or those who live in regions with poorly developed local public transport can be treated in **pharmacies close to their homes**.
- If these are not available, **home visits** can be made to ensure that they are supplied.
- In individual cases, unstable patients under **buprenorphine** could also be given a **take-home prescription** of the **combination preparation of**

buprenorphine/naloxone, because this medication has a very low potential for abuse.

- For this patient group, the **switch** from sublingual buprenorphine to the **depot preparation** could also be considered.
- Or (if all this is not possible): It should be assessed if the risk of judging these patients to be stable and reasonable enough in this exceptional situation can be taken and to provide them with take-home prescriptions as well.

About possible supply problems:

If, within a short period of time, the prescriptions of substitution medications for self-reliant intake rise sharply throughout Germany, delivery problems may arise. Take-home prescriptions valid for longer periods should therefore stipulate the dispensing of partial quantities for seven days at a time.

Local pharmacies should be advised of a possible short-term increase in delivery requirements.

Distribution of substitution medicines from the practice/outpatient clinic:

remain criminal offences according to the substitution law even in the current situation.

Economic loss of revenue for substitution practices:

The decline in directly observed treatments for infection prevention reasons or the closure of a practice/outpatient clinic inevitably leads to a loss of revenue.

The responsible KV should therefore be informed about changes in the circumstances of the dispensing process in order to be able to apply for compensation payments at a later date. Compensation under the Infection Protection Act is only available if the practice is officially closed (§§31, 56 IfSG - Infection Protection Act).

Substitution by consiliary procedure:

If substitution doctors know medical colleagues who would temporarily support them in substitution treatment during these periods, a conciliar relation should be initiated wherever possible in order to achieve treatment close to home on the one hand and a reduction in patient contacts in the substitution practice on the other.

Patient information and communication:

Patients should be informed about the changed conditions in the practice and, if possible, receive information/leaflets in printed form.

It could help to reduce uncertainties and fears if the practice could also be reached outside opening hours via a temporarily valid mobile number.

Notification to health authorities:

It is recommended to inform the responsible health authorities about changes in prescribing practice.

Cooperation for the performance of virological tests:

Surgeries and outpatient clinics where testing is not carried out should establish contact with a facility where tests can be carried out on short notice.

Alcohol tests:

According to currently knowledge, improperly handled breathalyzers can transmit coronavirus.

Further problems:

E.g. obtaining information material, increased demand for BtM prescriptions, hygienically safe implementation of drug screening tests, new admissions of substitution patients must be clarified on site in a solutions-orientated manner - the responsible KV should be informed of the current regulations.

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