

## PROGRAM INNOVATION

### COVID Carry Guidelines

**Jennifer Wyman MD FCFP DABAM MPH**  
Medical Educator, META:PHI

In March 2020 a group of addiction physicians and pharmacists with representation from academic and community settings, META:PHI, CAMH, and the OMA, came together to develop the COVID-19 OAT Guidelines (1). To support continuity of OAT care while adhering to public health recommendations, the document offered suggestions for reducing the frequency of in-person visits and urine drug screens and for increasing access to take-home doses when appropriate. A year later, the guidelines are unfortunately as relevant as ever, but have also sparked a broader re-evaluation of historic approaches to OAT. With support from the Canadian Centre on Substance Use and Addiction, we surveyed patients and prescribers about their experiences with OAT care during the pandemic (2). We found that 57% of clients received additional carries, and additional carries were not associated with self-reported adverse health outcomes. Both prescribers and patients thought the changes in care were associated with improved client-prescriber relationships, and most clients and prescribers responded positively to virtual care, though there is room for improvement. Further CIHR-funded research is already underway to understand the impact of the pandemic and guideline changes on people with OUD more deeply.

Thanks to everyone who worked on developing, disseminating, and using the guidelines. We hope this work will prompt further re-examination of policies,

regulations, and supports to enhance equitable access to OAT care during and beyond the pandemic.

1. Lam V, Sankey C, Wyman J, Zhang M. COVID-19 [Opioid Agonist Treatment Guidance](#). 2020.
2. Corace K, Wyman J, Suschinsky K, Leece P, Porath A. Evaluating the impact of the Ontario COVID-19 Opioid Agonist Therapy Guidelines. Presented at the International Society of Addiction Medicine – Canadian Society of Addiction Medicine Joint Conference. November 2020.



Photo by  
Michael Wong

## FACES OF THE FIELD



**Corinna Chung MD MPH CCFP**  
Family Physician, Thunder Bay

Practicing addiction medicine in the midst of a pandemic is challenging. In addition to substance use issues, many of my patients are under-housed/homeless, have comorbidities, suffer from mental health problems and have no reliable source of income. They are susceptible to COVID-19 infection and at high risk to become “superspreaders”. As the pandemic found its way to our community, it became clear that vaccinating this vulnerable population would be of paramount importance. Adding to the shortage of vaccines was the difficulty of getting clients – with no means of transportation, challenges making and keeping appointments and a general mistrust of institutional medicine – to a vaccination centre. With the collaboration of the Thunder Bay District Health Unit, a “pop-up” vaccine clinic was organized within our small office, and when patients arrived for their routine assessments, they were offered their first dose. Initially, there was considerable vaccine hesitancy, and counselling and education became a key component of these visits. A back-up list of alternate patients was generated in the event that individuals were not ready to consider accepting the vaccine. With only a six-hour shelf life for the Pfizer product, we were sometimes scrambling to find willing recipients for the last few doses before our precious supply of syringes expired. However, we are proud to say that no doses have been wasted.

The success of this program has resulted in more support from the TBDHU, and my two colleagues are now drawing from their patient rosters as more vaccine doses become available. While the total number of patients vaccinated to date has not been huge, it is a great relief to know that our most worrisome clients now have a measure of protection. This targeted approach to vaccination will hopefully help to limit future outbreaks and buy us some time as we plan for a more widespread immunization roll-out in this vulnerable community.

## EVENTS

### RAAM monthly videoconferences

Prescribers	May 11	8 am
Nurses	May 12	9 am
Counsellors	May 14	9 am

**META:PHI Webinar** May 12  
*Pharmacists in Addiction Services*

**META:PHI Conference** Sept 24-25

## PERSPECTIVES

### Providing Residential Addiction Services During COVID

#### Robin Griller

Executive Director, St. Michael's Homes

At the start of the pandemic, we were not sure the regular residential programs at St. Michael's Homes could be maintained; you cannot 'go virtual' where people live. However, through significant adjustments and several valuable partnerships, we have been able to sustain our services and continue to admit new residents throughout the pandemic.

To help understand and mitigate risk of infection, we partnered with Michael Garron Hospital, whose IPAC specialists provided medical expertise and best practice advice through weekly calls with our staff. Since our congregate settings with shared bathrooms and common areas are not built for full isolation, we partnered with Withdrawal Management Services and Pre-Treatment Programs to house clients for 2 weeks prior to admission to our program. As part of the admission process, Women's College Hospital tested incoming clients for COVID. To reduce risk of transmission onsite we made key changes, such as turning shared bedrooms in Treatment into singles, and doing daily COVID screening of our residents and those awaiting admission in isolation hotels. Through these important partnerships, we avoided admitting individuals with COVID-19 infection/exposure on several occasions.

There are also specific IPAC requirements specific to Residential settings. Our dining room was closed, and pre-packaged meals provided to residents to eat outside or in their rooms. Masks were required to be worn at all times other than eating or taking medication. In our client well-being and recovery programs, groups were made much smaller to allow social distancing, and our psychotherapy program transitioned to virtual appointments.

Access to medical care was one area that our existing partnerships allowed us to sustain effectively. Our physician partner from True North provided virtual medical care in our Treatment Program, including facilitating pharmacy access to OAT and other medications. During lockdown periods, having access to medical care and medication delivery without leaving the building was critical.

Finally, consistent staff support has been crucial to effective program operation, as a stable and confident staff team is central to remaining operational. To this end, we not only assured staff sick pay for all COVID-related absences, but also provided regular updates, in person/virtual staff meetings, 24/7 phone access to senior management, and implemented our own COVID-related pay supplement.

Maintaining residential care in a pandemic is a challenge – managing an outbreak is something else entirely – but can be done with IPAC preparation, planning your response to changing levels of pandemic intensity, focusing on risk mitigation rather than elimination, building needed partnerships, and ensuring that your services adjust to the circumstances in meaningful, safety-enhancing ways. One of the unanticipated and positive results of the changes forced on us in the past year have been program improvements, which we plan to maintain post-pandemic.

## IN THE NEWS

[A look inside BC's Illicit Drug Market During the COVID-19 Pandemic Headline](#) (BC Medical Journal)

[The Buddy System – How Drug Users Became Amateur Medics](#) (Globe and Mail – may require free registration)

[5 Years of a Public Health Emergency](#) (BC-CTV News)

[One Shot at a Time](#) (Globe and Mail – may require free registration)

[Saskatoon Safe Injection Site](#) (Saskatchewan-CTV News)

[Containing COVID-19 - What Thunder Bay did](#) (CTV News)

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