

TITLE

HOME DETOX AND VIRTUAL OPIOID AGONIST THERAPY DURING THE COVID-19 PANDEMIC

SCOPE

Provincial

DOCUMENT

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To outline clear guidance for Physicians and Nurse Practitioners (NPs) providing care to **patients** in home detox and opioid agonist therapy (OAT) programs (refer to Appendix A for Home Detox Program process maps).
 - This guideline applies to health care professionals and/or Addiction & Mental Health (AMH) facilities/programs who specialize in substance use detoxification and have the capacity to monitor and follow up with patients over seven (7) days.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS**1. Points of Emphasis**

- 1.1 Physicians and NPs shall comply with the practice standards outlined by the College of Physicians and Surgeons of Alberta (CPSA) and College and Association of Registered Nurses of Alberta (CARNA) respectively, for prescribing medications associated with substance use disorders or substance-related harm.
- 1.2 Physicians and NPs shall ensure:
 - a) medication orders are written/entered on the patient's **health record**;

- b) appropriate education and supportive resources are provided to the patient and/or **family**, such as but not limited to the Online Recovery Resources in Appendix B;
- c) ongoing assessment and monitoring of the patient's condition, including their response to the medications and any side effects or adverse effects; and
- d) additional follow-up with patients after detox, e.g., initiation of anti-craving medications and referral to treatment services where appropriate, as there may be an increased risk of poisoning including overdose or death after a period of abstinence due to diminished tolerance.

2. Inclusion Criteria

2.1 This guideline applies to patients who meet the following inclusion criteria:

- a) patient is stably housed and their environment is conducive to treatment;
- b) patient is medically stable (especially no history of uncontrolled diabetes, liver disease and/or cardiovascular disease);
- c) patient consents to undergo detoxification treatment (in accordance with the AHS *Consent to Treatment/Procedure(s)* Policy Suite);
- d) a responsible family member is available to support and stay with the patient for the duration of detoxification; and
- e) patient has a contact phone number or mobile phone.

3. Exclusion Criteria

3.1 This guideline is not intended for patients who:

- a) have a history of withdrawal seizures or delirium tremens and/or complications;
- b) have a Severity of Alcohol Dependence Questionnaire (SADQ) score of greater than (>) 30, or Prediction of Alcohol Withdrawal Severity Scale (PAWSS) score of greater than (>) 4, with no access to additional medical supports;
- c) have acute psychosis or unmanaged psychiatric conditions;
- d) are medically unstable where an inpatient level of care is warranted; or
- e) have inadequate family supports.

4. Treatment Protocols and Patient Eligibility Criteria

- 4.1 Alcohol Detox Protocols for daily alcohol use with withdrawal symptoms. Prior to initiation, patient should be assessed for cirrhosis and chronic obstructive pulmonary disease (COPD).
- a) Thiamine – 200 mg orally per day (for 5 days) then 100 mg for 3 months.
 - b) Folate (5 mg) and multivitamin (1 tab per day PO for 3 months).
 - c) SADQ score less than (<) 16 or PAWSS less than (<) 2 with no additional medical concerns:
 - (i) Day 1: Diazepam 5 mg PO QID.
 - (ii) Day 2: Diazepam 5 mg PO TID.
 - (iii) Day 3: Diazepam 5 mg PO BID.
 - (iv) Day 4 and Day 5: Diazepam 5 mg PO QHS.
 - d) SADQ score between 16–30 or PAWSS less than (<) 4 with no additional medical concerns:
 - (i) Day 1: Diazepam 10 mg PO QID.
 - (ii) Day 2: Diazepam 5 mg PO QID.
 - (iii) Day 3: Diazepam 5 mg PO TID.
 - (iv) Day 4: Diazepam 5 mg PO BID.
 - (v) Day 5 and Day 6: Diazepam 5 mg PO QHS.
 - e) SADQ score greater than (>) 30 and no medical problems or over 65 years of age or living alone with any normal SADQ score or PAWSS score:
 - (i) Elicit the help of Community Paramedics who can assess the patient and perform CIWA scores for the first 3–5 days of home detoxification.
 - (ii) Day 1: Diazepam 10 mg PO QID and 10 mg PO PRN.
 - (iii) Day 2: Diazepam 5 mg PO QID and 5 mg PO PRN.
 - (iv) Day 3: Diazepam 5 mg PO TID.
 - (v) Day 4: Diazepam 5 mg PO BID.

(vi) Day 5 and Day 6: Diazepam 5 mg PO QHS.

4.2 Stimulant Withdrawal Protocol (Methamphetamines/Cocaine):

Either option “a” or “b” can be used based on client preference and medical comorbidities especially those with underlying liver disease.

- a) Diazepam 5 mg PO every 4 hours PRN; maximum 30 mg / 24 hours.
- b) Lorazepam 1 mg PO/SL every 4 hours PRN; maximum 6 mg / 24 hours.

Psychosis concerns: If psychosis lasts longer than 3 days, a referral to Psychiatry is required.

- c) 1st line: Olanzapine 5–10 mg PO/SL QID PRN for hallucinations/delusions, first line; maximum 30 mg / 24 hours.
- d) 2nd line: Risperidone 1–2 mg PO BID PRN for hallucinations/delusions.

4.3 Nicotine Replacement:

Best results are often obtained with topical patches and PRN medications.

- a) Nicotine patch 7 mg topically daily (less than 10 cigarettes/day).
- b) Nicotine patch 14 mg topically daily (10–19 cigarettes/day).
- c) Nicotine patch 21 mg topically daily (more than [$>$] 19 cigarettes/day).
- d) Nicotine gum 4 mg PO Q1H PRN.
- e) Nicotine lozenge ____ mg PO Q1H PRN (stock is 1 or 2 mg).
- f) Nicotine mouth spray 1 mg topically PRN; maximum 4 sprays/hour.

4.4 Severe Cannabis Use Disorder:

- a) Provide prescription for nabilone. Titrate to appropriate dose, maximum 2 mg TID.

4.5 Additional PRNs:

- a) Anxiety and Agitation:
 - (i) Hydroxyzine 25–50 mg PO TID PRN for agitation and anxiety not related to alcohol withdrawal. Maximum 100 mg in 24 hours; do not use if patient is experiencing hallucinations.
- b) Antiemetic: Any of the following options alone or in combination can be utilized to support nausea.

- (i) Dimenhydrinate 25–50 mg PO Q4H PRN for nausea/emesis. Maximum 200 mg / 24 hours; be cautious with those receiving CNS depressant medications.
 - (ii) Metoclopramide 10 mg PO every 6 hours PRN for nausea/emesis. Maximum 40 mg in 24 hours; contraindicated with quetiapine and olanzapine.
 - (iii) Ondansetron 4–8 mg PO every 8 hours PRN for nausea/emesis. Maximum 24 mg / 24 hours.
- c) Analgesia: Any of the following options alone or in combination can be utilized to support pain management.
- (i) Acetaminophen 500–1000 mg PO QID PRN for pain or symptomatic fever (maximum dose 4000 mg / 24 hours).
 - (ii) Ibuprofen 400–800 mg PO Q6H PRN for pain or symptomatic fever (maximum dose 3200 mg / 24 hours).
 - (iii) Magnesium gluconate 500 mg PO TID PRN for muscle cramps.
- d) Acid Reflux: Any of the following options alone or in combination can be utilized to support acid reflux.
- (i) Pantoprazole 40 mg PO Q daily PRN.
 - (ii) Ranitidine 150 mg PO BID PRN.
 - (iii) Gaviscon 2–4 tabs PO QID PRN. Maximum 16 tabs / 24 hours.
- e) Constipation: Any of the following options alone or in combination can be utilized to help relieve constipation.
- (i) Sennosides 2–4 tabs PO BID PRN; recommended for all patients who use opioids.
 - (ii) Lactulose 30 mL PO Q daily to BID PRN.
 - (iii) Bisacodyl 10 mg PR daily PRN.
 - (iv) Bisacodyl 5–10 mg PO daily PRN.
 - (v) Polyethylene glycol 3350 (PEG 3350) 17G PO daily PRN.
- f) Diarrhea:
- (i) Loperamide 4 mg PO x 1 PRN for diarrhea and then 2 mg PO PRN after each loose stool to maximum of 16 mg in 24 hours. Not for clients with blood in stool or if febrile.

- g) Gastrointestinal Cramping:
 - (i) Hyoscine butylbromide 10 mg PO TID PRN for abdominal cramping not related to constipation.
- 4.6 Home initiation protocol for buprenorphine/naloxone:
- a) 12 hours post short acting prescription opioid.
 - b) 24 hours post long acting prescription opioid.
 - c) For illicit fentanyl, ideal would be greater than (>) 24 hours, but at minimum 12 hours and moderate to severe withdrawal. Can use a Clinical Opiate Withdrawal Scale (COWS) or Subjective Opiate Withdrawal Scale (SOWS) as necessary, depending if the initiation is provided virtually with Physician/NP.
 - d) Protocol (see Appendix B for patient handout).
 - (i) Day 1: After appropriate withdrawal, initiate 2 mg SL q 1 hour buprenorphine/naloxone, up to 16 mg or 8 hours.
 - (ii) Day 2: Total of Day 1 (16 mg) and 2 mg SL q 1 hour, up to 32 mg total.
- 4.7 SROM (Slow Release Oral Morphine) protocol for those who are unable to abstain from illicit fentanyl for 24 hours or more*:
- a) Day 1: 200 mg QD SROM
 - b) Day 2 and 3*: Titrate as necessary 50–100 mg per day increase.
 - c) Day 3 = Day 0 of Home Suboxone Initiation Protocol. Take SROM as usual, replace SROM with Suboxone on Day 1 after appropriate withdrawal (24–36 hours after previous day's SROM dose or 24 hours after Morphine SR and 12 hours after Morphine IR).
 - d) Suboxone Initiation:
 - (i) Day 0: Take SROM as usual, replace SROM with Suboxone on Day 1 after appropriate withdrawal (24–36 hours after previous day's SROM dose or 24 hours after Morphine SR and 12 hours after Morphine IR).
 - (ii) Day 1: After appropriate withdrawal (24–36 hours after last SROM dose) initiate 2 mg SL q 1 hour Suboxone as needed for persistent or reoccurring withdrawal symptoms up to 16 mg. Hold if patient shows signs of sedation.

(iii) Day 2: Total of Day 1 (16 mg) and 2 mg SL q 1 hour for persistent or reoccurring withdrawal symptoms up to 32 mg total.

- 4.8 Methadone prescribing requires specific education and training in order to prescribe methadone safely for patients as per the CPSA (for Physicians) and CARNA (for NPs). Methadone should be offered as an OAT for all patients with opioid use disorder (OUD).
- 4.9 Kadian is second-line and should be offered only to those who have failed buprenorphine/naloxone (Suboxone) or methadone, or for a home induction of buprenorphine/naloxone.
- 4.10 Post-home detoxification, ongoing addiction treatment with anti-craving medication and pharmacotherapy is initiated by a Physician or NP, including access to naltrexone, acamprosate, gabapentin for alcohol use disorder, OAT where needed, and continued long-term benzodiazepine taper for benzodiazepine use disorder.

DEFINITIONS

Family(-ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including but not limited to, family members, legal guardians, friends, and informal caregivers.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Patient means all persons, inclusive of residents and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person

REFERENCES

- Appendix A: *Home Detox Program Process Maps*
- Appendix B: *Online Recovery Resources*
- Alberta Health Services Governance Documents:
 - *AHS Consent to Treatment/Procedure(s) Policy Suite (#PRR-01)*

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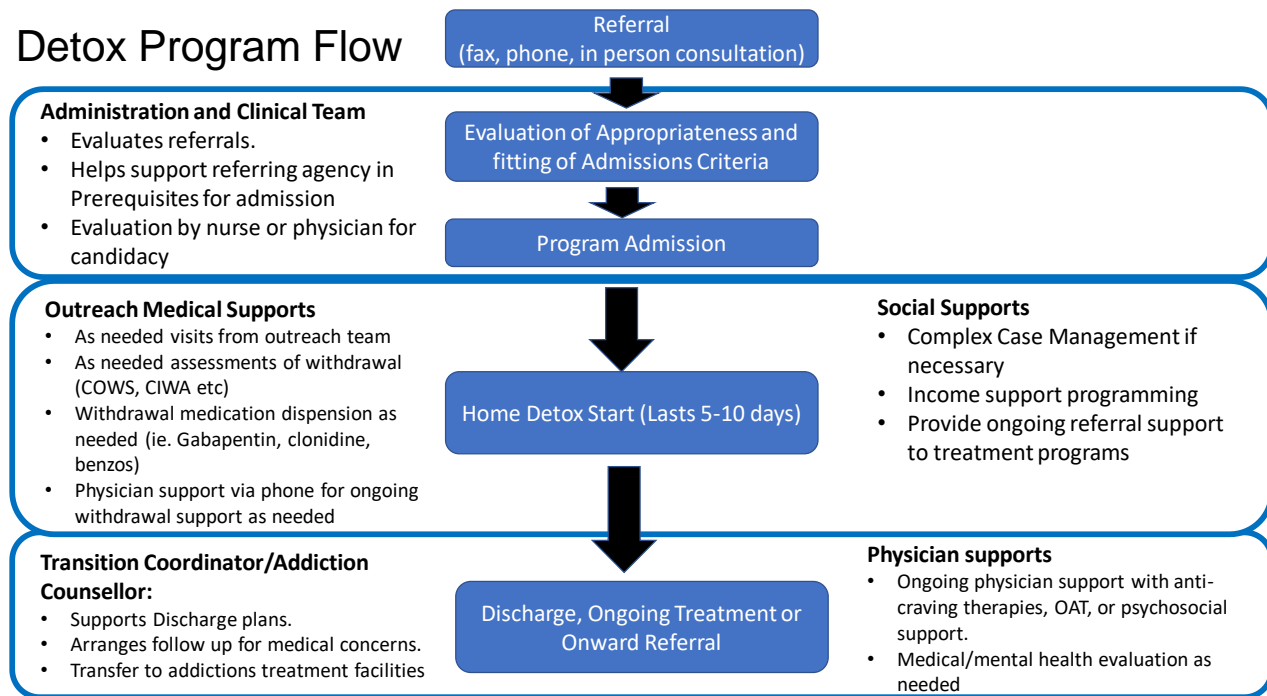


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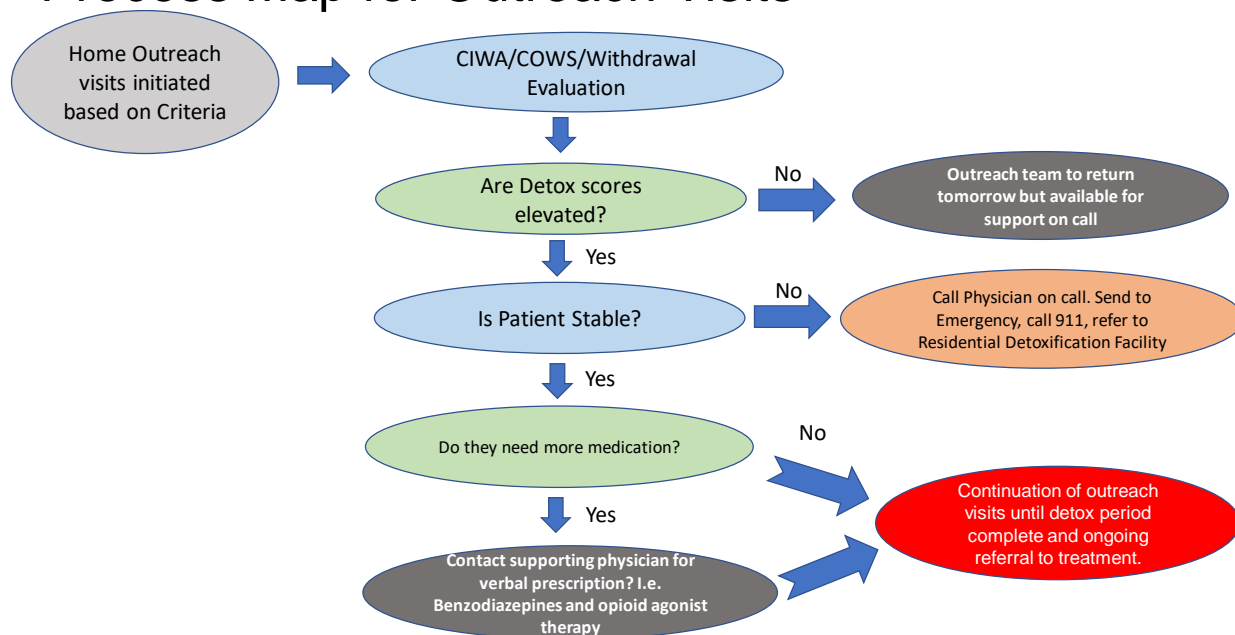
APPENDIX A

Home Detox Program Process Maps

Detox Program Flow



Process Map for Outreach Visits



APPENDIX B

Online Recovery Resources

1. 12 Step Online Meetings
 - This is a directory of online Alcoholics Anonymous meetings in various formats, including email, chat room, audio/video, discussion forums, and telephone.
 - Alcoholics Anonymous - <http://aa-intergroup.org/directory.php>
 - Cocaine Anonymous - <https://www.ca-online.org/>
 - Narcotics Anonymous - <https://www.na.org/>
2. AA Sober Living - www.aasoberliving.com
 - Online recovery help for those in all stages of recovery, family, friends and loved ones including message boards, chats, blogs, and daily and weekly readings.
3. SMART Recovery - <https://www.smartrecovery.org/smart-recovery-toolbox/smart-recovery-online/>
 - This website includes message boards, chat rooms, online meetings, and an online library of recovery resources.
4. In the Rooms - <https://www.intherooms.com/home/>
 - A free online recovery tool that offers 130 weekly online meetings for those recovering from addiction and related issues. They embrace multiple pathways to recovery, including all 12 Step, Non-12 Step, Wellness and Mental Health modalities.
5. The Daily Pledge - <https://thedailypledge.org/>
 - This is Hazelden Betty Ford Foundation's free online Community Social Site. It provides a home page to make a Daily Pledge to sobriety with healthy daily activities to help people see others "recover out loud." The site also includes a Discussions forum, Chat, Online Meetings, Fun and Photo sections, private messaging with other members, and other interactive involvements. You need to sign-up to participate.
6. myRecovery - www.myrecovery.com
 - This is a free social networking community and resource center for those in alcohol and drug addiction recovery. Similar to other social networking community sites such as Facebook, myRecovery offers a full profile system with a real time "wall", the ability to add photos and videos, and the option for people to display as much or as little information about themselves as they wish, including full anonymity. There is also a live public video chat as well as an open forum section where users can post on a number of topics. Members can also create their own groups. myRecovery has a resource section with recovery tools including a large repository of addiction related videos and audio files, a comprehensive 12-step meetings search to help people find meetings in their area, a live online video meetings section, a recovery blog, latest news on addiction and an assessment section.

7. SoberRecovery - www.soberrecovery.com/forum
 - The message board in this directory of recovery resources covers a wide variety of categories: Newcomers, Ask the Experts, General Forums, Alcoholism (AA, Alanon, ACOA), Drug Addiction (NA, Nar-Anon), Family and Friends, Mental Health and much more.

8. CannabisRehab.org - www.cannabisrehab.org
 - This free online drug rehab group was originally set up just to help those trying to quit marijuana but they now welcome anyone struggling with drug addiction.