

ASPR TRACIE Technical Assistance

Request Receipt Date (by ASPR TRACIE): 21 December 2016

Response Date: 30 December 2016; updated 22 June 2021

Type of TA Request: Standard

Request:

The requestor asked for technical assistance in searching for information and materials on how to manage methadone patients during emergencies/ disasters. She noted she is part of a pharmaceutical working group and they are working on determining where they would send patients if the building that provides methadone services was inoperable due to infrastructure damage, as an example. She added that they are looking at any incident that would prevent patients from getting services.

Response:

The ASPR TRACIE Team conducted a search for resources related to managing methadone patients during an emergency. Materials gathered are provided in the following sections of this document. Section I includes guidance and regulatory related resources. Section II provides various emergency preparedness materials. Section III includes evaluation resources. Finally, Section IV lists websites that are dedicated to opioid treatment.

ASPR TRACIE also directed the requestor to the [ASPR TRACIE Continuity of Operations \(COOP\)/ Failure Plan Topic Collection](#), which provides several plans, tools, templates, and guidance materials for developing a COOP Plan to ensure continuity of operations and facilitate operational recovery.

I. Guidance and Regulatory Resources

John Hopkins Public Health Preparedness Programs, and the Arizona State University Sandra Day O'Connor College of Law. (2012). [Issue Brief: Substance Abuse Treatment, Emergencies, and the Law.](#)

This tool is intended as a resource for healthcare providers and administrators, public health officials, emergency planners, clergy, and their public and private sector partners who seek to identify key legal issues that may arise during and after emergencies related to substance abuse treatment. This tool provides general information and is not intended to offer jurisdiction-specific guidance. The content focuses primarily on relevant federal laws although select state or local laws may also be discussed.

Substance Abuse and Mental Health Services Administration. (2021). [Disaster Planning Handbook for Behavioral Health Treatment Programs.](#)

This document provides guidance for program staff members on reducing their facility's exposure to threats and hazards, and retaining and restoring the program's capacity to function during a disaster.

Substance Abuse and Mental Health Services Administration. (2015). [Federal Guidelines for Opioid Treatment Programs.](#)

These guidelines describe the Substance Abuse and Mental Health Services Administration's expectation of how the federal opioid treatment standards found in Title 42 of the Code of Federal Regulations Part 8 (42 CFR § 8) are to be satisfied by opioid treatment programs. The regulations describe a minimum acceptable standard for the operation of OTPs. Sections specifically pertaining to Patient and Staff Emergencies and Program Emergencies begin on page 13.

II. Emergency Preparedness Resources

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2014). [National Healthcare Preparedness Programs \(NHPP\): Integrating Behavioral Health to Strengthen Healthcare Preparedness Capabilities and Coalitions Webinar and National Call.](#)

This national webinar addressed integrating behavioral health to strengthen healthcare preparedness capabilities in coalitions.

Wanamaker, A., and Borys, S. (2012). [Disaster and Emergency Planning for Treatment Programs and the Guest and Emergency Medication System \(GEMS\).](#)

This PowerPoint presentation addresses COOP planning, disaster planning challenging factors, and disaster planning scenarios related to opioid treatment. It also provides an overview of the Opioid Treatment Program Disaster Readiness Committee and GEMS.

III. Evaluation Resources

McClure, B., Mendoza, S., Duncan, L., et al. (2014). [Effects of Regulation on Methadone and Buprenorphine Provision in the Wake of Hurricane Sandy.](#) *Journal of Urban Health.* 91(5): 999–1008.

The authors of this study address the strengths and weaknesses of methadone treatment in comparison to physician office-based buprenorphine treatment for opioid dependence in the wake of Hurricane Sandy. To assess these two modalities of treatment under emergency conditions, semi-structured interviews about barriers to and facilitators of continuity of care for methadone and buprenorphine patients were conducted with 50 providers of opioid maintenance treatment in New York City. Major findings included that methadone programs presented more regulatory barriers for providers, difficulty with

dose verification due to impaired communication, and an over reliance on emergency room dosing leading to unsafe or suboptimal dosing.

University of Minnesota, Center for Infectious Disease Research and Policy. (n.d.). [Partnerships, Tools, and Tabletop Exercise Tackle Preparedness, Continuity of Opioid Treatment Programs During a Disaster](#). (Accessed 6/22/2021.)

With support from the Northwest Healthcare Response Network (formerly the King County Healthcare Coalition), stakeholders in King County, Washington, formed partnerships, created tools, and challenged the region's capacity to ensure continuity of care for patients on opioid treatment. The authors of this article discuss the effort involved including 14 months of quarterly stakeholder workgroup meetings, a multisector tabletop exercise, clarified roles, and formalized agreement on how to dispense medication during disasters.

IV. Websites

Centers for Disease Control and Prevention. [Prescription Painkiller Overdoses](#).

National Institute of Health, National Institute on Drug Abuse. [Opioids](#).

Substance Abuse and Mental Health Services Administration. [Medication-Assisted Treatment \(MAT\)](#).

U.S. National Library of Medicine. Medline Plus. [Prescription Drug Abuse](#).