

Considerations for Crisis Centers and Clinicians in Managing the Treatment of Alcohol or Benzodiazepine Withdrawal during the COVID-19 Epidemic: March 19, 2020

Overview: The COVID-19 Epidemic has created countless primary and secondary challenges for those delivering care to our most vulnerable populations. An additional concern has arisen for those with alcohol use disorder, benzodiazepine use disorder, or other conditions that increase the risk of seizures. While we recognize that there is high variability in the capacity for crisis centers and practitioners to receive and treat these individuals, we offer precautionary guidance to those that are prepared and capable.

Alcohol use disorder, depending on the severity can be managed at various treatment settings. Those determined to be at high risk for withdrawal complications should receive treatment at higher levels of care, but crisis centers may be faced with a surge of patients seeking relief. Some of these patients can be safely managed at crisis centers. These patients would benefit from receiving medications to ameliorate some withdrawal symptoms and prevent withdrawal complications.

Benzodiazepines are frequently utilized in a tapering fashion for medical withdrawal from alcohol or benzodiazepine dependence. It is likely that individuals will have difficulty being admitted to a facility that could safely administer these medications and there will be need for outpatient management of these conditions in the current medical emergency presented by the COVID-19 epidemic. SAMHSA urges providers to consider utilizing benzodiazepines in situations in which they believe that the individual would not benefit from administration of anticonvulsant medications that have been effective in treatment of alcohol withdrawal. Medications such as gabapentin, topiramate, or carbamazepine are useful in preventing seizures related to alcohol or benzodiazepine withdrawal. These medications also possess a much lower abuse potential. Limited doses of benzodiazepines might be considered for specific symptom relief for a short duration (several days).

Crisis centers that are able to remain operational and dispense medications to be administered unsupervised are asked to consider this guidance to minimize the potential for overdose and/or diversion. There are many options for treating mental and substance use disorders which have an evidence base and/or are best practices. We ask that crisis centers and practitioners experiencing an increase in those with alcohol or benzodiazepine use disorder keep these considerations in mind in addressing clinical issues.