



COVID-19

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COVID-19 Questions and Answers: For People Who Use Drugs or Have Substance Use Disorder

Updated Feb. 5, 2021

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Although the risk of severe illness from COVID-19 for people who use drugs or have substance use disorder is not known, people who use drugs may have underlying medical conditions that put them at increased risk for severe illness from COVID-19, and they may have concerns and questions related to their risk.

This is an emerging, rapidly evolving situation and CDC will provide updated information as it becomes available.

For People Who Use Drugs or Have Substance Use Disorder

Am I at higher risk for COVID-19 infection if I use drugs?

We do not know yet if the occurrence of COVID-19 is higher for people who use drugs or have substance use disorder than for those who don't use drugs. Some [underlying medical conditions](#) such as chronic lung disease and serious heart conditions seem to increase risk of severe illness from COVID-19. We know that drug use can have serious effects on the body, including:

- The use of opioids can cause slow and ineffective breathing, which can lead to decreased oxygen in the blood, brain damage, or death.
- The use of stimulants such as cocaine, amphetamine, and methamphetamine can cause acute health problems such as stroke, heart attacks, abnormal heart rhythm, and seizures, as well as more chronic conditions such as heart or lung damage.
- The use of drugs by smoking or vaping (e.g., heroin, crack cocaine, marijuana) can make chronic obstructive pulmonary disease (COPD), asthma, and other lung conditions worse.
- Other conditions that affect the immune response, such as [HIV](#) or [liver disease](#) (viral hepatitis), are more common among people who use drugs, especially among those who inject drugs.

For these reasons, it is possible that drug use could make COVID-19 illness more severe, but more evidence is needed.

What should I do if I have substance use disorder and no longer have access to my treatment program because of COVID-19?

Disruption in your treatment can be very stressful. Ask your regular doctor if they can offer treatment or refer you to another treatment program with “telehealth” options such as online meetings or visits. You can also look for resources listed in the [SAMHSA treatment locator](#) . [Virtual recovery resources are available](#)  if in-person visits are not. Many [opioid treatment programs](#)  and [syringe services programs](#), remain open during emergencies like the COVID-19 pandemic because they are considered essential services. If you are currently enrolled in a program and are concerned that you may lose access to care, discuss this concern with your current healthcare provider.

I am using drugs and want to stop, but I am afraid to seek help because of COVID-19. What can I do? 

Fear and anxiety about a disease can feel overwhelming for some people. You can take steps to [protect yourself and others](#) while you get the help you need. If you need emergency services right away, call 9-1-1 or go to the nearest emergency department or urgent care center. All healthcare facilities are taking steps to protect their patients and staff. You can also get immediate help by calling:

- [Disaster Distress Helpline](#)  : call or text 1-800-985-5990
- Veteran's Crisis Line: 1-800-273-TALK (8255) or Crisis Chat or text: 8388255
- National Suicide Prevention Lifeline: 1-800-273-8255

If you do not need emergency care but need medical attention or want to start treatment as soon as possible, call your local health care facility or your healthcare provider to discuss treatment options. Many providers are using telemedicine so people can access services without an in-person visit. The following resources can help you find a specialized provider:

- [SAMHSA's National Helpline](#)  : 1-800-662-HELP (4357) and TTY 1-800-487-4889
- SAMHSA's [Treatment Services Locator](#) 
- [Consider virtual meetings](#) 

If you are using opioids and are concerned about an overdose, having naloxone available may save your life in the case of an opioid overdose. Talk to your healthcare provider or your local pharmacy (most states allow people to get naloxone without a prescription) to get a supply of naloxone. You can also get naloxone from community-based naloxone programs and most syringe service programs. Make sure your family and friends know where to find naloxone and how to use it.

The stress of the pandemic is making me want to start drinking alcohol or using drugs again. What can I do? 

[Increased stress can lead to increases in alcohol and substance use.](#) If you or someone you care about is using alcohol or other substances, or is increasing their use during the COVID-19 pandemic, here are a few suggestions that may help:

- Contact your healthcare provider.
- Locate virtual [treatment](#)  and [recovery programs](#)  .
- [Medication-assisted treatment](#)  for alcohol or opioid use disorders may be an option.
- Take medicine as prescribed and continue your therapy, treatment, or support appointments (in person or through telehealth services) when possible.
- Call the National Drug and Alcohol Treatment Referral Routing Service (1-800-662-HELP) to speak with someone about an alcohol or substance use problem.

I was told not to use alone, but I am also told to physically distance/quarantine. What should I do? 

An overdose may be less likely to turn fatal if others are present when you use drugs. If you are with others, [protect yourself and them](#). [Wear a mask](#), stay 6 feet apart, wash your hands often with soap and water for at least 20 seconds, and avoid touching your face or your injection site with your bare hands. [Washing hands](#) and any injection sites with soap and water before and after handling drugs is always important to prevent infection. Use alcohol wipes or a sanitizer with at least 60% alcohol if soap and water are not available.

If you are unable to avoid [using drugs alone](#) , practice [harm reduction strategies](#) . Harm reduction strategies are aimed at reducing negative consequences associated with drug use and the following suggestions are important to help keep you safe anytime you use drugs and not just during the COVID-19 pandemic. Some useful harm reduction strategies during the pandemic include:

- Use small amounts of a drug at a time.
- Tell a friend or family member when and where you will be using and ask them to check in on you at specific times.

If you use opioids, follow the same harm reduction strategies listed above. You should also provide naloxone to a friend or family member who will check on you, if possible. If you do not have naloxone, talk to your healthcare provider or contact your local pharmacy (most states allow people to get naloxone without a prescription) to get access to this life-saving medication. You can also get naloxone from community-based naloxone programs and most [syringe services programs](#).

I am still using drugs. How can I lower my risk of COVID-19?

Precautions taken to avoid harm from drug use can also help you avoid COVID-19 infection. These precautions will also reduce the risk of other infections and overdose. People using drugs can:

- Avoid sharing drug-use equipment (e.g., items used for injecting, vaping, smoking, and snorting drugs). [Clean equipment thoroughly](#)  if sharing can't be avoided. Stock up on supplies if possible. [For people who inject drugs](#), ask your local [syringe services program](#) if they have ways to reduce in-person visits.
- Avoid using drugs prepared by other people or ensure proper [handwashing](#) by people who have prepared drugs for you.
- Minimize close contact with other people when getting and using drugs by keeping a distance of at least 6 feet as much as possible, wearing [a mask](#), and washing hands with soap and water for at least 20 seconds after contact. If soap and water are not available, you can use a [hand sanitizer](#) with at least 60% alcohol. Be aware that face coverings can be dangerous if a person is unconscious, incapacitated, or otherwise unable to remove the mask without help.
- Use services provided by [syringe services programs](#), if available, which include clean syringes, safe disposal of used syringes, testing for HIV and hepatitis B and C, and a range of other services including linking to care and treatment for substance use disorder and infectious diseases.

For Medical Professionals

I am concerned that my patient is using more alcohol or other drugs during the pandemic. What resources can I offer them?

[Increased stress can lead to increases in alcohol and substance use.](#) Here are a few suggestions that may help:

- [Screen](#) all adult patients for excessive drinking.
- Advise patients who screen positive for drinking too much to drink less (and refer people who might have an alcohol use disorder to specialized treatment).
- Screen all adults for substance use and refer people who might have a substance use disorder to [specialized treatment](#).

Are patients who use drugs or who have substance use disorder at higher risk for COVID-19 infection?

We don't know yet. Some [underlying medical conditions](#) such as chronic lung disease and serious heart conditions seem to increase risk of severe illness from COVID-19. If the patient's drug use has affected their overall health, they may be at increased risk of severe illness from COVID-19.

We know that:

- The use of opioids can cause slow and ineffective breathing, which can lead to decreased oxygen in the blood, brain damage, or death.
- The use of stimulants such as cocaine, amphetamine, and methamphetamine can cause acute health problems such as stroke, heart attacks, abnormal heart rhythm, and seizures, as well as more chronic conditions such as heart or lung damage.
- The use of drugs by smoking or vaping (e.g., heroin, crack cocaine, marijuana) can make chronic obstructive pulmonary disease (COPD), asthma, and other lung conditions worse.
- Other conditions that affect the immune response, such as HIV or liver disease (viral hepatitis), are more common among people who use drugs, especially among those who inject drugs.

For these reasons, it is possible that drug use could make COVID-19 illness more severe, but more evidence is needed.

Can I still give naloxone if a patient has an opioid overdose without increasing my risk of COVID-19 exposure?

Yes, all forms of naloxone can still be given safely during the COVID-19 pandemic. Always use the [appropriate personal protective equipment](#) when treating a patient with suspected or confirmed COVID-19.

My patient lost access to their treatment program. What should I do? 

Disruption in treatment for patients who use drugs or with substance use disorder can be very stressful. These disruptions can include loss of in-person treatment options for substance use disorder (e.g., clinic appointments for getting medication for opioid use disorder and access to other support services), which can lead to increased use or return to drug use for people not currently using.

Consider offering virtual face-to-face interaction via technologies to provide more personalized support. Disruptions can also occur in patients who use [syringe services programs](#), which may limit access to clean syringes, safe disposal of used syringes, testing for infectious diseases, access to naloxone, and referral to care for treatment of substance use disorder and infectious diseases.

Patients may also experience a disruption in access to their typical illicit drug supply which can lead to withdrawal and emotional distress. If they get contaminated drug products, they may be at increased risk of overdose or other adverse reactions.

If patients present with acute withdrawal, overdose, or other adverse reactions from drug use, take time to have a nonjudgmental conversation with them about their use, work with them to find alternative treatment strategies, and offer harm reduction strategies that align with their current needs. For example, your patient may not be ready to stop their drug use but may benefit from information about syringe service programs and prescription for naloxone.

If you have not done so already, healthcare providers with an active Drug Enforcement Agency (DEA) license are eligible to [complete an approved training](#)  and submit an application to SAMHSA for outpatient prescribing of buprenorphine for the treatment of opioid use disorder.

More information and resources can be found at:

- SAMHSA's National Helpline: 1-800-662-HELP (4357) and TTY 1-800-487-4889
- [SAMHSA's Treatment Services Locator Website](#) 

Can I prescribe medications for opioid use disorder via telemedicine?

Yes, as part of the national public health emergency, under certain circumstances and for specifically qualified clinicians, telehealth options are available to treat patients who use drugs or who have a substance use disorder. Many health care facilities are [using telehealth to expand access to essential health services during the COVID-19 pandemic](#). [New exceptions](#)   for treatment of opioid use disorder allow office-based clinicians with a [DATA 2000 waiver](#)  to start buprenorphine [treatment via telehealth](#)   without requiring an in-person physical exam. In addition to expanding prescribing options, new exceptions allow more flexibility for how opioid treatment programs provide take-home doses of methadone and buprenorphine.

Additional Resources

[List of COVID-19 Resources for Organizations Working with Persons Who Use Drugs or Have Substance Use Disorder](#)  [64.1KB, 1 page]

Last Updated Feb. 5, 2021

Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)