

Addressing The Needs Of Individuals with SUD/OD In The Age Of COVID-19

**Satellite Conference and Live Webcast
Wednesday, June 24, 2020
9:00 – 10:30 a.m. Central Time**

**Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division**

Faculty

James L. Sacco, M.S.W., L.C.S.W.

**Consultant to the
Alabama Department of Public Health**

Goal of the Training

**The course goal is to increase understanding
of and the ability of care providers to
respond to the needs of persons living with
SUD/OD in the age of COVID-19.**

Objectives

At the conclusion of this training, participants will be able to:

- 1. List at least four areas of assessment for adults with SUD;**
- 2. Identify three core components of readiness to engage in SUD/OD treatment;**
- 3. Name at least three key stressors for individuals in recovery associated with COVID-19;**
- 4. List at least four strategies to support individuals with SUD; and**
- 5. Name four strategies to support consumers with OUD in the age of COVID-19.**

Brief COVID-19 Update

Surveillance Data (June 15)

- 2,248,029 cases**
 - 32,411 daily new cases (June 14-15)**
- 119,615 deaths**
 - 560 deaths (June 14)**
- Increasing case rates**
 - OR, AZ, OK, FL, SC, MI, TX**
- Lowering case rates**
 - MA, MD, IL, DC, VA, NY**

COVID-19 Updates

- Increased ‘opening up’, especially southern and southwestern states
- Global explosion in Brazil, U.S., Russia, India
- COVID-19 ‘fatigue’ and human behavior
- Impact of pandemic on behavioral health: increases in anxiety, depression (anecdotal reports of IPV and SUD increases)

COVID-19 Updates

- Decreases in urban, Western and Northeastern U.S.
- Increases in rural South– as states decrease restrictions and linked to food processing
- Continued disproportionate impact on Black and LatinX Americans
- Death rate continues highest among older Americans (80% deaths in individual over 65)

QUESTIONS/Comments:
alphnquestions@adph.state.al.us

COVID-19 and Social Determinants of Health

Impact of Social Determinants

Being able to maintain social distancing while working from home, telecommuting, and accepting a furlough from work but indulging in the plethora of virtual social events are issues of *privilege*. In certain communities these privileges are simply not accessible. Thus, consider the aggregate of a higher burden of at-risk comorbidities, the pernicious effects of adverse social determinants of health, and the absence of privilege...

- Yancy (2020)

NON UPDATE: Physical Distancing and Hygiene Precautions

- Hand Washing
- Physical Distancing—lowered risk outdoors
- Wear Mask in public
- Self-isolation if symptomatic
- Lock-down after potential exposure (Shelter-In-Place)

SUD/OD in the age of COVID-19

SUD/OD

Substance Use Disorder - occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home

SUD/OD

Opiate Use Disorder - a problematic pattern of opioid use leading to clinically significant impairment or distress.

COVID-19 Stressors and Physical Vulnerability

- Smokers/Vapers more susceptible/more severe illness;
- Opiate use/Meth use increase severity of disease;
- Individuals with co-occurring SUD and COVID-19 may find it difficult to get care;

COVID-19 Stressors and Physical Vulnerability

- COPD, cardiovascular disease, and other respiratory diseases, which are more frequent among chronic smokers and persons with SUD, have been shown to worsen prognosis

COVID-19 Stressors and Psychosocial Vulnerability

- Grief and Depression
- Anxiety and Uncertainty
- Physical Distancing and Isolation
- Pre-Existing Trauma

- SAMHSA 2020

Addressing SUD/ODU

Clinical Guidelines on Suspected OUD

- Keep a nonjudgmental stance.
- Ask about changes in circumstances (loss of employment, break ups, relocation, death of friends/family member).
- Inquire about sleep habits, changes in weight, mood, overall enjoyment.
- Watch prescription medication refills/substance-seeking.

Clinical Guidelines on Suspected OUD

- Listen for legal, relationship, employment, health problems.
- Consider engaging spouses/family/friends.
- Keep relationships strong to build trust.

Successful Intervention: Lessons from Clinical Practice

What have you found helpful or your own 'Best Practices' in screening, intervention, and making referral to SUD/behavioral health services?

SUGGESTIONS To:

alphnquestions@adph.state.al.us

SUD Screening: CAGE Questions

- Have you tried to Cut Back?
- Do you ever feel Annoyed by people inquiring about your use?
- Do you ever feel Guilty about your use?
- Do you ever need an Eye-Opener?

SBIRT: Pre-Questions

“Have you tried to cut back on alcohol/substances in the past year?”

“Have you used alcohol, medications, other substances more than you intended?”

S-BIRT Background

- Institute of Medicine (IOM) report in 1990
- Research and implementation begins in early/mid 90's
- SAMHSA Best-Practice model and widespread dissemination by 1997

S-BIRT Background

- Focus is **SCREENING** for problematic use (not necessarily SUD/ODU) and sharing concerns/making referrals as indicated
- Early efforts—Brief Advice/Current Approach—Using Motivational Interviewing

S-BIRT Process

- Screening (S) identifies unhealthy use. 75-85% of patients will screen negative. For those who screen positive, further assessment is needed to determine level of risk. Screening = 2-3 minutes.
- Brief Intervention (BI) provides feedback about problem substance use. It also focuses on education, increasing patient insight and awareness about risks related to unhealthy substance use, and enhances motivation for behavioral change. Adds 5-20 minutes.

S-BIRT Process

- Referral to Treatment (RT) helps facilitate access to addiction assessment and treatment. A referral is usually indicated for only about 5% of people screened.

- SAMHSA SBIRT Implementation Manual

Goals of Brief Intervention

- 1. Understand the patient's views of use*
Develop discrepancy between patient's goals/values and actual behavior
- 2. Give information/ feedback*
Ask permission to give feedback and use reflective listening,
- 3. Enhance motivation to change*
- 4. Give advice and negotiate goal*

AVOID...

- Being Law Enforcement
- Replicating the 'Jerry Springer Show'
- Guilt/Coercion/Shame
- Interventions that evoke "SUSTAIN TALK" [dancing vs wrestling with ambivalence]

Harm Reduction as a Goal

- Could we talk about cutting down?
- What about changing WHEN you use? Start later?
- When do you have access to supplies/clean needles?
- What do you know about overdose reversal?
- What would it take to avoid combining alcohol and meds?
- What's a good small step? Can you name a realistic next step?

Making Referrals

- Ask about previous attempts/successes
- With permission, offer options.
 - 12 step groups
 - Outpatient treatment
 - Intensive outpatient programs
 - Residential or inpatient treatment
- Invite patient feedback.
- Negotiate next step.

Treatment Modality Update

- Only use inpatient treatment for the most severely ill (e.g. suicidal/depressed patient]
- NO evidence that inpatient/residential treatment outcomes are better and intensive outpatient treatment;
- Use telehealth options in these challenging times; evidence-based group and individual interventions are being delivered via telehealth.

- SAMHSA 4/6/2020

Successful Intervention: Lessons from Clinical Practice

What have you found helpful or your own 'Best Practices' in screening, intervention, and making referral to SUD/behavioral health services?

Questions?

Comments?

EMAIL To:

alphtnquestions@adph.state.al.us

Addressing the Needs of PWID In the Age of COVID-19

Risks for Drug Injectors

- Aging opiate users have vulnerability due to other medical conditions
- Drug use occurring where people congregate
- Drug use and shared equipment
- Stigma of OUD may impede health seeking and access to health promotion messaging
- Increased risk of overdose (access to fentanyl strips/overdose reversal tools)

Advice for Drug Injectors

- Minimize the need to share supplies
- Minimize need for contact
- Prepare drugs yourself
- Plan/prepare for overdose
- Stock up on supplies
- Stock up on drugs

- www.hamreduction.org

Medication Assisted Therapy

- Buprenorphine, Methadone, and Naltrexone are first line treatment for OUD
- 21 certified OUD treatment programs in Calhoun, Chilton, Colbert, Cullman, Dale, Etowah, Houston, Jackson, Jefferson, Madison, Marion, Mobile, Montgomery, Shelby, Tuscaloosa, and Walker counties.

Medication Assisted Therapy

- Statewide overdose reversal program:
www.NotOneMoreAlabama.org
- SAMHSA National Resources
www.samhsa.gov/medication-assisted-treatment

Questions?

Comments?

EMAIL To:

alphtnquestions@adph.state.al.us

Relapse Prevention

COVID-19 Stressors and Psychosocial Vulnerability

- Grief and Depression
- Anxiety and Uncertainty
- Physical Distancing and Isolation
- Pre-Existing Trauma

- SAMHSA 2020

Coping With Grief

- **FEEL YOUR FEELINGS!**
- Understand that grief is unpredictable and non-linear.
- Accept that your grieving process will be unique to you.

Coping With Grief

- **SEEK SUPPORT** from people who care about you.
- Develop physical, emotional, and spiritual self-care plans.
- Recognize the difference between grief and depression.

GLOBAL ISSUES: Managing ANXIETY

- Breathing/relaxation response
- Distraction
- Self-talk/changing outcomes in your head
- Talk out your fears/get supported
- Healthy lifestyle changes (diet, physical activity, sleep)
- Spiritual practice

Addressing Isolation and Loneliness

- Encourage use of technology
- Creative family/community supports
- Physical distancing guidance is six feet; mask adds protection
- Physical activity/fresh air
- Increase support check-ins

Factors That Promote Resiliency Following Trauma

- Social support/connectedness
- Action-oriented coping style
- Self-efficacy/sense of mastery
- Purpose in life/spiritual life
- Talking about the experience and feelings
- Seeking help

Interventions to Address Safety

- **Relapse prevention**
 - Assess and normalize emotional reaction to COVID-19
 - Ask about thoughts of using
 - Reinforce recovery steps
- **Overdose Prevention**
 - Access to naloxone/instruction about use
- **Reminders about injection risks, combining drugs or drugs/alcohol**

THANKS SO MUCH...

AL Wise Woman Program
SAMHSA/CDC/NIDA web sites
Harm Reduction Coalition
www.harmreduction.org
My SUD/OD patients
My friends at ADPH
Rhonda, Bill, Ryan, Brandon, and Darren
YOU for making time today — and ALL YOU DO!