

Welcome to DH Learning Collaborative

- *You will be muted.*
- *Please unmute yourself by clicking on the microphone icon for asking questions and participation in discussions.*
- *You may also put your questions and comments in the Chat box.*
- *We encourage active participation!*

Monthly Webinars

- ***Virtual CO MAT Learning Forum***

1st Thursday 12:30pm-1:30pm

- ***Induction Basics: Tips from the Trenches****

2nd Tuesday 7:30am-8:30am

* *same topic each month*

- ***Denver Health Learning Collaborative***

3rd Wednesday 12:15pm-1:15pm

Denver Health Addiction Journal Club

Scheduled dates for 2020

- *Every fourth Tuesday January-October*
- *November 10th*
- *December 8th*

Time; noon to 1 pm

To join; email ITMATTTRs2@UCDENVER.EDU

- See our website for previous presentations & resources as well as upcoming topics
 - <https://www.practiceinnovationco.org/itmatttrs2/mat-forum/>

DH Learning Collaborative

Upcoming Dates;

- Wed Oct 21 CANCELLED
- Wed Nov 18
- Wed Dec 16

Substance Use Warmline

***Free and confidential** consultation for clinicians from the Clinician Consultation Center at San Francisco General Hospital focusing on substance use in primary care.*

855-300-3595

Weekdays, 7am-6pm MST


Weekend or after-hours callers receive a call back the next business day.

Examples of Support:

- Diagnosis of Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD).
- Starting or adjusting MAT for OUD and AUD.
- Managing withdrawal from substances.
- Dealing with co-occurring substance use and mental health issues.
- Substance abuse in special populations like pregnancy and teens.
- Approaches to people misusing stimulants.
- Managing patients living with substance use and chronic pain.

<https://nccc.ucsf.edu/clinician-consultation/substance-use-management/>



Search... 

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Clinician Consultation

Clinical Resources

About the Center

You are here: [Home](#) > [Clinician Consultation](#) > [Substance Use Management](#)

Substance Use Management



Clinically supported advice on substance use management for healthcare providers

Peer-to-peer consultation from physicians, clinical pharmacists, and nurses with special expertise in substance use evaluation and management.

Submit a Case for Consultation

Send a CCC clinician your case online.

[SUBMIT](#)

Call for a Phone Consultation

(855) 300-3595
Monday – Friday, 9 a.m. – 8 p.m. ET

[CALL](#)

California-based clinicians, please visit our [California Substance Use Line](#).

Addiction Treatment during COVID-19: ASAM Resources

Joshua Blum MD

September 16, 2020



ASAM American Society of
Addiction Medicine



ADVOCACY

EDUCATION

MEMBERSHIP

QUALITY & SCIENCE

CME EVENTS

HOME / QUALITY & SCIENCE / COVID-19 CORONAVIRUS

COVID-19 - RESOURCES



COVID-19 Coronavirus

[Access to Buprenorphine](#)

[Access to Alcohol Use
Disorder and Alcohol
Withdrawal Treatment](#)

[Access to Care in Opioid
Treatment Program](#)

[Access to Telehealth](#)

RESOURCE AREAS

Reopening - NEW

While many places across the country are starting to relax physical distancing restrictions, the COVID-19 pandemic is not over. Communities and treatment programs across the country remain at risk for increasing population prevalence over time.

Access to Buprenorphine

Guidance to ambulatory addiction treatment providers, including those working in primary care, and programs as they strive to ensure that patients continue to have appropriate access to buprenorphine.

Supporting Access to Alcohol Use Disorder and Alcohol Withdrawal Treatment

Guidance to addiction treatment providers to support continued access to care for alcohol use disorder and alcohol withdrawal management during the COVID-19 pandemic.

Infection Mitigation: Outpatient Settings

This provides guidance to outpatient addiction treatment providers and programs when developing infection control procedures to address the COVID-19 pandemic.

Infection Mitigation: Residential Treatment Facilities

Guidance to residential addiction treatment programs (ASAM Levels 3.1, 3.3, 3.5 and 3.7), supporting the development of infection control and mitigation procedures to address the COVID-19 pandemic.

[Treating People who are
Homeless](#)

[Treating Pregnant People
with OUD](#)

[Content Disclaimer](#)

[COVID 19 Task Force
Recommendations](#)

[The ASAM Criteria](#) +

[Quality](#) +

[Definition of Addiction](#)

[Publications](#)

[Science Initiative](#)

[Additional Resources](#) +

[Addiction Medicine
Fellows](#) +

[Quality & Science News](#)

Access to Care in Opioid Treatment Programs

This resource is intended to provide guidance on the issues that OTPs should consider as they navigate the COVID-19 crisis.

Addiction Treatment in Hospital Settings

This guidance is related to the delivery of addiction treatment in hospital settings during the COVID-19 pandemic.

Adjusting Drug Testing Protocols

Balancing the utility of having the data from a urine drug test against the risk of COVID-19 virus exposure to patients, laboratory staff, and clinic staff/providers.

Clinician Wellbeing - NEW

It is essential that clinicians, treatment facilities, programs, and healthcare systems take steps to protect clinician wellbeing during this public health crisis and beyond.

Medication Dosage or Formulation

Guidance to outpatient addiction treatment providers in selecting medications and adjusting medication dose or formulation during the COVID-19 pandemic.

National & State Guidance

This webpage contains news, guidance and resources from around the country regarding addiction treatment in the wake of COVID-19.

Support Group Participation

A guide for addiction treatment providers and programs working to treat patients with substance use disorders safely and effectively during the COVID-19 pandemic.

Treating People who are Homeless

This resource is intended to provide guidance on the issues related to adaptations safety net systems may need to address the needs of individuals with

Patients

If you are a patient or family member or friend in need of immediate assistance:

- Disaster Distress Helpline
Call 1-800-985-5990 or
text TalkWithUs to 66746
- National Suicide Prevention
Lifeline
Call 800-273-8255 or [Chat
with Lifeline](#)

About the Taskforce

Request an Expert

Looking for subject matter experts for your ECHO sessions or organizations webinar? ASAM can help.

Feedback?

If you have questions related to

Today's review

- Access to Buprenorphine
- Alcohol Use Disorder and Withdrawal Treatment
- Adjusting Drug Testing Protocols
- Support Group Participation
- Treating Pregnant People with OUD
- Clinician Wellbeing

On your own

- Telehealth Access for Addiction Treatment
- Criminal Justice System Guidance
- Medication Dosage or Formulation
- Infection Mitigation: Outpatient, Residential
- Addiction Treatment in Hospital Settings
- National and State Guidance

General principles

- Maintain or implement incident command structure to prepare for and address any issues that arise due to COVID-19
- Review current infection control processes, including extent to which staff and patients are adhering to them
- Assess what worked well in your initial response and where there may be room for improvement, updating related policies and procedures as needed
- Assess program or practice's potential needs related to:
 - Personal protective equipment and other supplies needed to control and mitigate the spread of the coronavirus
 - Staff training, staff support, technology to support telehealth
- Address evolving phases of the epidemic and how to prepare for the next stages in your community

General principles

- Infection control and mitigation procedures ([outpatient](#), [residential](#))
- Transitioning to [telehealth](#) whenever possible
- Updated clinical procedures related to [medications](#) and [drug testing](#)
- Managing patients and staff with COVID-19 or suspected of having COVID-19.
- Process for reviewing staffing daily and modifying schedules if needed to effectively provide care
- Communication with staff, patients, and caregivers



Access to Buprenorphine

Access framework

- Is patient in a high-risk group for severe COVID-19?
- Is patient under quarantine or isolation?
- Can patient store medications safely and securely?
- Who else has potential access (children, neighbors)?
- Does patient have naloxone?
- How stable is patient's OUD and/or other SUDs?

Access

- Provide telemedicine whenever possible
- Public health emergency waiver of sanctions and penalties
 - Non-HIPAA compliant platforms
- Ensure patient access:
 - Provide refills to stable patients without requiring in-person visits to stable patients
 - Consider prescribing shorter durations for unstable patients
 - Consider prescribing longer durations for stable patients
 - Risks of diversion vs risks of reduced access

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Alcohol Use Disorder and Withdrawal Treatment

General Principles

Continue accepting new patients

Increase frequency of contact with existing patients

Explore telehealth-based strategies for monitoring adherence to pharmacotherapy, alcohol consumption, and/or development of alcohol withdrawal symptoms

Encourage patients to use online and smartphone recovery support resources

Connect patients with peer support

Partner with family members, close friends to extend support & monitoring

Educate patients about COVID-19 risk mitigation, signs and symptoms, and what to do if they develop

Leverage home withdrawal

- Consider using short alcohol withdrawal scale (SAWS) which can be self-administered
- Communities should consider launching “on-call” line for urgent SUD and withdrawal management services where patients can be triaged to determine if they need inpatient care
- Consider developing standard protocols for specific settings where alcohol withdrawal management may be needed. For example:
 - Protocols for management of low acuity alcohol withdrawal in emergency shelters for people experiencing homelessness

Outpatient medications for alcohol withdrawal

- “When treating in an outpatient setting with home monitoring, consider a dosing protocol that includes higher doses of alcohol withdrawal medications. In the context of COVID-19, the community has diminished access to monitored environments where clinician-administered assessments of withdrawal are feasible. While there is an elevated risk of adverse effects (typically related to sedation) from withdrawal medications, these are often outweighed by the risk of under-treated alcohol withdrawal syndrome.”

Resources

- NIAAA's COVID-19 resources: <https://www.niaaa.nih.gov/alcohol-and-covid-19>
- NIAAA Alcohol Treatment Navigator Telehealth and Mutual Support Options:
 - <https://alcoholtreatment.niaaa.nih.gov/FAQs-searching-alcohol-treatment#topic-how-can-i-access-quality-alcohol-treatment-during-the-covid-19-emergency-through-telehealth-or-online-programs>

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


Support Groups

Support Groups



- Provide resources for online support groups for patients who can't or shouldn't attend in-person meetings
- “Patient preferences, recovery environment, access to technology and experience with online resources are considerations that may affect patient access and use of this resource.”
- Very good resource:
 - https://www.asam.org/docs/default-source/covid-19/support-group-guidance.pdf?sfvrsn=706d53c2_4
 - Includes podcasts and recovery recordings

Apps

SoberTool

Check out SoberTool's Mobile Apps!

HomeMessagesForumMore ▾Login

Check out SoberTool's mobile apps!

Subscribe above to receive great daily messages and rewards!

I'm feeling? -

Welcome to SoberTool! Choose an emotion from the box above or select a category below to discover great tips and inspirational messages to help you stay clean and sober. Also be sure to check out the SoberTool apps for [iOS](#) and [Android](#).

Select a Message Category

[Craving or having relapse thoughts?](#)

[Having difficulty making a decision?](#)

[Doubting you are addicted?](#)

[Need motivation?](#)

[Want to feel better?](#)

I'm feeling Angry

Select a related message from the list below

123»Last →

The Dark Night of the Soul

No addiction has a cure. It can be arrested contingent on a holistic (mind, body,...

The Ocean

Friends, brothers, sisters in recovery, I live on an island in the Atlantic...

Live by the "Principle of the Sundial."

Have you ever seen a sundial? It is basically a disk with recorded hours and a pin...

As I miss my Grandmother

As I miss my Grandmother, I remember she had the incredible gift of making me feel...

Suit up, show up, and sweep my side of the street.

In recovery, I have learned that I need to take care of my business, not everybody...

Not good OR bad; rather good AND bad.

Resentment against people or situations is a major cause of relapse because we drink...


You cannot change them, you can only change yourself.

A SoberTool User asked:; "My main source of frustration is I have these people in...

Who Knows? The Farmer's Son: Fortune or Misfortune?

CLASSIC WISDOM TALE: "One day in late summer, an old farmer was working in his...

Podcasts




The Bubble Hour

[follow](#) Episodes 296 | Followers 339 | Listens 3340978

The Bubble Hour is hosted by Jean M., a sober woman dedicated to breaking down the walls of stigma and denial surrounding the disease of alcoholism. Alcoholism effects more than 50% of American adults, either directly or indirectly, and yet it still remains a "taboo" topic and is still mostly misunderstood by the majority of people (even those effected by alcoholism and their loved ones). The Bubble Hour seeks to inform, educate and help people identify with the stories they hear, the ... [read more](#)

ON-DEMAND EPISODES


 **Chekeshia Kay Ellis**

Chekeshia Kay Ellis had a busy, full life that she loved. The product of a strict upbringing, she worked hard at two jobs and had no interest in partying or trouble. But trouble found her. A fall at work resulted in an injury that required surgery, ... [→](#)

in SelfHelp 1 week ago **00:51**

FOLLOWERS

[view all](#)



Boiled Owl AA Recovery Podcast

The Boiled Owl

Society & Culture

★★★★★ 4.8 • 36 Ratings

[Listen on Apple Podcasts ↗](#)

SEP 15, 2020

Owl 086 Susan 

Susan had stopped trying to control her drinking and just gave up. She had an appointment, still drunk from the night before. As she sat in the car, she noticed her skin color, dead eyes... She heard in her head, "Susan, go to AA."

 **PLAY** 49 min

88 episodes

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Drug Testing

COVID-19 and drug testing

- “Requiring patients to present to a health care facility to provide urine or saliva samples for drug testing may be more harmful than beneficial.”
- “In areas (with) community spread of COVID-19 virus, it may be appropriate to provide continued access to pharmacotherapy without requiring patients to present to a treatment facility or provide a sample for drug testing.”
- “...Carefully weigh the risks and benefits of drug testing, both for the patient and for community public health. As always, any test which will not change a patient’s management should be avoided.”

COVID-19 and drug testing

- Drug testing more important for patients with:
 - Known or suspected diversion
 - Symptoms and signs of intoxication
 - Self-reported or otherwise identified overdose
 - Significantly unstable opioid and/or other substance use disorders
- Collateral information:
 - Daily virtually observed self-admin
 - Involve friends/family
 - Increase frequency of phone or other telehealth contacts
 - Consider shorter prescription durations
 - Patient self-reported substance use

COVID-19 and drug testing

- Considerations of an unexpected negative result after resumption of testing
- Exploring options for remote drug testing
 - Outside facilities
 - Home testing

Resources

- The ASAM Appropriate Use of Drug Testing in Clinical Addiction Medicine (Part 4 discusses considerations for testing matrices other than urine, including oral fluid)
 - <https://www.asam.org/Quality-Science/quality/drug-testing>
- Wang W, Xu Y, Gao R, et al. Detection of SARS-CoV-2 in Different Types of Clinical Specimens. JAMA. Published online March 11, 2020. doi:10.1001/jama.2020.3786
- Peng L, et al. SARS-CoV-2 can be detected in urine, blood, anal swabs and oropharyngeal swabs specimens. J Med Virol. 2020 Apr 24 <https://doi.org/10.1002/jmv.25936>

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Pregnancy

Treating pregnant women with addiction

- 1. Reopening Considerations
- 2. How does the Coronavirus Affect Pregnant People?
- 3. Does having COVID-19 Harm the Fetus?
- 4. Considerations for Breastfeeding
- 5. Transmission of Coronavirus Between Mothers and Babies
- 6. Policies and Practices to Consider
- 7. Initiation of Medication for Opioid Use Disorder
- 8. Drug Testing
- 9. Take Home Doses of Opioid Agonist Medications
- 10. Supporting Parents Involved in the Child Welfare System

Questions answered

- Are pregnant women at increased risk of contracting SARS-CoV-2?
 - Unknown
- Are pregnant women at higher risk of complications or death?
 - Case series of 38: unlike SARS and MERS, “COVID-19 did not lead to maternal deaths.”
 - No “convincing relationship between infection and increased risk of miscarriage or second trimester loss”

Questions answered

- Can women with COVID breastfeed?
 - Infants and children can contract COVID-19 but infection risk low
 - Few confirmed cases with only mild or asymptomatic illness
 - <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-andbreastfeeding>
 - <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancybreastfeeding.html> (accessed 4/24/2020).

Resources

- **CDC's Considerations for Inpatient Obstetric Healthcare Settings:**
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>
- **Society for Maternal Fetal Medicine COVID-19 Resources:**
 - <https://www.smfm.org/covidclinical>
- **Organization Guidance on Breastfeeding and COVID-19:**
 - <https://www.who.int/newsroom/q-a-detail/q-a-on-covid-19-and-breastfeeding>
- **Administration for Children and Families, Children's Bureau COVID-19 Guidance:**
 - <https://www.acf.hhs.gov/cb/resource/covid-19-resources>

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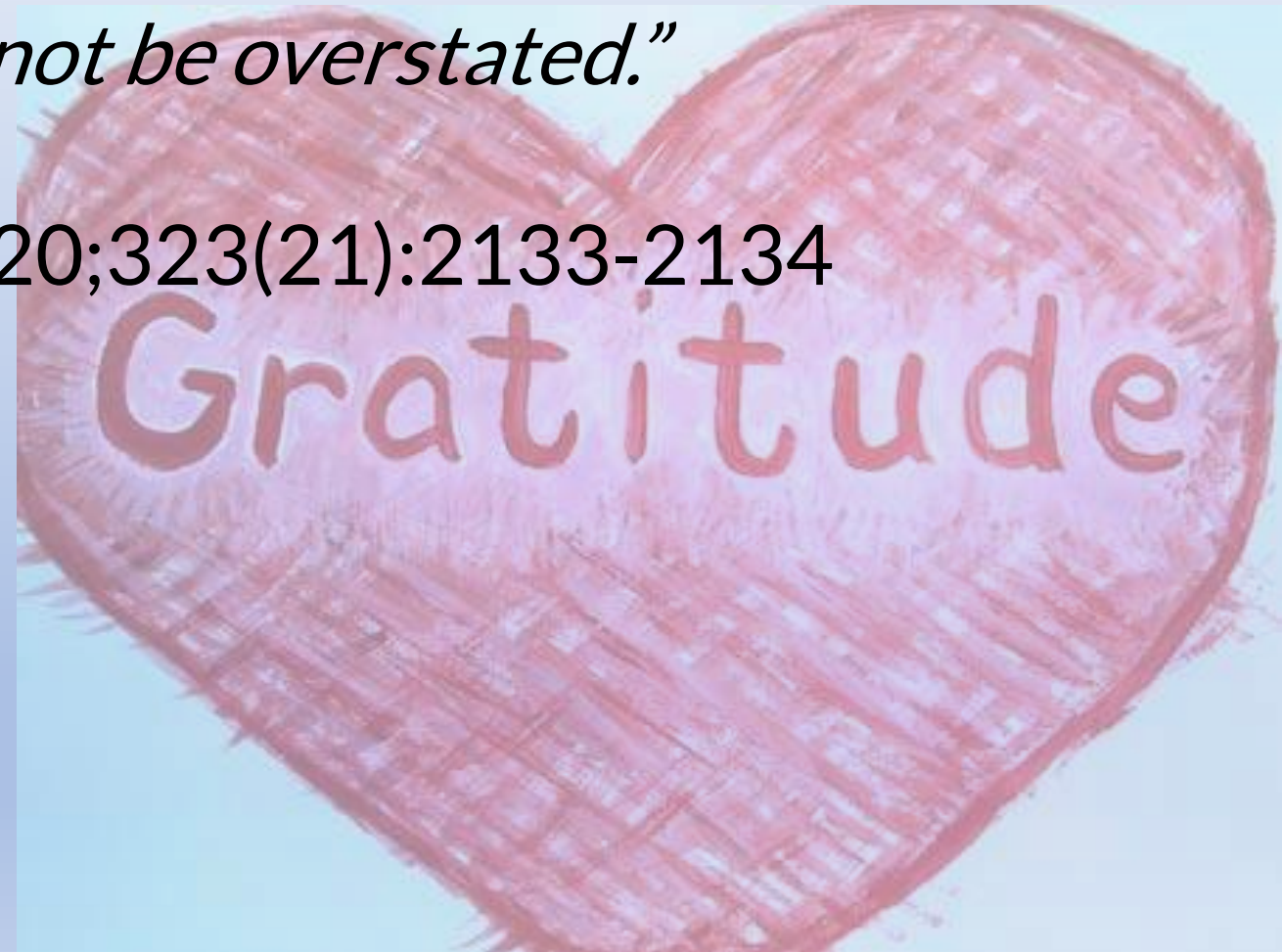
Clinician Wellbeing

Addressing well-being

- Provider burn-out
- Coping with difficult feelings
 - Grief, loss, guilt, fear, isolation, stress
- Building resilience
- Building camaraderie
- Supportive leadership
- Regular trainings
- Peer support
- Additional resources

“The importance of simple and genuine expressions of gratitude for the commitment of health care professionals and their willingness to put themselves in harm’s way for patients and colleagues cannot be overstated.”

Shanafelt, T. et al, JAMA. 2020;323(21):2133-2134



End

Questions? Stories?