

4.15.2020 3 pm ACMT - COVID-19 and Addiction Treatment Webinar Notes

The first part of the webinar, focused on strategies for continuing care in addiction treatment settings, and observed challenges and opportunities for the SUD community. 2/3rds of the webinar covered utilization of poison center as a COVID-19 hotline and updates from ED physicians on the ground, Lewis Nelson was there. You can find the recording here:

https://www.acmt.net/Poison_Centers_COVID19.html

COVID-19 and Addiction Treatment

- **Pre-cautions taken by addiction facilities at the time of COVID-19 pandemic**
 - Reducing risk to high risk population
 - Clients 60 and older asked to cease attendance at groups
 - Still allow visitations for individual medical sessions (MAT)
 - Other high-risk groups (COPD, CAD, HTN, diabetes)
 - Census is limited to 15 per group maximum
 - Reducing number of chairs in waiting room and encouraging social distancing between staff
- **Washington State: Opioid Treatment Program reported vulnerabilities**
 - 35% of patients are homeless in one facility
 - High rates of comorbidities
 - Frequent movement throughout community
 - Hospitals, detox, jails, medical clinics, social services
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 - Housing/homeless group gatherings
 - Congestions
 - Adjustment in changes – social distancing/quarantine, lack of PPE, and additional systems adjustments
- **Shared example of guidance developed for detox-inpatient settings (see image attached)**
- **Challenges and Opportunities**
 - **OPPORTUNITIES**
 - Broader access to patients and novel support mechanisms (phone/telehealth)
 - Internet AA/NA/HA support
 - Ambulatory Detoxification expansion | Networks of communication developing
 - Smoking cessation
 - Novel ways of delivering addiction care (e.g. App availability)
 - Connect in creative way.
 - Opportunities for Poison Control to provide novel support/monitoring/triage
 - Assist with monitoring ambulatory detox
 - Poisoning prevention/med safety counseling
 - Assist with linking patients from ED/hospital (triage and provide information)
 - Assist ED/hospital with MOUD guidance*
 - **CHALLENGES**
 - More medications available in precarious settings (home with children) e.g. methadone take homes = increasing Peds exposures.
 - More associated/adjunctive meds available at home

- Increased stress (patient/staff)
- Less monitoring (minimal UDS)
- Most vulnerable highest risk/most complications
- Limited bed availability inpatient, detoxification settings
- Shelter beds limited
- More complicated ED/hospital OD's (e.g. methadone)
- Mental health decompensation (in vulnerable)
- Increasing alcohol use/dependence

Best,
Cat Caneda