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## Objectives of today's training:

- How COVID-19 and consequent restrictions have impacted SUD treatment services
- How clients and people of recovery have been impacted by these changes
- Opportunity to do some collective processing of our experience
- Brainstorm possible implications for the future and where do we go from here?

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## History timeline: How did we get here?



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## Pennsylvania timeline:

- March 6: 1<sup>st</sup> cases in Wayne and Delaware counties
- March 11: WHO declares Global Pandemic
- March 13: President Trump declares National Emergency
- March 16: Gov. Wolf orders all schools and parks closed for 2 wks.
- March 18: 1<sup>st</sup> COVID 19 related death in PA
- March 19: Gov. Wolf closes all non-essential businesses to close physical locations
- March 25: Over 1,000 cases
- April 9: Schools close for rest of school year
- April 10: Gov. releases 1800 inmates from State Prisons
- April 13: Gov. Wolf announces 3 step process for re-opening



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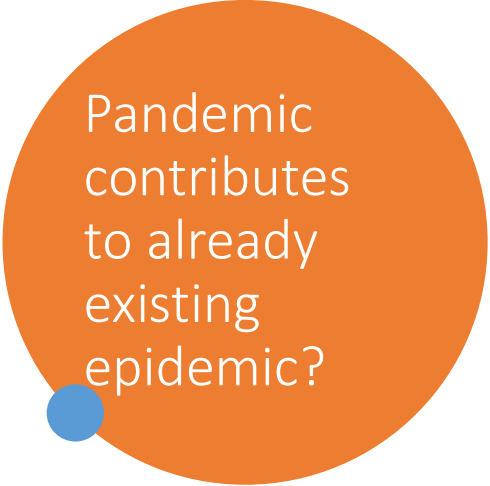


*That moment it feels like your whole world is falling apart.*

## Our World changed over night:

- Unemployment/changes with work
- Financial concerns
- Sense of safety
- Uncertainty
- Health
- Family closeness/quarantine, less autonomy
- World perspective
- Scarcity: not enough...

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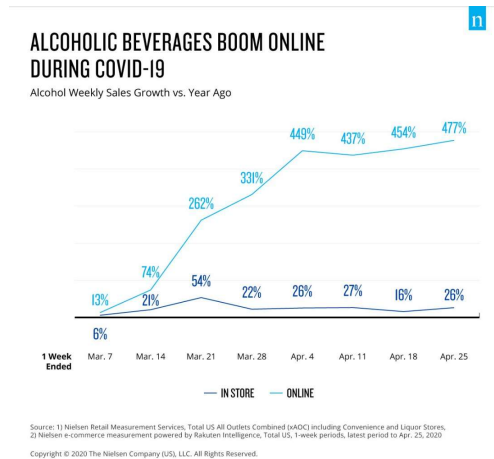
## Pandemic contributes to already existing epidemic?

Suspected overdoses nationally — not all of them fatal — jumped [18 percent](#) in March compared with last year, 29 percent in April and 42 percent in May, according to the Overdose Detection Mapping Application Program, a federal initiative that collects data from ambulance teams, hospitals and police. In some jurisdictions, such as Milwaukee County, dispatch calls for overdoses have increased [more than 50 percent](#).  
<https://www.washingtonpost.com/health/2020/07/01/coronavirus-drug-overdose/>

- Opioid fatalities/suicides: “deaths of despair”
- Accessibility to Naloxone and needle exchange reduced

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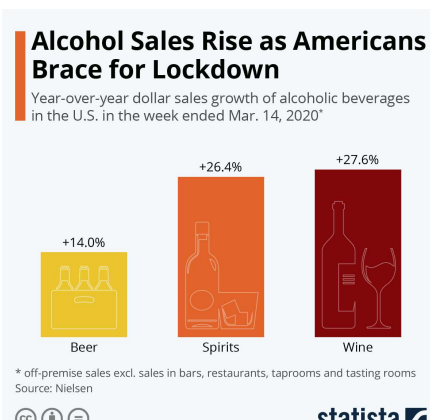
## Alcohol sales increase over quarantine:



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Some of this increase is undoubtedly stockpiling, especially given that in many locations bar and restaurants are closed. But we also know from prior experience and [studies that periods of economic and psychological stress like this have two effects on alcohol use](https://theconversation.com/america-is-drinking-its-way-through-the-coronavirus-crisis-that-means-more-health-woes-ahead-135532). People have less money to spend on alcohol, which drives their spending down; at the same time, they are likely to drink more to alleviate the stress they are feeling. In short, they are buying larger quantities of cheaper alcohol. <https://theconversation.com/america-is-drinking-its-way-through-the-coronavirus-crisis-that-means-more-health-woes-ahead-135532>

### ALCOHOL USE ON THE RISE for Americans:

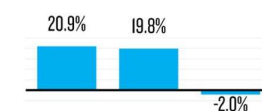


### CONSUMERS GRAVITATE TO LARGER PACK SIZES

#### PACK SIZE TREND FOR "OFF PREMISE"

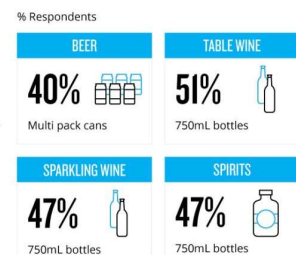
S % GROWTH	PRE COVID-19 1 Year to Feb. 29	DURING COVID-19 7 Weeks to Apr. 18
Boxed Wine	+5%	+44%
1.75L Spirits	+2%	+47%

#### BEER/CIDER/FMB



#### PREFERRED SERVING SIZE FROM "ON PREMISE"

Q: How would you order alcohol with take out / delivery?



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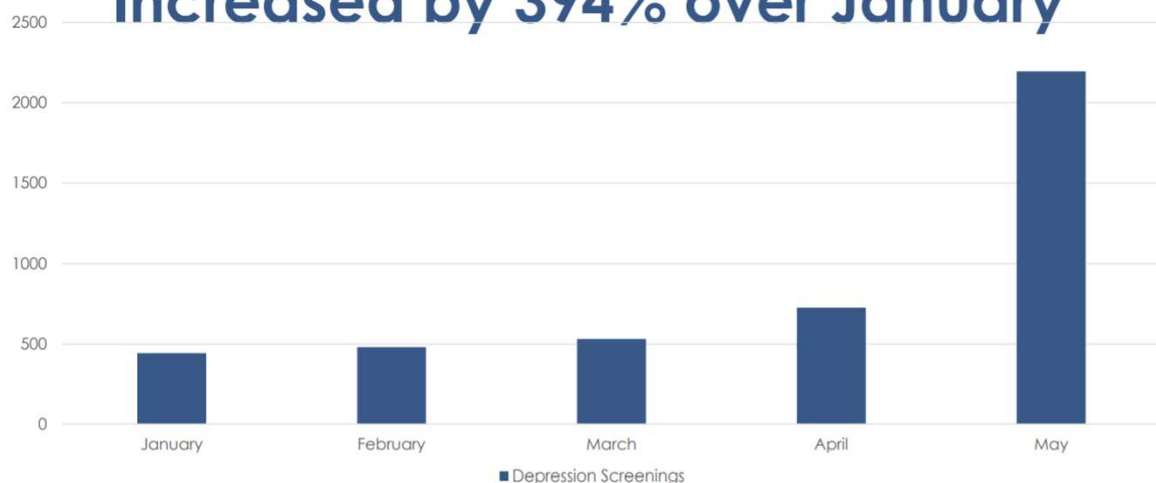
## Mental Health and COVID-19: More Than 88,000 Impacted by Anxiety and Depression

- Since the beginning of the worry about COVID-19 in mid-to-late February, there have been at least **88,405 additional positive depression and anxiety screening results** over what had been expected (using November 2019-January 2020 average as a baseline).
- There have been **54,093 additional moderate to severe depression** and more than **34,312 additional moderate to severe anxiety screening results** from late February through the end of May.
- The per day number of anxiety screenings completed in May was **370% higher** than in January, before coronavirus stress began. The per day number of depression screens was **394% higher** in May than in January.
- These impacts on mental health are **more pronounced in young people (<25)**: roughly 9 in 10 are screening with moderate-to-severe depression, and 8 in 10 are screening with moderate-to-severe anxiety.

<https://mhanational.org/sites/default/files/Coronavirus%20Mental%20Health%20Presentation%206-1-2020.pdf>

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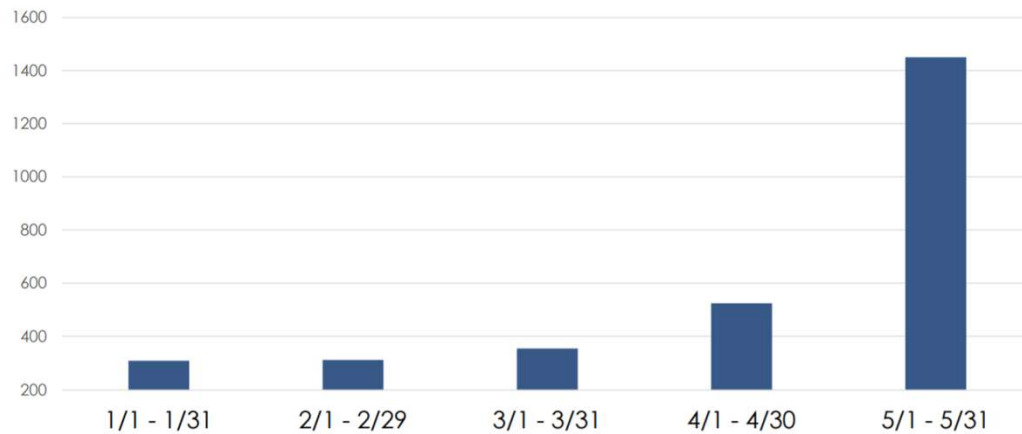
## In April, Per Day Depression Screenings Increased by 394% over January



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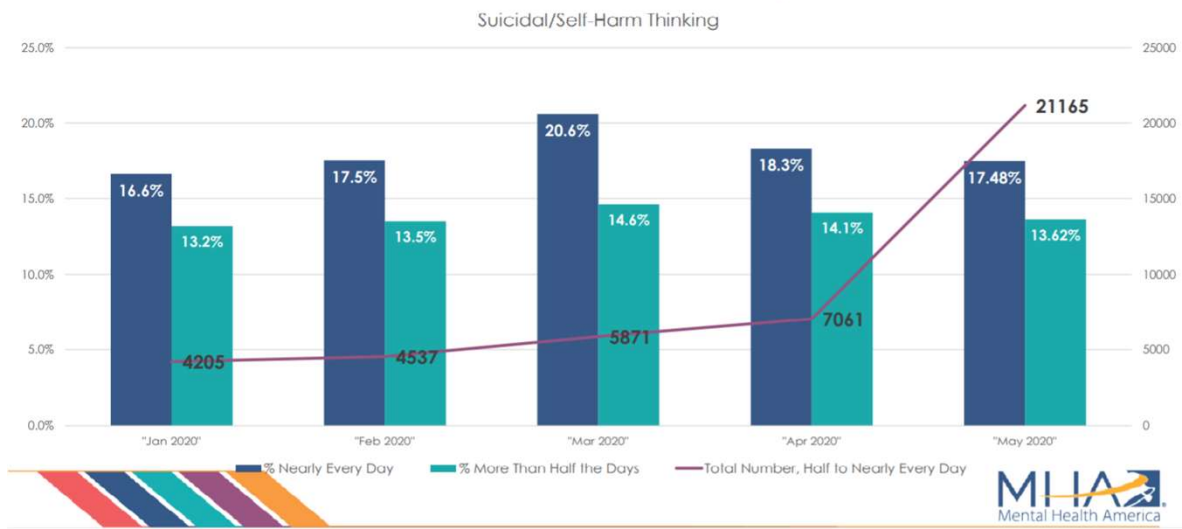


## In May, Per Day Anxiety Screenings Increased by 370% over January



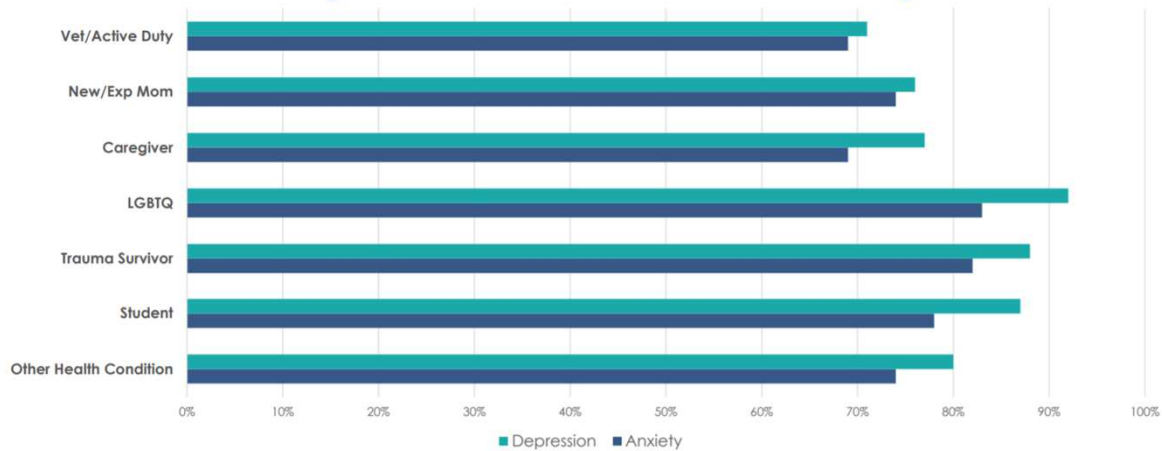
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## More Than 21,000 People Considered Self-Harm or Suicide in May



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## Special Populations: Positive for Depression and Anxiety



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People with SUDs are considered a vulnerable population to detrimental effects of COVID-19 because:

<https://www.drugabuse.gov/about-nida/noras-blog/2020/04/covid-19-potential-implications-individuals-substance-use-disorders>

- High stress, high risk of relapse
- Abrupt discontinue of: Treatment, medication administration, meetings, social, recreation, faith community participation
- Risk for infection: Respiratory and Pulmonary co-morbid illnesses, compromised immune system, smoker/vaper
- Higher risk for homelessness/housing insecurity, incarceration, decrease to access for medical care, needle exchange, access to services

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## Stress, Anxiety, UNCERTAINTY: Free fall



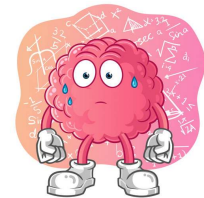
**Humans have a built in STRESS RESPONSE SYSTEM to indicate danger/threats**

- FIGHT, FLIGHT, FEAR response
- Disassociation
- Long term effects of being activated in “overdrive” due to multiple factors: isolation, finances, health scare, work/life balance, information saturation
- WORRY: negative projection future

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## COVID BRAIN: “OVER STRESSED”

<https://www.paho.org/en/events/webinar-coping-stressors-time-covid-19>



### **Cognitive and Physical**

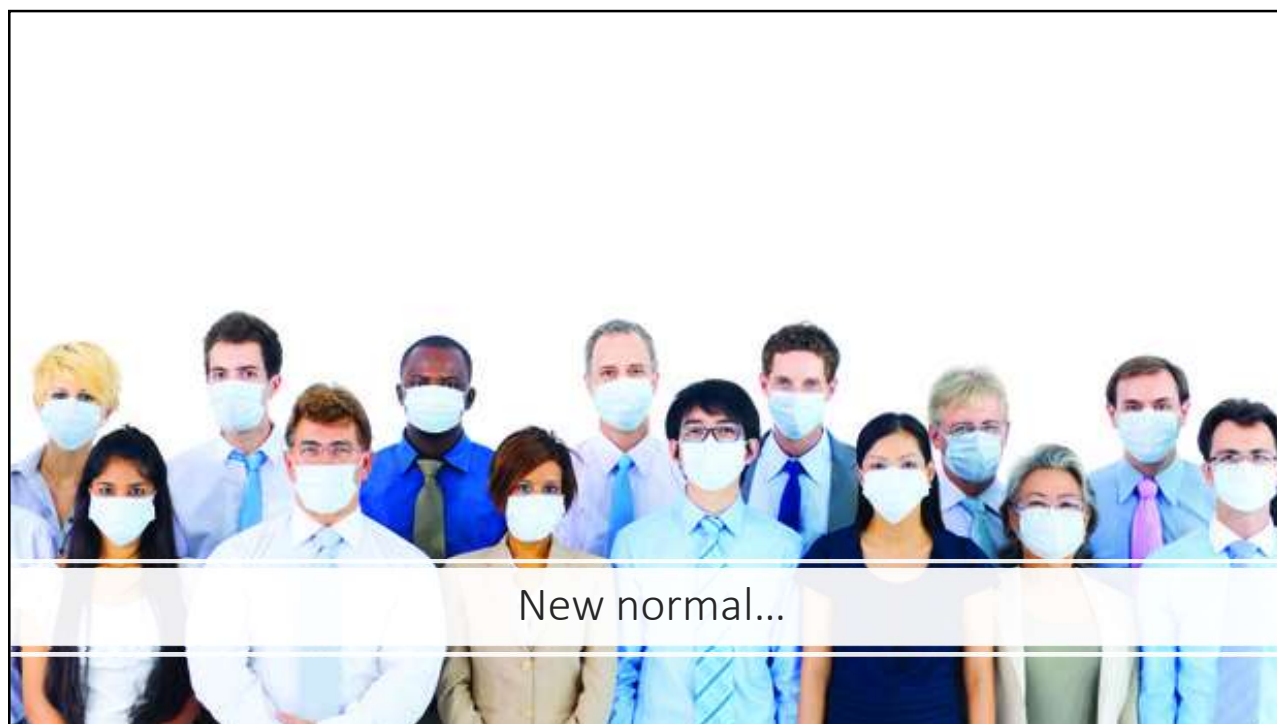
- Difficulty focusing, concentrating
- What if..
- Difficulty making decisions
- Muscle tension, pain, aches
- Fatigued easily, low energy
- Agitation

### **Emotional and Behavioral**

- Anxiety, irritability, depression
- Feeling hopeless or helpless
- Inability to relax or restlessness
- Changes in sleep and eating habits
- Withdrawing from others
- Difficulty completing tasks

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## COVID-19 impacts changes for treatment:


- SAMSHA: Opioid treatment Protocol with MAT's: take home dosage protocol, quarantined patients can have a trusted person obtain medication for them, telehealth check up for established patients enrolled
- Tele health: online platform or phone to deliver assessment, individual, group therapy sessions, 42CFR confidentiality loosened for telehealth platforms, insurers encouraged to reduce or eliminate UR or prior authorization, provisions about reimbursement rates comparable to live sessions
- New protocol on Residential treatment guidelines: visiting, family program, new admissions, quarantine for patients exhibiting symptoms, testing protocol

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COVID and  
Recovery:  
Accepting the  
things we can  
not change...

- Schedule/structure/rhythm interrupted
- Lack of live social connection
- No recreation?
- Denial/resistance to change
- Confusion impacted by media coverage, State and Federal recommendations: inconsistent and ALWAYS changing
- Accepting and tolerating individual's comfortability of safety/precautions, what feels safe to you may not be for me: boundaries

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- "I miss hugs"
- "Being virtual isn't the same"
- "I am all Zoomed out the last thing I want to do is go to a Zoom support group after work"
- "What do I do now for fun?"
- "Despite all of this being so different, this has allowed me the space and time I need to focus on myself and my daily recovery plan, prayer and meditation has never been more important"

What people in recovery are saying...

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## Issues that people in recovery are facing:

- Tele health sessions: Resistance? Differences? Comfortability? Accessibility to internet resources and privacy
- Confidentiality concerns: Zoom bomber meetings, outdoor meetings
- Support group participation, faith services decreased
- Resistance to asking for help/treatment
- Accessibility for needle exchange, Naloxone, willingness to go to ER for overdose decreases

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## Managing our new normal:

- Plan your routine
- Reach out to others
- Connect, share
- Stay safe
- Limit Media
- Take breaks
- Physical movement, fitness, exercise
- Healthy eating, staying hydrated
- Have "go to" Apps. And/or Coping skills
- Do something CREATIVE
- GO OUTSIDE



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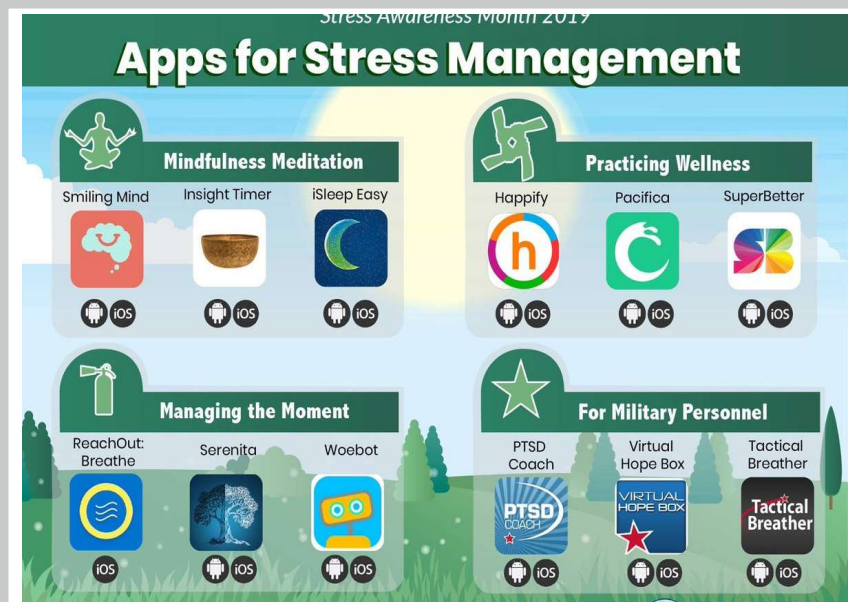
## Best Recovery Apps 2020:

- **Addicaid:** meeting locators, hotlines, daily check-ins, craving management
- **Recovery Box:** accountability, trigger tracker: green, yellow, red behaviors, safe support contacts, goals
- **Sobergrid:** Virtual sober support group
- **ConnectionsApp:** free app, e-therapy counseling 9am-10pm, recovery skills, track sobriety, videos, journal prompts
- **Mindshift:** focused on anxiety management, tracker, rates levels of anxiety
- **Pacifica:** Mood tracker, meditations, CBT prompts

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## Apps and videos:

<https://psych.ucsf.edu/coronavirus/videos>  
<https://www.every-mind.org/7493-2/>  
<https://allonehealth.com/all-stressed-out-and-no-place-to-go-coping-with-covid-19-webinar/>



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## Online Recovery Resources:



- 12-Step Meetings and Resources:
  - [Alcoholics Anonymous Intergroup Directory of Online Meetings](#)
  - [Online Group AA Meetings](#)
  - [AA Online Meetings](#)
  - [In the Rooms Online Meetings](#)
  - [Narcotics Anonymous Virtual Meetings \(online and phone\)](#)
  - [Narcotics Anonymous World Services \(includes NA help lines and websites\)](#)
- Non-12-Step Resources:
  - [Life Ring Online Meetings](#)
  - [SMART Recovery Online Toolbox \(meetings and resources\)](#)
  - Women for Sobriety ([community forums](#) and [phone support](#))

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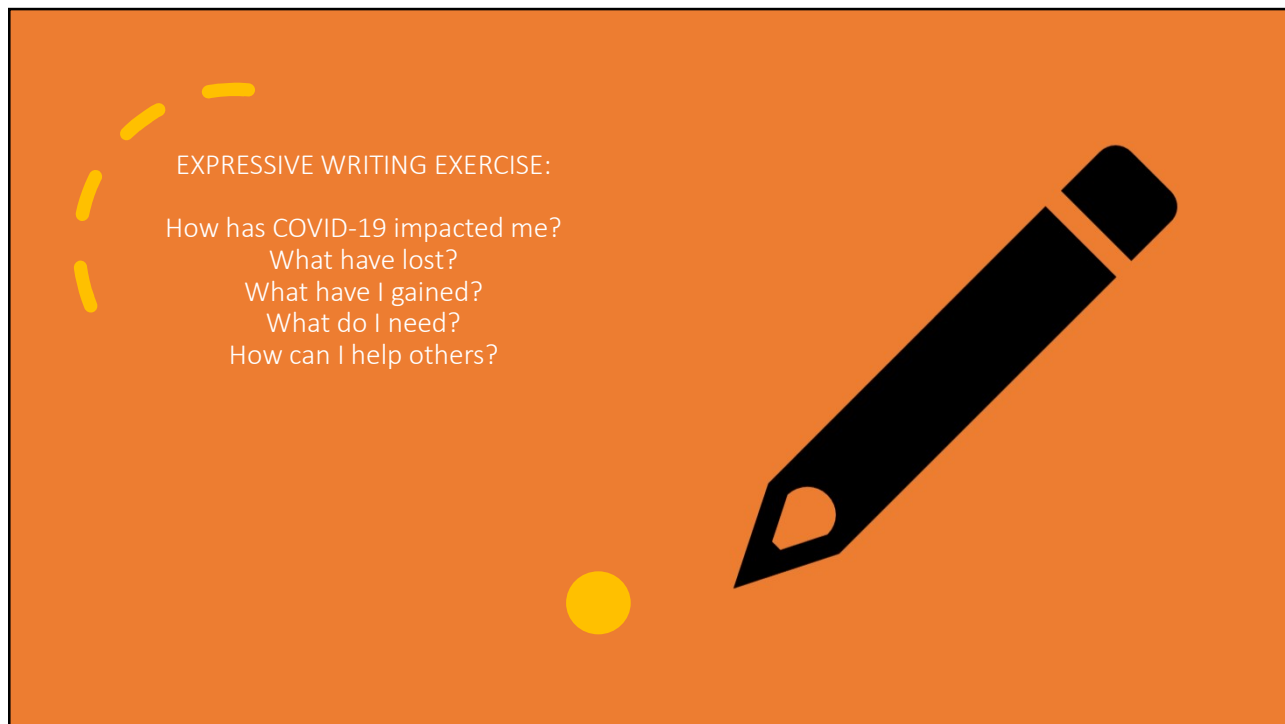
## What is safety to you?



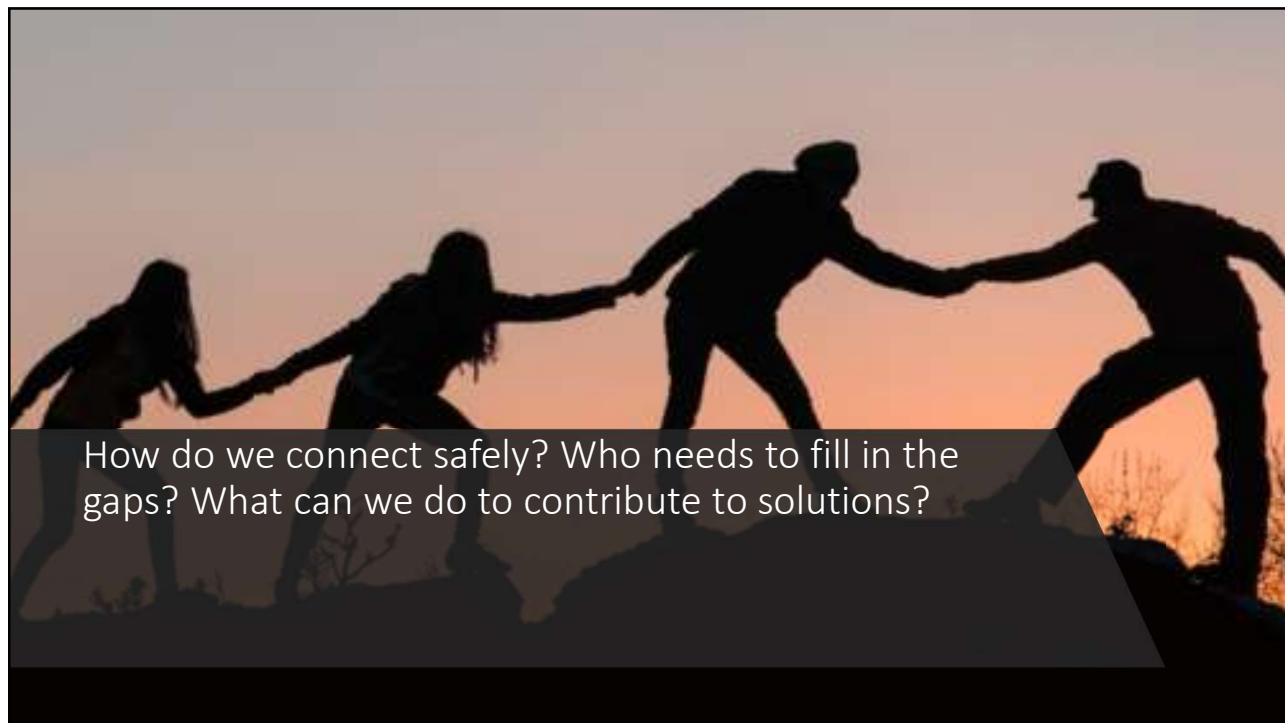
- Recommendations by CDC/WHO
- What is isolating/quarantine mean to you?
- Personal boundaries
- Mask? Social Distant?
- As support group locations open to meet LIVE with restrictions, limit capacity, cleaning
- RISK vs. BENEFIT, what is sustainable for you?

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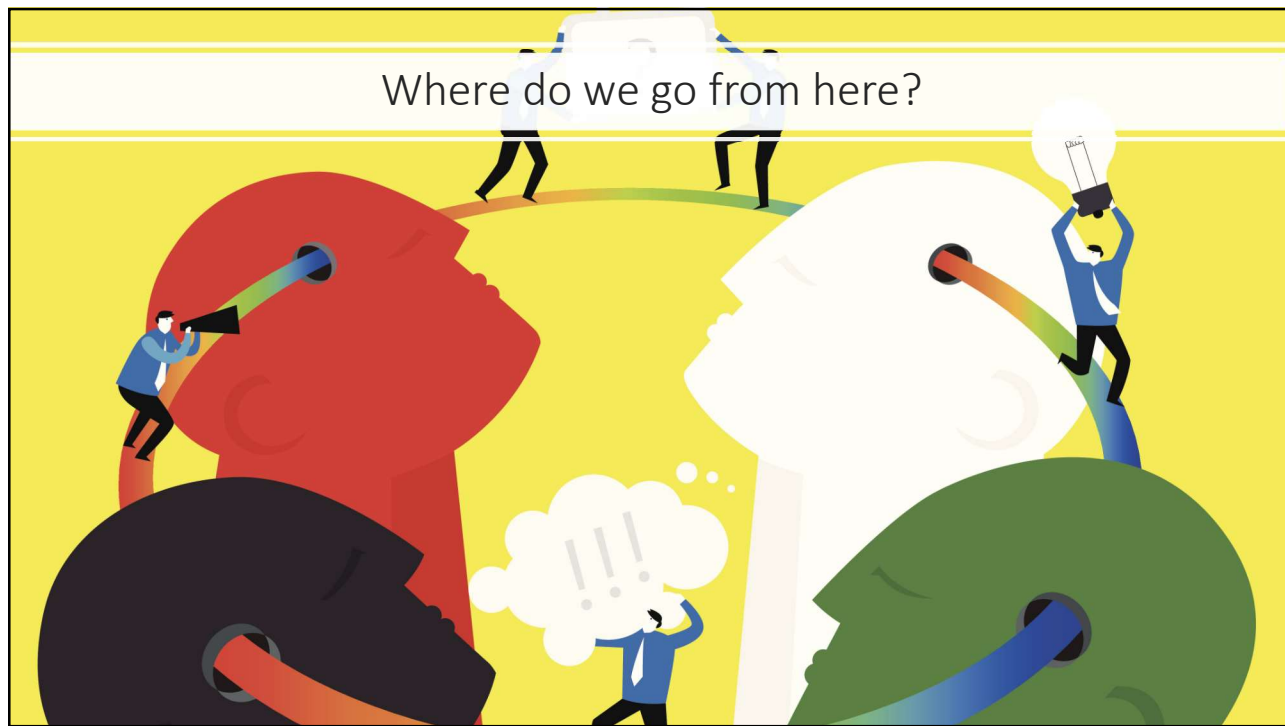




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