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The Mountain Plains Addiction Technology Transfer Center

The Mountain Plains ATTC accelerates the adoption and implementation of evidence-based and promising addiction treatments and recovery-oriented practices and services; Heightens the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other behavioral health disorders; and fosters regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community



The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC uses affirming Language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

<https://preventionsolutions.edc.org/sites/default/files/attachments/Words-Matter-How-Language-Choice-Can-Reduce-Stigma.pdf>



Mountain Plains ATTC (HHS Region 8)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Addressing SUD During a Pandemic: Opportunities & Challenges

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Learning Objectives:

- Appreciate that people with substance use disorder are more vulnerable during a pandemic.
- Describe structural changes that have occurred when medications for opioid use disorder (MOUD) during the pandemic are provided
- Discuss opportunities that are available to improve access to care for people with substance use disorder.

Background:

- Substance use disorder is often treated as a moral and criminal problem, not a health care concern. As a result, people with SUD experience:
 - Increased risk of undiagnosed/untreated chronic diseases
 - Increased risk of infections (HCV, HIV, pneumonia)
 - Greater risks of not completing substance use treatment
 - Increased risk of involvement in other risky behaviors (e.g. needle sharing)

(Vaughn & Williams, n.d.)



Access to Treatment Issues

- Lack of providers and treatment sites (especially in rural areas)
- Lack of public understanding of SUD
- Punitive language surrounds SUD (Rock Bottom, Recovering Addict, Alcoholic, Drug Addicted Babies)
- Regulatory issues: different/varied coverage for SUD
- Rural concerns (transportation, minimal privacy)
- Lack of waived prescribers



Many People Won't Seek Care for SUD

- Inability to afford care (48%)
- Can handle problem without treatment (26.5%)
- Not being aware of where services are located (25%)
- Concerns about confidentiality (10%)
- Neighbors and community might have a negative opinion (10%)
- Negative effect on job (8%)
- Fear of being committed (10%)
- Believe that treatment will not help (9%)
- No health care coverage (6% to 9%)

(Center for Behavioral Health Statistics and Quality, 2017)



COVID-19 Crisis

People with SUD are more vulnerable during pandemic:

- structural discrimination and stigma
- side effects of opioid use
- risk of exposure due to incarceration, housing instability or rehab
- appointment requirements for drug screening, counseling or medications (methadone and buprenorphine).

(Priest, 2020)



COVID Response

Positive Changes:

- + Focus on Harm Reduction
- + Expanded Telehealth
- + Decreased Visit Frequency
- + Increased Number of Methadone Take Homes

(SAMHSA, 2020)

Continued Barriers:

- Limited Hours of Service
- Decrease Access to Recovery Supports
- Highlight of Disparities (phone, technology, ability to socially distance)



Opportunities

- Maintain expanded Telehealth
- Increased number of Methadone take home
- X the X-Waiver
- Rethink abstinence only
- Harm reduction models of care
- Expand access with alternative ways to deliver care
- Continue to address social determinants



Suggestions for Techniques to Address:

- Co-location of SUD counseling and other services with primary care
 - reduces the stigma of accessing a facility identified as treating SUDs,
 - Serves patients/clients in settings locations where they are more comfortable
 - Permits improved coordination between physical and behavioral health care.
- Integrated care in the clinic - Integrating mental health, substance abuse, and primary care services. And in the community - family/employers/clergy faith-based advisor/elected officials
- Create teams that work together and don't result in professional isolation (pharmacy/APRNs/Nurses/MDs/psychologists/social workers/primary care physicians)

(Heath, Wise Romero, Reynolds, 2013)



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