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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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