COLLISION OF SUD AND COVID-19: A NIDA UPDATE

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NAADAC Webinar Presenter
Jack B. Stein, MSW, PhD
- National Institute on Drug Abuse (NIDA)
- Chief of Staff
- Office of Science Policy and Communications (OSPC), Director
Collision of SUD and Covid-19: A NIDA Update

December 18, 2020
12:00 p.m.–2:00 p.m. EST
Today’s Agenda

• Part 1:
  ▪ Overview
    ‣ Jack B. Stein, MSW, Ph.D., NIDA
    ‣ Jennifer A. Hobin, Ph.D., NIDA
  ▪ Treating Substance Use Disorders (SUD)
    ‣ Kurt Rasmussen, Ph.D., NIDA
    ‣ Will M. Aklin, Ph.D., NIDA
  ▪ HIV/AIDS and SUD
    ‣ Redonna Chandler, Ph.D., NIDA

• Part 2:
  ▪ Patient and Family Perspectives
    ‣ Philip Rutherford, Faces & Voices of Recovery
    ‣ Jessica Hulsey, Addiction Policy Forum

Overview

Jack B. Stein, MSW, Ph.D., NIDA
Jennifer A. Hobin, Ph.D., NIDA

2019 Provisional Overdose Death Counts

- Overdose deaths involving synthetic narcotics, such as fentanyl, continued a steep increase in 2019, reaching 37,162 cases.
- Overdose deaths involving prescription opioids or heroin continued a gradual decrease to a respective 14,376 and 14,291 cases.
- Overdose deaths involving cocaine or methamphetamine continued increasing to a respective 16,207 and 16,536 cases.

Note: Data for 2019 is not final and subject to change and refinement. Provisional overdose death counts. Source: Office of Health Promotion and Disease Prevention, Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. 2019 data accessed 10/21/2020.
Overdoses Grew Dramatically During the Pandemic

Overdoses increased up to 42% per month during the pandemic, as compared to the same months in 2019.

Note: Percent growth references the 1,201 agencies reporting to ODMAP by January. Source: Alyssa Power of the Washington Post

Drug Use Increase During COVID

Millennium Health Signals Report™ COVID-19 Special Edition: Significant Changes in Drug Use During the Pandemic Volume 2.1 Published July 2020

COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the United States

Quan Qiu Wang, David C Kaelber, Rong Xu, Nora D Volkow

Risk associations between recent SDOH diagnoses and COVID-19

Wang et al., Mol Psychiatry 2020
Helping End Addiction Long Term SM (HEAL) Initiative

Enhance Treatments for Infants with NAS/NOWS

Expand Therapeutic Options

Develop New and Improved Prevention & Treatment Strategies

Optimize Effective Treatments

Accelerate Discovery and Development of Pain Treatments

Advance Effective Treatments for Pain Through Clinical Research

Improve Treatments for Misuse and Addiction

Enhancing Pain Management

Helping End Addiction Long Term SM (HEAL) Initiative

HEALing Communities Study

Justice Community Opioid Innovation Network

- Has the rate of overdoses changed?
- Impact on treatment initiation and retention
- Impact on drug access in the community
- Challenges to providers and first responders
- Challenges to those with SUD

- Compiled >120 guidelines/resources for justice systems responding to COVID-19
- Advisory group to provide real-time information to NIDA on COVID-19 impact in justice settings
Structural Challenges for SUD During COVID

• Stress
• Stigma
• Access to medications for OUD
  • Limited access to peer support groups and other sources of social connection
  • Social distancing increases chance of overdose with no one present to administer naloxone

Opportunities in SUD Treatment

• Expanded use of telemedicine
  • Prescribing outside of state where providers are registered
  • Expanded Medicare coverage of telehealth services
  • OTP therapy/counseling via audio calls rather than audio/video
• Easier access to medications for OUD
  • Buprenorphine to new/existing patients via telehealth/telephone (methadone initiation must be in person)
  • 28 day methadone take home doses
  • Surrogate take home/door step delivery for people under quarantine

NIDA Notice of Special Interest for Research at the Intersection of COVID and SUD

• Nearly 90 applications funded
• Solicitation open until March 2021
NIDA Notice of Special Interest for Research at the Intersection of COVID and SUD

- Examples of funded projects:
  - How does telehealth access affect OUD treatment, including in rural settings?
  - What is the impact of methadone take home dose policy on treatment retention/adherence and drug use?
  - What factors mediate the effects of COVID on drug use in people with SUD?
  - How has the pandemic affected adolescents? Pregnant and postpartum women with SUD?
  - Development of digital smartphone apps that can facilitate counseling and recovery support in the context of COVID
Congressional Interest in NIDA Research

- Opioid crisis
- Rising rates of stimulant overdose

An Effective but Inaccessible Methamphetamine Treatment: Contingency Management

**Opportunity**
- CM is a behavioral treatment in which behavioral change targets (such as drug abstinence) are set and carefully monitored, and rewards are issued for compliance
- Meta-analyses indicate that CM is the most effective behavioral treatment for stimulant addiction

**Challenges**
- Treatment programs receiving federal funds are allowed to award a maximum of $75/patient/year
- More is disallowed by HHS under anti-kickback statute
- Legal concerns have disincentivized uptake of CM
- Effective CM protocols provide more than $75
  - range ~ $200-$2000

Congressional Interest in NIDA Research

- Opioid crisis
- Rising rates of stimulant overdose
- Adolescent tobacco and vaping use
- Cannabis
- Facilitating research with controlled substances
Changes in U.S. Drug Policy—2020 Election

• Marijuana
  ▪ Arizona
  ▪ Mississippi
  ▪ Montana
  ▪ New Jersey
  ▪ South Dakota

• Hallucinogens
  ▪ Oregon (psilocybin)
  ▪ Washington, DC

• Other drugs
  ▪ Oregon (decriminalization of all controlled substances)

Standardized THC dose

NIDA Strategic Plan 2021-2025

Neuroscience
Behavior
Social
Epidemiology
Genetics
Development
Pharmacology

Prevention/Screening
Treatment
Recovery

Service Delivery
Models of Care
Sustainability
Implementation
Policy Research

Scientific Stewardship of Public Resources
- Research Training and Workforce Diversity
- Research Infrastructure Development
- Research and Reproducibility of Evidence
- Public Private Partnerships and Collaboration
NIDA Strategic Plan

Winter 2020
Present framework to NACDA

Spring 2020
Senior leadership concept approval

Summer 2020
Consult with Program staff

Fall 2020
Program staff review

Summer 2020
Incorporate stakeholder feedback

Winter 2021
Senior leadership approval

Spring 2021
Launch and promote NIDA Strategic Plan

Winter 2021
NACDA feedback

Spring 2021
NACDA approval

Final NIH approval

We are here

NIDA Initiative to Promote Racial Equity

NIDA Workplace

Scientific Research Workforce

Research Gaps and Opportunities

Treating Substance Use Disorders (SUD)

Promising Emerging Medications for the Treatment of OUD and StimUD

Kurt Rasmussen, Ph.D., NIDA
Emerging novel treatments for OUD

What is the unmet medical need in OUD?

- Improved treatment of withdrawal
  - Both acute and prolonged
  - Induction onto antagonist therapy
- Poor adherence to medication
- Residual symptoms with medication
  - Disturbed sleep
  - Anxiety
  - Depression
- Craving
- Relapse

Multiple medications will be needed to address the complex and changing neuropathophysiology of Opioid Use Disorder

- Opioid Use Disorder is not a monolith
  - Complex, changing process
- Brain changes throughout process
  - Overlapping, but different, pathophysiology at different points
- Complexity represents an opportunity!
  - Multiple clinical/pharmacological targets for treatments
  - Different treatments can have different effects at different stages
  - Opportunity for tailoring treatments
Novel formulations of approved drugs

- Naloxone
  - Prefilled IM syringes
  - Multi-dose nasal spray
  - Hi-dose nasal spray
  - Hi-dose IM injection
- Naltrexone
  - 2 mo injection
  - 3 mo implant
  - 6 mo implant
  - 1 year implant
- Nalmefene
  - Transmucosal
  - 6 mo implant

Marketed products

- Suvorexant
  - Belsomra (Merck)
  - Orexin-1/2 antagonist
  - Insomnia treatment
  - Multiple IITs ongoing
    - Other OX-1/2 antagonists
      - Lemborexant (Eisai)
      - FDA approved
      - Nemorexant (Indorsia)

- Brexpiprazole
  - Rexulti (Otsuka/Lundbeck)
  - D2/5HT2a/5HT1a
  - Schizophrenia
  - NIDA grant for Ph II trial

Compounds that have already been in Ph II trials

- ASP8062
  - GABA-B PAM (Astellas)
  - Studied in other indications in Ph II trials
  - Will be studied as adjunct to buprenorphine in OUD
- Tezampanel
  - AMPA antagonist (Proniras)
    - Formerly LY33558
  - Efficacy in Ph II migraine trial
  - Will be studied to block withdrawal symptoms to improve transition onto naltrexone therapy
Novel MOAs not yet tested in any indication

- INDV-2000
  - Ox-1 antagonist (Indivior)
  - Ph I studies ongoing
  - Multiple Ox-1 antagonists in development
  - Potential to treat StimUD also
- ITI-333
  - MOR PA/SHT2a antag (Intracellular Therapeutics)
  - Ph I imminent
- Oxycodone vaccine
  - Ph I
- P1A4
  - Fentanyl mAB
  - Cessation Therapeutics
  - Late preclinical

Emerging novel treatments for StimUD

Marketed products

- Suvorexant
  - Belsomra (Merck)
  - Orexin-1/2 antagonist
  - Insomnia treatment
  - Other OX-1/2 antagonists
    - Lemborexant (Eisai)
    - FDA approved
    - Nemorexant (Indorsia)
- Bupropion
  - Wellbutrin
  - NE/DA reuptake inhibitor
  - MDD
  - Multiple ongoing Ph II trials
Compounds that have already been in Ph II trials

- Mavoglurant
  - mGluR 5 antagonist (Novartis)
  - Previously studied for fragile X syndrome
  - Ph II trial ongoing for cocaine use disorder

Novel MOAs not yet tested in any indication

- INDV-2000
  - Ox-1 antagonist (Indivior)
  - Ph I trials
  - Multiple Ox-1 antagonists in development
  - Potential for OUD also
- IXT-m200
  - Meth mAB (Intervexion Therapeutics)
  - Ph II trial imminent

Ultimately, we anticipate multiple medications, integrated with devices and psychosocial interventions, employed in an orchestrated fashion, will be needed to achieve truly effective treatments tailored for maximal efficacy in different patients.
Treating Substance Use Disorders (SUD)

Behavioral Therapy Development Program: Priorities and Opportunities

Will M. Aklin, Ph.D., NIDA

Behavioral Therapy Development Program

Goals:

- Produce efficacious behavioral treatments for substance use disorders (SUDs)
- Produce treatments that are implementable and self-sustaining
- Develop optimal behavioral strategies to promote medication and SUD treatment adherence

Priorities Research Areas

Research emphasizing efficacy: mechanisms of action, clinically-validated digital treatment, combining medications with behavioral tx, and neuromodulation

- Integrate treatments w/ MOA with standardized therapeutic delivery
- Boost effects and increase efficiency of interventions
- Increase options for remote treatment delivery
- Pain management resulting in opioid-sparing
- Overdose reversal and link to treatment
- No FDA approved medications: cocaine, methamphetamine and cannabis
Overarching Treatment Development Framework: Experimental Medicine Approach

Seeks to answer the question:
• What are the processes or mechanisms that drive behavior change?

Requires:
• Hypotheses about targets (mechanisms) that drive behavior change
• Experimental methods for engaging the target
• Valid measures of target engagement

Implications for Treatment Development

Test hypotheses for how an intervention causes behavior change

Putative Mechanisms and Treatment Targets
Putative Mechanisms and Treatment Targets

Why is this important?
• **Boost treatment efficacy** by emphasizing the most potent aspect of treatment
• **Enhance implementation** by paring down treatments to their essential elements and increasing efficiency

Integrated Technology-based Treatments

• Applying technological innovations to behavioral treatments present rapidly expanding opportunities
• Digital therapeutics (DTx) **are** clinical-grade software programs that can deliver behavioral interventions previously only available via direct, face-to-face interactions with a clinician
  • DTx **are** designed to prevent, manage or treat a medical disorder or disease
  • DTx **are** available via mobile, web or other related platforms

DTx: Adjunctive Approaches for Delivering Evidence-Based Behavior Change Interventions

• Low costs, frequent and longer contact, flexibility of scheduling
• Reliably delivered treatment with limited staff training (quality control)
• Potential for greater patient disclosure and confidentiality (limit stigma)
• Ability to personalize content based on patients’ need and progress
• Extend clinician reach and on-site visits can focus on other patient needs
• DTx helps behavioral interventions to: (1) maintain potency of interventions, (2) become more easily implementable and sustainable
• Highly scalable; timely than ever during global pandemic
**NIDA/FDA Partnership to Accelerate Treatment Options**

- Across health conditions, there are over 300K "touted" digital health solutions in the marketplace
- Research efforts on development of DTx have far outpaced validation studies
- As such, there is a need to bring order to the "Wild West" with a trusted entity responsible for:
  - Review of clinical efficacy and usability of DTx
  - Authorize DTx that are worthy of patient consideration
- Focus on opportunities to:
  - Provide guidance to grant applicants to help navigate the FDA submission and authorization process
  - Accelerate the progression of these technologies through the regulatory pathway
  - Achieve same level of validation for DTx interventions as medications

**Changing Landscape: Key Breakthroughs**

- 2017 - FDA Approves 1st Digital Therapeutic for SUD Treatment from Pear Therapeutics
  - NIDA-funded efficacy trial
  - reSET provides CBT as an adjunct to treat stimulant, cannabis, cocaine and alcohol use
  - reSET-O approved in 2018 for OUD as adjunct to medication treatment

**Combining Medications with Behavioral Therapies**

- Aligning MOA of medications with those of behavioral therapies represent a promising area of research to inform clinical practice
- Improve treatment efficacy and synergistic effects between medications and behavioral therapies and the extent to which they interact
  - **Nasal Narcan - Approved 2015 by FDA**
    - Rescue treatment for opioid overdose
    - Naloxone delivered intranasally
    - NIDA funded a contract for PK and human factor studies
    - Effective behavioral treatments to improve the outcomes of medications (OUD and overdose reversal)
Neuromodulation and Behavioral Therapies

- NIDA seeks to accelerate the development of device-based treatment to treat SUDs
- Move device-based treatment to the next step in the FDA process
  - Develop measures of target engagement, brain function, or sx/functional endpoints
  - Relationship between target engagement and functional outcomes
  - Behavioral treatment used integratively, demonstrate effect on the outcome measure
- FDA approved examples: Brainsway deep TMS for smoking cessation, DBS for Parkinson’s Disease, rTMS for major depression
- Interactions with devices and behavioral therapy to examine timing, extent and cumulative

Closing Remarks

- NIDA is committed to the treatment of SUDs and research that emphasizes an experimental medicine approach to develop, validate and optimize studies
- Several important domains focus on improving efficacy, maintain treatment outcomes and sustainability: 1) MOA and treatment targets; 2) integration of technology; 3) combining medications; and 4) neuromodulatory devices
- NIDA seeks to have clinically-validated treatment options broadly disseminated to patients

Thank You!

For more information, please contact:

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301-827-5909
HIV/AIDS and SUD

We Can't Forget About HIV

Redonna Chandler, Ph.D., NIDA

New HIV Diagnoses in the United States by Transmission Category, Race & Age, 2016-2017

Source: Centers for Disease Control and Prevention

Relative Risk of HIV Acquisition Globally 2018

US Opioid Epidemic has Increased Overdose Deaths and Prevalence of PWID

In 2017, 72,377 OD Deaths (9.6% higher than 2016)

Purpose: To visualize the change in overdose deaths and prevalence of PWID over a period of years.

Prevalence of IDU in US has increased in past 15 years

Prevalence of IDU in US has increased in past 15 years

Hersent IDU in US (12 or older, past-month use)

HIV Can Spread Rapidly Among People Who Inject Drugs

U.S. counties vulnerable to rapid spread of IDU-associated HIV

220 counties in 26 states

Scott County, 215 HIV cases from IDU in 2016-2015

Lowell and Lawrence, Mass. 129 HIV cases from IDU in 2015-2016 (from 2013-2014, entire Mass had 123 IDU cases).

Philadelphia, 96 HIV Cases from IDU in 2016 (55% increase from 2016)

Estimates of HIV increase in IDU are from local newspapers (search Volunteers et al., 2015)

Treating Opioid Use Disorders in PLWH Improves HIV Outcomes

MOUD Improves uptake/retention in ART

- 69% increased recruitment to ART
- Two-fold increase in ART adherence
- 23% decrease in odds of attrition
- 45% increase in odds of plasma viral suppression (VS)

Odds of Viral Suppression for HIV+ on MOUD

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Methadone Treatment Improves HIV Outcomes

Methadone Maintenance Therapy Promotes Initiation Of Antiretroviral Therapy in IDU

% Providers Who Would Defer ART By CD4+ Count and IDU status


PWID and living with much less likely to receive ART

Methadone Maintenance Therapy Increases Antiretroviral Adherence and HIV Treatment Outcomes in IDU

Opioid Medication Therapy in Prison

Viral Load Increases Over Time After Release from Jails/Prisons

Survival Probability During the Year Following Release (Drug-Poisoning Mortality)

OMT resulted in a 75% reduction in mortality (85% reduction in overdoses) in the first month post release.


HPTN 084 Study Demonstrates Superiority of Injectable Cabotegravir to Oral FTC/TDF for the Prevention of HIV in Cisgender Women in Sub-Saharan Africa

- Both cabotegravir and oral FTC/TDF have high efficacy for PrEP
- Long acting cabotegravir found to be superior to daily PrEP
- DSMB recommended stopping trial early because of superiority
- Findings offer important prevention choice to women

Crystal meth is the single biggest risk factor for HIV seroconversion among gay men in US study

JAMA - Over 12-months of follow-up, 14% of men reporting persistent methamphetamine use were newly infected with HIV (2.5% incidence rate). A third of the study participants seroconverting for HIV were persistent users of the drug.

Men and trans persons who have sex with men (n=6,280): More than 1/3 report misuse cannabis, GHB, inhalants, methamphetamines, prescription sedatives

Data from NA Accord CROI Poster under development

Data from over 12,000 eligible treatment-naïve PWH followed 2012-2018 found significantly lower rates of receipt of ART prescription if they had a history of drug dependence diagnosis (aHR 0.84, CI 0.76-0.93)

* Unpublished data

Ending the Epidemic: Supporting Science to Address Substance Use and HIV

Source: Koob and Volkow Neuropsychopharmacology Reviews 2010

Source: hrsa.gov/Ending the Epidemic
NIDA’s HIV/AIDS Research Portfolio

- Addresses the intersection of drug use and HIV
- Crosses the scientific spectrum:
  - Basic research
  - Epidemiology
  - Prevention
  - Treatment
  - Implementation
- Embedded in every division and center including IRP, CTN, OTIPI
- Encompasses diverse populations and settings

Selected High Priority Research Areas

- Colliding crises: COVID-19, substance use, HIV
  - Prevention
    - Scaling up PrEP for people who use drugs
    - Self-testing for HIV among people who use drugs
  - Treatment
    - Integrated care to address substance use disorders and HIV prevention or treatment in people who use drugs
    - Addressing unique HIV needs of people with a substance abuse disorder in justice system
    - Addressing stigma and organizational barriers to eliminate wait time for ART initiation in people who use drugs
    - Specific care needs of MSM, black women, people who use stimulants
  - Basic Science
    - Immune and inflammatory implications of HIV and drug use
    - HIV latency, pathology, reservoir
    - Etiology and pathogenesis

Questions

Redonna Chandler
Director: AIDS Research Program & HEALing Communities Study
Email: redonna.chandler@nih.gov
THIS IS WHO WE ARE.

COVID 19 Recovery Community Perceptions & Vaccine Readiness

• Philip Rutherford, Chief Operations Officer

What We Do

• Policy Advocacy
  • We advocate for policies that are supportive of Peer Recovery Support Services

• Training/Technical assistance
  • Though our National Recovery Institute, we offer comprehensive training

• Recovery data collection
  • We collect and curate a nationwide data set (Recovery Data Platform™) leveraging evidence-based practices and real-world best practice

• Recovery Community Organizations
  • We manage The Association of Recovery Community Organizations® (ARCO)

• Accreditation
  • Our sister agency CAPRSS ensures rigor and fidelity of best practice methods peer support
Background

In July 2020, NIDA requested a brief synopsis of a project for a rapid data collection effort and survey of the effects of COVID-19 on the recovery community. As Faces & Voices is connected with many constituents in both the Peer-to-Peer recovery space and the recovery community at large, an opportunity exists to quickly collect data.

Need

COVID-19 presents multi-dimensional difficulties for people suffering from Substance Use Disorder:

- At the emergent level, access to services and medication has been impacted by stay-at-home orders and already tenuous access to healthcare resources.
- For those in more stable situations access to peer support resources have been diminished, and in some cases completely lost.
- As with other mental health conditions, sudden interruptions to care can be destabilizing.
- In addition, stressors associated with the pandemic, economic instability, and general malaise contribute to difficulty.
Response:
Faces & Voices of Recovery led three focus groups, with 10-16 recovery community organization representatives per group via virtual zoom meetings.
• Data was collected utilizing polls, chat survey questions, and open discussion during each focus group.
• Participant demographic data and all poll, survey, and open discussion responses were compiled and presented in a final report in September.

Guiding Prompts
Guiding prompts used during the data collection process were:
• Please tell us about your experience with the healthcare system and healthcare providers in the year prior to the pandemic.
• Tell us about your experiences with the healthcare system and healthcare providers during the pandemic.
• Discuss your general experiences with the COVID-19 pandemic.
• Discuss any impacts the COVID-19 pandemic has had on your SUD and/or recovery.
• How willing would you be to take a vaccine for COVID-19?
• Discuss any concerns you may have about being able to get the vaccine if it were offered.
• Discuss the sources of information you trust for making decisions about your health.

Focus Group Demographics
(35 Total Participants)
Recovery Community Organizations across 18 of the United States participated in the three focus groups, with a broad scope of job titles represented. Executive Directors, Peer Recovery Coaches & Supervisors, Program Development Coordinators & Managers, and Quality Managers, are just a few of the participant organization representatives.
• While the groups came from all segments of society and had some measure of diversity, the group was strikingly aligned on the increase of risk to recovery posed by COVID.

• All participants talked either experiencing or knowing of someone who had experienced difficulty with maintaining recovery during the pandemic.

• The groups had great discussion regarding both the challenges and resiliency of the community around COVID and other crises at large.

• Most participants had similar responses until we reached the area of vaccine readiness. Here there was a plethora of opinion ranging from absolute willingness to absolute resistance.

• Many participants identified a measure of distrust of the healthcare system. The current politicization of the pandemic was easily apparent. There was polarization around and a mild linkage to urban and suburban participants having more trust in systems and possible mass production of the vaccine, while rural participants seemed less eager to adopt a vaccine quickly.

• All groups did, however, express some measure of willingness to adopt the vaccine and participate with health care in the process of vaccine dissemination. It is also clear that some care and patience will be necessary to avoid confusion.

Analysis

Conclusion
Collision of SUD and Covid-19: Patient and Caregiver Perspectives

Jessica Hulsey, Addiction Policy Forum

Patient Led Research
To better understand the impact of COVID-19 on individuals with substance use disorders (SUDs), the Addiction Policy Forum with funding support from NIDA administered a survey to our network of patients, families and survivors between April 27 and May 8, 2020.

1,079 Complete Surveys
533 Incomplete Surveys
46/50 States

COVID-19-related treatment service disruptions among people with single- and polysubstance use concerns, Mellis, Potenza, Hulsey

October 2020
Journal of Substance Abuse Treatment

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Reduced Access to Treatment and Recovery Services During the Pandemic

Categories of Service Disruption

- 69% Unable to Access Inpatient Facilities
- 31% Unable to Access Outpatient Services
- 7% Unable to Access Support Services

How Treatment is Changing

- Among patients and families reporting changes in their service delivery, many report accessing modified service points.

Substance Use Behaviors & Overdoses

Percentage of Respondents Reporting Overdose by US Census Region

- Nationwide: 3% report a non-fatal overdose and 1% report a fatal overdose has occurred since the pandemic began.
- South Atlantic region reported the greatest number and percent of overdoses.

Patient Perspectives

- "I would say living in a recovery through this time and not being able to be active in meetings has been disappointing when they slowly began shutting and closed shops open. This reality is so hard.
- "I am in recovery and feel my daughter is about to be lost of love to face treatment being able to get admitted to a residential treatment facility."
Trust in Healthcare and COVID-19 Vaccine Readiness Among Individuals with Substance Use Disorder

The Addiction Policy Forum conducted interviews to better understand healthcare access and trust in healthcare providers, COVID-19 vaccine readiness, and the effects of the pandemic on treatment and recovery. Study participants included individuals with an active substance use disorder (SUD), in recovery from a SUD, or receiving treatment.

Interviews were conducted among our network of participants and survivors between September 14 and September 27, 2020.

87 Participants | 21 States & DC

Embargoed until December 9, 2020

Results

Willingness to Take a Vaccine for COVID-19

- Fifty-three percent (53%) of participants reported willingness to take a vaccine for COVID-19:
  - 45% saying yes
  - 8% willing to take the vaccine at a later date.
- Reasons for the delay in receiving the vaccine included waiting for proper vetting and waiting to better understand side effects.

Trust in Doctors and Healthcare Providers & Sources of Information

Sources of information for health decisions used by participants included doctors and other healthcare providers (80%), family (17%), and TV/newspapers (13%).
Results
Impact of COVID-19 Pandemic on SUD and Recovery

Two out of three participants report that COVID-19 has had a negative impact on their substance use disorder (SUD) or recovery (65%).

“...triggered by boredom and isolation, and not working from home and having to quarantine and isolate myself. It was just like, you know, like jumping into the lion's den...”

Twenty percent of respondents reported increased substance use since the COVID-19 pandemic began.

Patients and Caregivers: Key Questions

- Understanding the effects of changes in treatment and services
- Effects of Isolation and Loneliness
- Addressing Stress, Anxiety and Boredom
- Clinician telehealth versus virtual recovery support

Connections for Addiction Recovery Engagement (CARE)
Using Evidence-based Technology

A-CHESS was created by:
• University of Wisconsin
• National Institute on Drug Abuse
• National Institute on Alcohol Abuse and Alcoholism
• NIATx (formerly the Network for the Improvement of Addiction Treatment)

CHESS Health provides the licenses for the technology to providers and manages functionality. The Connections mobile app utilizes scientifically proven methods to help individuals abstain from substance use & increase their engagement in recovery supports.

A smartphone app to support individuals with a substance use disorder throughout their daily lives.

A-CHESS offers clinically validated results published in publications like JAMA Psychiatry, and Journal of Dual Diagnosis.

• 31% fewer patients relapsed
• 50% reduction in severity of relapse
• 71% reduction in re-hospitalizations
• 20% more likely to complete treatment
- Daily check-ins
- Recovery support through discussion groups and messaging
- Secure contact with counselors
- Care plan reminders for medications and appointments
- Goals, journals, and weekly surveys
- Recovery help button
- Audio, video and written content to support recovery

Navigating Addiction and Treatment Initiative
A Guide for Families

Changing How We Help Families Navigate Addiction
Navigating Addiction and Treatment: A Guide for Families

- Free 100-page resource workbook
- National awareness campaign;
- Ask the Expert Panel;
- Family Support Advisory Committee; and
- Online resources to help families.

16 Modules on Addiction, Treatment, Recovery & Communication

- Simplifying DSM-5 Criteria for Addiction
- Engagement Worldwide

16 Modules:
- What is Addiction?
- Different Types of Substance Use Disorder
- Addiction and the Brain
- Addiction in Children, Youth
- Enabling vs. Helping
- Communicating with Your Loved One
- Getting an Assessment
- Evidence-Based Treatment
- Medication for Addiction Treatment
- What to Look for in Quality Treatment
- Patient Pathways
- Resources

Engagement Worldwide
Navigating Addiction
Workshops & Training

• Launch February 2021
• Ohio, Washington, Maryland

THANK YOU!
ADDITION POLICY FORUM
jhulsey@addictionpolicy.org

Cost to Watch:
Free
CE Hours Available:
2 CEs
CE Certificate for NAADAC Members:
Free
CE Certificate for Non-members:
$25
UPCOMING WEBINARS - 2021

January 13th, 2021
Targeted Self-Care for Uniquely Stressful Times
By: Holly Sawyer, PhD, LPC, CAADC, NCC & Valerie Daniel, PhD, LCSW

January 20th, 2021
Integrating Wellness into Substance Use Prevention
By: Chudley Edward Werch, PhD

January 27th, 2021
Addiction and Recovery 2021: The Latest Findings from Neuroscience Research
By: Kevin T. McCauley, MD

February 10th, 2021
The Fundamentals of Telemental Health and Ethics
By: Glendora Dvine, LPC

Cultural Humility Resources

• NAADAC’s 8-Part Cultural Humility Webinar Series
• NAADAC’s On-Demand FREE Webinars
  - Substance Use Disorder in the African American Community and Virtual Town Hall
  - NAADAC’s Highest viewed 2020 webinar
  - Substance Use Disorder in the African American Community and Virtual Town Hall
  - NAADAC’s Highest viewed 2020 webinar
• Addiction Technology Transfer (ATTC) Network Materials

COVID-19 Resources

COVID-19 Resources

EMERGENCY RESPONSE WEBINARS:
• COVID-19: Telehealth for Opioid Addiction Interventions
  By: Marlene M. Maheu, PhD
• The Impact of Disaster on Recovery: The Perfect Storm
  By: Timothy L. Schell, PhD, PCLII, PAWAP-ML, NCC
• Psychological First Aid During COVID-19
  By: Frederick Germaine, PhD, LMHC, WCC, CAAC
• Virtual Town Hall: Understanding the Impact of COVID-19 on the Addiction Profession
  By: Thomas P. Britton, DrPH, LPC, LCAS, ACS, Lisa Dinhofer, MA, CT, and Andrew Kolodny, MD
• Treating Addiction During COVID-19 and Beyond: Integrative Treatment for Co-Occurring Disorders
  By: Frederick Germaine, PhD, LMHC, WCC, CAAC
• Virtual Workplace Wellness: Successfully Managing Change and Reducing Stress
  By: Percilla Zeno, CCHW, CPRS

www.naadac.org/webinars

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NAADAC offers face-to-face seminars of varying lengths in the U.S. and abroad.

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• National Certificate in Tobacco Treatment Practice

Thank you for joining!
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