

Practice Alert

COVID-19 Pandemic:

Implications for Social Workers Treating Individuals with Substance Use Disorders

April 2020

The COVID-19 pandemic has shifted nearly every aspect of life and is negatively affecting the health and mental health of millions of Americans. According to data from the SAMHSA National Survey on Drug and Health, 19.3 million people had a substance use disorder (SUD) and 10.3 million people had an opioid use disorder (OUD) in 2018. Maintaining sobriety is a challenge given the widespread disruption caused by the pandemic. Individuals who use opioids, methamphetamines, tobacco and/or marijuana are at a higher risk for developing COVID-19 due to the vulnerabilities that these drugs create in respiratory and pulmonary health. Chronic use of opioids can lead to increased susceptibility to infections or diseases, such as pneumonia, emphysema, and bronchitis and increases susceptibility to COVID-19. Prolonged use of methamphetamines can lead to pulmonary hypertension and cardiomyopathy. Smoking (tobacco and/or marijuana) is also associated with respiratory diseases such as bronchitis, lung cancer and, possibly, emphysema. Additionally, individuals with SUDs often have insufficient access to quality health care, nutrition, and housing and higher risk of arrest and incarceration, making implementation of [harm reduction efforts](#) vital during this time. Social workers, who are the largest provider of mental and behavioral services in the nation and specialists in addressing the social factors that play a key role in health, are instrumental in ensuring that services for individuals who have substance use disorders address these important factors.

For those recovering from SUD, maintaining sobriety in a time of business closures and physical distancing recommendations presents new challenges. Social workers and other providers are shifting their approach by deploying technology to bridge the gaps between service and safety. Dr. Adam

Bisaga, Professor of Psychiatry at Columbia University and [PCSS-MAT mentor](#), lays out five steps for providing medications for opioid use disorder (MOUD) during this public health emergency.

- 1) Reduce in-person visits as much as possible.
- 2) Minimize in-person visits for urine drug screens and consider using mouth swab drug screens monitored via telehealth
- 3) Use text/phone to communicate with patients
- 4) Implement telehealth to provide counseling to patients
- 5) Temporarily cease in-person group activities

The Substance Abuse and Mental Health Services Administration (SAMHSA) issued a directive on March 16, 2020, informing opioid treatment program (OTP) practitioners that they could dispense 28 days of take-home medication for stable patients and 14 days of medication for unstable patients, using best clinical judgment. Stable patients can be described as those with no active drug use, no positive urine drug screens (UDS), and no OUD symptoms for at least 3 months. Unstable patients can be described as those with low treatment adherence, active use, and/or positive UDS. SAMHSA released an updated guidance on March 21, 2020 regarding at-home and telehealth treatment for OUDs to reduce loss of service provision. Social workers and other providers should use their clinical judgment and clearly communicate the risks and limitations associated with any telehealth platform with their patients.

Federal and state regulators as well as many private payers have implemented temporary but extensive flexibility in the provision of services via telehealth. The U.S. Department of Health and Human Services has [loosened the regulations around telehealth](#) and will not be enforcing certain HIPAA regulations during this public health emergency. Previously, to provide telehealth services, social workers and other providers were required to use HIPAA compliant video conferencing platforms and to have business associate agreements (BAA) in place with their communications vendor. Under the telehealth policy flexibilities, some payers are also reimbursing for certain telehealth services provided via smartphones with video chat apps (e.g. Apple Facetime, Skype, Facebook Messenger, Google Hangout, and Zoom). Certain services, including opioid treatment, are reimbursable when delivered via audio-only devices such as landlines. These flexibilities are allowed as long as the public health emergency remains in place. Although social workers and other providers are not required to have a BAA in place with their communications vendor, they should still have BAAs in place with their other non-telehealth vendors. Social workers should check with their private payers on telehealth rules temporarily in force, including which platforms may be used. During this time, social workers should continue to follow the NASW

Code of Ethics and use best practices in protecting privacy and confidentiality. Social workers can access additional details about telehealth [on the NASW COVID-19 telehealth page](#).

For many, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are integral parts of maintaining sobriety and connection. Social distancing and rules limiting gatherings of more than 10 people has significantly impacted meeting availability. Meetings, which usually occur in churches and other open spaces, have begun to offer virtual meetings through Zoom, Google Hangouts or via conference calls. The organization continues to encourage support by circulating contact lists including phone numbers, email addresses, and social media accounts. The directive from the General Service Office of Alcoholics Anonymous and a short list of AA resources are available [here](#).

For additional SAMHSA resources, updates, and guidelines, visit the [SAMHSA COVID-19 page](#).

For additional guidance, advisories, and tools for patients who use drugs and the providers who engage with them, please visit [Vital Strategies](#).

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