## Substance use during the COVID-19 pandemic: Recognizing concerns and making a change

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### Acknowledgment

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

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Presented 2022

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

### STRENGTHS-BASED AND HOPEFUL

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

### HEALING-CENTERED AND TRAUMA-RESPONSIVE

### INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

PERSON-FIRST AND FREE OF LABELS

# NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

### CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide\_2019ed\_v1\_20190809-Web.pdf

# **Communication and Interaction**

- Post questions in the chat; I'll dedicate a few minutes to answer them between sections
- Time at the end for more in-depth discussion
- Contact info on the last slide. Email if:
  - You have a question or comment but would prefer not to disclose in public forum
  - Question or comment comes to mind after the talk
  - o Any other reason
- www.recoveryanswers.org









# Disclosures

- Dr. Bergman's work is funded by the following organizations and entities
  - o NIAAA (K23AA0025707)
  - Recovery Research Institute
- Dr. Bergman has served as a consultant or co-investigator on grants that are submitting and pending, or funded by, the following organizations and entities
  - NIAAA (PI: Kelly)
  - NIDA (Pls: Hoeppner/Kelly; SoberGrid)
- Dr. Bergman is a member of the board of directors or advisory board for the following organizations and entities
  - Unity Recovery, a Recovery Community Organization
- Dr. Bergman has no direct financial stake in any of these organizations or entities











# **Objectives**

- 1) Highlight patterns of substance use during the COVID-19 pandemic
- 2) Discuss strategies to recognize substance use concerns
- 3) Review approaches to making changes in substance use and related behaviors











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**TEACHING HOSPITAL** 



## COVID-19 and Substance Use: Why might they be related?

- Stress (e.g., Sinha 2008)
- Isolation (e.g., Christie 2021) and Loneliness (e.g., Ingram 2020)



- Reduced access to fun, coping

   Stress and Coping Theory
- Time (e.g., during required "social distancing" earlier in pandemic)













## **Definitions for Our Discussion**

- Substance use = alcohol and other drug use
   Tobacco/nicotine (e.g., cigs, vaping, etc.)
- Hazardous, harmful, excessive ≠ Addiction
- Health behavior change
   Substance use, nutrition, exercise, sleep, etc.



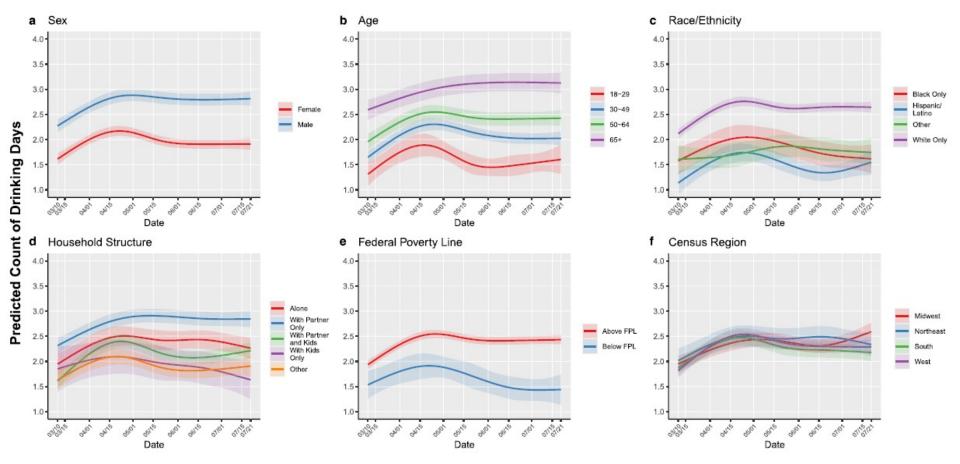








### **Substance use during COVID-19**

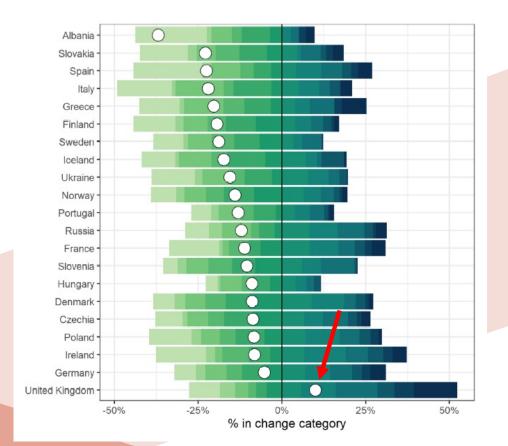




Past Week Drinking Days Representative sample of US Adults Source: Nordeck et al., 2022, Addiction



### Substance use during COVID-19



"Driven by decline in frequency of heavy drinking"



Drinking days, drinks per drinking day, 'heavy' drinking (6+ drinks/occasion) Convenience sample; 21 European countries Source: Kilian et al., 2021, Addiction



## **Risk for healthcare workers**

- COVID Stress Syndrome (Taylor 2020; McKay & Asmundson, 2020)
  - Infection fear; financial worry; xenophobia; traumatic stress; checking
  - Behavioral Immune System (Schaller & Park, 2011)
- Financial, social, environmental stress → Substance use risk (McKay & Asmundson, 2020)
  - Women and those with lower levels of education
- One in four with harmful/hazardous drinking in Brazil ICU July October 2020 (Pestana et al. 2022)











### Let's pause here to answer any questions.













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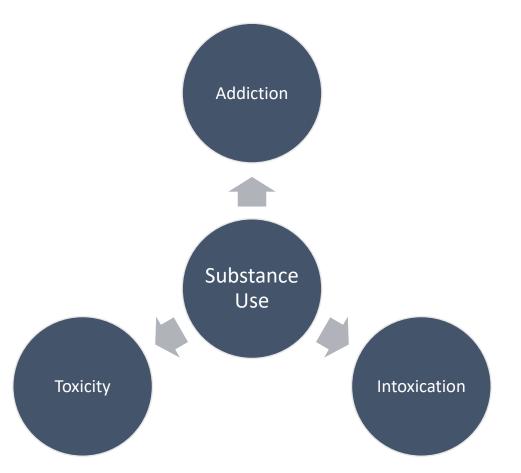








### Substance use can impact daily life in different ways





## Substance Use Disorder

Impairment of Control	Social Impairment	Risky Use	Biophysiological Markers
<ul> <li>Unsuccessful attempts to quit/cut down*</li> <li>Larger amounts/longer time</li> <li>Excessive time</li> <li>Craving (ok for remission)</li> </ul>	<ul> <li>Activities given up</li> <li>Social/interpersonal difficulties</li> <li>Major roles neglected</li> </ul>	<ul> <li>Situations where it is dangerous (e.g., operating a car)</li> <li>Exacerbates physical/mental health problems</li> </ul>	<ul><li>Tolerance</li><li>Withdrawal</li></ul>

"Clinically significant impairment or distress" Past 12 months

Mild = 2-3

Moderate = 4-5

Severe = 6+







## NIAAA "Low-Risk" Drinking



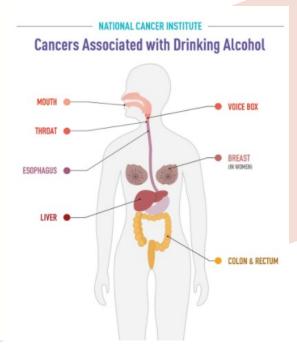
Men: Max of 14 per week, 4 per day Women: Max of 7 per week, 3 per day



# **Ex: Alcohol and Cancer Risk**

There is a strong scientific consensus that alcohol drinking can cause several types of cancer (1, 2). In its Report on Carcinogens, the National Toxicology Program of the US Department of Health and Human Services lists consumption of alcoholic beverages as a known human carcinogen.

The evidence indicates that the more alcohol a person drinks —particularly the more alcohol a person drinks regularly over time—the higher his or her risk of developing an alcohol-associated cancer. Even those who have no more than one drink per day and binge drinkers (those who consume 4 or more drinks for women and 5 or more drinks for men in one sitting) have a modestly increased risk of some cancers (3–7). Based on data from 2009, an estimated 3.5% of cancer deaths in the United States (about 19,500 deaths) were alcohol related (8).



From https://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet





### Demonstration: Is substance use interfering with your life?

### https://nida.nih.gov/taps

TAPS Tobacco, Alcohol, Prescription medication, and other Substance use Tool

The Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool consists of a combined screening component (TAPS-1) followed by a brief assessment (TAPS-2) for those who screen positive.

This tool:

- Combines screening and brief assessment for commonly used substances, eliminating the need for multiple screening and lengthy assessment tools
- Provides a two stage brief assessment adapted from the NIDA quick screen and brief assessment (adapted ASSISTlite)
- May be either self-administered directly by the patient or as an interview by a health professional
- Uses an electronic format (available here as an online tool)
- Uses a screening component to ask about frequency of substance use in the past 12 months
- Facilitates a brief assessment of past 3 months problem use to the patient











### Let's pause again before we talk about ways to make a change.













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### **Professional Treatment**

### intensity

### LEVELS OF CLINICAL CARE 🛸



#### LEVEL 4

Medically Managed Intensive Inpatient Services A professionally delivered treatment modality that provides 24-hour nursing care and medical staff, with daily physician care and counseling available for patients suffering from severe instability and imminent danger.



#### LEVEL 3

#### Clinically Managed Low to High Intensity Residential Services

A professionally delivered treatment modality that provides 24 hour living support and programmatic structure with available trained personnel. clinical and co-occurring disorder services, and stabilization for patients in imminent danger.



#### LEVEL 2

#### Intensive Outpatient & Partial Hospitalization

A professionally delivered treatment modality that provides daily to weekly attendance at a clinic or facility, typically requiring 9 to 20 or more hours of service/week, allowing the patient to return home or to other living arrangements during non-treatment hours.



#### LEVEL 1

#### **Outpatient Services**

A professionally delivered treatment modality that provides daily to weekly attendance at a clinic or facility, typically less than 9 hours of service/week for adults, or less than 6 hours a week for adolescents, allowing the patient to return home or to other living arrangements during non-treatment hours.

### https://findtreatment.samhsa.gov/

SAMHSA				SAMHSA Home	Map Contact	Us		
	use and Mental H s Administration	ealth			Search SAMHSA	.gov	Search	
Home	About	FAQs	Locator Map	State Agencies	Widgets	Contact Us	Help	
Home							SHA	RE+

#### **Behavioral Health Treatment Services Locator**

Welcome to the Behavioral Health Treatment Services Locator, a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance use/addiction and/or mental health problems.

PLEASE NOTE: Your personal information and the search criteria you enter into the Locator is secure and anonymous. SAMHSA does not collect or maintain any information you provide.



#### Get Help

#### FindTreatment.gov

Millions of Americans have a substance use disorder. Find a treatment facility near you.

#### Suicide prevention lifeline ₽ 1-800-273-TALK (8255)

Free and confidential support for people in distress, 24/7.

#### National Helpline 1-800-662-HELP (4357)

Treatment referral and information, 24/7.

#### Disaster Distress Helpline 1-800-985-5990

Immediate crisis counseling related to disasters, 24/7.



## **Demonstration: Finding a Therapist**

https://www.psychologytoday.com/us/therapists











## **Professional Treatment (con'd)**

### 11 indicators of treatment quality

https://www.recoveryanswers.org/resource/effective-addiction-treatment-what-makes-a-good-addiction-treatment-program/

Assessment; integrated mental health and substance use treatment; community connections and continuing care; "good vibe" from the provider or program; empirically-supported approaches, etc.

10 recommended questions

https://alcoholtreatment.niaaa.nih.gov/how-to-find-alcohol-treatment

Availability; costs and insurance; credentials; treatment approach, etc. (10)

- Employee assistance programs (EAP) can be helpful
- If you are \*very\* concerned about your use, need structure and oversight, licensing boards can offer help (e.g., physician's health programs)
  - <u>Note</u>: They will likely make your professional license contingent on adhering to program











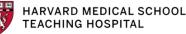
### Recovery support groups and other free community-based services

- 12-step groups; most common and caters more to those with severe substance use disorder
- Other recovery support groups, e.g., SMART Recovery (<u>https://www.smartrecovery.org/</u>)
- Recovery community centers
  - Community "hub" to promote recovery capital (Kelly 2020)
  - Social events, recovery support groups, recovery coaching, employment/education assistance, medication, overdose reversal supplies and training (e.g., naloxone)











# **Online recovery support**

- Intherooms.com; Sober Grid
- Reddit (e.g., r/StopDrinking)
  - Posts associated with group therapy factors (e.g., imparting information, altruism, instillation of hope)
  - Very few potentially harmful posts
- Advantages
  - Low threshold
  - Convenient and accessible
  - Total anonymity is possible w/r/t other participants
- Disadvantages
  - Little is known empirically about effects of participation
  - Digital footprint











## Self-management

- "Independent study"
- Includes, not limited to tech-based approaches
- 60% downloaded an app to track their health (Krebs & Duncan 2015);
   60% interested in apps to communicate with doctors 10% use health apps to achieve a health-related goal (Carroll 2017)
- Downsides to "apps"
  - Those vetted empirically may have "clinical gatekeepers"
  - Freely accessible ones may not offer empirically-supported strategies (Hoeppner 2017)
  - They can be transient difficult to sustain involvement over time
  - **Recommendation: Know Your Source**
  - Saying When by Centre for Addiction and Mental Health (CAMH), for alcohol
  - Text2Quit, by the National Cancer Institute, for smoking





# Self-management: Workbooks

BINGER SELF HELP WORKBOOK

proach to Hel

THE

Addiction

**Recovery Skills** 

Workbook

Changing Addictive Behaviors Using CBT, Mindfulness, and Motivational Interviewing Techniques

SUZETTE GLASNER-EDWARDS, PHD

FOREWORD BY RICHARD A. RAWSON, PHD

✓ Treatments That Work<sup>™</sup> A Cognitive-Behavioral Treatment Program for Overcoming Alcohol Problems

> Elizabeth E. Epstein Barbara S. McCrady

Workbook





### Self-management: "Finding healthier ways to meet your needs"

FUNCTIONAL ANALYSIS WORKSHEET

Antecedents (Triggers, Thoughts, Feelings)	Behavior (Substance Use)	Positive Consequences	Negative Consequences
-after work -stressed -upset that kids won't calm down -etc.	-6 drinks with dinner and after kids went to bed	-de-stress -enjoyed watching show on Netflix -headache went away	-partner upset/felt I ignored them -woke up 'in a fog' -doctor told me I need to cut back on my drinking
ways to respond to these		to get these	without leading to these



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The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

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### Thanks for your time. Questions and comments?

