

April 17, 2020



D.C. Update: SAMHSA webinar on guidance related to telehealth services, ONDCP releases COVID-19 fact sheet, and more

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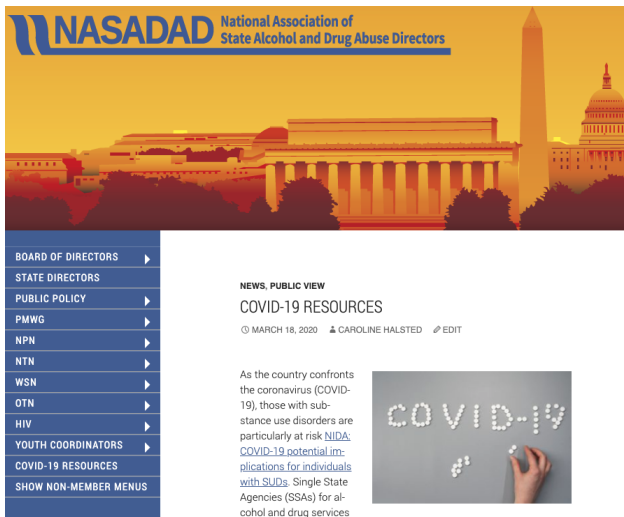


Meet the Member

Dr. Miriam Delphin-Rittmon, NASADAD Member

Miriam E. Delphin-Rittmon, PhD, is the Commissioner of the Connecticut State Department of Mental Health and Addiction Services (DMHAS) and has held this position since March 2015. Dr. Delphin-Rittmon has a significant amount of professional experience concerning psychiatric and substance use conditions, receiving several national recognitions for advancing policy in these areas. Most recently, she received the prestigious 2019 State Service Award from NASADAD and the 2016 Mental Health Award for Excellence from the United Nations. In May 2014, Dr. Delphin-Rittmon completed a two-year White House appointment working as a Senior Advisor to the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services (HHS). Additionally, Dr. Delphin-Rittmon has served as an Associate Professor with the Yale School of Medicine's Department of Psychiatry. She received her B.A. in Social Science from Hofstra University, her MS and PhD in Clinical Psychology from Purdue University, and completed a postdoctoral fellowship in clinical community psychology at Yale University.





New COVID-19 resources added to NASADAD website

NASADAD continues to update resources on our COVID-19 webpage. The page provides federal guidance and actions taken by State alcohol and drug agencies to date. It is not intended to be exhaustive but is meant to highlight key actions and resources that may help other States and territories as they prepare for and respond to the virus. This week NASADAD added the following resources:

- The Food and Drug Administration's (FDA) [COVID-19 FAQ](#)
- The Office of National Drug Control Policy's (ONDCP) [COVID-19 Fact Sheet](#)
- Kentucky's [telehealth FAQs](#)
- Wisconsin's [medication-assisted treatment \(MAT\) Medicaid Request](#)
- Wisconsin's [payment rates for Opioid Treatment Programs \(OTPs\)](#)
- Connecticut's [delivery of methadone guidance](#)
- Connecticut's [guidance to methadone clinics](#)
- Florida's [letter to methadone providers](#)
- Kentucky's [guidance to Narcotic Treatment Programs \(NTPs\)](#)
- New York's [Opioid Treatment Program \(OTP\) support](#)

Around the Agencies

SAMHSA to hold webinar on guidance related to telehealth services

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Homeless and Housing Resource Network (HHRN), in collaboration with the Center of Excellence for Protected Health Information (CoE-PHI), announced an upcoming webinar that will review telehealth guidance related to substance use disorder (SUD) and mental health services during COVID-19. The webinar will describe how privacy laws apply to telehealth, describe the Office of Civil Rights (OCR) and SAMHSA's guidance related to privacy in telehealth, and facilitate provider sharing to explore ideas and innovative approaches to protecting patient privacy while providing telehealth services. The webinar will be held on Friday, April 17th at 3:00pm ET and registration can be found [here](#).

ONDCP releases COVID-19 fact sheet

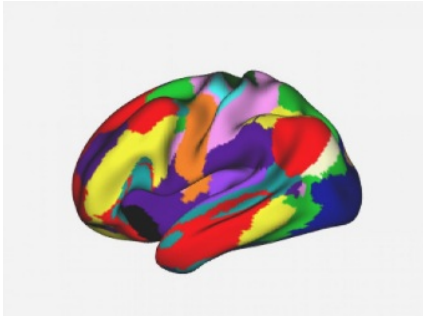
The White House Office of National Drug Control Policy (ONDCP) released a [COVID-19 fact sheet](#) detailing the Administration's priorities related to substance use disorders (SUD). ONDCP has identified the following priorities in response to the pandemic: helping

Americans who struggle with addiction; expanding the use of telemedicine and electronic prescribing; increasing flexibility for treatment with methadone and buprenorphine; ensuring access to controlled substances; and supporting rural communities. Each priority includes various resources from federal agencies and links to guidance documents that have been issued to address the pandemic.



Study finds increasing prevalence of alcohol and benzodiazepine involvement in opioid overdose deaths

A [study](#) recently published in the *Journal of the American Medical Association (JAMA)* examined the prevalence of alcohol and benzodiazepine involvement in opioid overdose deaths from 1999-2017. Researchers found that the presence of alcohol in opioid overdose deaths increased from 12.4% in 1999 to 14.7% in 2017, with deaths involving heroin and synthetic opioids having the highest rates of alcohol involvement. The presence of benzodiazepines also increased from 8.7% in 1999 to 21% in 2017 and were involved in 33.1% of prescription and 17.1% of synthetic opioid overdose deaths in 2017. Additionally, State-level rates of binge drinking and benzodiazepine prescribing rates were significantly correlated with alcohol and benzodiazepine involvement in opioid overdose deaths, respectively.



NIH renews ongoing study of adolescent brain development

The National Institutes of Health (NIH) [announced](#) that an ongoing study of adolescent brain development will be renewed for an additional seven years. The Adolescent Brain Cognitive Development (ABCD) Study, launched in 2015, follows 11,750 children for at least 10 years beginning at ages 9-10. As described in the announcement, the project documents

exposures to alcohol and drugs, screen time activities, sleep patterns, engagement in sports and arts, and other variables that may affect brain development, cognitive skills, mental health, and many other outcomes. Dr. Nora Volkow, Director of the National Institute on Drug Abuse (NIDA), stated, “The next phase of the ABCD study will help us understand the effects of substance use, as well as environmental, social, genetic, and other biological factors on the developing adolescent brain.”

In the News

Article discusses changes in the provision of treatment during COVID-19

An [article](#) recently published in *Stateline*, a publication of Pew Charitable Trusts, discusses the changing landscape of addiction treatment during the COVID-19 pandemic. A number of treatment providers were interviewed and shared their innovative approaches to continuing to serve patients during the pandemic, including a robust usage of telehealth to provide counseling and medication management. The article also discusses the potential rise in demand for treatment as social isolation can trigger relapse and major crises can lead individuals with substance use disorders (SUD) to increase their use in order to cope. As described in the article, treatment providers are also struggling to cover the additional costs of taking patient and staff temperatures, providing extended hours to avoid crowding, offering home and curbside medication deliveries, and other necessary precautions.