

CONSIDERATIONS FOR RETURN TO IN-PERSON SERVICES

A guide for addiction treatment clinicians and programs working to treat patients with substance use disorders safely and effectively during the COVID-19 pandemic.

1. Balance COVID-19 Vaccination and Viral Environment

ASAM recognizes that the landscape of addiction treatment has been significantly impacted by the COVID-19 pandemic. The mass dissemination of effective vaccines against the COVID-19 virus is bringing hope for a full return to usual activities and routines. That includes a return to in-person visits for addiction treatment. At the same time, until sufficient numbers of people are fully vaccinated, the risk of COVID-19 viral transmission, severe infection, and hospitalizations persists, particularly in areas with high prevalence of highly infectious COVID-19 viral variant strains. The development of more accurate rapid testing has enabled some expansion of in person treatment. However, not all rapid tests are sufficiently accurate to be useful in non-symptomatic populations.

While the number of Americans becoming fully vaccinated is increasing, addiction treatment providers and facilities are recommended to continue to follow CDC COVID-19 infection safety guidelines. They should also monitor local infection rates and take the appropriate risk management steps to determine the safety of resuming and expanding in-person services. ASAM supports the utilization of telemedicine as a valid tool to provide services for patients who otherwise might lack access to them and in areas with elevated COVID-19 positivity rates.

2. Prepare for and Acknowledge Patient Needs Upon Return to In-Person Services

Many patients may have put off medical and mental health care during the COVID-19 pandemic. Addiction providers play a key role in assisting patients in accessing mental health and medical care that was delayed and/or disrupted by the COVID pandemic. Patients may need and benefit from increased focus on assessments and case management for a period of time. Some patients may have experienced worsening of their SUD during the pandemic. There is insufficient evidence to predict how this will impact treatment needs, and providers should be prepared to address emergent patient needs.

Patients may have experienced severe COVID-19 infection with lingering medical and psychiatric symptoms.^{1,2} During the admission process, patients should routinely be asked about any prior COVID-19 infection and if follow-up medical care has occurred. If needed, patients should be referred to providers that can screen for and treat lingering medical and mental health complications. ([Post-COVID Conditions | CDC](#)). Providers who treat children and adolescents should discuss the importance of child wellness appointments that may have been missed due to the pandemic and facilitate patient access to wellness visits, particularly those that include vaccinations.

Patients may also have suffered loss of loved ones due to COVID-19, overdose, or other medical or psychiatric conditions during the pandemic. Grief over these losses may not yet be sufficiently processed. Practitioners should anticipate the need for and facilitate access to appropriate grief supports.

3. Prepare for and Acknowledge Staff Needs Upon Return to In-Person Services

Addiction treatment staff may have experienced COVID-19 infection themselves or postponed medical or mental health care during the pandemic. Staff should be provided the opportunity to access ongoing medical care and screening for specific needs, beyond securing COVID vaccination. Staff may also have lost family members and patients during the pandemic. Programs should anticipate needing to provide ongoing support and guidance for staff in managing their own grief and losses connected to the COVID-19 pandemic.