



# Covid-19 and Recovery Housing

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April 17, 2020: The information herein is date-sensitive as CDC recommendations change regularly as needed.

## Social Support

is crucial for those in recovery



## Social Isolation

is a risk factor for relapse



Source: <https://annals.org/aim/fullarticle/2764313/collision-covid-19-addiction-epidemics>

# Epic Consequences

- Death by lung and kidney complications
- Heart sequelae for many survivors
- Over 2.2 million cases worldwide and over 113,362 deaths
- 685,541 U.S. cases and over 35,500 deaths (more than any other country)
- Over 7,800 new U.S. cases every day
- All 50 states now under emergency orders
- Many bankruptcies and many businesses and recovery houses closing
- 16.8 million Americans have filed for unemployment in the past 3 weeks



Data as of 4/17/2020

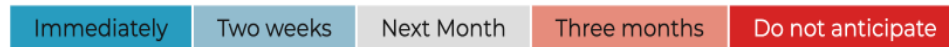
# The Financial Hit

- 33% of voters have lost their jobs, been furloughed, placed on temporary leave or had hours reduced
- 41 percent who've lost their jobs are having trouble covering basic costs
- 45% of black voters have lost their jobs, hours, or been put on leave
- The elderly are more vulnerable to the Coronavirus, but younger voters are paying the higher economic toll

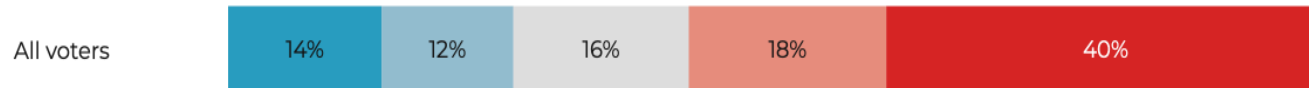


## 41 Percent Of Those Who Lost Their Jobs Are Already Having Trouble Covering Basic Costs

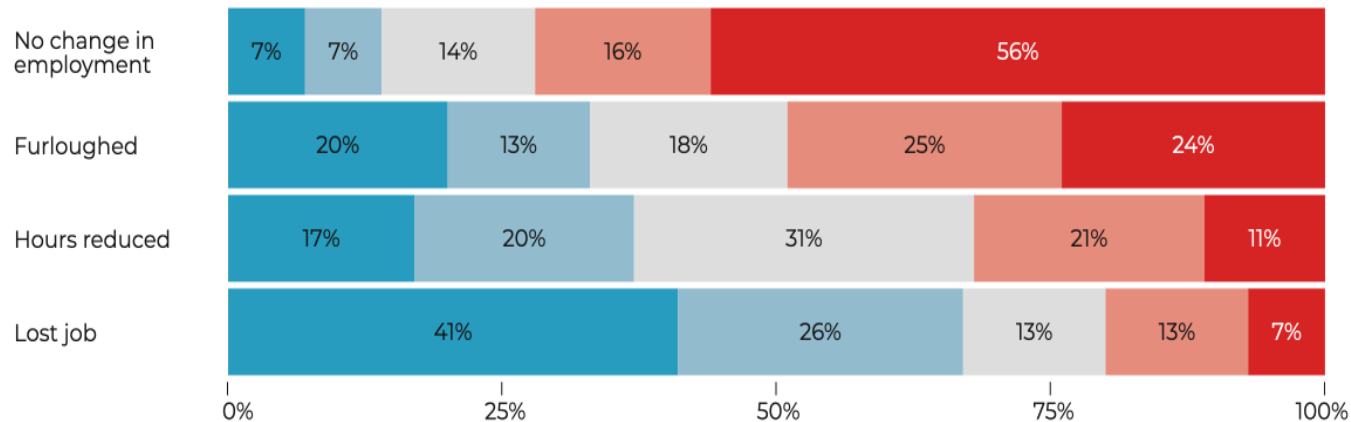
At what point do you anticipate having trouble covering basic costs for things like housing, food, and utilities?



### Topline



### Employment Status



Data for Progress

DATA FOR PROGRESS



# Other Impacts

- Younger voters are paying a high economic toll
- More prisoners are being released with little planning for those with SUD.<sup>1</sup>
- The COVID-19 Correctional Facility Emergency Response Act will incentivize states to release prisoners as part of the COVID 19 response.<sup>2</sup>



<sup>1</sup> <https://www.prisonpolicy.org/virus/virusresponse.html>

<sup>2</sup> <https://www.booker.senate.gov/news/press/booker-feinstein-introduce-bill-to-help-state-local-prisons-test-treat-covid-19>

# The Bright Side

- “This has brought out the best in humanity.” – *Recovery Operator during ARCHway Institute Webinar*
- A more resilient nation
- New viral agents
- A stronger recovery community coming together



# Information Sources



- Sources: CDC primarily, SAMHSA, NIH, John Hopkins, WHO, others
- SBA:  
[file:///C:/Users/ernie/Dropbox%20\(FGI\)/FLETCHER%20GROUP,%20INC/HR%20-%20FGI/COVID19%20Policy/023595\\_comm\\_corona\\_virus\\_smallbiz\\_loan\\_final.pdf](file:///C:/Users/ernie/Dropbox%20(FGI)/FLETCHER%20GROUP,%20INC/HR%20-%20FGI/COVID19%20Policy/023595_comm_corona_virus_smallbiz_loan_final.pdf)
- Eligible lenders by location: <https://www.sba.gov/paycheckprotection/find>
- [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/ih/Covid\\_Recovery](https://www.hud.gov/program_offices/public_indian_housing/ih/Covid_Recovery)
- 
- GENERAL INFORMATION
- World Health Organization (WHO): [Rolling Updates on Coronavirus Disease \(COVID-19\)](#)
- Center for Disease Control and Prevention (CDC): [Coronavirus \(COVID-19\)](#)
- National Institutes of Health (NIH): [Coronavirus \(COVID-19\)](#)
- Substance Abuse and Mental Health Services Administration (SAMHSA): [Tips for Social Distancing](#)
- TeleHealth resources: <https://www.telehealthresourcecenter.org/covid-19-resources/>
- No longer need a HIPAA or HITECH platform.



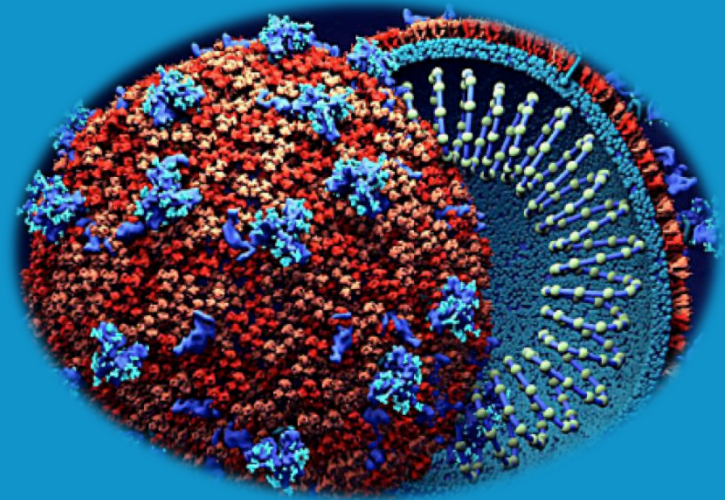
# Transmission

Two primary methods:

1. Water droplets carrying viral particles
2. Contact with hand and then with mucosa, mouth, or nose (fecal transmission is possible but not as likely unless transmitted by hand)

Experts have much to learn, but four factors are likely:

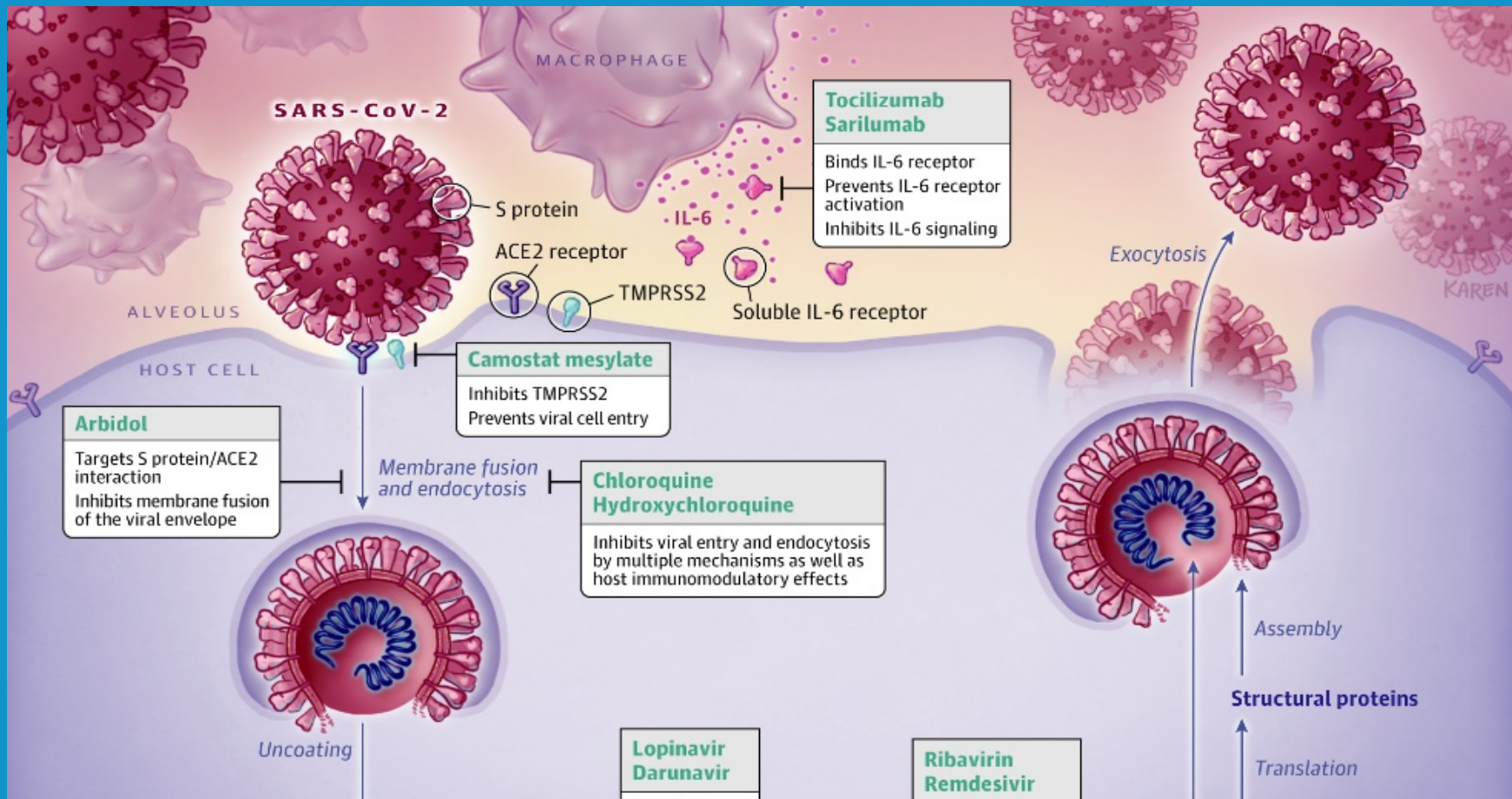
1. How close you get
2. How long you're in contact
3. Whether that person projects droplets
4. How much you touch your face



# How It Happens

- Mucus and saliva droplets are ejected as we cough, sneeze, laugh, sing, breathe, and talk
- Droplets smaller than five micrometers, known as aerosols, can stay suspended for a half-hour.
- To access cells, droplets must enter through the eyes, nose, or mouth.
- Some experts believe that sneezing and coughing are the primary forms of transmission.
- Talking face-to-face or sharing a meal is another likely risk.





[https://jamanetwork.com/journals/jama/fullarticle/2764727?guestAccessKey=72e8a5f3-3754-4bf8-bb17-8c2f1cf358b0&utm\\_source=silverchair&utm\\_medium=email&utm\\_campaign=article\\_alert-jama&utm\\_content=olf&utm\\_term=041320](https://jamanetwork.com/journals/jama/fullarticle/2764727?guestAccessKey=72e8a5f3-3754-4bf8-bb17-8c2f1cf358b0&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=041320) 11

# The Most Vulnerable

- Over 65
- With chronic lung disease or moderate to severe asthma
- With serious heart conditions
- Immuno-compromised by cancer treatment, smoking, bone marrow, organ transplantation, immune deficiencies, HIV, AIDS, corticosteroids and other medications
- Severely obese (with a BMI of 40 or higher)
- With diabetes, chronic kidney disease undergoing dialysis, or liver disease





# SUD-Related Risks

- Co-morbidities and infections including HIV, HCV and HBV
- Compromised lungs and pulmonary system from opioid respiratory suppression and stimulants that adversely affect the lung
- Methamphetamines also cause pulmonary damage, pulmonary hypertension, and cardiomyopathy
- Those who smoke also have increased risk





# Other Risks

- Those in recovery are uniquely challenged by Physical Distancing.<sup>1</sup>
- Fatalities from opioid overdoses are more likely when there are no observers to administer naloxone.<sup>2</sup>
- Those with both an SUD and COVID-19 may find it harder to get care.



1 <https://annals.org/aim/fullarticle/2764313/collision-covid-19-addiction-epidemics>

2 <https://annals.org/aim/fullarticle/2764313/collision-covid-19-addiction-epidemics>

# Impact On Recovery Housing

- Loss of jobs and ability to pay rent
- Reduced ability to take in new clients
- Time needed to manage COVID risk (40% of time spent on disinfecting<sup>1</sup>)
- Difficulty in delivering care
- Need for IT equipment for TeleHealth
- Lack of social interaction to assist recovery
- Stress and fear that can contribute to relapse
- Time needed to plan and prepare new policies is taken from recovery



<sup>1</sup> <https://www.youtube.com/watch?v=EegOj1ruSfw&feature=youtu.be>

# SAMHSA Recommendations

- Use outpatient treatment as much as possible (inpatient/residential treatment has not been shown to be superior to intensive outpatient treatment for those with Substance Use Disorders)
- Reserve inpatient facilities for those with life-threatening mental disorders (the severely depressed or suicidal)



Source:

<https://www.samhsa.gov/sites/default/files/considerations-care-treatment-mental-substance-use-disorders-covid19.pdf>

# Similarities To Correctional Facilities

- Recovery Housing living conditions can be similar to prisons where, in many states, Covid-19 infections are rising
- Physical distancing is impossible because residents live in close confinement, share toilets and showers, and sit shoulder-to-shoulder in mess halls
- Emory University Infectious Disease Specialist Anne Spaulding says, “Every person entering a corrections facility should be screened by taking their temperature and asking them whether they’ve been in contact with an infected individual or have symptoms. Staff and contractors should be sent home immediately if sick, no questions asked.”



[https://jamanetwork.com/journals/jama/fullarticle/2764379?guestAccessKey=784c8605-e2c1-4a87bede-874fa196cc12&utm\\_content=weekly\\_highlights&utm\\_term=041120&utm\\_source=silverchair&utm\\_campaign=jama\\_network&cmp=1&utm\\_medium=email](https://jamanetwork.com/journals/jama/fullarticle/2764379?guestAccessKey=784c8605-e2c1-4a87bede-874fa196cc12&utm_content=weekly_highlights&utm_term=041120&utm_source=silverchair&utm_campaign=jama_network&cmp=1&utm_medium=email)

# How RH Differs

- Smaller facilities
- More variety (some have shared living arrangements like Oxford House while others follow a medical model with shorter stays and more use of TeleHealth)
- Self-care is not practiced in correctional facilities





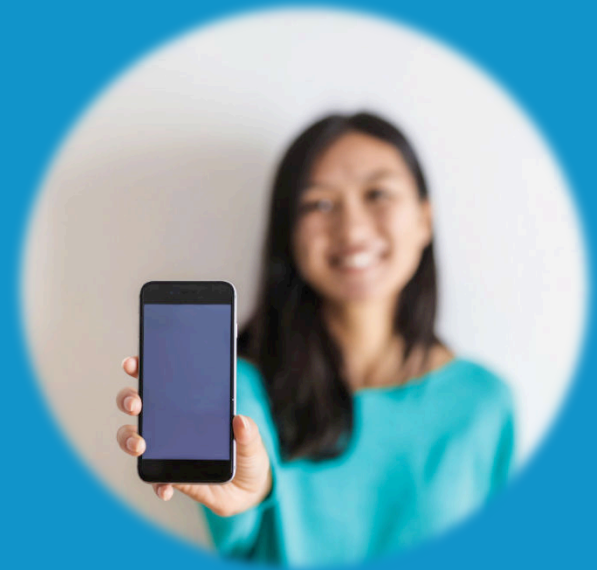
# Major Challenges

- Peer support remains essential
- Small margins
- No space for isolation
- How to pay rent if income from corrections is curtailed or ceased?
- How to cover extra cost of supplies and Personal Protective Equipment?



# NARR Recommendations

- Self-care is vital, as is staying connected to your program of recovery
- Physical distancing does not mean emotional and interpersonal isolation
- Use your phone, text, and email to stay connected
- Video chat using Skype, Facetime Google Hangouts/Duo, Zoom and other platforms
- If your usual recovery groups are interrupted, seek out alternatives including online meetings



# Physical Distancing” vs. “Social Distancing”

- The last thing we need is more social distance between us
- This is especially true of those in recovery because addiction is a “disease of isolation” that is only worsened by further disconnection.
- A better term is “Physical Distancing.” It’s what’s needed to prevent the virus from spreading even as work hard to remain deeply connected to one another.



# Promote Self-Care

Successful addiction recovery requires replacing the use of drugs or alcohol with healthier alternatives. **A lack of self-care leaves you vulnerable to negative feelings and saps your motivation.** If you're not taking care of yourself, your mood suffers, your concentration decreases and your ability to cope with cravings and triggers is compromised.

- [https://www.andrews.edu/services/ctcenter/prevention/self-care\\_ax\\_worksheet.pdf](https://www.andrews.edu/services/ctcenter/prevention/self-care_ax_worksheet.pdf)
- <https://www.therapistaid.com/worksheets/self-care-assessment.pdf>
- <https://www.silverridgerecovery.com/blog/2018/april/why-self-care-is-so-important-in-recovery/>

## Self-Care Assessment

**Self-care** activities are the things you do to maintain good health and improve well-being. You'll find that many of these activities are things you already do as part of your normal routine.

In this assessment you will think about how frequently, or how well, you are performing different self-care activities. The goal of this assessment is to help you learn about your self-care needs by spotting patterns and recognizing areas of your life that need more attention.

There are no right or wrong answers on this assessment. There may be activities that you have no interest in, and other activities may not be included. This list is not comprehensive, but serves as a starting point for thinking about your self-care needs.

1	I do this poorly	I do this rarely or not at all
2	I do this OK	I do this sometimes
3	I do this well	I do this often
★	I would like to improve at this	I would like to do this more frequently

### 1 2 3 ★ Physical Self-Care

- Eat healthy foods
- Take care of personal hygiene
- Exercise
- Wear clothes that help me feel good about myself
- Eat regularly
- Participate in fun activities (e.g. walking, swimming, dancing, sports)
- Get enough sleep
- Go to preventative medical appointments (e.g. checkups, teeth cleanings)
- Rest when sick
- Overall physical self-care

# Disinfectants

- Disinfect surfaces with 1/3 cup of bleach per gallon or 4 teaspoons per quart of water
- Hand sanitizers should be at least 60% alcohol
- Wear gloves and masks—each staff member may need two
- Do not, however, use masks meant for RH and other healthcare workers
- The FDA approves reuse of masks and gloves; leave masks to air out and dry for 24 hours
- Wash gloves the same way you wash your hands





# How To Assess Risk

- **Location**: What is the level of incidence in your area? (It can vary widely. For example, the Hopkinsville, Kentucky center stopped taking new residents because of local cases of infections.)
- **Size**: How many staff and residents do you have?
- **Age and Co-Morbidities**: The older the people and the more co-morbidities they have, the more stringent care must be.



# How To Prepare

## To Quarantine Clients

- If possible, set aside a separate area for quarantine, preferably with a separate bathroom

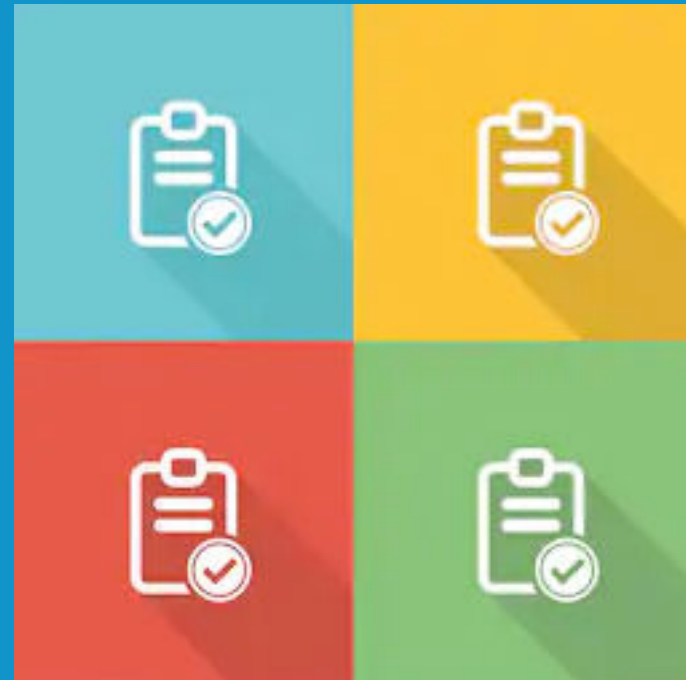
## To Take In New Clients

- Have a clear policy
- Take temperatures
- Test or quarantine newcomers for 14 days
- Continue testing using a finger stick and rapid Abbot PCR



# Criteria For Accepting New Clients

- Risk to current residents
- Do you have the resources to screen and manage new clients?
- Do the benefits outweigh the risk?



# Personal Safety

- Follow CDC guidelines by wearing a mask in public places
- Wash hands after touching anything that might be contaminated
- Spray packages with a disinfectant or let deliveries sit 24 hours before handling, then discard the box and wash your hands
- If you suspect exposure, get tested or quarantine yourself for 14 days and then get cleared by a physician



# CDC Guidelines To Protect Yourself

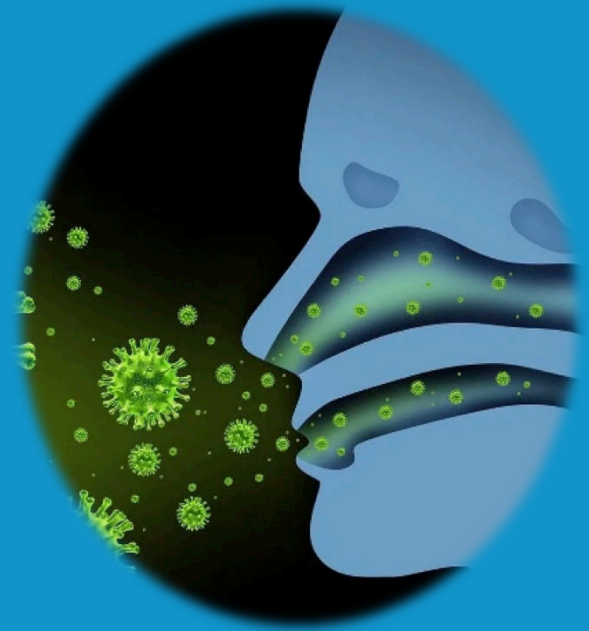
- Avoid touching your eyes, nose, and mouth
- Use household cleaning sprays or wipes each day to clean counters, tabletops, doorknobs and other surfaces that are frequently touched
- Wash laundry thoroughly and wear disposable gloves when handling soiled items, then wash hands immediately after removing gloves
- Avoid having unnecessary visitors
- If you have questions, contact your healthcare provider or state or local health department





# Protect Others

- Wear a mask and stay 6 feet away from others
- Don't allow staff with a temperature or symptoms to work unless tested negative and cleared by a physician
- Turn away from others as you cough or sneeze into a tissue that you throw away or into the crook of your elbow
- Wash your hands regularly
- If exposed, get tested or quarantine yourself for 14 days, then get tested and cleared by a physician



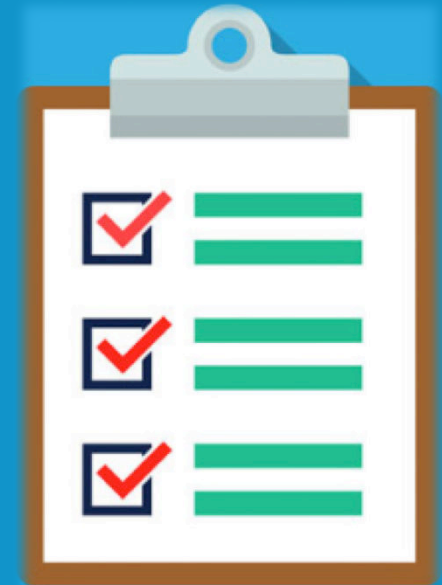
# Guiding Principles

- Only you know all the circumstances of your house and residents
- Think about what you are doing
- Each situation is different
- Understand how the disease is spread
- Ask yourself how you can prevent it in your world



# CDC Guidelines Around The Sick

- Don't share household items—dishes, towels or sheets
- Sick people, when around others, should wear a cloth covering nose and mouth; if they can't, others should
- When around a sick person, wash your hands frequently with soap and water for 20 seconds
- If you can't wash hands, use hand sanitizer that's at least 60% alcohol to cover hands and rub dry



# Warning Signs

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face



# When To End Quarantine If You've Been Tested

If you've been tested and it was negative, you can leave home provided:

- You no longer have a fever (and have not used a fever-reducing medicine)
- All symptoms, including coughing and shortness of breath, have gone away
- You have received two negative tests in a row, taken at least 24 hours apart



# When To End Quarantine If You Have Not Been Tested

If you have not been tested, you should leave home only if:

- You've had no fever for at least 72 hours (and haven't used a fever-reducing medicine)
- All symptoms, including coughing and shortness of breath, have gone away
- At least seven days have passed since symptoms first appeared





# Rural Challenges

- Fewer providers
- Fewer providers with COVID-19 experience
- Fewer sources for IOP (Intensive Outpatient Treatment)
- Considerable travel time and costs
- Fewer supplies
- Reduced access to TeleHealth equipment and networks





- All new client admissions will be screened for symptoms of COVID-19 (Coronavirus) such as fever, cough, and shortness of breath. Persons exhibiting symptoms will be referred to the medical provider of their choice for follow up testing **prior to** admission to the program.
- The men's recovery program also places all new admissions in a quarantine room for 5 days. Their food is brought to them and they are monitored for emerging symptoms and take daily temperatures.
- Upon entry to the facility and every time they go to the bathroom, clients are to wash their hands with soap and water and then use hand sanitizers.
- Client temperatures are taken at the time of admission and anytime someone takes a drug screen. We also take temperatures when anyone is showing or reporting symptoms.
- Clients perform job duties in the morning and the afternoon using extra precautionary measures to disinfect door handles, knobs, table tops, etc.
- Clients can stay in their rooms and work on homework, community suggestions, or read recovery-related materials throughout the day. But they must not lie down or sleep during recovery hours with the exception of lunchtime.
- Recovery Dynamics classes are taught in groups of ten or fewer but those clients who participated in the group session do not have to attend.
- Clients receive homework on regularly scheduled days. The peer mentors meet with five clients at a time to hand out, go over, and review the homework. They also continue to follow up with the client for one-on-one peer mentoring.

- Core classes such as Spirituality and Portal New Directions are taught in groups of ten or fewer in accordance with the social distance policy.
- The Therapeutic Community Model process has been temporarily postponed. Major concerns such as relapse, disregard to staff directives, and safety are addressed by staff.
- The clients can collaborate with community partners to receive behavioral and physical health treatment and follow required protocols for Vivitrol through TeleHealth services. Staff facilitate the scheduling and monitoring of these services as appropriate.
- Clients eat their meals in their rooms along with a snack during snack times.
- The clients have been split up into several different groups for 12 step meetings. Currently we have four groups that meet at the same time in accordance with the Social Distance Policy.
- The 12-Step meetings are led by our Phase II clients through virtual meetings using Zoom and YouTube. These are held throughout the day and in the evening.
- Clients are able to make contact with sponsors and supporters in the community during regular scheduled times.

- The clients are able to watch television and recovery-related movies throughout the day when not in class to keep up with the COVID-19 and other events.
- The clients are allowed to call their families more frequently as time allows.
- The clients have a fun day on Fridays with barbecue, music, cornhole, card games, etc.
- We are accepting clients only through the referral system of the Department of Corrections and the Fayette County Detention Center. The clients being referred must fill out the COVID-19 medical questionnaire.
- DOC admissions can't be transported by Greyhound. If transported by a family member, that person must not be compromised. The client is allotted travel time only from the jail to the facility. To ensure safety, clients who fail these standards will not be admitted. Current clients in the building are transported to and from medical appointments outside the facility.
- Any client with COVID-19 symptoms will be given a face mask, isolated, and sent to a primary health care clinic or hospital for testing, after which the medical provider's directions are followed.

# What We Can Learn

- How to better manage Infectious Diseases
- How to better manage co-morbidities (HIV, HCV and HBV)
- How to reach more people through virtual meetings
- How to acquire and maximize TeleHealth resources
- How people come together in times of crisis
- How to, in every way, be better prepared next time





# New Agents

Agent	Target	Adult dose/administration	Contraindications	Toxicities	Major drug-drug interactions	Special populations
<b>Repurposed agents</b>						
Chloroquine phosphate (Aralen/generic) <sup>9, 14</sup>	Blockade of viral entry by inhibiting glycosylation of host receptors, proteolytic processing, and endosomal acidification. Additional immunomodulatory effects through inhibition of cytokine production, autophagy, and lysosomal activity in host cells	500 mg by mouth every 12-24 h × 5-10 d. Available as: 250-mg tablets (salt); 500-mg tablets of chloroquine phosphate (salt) = 300-mg chloroquine base. Dose adjustments: Kidney: creatinine clearance <10 mL/min administer 50% of dose. Hepatic: No dose adjustments in hepatic impairment recommended; use with caution. Administration: Preferable to avoid crushing. If needed, may be crushed and mixed with jam, pasteurized yogurt or similar foods	Hypersensitivity to chloroquine, 4-aminoquinoline compounds, or any component of formulation. Presence of retinal or visual field changes of any etiology (unless benefit outweighs risk)	Common: Abdominal cramps, anorexia, diarrhea, nausea, vomiting. Major: Cardiovascular effects (including QTc prolongation), hematologic effects (including hemolysis with G6PD deficiency, use if benefit outweighs risks), hypoglycemia, retinal toxicity, neuropsychiatric and central nervous system effects, idiosyncratic adverse drug reactions	CYP2D6 and CYP3A4 substrate	May be used in pregnancy if benefit outweighs risks
Hydroxychloroquine sulfate (Plaquenil/generic) <sup>9, 11, 15-20</sup>	Hydroxychloroquine shares the same mechanism of action as chloroquine	400 mg by mouth every 12 h × 1 d, then 200 mg by mouth every 12 h × 4 d; alternative dosing: 400 mg by mouth daily × 5 d or 200 mg by mouth 3 times/d for 10 d. Available as: 200-mg tablets of hydroxychloroquine sulfate (salt) = 155 mg hydroxychloroquine base. Dose adjustments: No kidney or hepatic dose adjustments recommended; use with caution. Administration: Manufacturer does not recommend crushing tablets; however, some sources suggest that tablets can be crushed and dispersed with water OR compounded into an oral solution	Known hypersensitivity to hydroxychloroquine, 4-aminoquinoline derivative, or any component of the formulation	Adverse drug reactions similar to chloroquine but less common	CYP2D6, CYP3A4, CYP3A5, and CYP2C8 substrate	May be used in pregnancy if benefit outweighs risks
Lopinavir/ritonavir (Kaletra) <sup>21, 26</sup>	3CL protease	400 mg/100 mg by mouth every 12 h for up to 14 d. Available as: lopinavir/ritonavir, 200-mg/50-mg tablets; lopinavir/ritonavir, 100-/50-mg tablets; lopinavir/ritonavir 400-mg/100-mg per 5-mL oral solution (can be given via feeding tubes compatible with ethanol and propylene glycol, contains 42% alcohol). Dose adjustments: No kidney or hepatic dose adjustments recommended; use with caution in hepatic impairment. Administration: Food restrictions: Tablets, take without regard to meals; oral solution, take with food. Do not crush tablets; oral solution not recommended with polyurethane feeding tubes	Hypersensitivity to lopinavir/ritonavir or any of its ingredients, including ritonavir. Co-administration with drugs highly dependent on CYP4503A. Co-administration with potent CYP450 3A inducers	Common: gastrointestinal intolerance, nausea, vomiting, diarrhea. Major: Pancreatitis, hepatotoxicity, cardiac conduction abnormalities	CYP3A4 inhibitor and substrate; CYP2D6 substrate; CYP1A2, CYP2B6, CYP2C8, CYP2C9, CYP2C19 inducer. P-gp substrate; UGT1A1 inducer	May be used in pregnancy; avoid oral solution if possible due to ethanol content
Umifenovir (Arbidol) <sup>27-29</sup>	S protein/ACE2, membrane fusion inhibitor	200 mg every 8 h by mouth 7-14 d. Available as (not in the US): 50-mg and 100-mg tablets, capsules and granules. Dose adjustments: Kidney: no dose adjustment necessary. Hepatic: No specific recommendations available, caution in those with hepatic impairment. Administration: Bioavailability 40%	Known hypersensitivity to umifenovir	Allergic reaction, gastrointestinal upset, elevated transaminases	Metabolized by CYP3A4, monitor with strong inducers/inhibitors	Contraindicated in children <2 y of age (increased sensitivity)

# New Agents

Investigational agents						
Remdesivir <sup>10,17</sup>	RNA polymerase inhibitor	200 mg × 1, 100 mg every 24 h IV infusion. Available as: 5-mg/mL vial (reconstituted). Dose adjustments: Kidney: Not recommended for GFR <30. No kidney/hepatic dose adjustment currently recommended but holding doses may be considered if significant toxicities occur. Administration: 30-min IV infusion	Exclusion criteria based on specific protocols	Elevated transaminases (reversible), kidney injury	Not a significant inducer/inhibitor of CYP enzymes, monitor with strong inducers/inhibitors	Safety in pregnancy unknown, currently recommended to avoid
Favipiravir <sup>11,14</sup>	RNA polymerase inhibitor	Doses vary based on indication, limited data available. Available as (not in the US): 200-mg tablet. Dose adjustments: Kidney: no dose adjustment recommended, limited data available. Hepatic: Dose adjustment considered in Child-Pugh C, increased exposures observed in Child-Pugh class A to C. Administration: Tablet can be crushed or mixed with liquid, bioavailability >95%	Exclusion criteria based on specific protocols	Hyperuricemia, diarrhea, elevated transaminases, reduction in neutrophil count	CYP2C8 and aldehyde oxidase inhibitor, metabolized by aldehyde oxidase and xanthine oxidase	Contraindicated during pregnancy, metabolite found in breast milk
Adjunctive therapies						
Tocilizumab (Actemra) <sup>35,36</sup>	IL-6 inhibition - reduction in cytokine storm	400 mg IV or 8 mg/kg × 1-2 doses. Second dose 8-12 h after first dose if inadequate response. Available as: IV infusion injection: 80 mg/4 mL (20 mg/mL); 200 mg/10 mL (20 mg/mL); 400 mg/20 mL (20 mg/mL) in single-dose vials for further dilution prior to IV infusion. Dose adjustments: Kidney: No dose adjustments recommended in mild or moderate kidney impairment. Not studied in patients with severe impairment. Hepatic: No dose adjustments recommended (not studied); initiate based on benefit. Administration: Infuse over 60 min, should not be infused concomitantly in the same IV line with other drugs	Known hypersensitivity to tocilizumab or any components of the formulation. Caution in patients with neutropenia (<500 cells/μL) or thrombocytopenia (<50 000/μL)	Common: Increase in upper respiratory tract infections (including tuberculosis), nasopharyngitis, headache, hypertension, increased AST, infusion related reactions. Major: Hematologic effects, infections, hepatotoxicity, gastrointestinal perforations, hypersensitivity reactions	In vitro data suggested that IL-6 reduces mRNA expression for several CYP450 isoenzymes, including CYP1A2, CYP2B6, CYP2C9, CYP2C19, CYP2D6, and CYP3A4. May decrease levels of substrates	Safety in pregnancy unknown; may cause harm to the fetus

Abbreviations: ACE2, angiotensin-converting enzyme 2; AST, aspartate aminotransferase; 3CL, 3-chymotrypsin; GFR, glomerular filtration rate; IV, intravenous; P-gp, P-glycoprotein; UGT1A1, UDP glucuronosyltransferase family

[https://jamanetwork.com/journals/jama/fullarticle/2764727?guestAccessKey=72e8a5f3-3754-4bf8-bb17-8c2f1cf358b0&utm\\_source=silverchair&utm\\_medium=email&utm\\_campaign=article\\_alert-jama&utm\\_content=olf&utm\\_term=041320](https://jamanetwork.com/journals/jama/fullarticle/2764727?guestAccessKey=72e8a5f3-3754-4bf8-bb17-8c2f1cf358b0&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=041320)

# What's The Future Of RH Management?







# AA Resources

- AA online meetings:  
<https://www.aaonlinemeeting.net/>
- Schedule of online meetings for AA:  
<https://www.aaonlinemeeting.net/schedule.html>



# Compassion According To David Addis Of The Global Health Task Force

- The inclination to move toward, rather than away from, suffering, or to stand firmly in its presence with the intention of transforming it, must be cultivated and practiced.
- Mature compassion requires attending to and developing the requisite cognitive, empathic and action-based skills and capacities that together allow compassion to naturally emerge and flow in the presence of suffering.
- Mature compassion also demands self-awareness, critical reflection and honest appraisal of our motivations, rewards and expectations.
- These practices serve as guardrails to prevent us from sliding into distortions of compassion, highlighted by the three critiques of pity, self-absorption, and preferentialism.
- Finally, mature compassion requires an acknowledgment of our own suffering and an openness to receiving compassion from self and others.



# The Hazelden Betty Ford Foundation

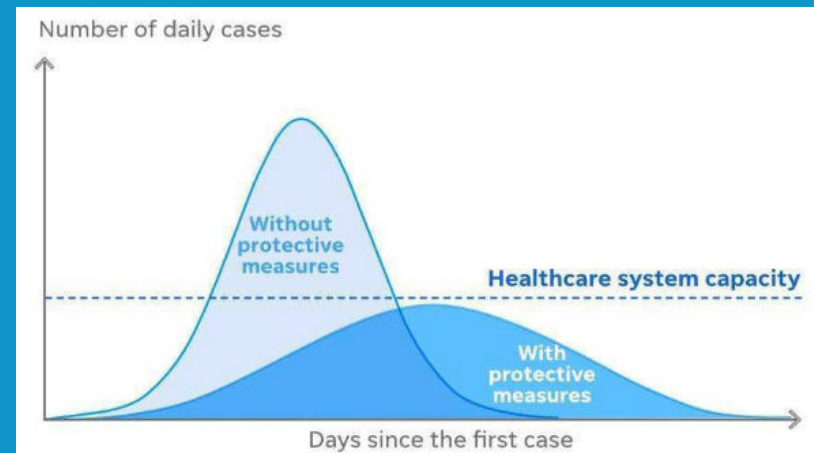
A dedicated Incident Command Center overseen by Chief Medical Officer and Chief Nursing Officer handles all monitoring, planning, decision-making, and communication. Their site-specific pandemic response plan:

- Checks all patients and staff daily for fever and other common symptoms of COVID-19 and discharges (with resources for appropriate healthcare) all patients who have a fever of 100.4 or above.
- Ensures the highest level of infection prevention and control, sanitation, and hygiene.
- Transitions patients who were in various outpatient levels of care to virtual services.
- Suspended on-campus family and children's programs as well as retreats and lodge programming at the Dan Anderson Renewal Center and has begun to provide alternatives using virtual platforms.
- Transitioned the Hazelden Betty Ford Graduate School of Addiction Studies on-campus classes to distance-learning alternatives.
- Temporarily suspended on-campus visitation and events.
- Shifted to work-from-home for all employees who do not work directly with patients or support patient care in a way that requires that they be on-site.
- Responds quickly to any emerging situation.

# On The Bright Side

"The one thing we absolutely know for sure is that social distancing measures work. It leads to a situation where every case is infecting less than one other case. And that means that, if you keep the course, you'll get transmission essentially down to zero."

—*Dr. Christopher Murray, who created the Social Distancing Model at the University of Washington Institute for Health Metrics and Evaluation*



Source:

<https://edition.cnn.com/2020/04/13/health/us-coronavirus-updates-monday/index.html>

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