

HCS Media Backgrounder: The Urgency of Treating Opioid Use Disorder in the Time of COVID-19: Care Without Fear

BACKGROUND



When the COVID-19 pandemic first swept the country, the medical community was faced with the need to quickly respond to a specific urgent public health crisis, but it resulted in reduced attention to other health challenges, including opioid use disorder (OUD) and the risk of overdose. The past year has taught us that action to treat OUD and prevent OUD complications remains as important as ever. We have learned that people with a substance use disorder (SUD) are more susceptible to COVID-19 and its complications. A recent publication examined electronic health records and learned that people with a recent diagnosis of SUD were at a significantly increased risk for COVID-19, compared to those without an SUD.

INCREASE IN DRUG USE AND OVERDOSE DEATHS

Alarming increases in the use of alcohol and other drugs have been recorded since March 2020, when COVID-19 prompted the formal declaration of a national emergency, followed by the closure of businesses and schools. In one survey, 20% of respondents reported that their own substance use, or that of a family member, had increased since the start of the pandemic. Another report looking at drug testing results showed a 13% increase in the use of heroin and a 32% increase in nonprescribed use of the opioid synthetic fentanyl, most often produced illegally and often illicitly added to other illegal drugs. Regional reports suggest a significant increase in overdoses between March and May, and midyear

reporting from the Centers for Disease Control and Prevention (CDC) shows an increased number of opioid overdose deaths in the pandemic's first few months. One [analysis](#) shows overdose deaths increasing in almost every state during the first 8 months of 2020. [Provisional 2020 data](#) from the CDC shows that the combined epidemics of drug overdoses and COVID 19 contributed to the lowest life expectancy in the United States since 2003 (77.3 years), including an increase in racial and ethnic life expectancy disparities.

These reported outcomes call for additional vigilance to ensure that people struggling with OUD receive care, including evidence-based medication, as well as access to naloxone to prevent overdose deaths.

WHY PEOPLE WITH OUD ARE ESPECIALLY AT RISK FOR COVID-19

"The lungs and cardiovascular system are often compromised in people with substance use disorders, which may partially explain their heightened susceptibility to COVID-19. Another contributing factor is the marginalization of people with addiction, which makes it harder for them to access health care services. It is incumbent upon clinicians to meet the unique challenges of caring for this vulnerable population, just as they would any other high-risk group."

[NIDA Director Dr. Nora Volkow, September 14, 2020](#)

HOW COVID-19 HAS PUT PEOPLE AT GREATER RISK FOR OPIOID USE DISORDERS AND OVERDOSES

The stresses of the pandemic and the social isolation resulting from safety recommendations has been especially difficult for people with OUD, since many suffer from co-occurring mental health conditions

such as anxiety, depression, or posttraumatic stress disorder (PTSD). Social distancing measures, while critical for safety, may have undermined social support needed in remission and recovery, and greater isolation has made it harder for people who struggle with addiction to access the care they need. It has also increased the feeling of community or personal rejection, reinforcing stigma. With social distancing, fewer overdoses have been witnessed, worsening response time administering naloxone, likely resulting in more deaths.

Pandemic aftermath and follow-up: Some of these risks may continue as the nation opens up again. For example, there is evidence that mental health issues are at an all-time high across the country. In addition, a [recent study](#) using a national database from the U.S. Department of Veterans Affairs found an increased use of opioid pain medications among a sub-set of people with on-going symptoms following recovery from acute COVID-19. The risk of OUD should be carefully monitored in this patient group. In addition, clinicians should encourage and enable access to COVID-19 vaccinations for people who have limited access to health care.

ACCESSING OUD TREATMENT

Before the pandemic, it was already challenging to deliver known effective medication treatments for OUD to the highest risk populations. In the past year, communities have struggled with the additional burden the pandemic has placed on their health care infrastructure. People have faced extra barriers to obtaining medications for OUD, including buprenorphine, methadone, or naltrexone.

COVID-19 obstacles: In one recent [survey](#), more than a third of the respondents with an SUD said they had difficulty accessing treatment or recovery support since the start of the pandemic, and 14% said they were unable to obtain needed services. In addition, [community health centers](#), which provide a gateway to care for OUD and co-occurring mental health disorders and predominantly serve low-income populations and people of color, have been reporting reduced patient visits and increased staffing problems since the pandemic began.

Structural barriers: Some pandemic policies have the potential to address long-standing structural barriers to accessing proven treatments and care, but success will depend on the community-based availability of sufficient infrastructure to meet broader health needs. Patients with OUD who come to health care settings with COVID-19 symptoms should also be introduced to medication for their OUD if medically possible, and not sent home without having their OUD addressed. To do this, communities must identify [how best to translate COVID-19 policies and protocols into the broader clinical practice](#) framework, expand infrastructure, and address the social and structural determinants of health that created disparities in access to health care in the first place.

INNOVATIVE SOLUTIONS

In the midst of the pandemic, opioid overdose remains a major driver of early, preventable death. Addiction treatment and harm reduction care that reduces the risk of overdose are essential health services during the pandemic and should remain accessible. Thanks to targeted interventions, public health experts have been able to provide solutions through community-based services, while taking advantage of [changing federal policies](#) during the COVID-19 pandemic. Efforts include the following:

Take-home medications: The use of evidence-based medications for OUD is the standard of care. Federal policies have changed to adapt to restrictions presented by the pandemic, providing opportunities for people to take restricted medicines home for longer periods of time. Typically, methadone treatment previously required daily supervised dosing with tightly controlled take-home options, but patients deemed stable may now obtain 28 days of take-home doses; others may receive 14 days of doses.

Telemedicine: People with OUD can now begin treatment with the medication buprenorphine or naltrexone without an initial in-person doctor visit. Changes to Medicare and Medicaid rules have enabled [telemedicine consultations](#), which especially benefit people who live in rural areas or who otherwise have

trouble accessing treatment. Most people with OUD have access to phones or other electronic devices, but for those who do not, innovative programs can [combine telemedicine with street outreach](#) to ensure that all people receive the care they need.

Teleconference support: [Many mutual help communities](#)—a proven companion to medication treatment—are now implementing and encouraging virtual support groups for those with internet access.

The HEALing Communities Study (HCS)—part of the HEAL Initiative at the NIH—was developed and designed to test a set of interventions to combat the opioid crisis with a current focus on multiple counties in the states of Kentucky, Massachusetts, New York, and Ohio. The HCS study team quickly adapted to the immense challenges brought on by the pandemic, recognizing the growing importance of the study amid this additional public health crisis. An overview of the HCS can be found in this [recent journal article](#), including links to [resources](#) reflecting overdose trends.

Although HCS researchers and other public health experts are working to increase access to OUD care in these extraordinary times, it is important that the health care system and the communities themselves understand how COVID-19 has placed additional challenges on patients with OUD, who may already be struggling with access to health care and finding a safe and supportive place to live. The added pressure of the COVID-19 crisis should not push these vulnerable populations into hiding; instead, communities should work to encourage and provide care without fear.

REFERENCES

The Commonwealth Fund (2021, March 25). [The Spike in Drug Overdose Deaths During the COVID-19 Pandemic and Policy Options to Move Forward](#).

NIDA. (2021, May 14). [COVID-19 and Substance Use from the National Institute on Drug Abuse](#).

Addiction Policy Forum. (2020, June 9). [Survey: COVID-19 affecting access to addiction treatment and key services](#).

Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). (2020, November 20). [Provisional Drug Overdose Death Counts](#).

Millennium Health. (2020, July 8). [Millennium Health's Signals Report™ COVID-19 special edition reveals significant changes in drug use during the pandemic](#).

National Institute on Drug Abuse (NIDA). (2020, June 17). [NIDA Researchers Adapt Their Projects to Study COVID-19](#).

NIDA. (2020, April 2). [NIDA Director outlines potential risks to people who smoke and use drugs during COVID-19 pandemic](#).

NIDA. (2020, Octubre 5). [Nuevas pruebas de la relación entre los trastornos por consumo de drogas y la susceptibilidad a la COVID-19](#).

NIDA. (2020, September 14). [Addressing the Unique Challenges of COVID-19 for People in Recovery](#).

NIDA. (2020, September 14). [Substance use disorders linked to COVID-19 susceptibility](#).

Overdose Detection Mapping Application Program. (2020, June). [COVID-19 impact on U.S. national overdose crisis](#).

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