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POLICY BRIEF

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The Convergence of the COVID-19 and Opioid Health Crises in the US

By Jeremy Mennis & Gerald J. Stahler
Department of Geography and Urban Studies, Temple University

Introduction

The COVID-19 pandemic coincides with the ongoing opioid epidemic in the US. Unfortunately, without adequate intervention, each of these health crises is likely to exacerbate the effects of the other, with the potential to create even more unnecessary deaths.[1,2] The spread of COVID-19 in the US has accelerated rapidly since it was first detected in January, 2020; as of July 25, 2020, more than 140,000 people in the US have died.[3] Drug overdose deaths in the US increased each year from 1990 through 2017, before declining slightly in 2018, and then increasing again in 2019. In 2017-2018 alone, more than 137,000 died of drug overdose, the majority due to opioids.[4] Figure 1 shows the geographic pattern of deaths due to both causes with states of highest population experiencing the most deaths. Pre-COVID-19 pandemic projections indicate a continuing increase in overdose deaths, due in large part to the rise of fentanyl use.[5]

The COVID-19 pandemic has led to an increase in the known risk factors associated with opioid use, and may also lead to an increase in relapse among those in recovery from opioid use disorder (OUD) as well as an increase in opioid overdose. At the same time, the COVID-19 pandemic has reduced the ability of treatment programs and support systems to respond to the opioid crisis. Socioeconomic factors and pre-existing health conditions associated with OUD may also increase the likelihood of SARS-Cov-2 infection and the severity of COVID-19. Addressing the interactions between the COVID-19 and opioid overdose health crises

Highlights

- **Without adequate intervention, the co-occurring opioid and COVID-19 crises are each likely to exacerbate the effects of the other.**
- **The COVID-19 pandemic is likely to worsen opioid use disorder (OUD) outcomes, including risk of overdose.**
- **Those with OUD may be particularly vulnerable to COVID-19 due to socioeconomic factors and a high degree of pre-existing health conditions.**
- **Policy-makers should ensure the basic needs of those with OUD, maintain access to treatment (particularly medications for OUD), support alternative treatment methods and harm reduction strategies, and monitor racial/ethnic and geographic disparities.**

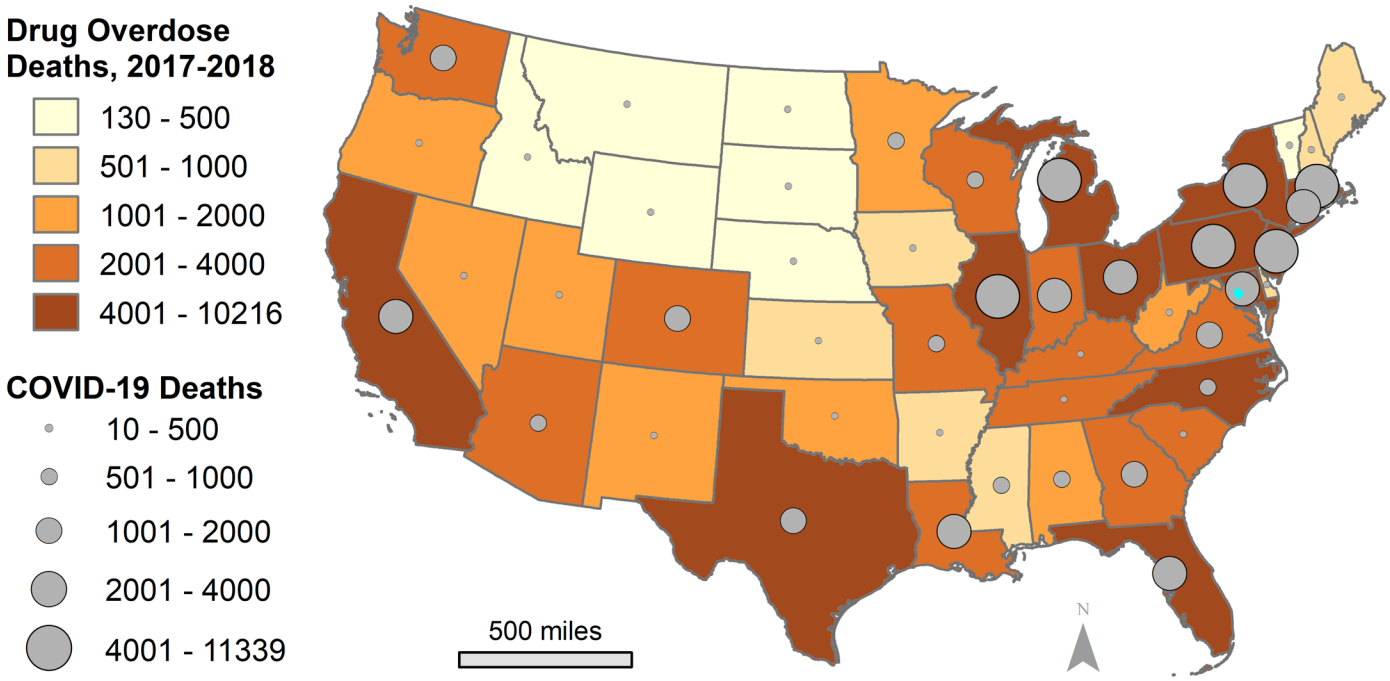

Figure 1. Deaths from COVID-19[3] (January 21, 2020 – May 28, 2020) and drug overdose[4] (2017-2018) in the continental US by state.

are necessary to mitigate their multiplicative impacts on health.

COVID-19 Can Worsen Opioid Use Disorder (OUD)

Psycho-social factors. Addiction is often called a disease of social isolation. Non-pharmaceutical interventions employed to mitigate SARS-CoV-2 transmission, such as social distancing behaviors and stay-at-home directives, can enhance social isolation among those with OUD, leading to feelings of anxiety and depression. Such feelings may be exacerbated further by other economic and health consequences of the COVID-19 pandemic, including psychological stress, the loss of social supports, termination of employment, economic hardship, and the loss of family or friends to the disease. These conditions may exacerbate already existing mental health disorders which may increase initiation into, and frequency of, opioid use and the likelihood of relapse among those in recovery.

Overdose risk. Access to opioids may be reduced due to disruptions in illicit opioid supply chains stemming from US and state border closures, fewer illicit drug markets, as well as economic and transportation disruptions affecting those with OUD. This may lead those with OUD to substitute or mix other drugs, such as alcohol or benzodiazepines, with which they are less familiar in terms of dosing, increasing risk for overdose. Disruptions in opioid supply may create loss of tolerance so that when use continues after a period of non-use, there is a greater likelihood of overdose.

Access to treatment. Public transportation, which many program clients rely on to get to treatment, has been reduced substantially in many cities, and conventional referral sources to treatment have been disrupted. Treatment programs themselves have incurred additional expenses associated with providing personal protective equipment (PPE), cleaning and disinfecting, and hiring additional staff to maintain smaller group sizes, particularly for residential programs. Anecdotal evidence indicates that decreased admissions to treatment have reduced revenues for many treatment programs, while at the same time illness (and fear of illness) has left many programs short-staffed, forcing some programs to reduce services, reduce hours of operation, terminate treatment prematurely, or even close altogether. Though some outpatient treatment programs are employing tele-

medicine formats and virtual counseling using online platforms, few program staff have been trained properly given the sudden and rapid demand for implementation. In addition, many people with OUD do not have access to technology and the relative efficacy of such online formats, while promising, is still uncertain.

Peer support programs, such as 12-step programs, serve as a vital source of emotional and spiritual support to people struggling to maintain stable recovery. It appears that many peer support groups have been cancelled or have moved to a virtual teleconferencing platform due to the COVID-19 pandemic. It is not known how effective these forms of virtual peer support are compared to in person meetings. Lack of access to peer support groups, as well as to social services and mental health resources, can create a cascading effect of increasing substance use among those with OUD and relapse among those in recovery.

Medications for opioid use disorder (MOUD). Maintaining continuity of care is particularly important for those receiving medications for OUD (MOUD), including the use of methadone, buprenorphine, and naltrexone. Stay-at-home directives and reductions in transportation make it more difficult for clients to access medications. While federal regulations have been relaxed during the pandemic so that patients can access a greater supply of medication without visiting a clinic or physician, and telemedicine prescriptions for some medications are available, the widespread implementation of these practices may vary regionally. Additionally, many pharmacies and doctors' offices have closed, reduced hours, or been focused on COVID-19, thus potentially limiting the services necessary for MOUD.

Harm reduction. It appears that many harm reduction programs that provide services to those with OUD, such as syringe exchange programs and the distribution of Narcan (used to treat opioid overdose), have also reduced services in response to the COVID-19 pandemic, which may increase the likelihood of overdose and the transmission of HIV and Hepatitis C. Social distancing may increase the likelihood of death for those who do overdose, given the absence of others to administer Narcan. In addition, commonly used strategies to initiate those with OUD into treatment via visits to harm reduction and opioid treatment programs (OTPs) and hospital emergency rooms may be reduced.

OUD Can Increase the Risk and Severity of COVID-19

Socioeconomic risk factors. Many of the underlying health, socioeconomic, and housing conditions associated with OUD are also risk factors for both SARS-CoV-2 infection and COVID-19 severity. There are many people suffering with OUD who are also poor, homeless (or in unstable housing), and who lack health insurance (or are underinsured). Such conditions may make it difficult to practice behaviors intended to reduce infection, such as handwashing, social distancing, and wearing a mask. The stigma of OUD often results in those with OUD being underserved by the healthcare system, a pattern which may be magnified during the COVID-19 pandemic due to the focus on treating those with COVID-19.

Pre-existing health conditions. Opioids can have adverse effects on respiration, and those with OUD are at increased risk of immunosuppression and lung and cardiovascular disease. Many of those with OUD smoke, which is associated with decreased lung function and chronic obstructive pulmonary disease (COPD). Recently, opioid users have been increasingly combining opioids with stimulants, which constrict blood vessels and can contribute to pulmonary hypertension. All of these conditions may increase the risk or exacerbate the severity of COVID-19.

Preventive behaviors. Opioid users may also be more at risk for SARS-CoV-2 infection because drug-seeking behavior may put them in close contact with other people who are infected. People with OUD are often alienated from traditional news sources and are less likely to hear about health risks and best practices to protect themselves from infection. Some opioid users are skeptical of authority and may distrust government health advisories. Chronic substance use is also associated with cognitive impairment, including reduced executive function and impulse control, which may decrease the likelihood of engaging in behaviors intended to reduce the risk of infection. At the community level, a lower rate of adherence to preventive

health practices among those with OUD can increase the prevalence of infection.

Policy Recommendations

We concur with the American Medical Association (AMA), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Drug Enforcement Administration (DEA) guidance and recommendations for addressing the converging COVID-19 and opioid health crises.[6] Among these recommendations, as well as others we add, are the following:

Address basic needs and access to care. Acute risk characteristics for those suffering from addiction should be addressed, including providing housing for the homeless, food for those without food access, and emergency medical care. Treatment programs should triage medical services for those with OUD who test positive for Covid-19. Expansion of Medicaid coverage and temporary changes to health insurance practices such as suspending prior authorizations, co-pays, and deductibles could expand access to care.

Provide emergency support for treatment and harm reduction programs. Emergency funds should be used for the provision of PPE and COVID-19 testing for treatment program staff and clients. States should implement harm reduction strategies, including removing barriers to accessing syringe exchange programs and increasing Narcan distribution programs, including providing online overdose reversal training programs and free Narcan home delivery or shipping.

Remove barriers to MOUD. Uninterrupted access to MOUD has already been enhanced by relaxed federal rules for access to buprenorphine and methadone. Access would be further enhanced by greater utilization of pharmacies and post-acute-care facilities to dispense methadone and buprenorphine, temporarily removing administrative barriers to prescribing MOUD, and providing curbside medication pickup and deliveries.

Support alternative treatment delivery methods. Access to treatment would be enhanced by ensuring insurance reimbursement for telemedicine counseling and addiction treatment services, expanding insurance coverage for all telemedicine modalities, and suspending restrictions on types of services, originating sites, prior patient-physician relationships, and other limitations for telemedicine services.

Monitor racial/ethnic and geographic disparities. Racial/ethnic and geographic disparities persist in accessing substance use disorder treatment outcomes, and similar disparities have been observed for COVID-19 prevalence and mortality. Monitoring the dynamics of these two interacting crises demographically, regionally, and across the urban-rural gradient is thus key to developing policy responses properly attuned to the place and population at risk.

References

1. Volkow ND. Collision of the COVID-19 and Addiction Epidemics. Ann Intern Med. 2020. doi:10.7326/M20-1212.

2. Wakeman SE, Green TC, Rich J. An overdose surge will compound the COVID-19 pandemic if urgent action is not taken. Nat Med. 2020. doi.org/10.1038/s41591-020-0898-0.

3. Centers for Disease Control and Prevention (CDC). Coronavirus 2019 (COVID-19). https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html (last accessed July 25, 2020).

4. Wilson N, Kariisa M, Seth P, Smith H IV, Davis NL. Drug and opioid-involved overdose deaths — United States, 2017–2018. MMWR Morb Mortal Wkly Rep 2020;69:290-297. doi.org/10.15585/mmwr.mm6911a4external icon.

5. Chen Q, Larochelle MR, Weaver DT, et al. Prevention of prescription opioid misuse and projected overdose deaths in the United States. JAMA Netw Open. 2019;2(2):e187621. doi:10.1001/jamanetworkopen.2018.7621.

6. AMA Advocacy Resource Center. Issue brief: Reports of increases in opioid related overdose during COVID pandemic. Updated May 18 2020. https://www.ama-assn.org/system/files/2020-05/issue-brief-increases-in-opioid-related-overdose.pdf (last accessed 5/29/2020).