

# 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 pandemic era has taught us that action to treat OUD and prevent OUD complications remains as important as ever. For example, a recent [publication](#) examined electronic health records and learned that people with a recent diagnosis of a substance use disorder (SUD) were at a significantly increased risk for COVID-19, compared to those without an SUD.

### INCREASE IN DRUG USE AND OVERDOSE DEATHS

In addition, 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. The Centers for Disease Control and Prevention (CDC) [reports](#) substantial increases in drug overdose deaths across the United States during the COVID-19 epidemic, primarily driven by the synthetic opioid fentanyl. 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.

### 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 have 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, although 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. Social distancing has also increased the feeling of

### 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](#)

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 strives to open up again safely, even as new COVID-19 variants have emerged. For example, there are [reports](#) that

mental health issues are at an all-time high across the country, increasing the risk of substance use disorders. We are also seeing other unprecedented health challenges. 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 subset of people with ongoing symptoms following recovery from acute COVID-19. The risk of OUD should be carefully monitored in this patient group. In addition, [clinicians should seek out available resources](#) to 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 2 years, 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 [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 allowed communities to address longstanding structural barriers to accessing proven treatments and care, but success has depended 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

Addiction treatment and harm reduction care that reduce the risk of overdose are essential health services during the pandemic and will continue to be in its aftermath. 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. 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 support 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.

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