

Early Trends in Opioid Misuse During the Pandemic

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The Covid-19 pandemic hit at a moment when the national response to the opioid epidemic may have just begun to show progress with more patients receiving treatment and gaining access to effective medication.ⁱ The rate of opioid prescriptions dispersed in the United States has declined each year from 2012-2019.ⁱⁱ Additionally, 2009-2011 and 2012-2014 office-based visits involving buprenorphine prescriptions increased from 1.9 million to 4.3 million in the United States.ⁱⁱⁱ

But Covid-19 could reverse this progress: the stress, anxiety, and isolation associated with the pandemic have the potential to exacerbate opioid misuse, and patients already in treatment may face disruptions in care. Both medical journals and news outlets have been discussing the predicted trends and anecdotal evidence regarding the pandemic's impact on opioid misuse.

Potential Impacts of the Covid-19 Pandemic on Opioid Misuse & Its Treatment

Pandemic Stress

Since the start of the Covid-19 pandemic in the United States, most people have had abrupt lifestyle changes, been deprived of in-person connection, and have faced newfound anxiety and fear for their health and their jobs. According to CDC data, symptoms of anxiety disorder and depressive disorder in the United States have considerably increased compared with the same period in 2019.^{iv} A study

conducted by Monash University in Melbourne, Australia from June 24-30, 2020 found that approximately 13% of respondents reported that they started or increased substance abuse because of Covid-19 and its implications.^v Many academic articles and media outlets predict similar trends in the United States.

Social Isolation

One potential direct consequence of the Covid-19 pandemic is that social distancing practices could increase the likelihood of opioid overdoses happening with no observers present. Overdoses that occur with no observers present and no one to administer naloxone to reverse the overdose are more likely to be fatal.^{vi} Furthermore, peer support groups and other forms of in-person support are central to substance use disorder treatment programs. Many of these programs have likely been abruptly disrupted by the pandemic. If adequate virtual or alternative treatment programs are not implemented rapidly, patients already in treatment for substance abuse disorder are at high risk for relapse.

Health System Capacity

As broadcasted across media outlets all around the country, the US healthcare system has been overwhelmed by Covid-19 treatment and prevention practices since the initial Covid-19 cases were first recognized in the United States. Largely because of stigma, people with

substance abuse disorders were underserved by healthcare services prior to the pandemic.^{vii} With many hospitals being pushed to their capacities during the Covid-19 pandemic, people with substance abuse likely risk being further deprioritized and receiving lower quality care if they present with Covid-19 symptoms. Additionally, if hospitals and healthcare providers are overwhelmed with Covid-19 patients, substance abuse treatments risk being deprioritized.

Example: Kentucky Emergency Medical Service

One preliminary study hypothesized that the Covid-19 pandemic would result in significant increases in opioid overdoses for many of the reasons discussed above.^{viii} To test this hypothesis, Kentucky Emergency Medical Service (EMS) runs for opioid overdoses were analyzed for temporal changes in the 52-day period before and after the Covid-19 state of emergency declaration on March 6, 2020. The results displayed that Kentucky EMS opioid overdose daily runs increased after the Covid-19 state emergency declaration. EMS opioid overdose runs with transportation to an emergency department were found to increase 17%. Additionally, there was a 50% increase in runs for suspected opioid overdoses with deaths at the scene of the incident. But non-opioid related transportation runs decreased by 22% in the period after the emergency declaration. This provides preliminary evidence that opioid overdoses may be rising during the Covid-19 pandemic.

Opioid Epidemic Policy Responses During the Covid-19 Pandemic

In response to the potential detrimental impacts of the Covid-19 pandemic on the opioid epidemic in the United States, many new policies and policy changes were quickly implemented to mitigate these potential impacts. Prior to the Covid-19 pandemic, methadone (a drug prescribed to treat opioid addiction) was often required to be prescribed so many patients could receive only one directly observed daily dose at a time.^{ix} Recognizing that this could cause severe disruptions in care during the Covid-19 pandemic, the Substance Abuse and Mental Health Services Administration (SAMHSA) released new guidelines transferring as many patients as possible to alternative take-home methadone maintenance protocols. Furthermore, in an effort to increase access to telehealth services when face-to-face services were reduced, rules regulating Medicare have been relaxed to increase reimbursement for telehealth services. Likewise, states can request Medicaid reimbursement for telehealth services including treatment for opioid addiction through communication modes that are most accessible to patients such as telephone sessions. Block grants may also be available for telemedicine infrastructure that could improve capabilities for virtual counseling, improve remote delivery of medications, and provide additional support services to those impacted by the Covid-19 pandemic both directly and indirectly. As the Covid-19 pandemic continues to cause disruptions across the country, additional policy adjustments need to be made to continue the United States' fight against the opioid epidemic.

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