

## The Opioid Crisis: The Forgotten Epidemic

By Sharon Gilmore, MHA, BSN, RN-BC, CPHQ, CPHRM

In 2001, the world focused on another disease outbreak. Then-U.N. Secretary-General Kofi Annan, in an address to world leaders, described this epidemic as “an unprecedented crisis” that required an “unprecedented response.” In particular, Annan called for solidarity “between the healthy and the sick, between rich and poor; above all, between richer and poorer nations.”<sup>1</sup> Sound familiar? Annan was urging world leaders to mobilize resources to fight the spread of HIV/AIDS. As we remain in social isolation and struggle in world solidarity to control the latest threat, it is easy to lose sight of another battle we continue to fight – the opioid epidemic that rages on despite COVID.

COVID-19 presents unique physical risks to the patient suffering from opioid abuse. Opioid use is known to negatively affect the cardiopulmonary system and cause respiratory suppression. Because coronavirus attacks the lungs, it can be an especially serious threat to people with opioid use disorder. People with addictions are also more likely to experience homelessness or incarceration, which increases the likelihood of transmission.<sup>2</sup> Recent headlines illustrate the challenges of this epidemic within a pandemic.<sup>3</sup>

The current pandemic has not slowed the rate of opioid-related deaths. As state death statistics begin to roll in, it is clear that despite heroic efforts to control the opioid epidemic, 2020 is trending to be more deadly than 2019. In the last three weeks of April, 20 people died from overdose in DuPage County, Illinois, compared to 96 deaths in the same county for all of 2019.<sup>4</sup> Similarly, Shelby County, Tennessee, reported 391 overdoses and 58 deaths in the month of April, the highest count ever recorded.<sup>5</sup> Also in April, the Milwaukee County Medical Examiner’s Office reported that overdose deaths were up 50% and cautioned that at the current rate, 640 deaths could occur by year’s end.<sup>6</sup>

While COVID-related distraction may be a contributing factor, our efforts to control the COVID-19 pandemic may be undermining some of the efforts implemented during the height of the opioid epidemic.

1. **Medical services have been limited.** Closure of nonessential services and reduction of staff to minimize viral exposure has resulted in the closure of substance abuse disorder walk-in clinics and syringe exchange programs. These containment measures have also limited access to medical care and safety net programs. While avenues to provide telemedicine services continue to increase, this modality has not yet proven to be effective for patients with SUD.<sup>7</sup> Most recently, the Drug Enforcement Administration (DEA) relaxed telehealth restrictions for suboxone/ buprenorphine and naloxone, allowing for increased self-administration of maintenance medication.<sup>8</sup>
2. **Support services have been curtailed.** Social isolation mandates have forced community support groups to meet virtually. Group and community support is considered best practice in the rehabilitation and recovery of substance abuse. Continued isolation and economic challenges may lead to partner problems as well as increased stress and anxiety, which may contribute to a relapse.<sup>9</sup>
3. **Opioid distribution has been centralized.** Although hospitals have asked the DEA to allow an increase in opioid production, as the coronavirus pandemic expands, opioids are being centralized from clinics and prisons into hospitals to meet the demand to care for patients on ventilators.<sup>10</sup> Additionally, the illegal drug supply is being disrupted as border restrictions increase to reduce international travel. The reduction in drug supply can have serious consequences for opioid users by causing them to seek out alternatives that may be more potent or harmful.<sup>11</sup>

4. **Lack of funding.** The CARES Act Provider Relief Fund provides \$175 billion in relief funds to hospitals and healthcare providers, with \$50 million allocated for Medicare facilities and providers affected by COVID-19.<sup>12</sup> However, opioid treatment providers are ineligible, as they did not receive the Medicare reimbursement in 2019 on which eligibility is based.<sup>13</sup>

A systems approach to the opioid crisis was well underway before COVID-19 emerged. Unfortunately, the urgent public health demands of a pandemic have placed those efforts on the back burner. Where once there was “no wrong door for treatment,”<sup>14</sup> now those doors are closed. Social isolation and quarantine interrupts transition between care levels and slows down clinical stabilization with medication therapy. Employment disruption and lack of child care for essential workers due to closures limits ability to access affordable care.

Efforts to maintain footholds in opioid management such as telemedicine sessions, virtual group therapy, and relaxation of pharmaceutical guidelines continue, but will they be enough to prevent two catastrophic epidemics in 2020?

### Resources

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We hope you found this RiskKey helpful. If you have questions or would like further resources on this topic, please contact your Coverys Risk Management Consultant.

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