

COVID-19 Update: Substance Use Disorders

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Faculty Disclosure

Dr. Podesta: Advisory Board—Alkermes, Inc., Pear Therapeutics, SageSurfer; Speakers Bureau—Alkermes, Inc., Indivior.

Learning Objective

Discuss how the COVID-19 pandemic has affected the substance use disorder (SUD) population, and identify some solutions for care

Substance Use during the Pandemic

“The disruption to daily life due to the COVID-19 pandemic has hit those with substance use disorder hard.”

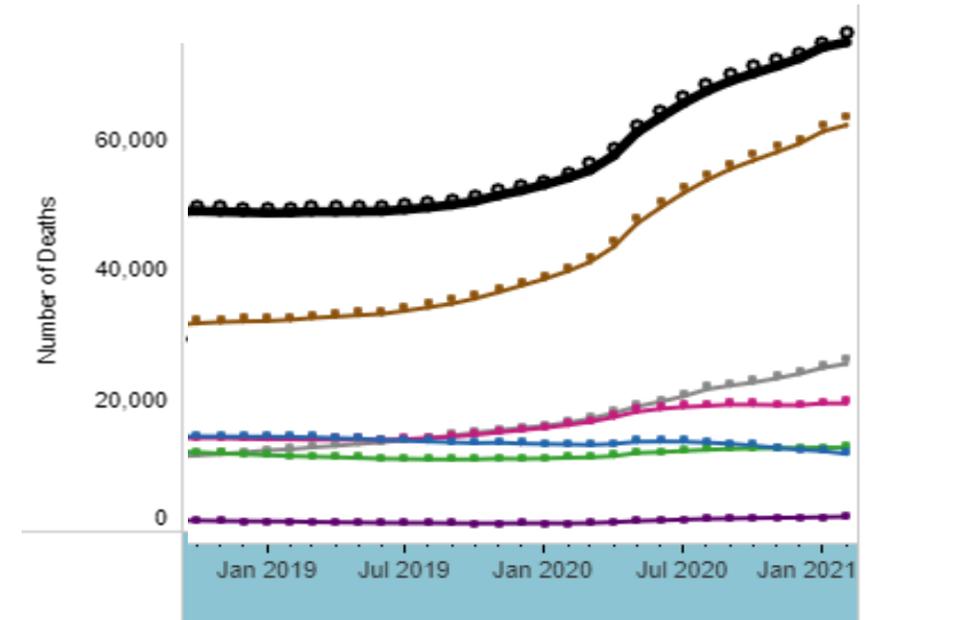
—CDC Director Robert Redfield, MD

Current Overdose and Substance Use Disorders Stats

- US had over 94,134 fatal drug overdoses in 12 months from May 2020-May 2021, the *highest* number reported in a 12 month period in US history.
- Since beginning of COVID-19, among nationwide data on drug tested individuals, 35% ↑ for non-prescribed fentanyl, 44% ↑ for heroin.
 - Also, positivity for fentanyl ↑ among patients positive for other drugs: 89% ↑ amphetamines + fentanyl; 48% ↑ benzodiazepines & fentanyl; 34% ↑ cocaine & fentanyl; and 39% ↑ for other opiates & fentanyl
- OD fatalities involving cocaine ↑ 26.5%, likely due to combination with fentanyl and/or heroin
- OD fatalities involving methamphetamine and other stimulants ↑ 34.8%
- Increased availability of fake prescription pills containing fentanyl and methamphetamine rise by 430% from 2019- mid 2021
- Alcohol use had 14% ↑ since start of pandemic; disproportionately affecting women with a 41% ↑
- NIDA 2020 Monitoring the Future study (8–12th graders) reveals
 - Vaping of marijuana ↑ from 11.9% to 27.9% from 2017 to 2020 in 12th graders.
 - Amphetamine use among 8th graders ↑ from 3.5% in 2017 to 5.3% in 2020

National Fatal Overdose Data during COVID-19

- All Opioid deaths up 25% from Jan 2019-Jan 2021
 - Highest of all increased use by drug type
- Synthetic Opioids (e.g. fentanyl) deaths up 24% from Jan 2019-Jan 2021 -> Largest spike within decades in US history
- Stimulant deaths up 14% from Jan 2019- Jan 2021
- Heroin only (non-synthetic opioid) deaths down 6% from Jan 2019-Jan2021.
 - May be due to increased contamination with synthetics



Legend for Drug or Drug Class

Opioids (T40.0-T40.4,T40.6)

Heroin (T40.1)

Natural & semi-synthetic opioids (T40.2)

Methadone (T40.3)

Synthetic opioids, excl. methadone (T40.4)

Cocaine (T40.5)

Psychostimulants with abuse potential (T43.6)

— Reported Value

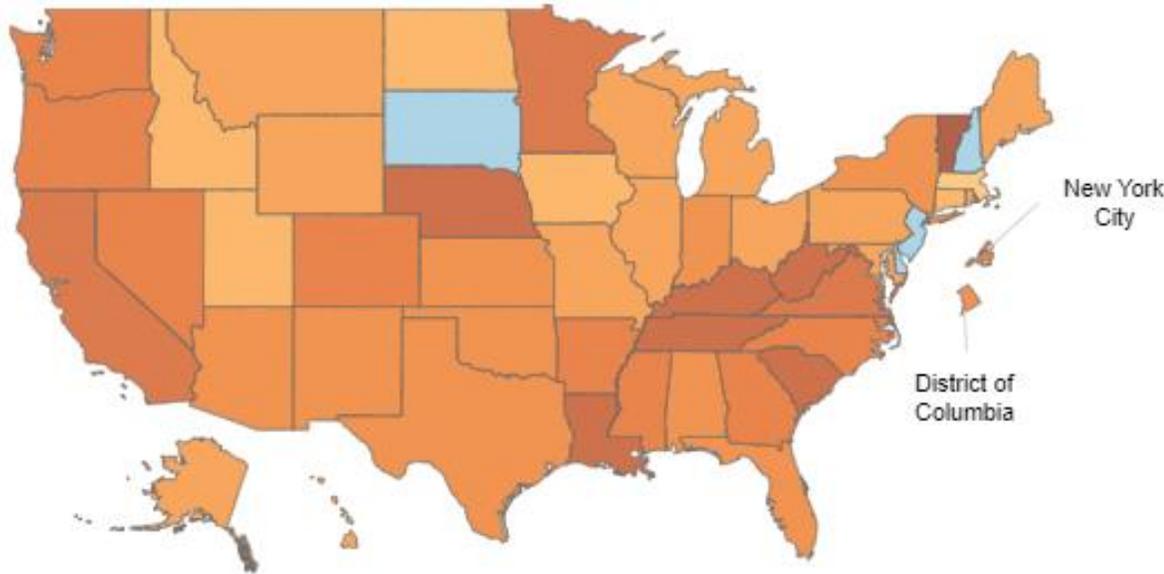
○ Predicted Value

National Drug Overdose Deaths Percent Change by State (Feb. 2020- Feb. 2021)

Overall Percent Change for US: 30.4% ↑

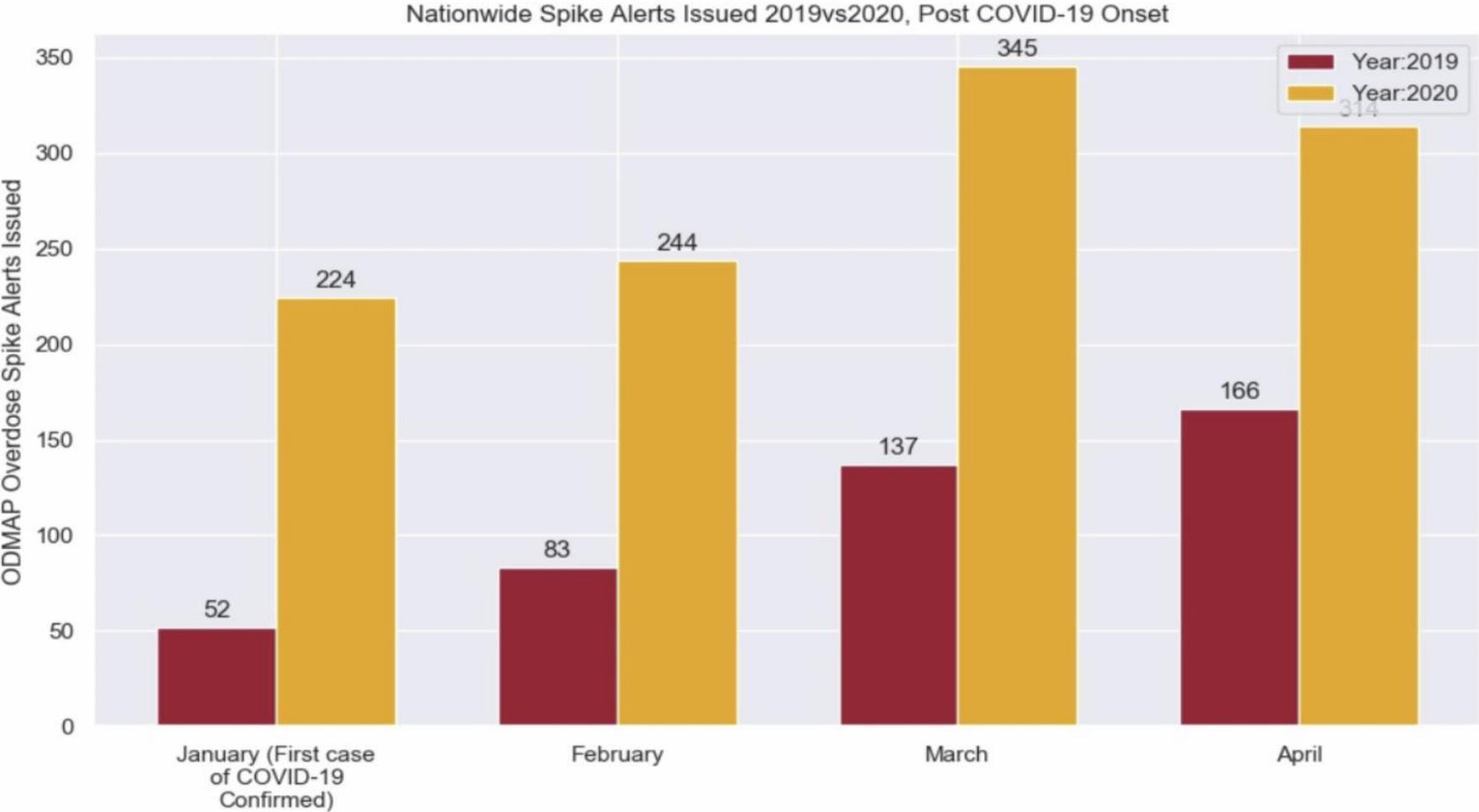
Top 10 States with Highest % ↑:

- Vermont (76.4 %)
- Kentucky (56.4 %)
- Louisiana (56.0 %)
- W. Virginia (55.2 %)
- Nebraska (54.2 %)
- S. Carolina (51.9 %)
- Tennessee (51.1 %)
- California (49.6 %)
- Minnesota (44.0 %)
- Washington (41.1 %)



All other states had fatality ↑ except New Hampshire, New Jersey, and South Dakota.

Taking a Look Back: Overdose Map of Pandemic Beginning



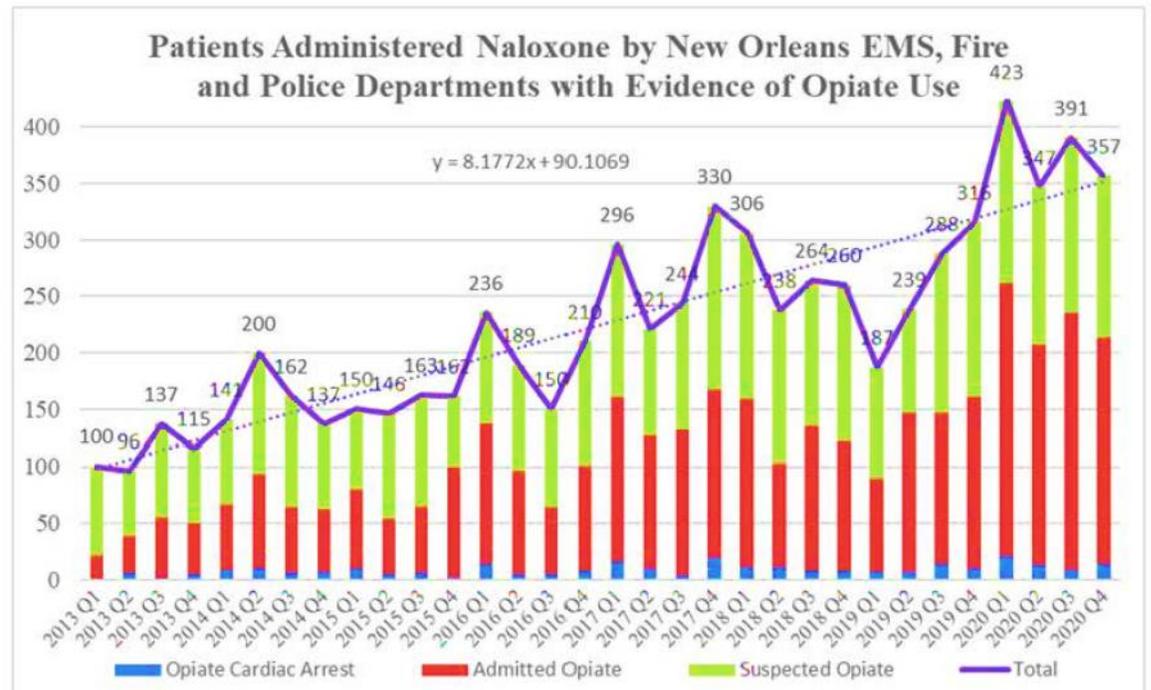
...then overdoses climbed and reached highest levels in US history from May 2020-2021.

ODMAP = Overdose Detection Mapping Application Program.

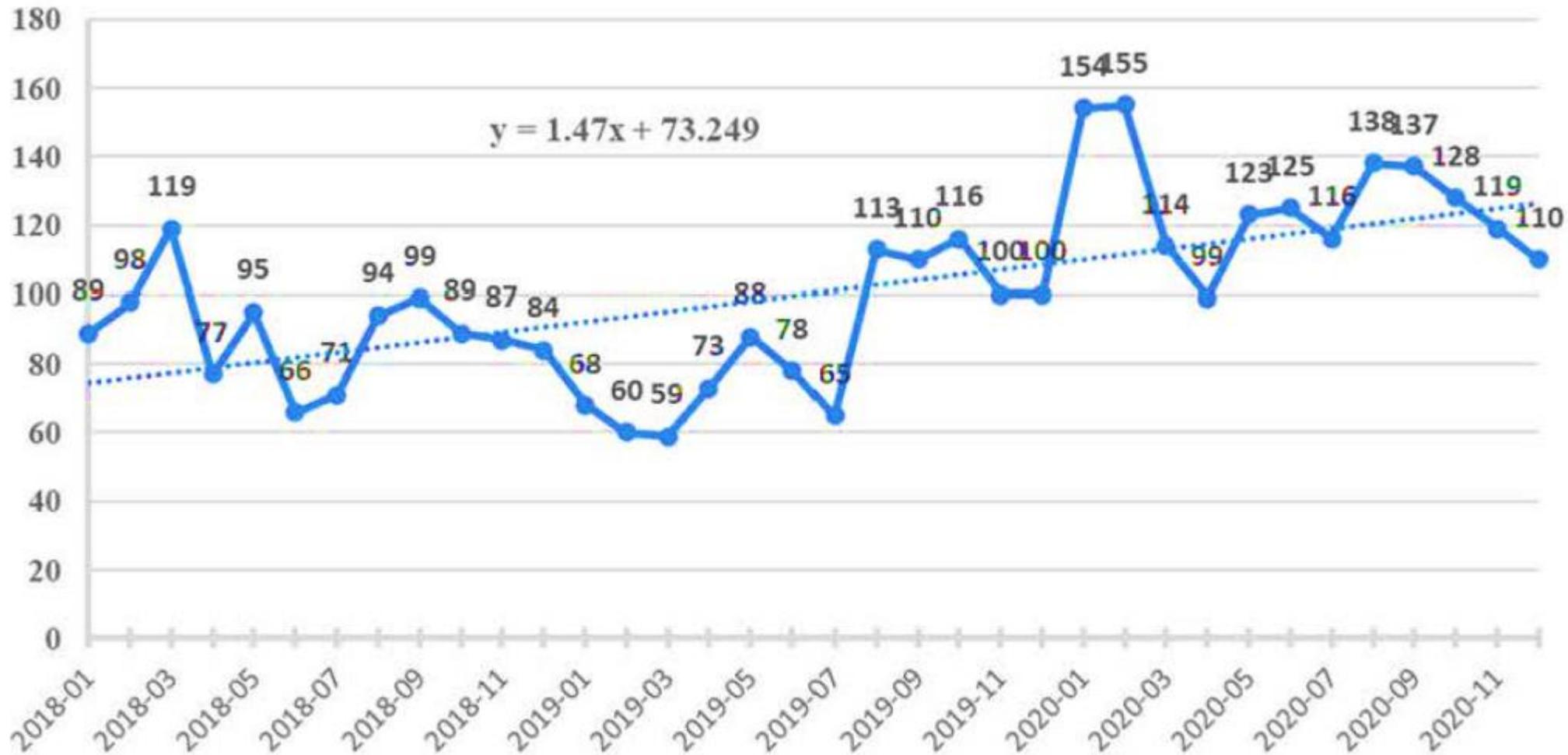
Alter A, et al. The Consequences of COVID-19 on the Overdose Epidemic: Overdoses are Increasing. ODMAP. May 13, 2020. Accessed February 3, 2021. <http://odmap.org/Content/docs/news/2020/ODMAP-Report-May-2020.pdf>

Naloxone Administrations by New Orleans EMS, Fire, and Police Departments: Long-Term and Recent Trends – January 2021

- **Long-term Trend:** Over the 8-year period from 2013 through 2020, the number of EMS naloxone administration calls with evidence of opiate use ↑ at an average annual rate of 14.5%.
- **Recent Trend:** In the past 3 years, 2018 through 2020 (36 months), the number of EMS naloxone administration calls with evidence of opiate use ↑ *substantially* at an average annual rate of 17.6%. Further review of the data points indicates that naloxone administrations with evidence of opiate use ↓ during 2018 and most of 2019, but ↑ dramatically beginning in August 2019. Most recently, in the last 3 months of 2020, the number of naloxone administrations with evidence of opiate use has ↓ somewhat. While this is a hopeful sign, these administration counts are only slightly below the 3-year trend line and thus not indicative of a change in the trend.



Patients Administered Naloxone by New Orleans EMS, Fire, and Police Departments with Evidence of Opiate Use by Month



Problems

- Due to physical distancing, facilities decrease census, some halt admissions
- Shortage of Naloxone from major and most affordable supplier Pfizer perhaps due to refocusing of funding on COVID-19 measures- harm reduction taking a backseat
- Telehealth sweeps health care—but device and stable connection access is an issue
- Financial stress, loneliness, coping skills difficult to keep up
- Face to face outpatient, IOP, PHP mostly unavailable
- Drug testing/screening partly unavailable
- Outreach scaled back or unavailable
- BOREDOM (out of work? No distractions)
- Peer support limited, communication virtual



Problems

- Stimulus check (\$\$\$) as a lump sum
- Pharmacy difficulties (as patients move), DEA/Pharmacy “cap” for MAT
- Methadone clinics unable to give daily doses
- Dissuaded from going to ED or hospital for help
- Larger supply of illegal drugs
- Reduced access to OD treatment
- Lethality of synthetic fentanyl

Study Predicting Effectiveness of Current US Harm-Reduction Programs

- Effectiveness of current services and treatments related to harm reduction were tested on nine measures by Stanford-Lancet Commission on the North American Opioid Crisis.
- Items tested were 1) reduced prescribing, 2) drug rescheduling, 3) prescription monitoring programs (PMPs), 4) tamper-resistant drug reformulation, 5) excess opioid disposal, 6) naloxone availability, 7) syringe exchange programs, 8) pharmacotherapy, and 9) psychosocial treatment.
- Years of life and opioid-related deaths over five years and ten years were measured.
- **Findings:**
 - Prediction that approximately 547,000 opioid-related deaths will occur from 2020 to 2024 (range 441,000 - 613,000), which would then rise to 1,220,000 by 2029.
 - Most effective program in preventing fatal overdoses were efforts to expand naloxone availability by 30%, which would significantly avert approx. 25% opioid deaths.
 - Pharmacotherapy, syringe exchange, psychosocial treatment, and PMPs are uniformly beneficial, reducing opioid-related deaths while leading to significant gains in life years for those with SUD.
 - The efforts made in reduced prescribing and increasing excess opioid disposal programs would help to reduce total deaths, but would predict an increase heroin deaths in the short term.
 - The rescheduling of drugs would increase total deaths over five years as some opioid users escalate to heroin, but decrease deaths over ten years.

Solutions

- Federal changes to prescribing
 - DEA allowing prescribing of controlled substances via telehealth effective March 31, 2020 in effect of duration of public health crisis
- Early refills of controlled substances
 - Schedule II controlled substances previously not allowed refills
 - As of March 21, 2020: Practitioner allowed to order multiple prescriptions of up to a 90-day supply of Schedule II controlled substances
 - Specific criteria must be met for Schedule II: Practitioner requires signature and date on multiple prescriptions from the date prescription issued and must have earliest date on which prescription can be filled on each separate prescription
 - Schedule III–V controlled substances: Pharmacies allowed to dispense early refills

Solutions

- Dept. Health Dashboards—more adopting ODMAP: Launched in Jan. 2017, now over 48 states are logging data
- March 2021: US signs American Rescue Plan, allocating largest funding in U.S. history, \$30 million, for overdose and harm-reduction services
- Ryan Haight Online Pharmacy Consumer Protection Act of 2008, created to regulate online internet prescriptions, is enforced by the DEA, and also imposes rules around the prescription of controlled substances through telepsychiatry (live interactive videoconferencing)
 - **Telehealth Discretion during Coronavirus**
 - “A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.” (reviewed by HHS Jan. 2021)

Solutions

- In-person methadone dose visits relaxed federally
 - In-person requirement waived for methadone and buprenorphine treatment for *current* patients (state by state)
 - For *new* patients, buprenorphine dispensing allowed via a telehealth evaluation, yet does not apply to methadone
 - In-person evaluations remain mandatory for new patients requiring methadone; inability for telehealth to reach this group appropriately
- More state health departments focused on having naloxone available in public
- Public health focus on naloxone distribution (without a prescription), and teaching people to have it in multiple locations
- ADAPT study results RE: methamphetamine MAT: XR-NTX plus Bupropion XR reveals low response but higher than placebo for methamphetamine use disorder

Solutions

- New federal law allows licensed practitioners a waiver from federal certification training requirements for buprenorphine dispensing in up to 30 patients

SAMHSA released a statement:

On January 14, 2021, HHS announced forthcoming *Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder*. Unfortunately, the announcement was made prematurely. Therefore, the Guidelines previously announced cannot be issued at this time. However, HHS and ONDCP are committed to working with interagency partners to examine ways to increase access to buprenorphine, reduce overdose rates and save lives.



Solutions

- Bridge clinics/programs for MAT expanded
 - Follow-up care for OUD in the ED
 - Phone hotline to function as bridge to treatment: people with moderate/severe OUD linked via phone to a waived provider for MAT
- Care coordination and case management – issues highlighted by pandemic (silos). Apps and tools becoming more available
- NIH and HHS encouraging development
- Digital therapeutics (24/7)
 - Prescribed: reSet[®], reSet-O[®]
 - Non-prescribed: so many!
- Online peer supports (24/7)
 - [NotOneMore.net](https://www.notonemore.net)
 - [InTheRooms.com](https://www.intherooms.com)
 - [SmartRecovery.org](https://www.smartrecovery.org)
 - [RecoveryDharma.org](https://www.recoverydharma.org)

Conclusion

- Addiction is a complex disease with complex treatment needs
- Addiction thrives in isolation
- The pandemic has hit those with SUDs (treated or untreated) hard
- There are many tools available to help patients with addiction
- Different states and different areas have responded to the needs differently
- Best practices for SUD—prevent, screen, and treat early; use multiple treatment modalities, including MAT