



# The Opioid Pandemic During Times of COVID-19

By Mohammad N. Sibai, BA, MA

**T**he COVID-19 pandemic has been one of the deadliest pandemics in recent history. It has highlighted the health disparities in many underserved communities, especially those with high opioid use disorder (OUD) prevalence rates (Volkow, 2020). At least two million people in the United States have an OUD and more than 10 million people misuse opioids; these individuals may be at increased risk for the most adverse consequences of COVID-19 (Volkow, 2020). The CDC (2020) reported 70,980 deaths in the U.S. in 2019 due to drug overdose, about 70% of which were due to opioids. The following year, of which the majority was plagued by COVID-19, there were 93,331 reported deaths from overdoses – more than about 75% of which were due to opioids (Ahmad et al., 2021). This increase of more than 30% is the largest ever recorded in American history. Officials believe that the increased prevalence of fentanyl in opioids and other substances, as well as pandemic-related stressors and problems in accessing care, have significantly contributed to the large jump in numbers.

COVID-19 is caused by an acute respiratory syndrome, namely coronavirus 2 (SARS-CoV-2) (World Health Organization, 2020). Individuals with OUD may be at more risk than some other underlying conditions because chronic respiratory disease, a core symptom of COVID-19, increases risk for fatal overdose in those who use opioids therapeutically (Volkow, 2020). Slowed breathing as a result of opioid

use can cause hypoxemia, which may lead to cardiac, pulmonary, and brain complications, as well as overdose and death (Zibbell et al., 2019).

Not all the risks of COVID-19 on individuals with OUD are physiological and direct. There are several indirect factors, such as access to healthcare, housing, and medication. Access to healthcare was diminished for all patients who require slightly different care than those with other conditions. With hospitals focusing their efforts on patients diagnosed with COVID-19, individuals with other conditions may face barriers to treatment due to a lack of beds, staff, and other resources. Specialized healthcare facilities, as well as inpatient units, for individuals with SUDs were operating at reduced capacity, making it more difficult to receive treatment. Many hospitals had to shift staff to other units that were in more immediate need; sadly, SUDs may not always meet that criteria (Snyder & Weinstein, 2020; Volkow, 2020). Volkow (2020) states that as hospitals are pushed to their limits, there is an increased risk of persons with SUD being deprioritized for care if they present with COVID-19 symptoms.

Individuals with OUD face more difficulty getting medications, particularly buprenorphine, due to the regulations and policies that control prescriptions. One of the ways those struggling with OUD seek relief is through buprenorphine, a medication which can only be prescribed by providers with an X-Waiver. X-Waivers are obtained as part of a special training required by the U.S. Drug Enforcement Administration

to prescribe buprenorphine. On January 14th, 2021, the federal government temporarily suspended this requirement, which allowed physicians to temporarily prescribe buprenorphine for OUD treatment without the necessary training (Drug Enforcement Administration, 2020). This temporary regulation was a positive step in making treatment more accessible to patients with OUD. However, the difficulty in receiving treatment remained steady due to the increased burden on mental health professionals. The Substance Abuse and Mental Health Services Administration (SAMHSA) also advised opioid treatment programs to provide take-home medication more flexibly during the pandemic, making access to medication easier but simultaneously decreasing interaction with treatment facilities (SAMHSA, 2020).

Many treatments for OUD begin with an inpatient phase for detoxification of opioids. This treatment is typically done in inpatient facilities and units within hospitals. COVID-19 created challenges in protecting staff and patients in these enclosed facilities from contagion. Given that much of the treatment methodology in these facilities involves communal areas where patients can participate in group psychotherapy together, it became more and more difficult to minimize risk without eliminating such interactions (Öngür et al., 2020). This caused inpatient facilities to reduce the number of patients they typically admit and eliminate as much physical interactions between patients. In addition, the risk associated with leaving one's home was significantly higher for individuals with OUD due to the associated vulnerability to COVID-19 for these patients. A combination of these factors among others may have also contributed to the increased overdose rates we have seen during this pandemic.

It has previously been found in other studies that homeless individuals are at a higher risk of opioid overdose than the general population (Baggett et al., 2013; Doran et al., 2018). An important consideration and indirect risk for OUD patients during the pandemic is their ability to maintain stable housing. Yamamoto et al. (2019) found that homeless individuals had disproportionately higher adjusted risk of opioid-related outcomes compared to low-income housed individuals treated at the same hospital. This suggests that homelessness as an independent factor is significantly influencing opioid-related outcomes in a hospital setting. Doran and colleagues (2018) found that prevalence of opioid use in homeless patients arriving at the hospital was significantly higher than that of those who had a shelter to return to (16.7% compared to 3.8% for heroin users and 12.5% compared to 4.4% for prescription opioid users). Given the increased risk homelessness carries for opioid users, it is likely that these individuals were more exposed to COVID-19 which has been shown to be more severe in this population. The increased risk for disease transmission is of particular importance, considering the vulnerability of these individuals.

Individuals using opioids during the pandemic may have also been at an increased risk of overdose due to their isolation from others, especially other opioid users. The erosion of social relationships increase along with an individual's motivation to use a substance, hence physically and socially isolating the individual from their social circle (Christie,



2021). The stay-at-home orders mandated by most states across the country between the months of March and April 2020 may have significantly decreased the amount of social support individuals with OUD could have received. Even after these orders expired, many individuals were still living in fear and may have opted to self-isolate. The brain opioid theory of social attachment (Panksepp, 1988) describes the role endogenous opioids play in emotion, physical pain (Jain et al., 2019), social reward (Trezza et al., 2012), breathing (Shook et al., 1990), and digestion (Konturek, 1978). Using opioids appears to play a role in the downregulation of the mu-opioid system and may make it more difficult for individuals to experience the rewarding feeling of natural rewards such as positive social interaction (Lutz et al., 2021). Christie (2021) believes that there is a significant link between social isolation and the record-breaking number of overdoses that occurred in 2020.

COVID-19 has affected individuals classified as ethnic minorities suffering from opioid use disorders, such as Black individuals who experience health disparities when receiving treatment for SUDs (National Center for Health Statistics, 2016). Structural racism often magnifies racial disparities that influence SUD mortality and treatment (Parlier-Ahmad et al., 2021). The increased need for healthcare resources during the COVID-19 pandemic has made seeking treatment more difficult for many individuals, particularly for individuals who have limited access to healthcare due to racial disparities. For example, Black individuals often face systemic barriers to SUD treatment and recovery through discriminatory practices that can affect employment, housing, and healthcare (Bailey et al., 2017). As a result, Black individuals with SUD typically have lower rates of initiating SUD treatment while enduring greater addiction severity and suffering from worse treatment outcomes such as treatment discontinuation and prolonged substance use (Schmidt et al., 2007).

While many individuals across the United States are getting vaccinated against COVID-19, there may be a false sense that the pandemic has ended. This can be especially harmful to individuals who use opioids and have yet to be vaccinated against COVID-19. With COVID-19

variants continuing to appear and seemingly become more virulent, the pandemic may be a reality for several more years. This crisis has forced us as a society to reconsider how to adapt to the circumstances we find ourselves in. For opioid users in particular, healthcare systems, policy makers, and healthcare providers must quickly adapt and devise protocols for continuing to treat this population during the pandemic. It is likely that the record-breaking number of deaths due to opioid overdoses this past year are a result of the inability of our healthcare systems and policy makers to recognize and adjust to the unique needs of this population. It has been well documented that there is often a bias – even within health care systems and providers – towards individuals who use opioids. Society should not leave these individuals behind as we try to move toward a post-pandemic world, since all individuals deserve the same treatment, care, and chance at recovery.

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