



Substance Use and COVID-19: Challenges and Successes

September 10, 2020

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Speaker Disclosure

Speakers are required to disclose any commercial relationships before today's presentation.



Presentation today

- Snapshot survey on COVID-19 and SUD
- COVID-19 Impact
 - Individuals
 - Care
 - Public Policy
- Lessons (Re)Learned



Early data on COVID-19 and SUD

- APF survey on COVID-19's impact on Substance Use Disorder (SUD) *
 - 1,019 of APF's network of patients and families; April 27 – May 8, 2020
 - Disruptions and changes in services – 34%
 - Unable to access services – 14%
 - Family's report family member's substance use increased - 20%
 - Overdose reported – 4%
 - Sample
 - 88% non-Hispanic whites
 - 66% women
 - 95% over age 26
 - 55% college educated
- Limitations:
 - Snapshot; small sample size; unrepresentative population
- Future surveys

* Addiction Policy Forum Survey 2020



Impact on Individuals

- Stress, isolation, anger, fear, anxiety
 - Experienced by most people especially when quarantined
 - For people with SUD these are important triggers contributing to relapse
 - “Addiction is a disease of isolation”; HALT (Hungry, Angry, Lonely, Tired)
- Unemployment and housing instability has worsened
 - General unemployment: 3.8% February; 14.4% April; 10.2% July; 8.2% August 8.2%
 - Impact more than economic: self esteem, isolation, vulnerable to substance use
 - Housing evictions loom
 - Homeless: PPE, hand washing, social distancing with encampments
- Existing co-morbidities
 - COVID-19 severe inflammatory process
 - Psychiatric, Cardiac and Pulmonary complications
- Supply chains interrupted and borders tightened
- Overdose reportedly increasing



Impact on Care

- Reduced access to direct care and treatment
 - Access to clinical, psychiatric, MAT and peer support services reduced
 - Short and long term residential treatment
 - Fewer new patients, quarantine new patients, single sleeping accommodations
 - Reduced screening opportunities d/t clinic closures
 - Testing involves body fluids: oral swabs, urine and breathalyzers
 - Reduces objective measures of treatment efficacy and incentives to remain in care
 - Shelter-in-place restrictions have hampered some harm reduction services
 - Comprehensive SSP, naloxone education and distribution



Impact on Care

- Telehealth expanding for many healthcare services including recovery
 - Alternative to “no services”
 - Attractive for someone wanting to start their recovery
 - “Zoom crashing” reported
- Pharmacologic prescribing restrictions rolled back
 - HHS Secretary declares public health emergency exempting Haight Act in-person prescribing requirement
 - “...for the duration of the public health emergency, a practitioner may prescribe a controlled substance to a new patient via telemedicine—using a real-time, two-way, interactive audio-visual communication—without first conducting an in-person examination” (DEA068 – March 31, 2020)
 - State laws must concur



Impact on Policy

NIDA Sponsored COVID-19/SUD Research

- 2020 March funding: competitive applications for supplements to COVID's HEAL initiative
 - Impact on PWID / SEP participants: service changes, risks, COVID incidence
 - Role of social networking and drug markets
 - Interaction of COVID 19 medications and SUD medications
 - Producing psycho-social stress among treatment seeking patients
 - HIV: PrEP services; risk behaviors; pain management
 - Impact of virtual care with peers and counselors
 - Viral impact on homeless, street encampments and incarceration
 - Smoking and vaping populations
 - Impact on SEP programs and their populations
 - Social, behavioral, and economic impact on children in families with SUD
 - New policies: effect of take-home doses of methadone for stable patients
 - Roles for EMT and SSP staff and programs



Lessons (Re)Learned

- “Big Events”
- By their nature disasters impact behavioral health needs for most
 - Hurricanes, fires, H1N1, SARS, 9-11: increase PTSD, alcohol, marijuana and other substance use and hospitalization for SUD
- Broader disaster preparedness planning
 - Multidisciplinary, flexible, and inclusive
 - Include leading addiction-related players from the start:
 - pharmacies, hospital, state and local health/public health, addiction community, social services, others
 - Comprehensive case management for housing, social services, medical costs
 - Treatment settings should prepare: workforce wellness, PPE, MAT
 - Anticipate harm reduction needs: syringe access, naloxone distribution (co-prescribing; vending machines), MAT expansion, take home medication, liquor stores as essential services



Lessons (Re)Learned

- Broader Disaster Preparedness planning
 - High-risk patients (cognitive impairment, severe mental illness) may benefit from “patient surrogates” to pickup, secure, and supervise home dispensing of medication
 - Video-based “directly observed therapy
 - Establish partnerships ahead of time
- Pandemic provides an opportunity to better define what recovery inclusive to all looks like
 - Range of services and supports: peer support, navigators,
 - Alternative care models: welcoming, non-stigmatizing
 - Private/public insurance coverage: behavioral health parity, how to pay for support services during rising health care costs
 - Training, certification



References and Readings

- Disaster Planning Handbook for Behavioral Health Treatment Programs Technical Assistance Publication Series 34. U.S. Department of Health & Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment
- When Epidemics Collide: Coronavirus Disease 2019 (COVID-19) and the Opioid Crisis. Becker WC, Fielin DA, *Ann Intern Med.* 2020. doi:10.7326/M20-1210
- An Epidemic in the Midst of a Pandemic: Opioid Use Disorder and COVID-19. Alexander GC, Stoller KB, Haffajee RL, Saloner B. *Ann Intern Med.* doi:10.7326/M20-1141
- <https://www.drugabuse.gov/about-nida/noras-blog/2020/06/nida-researchers-adapt-their-projects-to-study-covid-19>





Substance Use and COVID-19: Challenges and Successes

September 10, 2020

Lawson Koepfel, MSW
Virginia Harm Reduction Coalition
Executive Director
Roanoke, Virginia

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Virginia Harm Reduction Coalition

Mission:

To improve the health of the communities we serve by advocating for, developing, and implementing evidence-based solutions to address the adverse effects of drug use.



Services:

- Benefit enrollment services
- Case management/ patient navigation
- HCV antibody testing
- COVID 19 nasopharyngeal testing
- Overdose education and Naloxone distribution
- Sterile use supplies to prevent infection
- Peer support
- Advocacy
- HIV testing begins October 2020

Drug, Set, Setting & Risk

Each **substance** and use method has its own inherent risks.

- One cup of caffeine orally < cocaine insufflation < injecting fentanyl

The **mindset** of the individual when taking substances can increase or lower risk.

- Is the individual aware of or care about the possibility of harm?

Setting can increase or lower the risk.

- Using a safe consumption site < using at home < using in public

Substance use & SARs-CoV-2

Drug(s)

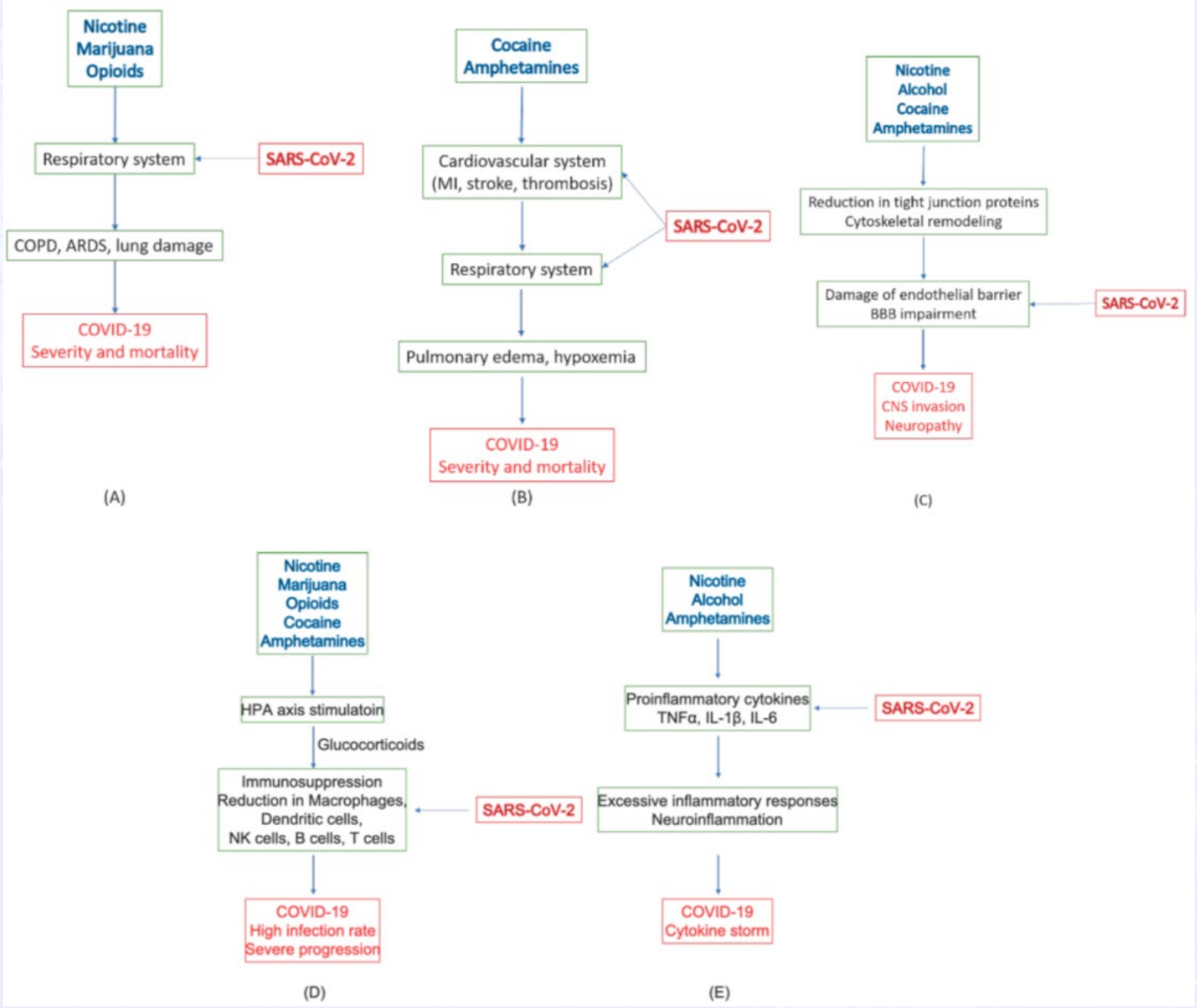
- Alcohol, Amphetamine, Cannabis, Cocaine, Nicotine, Opioids

Set

- Whether or not the individual knows or sees COVID 19 as a risk.

Setting

- Individuals in congregate living spaces (motels, multifamily dwellings), who have unstable housing, or are experiencing homelessness are at a higher risk



(Wei & Shah, 2020)



SUD, HIV, & COVID

Pre-pandemic

- No increase of people using drugs, around other people using drugs, or missing HIV medications on 2 or more days.
- No decrease in confidence for staying sober, keeping next HIV appointment, or recovery support meeting attendance.

During pandemic:

- No difference in the proportion of people using alcohol (41%) or marijuana (32%).
- Participants are **2.09 times more likely to use other illicit substances.**
- **Being around people using drugs** when not expecting to be **doubled from 6% to 12%**
- During the pandemic, individuals had **less confidence to stay sober** and **less recovery support meeting attendance**

(Hochstatter et al., 2020)



VHRC SARS-CoV-2 testing

Partnerships:

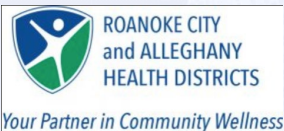
Virginia Rural Healthcare Association



New River Health District



Roanoke City and Alleghany Health District



Need:

People who use drugs and people with unstable housing are at a higher risk for SARS-CoV-2 testing.

Goals:

- Slow infection rate in a high-risk community.
- Increase adoption of preventive hygiene
- Connect individuals with severe symptoms with higher care.

VHRC SARS-CoV-2 testing

Distribute

- Facemasks
- Soap
- Hand sanitizer
- Education and literature

Prioritize

- Individuals who move between social circles.
- Individuals in congregate living

Isolate probable and confirmed cases who don't require hospitalization:

- Long stay residence with a kitchen
- Food and basic supplies
- Stipend for loss of income



VHRC SARS-CoV-2 testing

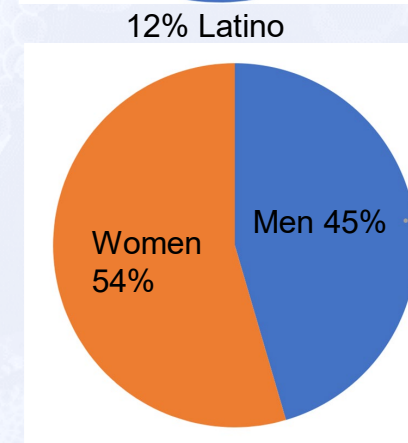
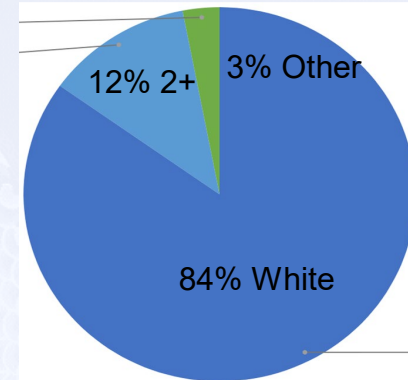
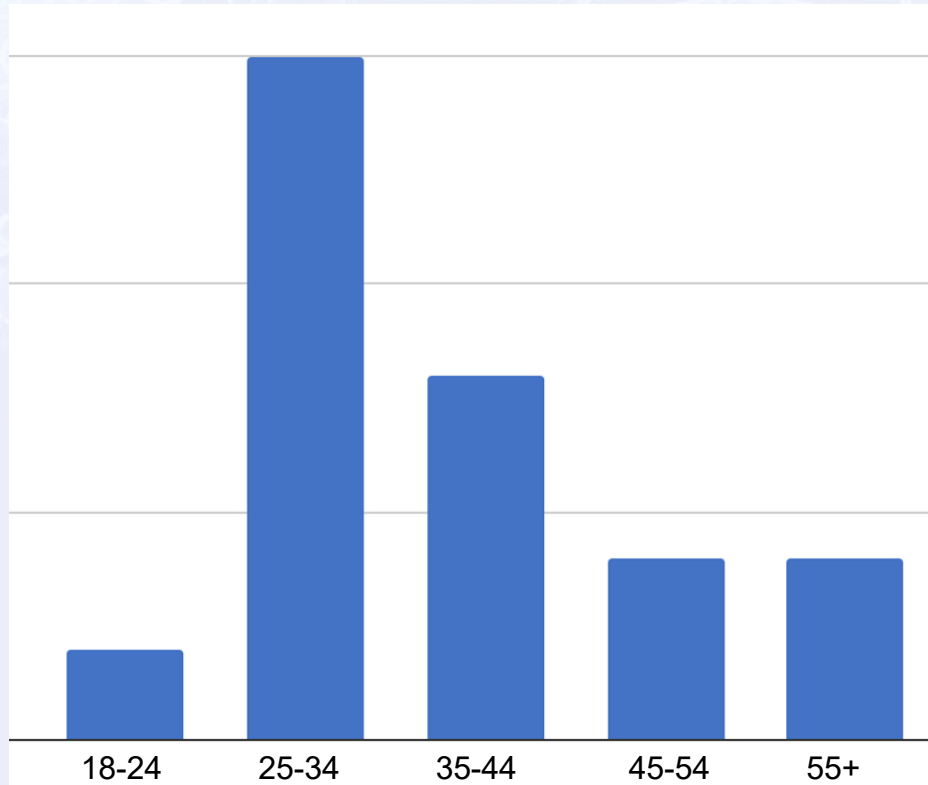


Results so far:

- Two people isolated for 7 days
- 201 people tested
- 300 masks distributed
- 700 bottles of sanitizer
- 250 bars of soap

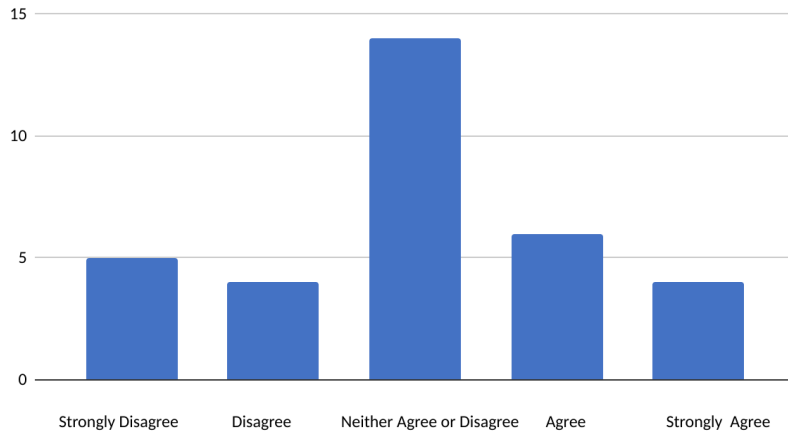


Survey of 33 PWUD

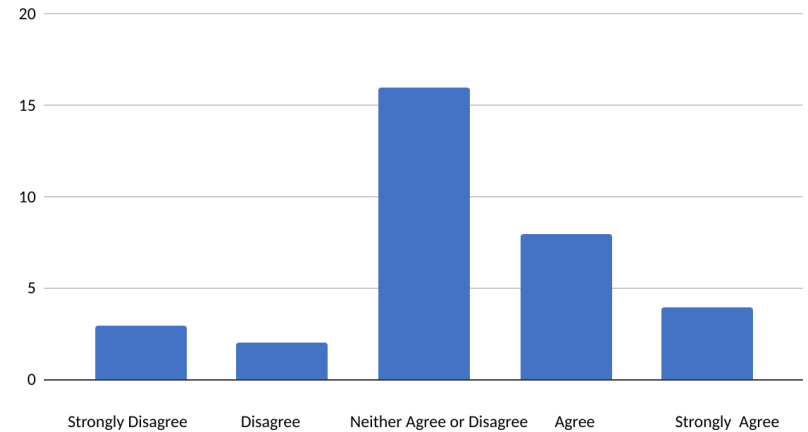


Survey of 33 PWUD

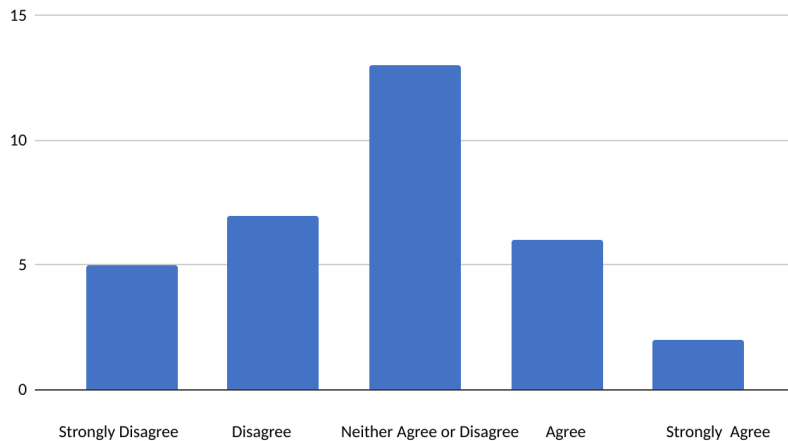
I wear a mask because I want to protect myself



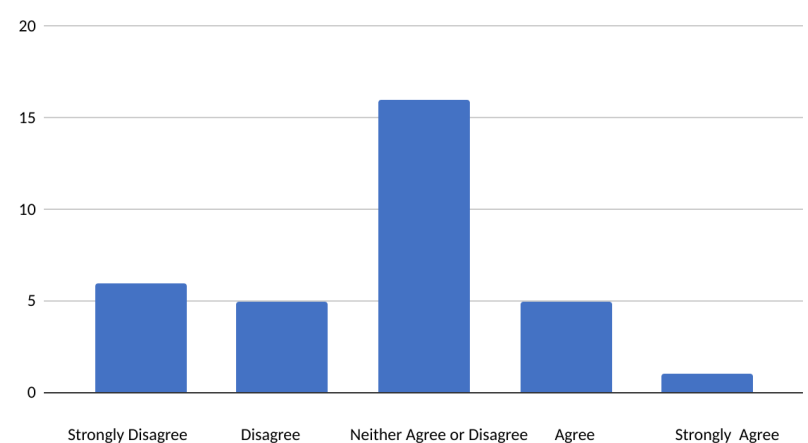
I wear a mask because I want to protect others



I do not wear a mask because I am not concerned by COVID-19.

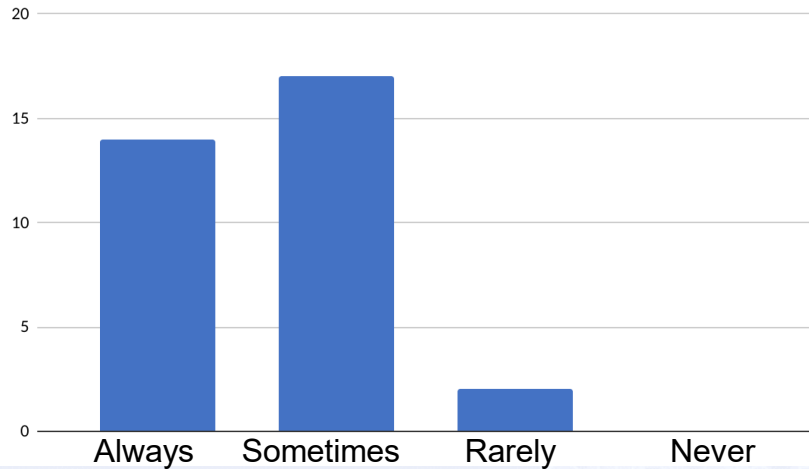


I am concerned with becoming infected with COVID-19.

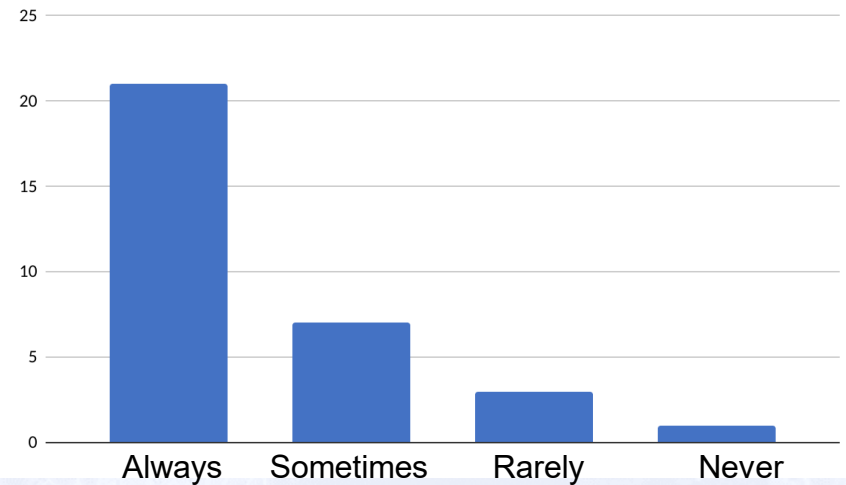


Survey of 33 PWUD

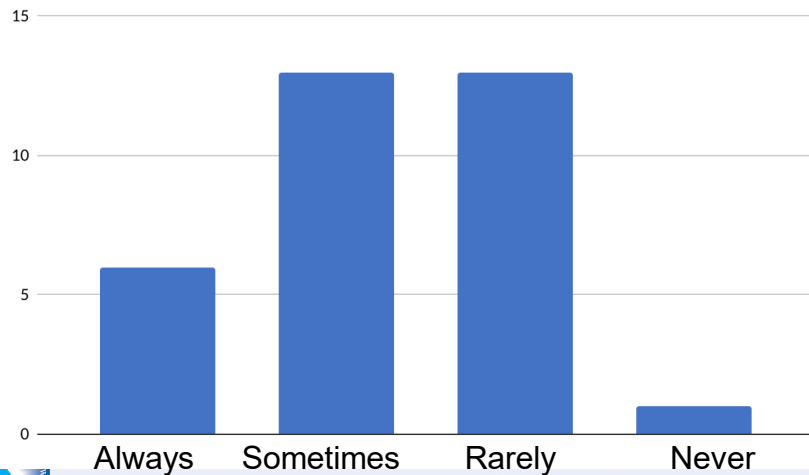
How often do you use the hand sanitizer provided by VHRC?



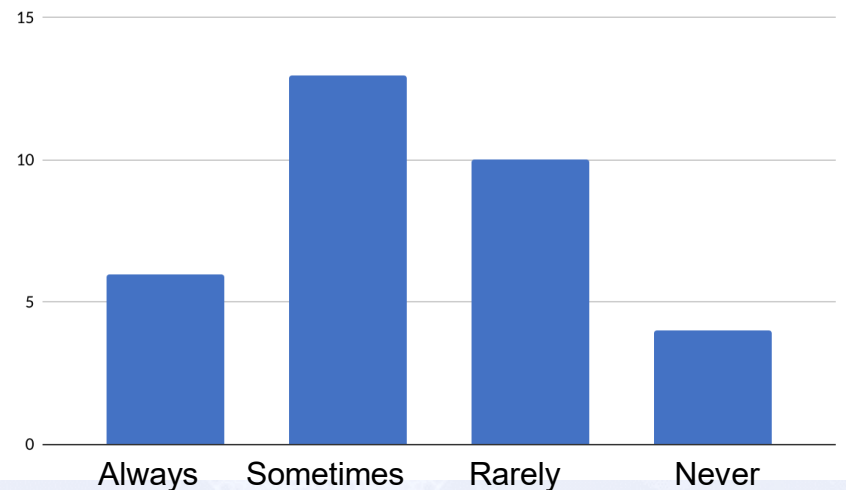
How often do you use the bar soap provided by VHRC?



How often do you use the masks provided by VHRC?

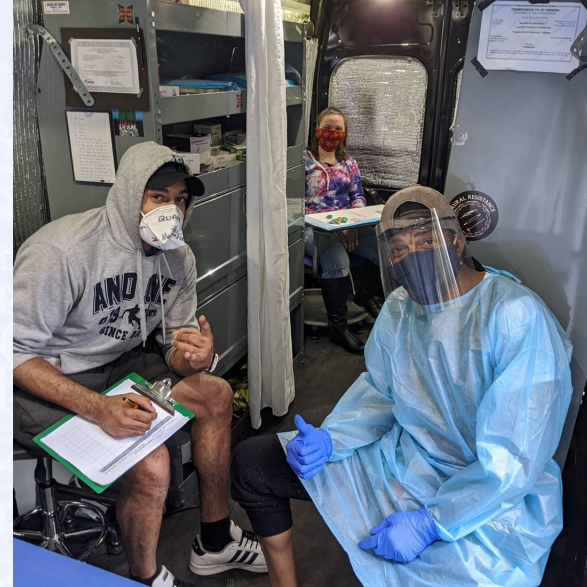
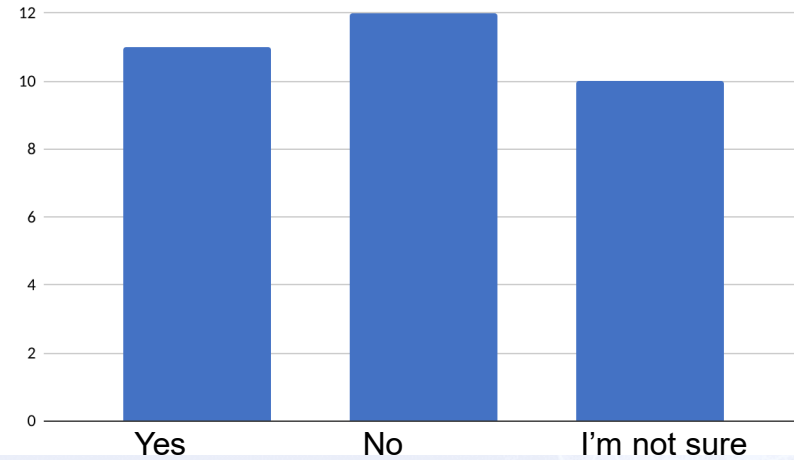


On average, how often do you wear a mask in public?

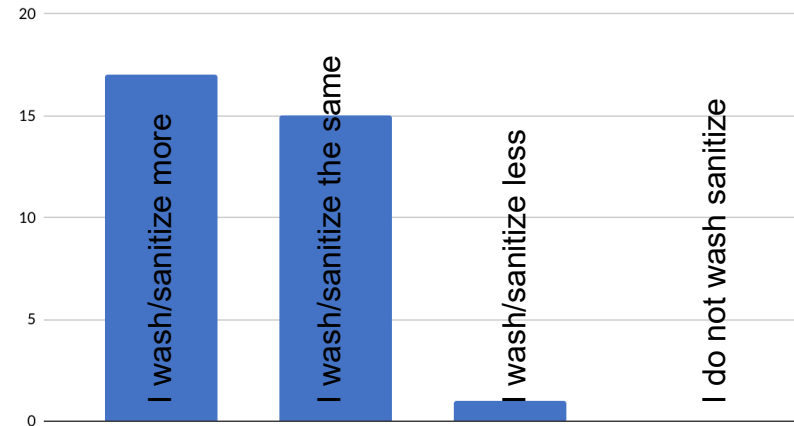


Survey of 33 PWUD

If you had the chance, would you want to be tested for COVID-19?



How has COVID-19 changed your sanitation behaviors?



Citations

- Hochstatter, K.R., Akhtar, W.Z., Dietz, S. et al. Potential Influences of the COVID-19 Pandemic on Drug Use and HIV Care Among People Living with HIV and Substance Use Disorders: Experience from a Pilot mHealth Intervention. *AIDS Behav* (2020). <https://doi.org/10.1007/s10461-020-02976-1>
- Jacka, B. P., Phipps, E., & Marshall, B. D. (2020). Drug use during a pandemic: Convergent risk of novel coronavirus and invasive bacterial and viral infections among people who use drugs. *International Journal of Drug Policy*, 102895. doi:10.1016/j.drugpo.2020.102895
- Wei, Y., & Shah, R. (2020). Substance Use Disorder in the COVID-19 Pandemic: A Systematic Review of Vulnerabilities and Complications. *Pharmaceuticals*, 13(7), 155. doi:10.3390/ph13070155

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