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SAFE Glen Cove Coalition: The Escalation of the Opioid Epidemic Due to COVID-19

As the COVID-19 global pandemic continues, so does the nation's opioid epidemic. Medical professionals and researchers are greatly concerned by an increasing number of reports from national, state and local media suggesting increases in opioid-related mortality—particularly from illicitly manufactured fentanyl and fentanyl analogs. More than 30 states have reported increases in opioid-related mortality as well as ongoing concerns for those with a mental illness or substance use disorder in counties and other areas within the state. This also includes new reports about the need for evidence-based harm reduction services, including sterile needle and syringe services and naloxone.

A recent article in the American Journal of Managed Care discusses insights learned from the worsening opioid epidemic due to coronavirus disease 2019 and along with necessary social distancing recommendations, suggests a path to successful treatment by investing in modalities that promote emotional resiliency building and that help to address the factors that made patients susceptible to opioid reliance in the first place.

Researchers maintain the arrival of COVID-19 has provided an unanticipated haven for the opioid epidemic as social distancing mandates have pushed individuals battling sobriety into isolation and have decreased access to treatment and opportunity for distraction from addictions. The addiction community is raising alarms that the current epidemiological climate alone is a risk factor for substance abuse relapse, prompting the New York Times to label the coronavirus pandemic "a national relapse trigger." Thus, social distancing is potentially concealing a surge of opioid abuse, and resulting morbidity and mortality, larger than any previously documented.

In the United States, the opioid epidemic has caused pathology and death and disrupted public and private economies. This reflected in inflated managed care costs, decreased productivity in the labor market, and opportunity costs in the greater body of public resources.

An oversimplified view of this situation may lead some to believe that simply refusing opioid prescriptions and/or coverage is the effective response to both the health and managed care costs of the opioid epidemic in the United States. However, data suggests that the solution to the individual and

societal problems inherent in this epidemic is more complicated and that there is a clear need for a new treatment and payer paradigm to reverse this trend on all fronts.

The CDC drafted widely adopted 2016 opioid guidelines to limit opioid access, dose, and time exposure. However, only minimal positive impact has been seen from years of nationwide pre–COVID-19 regulations and efforts from the medical and managed care sectors to comply with these guidelines. The United States is still the lowest-ranked nation in life expectancy among developed nations due to the opioid epidemic. Sine COVID-19 the medical community has recently had to compromise some former CDC standards on risk assessment behaviors via forgoing tools such as random urine drug sampling and in-person patient screening for opioid misuse by shifting to telemedicine to comply with social distancing measures.

Additionally, correlations between injury recovery and opioid use are being seen in occupational injuries and corresponding to the trend of increased disability severity and length associated with opioid use, private insurance medical charges for patients with opioid abuse or dependency are more than 550% higher than the average annual per-patient charge. This data encompasses the costs of related comorbid conditions (eg, other substance use, psychiatric, and pain-related diagnoses) and increased hospitalizations and emergency department visits. These are not just the costs of opioid prescriptions, and they do not go away with decreased prescription coverage. Still, solution attempts are focused on restriction of opioid prescription access and coverage.

A review of the increasing physical and institutional costs of the opioid epidemic despite adequate trials of time, scale, and effort to combat it confirms the need for a strategic change. The data have overwhelmingly shown that the years of focusing an attack on limiting opioid access for patients who have become dependent upon opioid use are not improving outcomes in the United States.

Simultaneously, COVID-19 has offered some painful realizations and learning opportunities. Valuable insights learned from factors related to social distancing that are worsening the opioid epidemic point to opportunities to combat the problem via novel treatment approaches to effect change that invest in the opposite of social distancing. If social distancing bolsters the opioid epidemic, the opposite behaviors strengthen attacks on it: emotional resiliency building, stress reduction techniques, health education, facilitated human connection via group treatment (when epidemiologically safe), abundant access to classic opioid alternatives like buprenorphine, integrated interdisciplinary modalities, and promotion of appropriate and sustainable physical activity. To obtain different outcomes, a novel treatment approach is needed. One that invests an early and comprehensive health care resource to help patients address the factors that made them susceptible to opioid reliance and dependency in the first place.

The American Journal of Managed Care is a monthly peer-reviewed medical journal published by Managed Care & Healthcare Communications. For more information please visit www.ajmc.com.

The SAFE Glen Cove Coalition is conducting an opioid prevention awareness campaign entitled. "Keeping Glen Cove SAFE," in order to educate and update the community regarding opioid use and its consequences. To learn more about the SAFE Glen Cove Coalition please follow us on

www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about the Opioid & COVID-19 Epidemics at www.safeglencove.org.