

Press Release

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FOR IMMEDIATE RELEASE CONTACT:

Dr. Sharon Harris

516- 676-2008

safeglencove@yahoo.com

SAFE Glen Cove Coalition: Opioid Response Network and COVID-19

A recent article published by Opioid Response Network (ORN) discusses how social determinants of healthcare have differential impacts on individuals with substance use disorder during COVID -19. Social Determinants of Health (SDH) are the complex, integrated, and overlapping social structures, policies, and economic systems, including the social and physical environments, health-services structure, and societal factors that are responsible for most health inequities. Examples of SDH include gender inequality, structural racism, stigma, poverty, citizenship status, education, housing, transportation, health systems and services, social safety network, food insecurity, unemployment/employment and working conditions, public safety, and social exclusion/inclusion. Key to this are the ways in which SDH intersect to either promote the health and wellbeing of communities or to prevent individuals and communities from reaching health equity. These SDH create differential impacts around substance use disorder, the opioid epidemic, and the current COVID-19 pandemic.

The recent pandemic shows the correlation of SDH with who is most impacted by COVID-19 and how this relates to those with Opioid Use Disorder along with the OUD workforce. Barriers to prevention, screening, testing, care, and recovery are evident. The same populations already at risk for SUD/OD are also the people most impacted by COVID-19. Options around social distancing, staying home, and quarantining differ based on employment and ability to work from home, being homeless or having a safe place to shelter/live, and the ability to distance from others based on living conditions and community space. Communities of color and people in lower socio-economic groups are generally more vulnerable as are more represented in lower paying jobs (often without benefits), have greater health disparities, have disproportionately high rates of chronic disease, experience higher levels of stress, have limited wealth or savings, and are more likely to be uninsured or underinsured. Other service-industry workers are now furloughed, which increases stress. People with SUD/OD often have co-occurring disorders and some are homeless/at-risk of being homeless and need to access food and other survival

services, which limits options around safe quarantining. The OUD workforce largely do not have access to the recommended personal protective equipment (PPE) and need to continue to retain people in treatment. While new telehealth policies are shifting the need to provide in-person treatment, the protocols and procedures are still being developed in many facilities and are dependent on individuals in treatment having access to technology and not needing other services.

Screening and testing barriers are also an issue for individuals with OUD to all types of care and treatment due to availability, transportation issues, lack of primary care, insurance, stigma within the medical system toward people who use drugs and availability of testing kits. This lack of testing and diagnosis for COVID-19 within vulnerable communities including the OUD community impacts the workforce providing community health and OUD services and/or peer support specialists and others providing outreach to motivate them to treatment.

While there is no recommended treatment for COVID-19, barriers to care exist as care is provided for those who are insured and have chronic health issues and co-occurring disorders. Services for the uninsured and underinsured are lacking, which increases risks to the community and to those providing healthcare to the indigent, which includes much of the OUD workforce.

For vulnerable populations to recover from COVID-19, which includes people in long-term recovery for OUD, there is a need for widely available wrap-around services which support those made unemployed, provide PPE for safe working conditions, meet housing needs, offer medication support, childcare, and resources for other needs.

There are steps that can be taken to support healthier outcomes and reduce the anxiety and fear for vulnerable populations and the OUD workforce. Individuals working in OUD should recognize the structural issues that may impact a patient's ability to engage with any OUD/COVID-19 prevention and/or treatment plan and identify supports the patient may need. Ensure staff are trained on current guidance around COVID-19 and prevention strategies for the workplace and create policies and procedures to support this and work to acquire PPE as needed.

The American Academy of Addiction Psychiatry (AAAP) with a coalition of 27 national professional organizations compose the Opioid Response Network that provides training and technical assistance via local experts across the country, focusing on applying evidence-based practices in prevention, treatment and recovery to meet locally identified needs. For more information please visit opioidresponsenetwork.org.

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 and COVID-19 Epidemics at www.safeglencove.org.

