

Press Release

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### **SAFE Glen Cove Coalition: The Application of Telemedicine in Treating Addiction During COVID**

A recent article in Nassau County Department of Health and Human Services Newsletter discusses the efficacy of telemedicine in treating addiction for older adults. Since the COVID-19 pandemic was declared a national emergency in the US in March 2020, increases in substance use and drug overdoses have been observed and the negative effect of older patients with substance use disorders (SUDs) has also become a more serious public concern. Emerging evidence suggests that the pandemic has unfortunately exacerbated substance use and mental health symptoms in the most vulnerable populations— including older adults, as studies show that the mental and psychological problems of patients with SUDs might relapse or be exacerbated by social isolation and lockdown during a pandemic. Increased social isolation, government shutdowns, job losses, and furloughs have also contributed to an increase in fatal opioid overdoses, which were already increasing before the pandemic.

According to data from the Centers for Disease Control and Prevention (CDC), deaths from synthetic opioids increased by 52% between August 2019 and August 2020, and synthetic opioids were found in the bloodstream of 62% of overdose victims in 2020— compared with 41% in 2017. Substance abuse within the older population has become a worldwide concern during the COVID-19 pandemic, and clinicians faced the challenge of treating and preventing relapses among older adults. Telemedicine has been found to be an effective alternative to face-to-face interactions.

Though the use of telemedicine has waned slightly since the peak of the COVID-19 pandemic, clinicians are maintaining a hybrid model as psychiatrists now understand how to use telemedicine and have taken advantage of it when they otherwise would not have it is a reasonably new phenomenon within the addiction space; unfortunately, challenges related to regulations and reimbursement have stagnated telemedicine adoption for years. Addiction treatment is unique from other treatment scenarios; addiction patients typically require drug screens in a timely, reliable, reproducible, and trustworthy manner. Psychiatrists cannot provide medications safely for addictions without this initial drug screening in nearly all settings. Traditionally, a urine drug screen was performed in the office at the time of prescribing. The regulations requiring this have not changed, and efforts are being made to streamline

this process for treatment via telemedicine. Processes such as overnighting swabs for new patients and partnering with local and regional labs are all necessary to safely treat patients in a timely manner. It is widely known that patients seeking treatment for substance abuse have a 48- to 72-hour window to enter treatment before they may relapse, but efforts to capture the needed information within those 48 to 72 hours to include drug screening has been challenging. Treating patients for substance abuse and dependency without drug screening is neither safe nor the standard of care. Though the COVID-19 pandemic has presented challenges for addiction treatment, a silver lining has been the rise of telemedicine. New diagnostic methods: First, the COVID-19 pandemic served as an impetus for the invention of oral swabs, which can be used via camera and validated in that way. Eased regulations: Historically, there have been several laws, including the Ryan Haight Act, that prevented the prescription of controlled substances via telemedicine. For example, despite buprenorphine being used to treat addiction, it is classified as a controlled substance and was initially impacted by state restrictions. During the pandemic, however, the federal government declared a public health emergency and several states passed laws allowing for addiction treatment via telemedicine. Under the emergency designation, practitioners approved to prescribe certain controlled substances, such as buprenorphine, are no longer prohibited from doing so without first conducting an examination of the patient in person.

For patients requiring addiction treatment—including older adults living in long-term care facilities—telemedicine presents several benefits. It removes screening barriers: Patients can see a provider much quicker than in a brick-and-mortar setting, where they may have to navigate several providers to be able to receive the appropriate care; Telemedicine delivers care more efficiently; Allows clinicians to clearly and efficiently view the patient. Meeting via telemedicine also enables psychiatrists/therapists to meet with more patients per day, as they can conduct sessions more quickly, and the technology removes the need to be in a clinical setting or in a lab Other benefits: Patients who do not have transportation, social anxiety, mobility issues, and other health concerns are able to receive care. Ultimately, if not for telemedicine, many psychiatric services would not have been provided during the peak of the COVID-19 pandemic, during which patients were not allowed to be transported, and long-term care facilities were on lockdown.

The Nassau County Department of Human Services provides the residents of Nassau County with a constituent centered and holistic approach to the delivery of services and information through and between its Office for the Aging, Office of Mental Health, Chemical Dependency, and Developmental Disabilities Service. For more information please visit [www.nassaucountyny.gov](http://www.nassaucountyny.gov)

To learn more about the SAFE Glen Cove Coalition please follow us [www.facebook.com/safeglencovecoalition](https://www.facebook.com/safeglencovecoalition) or visit SAFE's website to learn more about the COVID-19 Epidemic and its correlation to increased mental illness, alcohol and substance use in youth and adults please visit [www.safeglencove.org](http://www.safeglencove.org).