



# COVID 19 and Opioid Use Disorder

Medication Support ECHO

April 2<sup>nd</sup>

Leslie Hayes, MD



# We still need to be treating opioid use disorder!!!

- Opioid use disorder still will have a huge risk for morbidity and mortality over the next few months.
- Untreated opioid use disorder will make patients more at risk for COVID 19. (It's hard to socially distance if you are trying to find heroin.)



# Prescribing buprenorphine gives us a chance to do education around COVID 19

- ▶ Many of our patients do not have reliable sources of information besides us.
- ▶ Patients with substance use disorder often suffer multiple comorbid medical problems and are at much greater risk for complications from COVID 19.
- ▶ Many of our patients are fairly hesitant to seek medical care because of stigma around OUD. Being able to call us for advice around this disease could be life-saving.



# Telemedicine and buprenorphine

- ▶ SAMHSA has said for the duration of the epidemic, we do not need an in-person evaluation, and telemedicine is acceptable.
  - ▶ This includes starting patients on buprenorphine.
- ▶ We still need to figure out how to get the patient a script until e-prescribing controlled substances is available.



# Telemedicine and buprenorphine

- ▶ SAMHSA has also said that we can consider pausing urine drug screening for the duration of the COVID19 crisis.



Who needs to be seen in the office?



# Who needs to be seen in the office?

- ▶ Concurrent acute conditions that need to be seen
  - ▶ Abscess
  - ▶ Ankle injury
- ▶ Pregnancy
- ▶ Patients needing injections
  - ▶ Sublocade
  - ▶ Depo Provera
- ▶ Patients with a high concern for diversion
- ▶ Patients without a phone



Who can be seen via  
telemedicine?



# Who can be seen via telemedicine?

- ▶ Stable patients
  - ▶ Patients who are fairly upfront about relapse
  - ▶ During the acute epidemic, I would consider seeing all patients via telemedicine who don't meet the above criteria.
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# Relapse



- Stress is a huge trigger for relapse.
- Social isolation is a huge trigger for relapse.
- Not being able to get to meetings or counseling is a huge trigger for relapse.
- Economic hardship is a huge trigger for relapse.
- Losing family members or friends or having loved ones in the hospital is a huge trigger for relapse.



# Relapse

- ▶ **RELAPSE WILL LIKELY BE COMMON IN THE NEXT FEW MONTHS.**
- ▶ It is always important to be compassionate and supportive around relapse, but especially so in the next few months.
- ▶ Make sure your patients have Narcan.
- ▶ Talk to them about risks for overdose: using alone, using the amount they used to use after being on buprenorphine, using in combination with benzos or stimulants or alcohol.



# Hurricane Katrina and relapse

- ▶ After Hurricane Katrina, it took weeks for the methadone clinics to get going again.
- ▶ Most of the NA and AA meetings were derailed for quite some time.
- ▶ However, the heroin and cocaine dealers, who have no federal regulations to follow and are obviously willing to accept huge risks to sell their drugs, started selling again right away.



# Tobacco and COVID-19

- Outcomes are worse in smokers with COVID-19.
  - Every visit is a good time to quit smoking, but it is especially important now.
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# Alcohol

- ▶ Alcohol withdrawal can be dangerous. If liquor stores close, be prepared to treat this in our patients.
- ▶ Encourage them to be honest about alcohol use if hospitalized.



# If your patient gets COVID 19

- ▶ They should continue to take their buprenorphine.
  - ▶ This is true even if hospitalized.

# COVID-19, Mental Health, and You



Chelsea Lucero, LPCCC, LSAA  
El Centro Family Health  
Little Falls ECHO  
April 8, 2020

- Expectations
- Crisis and Mental Health
- Trauma and Addiction
- Pandemics and the Trauma Response
- COVID-19 and Reducing Stigma
- Getting creative with Self Care

**Outline**

- Disruptions of regular routines
- Decrease in meaningful activities, sensory stimuli, and social engagement
- Financial strain from being unable to work
- Lack of access to typical coping strategies (i.e. *gym or attending religious services*)

## What we can Expect

- Experiences may include:
  - Fear and anxiety
    - *Yourself, your family members, food and personal supplies, sleep disruptions*
  - Depression and boredom
    - *Extended periods of time spent at home can also cause feelings of boredom and loneliness.*
  - Anger, frustration or irritability
    - *Loss of agency and personal freedom, anger or resentment*

## What we can Expect

Addressing crisis is the most basic element of mental health care because it immediately and unconditionally accepts everyone seeking care. It represents real-time access to services that align with the needs of the person when the person needs it most.



- The human cost of emotional pain of families struggling to access care
- Effective crisis care that saves lives and dollars requires a systemic approach
- Access needed services in a timely manner
- In crises, some may fail getting the care they need contributing to mental illness - the most prevalent disability in the US

## Crises and Mental Health

The true test of whether there is adequate capacity to meet the needs of the community is by assessing whether individuals are able to access needed services in a timely manner

## **Crises and Mental Health**

- Almost **75%** of individuals who receive treatment for substance abuse also have a history of exposure to trauma.
- Individuals who have suffered assault or sexual abuse are **three times as likely** to abuse drugs and/or alcohol.
- Studies of inpatient substance abuse treatment centers have found that **half of all of those receiving treatment** for addiction also suffered from simultaneous PTSD.

## Trauma and Addiction

- Hypervigilance (increase alertness) can be a “normal” for people with trauma or PTSD
- Trauma can cause on to think about worse-case scenario situations
- Could appear “calm” because of their adaptive brains to stressful situations
- Brain is wired to handle high-stress situations or emergencies
- Could *appear* to handle them well
- Boost of adrenaline then crash



## Pandemics and the Trauma Response

- COVID-19 pandemic could cause a crash for those with trauma/PTSD
- They could be feeling OKAY but realize the challenges
- Acknowledgement and awareness is key
- “Crashing” can be a trigger, stress can be a trigger
- Make a plan to better care for their mental and emotional needs
- *Just as you need enough soap and groceries, you need self-care*
- “Off switch”?
- Use extra adrenaline to create a care plan

**Pandemics and the Trauma Response cont...**

Peterson, V. (2020)

- During these stressful times for people and communities, fear and anxiety are high
- This can lead to **social stigma**
- *Stigma* can occur after:
  - a person has been released from COVID-19 quarantine even though they are not considered a risk for spreading the virus to others.
- Persons experiencing stigma because of COVID-19 include:
  - Persons of Asian descent
  - People who have traveled
  - Emergency responders or healthcare professionals
  - Stigma hurts everyone by creating fear or anger towards other people.



## Reducing Stigma

- Stigmatized groups may be subjected to:
  - Social avoidance or rejection
  - Denials of healthcare, education, housing or employment
  - Physical violence
- *Stigma* affects the emotional or mental health
- We can stop stigma and build resilience
- Help stop stigma related to COVID-19 by knowing the facts and sharing them

**Reducing Stigma cont...**

- Limit news consumption to reliable sources
  - *Psychologists recommend balancing time spent on news and social media with other activities unrelated to quarantine or isolation, such as reading, listening to music or learning a new language. Create and follow a daily routine*
- Stay virtually connected with others
  - *Emotional support from pets (unless you contract COVID-19)*
- Maintain a healthy lifestyle
- Use psychological strategies to manage stress and stay positive

## Coping Suggestions

- 1. Watch a Favorite Movie or TV Show
- 2. Make Yourself Dinner
- 3. Skip the Social Media
- 4. Cry
- 5. Listen to Calming Music
- 6. FaceTime a Friend
- 7. Sing
- 8. Do Something Artistic
- 9. Clean
- 10. Take a Bath
- 11. Pretend You Are at the Spa
- 12. Use a Heating Pad
- 13. Spend Extra Time Getting Ready for Bed
- 14. Go to Sleep Early



**Self Care – Time to get *Creative!***



**Thank You!**

**COVID-19, Mental Health, and You**

Chelsea Lucero, LPCC, LSAA

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- American Addiction Centers. (2019). *PTSD*. Retrieved from: [www.americanaddictioncenters.org/ptsd](http://www.americanaddictioncenters.org/ptsd)
- American Psychological Association. (2020).
- American Psychological Association (APA; 2020). *Keeping Your Distance to Stay Safe*. Retrieved from: <https://www.apa.org/practice/programs/dmhi/research-information/social-distancing>
- Peterson, V. (2020). Feeling Calm in the Midst of the Coronavirus Pandemic Might Be a Trauma Response. *The Mighty*. Retrieved from: <https://themighty.com/2020-/03/calm-trauma-response-coronavirus-covid19/>
- National Center for PTSD
- National Institutes of Health (2020). *Reducing Stigma*. Retrieved from <https://www.nih.gov/health-information/coronavirus>
- SAHMSA. (2020). National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit.
- Virzi, J. (2017). 17 Self-Care Ideas for Anyone Staying Home This Friday Night. *The Mighty*. Retrieved from <https://themighty.com/2017/10/self-care-friday-night-staying-home/>

## References