

Treating Women for Opioid Use Disorder in The Era of COVID-19

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**No conflicts of interests to declare related to
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Outline

Introduction

- An Epidemic in a Pandemic
- Considerations/concerns related to COVID-19
- How substance use disorder treatment services have changed
- Challenges regardless of COVID-19
- Clinical pearls



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Rising Substance Use

Epidemic in a
Pandemic

Americans Are Building Up Their Liquid Reserves

U.S. Alcohol Sales Spiked on March 13, 2020 vs. YOY Levels

BEER



+51%

Spending
Increased

WINE



+55%

Spending
Increased

LIQUOR



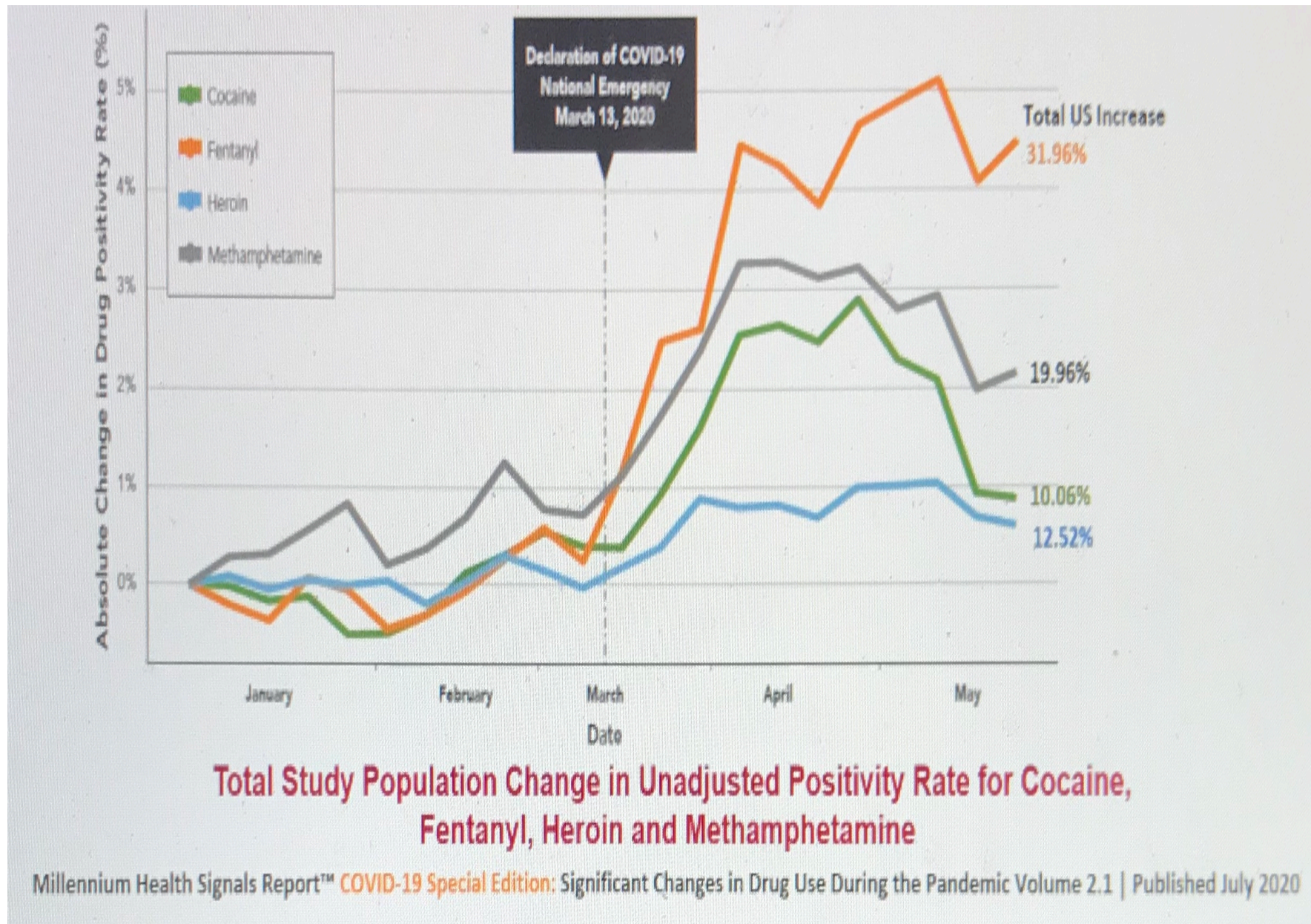
+35%

Spending
Increased



Drug Use Increase During COVID-19

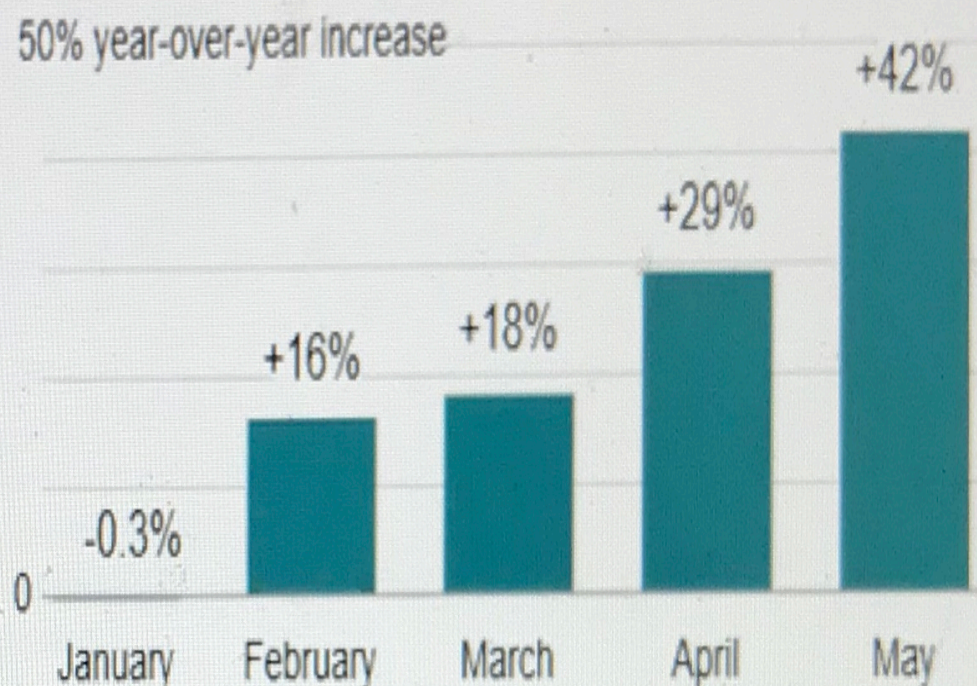
Epidemic in a
Pandemic



Overdoses Grew Dramatically During COVID Pandemic

Epidemic in a
Pandemic

Overdoses increased up to 42% per month during the pandemic, as compared to the same months in 2019.



Note: Percent growth references the 1,201 agencies reporting to ODMAP by January

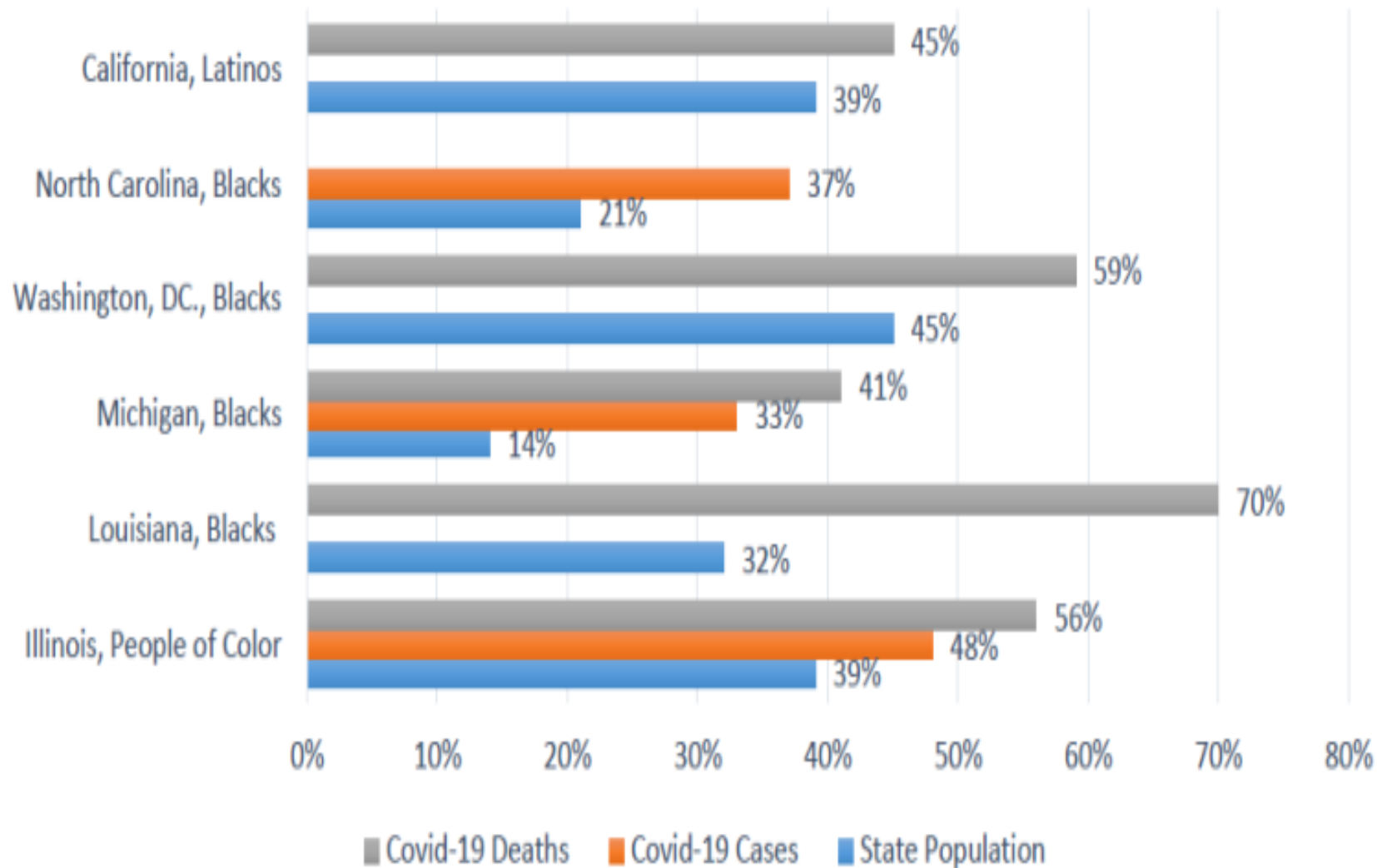
Source: **ODMAP**
OVERDOSE DATA MANAGEMENT AND PREVENTION

ALYSSA FOWERS/THE WASHINGTON POST

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Percentage of Blacks, Latinos, and People of Color by State Population, COVID-19 Cases, and COVID-19 Deaths (Kaiser Family Foundation, CDC, US Census Bureau)

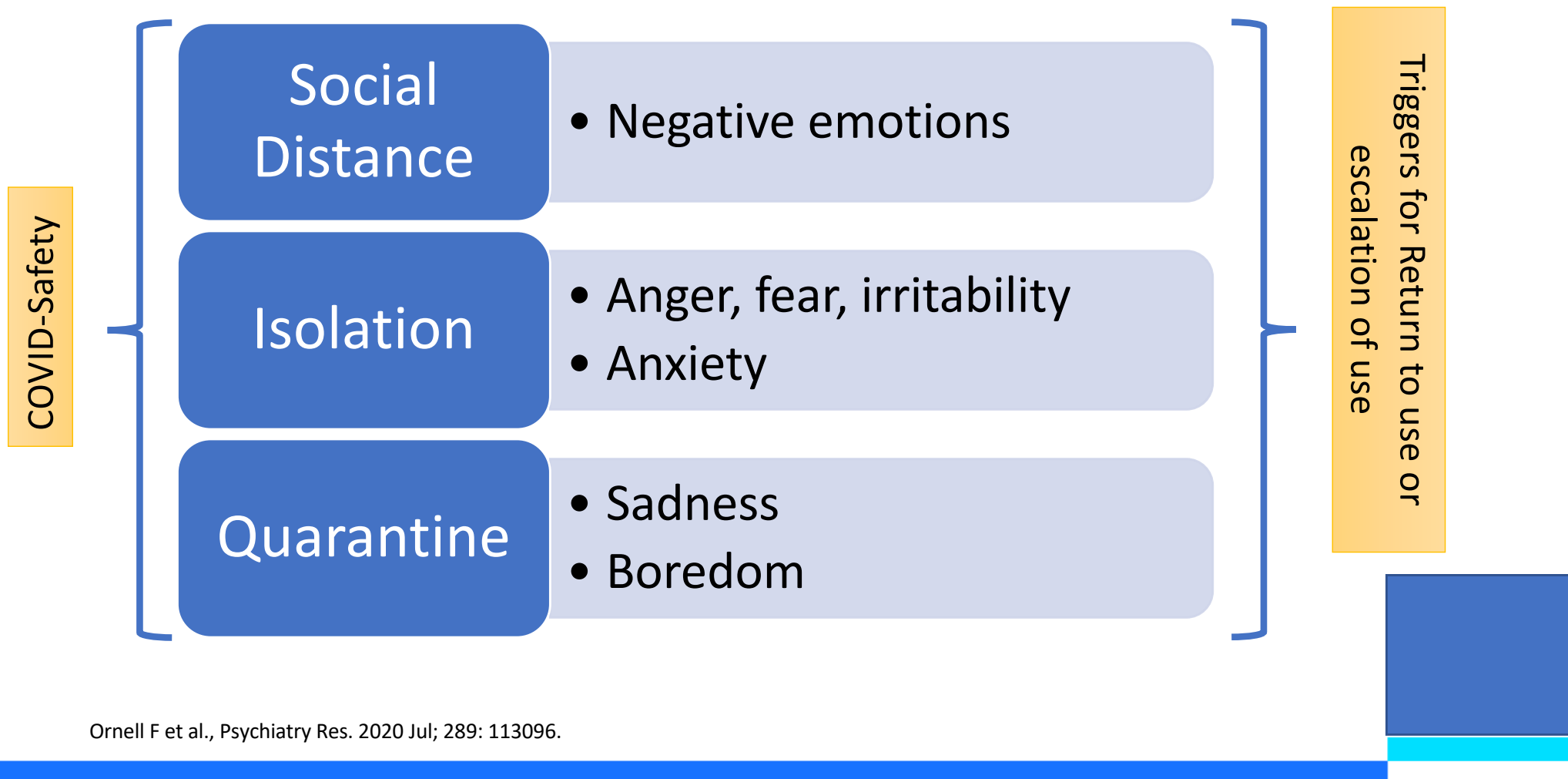
Epidemic in a
Pandemic



Overlapping Risks: Substance Use Disorders and COVID-19- Social and Psychological Issues

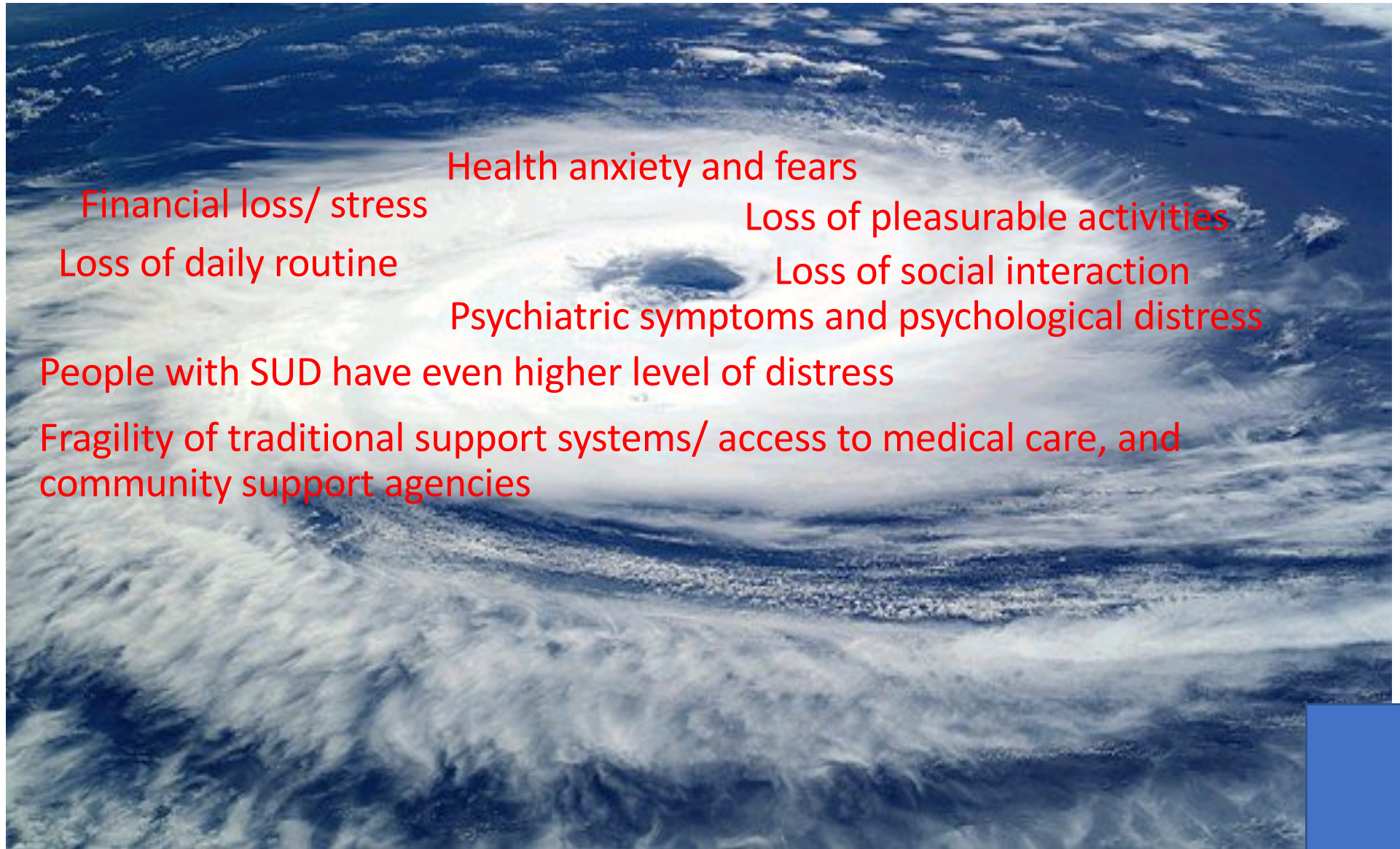
Epidemic in a
Pandemic

The social and psychological risks of the pandemic can favor and intensify drug use, in a potentially catastrophic cycle



COVID-19- The Perfect Storm

Epidemic in a
Pandemic



Health anxiety and fears

Financial loss/ stress

Loss of pleasurable activities

Loss of daily routine

Loss of social interaction

Psychiatric symptoms and psychological distress

People with SUD have even higher level of distress

Fragility of traditional support systems/ access to medical care, and
community support agencies

COVID-19 and Pregnancy

Considerations/concerns
related to COVID-19

- How does coronavirus affect pregnant people?
- How will COVID-19 affect prenatal and postpartum care visits?
- Providers need to
 - Help with stress/anxiety/depression
 - Look for abusive relationships
- Have a birth plan
- Can you breastfeed if you have COVID-19?



<https://pixabay.com/photos/consultation-assessment-medicine-3486590/>

SUD Treatment Slowed during COVID-19

How substance
use disorder
treatment
services have
changed

WHO declared a pandemic on March 11, 2020

SUD treatment programs were stopped due to recommendations for physical distancing.

Those that remained open, substantially reduced their number of admissions or started providing care remotely.

Many peer-support agencies shut down

Phone interventions for alcohol use disorders are both feasible and acceptable

14 digital applications for the delivery of treatment for alcohol use disorders.

Growing demand is propelling many organizations and providers to leap toward remote delivery of care, equity consideration such as the socioeconomic vulnerabilities of persons with SUD need mitigation strategies.

Mutual-aid support groups such as Alcoholics Anonymous, Narcotics Anonymous, and SMART recovery are traditionally delivered in-person. However, in the context of COVID-19, mutual support programs via online platforms are rapidly burgeoning.



SAMHSA Allows More Flexibility for Opioid Treatment Programs (OTP)

3/16/2020 (Updated 3/19/2020)

Opioid Treatment Program (OTP) Guidance

SAMHSA recognizes the evolving issues surrounding COVID-19 and the emerging needs OTPs continue to face.

SAMHSA affirms its commitment to supporting OTPs in any way possible during this time. As such, we are expanding our previous guidance to provide increased flexibility.

FOR ALL STATES The state may request blanket exceptions for all stable patients in an OTP to receive 28 days of Take-Home doses of the patient's medication for opioid use disorder.

The state may request up to 14 days of Take-Home medication for those patients who are less stable but who the OTP believes can safely handle this level of Take-Home medication



Innovation During COVID-19: Improving Addiction Treatment Access- Medications to Treat OUD

How substance
use disorder
treatment
services have
changed

Federal guidance allows for use of audio-only telehealth for buprenorphine induction without requiring an in-person evaluation or video interface

Rhode Island Buprenorphine Hotline- 24 hour "tele-bridge" clinic where people with OUD can be linked with a DATA 2000 waived provider who can provide an initial assessment and, if appropriate, prescribe buprenorphine for unobserved induction and linkage to maintenance

Physical "bridge clinics" have been established in many health systems to fill gaps in care for people with opioid use disorder and have shown high rates of retention and linkage to treatment.



Innovation During COVID-19: Improving Addiction Treatment Access- Medications to Treat OUD

How substance
use disorder
treatment
services have
changed

The sustainability of using telehealth for buprenorphine initiation relies heavily on legislative and regulatory changes. The Ryan Haight Online Pharmacy Consumer Protection Act prohibits the prescription of controlled substances without an initial in-person visit with a provider.

Enacted to prevent the trafficking of opioid medications by online pharmaceutical companies, this federal law has limited the use of telehealth for buprenorphine initiation with very narrow exceptions including a declared state of emergency, as we have seen with the COVID19 pandemic.

Opioid Epidemic has felt like a state of emergency to many of us for some time. If the current federal guidelines instituted during the COVID-19 pandemic are to be adopted permanently, not only could we expand medication access for patients with opioid use disorder, we would also be able to study the efficacy of this low-threshold care model over time.





change

How substance
use disorder
treatment
services have
changed

COVID-19 – An Opportunity for Change

- No evidence that forcing methadone clinic morning visits improves outcomes- evidence that it reduces access
- The FDA should make naloxone available over the counter
- States should remove paraphernalia laws which criminalize possession of equipment for drug consumption, including sterile syringes
- Crimes of poverty should be addressed with evidence-based services, not jail time

Issues Women in SUD Treatment Face Regardless of COVID-19

Challenges
regardless of
COVID-19

How to Address Tobacco Use/Smoking

There were two themes related to the role of smoking in the women's lives:

- (1) smoking facilitates socialization
- (2) smoking as a coping mechanism

There were three themes related to the benefits of tobacco-free policy:

- (1) improved health
- (2) support for continued abstinence from a previous tobacco-free placement (eg, prison)
- (3) less grounds up-keep

Barriers to tobacco-free policy included

- (1) lack of an alternative coping mechanism to smoking
- (2) fear that a tobacco-free policy would drive women away
- (3) anticipation of implementation challenges



The Overlooked 4th Trimester

Challenges
regardless of
COVID-19

- **Challenges the dyad faces**

- Newborn care, breastfeeding, maternal/infant bonding
- Mood changes, sleep disturbances, physiologic changes
- Cultural norms, “the ideal mother”

- **System issues**

- Medical care contact shifts from mother focus to pediatric focus
- Maternal contact often is with social services
- Insurance changes
- Treatment for substance use disorders may change



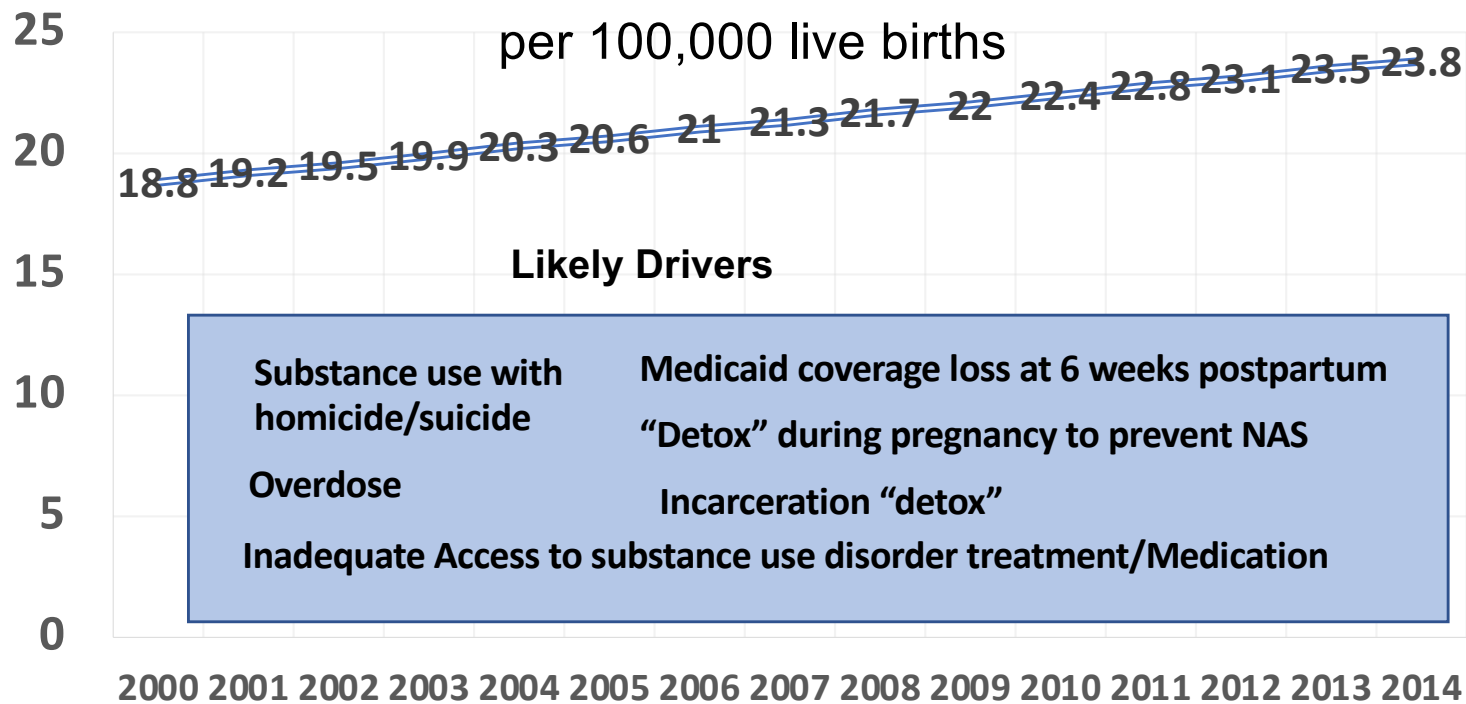
“The year after delivery is a vulnerable period for women with OUD.

Additional longitudinal supports and interventions tailored to women in the first year postpartum are needed to prevent and reduce overdose events.” Schiff DM et al., Obstet Gynecol. 2018



Rising Maternal Mortality: Harmful Policies in the Postpartum Time

Challenges
regardless of
COVID-19



Both informal and official custody loss predicted increased drug use, and informal loss predicted increased criminal involvement. Child custody loss has negative health implications for African American mothers, potentially reducing their likelihood of regaining or retaining custody of their children. Harp KLH, Oser CB. Child Abuse Negl. 2018 Mar;77:1-12.

Medication Treatment for Opioid Use Disorders Remains Scarce

Challenges
regardless of
COVID-19

Facilities Providing Some Medication Treatment for Opioid Use Disorders (2020)

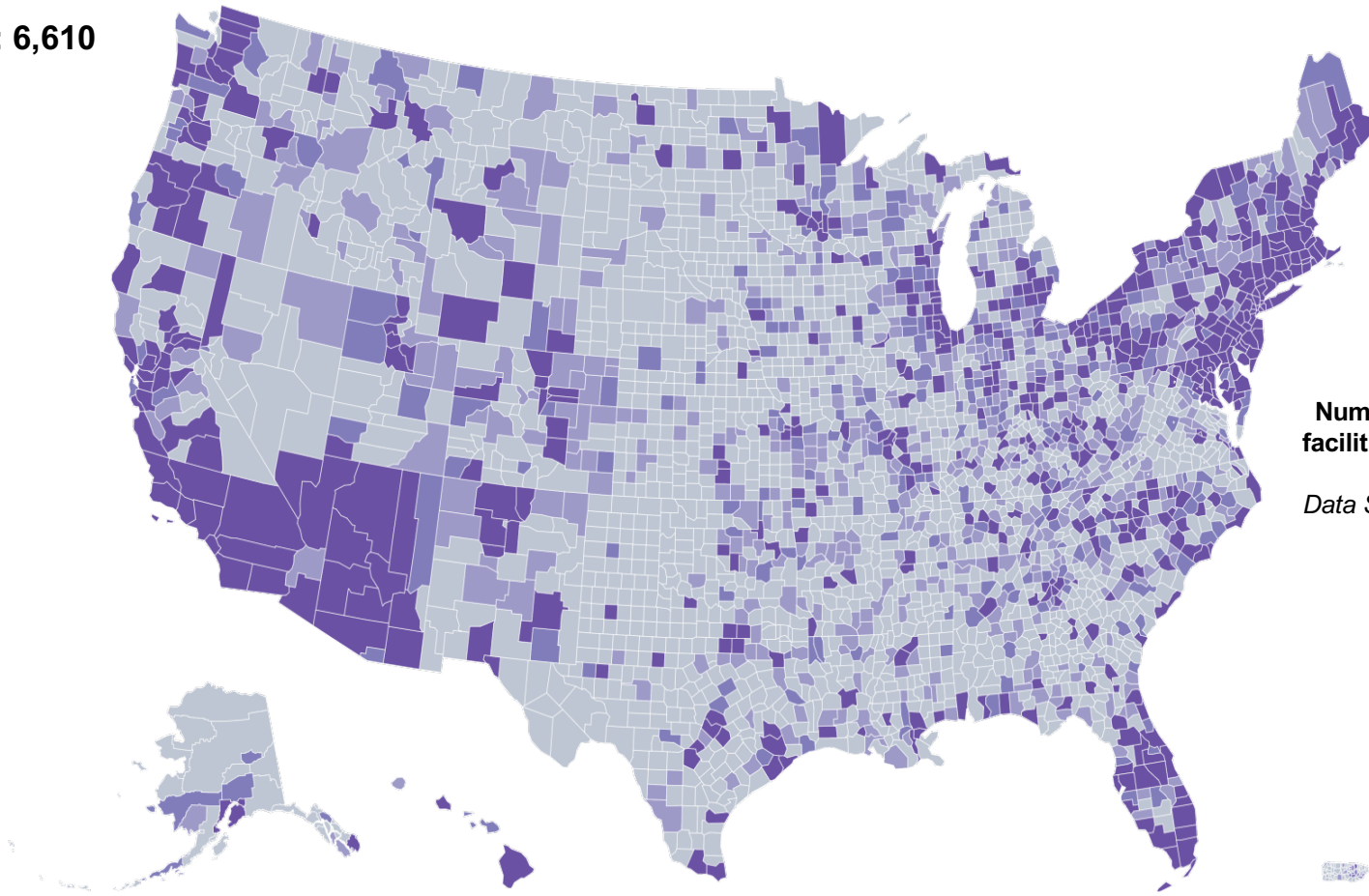
National: 6,610

Key:

1

2

3



**Number of substance abuse treatment
facilities offering any medication to treat
opioid use disorders**

*Data Source: Substance Abuse and Mental
Health Services Administration.*

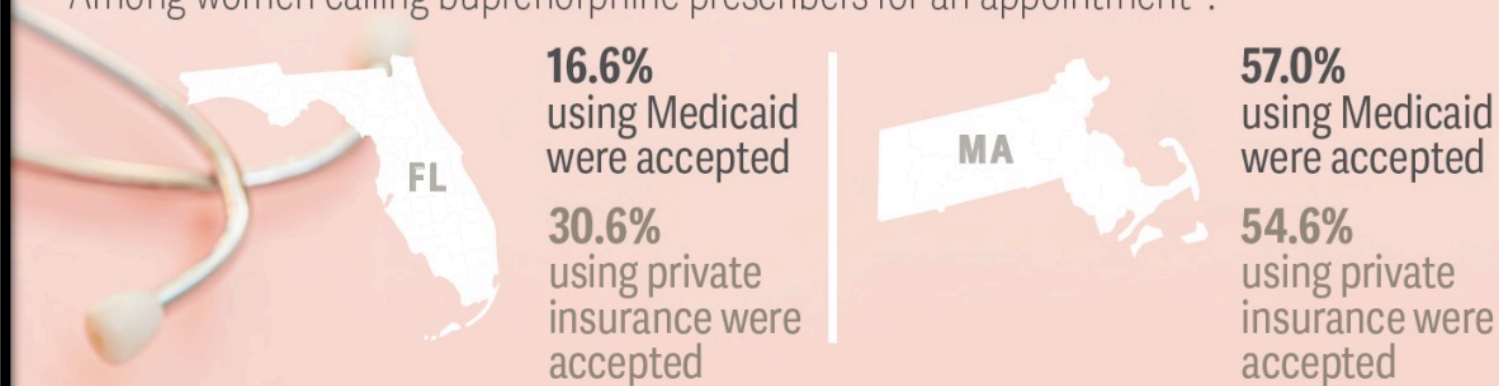
opioid.amfar.org

Medication Treatment for Opioid Use Disorders Remains Scarce for Pregnant Women

Challenges
regardless of
COVID-19

Appointment access was also associated with **insurance acceptance**, which varied widely by state.

Among women calling buprenorphine prescribers for an appointment*:



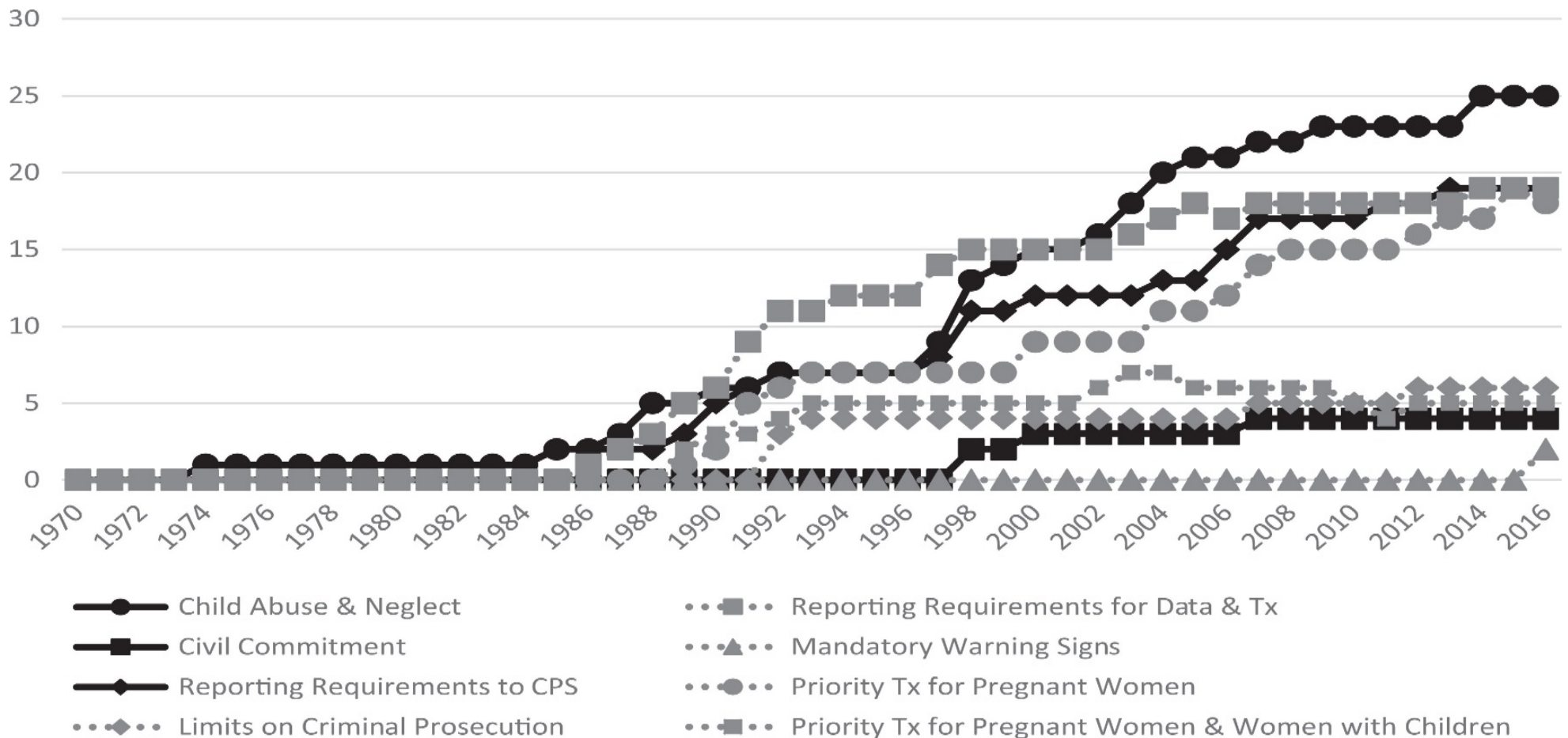
Among women calling opioid treatment (methadone) programs*:



**The remainder of women were refused an appointment or had to pay in cash*

Arc of Polices Bends Towards Punitive Actions for Pregnant People Using Substances

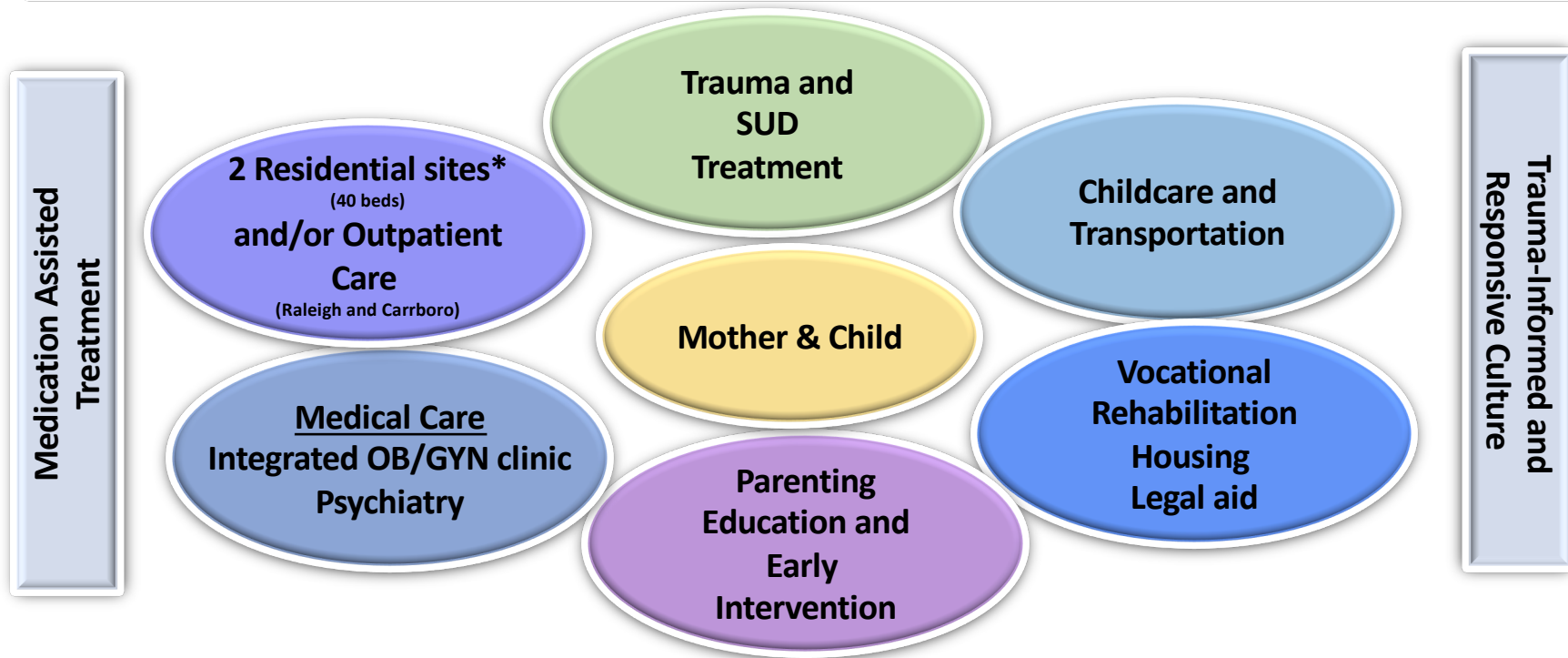
Challenges regardless of COVID-19



UNC Horizons: Residential and Outpatient Family-Centered Care

Clinical pearls

Unified Philosophy Informed by Social Learning, Relationship and Empowerment Theories



Who We Serve

Clinical pearls

2018-2019 Served 235 women

- **70% Primary OUD; 13% alcohol**
- **Mean age first substance use 15 years old (as early as 5 yrs)**
- **25% reported prior Traumatic Brain Injury**
- **50% pregnant at intake**
- **Outcomes**
 - **Babies born at term and normal birth weight**
 - **73% employed at completion**
 - **95% CPS outcomes were positive at completion**



Useful Tips: What Works

Clinical pearls

- Educate and repeat!
- Develop a list of emergency contacts and policies/procedures for how staff will respond to outpatient patient crises
- Sat down with each patient to assess their ability to use tele-treatment platforms and continue to troubleshoot
- Explicit conversations with patients around confidentiality and guidelines for engagement
- One designated medical authority (Elisabeth) to disseminate information to staff on the latest safety and PPE guidelines related to COVID-19.
- Help women develop a birth plan, share with providers and talk about support due to no visitors
- For residential settings - set aside units so newly arriving women can isolate for two weeks in their apartments with staff bringing them medication, groceries, group handouts, etc.



Useful Tips: What to Avoid/Challenges

Clinical pearls

- COVID-19 media overload- limit consumption
- Movies and other multimedia tools are less effective
- Avoid relying on written memos with patients for communication
- NA/AA network hard to grow. Women report fatigue with the online platform
- Women preparing to leave the program are understandably concerned about their ability to find employment, housing, recovery networks, etc.
- Sometimes have to ask women to step away or put on headphones if we see or know that a child is in the same room listening to the discussion
- This also means being flexible and re-scheduling sessions if the patient's children are having a rough day
- Heightened concerns around abuse and neglect of children and risk for interpersonal violence exposure for patients - providing more clinical contact than pre-COVID-19 days
- Attention is needed to eliminate the disparities that COVID-19 further highlights



<https://pixabay.com/photos/caution-hazard-stop-grass-outdoor-3402597/>



What The Women Shared

Clinical pearls

- COVID-19 and the sheltering in place is triggering- ways I used to act in addiction I see coming back- but I have coping skills now to deal with the feelings
- Isolation is a huge trigger
- Helps to be able to go out and walk, to have a routine
- Having tools to work on education from home helps
- Having tools to find employment helps
- Want providers to know how hard it is to have the same day every day
- Be patient with us and have empathy for us because sometimes we need a break from our kids
- Glad to have PPE for self and kids
- Stop the discrimination against us- last week a non-UNC nurse taking a drug test from me said “if an addict’s lips are moving, then she is lying.” “My test was negative but I felt judged and like I was less than dirt.”



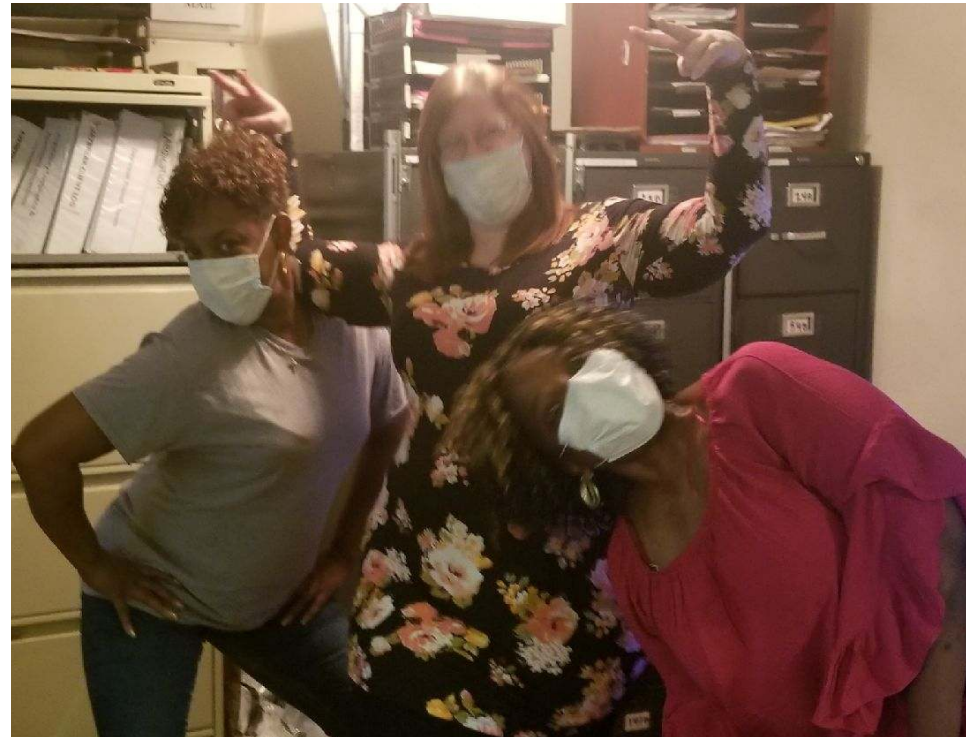
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An Attitude of Gratitude

Clinical Pearls

- Meetings start with gratitude
- Email and handwritten notes of thanks
- Calling to check on all team members
- Finding joy in your day
- Sending a thought for the day every day as well
- As fun tips for the team and fun tips for patients to do with their children
- Tokens of thanks given
- Modeling patience, empathy, self-compassion and self-care



Dealing With ZOOM Fatigue

Clinical Pearls

- **Why do we get so fatigued after video-conferencing all day?**
 - Cognitive overload
 - Looking at your own face as you communicate
 - No space between one encounter and another.
 - Primary source of social connection right now
- **What can you do to mitigate fatigue?**
 - Digitally detox
 - Don't show your face on your view of Zoom platforms
 - Switch it up
 - Be thoughtful about how you use video calls
 - Choose who you invite
 - Avoid scheduling back-to-back meetings
 - Take care of yourself! MOVE AROUND!!!!



Summary

Final Slide

- An Epidemic in a Pandemic
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- Clinical pearls



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Thank you

Thank you for your attention!

Questions?

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