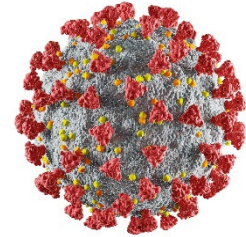


COVID-19 and the Impacts to Opioid Related Deaths

Editorial by Jon Gallagher, MD

Wow, what a year! As the United States approaches 50% of the population having at least a first COVID-19 vaccine on board, we may be seeing the first glimpse of a light at the end of the tunnel of this deadly pandemic. With over 500,000 Americans lost, the economy in tatters, and the psyche of the country disrupted, we can only hope for a brighter future with continued attention to the damage wrought by the coronavirus. Those of us who have been working on the prior number one public health issue, opioid misuse, addiction and overdose death, can only be frustrated by the setback this pandemic has set upon our efforts.



This increase is partially due to the emotional/socio-economic impact on individuals and the initial interference with access to Medication Assisted Treatment (MAT) and in person behavioral health support. The CDC Vital Statistics System showed that total overdose deaths spiked to record levels in March 2020 after the pandemic hit. Monthly deaths grew between February and May to more than 9,000. Prior to 2020, monthly overdose deaths had never risen above 6,300. Final figures for 2020 are anticipated to be greater than 90,000, higher than the 71,000 record in 2019 and the highest yearly percentage increase in over 20 years.

But medical practitioners are resilient and practiced the motto of “Necessity is the mother of invention.” Like other specialists, clinicians in both addiction medicine and behavioral health soon adapted to the use of telemedicine. Limited previously by technical and reimbursement issues, many practitioners rapidly responded to CMS and private insurer liberalization of telemedicine policies and payment equity by moving much of their practices online. Even group therapy sessions were accessible using a Zoom model. Practices that faced permanent closure quickly found methods to reach and serve their patients in innovative ways. The DEA temporarily relaxed outpatient Buprenorphine prescribing regulations to allow new patients to receive MAT by phone or telemedicine, and existing patients by any method, including email. Many Methadone centers prescribed more take-home doses and medication management via telemedicine.

Overdose deaths remained well elevated through the Fall before declining toward

pre-pandemic levels in early 2021. And the outlook continues to brighten.

President Biden campaigned on improving the opioid crisis using a public health approach including expanded funding and resources, increasing insurance coverage, and widened access to MAT and mental health care. The December stimulus package already included \$4.5 billion in mental health and substance use emergency funding. The Biden American Rescue plan added \$3.5 billion in block grants for these projects. Another \$2.5 billion will directly support states' efforts. But funding, while beneficial, will not solve all the problems. Several states are reconsidering accepting Medicaid expansion under the Affordable Care Act which has shown positive results on coverage, MAT access and mortality in states, like Pennsylvania, that had previously done so.

Expansion of access to care will be facilitated by continued deregulation of telemedicine and payment equity allowing patients a variety of venues in which to seek treatment. National and state medical societies continue to advocate for continuation of these policies when the emergency declaration ends. Forty percent of American counties continue to lack even one physician who can provide Buprenorphine. Debate on abolishing x-waivers, needed to prescribe Buprenorphine, continues and may allow expansion of the MAT workforce.

We still have much work to do just to get back to the prior levels of success, and both new and recurring obstacles will be thrown before us. But the medical profession has always shown the persistence and compassion that our patients need and deserve. So it shall be again.

About Dr. Jon Gallagher

Dr. Gallagher practiced as an OB-GYN in western Pennsylvania for over 33 years. He is the former Chair of the Pennsylvania Medical Society's Opioid Task Force and has participated in the development of the PA Department of Health's opioid clinical practice guidelines and implementation of the Prescription Drug Monitoring Program (PDMP).

Dr. Gallagher also serves as an advocate to the legislature, Governor and regulatory authorities on behalf of patients and physicians.