

Substance Use Disorder and COVID-19: An Epidemic Inside the Pandemic

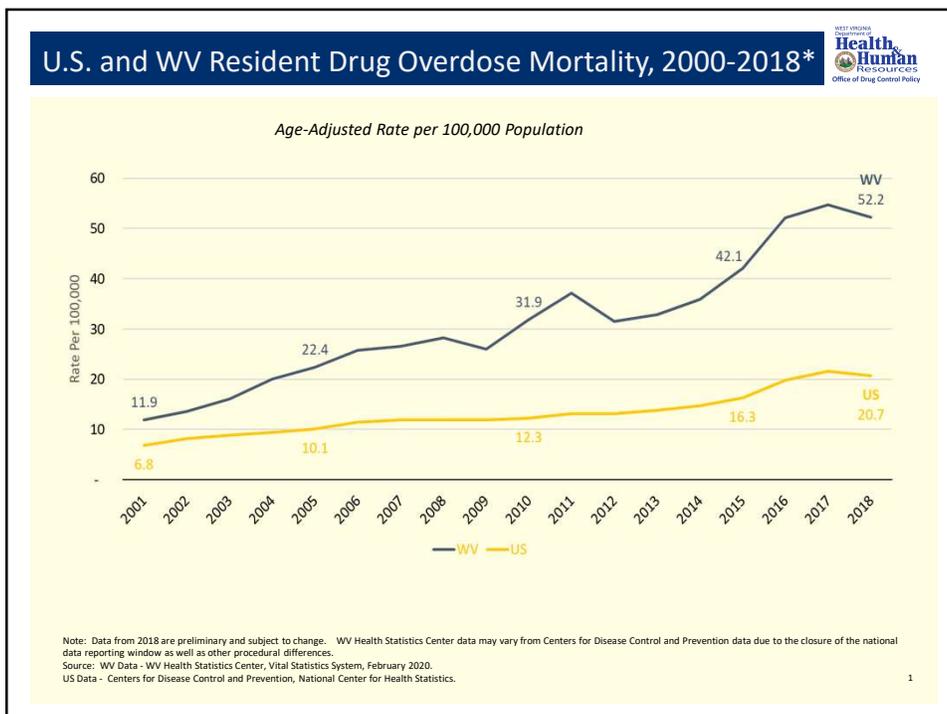
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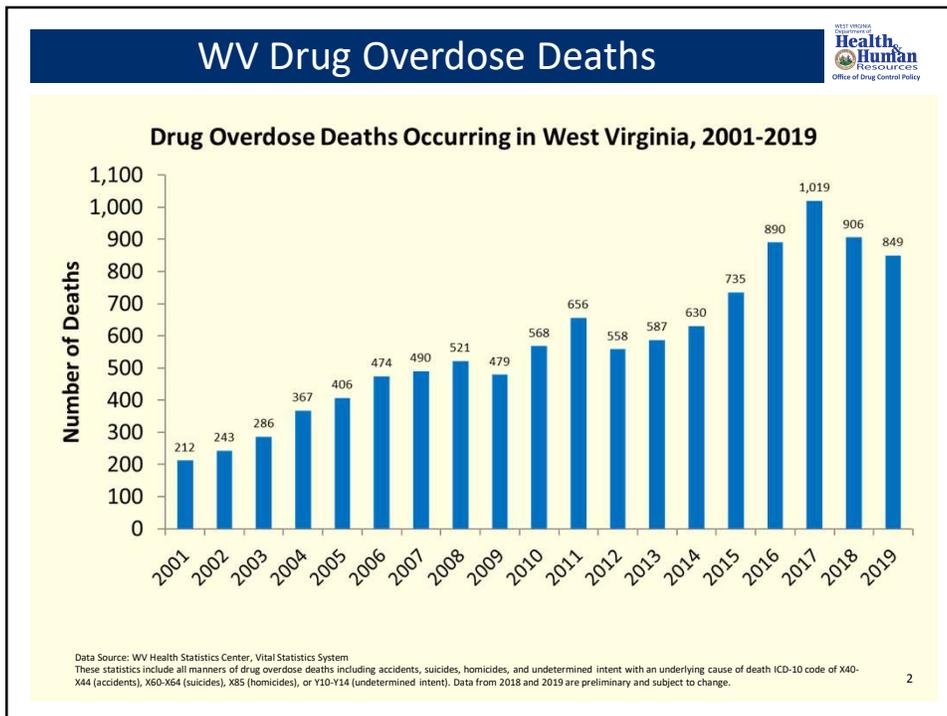


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Impact of COVID-19

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- Increased isolation due to shutdowns and quarantine; lack of supports
- Increased stress, anxiety, and fear
- Increased unemployment
- Existing mental illness exacerbated
- Burnout among frontline workers
- Created new barriers for those with mental illness and SUD
- Increased substance use
- Informal analysis of WV data suggests there has been an increase in fatal and non-fatal overdoses during the COVID-19 quarantine months, as compared to past years

During late June, 40% of U.S. adults reported struggling with mental health or substance use

<p>ANXIETY/DEPRESSION SYMPTOMS 31%</p> <p>TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS 26%</p>	<p>STARTED OR INCREASED SUBSTANCE USE 13%</p> <p>SERIOUSLY CONSIDERED SUICIDE* 11%</p>
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*Based on a survey of U.S. adults aged 18 years during June 24-30, 2020. For the full report, visit the survey.

For stress and coping strategies: bit.ly/dailylifecoping

CDC.GOV bit.ly/mmw6932a1 MMWR

Source: Centers for Disease Control and Prevention
https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?ts_cid=mm6932a1_w

Source: Kaiser Family Foundation <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

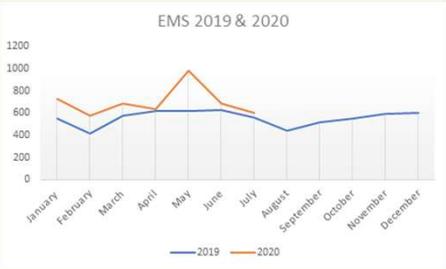
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Impact of COVID-19



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- Preliminary data from WV shows an increase in EMS responses to expected overdoses
- May 2020: 64.0% increase compared to May 2019
- June 2020: 30.1% increase compared to June 2019
- July 2020 data is expected to exceed 2019 numbers



Month	2019	2020
January	500	700
February	450	600
March	550	650
April	600	600
May	600	1000
June	600	700
July	600	600
August	500	550
September	550	550
October	600	600
November	600	600
December	600	600



Month	2019	2020
January	450	550
February	400	550
March	550	550
April	550	450
May	550	650
June	550	600
July	500	650
August	550	550
September	550	550
October	550	550
November	500	500
December	500	500

Source: <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

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Impact During COVID-19



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Treatment and Recovery

- One in three respondents (34%) reported changes or disruption in treatment or recovery support services due to COVID-19:
 - 14% say they were unable to receive their needed services
 - 7% say they were unable to access in-person support groups
 - 3% were unable to access naloxone services
 - 2% were unable to access syringe services
- 87% of those who reported disruptions in access to treatment also reported emotional changes since the pandemic began, compared to 72% of those who did not report access disruptions

Source: Addiction Policy Forum <https://www.addictionpolicy.org/covid19-report>

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Summary of Solutions



The effects of COVID-19 on the drug epidemic call for new and innovative solutions:

- Telehealth
 - MAT
- Virtual Solutions
 - Bright Heart Health
 - CHES Connections App
- Interventions
 - Wider Naloxone Distribution – Naloxone Day
 - Expansion of Quick Response Teams (QRTs)
- Treatment and Recovery Providers
 - Response & Guidance
- County Focus Group Meetings

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Telehealth



Telehealth has overcome treatment barriers by increasing access:

- Telehealth is a service offered through a smart phone, tablet, and laptop with internet access and audio and visual capabilities.
- During COVID-19, the Drug Enforcement Administration (DEA) has permitted practitioners to admit new patients into an Opioid Treatment Program and continue a patient's treatment using telehealth without an in-person exam as well as permitting audio-only visits.

MAT can now be dispensed based on a telehealth evaluation (Buprenorphine only; methadone still requires in-person exam).

- MAT can be provided under a blanket exception: up to 14 take-home doses for clinically less stable patients and up to 28 doses for clinically stable patients.
- Medicare and Medicaid have adjusted billing practices to align with this need.



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Virtual Solutions



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Bright Heart Health

- Provides telehealth and Medication Assisted Treatment for substance use disorder 24/7
- Services are offered through a smart phone, tablet or laptop with internet access and audio and visual capabilities
- Accepts WV Medicaid, Medicaid HMOs, and Highmark BCBS
- Services include Medication Assisted Treatment, group therapy, individual therapy and drug screening
- Enrolling is simple:
 - Call 1-800-892-2695 or access a virtual clinic through the website, complete an enrollment document with a care coordinator, or schedule a zoom session with a licensed physician or therapist



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Virtual Solutions



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CHESS HEALTH
Real Evidence. Real Recovery.

- ODCP, BBH, and WVU have partnered in the purchase and implementation of the A-CHESS Health app for providers and consumers



Month	# Patients
MAY	20
JUNE	76
JULY	250
AUGUST	967
SEPTEMBER	529

- 25 providers are live, with 20 more in progress
- Public deployment went live in June 2020 – linked to HELP4WV
- The app has been adapted to serve providers, the public, college students and collegiate recovery programs, Drug Free Moms and Baby programs, local health departments, day report centers, managed care organizations, and federally qualified health centers.

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Intervention During COVID-19



Naloxone Distribution

- HB 4102 was passed in the 2020 legislative session relaxing the guidelines for distributing naloxone.
- This allows trained individuals to distribute naloxone under a standing order from a physician.
- The University of Charleston School of Pharmacy, BBH, and ODCP made naloxone available for distribution by providers a priority.
- Providers will dispense naloxone to patients/clients upon intake or discharge.

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Intervention: Naloxone

▬▬▬
SAVE A LIFE
▬▬▬

FREE NALOXONE DAY

SEPT. 2, 2020

KANAWHA-PUTNAM

- Kanawha and Putnam counties
- 17 sites
- 150+ volunteers
- Over 1,000 kits distributed

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Intervention During COVID-19



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Quick Response Teams (QRTs) are teams of professionals who contact people within 24-72 hours of an overdose to connect them to treatment and other services.

- Most have continued to function.
- Many have conducted meetings via Zoom.
- Naloxone deliveries were made by QRTs to those in need.
- All QRTs are conducting meetings in person.
- 28 counties are covered by QRTs; Harrison, Morgan and Ohio counties to be added soon.



*Data current through August 2020

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Treatment and Recovery Resource Map

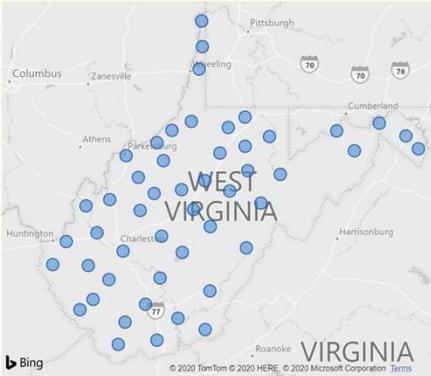


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ODCP recently announced the launch of an interactive Treatment and Recovery Resource Map. This map is located on ODCP's website, under the [get help tab](#).

Search for resources by:

- County
- Program Type
- ASAM Level
- Gender



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Focus Group Meetings



In the wake of COVID-19 and suspected spikes in overdose trends, ODCP held focus group community meetings in counties at highest risk. The overall purpose of these presentations was to highlight drug trends and to discuss overdose activity and fatalities for a specific county in order to target actionable items on a local level.

- ODCP has engaged key stakeholders in 7 counties having the highest unofficial overdose rates: Berkeley, Cabell, Kanawha, Logan, Monongalia, Raleigh and Wood.
- Following review of data and trends, immediate action steps are identified by local partners/stakeholders.
- ODCP continues to regularly re-engage each county and its partners.

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Contact



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