TuSalud

COVID-19 Could Lead to a Surge in Overdose Deaths

Overdose deaths rose by nearly 5% in 2019, and the pandemic could make matters worse.

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The COVID-19 pandemic could worsen a rise in overdose deaths that is already underway, experts fear. Increased isolation and financial difficulties, disruptions in the drug supply and cuts in services could all contribute to the increase.

New figures from the National Center for Health Statistics released this month show that once final counts are in, a total of 71,999 drug overdose deaths are expected to have occurred in 2019, a 4.8% rise over the previous year. This comes after a slight decline in overdose fatalities in 2018—the first drop in nearly three decades.

But the 2019 increase could be just the start of a larger trend as the pandemic continues its relentless course. While national figures for 2020 are not yet available, reports from many states are already signaling a rise.

An analysis by the Overdose Detection Mapping Application Program (ODMAP), a federal surveillance system that collects data from emergency services, hospitals and police, found that 62% of participating counties reported a rise in suspected overdoses after March 19, when states began imposing stay-at-home orders. Suspected overdoses increased by 18% during the period from mid-March to mid-May when compared with the period from January 1 to March 19, with a shift from urban to suburban and rural areas. During this time, the number of “spike alerts” indicating a surge of overdoses in a particular area rose by 30%.

According to an analysis by The Washington Post based on ODMAP data, suspected overdoses nationwide rose by 18% in March, by 29% in April and by 42% in May compared with the respective months a year earlier. A New York Times analysis of local and state mortality data found that drug-related deaths have risen by about 13% so far this year compared with last year.

Interviews with coroners offer more details. For example, last year, the medical examiner for Cook County, which includes Chicago, recorded 473 overdose deaths from January to June, the Post reports. This year, the total through May reached 656, with more than 400 additional suspected

overdoses pending investigation.

Several aspects of the COVID-19 pandemic could contribute to a rise in fatal and nonfatal overdoses. Stay-at-home orders and social distancing could lead more people to use drugs alone, meaning no one is on hand to administer Narcan (naloxone) or call 911. What's more, the isolation and loneliness of the lockdown, along with anxiety, depression, unemployment and financial worries, may increase the urge to use drugs.

In addition, as drug distribution and supply lines are disrupted, people may turn to new suppliers and less familiar substances. In particular, people who usually use heroin or traditional prescription opioids may turn to fentanyl, which is much stronger and more likely to lead to an overdose. The ODMAP report also notes a rise in the number of overdoses related to stimulants such as methamphetamine, which unlike opioids cannot be reversed with Narcan.

"The AMA is greatly concerned by an increasing number of reports from national, state and local media suggesting increases in opioid-related mortality—particularly from illicitly manufactured fentanyl and fentanyl analogs," the American Medical Association stated in a recent issue brief. "More than 35 states have reported increases in opioid-related mortality as well as ongoing concerns for those with a mental illness or substance use disorder in counties and other areas within the state. This also includes new reports about the need for evidence-based harm reduction services, including sterile needle and syringe services and naloxone."

Unfortunately, such services have been adversely affected by the pandemic. Many treatment centers and recovery programs have had to close or curtail their services, Kaiser Health News reports—either temporarily to protect staff and clients from coronavirus exposure or longer term due to financial woes—leaving people who use drugs without support when they need it most.

Syringe distribution and other harm reduction programs have also had to cut back their services. Of the 173 syringe service programs that responded to a survey by the North American Syringe Exchange Network, 43% reported a decrease in service availability due to COVID-19. In many cases, these services included medication-assisted addiction treatment and testing and treatment for HIV, hepatitis C and sexually transmitted infections, Don Des Jarlais, PhD, of New York University, and colleagues reported in AIDS and Behavior. A quarter of the programs reported that they had closed one or more of their sites.

But the pandemic has also led to federal policy changes that enable more providers to prescribe medication-assisted treatment using buprenorphine. Methadone programs may now provide up to a month's supply at once so people don't have to come to a clinic every day. (In some areas, city workers are even making deliveries.) The use of telehealth for medical consultations and mental health counseling has increased—and is now eligible for Medicaid and Medicare reimbursement—but some people who use drugs may not have ready access to the necessary technology.

The AMA urges governors and state legislators to remove administrative barriers for medications used to treat opioid use disorder, remove existing barriers that make it difficult for patients with

pain to obtain necessary medications and support harm reduction strategies, including removing barriers to syringe services programs.

“We may not have a vaccine for COVID, but we actually have very effective treatments for opioid use disorder,” Alex Kral, PhD, an epidemiologist with RTI International told the Post. “We have medication and proven interventions. It doesn’t have to play out the way we fear it will.”
