



Well@Work Podcast

Episode 24: Substance Use Disorder and COVID-19

Welcome to the Well@Work podcast from the University of Kentucky Center on Trauma and Children. This podcast is brought to you by a grant from SAMHSA. On this episode of the podcast, Emily Smith discusses substance use disorder and the COVID-19 pandemic along with some tips for practice. And now, Emily Smith.

Hi, I'm Emily Smith with the University of Kentucky Center on Trauma and Children and I'm here to talk with you about the impact COVID-19 has had on people with substance use disorder. Even before the COVID-19 pandemic began, substance use disorders were a significant public health problem. In the US between 1999 and 2019, overdose deaths increased by over 320%. Initially caused by the use of prescription opioids and heroin, this increase is fueled by methamphetamine and synthetic opioids like fentanyl. As a result, accidental overdose has become the leading cause of death in individuals younger than 50 years of age. And the estimated yearly cost to our country now exceeds \$700 billion.

Because opioids negatively impact lung and heart health, people who use opioids at high doses may be more susceptible to COVID-19 and the illness may be more severe. People who have an OUD also face separate challenges to their respiratory health. Opioids act in the brain stem to slow breathing, which not only puts the user at risk of life-threatening or fatal overdose it may also cause a harmful decrease in oxygen in the blood. While brain cells can function for short periods of low oxygen, longer periods with low or no oxygen can be especially damaging to the brain. Chronic respiratory disease can increase deadly overdose risk among people taking opioids and diminished lung capacity from COVID-19 could similarly endanger this group. Methamphetamine constricts the blood vessels which could contribute to lung and respiratory damage and pulmonary hypertension in people who use it.

The newest data from the CDC has shown that more than 90 000 drug overdose deaths occurred in the US in 2020. Tom Coderre, the acting Assistant Secretary for Mental Health and Substance Use, recently stated "The spike we've seen in opioid involved deaths during the COVID-19 pandemic requires us to do all we can to make treatment more accessible."

A high percentage of individuals with an SUD experience homelessness, and vice versa. Among countless other difficulties and risks faced by those who have housing instability, increased risk for disease transmission in homeless shelters is particularly important now. Increased burden on emergency departments from COVID-19 may mean that people presenting with opioid overdose are less likely to be initiated on medication therapies, which is an important part of lessening the effects of the opioid crisis.

People with an SUD may already be marginalized or hesitant to receive health care services largely because of stigma. Too often, stigma is based on the mistaken belief that

addiction would go away if the person had a stronger character and made better choices. But science has clearly shown it to be a disorder that results from changes in brain circuitry. Furthermore, activities to promote resilience, like the ability to engage in meaningful work, maintain physical activity, and enjoy positive social interactions, haven't been as safe or easy to access during COVID, which can prompt some to begin using or escalate their use of substances.

So, what can you do to help? I have a friend, Diane, who advocates for patients with substance use disorder. Diane works with professionals integrating harm reduction strategies into their trauma-informed care models at local agencies. She told me recently about some tips she shares that may guide your practice when you are working with someone who may be struggling with substance use disorder during these pandemic conditions.

Tip number one: augment the loss of social and recovery supports by connecting patients with virtual recovery meetings and resources. There are many easy access virtual resources to help those with an SUD and their loved ones, including:

- The Substance Abuse and Mental Health Services Administration [Virtual Recovery Resources for Substance Use and Mental Illness](#). This site include links to online meetings and recovery support resources offered by various mutual help groups and other organizations, as well as information on setting up a virtual meeting.
- National Institute on Alcohol Abuse and Alcoholism offers [NIAAA's Alcohol Treatment Navigator](#), which includes information on accessing alcohol treatment through telehealth services and other online options. This is a great referral source.
- The Addiction Policy Forum and CHES Health has a [Connections App.\(link is external\)](#), it includes a free research-based smartphone app to help people with recovery from substance use access support and resources.

Tip number two: find ways to reduce stigma. Because stigma may prevent identification of those with complicating substance use problems and can interfere with the utilization of recovery services, it is important that all people with an SUD be treated with compassion and dignity. The best antidote to stigma is education. Make training on addiction part of your own professional development and suggest your unit or department provide additional training on substance use disorders since you may be seeing an uptick in these problems during this pandemic. The more you know, the more comfortable you will feel dealing with the complications of substance misuse or addiction, especially if these are these cases are new to your caseload.

Tip number three: turn some of that compassion on yourself! Professionals have had to learn a lot of new skills during this pandemic and emotional, physical, and intellectual exhaustion has become a way of life. Treat yourself with the same compassion you have developed for others and give yourself some props for adapting and adjusting to the ever-changing COVID environment. Create a work environment where these successes are acknowledged and celebrated and model this for your substance misusing clients.



Tip number four: don't be afraid to ask. Since we know that substance misuse has been exacerbated by the pandemic, it makes sense to include screening for substance use disorders during all general screening procedures, even if that is not a normal part of your usual protocol. There are a number of short screeners that can be used such as the [TAPS](#) tool for adults or the [CRAFFT](#) screener for adolescents that are widely accessible and can be used for free or at very low cost.

Tip number five: know the evidence-based treatment options. For opioid use disorders, medications like buprenorphine are a key component of treatment. Concurrent psychological treatment such as cognitive behavioral therapy can help people adhere to the medication schedule, identify and respond in more healthy ways to stressors that have led them to drug use, and address related conditions such as pain, post-traumatic stress, anxiety, and depression. This approach is also preferred for those who abuse other substances. Some clinicians couple CBT with an approach called contingency management, which promotes abstinence by providing alternative reinforcers like gift cards or vouchers when patients show they have not used drugs. It is also important for all professionals to advocate for expanded availability of naloxone to treat narcotic overdose in emergencies.

This is just the beginning! For more information on how to stay healthy, strong, and effective during COVID-19, check out our website. It's listed in this video description. And remember to stay well at work.

Thank you for listening to this episode of the podcast, follow the link in the video description for more resources on our Well@Work website. And of course, stay tuned for more episodes on topics that will keep you well at work.