

Since 1999, more than 450,000 people have died from drug overdoses in the United States. Yet despite being one of the wealthiest countries on the globe, the US suffers from one of the most pronounced substance use treatment disparities in the developed world. According to the National Survey on Drug Use and Health, approximately 21 million Americans needed treatment for a substance use disorder in 2018. Of those, only 11% received treatment in a specialized facility while only 17% received treatment of any kind. This disparity between the number of people who need treatment and the number who actually receive it, is known as the treatment gap, and it is one of the factors driving the high mortality from drug overdoses in the US. So the situation was already exceedingly grim before the pandemic.

Now, social and economic stressors arising from the pandemic, combined with the disruptions to health care, placed many at an even greater risk of overdose. Many residential treatment programs shut their doors leaving patients with no safety net. In person treatment and recovery programs were vastly curtailed in the wake of COVID — including visits with healthcare providers, group counseling sessions, inpatient stays, and 12 step meetings. So there was far less of the emotional support that is vital to addiction treatment and recovery.

The isolation of quarantine and social distancing also brought many additional dangers for people with substance use disorders. Using drugs alone is much more dangerous because there is no one nearby to render aid if an overdose occurs. And border closures and travel restrictions enacted as a result of the pandemic caused major disruptions the illicit drug supply-- forcing many users to seek out new, unknown sources that carry a higher risk of adulteration with lethal synthetic opioids. And with the pandemic disrupting treatment centers and other places that help people with drug addiction, there may have actually been less naloxone available to those most at risk.

So the pandemic really could not have come at a worse time—the US was already grappling with record levels of opioid and stimulant use. And the situation became even more dire as the mortality rate from overdoses accelerated as a direct result of the COVID-19 pandemic--the data that have come in so far clearly demonstrate this. Nationwide, overdose deaths increased almost 20% from March to May of this year compared to the same time period last year. In some regions of the country overdose have increased by as much as 300% since COVID-19 hit.

On the surface, it appears as if there is little to be optimistic about—but all is not yet lost. While COVID-19 has produced a number of challenges to accessing treatment; it has also resulted in changes that have made accessing care easier---especially for high-risk populations. These changes include, firstly, the reduction of financial-barriers-to-accessing-treatment-and-obtaining-naloxone; which was achieved through emergency expansion of Medicaid, the nation's public health insurance program for the poor.

Secondly, the Quarantine and shelter-in-place orders have resulted in the easing of restrictions on the dispensing of methadone.

And finally, the role of telemedicine has been greatly expanded making it easier for patients with opioid use disorder, especially those living in rural areas, to access behavioral health services and physicians who are licensed to prescribed buprenorphine.

If they are made permanent, these policy changes have the potential to not only mitigate the effect of the pandemic on overdoses, but also to address long-standing structural barriers to accessing effective, evidence-based, substance use treatment. Thank you.

