

COVID-19 Pandemic and the Opioid Epidemic

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In Monroe County, there were more deaths from heroin and/or fentanyl than motor vehicle accidents, homicides, and suicides *combined* in 2016, 2017 and 2018. Unofficial data indicates that there were at least 127 opioid overdose fatalities in 2019. Agencies and communities across Monroe County have made some critical progress in our efforts to address the opioid problem (e.g., increased access to and use of the opioid reversal drug, Narcan; increased opioid treatment capacity, including the 24-hour Open Access; Project CLEAN's early interventions in Northeast Rochester to disrupt the open-air heroin market). In fact, one recent success is that the unofficial overdose data indicate that 2019 fatal and non-fatal overdoses are down from 2018 overdoses. While we hope to continue these important gains, we recognize that this will require momentum and a renewed commitment while up against COVID-19.

This brief document is meant as a jumping off point to identify some issues that are relevant to the intersection of COVID-19 and the opioid epidemic locally. This is just the beginning of a much longer conversation to ensure that some of our most vulnerable population is not left out while we tackle COVID-19. As we are in uncharted territory, tracking as much as possible and evaluating the responses are just as important now as they were before.

- Heroin depresses the respiratory system; vulnerable populations, including those with respiratory illness, are at increased risk of getting COVID-19 and suffering more serious consequences if they do contract it. Heroin users have higher rates of infections and weaker immune systems. This puts [heroin users at a higher risk](#).
- According to SAMHSA's previous work on [disasters and substance use](#), it is not expected that new people will be introduced to heroin, but that those who are currently abusing heroin may increase their use and misuse of the substance. People with substance use disorder may be less prepared and have fewer healthy coping mechanisms when it comes to dealing with and/or responding to disasters. This could put them at risk of not having the supplies needed for stay at home orders, an inability to problem solve, and/or issues responding to the emotional impact of staying home.
- Heroin is considered a drug of isolation, and further compounding this is that addiction is considered a disease of isolation, and then adding on the requirement to be isolated in homes can result in negative impacts for people addicted to opioids, including fatal overdose.
- With so many borders closing, it is expected that [drug droughts](#) will occur. This could lead to an [increase](#) in people seeking treatment. This increased demand for treatment is hopefully met with providers able to meet this influx. Further, heroin may be cut with more bulking agents, which could result in more overdoses; alternatively, depending on potency, it may result in [fewer overdoses](#).
- Without widespread testing available, there are concerns that medical staff may not be able to tell the difference between COVID-19, typical flu, and withdrawal symptoms, potentially leading to erroneous diagnoses and treatment protocols.

- This also may impact individuals who are in recovery, as [Increased anxiety can result in relapse](#).
- [AA meetings have largely moved online](#); NA released a [statement](#) on March 12, 2020, but as of March 27, there was no other update on the page. It seems that most support groups have moved online, this is good news that there continue to be (virtual) meetings, but people with limited internet access may be more severely impacted, resulting in less social support.
- For those in treatment, government regulations require many to get their medication every day (e.g., methadone), every other day, weekly, etc. Requiring this already vulnerable population to venture out more frequently in order to get their medication may put them at greater risk of COVID-19. People may show up for their medication [even if they have symptoms](#) of COVID-19, infecting others or they [may miss an appointment](#) if they do get very sick, leading to withdrawal.
- SAMHSA put out guidelines specific to delivering Medication Assisted Treatment in the midst of the COVID-19 pandemic: <https://www.samhsa.gov/medication-assisted-treatment>
- According to the [Society for the Study of Addiction](#), after the last heroin drought ended, heroin purity increased, which could lead to an increase in overdoses and fatalities after the pandemic.

Throughout our ongoing study of the opioid epidemic in partnership with Ibero-American Development Corporation, we have learned plenty about this population, responses to the epidemic, and promising practices. [We continue to share what we learn with the community](#). In recent years, federal, state, and philanthropic organizations have rightfully devoted significant grant funding to respond to the opioid epidemic. As resources shift to deal with COVID-19, we hope that this funding continues to be available and even more local efforts are made to ensure that the work is sustained. We are not ignorant of the stigma that this population faces, making it even easier to marginalize this work, and quickly move on to the next “hot topic.” We do not believe that it is an “either/or,” but rather the *intersection* of an epidemic and pandemic, which we can learn from and respond to, ultimately saving lives.