



Substance Use Disorders

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Current Status/Trends

According to the National Institute on Drug Abuse (NIDA), the COVID-19 pandemic has created a unique set of public health challenges related to Substance Use Disorders (SUD), treatment and recovery, and overall community health and wellness. As many communities adjust to stay-at-home restrictions, physical, emotional, and stress-related risks of substance misuse are of heightened concern. Nationally, alcohol sales in late March, 2020 were up 55% from the same period last yearⁱ. Individuals struggling with alcohol and drug addiction are at increased risk of catching COVID-19 and are more likely to become severely illⁱⁱ. Recent medical data suggests that COVID-19 is an especially serious threat to those who smoke tobacco or marijuana or who vape due to already weakened respiratory and pulmonary health. People who misuse opioids and use methamphetamines may be similarly at risk.ⁱⁱⁱ While existing vulnerabilities appear to be magnified, new patterns of risk are emerging for working families as they navigate uncertainty and struggle to meet basic needs. As the Municipality of Anchorage braces for long term community impacts, changing patterns in substance use can be identified and used to inform public health messaging, mobilize community health education efforts, and assist in getting people connected to resources that can help.

Existing detoxification, treatment, and long-term community-based recovery options are limited in Anchorage. The opioid epidemic brought much needed attention to this reality. There are currently 126 residential treatment beds in the Anchorage bowl, managed across 6 different agencies^{iv}. Eleven of those beds are currently available, and the estimated days wait for a bed ranged from 14-60 days. Several community-based non-profit organizations offer an increasing variety of in-patient and out-patient services. Screening and referral to treatment remains a barrier for many. Challenges in accessing insurance remain and initial intake and assessment fees, coupled with sometimes excessive waiting times, can act as powerful disincentives to getting connected to a health professional. For intravenous drug users, use of clean needle exchanges and mobile health units play a critical role, especially as regular offices have been shut down in response to municipal stay-at-home orders. Intersections with chronic homelessness create additional vulnerabilities that warrant targeted outreach to this population specifically.

Less often discussed are the everyday forms of substance use that might become problematic under circumstances of heightened stress. Families concerned about job security, access to food and housing, meeting childcare and other caregiving responsibilities, and a host of other new stresses create both the conditions and the opportunity for increased substance misuse along with constellations of related health issues, including depression, suicide, and domestic violence. Similarly, as the recreational marijuana industry continues to establish itself in the Municipality, long term sales trends can be monitored, along with alcohol and cigarette sales, to understand the broader social impacts of COVID-19 and how they might be shaping substance use patterns among Anchorage residents. Working closely with drug and alcohol treatment facilities as well as law enforcement will also help identify emerging patterns in illicit drug use, including meth, heroin, and synthetic opioids.

Understanding shifting patterns in substance use in response to COVID-19 will require sustained effort, as the economic, health, and social impacts are likely to remain for the foreseeable future. Washington state has expanded use of virtual treatment modalities, including individual and group therapy sessions and app-based "digital therapeutics" designed to help people track their own use patterns, learn new coping strategies, and connect to various recovery communities from home^v. University of Alaska Anchorage (UAA) researcher, Patrick Dulin (Department of Psychology), is working on a similar, NIH-funded app that is currently in testing and evaluation stages. The Municipality could benefit from integrating some of these approaches into its own response. Alaska already utilizes telemedicine extensively and there is an opportunity to build upon this architecture to expand treatment options for our state.

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Recommendations

- Design and implement an extensive Public Service Announcement (PSA) messaging campaign, possibly in partnership with Recover Alaska, to normalize conversations around substance misuse, risk, and community resilience. The campaign may also include targeted messaging to intravenous drug users to promote harm reduction and safe drug use practices.
- Establish an advisory council with agency representatives and professionals who serve individuals with substance use disorders to meet at least monthly to inform of any changes or needs related to COVID-19 exposures in this community.
- Develop 14-day safe housing/quarantine protocols for individuals entering residential treatment to reduce risk of exposure to SARS Coronavirus-2 for patients and staff.
- Expand access to detoxification, treatment, and long-term recovery services and facilities. This includes access to a range of Medication Assisted Treatments (MATs) (e.g., suboxone, methadone, naloxone). In the event of prolonged economic insecurity, access to drugs of misuse could become reduced, leading to possible increase in crime and need for additional community response.
- Implement Screening, Brief-Intervention, and Referral to Treatment (SBIRT) protocols in all community health clinics and primary care centers.

Recommended Indicators/Metrics for Monitoring

- Number of substance use therapy providers providing telehealth care options, and percentage of clinics using SBIRT
- Alcohol sales (above a five-year baseline)
- Marijuana, cigarette, and vaping sales
- Number of emergency responder calls and emergency room visits for overdoses, (above a five-year baseline)

Applications of Recommended Indicators/Metrics

- Develop outreach to use therapy providers to support the adoption of telehealth options
- Anticipate and mitigate secondary impacts of the pandemic

Additional Support Available from UAA, if Requested

- Conduct primary data collection of mental health service providers on work load and workforce needs
- Provide training on screening instruments and protocols, or assist with grant applications to establish needed training.
- Disseminate basic screening instruments to populations of concern (e.g. health workers)

i Pandemic drives alcohol sales – and raises concerns about substance abuse. USC News <https://news.usc.edu/168549/covid-19-alcohol-sales-abuse-stress-relapse-usc-experts/> (2020)

ii Grinspoon, P. A tale of two epidemics: When COVID-19 and opioid addiction collide - Harvard Health Blog. Harvard Health Blog <https://www.health.harvard.edu/blog/a-tale-of-two-epidemics-when-covid-19-and-opioid-addiction-collide-2020042019569> (2020)

iii National Institute on Drug Abuse. COVID-19: Potential Implications for Individuals with Substance Use Disorders. *National Institute on Drug Abuse* <https://www.drugabuse.gov/about-nida/noras-blog/2020/04/covid-19-potential-implications-individuals-substance-use-disorders> (2020)

iv Alaska Department of Health and Social Services. <http://bedcount.dhss.alaska.gov/BedCount/statewide.aspx?ProgramType=SRT>
v Alcohol and drug use care goes virtual with COVID-19. <https://www.kpwashingtonresearch.org/news-and-events/blog/2020/alcohol-and-drug-use-care-goes-virtual-covid-19>.