Coronavirus-Driven Restrictions Could Fuel the Opioid Epidemic

Experts are calling for greater flexibility in clinicians' ability to deliver treatments for opioid use disorder.

March 19, 2020 By Benjamin Ryan

As the coronavirus pandemic swiftly drives increasingly severe restrictions on the mobility of everyday Americans, experts are gravely concerned that such changes could prove devastating to clinicians' ability to provide treatments for opioid use disorder (OUD) to those who need them, according to an editorial in STAT News.

Ximena A. Levander, MD, an addiction medicine and clinical research fellow at Oregon Health and Science University, and Sarah E. Wakeman, an addiction medicine physician at Massachusetts General Hospital in Boston, penned the strongly worded editorial.

Frustrated with what they characterized as the excessively tight regulation of medication-assisted treatment (MAT) for OUD, Levander and Wakeman called for a relaxing of policies that, for example, restrict methadone distribution to a single daily dose provided by "highly regulated and monitored opioid treatment programs." In Canada, for example, pharmacists can distribute methadone.

They also called for greater use of telemedicine in the addiction treatment field.

The essayists anticipated that maintaining the current structure by which methadone is distributed in the United States could fuel the spread of coronavirus in various ways. For example, assembling people into lines to receive methadone each morning—some 350,000 people currently receive the treatment for OUD—could go against the Centers for Disease Control and Prevention's social distancing recommendations and facilitate the transmission of the virus.

"And if SARV-Cov-2 continues to spread," they wrote, referring to the official name of the new coronavirus, "it will not be a matter of whether an outbreak will occur at an opioid treatment program, but when."

Coronavirus-related restrictions on the free movement of individuals, including the recommendation that people self-quarantine for 14 days if they contract the virus, could prevent people with OUD from accessing their methadone treatment or other MAT, such as buprenorphine,

which could lead them to relapse.

Levander and Wakeman also expressed concern that the global spread of the coronavirus could disrupt the supply chains for MAT. They called on governmental agencies to ensure that people in the United States continue to have access to such treatment. They also called on regulators to allow for longer prescriptions in anticipation of potential shortages or difficulties in accessing health care.

To read the STAT News article, click here.

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