Iowa Department of Public Health Division of Behavioral Health/Bureau of Substance Abuse Opioid Update: May 2020

The Iowa Department of Public Health (IDPH) offers the Opioid Update to share information about opioid use and Iowa's efforts to address the national opioid epidemic. Please feel free to submit topics to Julie Jones at julie.jones@idph.iowa.gov.

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Department News

Behavioral Health Resources

Last month, IDPH provided a modified version of the Opioid Update newsletter as a behavioral health resource of related services available to those working to meet the needs of those affected by the current COVID-19 pandemic. For those interested, this edition of the newsletter can be found by clicking on the following link: <u>April Opioid Update</u>.

Could Telehealth be Part of the New "Treatment" Normal?

Even in this time of physical distancing, there is still a significant need for services like substance use disorder treatment. While some providers are offering services face-to-face, an overwhelming number of providers are enhancing or expanding to include telehealth services. In a recent survey conducted by IDPH, 81% of licensed treatment providers that responded indicated they were now offering telehealth services due to COVID-19 concerns. While some may question the effectiveness of telehealth services, providers are reporting positive experiences such as reduced no-shows for appointments and increased client engagement. Watch for more on this approach from IDPH in the future.

Opioid News

SAMHSA/DEA Guidance for Medication-Assisted Treatment during COVID-19

To reduce potential exposure to COVID-19, on March 16, 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Agency (DEA) released guidance for Opioid Treatment Programs (OTPs) that allows the following blanket exceptions:

- All stable patients in an OTP can receive 28 days of take-home doses of the patient's medication for opioid use disorder.
- Up to 14 days of take-home medication can be provided to those patients who are less stable, but the OTP believes can safely handle this level of take-home medication.

In addition to the blanket exception, on March 19, 2020, SAMHSA and the DEA issued guidance on prescribing buprenorphine, allowing initial assessments to take place via telehealth. As a result, some lowa provider locations are reporting an increase in the number of assessments being conducted.

These exceptions will remain in effect until SAMHSA and the DEA have determined there is no longer a need due to the COVID-19 pandemic.

When Epidemics Collide: Coronavirus Disease 2019 (COVID-19) and the Opioid Crisis

In an article published in the *Annals of Internal Medicine*, the authors talk about the current COVID-19 pandemic and its impact on the already-present opioid crisis. In the article, they state:

"With the coronavirus disease 2019 (COVID-19) pandemic projected to be the largest mass casualty event in U.S. history, large-scale efforts are under way to contain the spread through social distancing and to divert resources to acute care. Before the first COVID-19 case in the United States, a different epidemic—the opioid crisis—was taking the lives of 130 Americans per day. Given that infection epidemics disproportionately affect socially marginalized persons with medical and psychiatric comorbid conditions—characteristics of those with opioid use disorder (OUD)—we are gravely concerned that COVID-19 will increase already catastrophic opioid overdose rates."

To read the entire article, please click on the following link: Annals of Internal Medicine

Webinars and Trainings

Caring for Pregnant and Parenting Women with OUD during the COVID-19 Crisis

A recently recorded webinar is available from the Foundation for Opioid Response Efforts (FORE). The FORE hosted a discussion of the unique challenges and concerns of keeping women with OUD safe and in care through pregnancy and the postpartum period in the midst of the COVID-19 national emergency.

To view the webinar, please click on the following link: FORE