

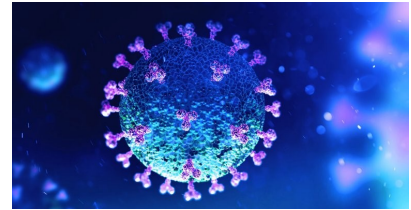
INDIAN HEALTH SERVICE (IHS) NATIONAL COMMITTEE ON HEROIN, OPIOIDS, AND PAIN EFFORTS (HOPE)

Indian Health Care: Ensuring a Coordinated, Holistic Response to the Opioid and Heroin Epidemic

OPIOIDS & COVID-19: CARING FOR THOSE WITH OPIOID USE DISORDER (OUD) AND CARING FOR YOURSELF

Addressing the Opioid Crisis during the COVID-19 Pandemic

During the COVID-19 pandemic, the IHS continues to deliver a comprehensive range of health services, including those to address the opioid crisis. As the U.S. death toll from COVID-19 has taken more than 130,000 lives nationwide, the coronavirus has further exposed vulnerable populations, including those with OUD. [New research](#) suggests that the recession from the pandemic may lead to 75,000 "deaths of despair" from drug overdose, alcohol abuse, and suicide. Reports of opioid-fatal and non-fatal overdoses have spiked



in some areas across the country since the coronavirus pandemic began, reasons for which are multifaceted and may be in part due to reduced access to health care and recovery support services.

The opioid crisis and COVID-19 pandemic are intersecting with each other and presenting unprecedented challenges for families and communities. Opioid use affects respiratory and pulmonary health which may make those with OUD more susceptible to COVID-19. In addition, chronic respiratory disease is [already known to increase overdose mortality risk](#) among people taking opioids, and decreased lung capacity from COVID-19 could lead to similar health effects. Secondary impacts from the COVID-19 pandemic, including disruptions of treatment and recovery services, limited access to mental health services and peer support, disrupted routines, loss of work, and stress, may lead to increased opioid use and risk of relapse for those in recovery.

Those with OUD are at higher risk for housing insecurity, homelessness, and incarceration. Congregate living facilities such as homeless shelters, jails, and prisons are high-risk environments for coronavirus transmission, and there are challenges in implementing recommendations from the CDC to [prevent the transmission and the spread of COVID-19](#), such as social distancing and quarantining. To address this, the CDC has issued [Interim Guidance for Homeless Service Providers to Plan and Respond to COVID-19](#) and [Management of COVID-19 in Correctional and Detention Facilities](#).

In response to the challenges of the COVID-19 pandemic, our federal partners have provided additional guidance and support on providing care to those with OUD.

- CMS has [expanded COVID-19 telehealth services for providers](#) to be reimbursed through Medicare and are expanding coverage for phone-based services.
- SAMHSA is advising that outpatient treatment options, when clinically appropriate, be used to the greatest extent possible due to the substantial risk of coronavirus spread in inpatient or residential facilities. In addition, [SAMHSA recommends](#) that outpatient opioid treatment programs be more flexible in providing take-home medication during the COVID-19 pandemic.
- The DEA has [waived federal requirements for in-person visits](#) before controlled substance prescribing, which includes authorizing prescriptions for buprenorphine for the treatment of OUD to new and existing patients. In addition, expanding the availability of newer long-acting buprenorphine formulations including a once monthly injection or a six-month subcutaneous implant may be considered for some patients who have stabilized on daily dosing.

The response to the opioid epidemic in Indian Country is delivering results, with decreased opioid overdose deaths and improved access to treatment and recovery services. Expanded telehealth services, support, and comprehensive and coordinated responses to the opioid epidemic across federal, tribal, and state agencies and local communities can enable continued progress as we face a new public health crisis.

- Visit the HOPE Committee's [Opioids and COVID-19 Pandemic webpage](#) for more information.

Telehealth and Remote Services Resources:

Treatment of OUD during the COVID-19 pandemic presents new challenges in care as our patients and healthcare providers navigate rapid systems changes. The IHS is recognizing an increased need for support and technical assistance as care shifts towards telehealth and remote services. The IHS Tele-behavioral Health Center of Excellence has created an [archive of on-demand webinar recordings](#) that share guidance documents and technical assistance for sites that desire to expand access to telehealth strategies.

During the COVID-19 pandemic, providers and their care teams may face additional barriers and may require more support, timely information, and resources to care for patients. The [Substance Use Warmline](#) is a free, on-demand tele-consultation service that delivers expert recommendations regarding substance use disorder treatment. This service is available to all providers practicing in IHS, tribal, and urban facilities; as well as those working in the private sector and other federal facilities.

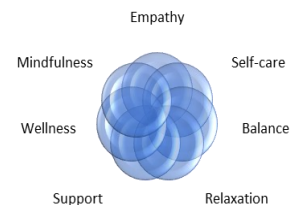
In response to the challenges of COVID-19, agencies and organizations have provided guidance and resources to assist providers, individuals, and communities. Evidence-based resources including links to clinical roundtables, telehealth tip sheets, recorded webinars, and online trainings are available through:

- [American Society of Addiction Medicine COVID-19 Resources](#)
- [National Institute on Drug Abuse COVID-19 Resources](#)
- [Providers Clinical Support System National and State COVID-19 Resources](#)
- [Substance Abuse and Mental Health Services Administration: Coronavirus](#)
- [HRSA Telehealth Programs](#)

Subscribe to HOPE's LISTSERV [here](#) on Heroin, Opioids, and Pain Efforts

Visit:

www.ihs.gov/opioids
& www.ihs.gov/painmanagement
for more information



Caring for Healthcare Professionals: Fostering Resilience Amid COVID-19

The COVID-19 pandemic is taking a physical, mental, and emotional toll on frontline healthcare professionals, including those treating substance use disorders. Limited resources, staff shortages, longer shifts, higher risk of coronavirus exposure, and uncertainty about how the pandemic will progress may contribute to fatigue, stress, anxiety and burnout.

Ensuring Access to Naloxone:

During these unprecedented times, it is important to maintain easy access to naloxone, the opioid reversal agent. Prescribers and pharmacists can be trained to identify patients at high risk for overdose. Subsequently, they are able to educate the high risk individual and their loved ones on opioid overdose symptoms and administration of naloxone.

- Contact a [naloxone mentor in your IHS Area](#) for assistance creating a naloxone co-prescribing initiative at your site
- For more information, visit the HOPE Committee's [co-prescribing naloxone](#) page hosted on the [opioids](#) website

The CDC has provided guidance for healthcare professionals on coping with stress and as well as managing workplace fatigue:

- [Healthcare Personnel and First Responders: How to Cope with Stress and Build Resilience During the COVID-19 Pandemic](#) offers information on how to recognize the symptoms of stress, tips to cope and enhance resilience, and resources
- [What Workers & Employers Can Do to Manage Workplace Fatigue during COVID-19](#) provides tips on what workers can do when they feel too fatigued to work safely and steps employers should take to reduce workplace fatigue

Additionally, the American Medical Association offers resources on [managing mental health during COVID-19](#) and offers strategies and [resources for health care leadership](#) to consider in support of their physicians and care teams.

Building resilience, fostering strengths, and encouraging self-care are strategies to mitigate fatigue and burnout during the COVID-19 pandemic. Taking care of others starts with taking care of yourself and your staff first.