



CENTER FOR OPIOID EPIDEMIOLOGY AND POLICY

Epidemiology and Policy Updates

Opioid Epidemiology Updates

Risks of Severe COVID-19 Among Patients with SUDs

This retrospective study reviews data from New York University Langone Health (NYULH) to investigate the risks of severe COVID-19 among patients with substance use disorders (SUDs). Patients tested for COVID-19 between January 1st and October 26th, 2020 were included in the study, and researchers compared the prevalence of positive COVID-19 tests, hospitalizations, intensive care unit (ICU) admissions and deaths among patients with and without SUD history. Authors used logistic regression to estimate unadjusted sex, age, race and comorbidity-adjusted odds ratios (AORs) for associations between different types of SUDs and COVID-19 related complications. Out of the 188,653 patients tested for COVID-19, 5,107 (2.7%) had any history of SUD. Risk of COVID-19-related hospitalization ranged from 1.78 (0.85–3.74) for cocaine use disorder (COUD) to 6.68 (4.33–10.33) for alcohol use disorder. Risk of COVID-19-related ICU admission ranged from 0.57 (0.17–1.93) for COUD to 5.00 (3.02–8.30) for overdose. Risk of death from COVID-19 ranged from 0.64 (0.14–2.84) for COUD to 3.03 (1.70–5.43) for overdose. This study suggests that patients with SUDs may face disproportionate risk of critical COVID-19 complications.

Adapted by Emmanuella Kobara for the NYU Center for Opioid Epidemiology and Policy, from Allen, Bennett et al. "Association of substance use disorders and drug overdose with adverse COVID-19 outcomes in New York City: January–October 2020." *Journal of Public Health* 26 Dec. 2020. Available online at <https://academic.oup.com/jpubhealth/advance-article/doi/10.1093/pubmed/fdaa241/6047762>

Physician and Pharmacist Collaboration May Increase Adherence to Opioid Addiction Treatments

A National Institute of Health (NIH) - supported pilot study found that a team-based approach may improve buprenorphine care. This study investigated the feasibility and acceptability of a new collaborative care model that involves buprenorphine-waivered physicians and community pharmacists. This study was performed in three office-based buprenorphine treatment (OBBT) centers in the Raleigh/Durham area, North Carolina. It included 6 physicians, 6 pharmacists and 71 patients over the age of 18 years who were diagnosed with OUD and were on buprenorphine maintenance treatment. Primary outcomes included recruitment, treatment retention and adherence, and opioid use. In this trial, the initial treatment phase, was carried out under the care

of a waived physician. Then, participants attended monthly maintenance visits where pharmacists dispensed buprenorphine, assessed how well the medication was working, and then provided counseling and referrals as needed. Pharmacists then gave feedback to the partnering physician to adjust buprenorphine dosage if necessary. Results determined that there were high rates of treatment retention (88.7%) and adherence (95.3%) at the end of the study. The proportion of opioid-positive urine drug screens (UDSs) among complete cases at month 6 was (4.9%, 3/61). Also, intervention fidelity was excellent. There were no opioid-related safety events. Over 90% of patients provided positive ratings of satisfaction. Similarly, positive ratings of satisfaction were also found among physicians/pharmacists. Larger clinical trials are needed to develop strategies and approaches to more effectively implement team-based buprenorphine care.

Adapted by Emmanuella Kobara for the NYU Center for Opioid Epidemiology and Policy, from Wu Li-Tzy et al. "Buprenorphine physician–pharmacist collaboration in the management of patients with opioid use disorder: results from a multisite study of the National Drug Abuse Treatment Clinical Trials Network." *Addiction* 11 Jan. 2021. Available online at <https://onlinelibrary.wiley.com/doi/10.1111/add.15353>

The Effect of new PDMP Features on County-Level Prescribing Practices in California

This study aims to evaluate effects of automated proactive reports to prescribers and mandatory registration for prescribers and pharmacist on county-level prescribing patterns in California. In order to do this, authors designed a quasi-experimental, county-level study comparing seven prescribing indicators in California to counties selected from control states. A county-level panel dataset using quarterly PDMP data from 2012 to 2017 provided by the Prescription Behavioral Surveillance System (PBSS) was also utilized. Outcomes evaluated were, opioid prescription rate per 1000 residents, patients' mean daily opioid dosage in milligrams of morphine equivalents (MME), prescribers' mean daily MME prescribed, prescribers' mean number of opioid prescriptions per day, percentage of patients getting >90 MME/day, percentage of days with overlapping prescriptions for opioids and benzodiazepines, multiple opioid provider episodes per 100,000 residents. Results indicated that proactive reports and mandatory registration were associated with a 7.7 MME decrease in patients' mean daily opioid dose, a 1.8 decrease in the percentage of patients prescribed high-dose opioids and a 6.3 MME decrease in prescribers' mean daily dose prescribed. Findings suggest that changes to California's PDMP resulted in significant reductions to total opioid dosages prescribed.

Adapted by Emmanuella Kobara for the NYU Center for Opioid Epidemiology and Policy, from Castillo-Carniglia A et al. "Changes in opioid prescribing after implementation of mandatory registration and proactive reports within California's prescription drug monitoring program." *Drug Alcohol Dependence*. 1 Jan. 2021. Available online at <https://www.sciencedirect.com/science/article/pii/S0376871620305706?via%3Dihub>

Opioid Policy Updates

Methadone maintenance treatment (MMT) in the United States During the COVID-19 Pandemic

Through the use of literature and personal experiences, this commentary describes how methadone maintenance treatment (MMT) centers responded to the COVID-19 pandemic and how these responses fit into the larger context of attempts to reform treatment. Changes to MMT such as expanded take-homes in the U.S. due to COVID-19 have reduced the otherwise strict and regulatory approach to care. The author goes on to say that these changes represent an opportunity to improve the way that treatment is administered. Moreover, there needs to be increased access to take-homes and a transition from the clinic system of administering care to an office system for people on MMT even after the age of COVID-19. These changes can potentially reduce stigma, and will better address the diversity in patient needs. Finally, the author expresses the importance for future research to capture the experiences of people in MMT to understand the effects of regulatory changes on their lives.

Adapted by Emmanuella Kobara for the NYU Center for Opioid Epidemiology and Policy, from Frank David "A chance to do it better: Methadone maintenance treatment in the age of Covid-19." *Journal of Substance Abuse Treatment* 11 Dec. 2020. Available online at [https://www.journalofsubstanceabusetreatment.com/article/S0740-5472\(20\)30503-1/fulltext](https://www.journalofsubstanceabusetreatment.com/article/S0740-5472(20)30503-1/fulltext)

A Restrictive Opioid Prescribing Law and its Association with a Reduction in Opioid Prescribing in West Virginia

The purpose of this study was to determine the effect of the Opioid Reduction Act, that took effect in West Virginia in June 2018, on reducing opioid prescriptions in West Virginia. Data from the state Prescription Drug Monitoring Program (PDMP) was utilized; this dataset included overall number of opioid prescriptions, number of first-time opioid prescriptions, average daily morphine milligram equivalents (MME) and prescription duration given to adults during the 64-week time periods before and after legislation enactment. Statistical analysis was then performed utilizing an autoregressive integrated moving average (ARIMA). Benzodiazepine prescriptions were utilized as a control. Findings displayed a 22.1% decrease in overall opioid prescriptions across 64 weeks after the intervention, as well as a small change in average daily MME associated with the date of the legislation's enactment when considering serial correlation in the time series and accounting for pre-intervention trends. Authors note that further work exploring the specific methods of implementation of the Opioid Reduction Act may be warranted to compare West Virginia to other states.

Adapted by Emmanuella Kobara for the NYU Center for Opioid Epidemiology and Policy, from Sedney Cara L. et al., "Assessing the impact of a restrictive opioid prescribing law in West Virginia." *Substance Abuse Treatment Prevention Policy* 1 Feb. 2021. Available online at <https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-021-00349-y>