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Craft, Randall, "Long term substance abuse programs and COVID" (2023). *Theses, Dissertations and Capstones*. 1774.

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LONG TERM SUBSTANCE ABUSE PROGRAMS AND COVID

ABSTRACT

Introduction: Access to behavioral health care has arisen as both a challenge and an opportunity as America deals with a health care landscape that has been significantly and probably permanently transformed by the COVID-19 pandemic. The pandemic increased the need for behavioral health services while creating new hurdles to care for those who already had disorders. The pandemic, however, also spurred innovation, leading to expanded tele-behavioral health treatments and other technological advancements. Also bringing Overdose death rates sky rocketing.

Methodology: This study utilized a literature review and a semi-structured interview. Four databases were used to collect 41 total sources. These sources were reviewed and reduced to 30 total sources that were used in the written research. Of these, 10 sources were used in the results section.

Purpose of the Study: The purpose of this research was to analyze the effects COVID, and long-term substance abuse treatment programs has had on patients for the cost of care, overdose rates, and medical complications such as death rate for SUD in the US with a goal to determine that COVID has changed the way SUD in United States has been treated by increasing awareness to overdose and mental health in communities, reducing the outcome such as costs and decreasing overdose death rates.

Results: The research showed that only community awareness has changed, and cost of care and overdose rates continue to rise since COVID and Long-term substance abuse.

Discussion/Conclusion: The rise of Narcan/Needle Exchanges for community awareness has increased. Overdose Rates are continuing to rise, and not much changes in cost of care have been discovered showing no positive correlation COVID and Long-term substance abuse.

Key Words: ‘COVID’ AND ‘Pandemic’, OR ‘Substance Use Disorder Treatment’, OR ‘Opioid Use’, OR ‘Cost’, OR ‘Outcomes’ OR ‘Overdose’, OR Death Rate’.

INTRODUCTION

Numerous chemical dependency treatment programs and clinics are reducing the quantity of in-person patient interactions as a result of the ongoing coronavirus disease 2019 epidemic. A turning point for providers of substance use disorder (SUD) therapy in the United States (U.S.) and other nations will be the designation of COVID-19 as a pandemic in March 2020. Providers have drastically altered the way services are delivered in response to growing uncertainty (Rogers et al., 2020; Rosca et al., 2020; Samuels et al., 2020; Wood et al., 2020). According to recommendations from the Centers for Disease Control and Prevention, SUD treatment centers in the US have failed to contain the spread of infection inside their settings while maintaining necessary services.

The gap between people with substance use disorders (SUDs) who require treatment and those who have actually received it has grown even wider as a result. Economic challenges, increased stress, social isolation, and rising behavioral health disorders all led to the increase in treatment demands as mental health utilization declined (Coe, 2021). Access to behavioral health care has arisen as both a challenge and an opportunity as America deals with a health care landscape that has been significantly and probably permanently transformed by the COVID-19 pandemic. The pandemic increased the need for behavioral health services while creating new hurdles to care for those who already had disorders. The pandemic, however, also spurred innovation, leading to expanded tele-behavioral health treatments and other technological advancements.

Although there is a shortage of personal protective equipment (PPE) and congestion in healthcare institutions across the nation (Jacobs, 2020), SUD treatment centers may suffer these issues more severely because of inadequate infrastructure for handling medical emergencies.

Moreover, various SUD treatment services may be impacted in various ways. Residential programs may encounter particular difficulties in preventing contagion among patients residing in their institutions, while many outpatient programs have temporarily shuttered and are attempting to deliver services off-site via telehealth.

The epidemic has intensified substance abuse and mental health symptoms in the most vulnerable communities, according to recent research (Czeisler, 2020). The availability of assistance is dwindling even as the need for it is expanding. Self-help support groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) have become even less accessible as social isolation has replaced group gathering as the primary method of preventing contagious diseases in the majority of US states. Ref. The availability of many formal group-based SUD programs has decreased in an effort to slow the spread of infection. There has been evidence that by focusing on COVID-19 patients, healthcare for those with SUDs may become even less accessible (Volkow, 2020.) Previously a frequent first visit for patients seeking assistance with their SUD, emergency rooms were now less accessible as individuals avoid going there out of concern about infection (Gold, 2020). Although results are beginning to emerge, there is currently a dearth of information regarding how SUDs are affecting COVID-19 susceptibility and outcomes.

Most scholarly articles to date have theorized about potential COVID-related effects on SUD treatment services rather than documenting actual repercussions due to the pandemic's recent nature. The majority of recent research focuses on outpatient treatment delivery, including potential obstacles to patients' access to opioid use disorder drugs (Green et al., 2020; Harris et al., 2020; Leppla & Gross, 2020). One COVID-19 prevalence study of individuals receiving residential SUD treatment in Boston stands out as an outlier (Barocas et al., 2020). There is,

however, no information on how residential SUD programs are handling issues with COVID-19-related treatment delivery. One of the first studies to look into the alleged effects of COVID-19 on residential SUD programs in the United States is the one described here.

The purpose of this research was to analyze the effects COVID, and long-term substance abuse treatment programs has had on patients for the cost of care, overdose rates, and medical complications such as death rate for SUD in the US with a goal to determine that COVID has changed the way SUD in United States has been treated by increasing awareness to overdose and mental health in communities, reducing the outcome such as costs and decreasing overdose death rates.

METHODOLOGY

The hypothesis was: that COVID has changed the way SUD in United States has been treated by increasing awareness to overdose and mental health in communities and reducing the outcome such as costs and decreasing overdose death rates.

The methodology for this qualitative study was a literature review following a systematic review approach complemented with a semi structured interview. IRB approval by Marshall University and verbal consent was obtained. During the interview only a journal was used to document for research purposes. A conceptual framework (Chacon et. al., 2021) was adopted from a study that examined Substance use during COVID 19 pandemic and the impact on the underserved communities, specifically opioid dependency, overdose rates, and outcomes. This conceptual framework was adopted to identify the different areas related to this research and its connection to the flow of the purpose of this research (See Figure 2). The framework shows the relationship between the COVID pandemic and long-term substance abuse, Overdose rates and Mental Health.

The databases for this research included: PubMed, ProQuest, RHIPub, and EBSCO Host. When information could not be found using these databases, Google Scholar was utilized to find additional scholarly articles. Three additional governmental websites, Centers for Disease Control and Prevention, United States Census Bureau, and SAMSHA was utilized. These searches were limited to articles and other material, written in the English language, that were published from 2010 to 2022 to have the most recent data included. Searches were limited to critical key words including: 'COVID' AND 'Pandemic', OR 'Substance Use Disorder Treatment', OR 'Opioid Use', OR 'Cost', OR 'Outcomes' OR 'Overdose', OR Death Rate'.

A total of 41 articles were identified through database searching AND CATEGORIZED using a PRISMA diagram. Articles were excluded when they did not meet the inclusion criteria (N=11). Articles were included if they described increasing awareness to overdose and mental health in communities and reducing the outcome such as costs and decreasing overdose death rates for patients after COVID and Long-Term Substance Abuse. Articles from relevant government webpages (N=3) were included as well. These 41 articles were subject to full text review, and these 30 references were included in the analysis. Of these 30 references, 10 were used in the results section (See Figure 1, PRISMA, 2020).

The literature search was conducted by RC, validated by AC who acted as a second reviewer and determined if the references met inclusion criteria.

RESULTS

Covid-19 Pandemic

Those who are attempting to obtain or are recovering from an SUD may be particularly hard-hit by the pandemic's pressures and the social isolation brought on by the measures

designed to keep people apart. The effects of COVID-19 are still being felt today, and they are most noticeable among people who are addicted to substances or in the process of recovering from substance use disorders.

Inpatient COVID-19 treatment costs for persons with health insurance from big businesses. According to the study, the average cost of a COVID-19 admission in 2020 will be \$41,611, including an average out-of-pocket expense of \$1,280 for those with big employment insurance. Many businesses and commercial insurance temporarily eliminated out-of-pocket expenses for COVID-19 therapy in 2020. Those with major employment coverage paid an average of \$1,880 out-of-pocket for COVID-19 hospitalizations with some cost-sharing expenses, whereas COVID-19 hospitalization costs for patients with private insurance vary greatly. This analysis only considers those with major employment insurance; it does not account for the costs of treating those who have Medicaid or Medicare (Wager 2022.)

Overdose rates

The CDC estimates that there were 91,799 drug overdose deaths in the U.S. in 2020, a 30% rise from 2019 that started to pick up speed in March of that year (CDC, 2020). The pandemic and crucial public health mitigation measures intended to stop disease spread may have had unexpected social and economic effects (such as despondency and disruptions in the provision of healthcare), which can raise the risk of overdose. These effects, along with interruptions and shifts in the supply of illicit narcotics, may have raised drug users' risk of lethal overdose (PWUD). According to numerous accounts, the COVID-19 epidemic has resulted in an increase in drug overdoses (Welch 2021). The Centers for Disease Control and Prevention (CDC) released a health advisory in December 2020 highlighting preliminary data showing a significant increase in overdose deaths starting in 2019 and accelerating in early 2020 and urging

that those at risk of overdosing continue to have access to basic services. Data on individual COVID-19 events that may have led to the increase in overdose deaths, particularly prior to and following the deployment of mitigation methods, are nonetheless scarce (CDC, 2021). To better understand how COVID-19-specific circumstances may have led to overdose deaths nationwide and to guide prevention and response efforts for future emergencies, we used free-text narratives from the CDC's State Unintentional Drug Overdose Reporting System (SUDORS).

Mental Health

The number of people reporting symptoms of anxiety or depression disorders has tripled since the pandemic's start. Annual drug overdose deaths have soared by 30% while the number of people expressing suicide ideation has nearly doubled (Coe, 2021). Nonetheless, patients have used behavioral health services less frequently because of a shortage of psychiatric inpatient beds, a decline in provider capacity, a mandate to remain at home, and a general avoidance of care linked to patients' COVID-19 worries (Mehrotra, 2020). Over the course of the pandemic, in-person outpatient professional mental health visits have sharply decreased, falling by as much as 75% for customers with commercial insurance, 56% for people on Medicare, and 25% for people on Medicaid. Prior to recovering in August 2020, inpatient admissions for behavioral health fell even more sharply, with several social conditions limiting occupancy (Davenport, 2021).

According to early data from the Centers for Disease Control and Prevention (CDC), more adults than usual have reported having negative mental health symptoms during the pandemic. A CDC survey found that more than 40% of participants had experienced at least one negative behavioral condition as a result of the pandemic, including signs of anxiety, depression, trauma, or stress-related disorders, as well as beginning or increasing substance use to deal with

the stress or emotions brought on by COVID-19. (Deloitte 2021). Suicide attempts from mid-March to mid-October 2020 increased by 26%. Emergency room visits for overdoses increased by 26% over 2019. Suicidal ideation rates increased in response to shelter-in-place directives (Holland, 2021).

Throughout the epidemic, overdose deaths or other problems related to substance use disorders have been reported in every state. 27 More than 6,000 regions with a lack of mental health providers have been identified by HRSA as of March 31, 2022, and they jointly house 135 million people, or more than one-third of all Americans. Only around 28% of the anticipated need could be met in these locations by the amount of mental health professionals that were readily available (HPSA).

DISCUSSION

The purpose of this research was to analyze the effects COVID, and long-term substance abuse treatment programs has had on patients for the cost of care, overdose rates, and medical complications such as death rate for SUD in the US with a goal to determine that COVID has changed the way SUD in United States has been treated by increasing awareness to overdose and mental health in communities, reducing the outcome such as costs and decreasing overdose death rates. The results of the literature review and the interview with an expert in the field have demonstrated conflicted correlation between COVID and long-term substance abuse treatment programs has had on patients for the cost of care, overdose rates, and medical complications such as death rate for SUD in the US.

According to the Expert, A broad variety of therapy, including residential treatment choices, is offered by current Medicaid provisions. The new waiver broadens Medicaid reimbursement for short-term residential stays (up to 30 days) in mental health institutions,

increases access to SUD clinicians, and adds coverage for methadone, a type of medication-assisted therapy that is not presently covered by Kentucky Medicaid. The waiver also raises program standards for the kinds of services, the number of hours of clinical care, and the qualifications of staff working in residential treatment settings while enabling qualified residential treatment facilities to increase bed capacity beyond the current ceiling of 16 beds. The Expert suggested that this does help individuals in many ways for the need to seek immediate help, however she felt that the hypothesis was conflicting as well due to not much changes in overdoses as well as cost of care as it was even harder to be reimbursed for services.

This research was not without its limitations. The literature review was limited to the majority of available research found with keywords used focused on overdose rates. Costs associated with COVID and long-term substance abuse was not abundant in the databases searched. There was also the possibility of bias within the publishers of the articles utilized. Moreover, researcher and Expert bias could have also played a role.

CONCLUSION

As a result of this research, COVID and long-term substance abuse treatment programs has had on patients for the cost of care, overdose rates, and medical complications such as death rate for SUD in the US has shown to have conflicting correlation with overdose rates rising in the US. Of the research available on costs associated, it could be concluded that there was not enough data to suggest cost of changed due to so many policy changes from Government funding, however SUD need for treatment has gone up. Therefore, the hypothesis of this research has not been fully supported by this literature review and has conflicted information.