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Has the Pandemic Worsened the Epidemic?

Opioid Use Disorder in Orthopaedic Patients

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> "The COVID-19 pandemic strikes at a moment when our national response to the opioid crisis was beginning to coalesce, with more persons gaining access to treatment and more patients receiving effective medications. COVID-19 threatens to dramatically overshadow and reverse this progress"
>
> **Alexander et al**
> April 2, 2020

Accidental Overdose: A Leading Cause of Death

Opioid misuse has reached alarming rates globally, with opioid-related fatalities climbing 500% to reach its highest level in 20 years.[1] In the United States, overdose from opioids is the leading cause of injury-related death with an estimated 130 opioid-related deaths occurring each day.[2,3] The consequences of this are so prominent that progress we're making in prolonging life expectancy of Americans and Canadians has halted in recent years.[3-5] Orthopedic surgeons are amongst the highest prescribers of opioids.[6] As COVID-19 impacts delivery of care, surgeons may be prompted to conservatively manage patients that would have otherwise been operated on in the past. While surgery is associated with acute postoperative pain, patients tend to fare better in the long run.[7,8] As more patients are being conservatively managed, it is important that we are cognisant of our prescribing practices and maintain conservative measures in accordance with established guidelines such as The Canadian Guideline for Opioids for Chronic Non-Cancer Pain and the Orthopaedic Trauma Association Musculoskeletal Pain Task Force.[9,10]

> "Given that infection epidemics disproportionately affect socially marginalized persons with medical and psychiatric comorbid conditions… we are gravely concerned that COVID-19 will increase already catastrophic opioid overdose rates"

Becker and Fiellin
April 2, 2020

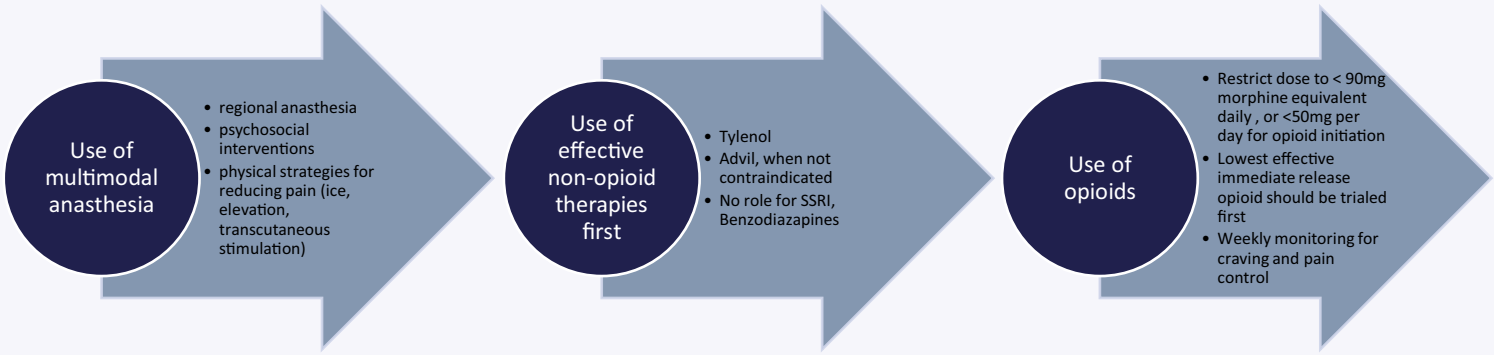

Exhibit 1. Recommendations for Conservative Pain Management

Are Orthopaedic Surgeons Losing Focus?

Short answer. No. Can the speciality of high prescribers do better? Of course, they can. OrthoEvidence polls reveal interesting insights. The majority of surgeons (53%) surveyed report they don't routinely enquire about a past history of substance abuse before prescribing opioids to their patients (Exhibit 2). Digging a little deeper, many of these surgeons do ask when they suspect opioid misuse. But 12% in our sample answered, "I never ask". We expected this response item to be "0%" of surgeons, but it was not. Prescription opioids are often at the root of opioid use disorder. Identifying high risk individuals who may benefit from alternate pain management options or more stringent follow-up should be a key priority.[11]

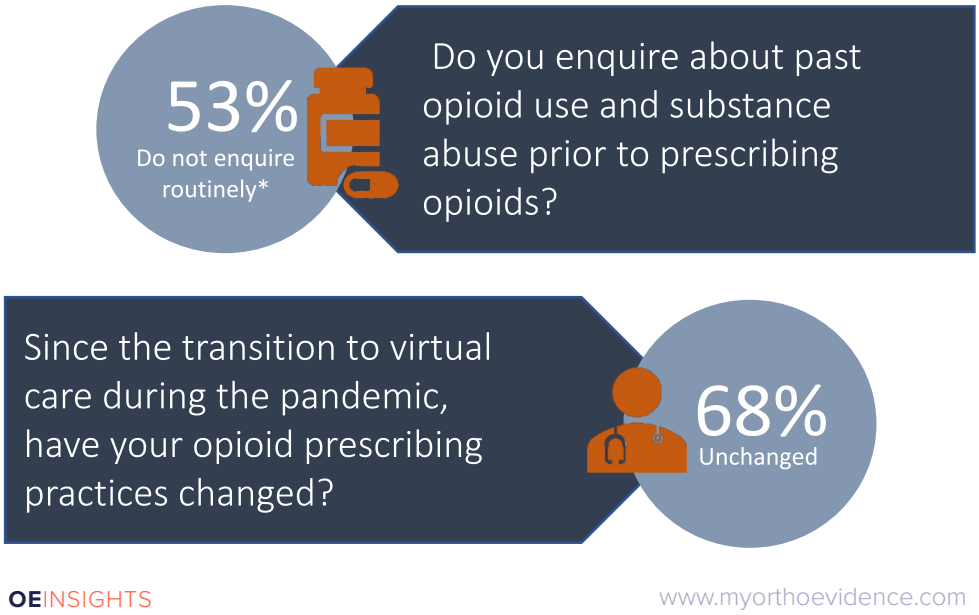

Exhibit 2. Prescribing Opioids During Pandemic: OrthoEvidence random sampling 41 members
* 12% stated they never ask, 41% enquire under special circumstances

Two in three surgeons stated that their opioid prescription patterns have not changed during the COVID-19 pandemic, while 1 in 3 stated they prescribe less opioids. This seems contrary to the notion that opioid use disorder has increased during the pandemic. While the findings from this poll may suggest reduced opioid prescribing, we are concerned that 1) physicians may be hesitant to be more liberal with pain prescriptions when it may otherwise be indicated, 2) pain may be undertreated in the current climate and 3) the patients who are being prescribed opioids in this setting are not being adequately screened for their propensity of developing dependence or abuse.

Virtual Care and the Downside of Physical Distancing Policies

This is especially important given the fact that the management of opioid use disorders has significantly shifted due social separation practices in unprecedented ways. Previously, patients receiving opioid substitution therapy (most commonly methadone or buprenorphine) required daily observed dosing and routine urine toxicology screens to ensure adherence to treatment and patient safety. As we aim to account for risks of COVID-19 spread associated with frequent visits to pharmacies and clinics, governing bodies have notified physicians to loosen prescribing practices and deliver care virtually whenever possible. This includes providing patients with more take-home doses (or carries) early in their treatment course, in contrast to previous practice whereby patients would have been required to earn carries by proving to be compliant with therapy and free from illicit opioid use. This is especially important amongst the methadone population, who are at highest risk for overdose due to the lack of ceiling effect that is seen with buprenorphine.

> "We strongly urge Ministries and regulators to conduct a thorough assessment of any barriers to access to medicines that could contravene public health advice for social distancing and self- isolation, when appropriate. This could include, for example, temporarily lifting restrictions on take-home doses ("carries") of opioid agonist treatments, and allowing those with chronic conditions to obtain enough medication to last through a period of self-isolation."
>
> **Michelle Boudreau**
> Director General, Controlled Substances Directorate, Health Canada

Significantly Fewer Interactions with Patients

The rigid regimen associated with being on an opioid substitution therapy, including frequent dispensing, observed dosing and urine toxicology screening are often cited as barriers to care by patients with opioid use disorder.[12] Therefore, it would be hypothesized that by removing such factors, patients would be more likely to seek care. Interestingly, based on our clinical experience at the Rapid Assessment Addiction Medicine Clinic, patient visit rates have dropped significantly since the declaration of a pandemic on March 11, 2020. Reasons for this may include lack of awareness of available virtual services, lack of access to equipment for virtual meetings as well as diminished access to ancillary services such as group therapy (e.g., Narcotics Anonymous).

Simple Tips for Surgeons and Health Care Practitioners

There remain major challenges when addressing the management of patients with chronic pain during times of crisis. As highlighted during the recent COVID-19 pandemic, the draconian restrictions placed on opioid prescribing in an addiction setting as seen with methadone and buprenorphine are adapted during times of emergencies. The addiction practices governed by strict regulatory bodies have provided distinct recommendations to assist physicians in adapting their practices during the pandemic. Unfortunately, these recommendations are not paralleled for physicians managing chronic pain, and ultimately this onus is left to the clinical judgment of primary care prescribers, surgeons, and other medical professionals managing patients with pain.

> "Again, ironically, this means that the strict rules that typically burden addiction patients are easier to remove in an emergency than the inchoate fears of doctors that their opioid prescribing will stand out to regulators or law enforcement. Methadone clinics know exactly where the lines are drawn, but pain doctors are allowed to use their judgment—until a state medical board or the Drug Enforcement Administration decides that they can't. "
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> **VICE News**
> Maria Szalavitz, March 24, 2020

S.A.F.E. Practices for Surgeons

A recent survey of surgeons at the University of Toronto revealed that only 12% report feeling adequately educated to prescribe pain medications at discharge.[13] Surgeons need to rapidly evolve their practice to ensure SAFE (Exhibit 3) opioid prescription and monitoring practices in the care of orthopaedic patients. Four tactics are needed:

Exhibit 3. Four Tips for Opioid Prescription

Strategize:

Surgeons should advocate with their national organizations for a detailed pain medication prescribing strategy during the COVID-19 pandemic to ensure consistent and safe prescribing patterns that are in the best interest of patients. This guidance may provide detailed instructions on how to safely adapt opioid prescribing patterns all the while ensuring physicians remain legally protected by their insuring, licensing, and regulatory bodies.[10] It should include guidance on how to safely lift some restrictions to narcotic prescribing and the quantity or refills that may be prescribed at once based on condition and patient risk.

Assess:

Surgeons prescribing opioids should make an effort to learn to assess for high-risk behaviors and factors predisposing individuals to addictions, such as through the free Addiction Care and Treatment Online Course delivered by the University of British Columbia.[14] Surgeons prescribing opioids should regularly assess their patients for red flags in opioid use behavior. This may entail routine (e.g., bi-weekly) virtual assessments at baseline and follow-up of drug craving, substance use behaviours, and pain control using abbreviated validated tools, such as the Opioid Risk Tool. (Exhibit 4)[10,15]

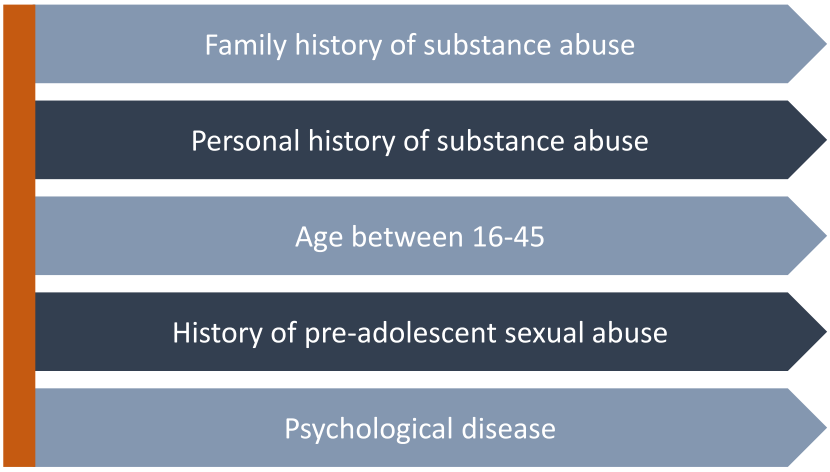

Exhibit 4. Components of Opioid Risk Tool [15]

Find

Surgeons prescribing opioids should pre-emptively search for and find resources available during the COVID-19 pandemic, to be able to refer their patients should their virtual follow-up reveal behaviours concerning opioid misuse or developing dependence (e.g., local rapid assessment addiction medicine clinics).[10]

Evaluate

Surgeons should actively evaluate and re-evaluate their own biases. Patients should not feel penalized for their substance use disorders and should not feel abandoned by the healthcare system. Especially during times where access to medical services is limited, it is important we continue to support them as we bridge their care to appropriate services.[16]

Finding Answers, What's Needed?

The possibility of increased opioid prescriptions post-trauma compounded by the decreased likelihood of patients seeking care for substance use disorders during COVID-19 may pose serious consequences on the health of our patients and economy. We need to urgently investigate trends in opioid prescription, as well as evaluate the impact COVID-19 has had on the management of opioid use disorders and how these may be overcome. While we aim to mitigate risk by conservatively managing trauma patients during the COVID-19 pandemic, we should not overlook the opioid epidemic and its deleterious consequences.

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