

The Coronavirus Preparedness and Response Supplemental Appropriations Act was signed into law due to expectations that the COVID-19 pandemic will continue into the foreseeable future. Social distancing, hand washing and self-quarantine were instituted in an attempt to contain viral spread. One important additional provision of the Coronavirus Act is the use of telehealth/telemedicine to limit patient and healthcare provider exposure to the virus.

**While it is critical to deal with the immediate and short term demands of the COVID-19 pandemic, it is important to keep in mind the needs of patients with chronic pain, behavioral health disorders, substance use disorders, and individuals with comorbid conditions.** These individuals may be particularly impacted by loss of employment, rising psychological distress, changes in access to care and social isolation.<sup>1</sup>

- Studies assessing the impact of natural disasters or pandemics on patients have demonstrated:
  - Significant increases in rates of self-reported psychological distress, including symptoms of depression and/or anxiety<sup>2-4</sup>
  - Increase in probable alcohol and/or substance use disorder diagnoses<sup>5</sup>
- Unemployment rates have been significantly impacted by the COVID-19 outbreak.<sup>6</sup> Studies have demonstrated that unemployment is a risk factor for:
  - Either continued or new onset substance use;
  - Increased risk of relapse after treatment of substance use disorder;<sup>7</sup>
  - Increased use of alcohol, tobacco, and cannabis use.<sup>8</sup>
- Patients with either chronic pain, behavioral health disorders, or comorbidity across the two conditions have demonstrated increased risk for development of opioid and/or substance use disorders independent of other major stressors.
  - In patients with opioid use disorder, rates of co-occurring mental illness and severe mental illness may be as high as 64% and 26%, respectively;<sup>8</sup>
  - Other studies have demonstrated significant co-occurrence of mental illness, substance use disorder, and opioid use disorder.<sup>9</sup>

**Amidst current complexities of patient care caused by the COVID-19 outbreak, including the impact of ongoing events on substance use and/or medication adherence, it is important to remember that urine and oral fluid medication monitoring options remain available to providers. Due to the potential need for ongoing social distancing, organizations such as the American Society of Addiction Medicine have recommended seeking out monitoring options that allow for reduced face-to-face contact in hopes of maintaining the ability to provide effective patient care.**<sup>10</sup> For patients with chronic pain, mental health disorders, substance use disorders or individuals with comorbid conditions, medication monitoring at a distance will continue to allow for determination of:<sup>11,12</sup>

- Appropriate use and adherence of prescription opioids, benzodiazepines, stimulants, and other medications, as appropriate, and
- Abstinence from illicit substances and non-prescribed substances

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