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There are now 1,800 OTPs in the country, and 1,150 have submitted information to the National Association of State Alcohol and Drug Abuse Directors (NASADAD) for a survey on how many patients were in treatment in January 2021; what percentage of patients use buprenorphine, methadone or naltraxone; and what formulations of those medications were used. Done through NASADAD’s membership group of State Opioid Treatment Authorities (SOTAs), the survey is expected to show that the majority of patients are using methadone, not one of the other medications.

“This is not to suggest that OTPs don’t want to use the other medications,” said Parrino. Rather, it is a reflection of the fact that most of the patients came into the programs using illicit fentanyl “whether they knew it or not.” Because of fentanyl’s potency, it results in a high tolerance in these patients, who need a medication that is a pure agonist, and in a high-enough dose, he said. Buprenorphine is a partial agonist, and its effectiveness only goes up to a certain level of tolerance.

Parrino did note the increase in both mobile methadone via vans and satellite units of OTPs. Vans and satellites, under regulations from the Drug Enforcement Administration (DEA), must be connected to brick-and-mortar OTPs. But on the positive side for those interested in reducing barriers, the vans and satellites do not need DEA approval, as long as they are connected to the OTP.

Parrino is interested in expanding this flexibility even further, by having multiple vans going from the hub OTP site. In addition, vans can provide access to treatment in correctional facilities, something that is already taking place.

Reimbursement must be made under a structure in which patients have access to all of the services that are provided, said Parrino. “This is often missed in discussions about Medicaid reimbursement,” he said. And as of January 2020, Medicare pays for treatment in an OTP although there are still major problems with implementation (see “Medicare for SUD: No parity, no pay for intermediate levels of care,” ADW June 14, 2021; https://onlinelibrary.wiley.com/doi/10.1002/adaw.33093); adopting this same structure for Medicaid reimbursement would be very helpful, he said.

Courts

Judge Michael J. Barrasso of Pennsylvania asked why the criminal justice system prefers Vivitrol to agonists. He blamed a lack of education, quoting from a recent court opinion that most people who are prescribed methadone or buprenorphine “abuse them with regularity, and are impossible to manage.” Furthermore, the medications “don’t help them to become productive members of society,” said Barrasse, quoting again from the court decision, which was from last summer.

“If that doesn’t give you a clear picture of the problems we’re facing in the trenches of the bench, if this is the way the people who are running those court systems are, no matter how you change the regulations, we are going to have a very difficult hill to climb,” he said.

The prison legal system seems to hold that a “once-a-month shot [with Vivitrol] is an easier way of doing it,” said Barrasse, adding that the prison system “doesn’t see the stigma.”

Finally, Michael T. French, Ph.D., professor and department chair of health management and policy at the University of Miami, explained why addiction is being treated as a public health rather than an individual health problem — largely due to the criminal justice issues. “It’s a classic case of why society is interested,” he said. “You don’t have a lot of externalities when it comes to prostate cancer or breast cancer or hypertension.” But he said, “the other part is that as a society, we still haven’t accepted addiction as a chronic medical relapsing issue.”

NASEM workshops do not allow for recommendations, so there will not be a formal statement.

COVID-19 linked to decreases in ED/hospital OD encounters

The initial 15 months of COVID-19 were associated with a decline in hospital care for overdose or self-harm in adolescents and young adults, according to a study conducted in Ontario.

Before the pandemic, the rate of self-harm or overdose was 51.0 per 10,000 person-years, compared to 39.7 per 10,000 person-years during the pandemic, the study found.

Based on a cohort of 1,690,733 adolescents and young adults in Ontario, Canada, the study focused on the risk of self-harm, overdose and all-cause mortality among adolescents and young adults. Self-harm and deaths in this age group are related to drug poisonings and suicide, and there have been projections that there would be a greater likelihood of such events during the pandemic.

However, the study found that, in fact, self-harm and overdoses treated in the hospital or ED went down during the pandemic.

Self-harm and deaths for young people aged 14 to 24 years are often related to drug poisoning and suicide, with the risk particularly high among young males, rural residents and those with persistently high “despair scores,” according to the authors of the study, published in the current issue of JAMA Network Open.

Because the COVID-19 pandemic and quarantine were associated with a high rate of suicidal thoughts, severe depression and anxiety among students, some projected an increase in suicide and “deaths of despair” in young people. However,
there is little data, especially for adolescents and young adults.

This study compared data from before the pandemic with similar data during the pandemic and found that, in fact, these events decreased rather than increased.

**Study details**

In Ontario, Canada, a universal health care system captures all emergency department (ED) visits, hospitalizations and deaths. For this study, participants included all adolescents and young adults born in Ontario between 1990 and 2006 who were aged 14 to 24 years between March 1, 2018, and June 30, 2021.

The main outcomes and measures were ED encounters or hospitalizations for self-harm or overdose. Self-harm, overdose or all-cause mortality was a secondary outcome.

**Results**

In this study, 1,690,733 adolescents and young adults were included in the final cohort. The median age at the start of follow-up was 17.7 years; at the end of follow-up, it was 21.0 years. The cohort was evenly divided between male and female. More than one-third lived in the fifth-lowest-income neighborhoods, 10.4% were rural residents and 1.6% had a history of self-harm or overdose at baseline.

Pre-pandemic rates of self-harm or overdose were 51.0 per 10,000 person-years; during the pandemic, the rates were 39.7 per 10,000 person-years.

The risk of self-harm or overdose requiring admission to the hospital was also lower during than before the pandemic.

The risk of the secondary outcome of self-harm, overdose or death was also lower than before the pandemic. During the pandemic, self-harm was the most common component outcome (28.1 per 10,000 person-years), followed by overdose (15.9 per 10,000 person-years) and then death (3.9 per 10,000 person-years). Of the individual component outcomes, only the risk of death did not change from before to during the pandemic.

Absolute event rates were higher for females, low-income residents and rural residents.

**Implications**

At least until the middle of 2021, COVID-19 did not lead to an increase in intentional injury among adolescents and young adults, contrary to the expectations of many. Why would this be?

The authors admit that some fatal or nonfatal cases of self-harm or overdose may not have ended up in the ED or hospital during the pandemic — or before it. Ongoing surveillance might provide a different answer for various jurisdictions, the authors concluded. But they don’t have an answer to why the decrease happened.

Perhaps the chief limitation of the study — its inability to capture events that occurred without a hospital or ED encounter — is the explanation. Hospital admission itself — for anything (except for COVID-19) — was less frequent during the pandemic.

However, while the study lacked details about completed suicides occurring out of hospital, it did capture all-cause death, which was relatively uncommon. “Mortality did not change from before to during the pandemic, because most self-harm events among adolescents and young adults tend to be nonfatal, while the case-fatality rate from COVID-19 in this age group has been very low,” the researchers concluded. “The overall large number of cases recorded within a universal health care system enabled us to generate stable and precise risk estimates, including socio-demographic factors related to intentional injury or mortality.”

The chief conclusion of the study was this: Find out if the phenomenon of reduced overdoses and self-harm continued to go down during the pandemic, or if in fact the decrease is due to events occurring outside of a hospital setting.

This study was funded by a grant from the Ontario Academic Health Sciences Centre AFP Innovation Fund. This study was also supported by ICES, which is funded by an annual grant from the Ontario Ministry of Health and the Ministry of Long-Term Care. This study also received funding from the Canadian Institutes of Health Research. Dr. Austin is supported by a Mid-Career Investigator Award from the Heart and Stroke Foundation.

The study, “Comparison of Self-harm or Overdose Among Adolescents and Young Adults Before vs During the COVID-19 Pandemic in Ontario,” is in the current issue of JAMA Network Open.

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**Deflection state model law released by ONDCP**

Deflection, a concept in which people who need treatment for substance use disorders (SUDs) and are arrested for a crime are placed in treatment before entering the criminal justice system, has now been embraced by the federal government. Last week the Office of National Drug Control Policy (ONDCP) released a model law states can use to implement these programs.

Deflection programs are needed to help first responders, including law enforcement, get people into treatment. By deflecting people with SUDs (and mental illness, in this model law) away from the criminal justice system and connecting them to treatment, states can “save lives and reduce the burden on first responders,” according to the ONDCP.

“This week, President Biden made clear that it is a top priority of this Administration to remove barriers to treatment and get more people the help they need. Deflection programs are supported by law enforcement and health care providers because..."