

Understanding the impact of the SARS-COV-2 pandemic on hospitalized adults with substance use disorder

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Study Q&A

Why did you do this study?

The COVID-19 pandemic drove rapid policy changes and shifts in society and in healthcare systems locally and across the US. While intended to protect the masses, these changes may have affected certain communities and vulnerable groups differently. Understanding the effects of such changes on people with substance use disorder can shed light on policy successes and shortcomings and inform ongoing and future response to public health crises. Our team, IMPACT, cares for people with substance use disorders who are hospitalized with acute medical and surgical illnesses. To understand what happened at the intersection of addiction, acute illness, and COVID, we interviewed hospitalized adults seen by the addiction consult service between April and May 2020.

What are the main takeaways from the study?

There are four main takeaways from the study. First, **shuttered community resources threatened patient's basic survival adaptations**, changing their lives even before they were hospitalized. People struggled to fulfill basic needs in nearly every aspect of life, including accessing food, employment, housing, social services and hygiene facilities. A big problem for some participants was the decreased access to virtual meetings for substance use treatment, like Alcoholics Anonymous. While some meetings shifted to be virtual, nearly half of the participants in our study didn't own a phone, which made virtual meetings impossible.

Second, **changes in outpatient care increased reliance on hospitals as safety nets**. Safety net here means the last place a patient can go after exhausting all other options. Even where outpatient care was still open, offices had moved to virtual meetings; without phones, many people in our study couldn't access this care. When folks had to turn to the hospital, they were extremely worried about getting COVID-19, and about being separated from family and friends in the hospital.

Third, **no-visitor policies, shift to telephone care, and PPE in hospitals made receiving care and staying in the hospital harder than usual**. Participants found it really challenging to connect and build trust with providers who were calling their rooms, and found the constant phone calls exhausting. On top of this, being in the hospital was more isolating than during non-pandemic times, because participants couldn't have friends and family with them, and because hospital providers visited their rooms less frequently. When providers did enter patient rooms, they wore PPE- personal protective equipment. Participants found PPE to be comforting, because they expected providers to wear it, and anxiety-inducing, because watching providers done PPE signaled how serious the pandemic was, and signaled strict rule enforcement in the hospital.

Finally, for people in our study, **what would happen after leaving the hospital was really uncertain.** Nearly every participant was worried about housing after discharge. Participants also worried about returning to the same dynamics they were in prior to admission, with the additional stress of recovering from an acute illness. While many systems made life harder for people with substance use disorders during the pandemic, two systems were described as “helpful” or “essential”. The first was outpatient needle exchange services, and the second was IMPACT, the inpatient addiction consult service.

What surprised you about the study?

In general, we saw how many systems had adapted to try to keep the masses safe, but hadn't considered that marginalized or vulnerable people who may need extra, or different, adaptations. We heard stories of how these changes made contributed to people getting sicker - patients walking 190 blocks to the only open aluminum can trade; sitting outside in the cold and subsequently developing frostbite, because McDonalds was no longer open to get warm at night and the shelters were full; losing access to a bathroom, shower, and sink, when the state parks locked their restroom doors. These stories helped us understand how significantly the way systems had changed, had impacted patients with substance use disorders.

Even without a pandemic, many people with addiction avoid going to the hospital for fear of discrimination and stigma. We were surprised by how much policy changes effected people's experience in hospitals. People were really scared to come to the hospital because they were afraid of getting COVID-19, and they were afraid of being alone, without family or friends, with them. We need to find ways to help support people who really need medical care but may put it off because of how we've changed systems.

Finally, we heard from patients about how fragile and risky their care would be after leaving the hospital. People who were recovering from days in the hospital were discharged to homelessness, and without phones – which during the pandemic, were essential to receiving healthcare and connecting with a recovery community.

What are the implications for hospital providers?

As we said in our paper: “Hospital providers may need to reconsider what constitutes readiness for discharge during future disruptive events, and consider factors like access to technology, shelter, and ambulatory care – all of which were disrupted for participants in our study. Further, it is important for hospital providers to understand patient's intensified feelings of isolation, and the challenges to building trusting relationships with structural barriers, including virtual visits and PPE. To address this, providers may empathize with patient's circumstances, offer extra compassion or small gestures to connect with patients, and inquire as to how they can support patients during stressful times.”

What are the implications for hospitals and health system leaders?

Changes to community and hospital care during COVID left many people even more vulnerable. We believe that this is not inevitable. As we said in our manuscript: “In the face of outpatient closures, increasing disease and injury, or both, healthcare systems serve as a safety net for those with no place else to turn. Healthcare systems must be prepared for this role, not only for the general population, but also for patients who experience high degrees of marginalization, including patients with addiction. To do this, healthcare systems must incorporate the voices of marginalized people into disaster planning. In

our study, nearly half of participants did not own a phone. Healthcare system shifts to telemedicine and virtual recovery supports were suddenly inaccessible to patients in need. First steps towards more equitable systems should identify basic barriers to health that could be relevant in most disasters, like technology access, access to shelter, clean water and food, and essential medicines, and work to address these challenges to support a basic level of health and wellness in communities. Mitigating these challenges in non-pandemic times can ease the burden of potential patient surges during crises, but marginalized communities must be involved in these decisions. Addiction consult services demonstrated the importance of this, as patients highlighted that addiction consult services helped meet their needs during their inpatient stay, particularly during the pandemic. As hospitals work to incorporate patient voices into policy planning, addiction consult services may serve as a cultural broker to help immediately care for vulnerable patients (particularly as they transition out of the hospital) and communicate important needs with hospital leadership, from patient perspectives.”

What are the implications for policymakers in government?

As policy-makers manage ongoing COVID responses and prepare for future pandemics and disruptions, they must consider effects on marginalized populations as a priority. As we say in the paper: “Within Oregon, local, state, and national policy-makers implemented strategies meant to curb the spread of SARS-COV-2 for the masses, but instead inadvertently threatened the survival of people living at the margins, and compromised health and safety of people with acute illness and SUD. To prevent future harms, policy-makers should help alleviate the need to simply survive in non-pandemic times and help support access to housing, harm reduction and treatment services. To do this, policy-makers must include marginalized people at the decision-making tables. In preparation for future events, hospital and other leaders must develop partnerships with organizations that understand community needs of marginalized people, including those with SUD, to anticipate and plan for diverse patient needs during times of crisis.”

What do you want the public to know?

Lots of people have struggled, in different ways, during the COVID-19 pandemic. Our study found that people at the margins of society have struggled because of changes intended to make people safer and healthier during the COVID-19 pandemic. As a society, we likely could have avoided some of these harms by implementing pandemic-related policies differently, and by reducing health disparities before the pandemic. For example, creating sustainable, livable housing for people who are homeless before the pandemic could have eliminated challenges seeking shelter when shelter capacity was cut during the pandemic. Even though the early months of the pandemic have passed, Oregon will face additional challenges in the future, be it from weather-related events like earthquakes or wildfires, or just the continuation of the COVID-19 pandemic, layered on top of the upcoming flu season. Before things get worse, we need to take better care of people who are really vulnerable and are at risk of harm from decisions made without them, including people with substance use disorders. To do this, we need to open communication with people with substance use disorders, who are the experts in how we can help support them. We need to make sure people with substance use disorders have a seat at the table where decisions are being made that will impact them, and help translate their solutions into action.