

POLICY BRIEF: DISASTERS AND SUBSTANCE USE

IMPLICATIONS FOR THE RESPONSE TO COVID-19

Recommendations

- During a disaster, the federal government should coordinate with State alcohol and drug agencies given the link between trauma and substance use disorders
- Policymakers should consider specifically referencing substance use disorders in the statute governing disaster declarations to ensure a holistic and comprehensive response
- Supplemental federal funding designed to help respond to large scale substance use disorder needs during a country wide disaster like COVID-19 should be routed through the Substance Abuse Prevention and Treatment (SAPT) Block Grant, including enhanced flexibility regarding certain requirements

Disasters Impact Substance Use

Studies have shown that traumatic events can have a significant impact on the nation's publicly funded substance use prevention, treatment, and recovery system. Disasters, such as COVID-19, can eliminate service capacity, and/or increase demand elsewhere, as a result of people being displaced. An analysis by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) found that the terrorist attacks of September 11th impacted the system by:

- Increasing the intensity and need for service intervention for those currently involved in substance use prevention and treatment;
- Increasing a return to services for those who previously had received substance use services; and
- Increasing the misuse of alcohol, tobacco, and other prescription and nonprescription medications in the aftermath of the attacks by people who many not have misused these substances previously.

(McDuff, J et al, A Report on the Post-September 11 State Disaster Relief Grant Program of SAMHSA's Center for Substance Abuse Treatment (CSAT), in press, 2005)

State Directors: Managers of Addiction Prevention, Treatment, and Recovery Infrastructure

State alcohol and drug agency directors have the frontline responsibility for managing our nation's publicly funded substance use continuum of care. State Directors collaborate each day with public and private entities related to housing, employment, education, social services, and others to provide effective and efficient clinically appropriate care. During disasters, State Directors play a critical role shepherding resources where they are most needed -- quickly and effectively.

Statistics on SUD and disasters

COVID-19

In April 2020, brick-and-mortar alcohol sales increased by 21%, while online sales of alcohol increased by 234% compared to the same time period in 2019 (Nielsen, 2020)

Thus far during the pandemic, fentanyl use has increased by 32%, methamphetamine use by 20%, heroin use by 13%, and cocaine use by 10% (Millennium Health Signals Report, 2020)

Overdoses increased up to 42% per month during the pandemic, as compared to the same months in 2019 (Overdose Detection Mapping Application Program, 2020)

Hurricane Katrina

Alcohol consumption increased by about 185% from pre- to post-Hurricane Katrina (Beaudoin, C, Public Health Reports, 2011).

The annual hospitalization rate for substance use disorders increased by approximately 30% post Hurricane Katrina (Moise, I & Ruiz, M, Preventing Chronic Disease, 2016).

Hurricane Sandy

Following Hurricane Sandy, 60% of individuals with substance use disorders experienced withdrawal and 70% of those on opioid maintenance therapy could not obtain sufficient doses (Pouget et al, Substance Use Misuse, 2015).

Recommendations

- During a disaster, the federal government should coordinate with State alcohol and drug agencies given the link between trauma and substance use disorders
- Policymakers should consider specifically referencing substance use disorders in the statute governing disaster declarations to ensure a holistic and comprehensive response
- Supplemental federal funding designed to help respond to substance use disorder needs during a disaster should be routed through the Substance Abuse Prevention and Treatment (SAPT) Block Grant, including enhanced flexibility regarding certain requirements

Coordination with State Directors During Disasters

In addressing the impact of disasters, coordination with State Directors will ensure a comprehensive and thorough response, including the vital need for continued access to medication-assisted treatment through opioid treatment programs (OTPs). During disasters, State Directors move forward to implement these critical activities: needs assessment; collaboration with other agencies; the provision of specialized substance use prevention, treatment, and recovery services and outreach; training to counselors, first responders, and others; and public education.

Reference Substance Use Disorders in Statute

The Crisis Counseling Assistance and Training Program (CCP) is a federally funded program administered by the U.S. Department of Homeland Security (DHS) Federal Emergency Management Agency (FEMA). The program stems from Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, which authorizes FEMA to fund mental health assistance and training in Presidentially declared disaster areas. The Center for Mental Health Services (CMHS), within the Substance Abuse and Mental Health Services Administration (SAMHSA), works with FEMA to manage grant administration and program oversight.

Policymakers should consider adding a specific reference to substance use disorders in the Stafford Act in order to ensure a holistic response.

Route Resources Through the SAPT Block Grant

The most efficient and effective way to address the needs related to substance use during a country wide disaster like COVID-19 is to infuse resources directly to each State or territories alcohol and drug agency. The mechanism to ensure this--and the cornerstone of States' and territories substance use prevention, treatment, and recovery systems--is the Substance Abuse Prevention and Treatment (SAPT) Block Grant. The flexibility in the SAPT Block Grant allows States and territories to target resources based on the conditions on the ground and, in addition, federal statute requires States to direct at least 20% of funds toward primary prevention of substance use. Devastating crises such as COVID-19 place intense pressure on a substance use disorder system that already faces tremendous capacity restrictions. As a result, adequate federal resources should be allocated during and after disasters to the Substance Abuse Prevention and Treatment (SAPT) Block Grant, the most efficient way to infuse resources into impacted States and territories.

Case Study: New York

The New York OASAS, with State funds and targeted federal grants, took a number of steps to address the impact of September 11th, including:

- Outreach to communities with individuals especially at risk of substance use disorders and relapse
- Added wages to cover staff overtime due to increased demand
- School-based prevention programs to help children, families, and staff
- The development of a media campaign and public education materials

Case Study: Louisiana

In response to the devastation of Hurricane Katrina in 2005, the Louisiana Office of Behavioral Health took action to address the disaster, including:

- Launching the Louisiana Spirit initiative which provides crisis counseling and support
- Creation of the Methadone Central Registry (MCR) to provide dosage information in the event that a patient has to be dosed at another clinic
- Development of two help lines: one to link callers with mental health and substance use disorder counseling services and another offering recovery support