In the United States, and throughout the world, the COVID-19 pandemic disrupted virtually every aspect of life, and in many countries the humanitarian crisis has become incalculable. The pandemic also disproportionately affected those living in poverty, communities of color, and essential workers in service industries for whom working at home was not an option.

During the pandemic, many facilities were forced to prioritize the delivery of healthcare to those with the most urgent needs. Non-acute, elective, and routine care for pain management was considered non-essential in many cases, causing significant downstream impact on chronic pain sufferers. Importantly, social isolation and emotional distress caused by the pandemic amplified pain in much of this population.

The pandemic turned national attention away from another public health crisis that unfortunately worsened over the past year. Drug overdose deaths increased by 30% in 2020, marking the highest number ever recorded in the United States. Opioids, driven largely by synthetic versions like fentanyl, were involved in three-quarters of those deaths. Of special concern is the treatment of pain in COVID “long-haulers” with narcotic medications, raising new concerns over the risk of addiction among COVID survivors.

As noted in our previous policy statement from Northwestern Health Sciences University, action is needed across sectors to better support pain patients with safe, effective, non-addictive treatment options. All healthcare professionals should be attentive to the risk of opioid abuse and common signs of opioid addiction among patients with non-cancer pain. Policy makers should identify opportunities to address barriers that complicate patient access to effective non-pharmacologic treatments for pain. Those include inconsistent insurance coverage, multiple co-payments, visit limits and other utilization management restrictions that result in high out-of-pocket expenses. These common practices limit access to complementary and integrative healthcare services, and exacerbate the gap in care among the medically underserved and communities of color.

While settlements with opioid producers and distributors are making headlines, we must advocate that funding earmarked to combat opioid misuse and drug addiction should be accompanied by policies that provide viable treatment alternatives for pain sufferers. The complementary and integrative care community is an important resource for providing effective, non-addictive pain management, and an engaged partner in combating the opioid pandemic.

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