

Pozo & Rich (2020) write about the changes in methadone and buprenorphine dispensing regulations during COVID-19. Opioid overdoses were showing signs of improvement in recent years, but COVID-19 has caused a significant increase in overdose related deaths (Pozo & Rich, 2020). Agonist medications for opioid use disorder (MOUDs) are used as long-term treatments for patients who need extra support. In the past, physicians prescribed MOUDs as supplemental treatments in addition to counseling and other services (Pozo & Rich, 2020). During COVID-19, prescribers are extending the normal dispensing days to lower the number of appointments to opioid treatment centers. Stable patients, who used to report daily for these medications, can now receive a 28-day supply at a time (Pozo & Rich, 2020).

Pozo & Rich (2020) acknowledge that their study cannot differentiate diversionary practices due to COVID-19 issues and those caused by new, lax legislation. One interesting finding is that patients who used illegally diverted MOUDs reduced their number of overdose incidences (Pozo & Rich, 2020). Patients who believe they are stable enough to divert their MOUDs, however, may suffer from acute withdrawals and relapse (Pozo & Rich, 2020).

Coming from a pharmacy background where I used to call methadone clinics regularly to check compliance and ensure patients were not receiving MOUDs illegally, this article interested me. Patients would come in and regularly report that they had prescriptions for these medications and insist that our doctors prescribe them. Occasionally, we would have patients without a valid prescription who did not attend appointments at the local methadone clinic.

I had one patient who admitted she was recovering from an opioid addiction. She reported she got MOUDs from her sister illegally and expressed how desperately she needed this medication to get through the day. Seeing her desperation makes me understand the crisis more fully. It is heartbreaking to know that some patients desperately need money during this pandemic, some desperately need opioids, and some will do anything for an agonist to get through the day.

Reference

Pozo, B., & Rich, J. D. (2020). Revising our attitudes towards agonist medications and their diversion in a time of crisis. *Journal of Substance Abuse Treatment, 119*, 108139.

QUESTIONS FOR GUEST SPEAKER:

What kind of life experiences do you see that set candidates apart on a resume' or in an interview?

What departments are the hardest to fill/ need nurses the most?

What is the pay difference for incoming RNs with CNA experience vs. no healthcare experience?