



EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

CORONAVIRUS, 2 July 2021

EVENT

Impact of COVID-19 on people who use drugs

Tue, 24 August 2021, 10:00 – 12:00 BST.

DRNS is delivering a knowledge exchange event on the impact COVID-19 has had on people who use drugs in Scotland. The session will be held virtually on August 24th 10am-12pm | DRNS, UK
<https://www.eventbrite.co.uk/e/impact-of-covid-19-on-people-who-use-drugs-tickets-160952714903>

GREY LITERATURE

Drug services in Azerbaijan during the COVID-19 pandemic

Sultan, A

Baku Research Institute

Baku: 2021

https://bakuresearchinstitute.org/en/drug-services-in-azerbaijan-during-the-covid-19-pandemic/?utm_source=rss&utm_medium=rss&utm_campaign=drug-services-in-azerbaijan-during-the-covid-19-pandemic

Por una priorización de las personas con trastornos adictivos en la vacunación frente a la COVID-19

[Prioritizing COVID-19 vaccination for people with addictive disorders]

Trujols, J, Cadafalch, J, Alvarado, P J, Duran-Sindreu, S
Adicciones, 2021, 1686

During the COVID-19 pandemic, opioid overdose deaths revert to previous record levels in Ohio

Vieson J, Yeh AB, Lan Q, Sprague JE.

Journal of Addiction Medicine

24 June 2021

doi: 10.1097/ADM.0000000000000874

Objective:

During the COVID-19 pandemic, states have had to confront a drug overdose problem associated with the pandemic. The objective of this study was to identify the impact of the COVID-19 pandemic on the opioid epidemic in the state of Ohio by describing the changes in the quarterly opioid overdose deaths (OOD) over the last 10 years.

Methods:

This longitudinal study included OOD data from death records obtained through the Ohio Department of Health. Temporal trend analysis and visualizations were performed on the OOD death rate per 100,000 quarterly from 2010 to 2020. Age, sex, and ethnicity were also analyzed.

Results:

The OOD rate of 11.15 in Q2 of 2020 was statistically equivalent to the previous peak level of 10.87 in Q1 of 2017. There was a significant increase in the OOD rate from Q1 to Q2 of 2020 and a significant difference between the actual Q2 of 2020 OOD rate and the predicted OOD rate. The poisoning indicator fentanyl was present in 94% of OOD during Q2 of 2020. The total number of OOD remains highest in the White population. There was no significant difference between the actual and predicted OOD rates in the Black population of Q2 of 2020 based on the trend line. However, the OOD rate of 14.29 in Q2 of 2020 was significantly higher than the previous peak level of 8.34 in Q2 of 2017. The Q2 of 2020 OOD rates for 18 to 39 and 40+ age groups were significantly higher from what would be expected from the trend predictions.

Conclusions:

Based on these findings, Ohio has entered a COVID19 pandemic mediated fourth wave in the opioid epidemic. These findings further suggest that as efforts are made to address the worldwide COVID-19 pandemic, states need to maintain their vigilance toward combating the local opioid epidemic.

Telehealth during COVID-19: The perspective of alcohol and other drug nurses

Searby, A; Burr, D

Journal of Advanced Nursing

25 June 2021

DOI: 10.1111/jan.14939

Aim:

This study aimed to explore the experiences of alcohol and other drug nurses transitioning to telehealth due to the COVID-19 pandemic. **BACKGROUND:** COVID-19 has caused immense disruption to healthcare services, and to reduce viral transmission, many services moved to off-site care delivery modalities such as telehealth.

Design:

We used a qualitative descriptive design for this study.

Methods:

Secondary analysis of semistructured interviews with alcohol and other drug nurses from Australia and New Zealand (n = 19) was conducted in July and August 2020. Data were analysed using thematic analysis and reported using COREQ guidelines.

Results:

Three were identified: "'All our face-to-face contact ceased with clients": Changing service delivery', "'How do I do my job when I can't see you?": An anxious shift in service delivery' and "'A lot of Indigenous people don't like the FaceTiming and all that": Challenges to delivery of services through telehealth'.

Conclusion:

Participants in our study reported challenges in transitioning to telehealth modalities. The perceived loss of therapeutic communication, difficulties in assessing risks to healthcare consumers such as

domestic violence and challenges delivering telehealth care to a marginalized consumer cohort need to be overcome before telehealth is considered successful in alcohol and other drug treatment. However, telehealth was a successful adjunct to existing practices for nurses working with consumers in regional or remote areas or where consumers preferred this method of service delivery.

Impact:

Nurses in this study described substantial issues with the delivery of alcohol and other drug treatment via telehealth, including a perception that telehealth was a barrier to addressing risks to consumers who use alcohol and other drugs, and difficulties working in a therapeutically beneficial way via telehealth. Telehealth is a means to reduce viral transmission through a reduction in face-to-face contact, and although it may be useful for some service functions, it may be detrimental to the clinical services nurses provide.

A global pandemic and substance use disorder: healthcare professionals' viewpoints on the merging of two crises

Shreffler, J; Shreffler, M; Murfree, J R; Huecker, M

Substance Use & Misuse

25 June 2021

DOI: 10.1080/10826084.2021.1936052

Introduction:

COVID-19 has resulted in extraordinary adversities. Mandates such as distancing and variations to treatment services were implemented to slow transmission of the virus, but created new challenges for persons with Substance Use Disorder (SUD). To better understand this phenomenon, we surveyed healthcare professionals on how they believe COVID-19 has impacted persons with SUD and what needs to occur to effectively treat this vulnerable population.

Methods:

Attending physicians, residents, nurses, medical and nursing students, and other healthcare professionals were asked to respond to three open-ended questions related to the impact of COVID-19 on persons with SUD. Two independent coders reviewed the comments utilizing constant comparative analysis to develop themes.

Results:

Common themes of concern were found from the respective participants (n = 205) including: lack of access to treatment, feelings of isolation, negative impacts on mental health, and the possibility of relapse. Healthcare strategies to effectively treat and help persons with SUD included increasing access to treatment including telehealth, development of peer support groups, availability of mental health resources, development of enhanced communication channels between providers and patients, and systematic changes.

Conclusion:

During the COVID-19 pandemic, overdose deaths have dramatically increased. As the short-term and long-term effects of the pandemic become more apparent, swift and comprehensive responses and policies must be enacted. This study provides insight from healthcare providers on the effects of the pandemic for persons with SUD. Many preexisting issues remain unresolved (e.g. stigma and healthcare disparities), and now the pandemic has presented new obstacles as noted by the providers. The findings from this study provide implications for important discussion regarding the development of strategies for substance use treatment and harm reduction.

The future is now: incorporating telemedicine for prescribing medication for opioid use

Shell, K; Stevens, M; Demosthenes, L; et al

American Journal on Addictions, 2021, 30, 3, 273

Due to COVID19, medication for opioid use disorder (MOUD) providers looked for care models that would eliminate in-person visits. Our provider focus group explored provider satisfaction with a telemedicine care model. Findings exposed policy, technology, and infrastructure barriers to telemedicine; however, despite these barriers, provider and perceived patient responses were overwhelmingly positive. Specifically, they noted no increase in diversion, relapse, or overdose. Providers expressed no increased level of concern over patient safety and felt well equipped to handle the situation, should an emergency arise. Improving infrastructure to increase access to telemedicine for patients in remote locations will be vital to mitigating future barriers to access. This work highlights the utility of telemedicine in the treatment of opioid use disorder (OUD) and suggests implementation may be a beneficial new care model post-COVID19.

Background:

OUD carries high morbidity and mortality and annually affects more than two million Americans. MOUD improves outcomes and decreases mortality in OUD. Traditionally, MOUD requires face-to-face interaction between providers and patients. In response to the COVID19 pandemic, MOUD

providers employed new approaches, including telemedicine, in order to treat while quarantining and/or socially distancing.

Objectives:

Understand the utility of telemedicine for the management of OUD during the COVID19 pandemic.

Identify limitations of telemedicine in the management of OUD, including, socioeconomic geographical, infrastructure and workflow limitations.

Identify novel means of safe, socially distanced patient interactions.

Identify barriers to telemedicine as standard of care for OUD and suggest methods to overcome these barriers.

Methods:

A focus group was conducted with four MOUD providers in diverse settings: (1) a rural family medicine physician who treats approximately 10 patients monthly, (2) a private practice office-based treatment provider, treating 60 patients monthly, (3) an academic medical center-based provider embedded in an internal medicine clinic treating 100 patients monthly, and (4) a comprehensive free-standing substance use treatment center treating 110 patients monthly. Data were analyzed thematically.

Results:

Providers noted swift policy reform which supported telemedicine and novel management approaches. This increased patient access, participation, and satisfaction. Telemedicine mitigated traditional barriers and exposed access limitations with technology, infrastructure, and workflow. Innovative patient interactions and telemedicine integration with pharmacies overcame some of these barriers. Providers believed telemedicine “improved encounter quality” and should continue post COVID19.

Conclusions:

The COVID19 pandemic exposed a need for care that did not require in-person visits. This prompted a swift temporary policy reform. Despite limitations in policy, technology, and infrastructure, these novel methods increased patient access, participation, and perceived satisfaction without compromising quality of care. Most MOUD providers strongly desire further policy reform to make telemedicine an optional standard of care practice post-COVID19.

Scientific Significance:

COVID19 has been an unprecedented time for many. At the peak of the pandemic, telemedicine was able to overcome traditional barriers faced in an in-office setting. This begs the question of if telemedicine should continue post- COVID19? Participants were proponents of a new model of medicine that includes telemedicine. The positive implications of implementing a telemedicine model across OUD programs seem endless: from increasing access to healthcare, to improving patient transparency.

Clinicians' response to COVID-19: Impact on clinical practice and policies in treating opioid use disorders (MOUD)

Hagle, H; Sung, M; Drexler, K; et al

American Journal on Addictions, 2021, 30, 3, 277

A national survey to understand clinician perspectives on the impact of changes in policy and clinical practice in treating opioid use disorder (OUD) as a result of the COVID-19 pandemic was conducted by a collaboration of national organizations. This survey was conducted to examine how the response to COVID-19 stay at home orders and associated social distancing guidance effected the treatment of individuals with OUD. Clinicians and associated sites (opioid treatment programs, office-based practices) were forced to respond to optimize patient, clinician, and staff safety quickly. The majority of survey respondents wish to continue virtual services post-pandemic. Providers identified patient's access to technology (eg, limited cell phone minutes, connectivity) and unstable housing as the top challenges. This survey demonstrates that virtual services for medication treatment of the opioid use disorder (MOUD) could be improved by addressing barriers such as access and clinical stress, and burnout. Further research on patient engagement and retention in treatment is needed, in addition to examining policies for reimbursement.

Background:

The pre-existing opioid epidemic converging with the COVID-19 pandemic has challenged health professionals and the U.S. healthcare systems. The merging of these two crises leaves two million persons with an OUD, and over 10 million people who are at risk for misusing opioids to face more adverse COVID-19 consequences. A national survey was created by a coalition of national professionals organizations and distributed to examine clinician perspectives on OUD treatment and policy changes related to the COVID-19.

Objective:

Describe the impact of COVID-19 related policy and clinical practices changes to OUD treatment for treatment providers. Examine the challenges that OUD treatment providers may have faced due to

the COVID-19 pandemic. Identify practices or innovations that should be considered for post-pandemic OUD treatment services.

Method:

A 35-item anonymous survey was developed by a diverse group of clinicians, educators, and policy experts. Institutional Review Board approval through one of the collaborating organizations, Yale University, was deemed exempt. The survey was a combination of multiple-choice and open-ended questions relating to OUD provider's experiences during the COVID-19 pandemic, identifying challenges and innovations in service delivery. The survey was administered via Qualtrics online survey platform. Descriptive statistics were conducted, 1867 responses were received between July 14, 2020 to August 15, 2020.

Results:

Sixty-two percent of respondents identified as qualified to prescribe buprenorphine. A wide variety of practice types were represented, most commonly private practice (23.1%), in urban (46.6%), suburban (28.9%), and rural (22.0%) locations. A wide variety of disciplines responded, most commonly family medicine physicians (27.9%). Buprenorphine (96.0%) was the most frequent OUD medication prescribed prior to and during the COVID-19 pandemic. Respondents identified virtual (phone or video) as the clinical practice used most often to provide medications for OUD (75.4%).

Conclusions:

A multi-stakeholder group was able to convene and quickly address urgent questions that arose due to rapid changes in treatment service delivery in response to COVID-19. The majority of survey respondents wanted virtual services to continue post-pandemic, most often citing that improved access and continuity of care for many patients occurred. Future efforts are needed to examine the impacts on the quality of virtual MOUD service delivery. Further study should explore the implementation and sustainability of virtual services for OUD.

Scientific Significance:

This large national survey described clinicians' experiences providing MOUD during the COVID-19 pandemic. This survey demonstrates that virtual services for MOUD are feasible. Providers identified the top challenges they faced as patients' barriers to using the telephone (eg, limited cell phone minutes, connectivity) and unstable housing. Despite these challenges, the majority of providers wanted to continue virtual visits, especially to maintain MOUD. Expanded reimbursement for virtual visits would make this possible.

Counseling from the couch: Telehealth for substance use disorder during COVID-19

Whiteside, E; Connolly, K; Stevens, M; et al
American Journal on Addictions, 2021, 30, 3, 250

This study explored the advantages and disadvantages of behavioral health counseling via telehealth for the treatment of substance use disorder (SUD) and the effect COVID-19 has had on behavioral health counselors and their clients. Counselors agreed that using telehealth to provide counseling services is a viable treatment option that should continue to be available in the future. To ensure the highest quality of client-centered care, counselors agreed a screening protocol must be developed to determine which clients would benefit from telehealth services vs in-person treatment. Counselors agreed that drug screening policy should be re-evaluated, as obtaining client drug screenings was difficult for patients engaging in telehealth during the COVID-19 pandemic. A major barrier counselors faced was receiving health insurance reimbursements for telehealth services. If telehealth is incorporated in the future as a treatment option, then reimbursement policies must continue to adapt to cover telehealth.

Background:

Compounded by the COVID-19 pandemic, people with SUD are relapsing and overdosing at higher rates. The preliminary rate of national overdoses increased by 42% from May, 2019 to May, 2020. Increasing accessibility to behavioral health counseling, a common treatment option for clients with SUD, via telehealth may be one way to combat the rising national overdose rates, while also making treatment more accessible post-COVID-19.

Objectives:

Explore the advantages and disadvantages of using telehealth to provide behavioral health counseling for clients with SUD.

Analyze the effect that COVID-19 has had on behavioral health counselors and their clients.

Evaluate the importance of developing a screening protocol to determine which clients with SUD would benefit from in-person counseling vs those who would benefit from telehealth.

Methods:

To better understand the experiences of providing counseling services to clients with SUD during COVID-19, six behavioral health counselors representing rural and city agencies participated in a semi-structured focus group. Focus group data were thematically analyzed.

Results:

Respondents reported overall satisfaction incorporating telehealth into their practice for clients with SUD, as it removed barriers to in-person care, such as transportation and childcare. Telehealth increased scheduling flexibility, improving client attendance, engagement, and efficiency of new client intake. Counselors reported difficulty maintaining a professional and secure telehealth environment with certain clients, while others missed the personal connection of group meetings.

Conclusions:

Behavioral health counselors reported that while the use of telehealth in their practice required many adjustments initially, the advantages outweighed any disadvantages. Behavioral health counselors agreed that the use of telehealth for clients with SUD should remain a treatment option in the future, as it promotes client-centered, efficient care. Counselors agreed a screening protocol must be implemented to screen which clients would benefit from telehealth services vs in-person treatment.

Scientific Significance:

With the national spike of opioid overdoses during COVID-19, it is critical to develop alternatives to in-person treatment methods for SUD. Behavioral health counselors reported that providing counseling for clients with SUD through the use of telehealth is a feasible and effective treatment option to ensure their clients remain engaged in care during the COVID-19 pandemic and would be valuable as a treatment option after the pandemic.

Transformation during times of Covid-19: Exploring virtual recovery meetings compared with in-person meetings

Fulton, H; Worth, S; Olinger, M; et al
American Journal on Addictions, 2021, 30, 3, 236-237

Due to Covid-19 in-person recovery meetings quickly transitioned to virtual meetings. Facilitators indicated that the transition was easier than anticipated. Virtual meetings mitigated transportation issues and made attendance more convenient for some. However, some participants may not feel the same emotional support and connection felt at in-person meetings and may need additional encouragement. Additionally, technological challenges may have impeded attendance of some participants. Facilitators indicated that they intend on incorporating a hybrid model of care for participants to give them the option of attending virtually or in-person post-Covid-19. Further research is needed to evaluate participants' preferences and outcomes regarding virtual vs in-person meetings.

Background:

Research indicates that social support recovery meetings are a vital tool in the recovery process for people with substance use disorder. Recovery meetings such as SMART Recovery are available in-person and online, however, most recovery meetings occur in person. When in-person meetings were eliminated to reduce the transmission of Covid-19, virtual meetings became a necessity. This study explores the advantages and disadvantages of virtual recovery meetings.

Objective:

Explore the logistics of transitioning seven established in-person recovery meetings to a virtual platform, Address the advantages and disadvantages of virtual recovery meetings, Address the feasibility of continuing virtual recover meetings post-Covid-19.

Method:

This qualitative study included observational data of seven types of in-person recovery meetings over a 5-month period pre-COVID-19 and observational data of seven types of virtual recovery meetings during COVID-19 when a shelter in place was ordered. A focus group was conducted with three recovery meeting facilitators who facilitated both in-person and virtual recovery meetings. Data were thematically analyzed, and results were triangulated.

Results:

Transitioning to virtual recovery meetings was easier than facilitators expected. Advantages of virtual meetings included ease of access, increased meeting options, and convenience for participants. Disadvantages of virtual meetings were modestly decreased participation, technological challenges, and less emotional engagement from participants. Virtual meetings seemed to adequately replace in-person meetings during, but facilitators felt that in-person meetings were often more effective.

Conclusions:

COVID-19 precipitated the transition to virtual meetings and facilitators indicated a desire to continue this option. Virtual meetings are convenient and accessible for most and eliminate barriers of time and travel. However, virtual meetings may not replicate the emotional support that can be felt in-person and technology may continue to be a challenge for some. Facilitators agree that the most effective solution post-Covid-19 is to offer a hybrid of both meetings.

Scientific Significance:

Some changes in recovery meetings brought about by COVID-19 will continue to take place post-Covid-19. However, it is important for facilitators to be aware that participants in virtual meetings may need additional encouragement to meet their emotional needs as well as technical assistance for

those who lack the necessary technology skills. Results indicate that virtual recovery meetings have benefits and lay the foundation for further investigation into the participants' preferences.

Determinants of against medical advice (AMA) discharge from inpatient detoxification care

Joseph, S; Kirane, H; Rubinfeld, L
American Journal on Addictions, 2021, 30, 3, 252

Non-clinical reasons were prominent among patients leaving against medical advice (AMA) from inpatient detoxification units (IDU). Personal obligations interfering inpatient care may become a greater issue as inpatient management of detoxification is shift from specialized environments. Efforts should be taken to offer flexible treatment approaches, such as symptom-triggered management and referral to ancillary withdrawal management clinics.

Background:

Recent closures of IDU in the New York City hospital system shifts acute addiction care to emergency departments and general medical wards, units now with heightened demands related to the COVID-19 pandemic. This study analyzes patient characteristics and self-report for leaving IDU care AMA to provide insight to enhance treatment retention, optimize resource allocation, and facilitate aftercare coordination in general medical settings.

Objectives:

To identify specific themes from patients' characteristics and self-reports for leaving IDU care AMA. To compare AMA discharge rates among patients with different substance use disorders (SUDs). To highlight actionable areas to improve addiction care in general medical settings.

Methods:

A retrospective chart review was conducted on discharges from the IDU at Staten Island University Hospital (SIUH) from April 10, 2018 to May 29, 2019. Data were also obtained from the Office of Addiction Services and Supports (OASAS) database. Data included demographics, clinical history and self-assessments. Qualitative descriptive analysis was performed. Data were processed in REDCap, a HIPAA-compliant website, and Microsoft Excel. Approval for the study granted by the Feinstein Institute.

Results:

Four hundred and forty-five (20%) AMA discharges out of the 2191 total IDU discharges. AMA discharges were 80% male and 55% primary alcohol use disorder (AUD). Total IDU discharges were 80% male and 66% primary AUD. 23% cited medical reasons, 40% cited clinical reasons and 48% cited non-clinical reasons. Clinical reasons included preference for alternative treatment setting, lack of interest in addiction services, and need for tobacco. Non-clinical reasons included obligations and unspecified personal reasons.

Conclusions:

Many patients provided non-clinical reasons for leaving AMA from IDU and most had AUD. This highlights the burdens of personal obligations interfering with patients' ability to complete inpatient care. It also indicates that patients are not engaging in adequate dialogue to communicate their needs with the treatment team for optimal care coordination. This will likely become a greater concern in non-specialized environments. Scientific Significance: There are numerous factors available that predict AMA discharges from IDU.

Substance use during the COVID-19 pandemic in Greece

Rantis, K; Panagiotidis, P; Parlapani, E; et al
Journal of Substance Use
28 June 2021
DOI: 10.1080/14659891.2021.1941344

Background and Objectives:

The recent outbreak of the covid-19 pandemic can be stressful for many people, who could resolve to addictive substances or other addictive behaviors as coping strategies. The purpose of this study was to detect changes in alcohol, tobacco, cannabis use and gambling in the general population, during the covid-19 lockdown in Greece.

Methods:

A cross-sectional study was conducted online, using the AUDIT-C questionnaire for alcohol use, the Fagerström Test for Nicotine Dependence, and qualitative questions about alcohol, tobacco, cannabis use and gambling. Results were analyzed using the SPSS v.26 software.

Results:

Of N = 1365 responders, 300 abstained completely. During lockdown: 43.7% of alcohol users reported drinking less or abstain, followed by a lower mean score in AUDIT-C ($p < 0.001$), 1/3 of tobacco smokers reported that they smoked more, confirmed by a difference in Fagerstrom Test scores ($p < 0.001$). 67.4% of cannabis users reported abstinence and 71.4% of gamblers answered

that they played less or not at all (females > males, $p = 0.031$). Changes were mostly attributed to factors linked to the lockdown.

Discussion and Conclusions:

Alcohol, cannabis users and gamblers seemed to quit their habits during lockdown. Tobacco smoking seemed to become heavier, despite reports that smokers are more vulnerable to heavier respiratory symptoms after covid-19 infection. Present situation played a more important role, than fears about health. A significant percentage used alcohol or tobacco to cope with anxiety or depression.

The reasons for higher mortality rate in opium addicted patients with COVID-19: a narrative review

Dolati-Somarin, A, Abd-Nikfarjam B.
Iranian Journal of Public Health
50, 3, p.470-479, 2021

The outbreak of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) caused COVID-19 has developed into an unexampled worldwide pandemic. The most important cause of death in patients with COVID-19 is Acute Respiratory Distress Syndrome (ARDS). Opium is widely used for its analgesic features in control of acute and chronic pain related to different diseases. Opium consumption is increased over the last three decades and leads to adverse effects on the respiratory system; opium also affects the lungs' functions and respiration. The contemplative issue is the higher mortality rate due to SARS-CoV-2 infection in opium addicts' patients. Studies have shown that despite the decrease in proinflammatory cytokines production in opium addicts, there are at least 4 reasons for this increase in mortality rate: downregulation of IFNs expression, development of pulmonary edema, increase thrombotic factors, increase the expression of Angiotensin-converting enzyme 2 (ACE2). Therefore, identifying the causes of mortality and approved therapies for the treatment of COVID-19 patients who use opium for any reason is an important unmet need to reduce SARS-CoV-2 infection-related mortality. This review study demonstrated the effects of opium on immune responses and the reasons for the higher mortality rate in opium addicts' patients with COVID-19.

The times they are a-changin: implementing new psychiatric rehabilitation models within a community care in the post COVID-19 era

Pelizza, L, Pupo, S.
Acta Biomedica, 2021, 92, 2, e2021222

During the COVID-19 pandemic, community healthcare treatments have played a crucial role in early detection and intervention against the epidemic spreading (as most of the infected individuals were at home). For the national policy on mental health services in Italy, "the person as a community resource within a caring community" is still a crucial idea that the COVID-19 era helped to revive, together with the supremacy of the public healthcare pathway over the private one. In this article, new mental health rehabilitation models (such as the Personal Health Budget and the Individual Placement and Support) are suggested as useful intervention approaches on which to base psychiatric care within a community care in the post COVID-19 era.

Supporting persons who use drugs during the COVID-19 pandemic: a rapid review of international guidelines

Anees, B; Danilewitz, M; Crockford, D
Canadian Journal of Addiction
12, 2, p.6-18, 2021

Background:

Persons who use drugs (PWUD) are facing an epidemic during the global COVID-19 pandemic. In recent months, many medical institutions have released guidance documents to inform the management of PWUD as it pertains to COVID-19. Given the flurry of increasing guidance documents, we sought to synthesize the recommendations and identify consensus strategies to support PWUD during the pandemic.

Aim:

To review existing COVID-19 guidelines for PWUD to synthesize evidence and identify consensus and disagreement areas.

Methods:

We rapidly reviewed the grey literature (documents produced by organizations, including reports, working papers, government documents, white papers, and clinical guidelines) and published peer-reviewed articles using the World Health Organization guidelines. We organized recommendations by the substance use disorder considered (eg, opioid, stimulant, and alcohol), recommendation type (eg,

pharmacotherapy and psychosocial), nature (eg, harm-reduction and abstinence), and score the responsibility (eg, physicians and allied health practitioners).

Results:

We identified 85 representative articles spanning alcohol, opioid, tobacco, stimulant, and cannabis use disorders. Most reports involved opioid use disorder, generated by Canadian institutions, such as the British Columbia Centre for Substance Use, the Canadian Centre for Substance Use and Addiction, and the Canadian Research Initiative in Substance Misuse. An overview of the problem typically prefaced guideline documents (eg, increasing numbers of opioid overdose deaths), followed by a structured approach to management (eg, addressing intoxication and withdrawal) using multiple forms of interventions (eg, harm-reduction, pharmacotherapy, and psychosocial services). Across guidelines, there was consensus regarding the importance of maintaining access to evidence-based treatment through various creative means, such as virtual platforms, take-home medications, and home delivery services. However, there was controversy regarding safe-supply, supervised consumption sites, and alcohol retailers' designation as "essential services" during the pandemic.

Conclusions:

With these challenges and insights in mind, the critical issue facing PWUD and their providers during the pandemic is maintaining access to evidence-based treatment and securing food, housing, and income. Along those lines, appropriate care should continue to be patient-centred, collaborative, and mindful of resources. Above all, we must continue to consider a biopsychosocial framework while providing evidence-based care. While these recommendations are helpful, we must apply our clinical judgment individually to weigh the risks and benefits to the patient and the public and destigmatize PWUD.

Building substance use disorder management capacity during COVID-19: outcomes from a tele-mentoring program for community-based healthcare professionals

Chopra, N; Pereira, C; Prata, A; et al

Canadian Journal of Addiction

12, 2, p.19-23, 2021

Objectives:

The limited access to addiction services pre-COVID-19 and the increase in substance use disorder support required during COVID has led to a heightened need for virtual addictions care capacity building interventions. We describe the evaluation of Project Extension for Community Healthcare Outcomes™-Ontario Addiction Medicine and Psychosocial Interventions (ECHO-AMPI), a Canadian virtual tele-mentoring program focused on building capacity in community-based addiction care during COVID-19.

Methods:

We used Moore's multi-level evaluation framework for continuing education. Participants rated their satisfaction on a five-point Likert scale. A pre-post 10-item scale was used to measure self-efficacy. Participants used a binary scale to self-report post-participation whether ECHO changed their practice. Participants also responded to an open-text question around how participation in ECHO has impacted challenges experienced during the pandemic.

Results:

Seventy-nine healthcare professionals from 62 organizations across Ontario participated in ECHO-AMPI. Mean satisfaction ratings were high (>4.27/5), and a 12% improvement in participants' addictions care mean self-efficacy scores was observed ($P < 0.001$). Post-ECHO participation, 77% of participants reported practice change. Analysis of open-text responses highlighted participants felt ECHO fostered an open and supportive community, improved knowledge and skills via the acquisition of new resources, enhanced participants' interaction with their clients, and reduced professional isolation.

Conclusions:

ECHO-AMPI demonstrated the ability to engage providers and build addictions care capacity during COVID-19, specifically by improving learning outcomes and supporting practice change. Our data also suggests that this virtual tele-mentoring model can provide a supportive community of practice for addictions care providers during COVID-19.

Tales from the frontlines: An alarming rise in hospitalizations related to opioid use disorder in the era of COVID-19

Ivey, N; Clifton, D C

Journal of Opioid Management

17, 1, p.4-7, 2021

The coronavirus disease 2019 (COVID-19) pandemic has had harmful effects on the opioid epidemic. While a negative effect was predicted, we report on this reality in the hospital setting. We have seen a

sharp rise in hospitalized patients with opioid use disorder (OUD). Our data should encourage ongoing efforts to reduce barriers in accessing medications for treatment, harm reduction interventions and additional education for trainees, primary care providers, and hospitalists alike. In the current climate, these interventions are critical to save the lives of patients with OUD.

COVID-19 vaccine trust among clients in a sample of California residential substance use treatment programs

Mason, C L; McCuistian, C; Straus, E; et al
Drug and Alcohol Dependence, 2021, 225, 108812

Background:

Individuals with a substance use disorder (SUD) are at a significantly higher risk for coronavirus disease-19 (COVID-19) and have higher rates of COVID-19 related hospitalization and death than those without SUD. This study assessed COVID-19 vaccine trust, transmission awareness, risk and protective behaviors, and effects of COVID-19 on mental health and smoking among a sample of clients in California residential SUD treatment programs and identified factors associated with vaccine trust.

Methods:

A multi-site sample of SUD treatment clients (n = 265) completed a cross-sectional survey. Multivariable logistic regression was used to identify factors associated with COVID-19 vaccine trust.

Results:

Participants were predominantly male (82.3 %) and racially/ethnically diverse (33.3 % Non-Hispanic White). Most participants were aware of COVID-19 modes of transmission, however, only 39.5 % trusted a COVID-19 vaccine would be safe and effective. Factors independently associated with trust in a COVID-19 vaccine included age (AOR = 1.03, 95 % CI = 1.02, 1.05, p = 0.0001) and wearing a mask all the time (AOR = 2.48, 95 % CI = 1.86, 3.31, p = 0.0001). African Americans were less likely than White participants to trust that a COVID-19 vaccine is safe and effective (AOR = 0.41, 95 % CI = 0.23, 0.70, p = 0.001).

Conclusion:

SUD treatment clients were aware of COVID-19 modes of transmission; however, fewer than half trusted that a COVID-19 vaccine would be safe and effective. Health communication about COVID-19 for people with SUD should use a multipronged approach to address COVID-19 vaccine mistrust and transmission risk behaviors.

The impact of COVID-19 on substance use disorder treatment in California: Service providers' perspectives

Lin C, Clingan SE, Cousins SJ, Valdez J, Mooney LJ, Hser YI.
Journal of Substance Abuse Treatment, 2021, 108544

Background:

The COVID-19 pandemic has had a profound impact on the U.S. health care system, including addiction treatment. The objective of this study is to describe the impact of COVID on the delivery of treatment for substance use disorders (SUDs) from the perspectives of service providers.

Methods:

Between May and September 2020, 61 service providers from 16 SUD treatment sites in California participated in virtual focus groups that lasted about an hour. We recorded the discussions and transcribed them verbatim. Two qualitative analysts independently conducted content analysis to identify themes from the transcripts.

Results:

At the beginning of the pandemic, service providers observed a slight decrease in patient admissions, followed by an uptick in patient flow due to increased mental health issues, alcohol use, and relapse. Many of the clinics adopted flexible service delivery modes, such as curbside dosing and extended take-home medication, to enable social distancing in clinic settings. Approximately half of the clinic encounters offered telemedicine, and a considerable proportion of patients preferred to use telephone-based services rather than video-based services. Internet instability and technical difficulties limited the use of telemedicine among their patients.

Conclusion:

COVID has been challenging for SUD treatment, but health care systems rapidly reacted with adjustments that may result in long-term changes in SUD service delivery. Telemedicine-based services have played a major role in ensuring uninterrupted patient care. Providers need organizational, technical, and logistical support to improve and sustain telemedicine services that increase access to quality care for their patients.

COVID-19 and the drug overdose crisis: uncovering the deadliest months in the United States, January–July 2020

Friedman, J; Akre, S

American Journal of Public Health

15 April 2021

DOI: 10.2105/AJPH.2021.306256

Objectives.

To determine the magnitude of increases in monthly drug-related overdose mortality during the COVID-19 pandemic in the United States.

Methods.

We leveraged provisional records from the Centers for Disease Control and Prevention provided as rolling 12-month sums, which are helpful for smoothing, yet may mask pandemic-related spikes in overdose mortality. We cross-referenced these rolling aggregates with previous monthly data to estimate monthly drug-related overdose mortality for January through July 2020. We quantified historical errors stemming from reporting delays and estimated empirically derived 95% prediction intervals (PIs).

Results.

We found that 9192 (95% PI = 8988, 9397) people died from drug overdose in May 2020—making it the deadliest month on record—representing a 57.7% (95% PI = 54.2%, 61.2%) increase over May 2019. Most states saw large-magnitude increases, with the highest in West Virginia, Kentucky, and Tennessee. We observed low concordance between rolling 12-month aggregates and monthly pandemic-related shocks.

Conclusions.

Unprecedented increases in overdose mortality occurred during the pandemic, highlighting the value of presenting monthly values alongside smoothed aggregates for detecting shocks.

Public Health Implications.

Drastic exacerbations of the US overdose crisis warrant renewed investments in overdose surveillance and prevention during the pandemic response and postpandemic recovery efforts.

COVID 19 fear impact on Israeli and Russian female student mental health, substance use and resilience

Reznik A, Gritsenko V, Konstantinov V, et al

Health Care for Women International

30 June 2021 - doi: 10.1080/07399332.2021.1922409

COVID-19: mental health and addictive disorders

Singh YP.

Journal of the Association of Physicians in India

69, 5, p.14-15, 2021

<https://www.japi.org/x284a464/covid-19-mental-health-and-addictive-disorders>

Expert consensus on the prevention and treatment of substance use and addictive behaviour-related disorders during the COVID-19 pandemic

Du, J, Fan, N, Zhao, M, et al

General Psychiatry, 2021, 33, 4, e100252

Harnessing the power of social media to understand the impact of COVID-19 on people who use drugs during lockdown and social distancing

El-Bassel, N; Hochstatter, K R; Slavin, M N; et al

Journal of Addiction Medicine

1 July 2021

DOI: 10.1097/ADM.0000000000000883

Objectives:

This paper uses a social media platform, Reddit, to identify real-time experiences of people who use drugs during the COVID-19 lock-down.

Methods:

Reddit is a popular and growing social media platform, providing a large, publicly available dataset necessary for high performance of machine learning and topic modeling techniques. We used opioid-related "subreddits," communities where Reddit users engage in conversations about drug use, to examine COVID-19-related content of posts and comments from March to May 2020. This paper investigates the latent topics of users' posts/comments using Latent Dirichlet Allocation, an

unsupervised machine learning approach that uncovers the thematic structure of a document collection. We also examine how topics changed over time.

Results:

The final dataset consists of 525 posts and 9284 comments, for a total of 9809 posts/comments (3756 posts/comments in r/opiates, 1641 in r/OpiatesRecovery, 1203 in r/suboxone, and 3209 in r/Methadone) among 2342 unique individuals. There were 5256 posts/comments in March; 3185 in April; and 1368 in May (until May 22). Topics that appeared most frequently in COVID-19-related discussions included medication for opioid use disorder experiences and access issues (22.6%), recovery (24.2%), and drug withdrawal (20.2%).

Conclusions:

During the first three months of the COVID-19 pandemic, people who use drugs were impacted in several ways, including forced or intentional withdrawal, confusion between withdrawal and COVID-19 symptoms, take-home medication for opioid use disorder issues, and barriers to recovery. As the pandemic progresses, providers and policymakers should consider these experiences among people who use drugs during the early stage of the pandemic.

Mental health and addiction response: supporting nursing resilience in a pandemic

Velji K, Brannon E.

Nursing Leadership

34, 2, p.16-20

In their paper, Stelnicki and Carleton (2021) highlight both the findings of their 2019 survey of nurses' mental health (Stelnicki et al. 2020) and more recent literature published during the COVID-19 pandemic. This response outlines the role of nursing leaders in enabling the mental health of nurses in a mental health and addiction setting, particularly during the COVID-19 pandemic.

Use of alcohol and addictive drugs during the COVID-19 Outbreak in Norway: associations with mental health and pandemic-related problems

Bonsaksen T, Ekeberg Ø, Schou-Bredal I, et al

Frontiers in Public Health, 2021, 9, 667729

Background:

The outbreak of COVID-19 has had a major impact on people's daily life. This study aimed to examine use of alcohol and addictive drugs during the COVID-19 outbreak in Norway and examine their association with mental health problems and problems related to the pandemic.

Methods:

A sample of 4,527 persons responded to the survey. Use of alcohol and addictive drugs were cross-tabulated with sociodemographic variables, mental health problems, and problems related to COVID-19. Logistic regression analyses were used to examine the strength of the associations.

Results:

Daily use of alcohol was associated with depression and expecting financial loss in relation to the COVID-19 outbreak. Use of cannabis was associated with expecting financial loss in relation to COVID-19. Use of sedatives was associated with anxiety, depression, and insomnia. Use of painkillers was associated with insomnia and self-reported risk of complications if contracting the coronavirus.

Conclusion:

The occurrence of mental health problems is more important for an understanding of the use of alcohol and addictive drugs during the COVID-19 outbreak in Norway, compared to specific pandemic-related worries.

Adolescent marijuana, alcohol use held steady during COVID-19 pandemic

<https://cutt.ly/1myTHbg>

Relationships forged during COVID-19 pandemic could be repurposed to fight addiction

<https://www.wcpo.com/news/local-news/butler-county/relationships-forged-during-covid-19-pandemic-could-be-repurposed-to-fight-addiction>

Covid hits lone de-addiction project for women

No. of drug users seeking help falls to 45 from 241

<https://www.tribuneindia.com/news/punjab/covid-hits-lone-de-addiction-project-for-women-274585>

Drug addiction: a major challenge alongside coronavirus

<https://www.urdupoint.com/en/miscellaneous/drug-addiction-a-major-challenge-alongside-c-1288127.html>

BC's construction industry is 'ground zero' for opioid crisis among workers

Substance use has plagued the trades for a long time. It's now more serious than ever.

https://theyee.ca/News/2021/06/24/BC-Construction-Industry-Ground-Zero-Opioid-Crisis/?utm_source=twitter&utm_medium=social&utm_content=062521-1&utm_campaign=editorial

Helping drug users survive, not abstain: 'harm reduction' gains federal support

<https://www.nytimes.com/2021/06/27/health/overdose-harm-reduction-covid.html>

Drug addiction: A major challenge alongside coronavirus

<https://dailytimes.com.pk/780495/drug-addiction-a-major-challenge-alongside-coronavirus/>

Connecticut opioid deaths keep rising even after pandemic eases

<https://apnews.com/article/ct-state-wire-technology-pandemics-health-opioids-58f30b7700c60e7bb9be398c78084cb7>

This new harm reduction policy could help save drug users' lives

<https://www.mic.com/p/this-new-harm-reduction-policy-could-help-save-drug-users-lives-82313672>

Unprecedented increase in overdose deaths during the COVID-19 pandemic – with substantial regional variation

After experiencing a slight decrease in 2018, drug overdose deaths increased again in 2019, setting an all-time high. Preliminary reports from states and cities indicate that overdose death rates are further increasing during the COVID-19 pandemic | Recovery Research Institute, USA

<https://www.recoveryanswers.org/research-post/unprecedented-increase-overdose-deaths-covid-19-substantial-regional-variation/>

Deaths from drug overdoses surge in some Black communities amid COVID-19

<https://www.pbs.org/newshour/show/deaths-from-drug-overdoses-surge-in-some-black-communities-amid-covid-19>

This new harm reduction policy could help save drug users' lives

<https://www.mic.com/p/this-new-harm-reduction-policy-could-help-save-drug-users-lives-82313672>