



## EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

### CORONAVIRUS, 5 March 2021

#### GREY LITERATURE

---

#### **The effects of COVID-19 on people experiencing mental ill-health, substance use disorder and homelessness or housing Insecurity in the Dublin region: a qualitative exploration**

Kelly, K  
Merchants Quay Ireland  
Dublin: 2021

This research was carried out between Merchants Quay Ireland and the HSE ACCES programme. The research focusses on the lives of ten participants – five linked in with MQI and five linked in with HSE ACCES – who have experience of a mental health illness, substance use issue and/or homelessness, or any combination of these both before and after the onset of the COVID-19 pandemic.

This qualitative research study aims to explore the psychological effects of changes in service delivery than have ensued as a result of COVID-19 for people in Dublin experiencing mental illness, substance use and/or homelessness or any combination of these. Two services are engaged in the care of and support for this population (Merchants Quay Ireland (MQI) and the HSE ACCES programme (see pp8) have experienced considerable change which has required high levels of flexible adaptation to continue with service provision.

The research focusses on the lives of ten participants – five linked in to MQI and five linked in to HSE ACCES – who have experience of a mental health illness, substance use issue and/or homelessness, or any combination of these both before and after the onset of the COVID-19 pandemic. The first section gives an overview of Irish policy on those issues, as well as the Irish Government's response to COVID-19 for those with mental health and substance use issues as well as homelessness. The second section documents the methodological approach to the study while the third section provides a brief sociodemographic profile of the participants as well as profile of their mental health, substance use and housing. The fourth section presents the findings of the study – an analysis of the participants lived experience of COVID-19 and the meanings attached by them to that experience in terms of their mental health and well-being. The fifth section places those experiences in the context of relevant research, allowing for the sixth and final, section which provides a conclusion and recommendations based on the input from the study's participants.

<https://www.drugsandalcohol.ie/33835/1/Mental-Health-Report.pdf>

#### **Harm reduction worker safety during the COVID-19 global pandemic: National rapid guidance document**

Elton-Marshall, T; Ali, F; Hyshka, E; et al  
Canadian Research Initiative in Substance Misuse  
Toronto: 2020

This document is one of a series of six national guidance documents, rapidly developed by the CRISM network at the request of the Government of Canada. Collectively, the six documents address urgent needs of people who use substances, service providers, and decision makers in relation to the COVID-19 pandemic. The urgent nature of this work required rapid development and dissemination of this guidance. This, and the continuing evolution of the knowledge base regarding COVID-19, precluded CRISM from conducting a comprehensive review of the relevant literature. However, when available, scientific evidence is cited in support of the expert advice offered herein.

The guidance provided in this document is subject to change as new information becomes available. Readers should note that the intent of this document is to provide general guidance rather than detailed procedural and logistical advice. Readers are advised to consult local public health and medical authorities for specific input on navigating their own unique regulatory and policy environments, as necessary.

<https://www.drugsandalcohol.ie/33787/1/CRISM-Guidance-Worker-Safety-06072020.pdf>

### **Medications and other clinical approaches to support physical distancing for people who use substances during the COVID-19 pandemic: National rapid guidance document**

Brar, R; Bruneau, J; Butt, P: et al

Canadian Research Initiative in Substance Misuse  
Vancouver: 2020

This document is one of a series of six national guidance documents, rapidly developed by the CRISM network at the request of the Government of Canada. Collectively, the six documents address urgent needs of people who use substances, service providers, and decision makers in relation to the COVID-19 pandemic. The urgent nature of this work required rapid development and dissemination of this guidance. This, and the continuing evolution of the knowledge base regarding COVID-19, precluded CRISM from conducting a comprehensive review of the relevant literature. However, when available, scientific evidence is cited in support of the expert advice offered herein.

The guidance provided in this document is subject to change as new information becomes available. Readers should note that the intent of this document is to provide general guidance rather than detailed procedural and logistical advice. Readers are advised to consult local public health and medical authorities for specific input on navigating their own unique regulatory and policy environments, as necessary.

<https://www.drugsandalcohol.ie/33785/1/CRISM-Guidance-Medications-and-other-clinical-approaches-22062020-final.pdf>

### **Strategies to reduce SARS-CoV-2 transmission in supportive recovery programs and residential addiction treatment services: National Rapid Guidance Document**

Cooksey, J, Ganci, G, McPherson, C, et al

Canadian Research Initiative in Substance Misuse  
Vancouver, BC: 2020

This resource was developed to provide strategies for infection prevention and control to facility operators of Canadian residential substance use treatment and supportive recovery residence services in the context of the COVID-19 pandemic, in order to support safer operations and reduce the risk of viral transmission. It provides an overview of and resources on the following topics: risk assessment; equipment and infrastructure changes; screening practices; physical distancing; hygiene practices; outbreak protocols; access to cultural practices; and staff self-care.

<https://crism.ca/wp-content/uploads/2020/08/Strategies-to-Reduce-SARS-CoV-2-Transmission-in-Supportive-Recovery-Programs-and-Residential-Addiction-Treatment-Services-03082020-1.pdf>

### **Supporting people who use substances in acute care settings during the COVID-19 pandemic: CRISM – interim guidance document**

Dong, K, Meador, K, Hyshka, E, et al

Canadian Research Initiative in Substance Misuse  
Edmonton, AL: 2020

The purpose of this national rapid guidance document is to support acute care hospital environments in providing evidence-informed care for people who use substances in the context of the COVID-19 pandemic in Canada. The strategies discussed in this document are intended to help hospital based health care providers identify people in need of substance use related support early in their health care encounter, provide care based on best practices, and mitigate the risks of both substance use related harm and COVID-19 transmission during and after hospitalization.

<https://crism.ca/wp-content/uploads/2021/02/Supporting-people-who-use-substances-in-acute-care-settings-during-the-COVID-19-pandemic-V2-18-Feb-2021.pdf>

### **Telemedicine support for addiction services: National Rapid Guidance Document.**

Bruneau, J, Rehm, J, Wild, T C, et al

Canadian Research Initiative in Substance Misuse  
Montreal: 2020

The purpose of this guidance document is to support healthcare providers to deliver telemedicine for addiction services during the COVID-19 pandemic. This document is intended to provide general guidance related to telemedicine focused on covering OAT and other addiction-related pharmacological treatments. It does not cover the use of telemedicine for non-pharmacological approaches. Furthermore, it does not provide guidance for specific populations or specific conditions, such as the comorbidity of mental health, pregnancy, or use in other populations.

<https://crism.ca/wp-content/uploads/2020/05/CRISM-National-Rapid-Guidance-Telemedicine-V1.pdf>

**COVID-19 and people who use drugs: Essential interventions to save lives and protect people**

Teltzrow, R; Merz, K

Pompidou Group

Strasbourg: 2021

There are many people fighting the COVID-19 pandemic with all their might, but not all of them get much public attention. Among them are the frontline workers who continue to provide much-needed health services to people who use drugs. Every day, they stand up for a group of the most vulnerable people in society: people whose drug dependence often goes hand-in-hand with social and health grievances, such as HIV infection, unemployment or homelessness.

[https://www.correlation-net.org/wp-content/uploads/2021/02/covid\\_pwud\\_pompidou\\_cehm.pdf](https://www.correlation-net.org/wp-content/uploads/2021/02/covid_pwud_pompidou_cehm.pdf)

### **Mechanisms for substance use disorders in COVID-19**

Lin, Z

Molecular Psychiatry

26 February 2021

DOI: 10.1038/s41380-021-01041-0

### **Identifying new/emerging psychoactive substances at the time of COVID-19; a web-based approach**

Catalani, V; Arillotta, D; Corkery, J M; et al

Frontiers in Psychiatry, 2021, 11, 632405

COVID-19-related disruptions of people and goods' circulation can affect drug markets, especially for new psychoactive substances (NPSs). Drug shortages could cause a change in available NPS, with the introduction of new, unknown, substances. The aims of the current research were to use a web crawler, NPSfinder®, to identify and categorize emerging NPS discussed on a range of drug enthusiasts/psychonauts' websites/forums at the time of the pandemic; social media for these identified NPS were screened as well. The NPSfinder® was used here to automatically scan 24/7 a list of psychonaut websites and NPS online resources. The NPSs identified in the time frame between January and August 2020 were searched in both the European Monitoring Center for Drugs and Drug Addictions (EMCDDA)/United Nations Office on Drugs and Crime (UNODC) databases and on social media (Facebook, Twitter, Instagram, Pinterest, and YouTube) as well, with a content qualitative analysis having been carried out on reddit.com. Of a total of 229 NPSs being discussed at the time of the pandemic, some 18 NPSs were identified for the first time by the NPSfinder®. These included six cathinones, six opioids, two synthetic cannabinoid receptor agonists (SCRAs), two phenylcyclohexylpiperidine (PCP)-like molecules, and two psychedelics. Of these NPSs, 10 were found to be previously unreported to either the UNODC or the EMCDDA. Of these 18 NPSs, opioids and cathinones were the most discussed on social media/reddit, with the highest number of threads associated. Current findings may support the use of both automated web crawlers and social listening approaches to identify emerging NPSs; the pandemic-related imposed restrictions may somehow influence the demand for specific NPS classes.

### **Designing and evaluating COVID-19 protocols for an office-based opioid treatment program in an urban underserved setting**

O'Gurek, D T

Journal of the American Board of Family Medicine

34 (Suppl), S136-S140, 2021

#### **Background:**

Despite changing federal regulations for providing telehealth services and provision of controlled substances during the COVID-19 pandemic, there is little guidance available for office-based opioid treatment (OBOT) programs integrated into primary care settings.

#### **Purpose:**

(1) Develop disaster-preparedness protocols specific to the COVID-19 pandemic for an urban OBOT program, and (2) evaluate the impacts of the protocol and telehealth on care.

#### **Methods:**

Disaster-preparedness protocols specific to the COVID-19 pandemic were developed for an urban OBOT program, implemented on March 16, 2020. Retrospective chart review compared patients from January 1, 2020 to March 13, 2020, to patients from March 16, 2020 to April 30, 2020, abstracting patient demographics and comparing show and no-show rates between studied groups.

#### **Results:**

The disaster-preparedness protocol was developed under a deliberative process to address social issues of the urban underserved population. Of 852 visits conducted between Jan 1, 2020, and April 30, 2020, a 91.7% show rate ( $n = 166/181$ ) was documented for telemedicine visits after protocol implementation compared with a 74.1% show rate ( $n = 497/671$ ) for routine in-person care ( $P = .06$ ) without significant differences between the study populations. The no-show rate was significantly lower after protocol implementation (8.3% vs 25.9%;  $P < 0.05$ ).

#### **Conclusions:**

OBOTs require organized workflows to continue to provide services during the COVID-19 pandemic. Telemedicine, in the face of relaxed federal regulations, has the opportunity to enhance addiction care, creating a more convenient as well as an equally effective mechanism for OBOTs to deliver care that should inform future policy.

## **Trends in US emergency department visits for mental health, overdose, and violence outcomes before and during the covid-19 pandemic**

Holland KM, Jones C, Vivolo-Kantor AM, et al

JAMA Psychiatry

3 February 2021

doi: 10.1001/jamapsychiatry.2020.4402

### **Importance:**

The coronavirus disease 2019 (COVID-19) pandemic, associated mitigation measures, and social and economic impacts may affect mental health, suicidal behavior, substance use, and violence.

### **Objective:**

To examine changes in US emergency department (ED) visits for mental health conditions (MHCs), suicide attempts (SAs), overdose (OD), and violence outcomes during the COVID-19 pandemic.

### **Design, setting, and participants:**

This cross-sectional study used data from the Centers for Disease Control and Prevention's National Syndromic Surveillance Program to examine national changes in ED visits for MHCs, SAs, ODs, and violence from December 30, 2018, to October 10, 2020 (before and during the COVID-19 pandemic).

The National Syndromic Surveillance Program captures approximately 70% of US ED visits from more than 3500 EDs that cover 48 states and Washington, DC.

### **Main outcomes and measures:**

Outcome measures were MHCs, SAs, all drug ODs, opioid ODs, intimate partner violence (IPV), and suspected child abuse and neglect (SCAN) ED visit counts and rates. Weekly ED visit counts and rates were computed overall and stratified by sex.

### **Results:**

From December 30, 2018, to October 10, 2020, a total of 187 508 065 total ED visits (53.6% female and 46.1% male) were captured; 6 018 318 included at least 1 study outcome (visits not mutually exclusive). Total ED visit volume decreased after COVID-19 mitigation measures were implemented in the US beginning on March 16, 2020. Weekly ED visit counts for all 6 outcomes decreased between March 8 and 28, 2020 (March 8: MHCs = 42 903, SAs = 5212, all ODs = 14 543, opioid ODs = 4752, IPV = 444, and SCAN = 1090; March 28: MHCs = 17 574, SAs = 4241, all ODs = 12 399, opioid ODs = 4306, IPV = 347, and SCAN = 487). Conversely, ED visit rates increased beginning the week of March 22 to 28, 2020. When the median ED visit counts between March 15 and October 10, 2020, were compared with the same period in 2019, the 2020 counts were significantly higher for SAs ( $n = 4940$  vs  $4656$ ,  $P = .02$ ), all ODs ( $n = 15 604$  vs  $13 371$ ,  $P < .001$ ), and opioid ODs ( $n = 5502$  vs  $4168$ ,  $P < .001$ ); counts were significantly lower for IPV ED visits ( $n = 442$  vs  $484$ ,  $P < .001$ ) and SCAN ED visits ( $n = 884$  vs  $1038$ ,  $P < .001$ ). Median rates during the same period were significantly higher in 2020 compared with 2019 for all outcomes except IPV.

### **Conclusions and relevance:**

These findings suggest that ED care seeking shifts during a pandemic, underscoring the need to integrate mental health, substance use, and violence screening and prevention services into response activities during public health crises.

## **Does opioid substitution treatment have a protective effect on the clinical manifestations of COVID-19? Comment on Br J Anaesth 2020; 125: e382–3**

Eagleton, M; Keenan, E

British Journal of Anaesthesia

126, 3, e114-e116 2021

## **A telemedicine buprenorphine clinic to serve New York City: initial evaluation of the NYC public hospital system's initiative to expand treatment access during the COVID-19 pandemic**

Tofighi, B; McNeely, J; Walzer, D; et al

Journal of addiction medicine

1 March 2021

DOI: 10.1097/ADM.0000000000000809

### **Objectives:**

The purpose of this study was to assess the feasibility and clinical impact of telemedicine-based opioid treatment with buprenorphine-naloxone following the Coronavirus disease 2019 pandemic.

### **Methods:**

Participants included in this retrospective analysis consisted of adult New York City residents with opioid use disorder eligible for enrollment in the NYC Health+Hospitals Virtual Buprenorphine Clinic between March and May 2020 ( $n = 78$ ). Follow-up data were comprised of rates of retention in treatment at 2 months, referrals to community treatment, and induction-related events.

### **Results:**



During the initial 9 weeks of clinic operations, the clinic inducted 78 patients on to buprenorphine-naloxone and completed 252 visits. Patient referrals included non-NYC Health + Hospitals (n=22, 28.2%) and NYC Health + Hospitals healthcare providers (n=17, 21.8%), homeless shelter staff (n=13, 16.7%), and the NYC Health + Hospitals jail reentry program in Rikers Island (n=11, 14.1%). At 8 weeks, 42 patients remained in care (53.8%), 21 were referred to a community treatment program (26.9%), and 15 were lost to follow-up (19.2%). No patients were terminated from care due to disruptive behavior or suspicions of diversion or misuse of Buprenorphine. Adverse clinical outcomes were uncommon and included persistent withdrawal symptoms (n=8, 4.3%) and one nonfatal opioid overdose (0.5%).

#### **Conclusions:**

Telemedicine-based opioid treatment and unobserved home induction on buprenorphine-naloxone offers a safe and feasible approach to expand the reach of opioid use disorder treatment, primary care, and behavioral health for a highly vulnerable urban population during an unprecedented natural disaster.

#### **Changes in drug use patterns during the COVID-19 pandemic in Italy: Monitoring a vulnerable group by hair analysis**

Gili, A; Bacci, M; Aroni, K; et al

International Journal of Environmental Research and Public Health

18, 4, 1967, 2021

From 22 March until 18 May 2020, a complete lockdown in Italy was ordered as a countermeasure against the COVID-19 pandemic. Social isolation measures affect some populations more than others, and people with drug and/or alcohol disorders (SUDs) are more likely to be adversely affected. This study presents, for the first time, laboratory data on the use of alcohol and drugs in a high-risk population during Italy's first wave of the COVID-19 pandemic. Thirty subjects with SUDs were monitored for the use of illicit drugs and alcohol every 3 months before, during and after the lockdown, by hair analysis. The number of samples positive for heroin, cocaine, MDMA and cannabis fell considerably during the lockdown and then resumed to pre-lockdown levels when the period of confinement was over. Interestingly, the consumption of benzodiazepines and alcohol followed the opposite trend; both the number of benzodiazepine-positive samples and the level of alcohol consumption increased and remained high, even at the end of the lockdown. The confinement measures produced significant changes in drug/alcohol use patterns, with a shift toward the use of substances that were more easily accessible, used as self-medication for negative feelings, and used to alleviate the effects of abstinence from drugs that were no longer readily available.

#### **The opioid epidemic within the COVID-19 pandemic: drug testing in 2020**

Niles, J K; Gudin, J; Radcliff, J; et al

Population Health Management

24, S1, S43-S51, 2021

The convergence of the opioid epidemic and the coronavirus disease 2019 (COVID-19) pandemic has created new health care challenges. The authors analyzed changes in clinical drug testing patterns and results at a national clinical laboratory, comparing data obtained before and during the pandemic. Testing for prescription and illicit drugs declined rapidly during the pandemic, with weekly test volumes falling by approximately 70% from the baseline period to the trough (the week beginning March 29) before rising in subsequent weeks. Among individuals tested, positivity increased by 35% for non-prescribed fentanyl and 44% for heroin during the pandemic. Positivity for non-prescribed fentanyl increased significantly among patients positive for other drugs: By 89% for specimens positive for amphetamines; 48% for benzodiazepines; 34% for cocaine; and 39% for opiates ( $P < 0.01$  for all comparisons). These findings suggest significant increases in dangerous drug combinations. Positivity for non-prescribed use of many other drugs remained consistent or declined for some drugs, relative to pre-pandemic patterns. Models adjusting for potential confounding variables, including medication-assisted treatment and treatment at a substance use disorder facility indicated that the risk for non-prescribed fentanyl positivity rose by more than 50% during the pandemic. In summary, these findings demonstrate decreased drug testing overall, with increased positivity for high-risk drugs and dangerous drug combinations. The convergence of the drug abuse epidemic and COVID-19 pandemic has led to an increased need for health care and public health resources dedicated to supporting vulnerable patients and addressing the underlying causes of these disturbing trends.

#### **Impacts of the COVID-19 pandemic on healthcare access among patients receiving medication for opioid use disorder**

Jacka, B P, Janssen, T, Garner, B R, et al

Drug and Alcohol Dependence, 221, 108617

**Background:**

The COVID-19 pandemic significantly altered treatment delivery for opioid treatment programs (OTPs) dispensing medications for opioid use disorder (MOUD). We aimed to identify patterns of substance use among MOUD patients and examine whether COVID-19-related impacts on access to healthcare varied across subgroups.

**Methods:**

This analysis was embedded within a type 3 hybrid trial that enrolled patients across eight OTPs at the start of the pandemic. Enrolled patients reported on past-30 day use of multiple substances during their baseline assessment. Participants re-contacted in May-July 2020 completed a survey about COVID-19-related impacts on various life domains. Using latent class analysis we identified patient subgroups, and then examined group differences on a set of negative and positive COVID-19 impacts related to healthcare access.

**Results:**

Of the 188 trial participants, 135 (72 %) completed the survey. Latent class analysis identified three MOUD patient subgroups: minimal use (class probability: 0.25); opioid use (class probability: 0.34); and polysubstance use (class probability: 0.41). Compared to the minimal use group, the polysubstance use group reported increased substance use and difficulty accessing sterile needles, naloxone, and preferred substance. The opioid use group reported increased substance use and difficulty accessing their preferred substance. There were no significant group differences related to accessing routine or specialized healthcare or medication; or paying attention to their health.

**Conclusions:**

During COVID-19, many MOUD patients reported challenges accessing care, particularly harm reduction services for patients with polysubstance use. Additional efforts, like providing wraparound support, may be necessary to serve the needs of MOUD patients.

**Leveraging COVID-19 to sustain regulatory flexibility in the treatment of opioid use disorder**

Stringer KL, Langdon KJ, McKenzie M, Brockmann B, Marotta P.

Journal of Substance Abuse Treatment, 2021, 123, 108263

The U.S. government declared the opioid epidemic as a national public health emergency in 2017, but regulatory frameworks that govern the treatment of opioid use disorder (OUD) through pharmaceutical interventions have remained inflexible. The emergence of the COVID-19 pandemic has effectively removed regulatory restrictions that experts in the field of medications for opioid use disorder (MOUD) have been proposing for decades and has expanded access to care. The regulatory flexibilities implemented to avoid unnecessary COVID-related death must be made permanent to ensure that improved access to evidence-based treatment remains available to vulnerable individuals with OUD who otherwise face formidable barriers to MOUD. We must seize this moment of COVID-19 regulatory flexibilities to demonstrate the feasibility, acceptability, and safety of delivering treatment for OUD through a low-threshold approach.

**Adult PTSD symptoms and substance use during Wave 1 of the COVID-19 pandemic**

Currie, C L

Addictive Behaviors Reports, 2021, 100341

**Introduction**

This study examined associations between pandemic-related PTSD symptoms and substance use among adults, the role of gender and socioeconomic status in these outcomes, and the supports that adults needed to address these problems during the first wave of the pandemic in Canada.

**Methods and Measures**

Data were collected from 933 community-based adults without a previous diagnosis of PTSD in June 2020. The Primary Care PTSD Screen was adapted to assess pandemic-related PTSD symptoms. Participants were asked if alcohol or cannabis use had increased in the past month. Adjusted logistic regression models examined associations between PTSD symptoms and substance use.

**Results**

More women (19%) than men (13%) met criteria for high pandemic-related PTSD symptomology, while a similar percentage (13.4% of women, 13.2% of men) reported significant increases in substance use during the pandemic. Adults 18-35 years; those who believed they would become infected with the virus; and those with low income, education, or pandemic-related job loss were more likely to report PTSD symptoms. High PTSD symptomology was associated with significant substance use increases among both women (OR = 2.2) and men (OR = 2.3) in adjusted models. Many adults (50% of women, 40% of men) indicated they needed help to address these problems.

**Conclusions**

A significant proportion of adults were experiencing pandemic-related PTSD symptoms and substance use increases during the first wave of the pandemic in Canada, and needed help to address these problems. Findings suggest that addressing pandemic-related PTSD symptoms may be important in substance use interventions.



### **Drugs in the time of COVID**

Since the beginning of the first national coronavirus lockdown, Release has operated a public, online survey designed to monitor how people are buying their drugs. The purpose of this survey, which is open to anyone residing in the UK over the age of 18, is to determine the impact that the COVID-19 pandemic, and corresponding restrictions, have had on buying illegal substances | Russell Webster, UK

<https://mailchi.mp/russellwebster/drugs-in-the-time-of-covid>

### **Changing tastes and long lockdown the perfect storm for cocaine use**

The unique impacts of COVID-19 in our state, and changes in the business model of drugs are some of the reasons why Victoria has overtaken NSW to become the state with the highest proportion of self-reported cocaine use in Australia, as The Age revealed last week

(<https://www.theage.com.au/national/victoria/cocaine-drives-victoria-s-growing-drug-habit-20210224-p575d1.html>) | SMH opinion, Australia (<https://www.smh.com.au/national/victoria/changing-tastes-and-long-lockdown-the-perfect-storm-for-cocaine-use-20210226-p5764n.html>)

### **Drugs: 'Major concern' over online purchases**

Charities say they are expecting a "storm" of addiction problems when the Covid pandemic subsides, due to access to drugs online | BBC, UK

<https://www.bbc.co.uk/news/uk-wales-56182318>

### **The impact of COVID-19 on drug testing**

<https://ohsonline.com/articles/2021/03/01/the-impact-of-covid19-on-drug-testing.aspx>

### **People seeking drug treatment weren't ready for the pandemic—here's what we learned about relapse and recovery**

<https://www.health.com/condition/infectious-diseases/coronavirus/covid-19-drug-addiction-treatment-recovery-relapse>

### **Benzos and the dark web – how lockdown fuelled the online drugs market**

<https://news.sky.com/story/benzos-and-the-dark-web-how-lockdown-fuelled-the-online-drugs-market-12232814>

### **The 'other' epidemic: Amid Covid-19, addiction experts fear Biden could back-burner the overdose crisis**

<https://www.statnews.com/2021/03/02/addiction-overdose-crisis-covid-biden-backburner/>

### **Drug seizures plummeted early in the COVID-19 pandemic, then climbed once lockdowns lifted**

[https://www.eurekalert.org/pub\\_releases/2021-03/nyu-dsp022321.php](https://www.eurekalert.org/pub_releases/2021-03/nyu-dsp022321.php)