



EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

CORONAVIRUS, 8 January 2021

GREY LITERATURE

Saving lives from overdose during a pandemic

Whaley, S; Ahmed, N J; Latimore, A; et al
Johns Hopkins Bloomberg School of Public Health
Baltimore, MD: 2020

This report offers recommendations aimed at federal, state, and local policymakers to address the opioid epidemic during the pandemic, which has seen sharp increases in fatal and nonfatal overdoses. The recommendations detail policy solutions in the areas of data and surveillance, harm reduction, and treatment, with special considerations for vulnerable populations

<https://americanhealth.jhu.edu/sites/default/files/website-media/resources/saving-lives-from-overdose.pdf>

Impacts of the COVID-19 pandemic on substance use treatment capacity in Canada

Canadian Centre on Substance Use and Addiction (CCSA)
Ottawa: 2020

The response to the COVID-19 pandemic has included many public health measures to contain the spread of the SARS-CoV-2 virus. These measures have substantially affected the provision of and access to services and supports for people who use substances. Some public health measures for COVID-19 have impacted patterns of substance use, the illicit drug supply, and the availability of and access to drugs in general.

<https://www.ccsa.ca/sites/default/files/2020-12/CCSA-COVID-19-Impacts-Pandemic-Substance-Use-Treatment-Capacity-Canada-2020-en.pdf>

The impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment

World Health Organization
Geneva: 2020

This report of a survey completed by 130 countries during the period June-August 2020 provides information about the extent of disruption to mental, neurological and substance use services due to COVID-19, the types of services that have been disrupted, and how countries are adapting to overcome these challenges.

<https://www.drugsandalcohol.ie/33448/1/who.pdf>

COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol

Public Health England
London: 2020

Updated guidance in line with national lockdown and updated guidance for the clinically extremely vulnerable | PHE, UK

<https://www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol>

Developments in drug addiction during COVID-19 - an Austrian perspective based on a clinical sample

Fuchs-Leitner, I, Yazdi, K, Gerstgrasser, N W, Rosenleitner, J
Frontiers in Psychiatry, 2020, 11, 602033

Concerns about the negative consequences of the COVID-19 pandemic on people with substance use disorder (SUD) were raised by experts in the field around the world. Here we provide an Austrian perspective, discussing the impact of the pandemic on help-seeking patient with drug use disorder during the initial stage of the pandemic. Our perspectives are based on the situation as perceived at our clinical facility, and supported by original data collected from a small clinical sample of patients with drug use disorder (N = 32). The viewpoints and related descriptive data include the perceived individual impact of COVID-19, as well as various aspects of drug use behavior and the Austrian drug market before and after the onset of the pandemic. The consequences for a subgroup of patients in opioid substitution treatment (N = 24) are discussed. Surprisingly and in contrast to anticipated developments, we had the impression of a rather stable situation in Austria, at least at this early stage of the pandemic. The immediate impact of COVID-19 on these help-seeking patients with high levels of drug dependency seemed less severe than anticipated so far. Importantly, this observation might be a short-term effect for this already fragile group and careful monitoring of further developments as well as preparation of long-term strategies are advised. In general, problematic drug use is associated with many health risk factors and finding appropriate long-term health care strategies has to remain a top priority facing the pandemic. Our perspectives are restricted to observations from help-seeking patients at our clinic, and no conclusions for the general population can be directly drawn.

Addressing a rapidly changing service landscape during the COVID-19 pandemic: Creation of the Oregon substance use disorder resource collaborative.

Lockard RA, Priest KC, Brown PCM, et al
Journal of Substance Abuse Treatment
10 December 2020
doi: 10.1016/j.jsat.2020.108244

Following the rising crisis of COVID-19 and the Oregon governor's stay-at-home orders, members of the Oregon Health and Science University (OHSU) inpatient addiction consult service recognized that local addiction treatment and recovery organizations were operating at limited capacity. As a result, discharge planning, patient access to local community-based treatment, and safety-net programming were affected. Given structural and intersectional risk vulnerabilities of people with substance use disorders (SUDs), the OHSU members felt that COVID-19 would disproportionately impact chronically marginalized members of our community. These inequities inspired the formation of the Oregon substance use disorder resources collaborative (ORSUD) led by four medical students. ORSUD's mission is to support the efforts of local safety-net organizations that and front-line providers who serve chronically marginalized community members in the midst of the global pandemic. We operationalized our mission through: 1) collecting and disseminating operational and capacity changes in local addiction and harm reduction services to the broader treatment community, and 2) identifying and addressing immediate resource needs for local safety-net programs. Our program uses a real-time public-facing document to collate local programmatic updates and general community resources. COVID-19 disproportionately burdens people with SUDs; thus, ORSUD exists to support programs serving people with SUDs and will continue to evolve to meet their needs and the needs of those who serve them.

Treatment of opioid use disorder among commercially insured patients in the context of the COVID-19 pandemic

Huskamp, H A; Busch, A B; Uscher-Pines, L; et al
Journal of the American Medical Association
324, 23, p.2440-2442, 2020

Changes in outpatient buprenorphine dispensing during the COVID-19 pandemic

Cance, J D; Doyle, E
Journal of the American Medical Association
324, 23, p.2442-2444, 2020

Ten simple rules for creating a brand-new virtual academic meeting (even amid a pandemic)

Rich, S; Diaconescu, A O; Griffiths, J D; Lankarany, M

The increased democratization of the creation, implementation, and attendance of academic conferences has been a serendipitous benefit of the movement toward virtual meetings. The Coronavirus Disease 2019 (COVID-19) pandemic has accelerated the transition to online conferences and, in parallel, their democratization, by necessity. This manifests not just in the mitigation of barriers to attending traditional physical conferences but also in the presentation of new, and more importantly attainable, opportunities for young scientists to carve out a niche in the landscape of academic meetings. Here, we describe an early "proof of principle" of this democratizing power via our experience organizing the Canadian Computational Neuroscience Spotlight (CCNS; crowdcast.io/e/CCNS), a free 2-day virtual meeting that was built entirely amid the pandemic using only virtual tools. While our experience was unique considering the obstacles faced in creating a conference during a pandemic, this was not the only factor differentiating both our experience and the resulting meeting from other contemporary online conferences. Specifically, CCNS was crafted entirely by early career researchers (ECRs) without any sponsors or partners, advertised primarily using social media and "word of mouth," and designed specifically to highlight and engage trainees. From this experience, we have distilled "10 simple rules" as a blueprint for the design of new virtual academic meetings, especially in the absence of institutional support or partnerships, in this unprecedented environment. By highlighting the lessons learned in implementing our meeting under these arduous circumstances, we hope to encourage other young scientists to embrace this challenge, which would serve as a critical next step in further democratizing academic meetings.

Assessment of filled buprenorphine prescriptions for opioid use disorder during the coronavirus disease 2019 pandemic

Nguyen, T D; Gupta, S; Zieden, E; et al
JAMA Internal Medicine
21 December 2020
DOI:10.1001/jamainternmed.2020.7497

COVID-19 and the 'rediscovery' of health inequities

Kawachi, I
International Journal of Epidemiology
49, 5, p.1415-1418, 2020

Considerations for remote delivery of behavioral economic interventions for substance use disorder during COVID-19 and beyond

Coughlin, L N, Bonar, E E, Bickel, W K
Journal of Substance Abuse Treatment, 2021, 120, 108150

The response to the COVID-19 crisis has created direct pressure on health care providers to deliver virtual care, and has created the opportunity to develop innovations in remote treatment for people with substance use disorders. Remote treatments provide an intervention delivery framework that capitalizes on technological innovations in remote monitoring of behaviors and can efficiently use information collected from people and their environment to provide personalized treatments as needed. Interventions informed by behavioral economic theories can help to harness the largely untapped potential of virtual care in substance use treatment. Behavioral economic treatments, such as contingency management, the substance-free activity session, and episodic future thinking, are positioned to leverage remote monitoring of substance use and to use personalized medicine frameworks to deliver remote interventions in the COVID-19 era and beyond.

Youth OUD treatment during and after COVID: Increasing family involvement across the services continuum.

Hogue, A, Becker, SJ, Fishman, M, et al
Journal of Substance Abuse Treatment, 2021, 120, 108159

Telehealth innovations in substance use treatment necessitated by the COVID-19 pandemic present a generational opportunity to increase family involvement in medication for opioid use disorders (MOUD) among youth. This commentary describes a conceptual framework for engaging and retaining youth and families across four stages of MOUD services: Preparation, Initiation, Stabilization, Remission & Recovery. Case vignettes illustrate provider-delivered and direct-to-family tele-interventions for augmenting family involvement in each MOUD stage: Family Outreach, Family Engagement, Family Training, Family Recovery Maintenance.

Down the drain: Reconsidering routine urine drug testing during the COVID-19 pandemic

Pytell, J D, Rastegar, D A
Journal of Substance Abuse Treatment, 2021, 120, 108155

The COVID-19 pandemic and the move to telemedicine for office-based opioid treatment have made the practice of routine urine drug tests (UDT) obsolete. In this commentary we discuss how COVID-19 has demonstrated the limited usefulness and possible harms of routine UDT. We propose that practitioners should stop using routine UDT and instead use targeted UDT, paired with clinical reasoning, as part of a patient-centered approach to care.

A clash of epidemics: Impact of the COVID-19 pandemic response on opioid overdose

Linas, B P, Savinkina, A, Barbosa, C, et al
Journal of Substance Abuse Treatment, 2021, 120, 108158

Coronavirus disease 2019 (COVID-19) will have a lasting impact on public health. In addition to the direct effects of COVID-19 infection, physical distancing and quarantine interventions have indirect effects on health. While necessary, physical distancing interventions to control the spread of COVID-19 could have multiple impacts on people living with opioid use disorder, including impacts on mental health that lead to greater substance use, the availability of drug supply, the ways that people use drugs, treatment-seeking behaviors, and retention in care. The degree to which COVID-19 will impact the opioid epidemic and through which of the possible mechanisms that we discuss is important to monitor. We employed simulation modeling to demonstrate the potential impact of physical distancing on overdose mortality.

Evidence of increased Fentanyl use during the COVID-19 pandemic among opioid agonist treatment patients in Ontario, Canada

Morin KA, Acharya S, Eibl JK, Marsh DC.
International Journal of Drug Policy
2020, 90, 103088

Background:

Amid the opioid crisis, the health care system is restructuring to prevent and treat COVID-19. Individuals in opioid agonist treatment (OAT) are uniquely challenged because of disruption to treatment, medication diversion, and isolation during the pandemic.

Methods:

Between January and September 2020, we utilized the electronic medical record from a chain of 67 opioid agonist treatment clinics in Ontario, Canada, to examine routinely collected urine drug screen results of patients in opioid agonist treatment by Public Health Units.

Results:

We present evidence of a 108% increase in the percentage of fentanyl positive urine drug screens from April to September ($p < 0.001$). During the same period, health regions in northern and southwestern Ontario, areas with a high concentration of rural communities, have seen the most notable increase in the percent of fentanyl positive urine drug screen results.

Conclusion:

The use of fentanyl increased by 108% among OAT patients in Ontario during the COVID 19 pandemic. We argue that the persistent increase of fentanyl exposure over time, specifically in the OAT population, suggests that reduced monitoring may decrease OAT's effectiveness and negatively impact patient outcomes.

Nantes: comment les intervenants des CSAPA/CAARUD se sont adaptés pour accompagner les usagers de drogues pendant le confinement ?

[Nantes: How have the CSAPA/ CAARUD workers adapted to support drug users during lockdown?]
Le Bourhis G., Thiétard N.
Psychotropes
26, 2-3, p.51–56, 2020

This article relates how the medico-social establishments, CSAPA and CAARUD de Nantes, organised the continuity of support for drug users during the period of lockdown linked to the Covid-19 epidemic. Some activities had to adapt, however, and teams worked to maintain social ties as well as access to harm reduction materials.

Enquête CANNAVID: Modifications de la consommation de cannabis chez les usagers quotidiens en période de pandémie de Covid-19

[CANNAVID survey: Changes in cannabis use among daily users during the Covid-19 pandemic]
Madrid L.B., Donadille C., Martin V., et al

Psychotropes
26, 2-3, p.141–163, 2020

In this context of lockdown linked to the Covid-19 health crisis, a survey was offered to daily cannabis users in order to study the impact of lockdown on their use and their health. The specific objectives of this article are to describe this population of daily cannabis users, the changes in use before and during the lockdown, and the link with certain sociodemographic, behavioural and health characteristics.

Inégalités, temporalité et addiction pendant le confinement

[Temporality and addiction, inequality and lockdown]

Blaise, M

Psychotropes

26, 2-3, p.221–227, 2020

This article describes the organisation of care at Marmottan Hospital, specialising in the management of addictive behaviour in Paris, during lockdown linked to the Covid-19 pandemic. The author describes in particular how this period changed the perception of temporality. He addresses the question of the link between people. Inequalities in patient resources were particularly highlighted during this period, and the lockdown did not get any easier, raising other kinds of issues.

Unprecedented need and recommendations for harnessing data to guide future policy and practice for opioid use disorder treatment following COVID-19

Livingston N.A., Ameral V., Banducci A.N., et al

Journal of Substance Abuse Treatment, 2020, 108222

The COVID-19 pandemic struck in the midst of an ongoing opioid epidemic. To offset disruption to life-saving treatment for opioid use disorder (OUD), several federal agencies granted exemptions to existing federal regulations. This included loosening restrictions on medications for OUD (MOUD), including methadone and buprenorphine. In this commentary, we briefly review policy and practice guidelines for treating OUD prior to the onset of the COVID-19 pandemic. We then outline specific MOUD treatment policy and practice exemptions that went into effect in February and March 2020, and discuss the ways in which these unprecedented changes have dramatically changed MOUD treatment. Given the unprecedented nature of these changes, and unknown outcomes to date, we advocate for a data-driven approach to guide future policy and practice recommendations regarding MOUD. We outline several critical clinical, research, and policy questions that can inform MOUD treatment in a post-COVID-19 era.

Adaptation of a system of treatment for substance use disorders during the COVID-19 pandemic

Komaromy M., Tomanovich M., Taylor J.L., et al

Journal of Addiction Medicine

25 Dec 2020

DOI: 10.1097/ADM.0000000000000791

The Grayken Center for Addiction at Boston Medical Center includes programs across the care continuum for people with substance use disorders (SUDs), serving both inpatients and outpatients. These programs had to innovate quickly during the COVID-19 outbreak to maintain access to care. Federal and state regulatory flexibility allowed these programs to initiate treatment for people experiencing homelessness and maximize patient safety through physical distancing practices. Programs switched to telehealth with high levels of acceptability and patient retention. Some programs also maintained some face-to-face clinic visits to see patients with complex problems and to provide injectable medications. Text-messaging proved invaluable with adolescent and young adult clients, and a mobile-health outreach program was initiated to reach mother/child dyads affected by SUDs. A 24-hour hotline was implemented to support seamless access to treatment for hundreds released from incarceration early due to the pandemic. Boston Medical Center also launched the COVID Recuperation Unit to allow patients experiencing homelessness to recover from mild to moderate COVID-19 infection in an environment that took a harm-reduction approach to SUDs and provided rapid initiation of medication treatment. Many of these innovations increased access to treatment and retention of patients during the pandemic. Maintaining the revised regulations would allow flexibility to provide telehealth, extended prescriptions, and remote access to buprenorphine initiation to support and engage more patients with SUDs.

Addictions in the COVID-19 era: Current evidence, future perspectives a

comprehensive review

Mallet J., Dubertret C., Le Strat Y.

Progress in Neuro-Psychopharmacology and Biological Psychiatry, 2021, 106, 110070

Background:

In the context of the COVID-19 worldwide pandemic, an up-to-date review of current challenges in addictions is necessary. While large scale disasters may have an impact on substance use and addictions, the use of some substances is also likely to modify the risk of COVID-19 infection or course. Many countries have imposed lockdowns. Whether this quarantine or the end of lockdown measures will have an impact on substance use is discussed. The aim of this review is to gather knowledge for clinicians and to guide public health policies during/after lockdown.

Methods:

PubMed was reviewed in August 6th (2020), to determine the current evidences and observations concerning the addictions and SARS-CoV2. We used all the names of the severe acute respiratory syndrome of coronavirus 2 (SARS-CoV2 previously 2019 nCoV), the name of the coronavirus disease 2019 (COVID-19), and common substances of abuse. For the physiopathological parts, searches were conducted using key words such as "infection" or "pneumonia". For the lockdown effects, key words such as "quarantine", "disaster" or "outbreak" were used.

Results:

Overall, pathophysiological data showed an increased risk of infections for individuals with Substance Use Disorders (SUD) and a possible protective role of nicotine. During lockdown, there is a substantial risk of increasing SUDs. Individuals with opioid use disorder are particularly at risk of relapse or of involuntary withdrawal. After lockdown, increase of use may be observed as far as years after. Individuals with addictions are at higher risk of multimorbidity and mortality during COVID outbreak.

Conclusion:

This review describes useful strategies in clinical practice, including a systematic assessment of addiction comorbidity during this almost worldwide lockdown/pandemic. This review also highlights important areas for future research.

Commentary on the impact of the COVID-19 pandemic on opioid use disorder treatment among Indigenous communities in the United States and Canada

Wendt D.C., Marsan S., Parker D., et al

Journal of Substance Abuse Treatment, 2021, 121, 108165

This commentary focuses on how some Indigenous communities in the United States (U.S.) and Canada are addressing the opioid epidemic within the context of the COVID-19 pandemic, from the perspective of the co-authors as researchers, clinicians, and pharmacists working within or among Indigenous communities in three eastern Canadian provinces and two western U.S. states. The pandemic has likely exacerbated opioid use problems among Indigenous communities, especially for individuals with acute distress or comorbid mental illness, or who are in need of withdrawal management or residential services. In response to the pandemic, we discuss first how greater prescription flexibility has facilitated and even increased access to medications for opioid use disorder. Second, we describe how Indigenous-serving clinics have expanded telemedicine services, albeit not without some challenges. Third, we note challenges with restricted participation in traditional Indigenous healing practices that can be helpful for addiction recovery. Fourth, we mention providers' worries about the pandemic's impact on their patients' mental health and safety. We argue that certain treatment transformations may be helpful even after the pandemic is over, through enhancing access to community-grounded treatment, decreasing stigma, and promoting patient self-efficacy.

The next wave? Mental health comorbidities and patients with substance use disorders in under-resourced and rural areas

Warfield S.C., Pack R.P., Degenhardt L., et al

Journal of Substance Abuse Treatment, 2021, 121, 108189

The rapid spread of the coronavirus disease (COVID-19) has impacted the lives of millions around the globe. The COVID-19 pandemic has caused increasing concern among treatment professionals about mental health and risky substance use, especially among those who are struggling with a substance use disorder (SUD). The pandemic's impact on those with an SUD may be heightened in vulnerable communities, such as those living in under-resourced and rural areas. Despite policies loosening restrictions on treatment requirements, unintended mental health consequences may arise among this population. We discuss challenges that under-resourced areas face and propose strategies that may improve outcomes for those seeking treatment for SUDs in these areas.

Association of substance use disorders and drug overdose with adverse COVID-19 outcomes in New York City: January-October 2020

Allen B, El Shahawy O, Rogers ES, Hochman S, Khan MR, Krawczyk N.

Journal of Public Health

26 Dec 2020

DOI: 10.1093/pubmed/fdaa241

Background:

Evidence suggests that individuals with history of substance use disorder (SUD) are at increased risk of COVID-19, but little is known about relationships between SUDs, overdose and COVID-19 severity and mortality. This study investigated risks of severe COVID-19 among patients with SUDs.

Methods:

We conducted a retrospective review of data from a hospital system in New York City. Patient records from 1 January to 26 October 2020 were included. We assessed positive COVID-19 tests, hospitalizations, intensive care unit (ICU) admissions and death. Descriptive statistics and bivariable analyses compared the prevalence of COVID-19 by baseline characteristics. Logistic regression estimated unadjusted and sex-, age-, race- and comorbidity-adjusted odds ratios (AORs) for associations between SUD history, overdose history and outcomes.

Results:

Of patients tested for COVID-19 (n = 188 653), 2.7% (n = 5107) had any history of SUD. Associations with hospitalization [AORs (95% confidence interval)] ranged from 1.78 (0.85-3.74) for cocaine use disorder (COUD) to 6.68 (4.33-10.33) for alcohol use disorder. Associations with ICU admission ranged from 0.57 (0.17-1.93) for COUD to 5.00 (3.02-8.30) for overdose. Associations with death ranged from 0.64 (0.14-2.84) for COUD to 3.03 (1.70-5.43) for overdose.

Discussion:

Patients with histories of SUD and drug overdose may be at elevated risk of adverse COVID-19 outcomes.

For better or for worse? A pre-post exploration of the impact of the COVID-19 lockdown on cannabis users

Cousijn J, Kuhns L, Larsen H, Kroon E.

Addiction

4 Jan 2021

doi: 10.1111/add.15387

Background and Aims:

Lockdown measures aimed at limiting the number of infections and deaths from the coronavirus disease 2019 (COVID-19) have introduced substantial psychosocial stressors in everyday life. We aimed to investigate the influence of the Dutch lockdown on cannabis use and cannabis use disorder (CUD) and investigate relations with change in mental wellbeing and experienced psychosocial stressors during the lockdown.

Design:

Explorative longitudinal baseline-, pre- and during lockdown survey study.

Setting:

The Netherlands, online between January 2019 and May 2020.

Participants:

Community sample of 120 monthly to daily cannabis users and reference group of 63 non-using controls.

Measurements:

Change in cannabis use and CUD symptom severity from baseline to pre-lockdown to post-lockdown. Change in cannabis use motives, mental health, quality of social relationships and job status from pre-lockdown to post-lockdown.

Findings:

In cannabis users, lockdown related to increased cannabis use (B = 1.92, 95% CI 0.23-3.61, p = 0.027), but not CUD symptom severity. Cannabis users experienced 30% job loss and increased loneliness (p < 0.001, BF10 > 100), while contact with partners (p = 0.005, BF10 = 8.21) and families improved (p < 0.001, BF10 = 19.73), with no differences between cannabis users and control. Generally, mental health problems (all p's > 0.277, all BF10 < 0.139) did not change but individual differences were significant and severity of cannabis use pre-lockdown, COVID-19 related worries, change in anxiety, expansion motives, social motives and family contact all uniquely related to variance in change in cannabis use or CUD.

Conclusions:

While cannabis use among daily cannabis users in The Netherlands increased at the group level during the period of COVID-19 lockdown, the effect of the first months of lockdown on cannabis use disorder severity and mental wellbeing varied significantly among individual daily cannabis users.

Impacts of COVID-19 on residential treatment programs for substance use disorder

Pagano, A; Hosakote, S; Kapiteni, K; et al
Journal of Substance Abuse Treatment, 2020, 108255

Introduction:

The COVID-19 pandemic may present special challenges for residential substance use disorder (SUD) treatment facilities, which may lack infrastructure and support to implement infection control protocols while maintaining on-site treatment services. However, little is known about how residential SUD treatment programs are impacted by the COVID-19 pandemic.

Methods:

This study conducted semi-structured interviews with 17 directors of 20 residential SUD treatment programs across California during the state's shelter-in-place order. The research team analyzed qualitative interview data thematically and coded them using ATLAS.ti software.

Findings:

Thematic analyses identified six major themes: program-level impacts, staff impacts, client impacts, use of telehealth, program needs, and positive effects. "Program-level impacts" were decreased revenue from diminished client censuses and insufficient resources to implement infection control measures. "Staff impacts" included layoffs, furloughs, and increased physical and emotional fatigue. "Client impacts" were delayed treatment initiation; receipt of fewer services while in treatment; lower retention; and economic and psychosocial barriers to community re-entry. "Use of telehealth" included technical and interpersonal challenges associated with telehealth visits. "Program needs" were personal protective equipment (PPE), stimulus funding, hazard pay, and consistent public health guidance. "Positive effects" of the pandemic response included increased attention to hygiene and health, telehealth expansion, operational improvements, and official recognition of SUD treatment as an essential health care service.

Conclusion:

Study findings highlight COVID-related threats to the survival of residential SUD treatment programs; retention of the SUD treatment workforce; and clients' SUD treatment outcomes. These findings also identify opportunities to improve SUD service delivery and suggest avenues of support for residential SUD treatment facilities during and after the COVID-19 pandemic.

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; Stokes, S; Fenton, F; Kennan, E
British Journal of Anaesthesia
28 November 2020
DOI: 10.1016/j.bja.2020.11.027

A recent letter acknowledged the perceived clinical vulnerability to SARS-CoV-2 infection of groups chronically treated with or using opioids but noted there was little published clinical data to support this prediction¹. Other international reports have described an unexpectedly low incidence of COVID-19 in people who misuse drugs.² In Ireland, a rapid response to the pandemic was introduced to ensure that those already treated with opioid substitution treatment could continue and that those who were newly identified with opioid use disorder were rapidly inducted onto opioid substitution treatment (methadone or buprenorphine).

COVID-19 impacts the expression of molecular markers associated with neuropsychiatric disorders

Quincozes-Santos, A; Rosa, R L; Tureta, E F; et al
Brain, Behavior, and Immunity-Health, 2021, 11, 100196

Coronavirus disease 2019 (COVID-19) was initially characterized due to its impacts on the respiratory system; however, many recent studies have indicated that severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) significantly affects the brain. COVID-19 can cause neurological complications, probably caused by the induction of a cytokine storm, since there is no evidence of neurotropism by SARS-CoV-2. In line with this, the COVID-19 outbreak could accelerate the progression or affect the clinical outcomes of neuropsychiatric conditions. Thus, we analyzed differential gene expression datasets for clinical samples of COVID-19 patients and identified 171 genes that are associated with the pathophysiology of the following neuropsychiatric disorders: alcohol dependence, autism, bipolar disorder, depression, panic disorder, schizophrenia, and sleep

disorder. Several of the genes identified are associated with causing some of these conditions (classified as elite genes). Among these elite genes, 9 were found for schizophrenia, 6 for autism, 3 for depression/major depressive disorder, and 2 for alcohol dependence. The patients with the neuropsychiatric conditions associated with the genes identified may require special attention as COVID-19 can deteriorate or accelerate neurochemical dysfunctions, thereby aggravating clinical outcomes.

Cannabis use during the COVID-19 pandemic in Canada: a repeated cross-sectional study

Imtiaz, S; Wells, S; Rehm, J; et al

Journal of Addiction Medicine

6 Jan 2020

DOI: 10.1097/ADM.0000000000000798

Objectives:

In the context of the ongoing coronavirus disease pandemic in Canada, we aimed to (1) characterize trends in cannabis use in the overall population; and (2) characterize patterns of and identify risk characteristics associated with an increase in cannabis use among those who used cannabis.

Methods:

Data were obtained from three waves of an online, repeated cross-sectional survey of adults residing in Canada (May 08-June 23, 2020; N=3012). Trends were assessed using Cochran-Armitage and chi-square tests, and risk characteristics were identified using logistic regression analyses.

Results:

Cannabis use in the overall population remained stable during the months of May and June. Among those who used cannabis, about half increased their cannabis use compared to before the start of the pandemic. This proportion of an increase in cannabis use among those who used cannabis remained consistent across the survey waves. Risk characteristics associated with higher odds of an increase in cannabis use included residence in the central region (Odds ratio, 95% confidence intervals: 1.93, 1.03-3.62), being 18 to 29 years old (2.61, 1.32-5.17) or 30 to 49 years old (1.85, 1.07-3.19), having less than college or university education (1.86, 1.13-3.06) and being somewhat worried about the pandemic's impact on personal finances (1.73, 1.00-3.00).

Conclusions:

A large proportion of those who used cannabis have increased cannabis use during the pandemic, suggesting a need for interventions to limit increased cannabis use, policy measures to address cannabis-attributable harms, and continued monitoring of cannabis use during and after the pandemic.

COVID-19 and cannabidiol (CBD)

Khalsa, J H; Bunt, G; Maggirwar, S B; et al

Journal of Addiction Medicine

6 Jan 2020

DOI: 10.1097/ADM.0000000000000771

COVID-19 pandemic has resulted in devastating mortality and morbidity consisting of socioeconomic and health effects that have included respiratory/pulmonary, cardiovascular, mental health and neurological consequences such as anxiety, depression, and substance use. Extensive efforts are underway to develop preventive vaccines and therapeutics such as remdesivir, dexamethasone, convalescent plasma, and others to treat COVID-19 but many report residual mental health problems after recovery. Cannabis products such as cannabidiol (CBD) are being advertised for the treatment of COVID-19 associated mental health problems and substance use disorders. This commentary will briefly clear the myth that CBD can ameliorate a wide range of COVID-19 associated health effects including anxiety, depression, or any substance use disorder, and show that there is a clear lack of sufficient unbiased clinical evidence from well-designed double-blind, placebo-controlled clinical trials to prove the antianxiety or antidepressant therapeutic properties of CBD and support its wide use as medicine to treat COVID-19-associated mental health conditions or substance use disorders. Finally, we suggest that addiction physicians must play an important role in dealing with their patients requesting CBD prescription for treating any of these conditions.

Impact of a shelter-in-place order during the COVID-19 pandemic on the incidence of opioid overdoses

Rosenbaum J., Lucas N., Zandrow G., et al

American Journal of Emergency Medicine

41, p.51-54, 2021

Introduction:

Since the beginning of the novel coronavirus (COVID-19) pandemic in the United States, there have been concerns about the potential impact of the pandemic on persons with opioid use disorder. Shelter-in-place (SIP) orders, which aimed to reduce the spread and scope of the virus, likely also impacted this patient population. This study aims to assess the role of the COVID-19 pandemic on the incidence of opioid overdose before and after a SIP order.

Methods:

A retrospective review of the incidence of opioid overdoses in an urban three-hospital system was conducted. Comparisons were made between the first 100 days of a city-wide SIP order during the COVID-19 pandemic and the 100 days during the COVID-19 pandemic preceding the SIP order (Pre-SIP). Differences in observed incidence and expected incidence during the SIP period were evaluated using a Fisher's Exact test.

Results:

Total patient visits decreased 22% from 46,078 during the Pre-SIP period to 35,971 during the SIP period. A total of 1551 opioid overdoses were evaluated during the SIP period, compared to 1665 opioid overdoses during the Pre-SIP period, consistent with a 6.8% decline. A Fisher's Exact Test demonstrated a $p < 0.0001$, with a corresponding Odds Ratio of 1.20 with a 95% confidence interval (1.12;1.29).

Conclusion:

The COVID-19 pandemic and the associated SIP order were associated with a statistically and clinically significant increase in the proportion of opioid overdoses in relation to the overall change in total ED visits.

COVID-19 eased drug treatment rules—and that saved lives

<https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/12/18/covid-19-eased-drug-treatment-rules-and-that-saved-lives>

Overdose deaths accelerating during COVID-19

Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period, according to recent provisional data from the Centers for Disease Control and Prevention (CDC) | CDC, USA

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Amid coronavirus pandemic, US drug overdose deaths top record high, CDC says

<https://www.foxnews.com/health/drug-overdose-deaths-top-record-cdc-coronavirus>

Overdose deaths far outpace COVID-19 deaths in San Francisco

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Concern over doubling of motorists caught drug-driving during pandemic

Gardaí believe people more likely to take drugs and drive home from parties, due to restrictions on pubs and clubs

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More than 900 Albertans died from opioid poisoning in first 10 months of 2020

Pandemic interfered with people's access to treatment and counselling | CBC News, Canada

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Drug law reform is desperately needed, yet Berejiklian refuses to see reason

The Australian response to the COVID-19 pandemic for the most part has been successful and a very welcome change as science and public health advice is given its due prominence in such health policy decisions | Sydney Criminal Lawyers, Australia

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Students have been cranking up drug highs to deal with COVID lows

A new survey shows the impact of coronavirus on student drug use, with one jumping out of a window after K-holing while using a VR headset | VICE, UK

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Drug overdose deaths skyrocket in Jefferson County during COVID-19

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'Shattering stigma': coronavirus vaccines given at drug rehabs

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Governor: Drug addicts in rehab facilities will be part of next round to get COVID vaccine

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Antidepressant use in England soars as pandemic cuts counselling access

More than 6m people receive drugs as experts warn of Covid pandemic's effects on mental health | Guardian, UK

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Police, health officials warn of increased drug overdoses during pandemic

Kingston, Frontenac Lennox and Addington Public Health and Hastings Prince Edward Public Health are warning that the increase in overdoses and deaths is linked to a toxic batch of fentanyl making the rounds in areas like Belleville, Kingston and Napanee | CTV News, Canada

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Year of Covid-19 put brakes on New Zealand's meth market

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What surging fentanyl use among OAT patients says about the pandemic

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More young men in Western Canada died than expected last year — and not just because of COVID-19

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Stoned age: COVID-19 pandemic fuels surge in cannabis use as shuttered nightclubs force revelers to cut down on 'party drugs' like cocaine, ecstasy, and LSD

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