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**CORONAVIRUS, 12 February 2021**

**JOURNAL ARTICLES**

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**Substance use, mental health and weight-related behaviours during the COVID-19 pandemic in people with obesity**

Almandoz J P, Xie L, Schellinger J N, et al  
Clinical Obesity, 2021, e12440

Studies have shown the negative impact of COVID-19 lockdown orders on mental health and substance use in the general population. The aim of this study was to examine the impact of the COVID-19 pandemic on substance use, mental health and weight-related behaviors in a sample of adults with obesity after lockdown orders were lifted (June-September 2020). A retrospective medical chart review identified patients with obesity from one university-based obesity medicine clinic, and two metabolic and bariatric surgery (MBS) practices. Patients who completed an online survey from June 1, 2020 to September 30, 2020 were included. The primary outcome measure was substance use (various drugs, alcohol, tobacco). Substance use and mental health survey questions were based on standardized, validated instruments. A total of 589 patients (83.3% female, mean age 53.6 years [SD 12.8], mean BMI 35.4 [SD 9.1], 54.5% Non-Hispanic white, 22.3% post-MBS) were included. Seventeen patients (2.9%) tested positive for SARS-CoV-2 and 13.5% reported symptoms. Nearly half (48.4%) of the sample reported recreational substance use and 9.8% reported increased use since the start of the pandemic. There was substantial drug use reported (24.3% opioids, 9.5% sedative/tranquilizers, 3.6% marijuana, and 1% stimulants). Patients who reported stockpiling food more (adjusted Odds Ratio [aOR] 1.50, 95% CI 1.03-2.18), healthy eating more challenging (aOR 1.47, 95% CI 1.01-2.16), difficulty falling asleep (aOR 1.64, 95% CI 1.14-2.34), and anxiety (aOR 1.47, 95% CI 1.01-2.14) were more likely to report substance use versus non-users. Results here show that the COVID-19 pandemic is having a deleterious impact on substance use, mental health and weight-related health behaviors in people with obesity regardless of infection status.

**A collision of crises: Addressing an HIV outbreak among people who inject drugs in the midst of COVID-19**

Taylor, J L; Bazzi, A R  
Journal of Substance Abuse Treatment  
124, 108280, 2021

**Drug-related violence: Will COVID-19 drive better data for safer and more secure EU?**

Groshkova, T, Liem, M, Cunningham, A, Sedefov, R, Griffiths, P  
International Journal of Drug Policy, 2021, 93, 103143

**A rapid review of the impacts of "Big Events" on risks, harms, and service delivery among people who use drugs: Implications for responding to COVID-19**

Zolopa, C, Hoj, S, Bruneau, J, et al  
International Journal of Drug Policy, 2021, 93, 103127

**Background:**

"Big Events" are major disruptions to physical, political, and economic environments that can influence vulnerability to drug-related harms. We reviewed the impacts of Big Events with relevance to

the COVID-19 pandemic on drug-related risk and harms and access to drug treatment and harm reduction services.

**Methods:**

We conducted a rapid review of quantitative, qualitative, and mixed methods literature relating to the following Big Events: respiratory infection pandemics, natural disasters, financial crises, and heroin shortages. Included studies reported data on changes to risks, harms, and/or service provisioning for people who use illicit drugs (other than cannabis) in the context of these Big Events. Searches were conducted in PubMed in May 2020, and two reviewers screened studies for inclusion. Peer-reviewed studies published in English or French were included. We used a narrative synthesis approach and mapped risk pathways identified in the literature.

**Results:**

No studies reporting on respiratory infection pandemics were identified. Twelve studies reporting on natural disaster outcomes noted marked disruption to drug markets, increased violence and risk of drug-related harm, and significant barriers to service provision caused by infrastructure damage. Five studies of the 2008 global financial crisis indicated increases in the frequency of drug use and associated harms as incomes and service funding declined. Finally, 17 studies of heroin shortages noted increases in heroin price and adulteration, potentiating drug substitutions and risk behaviors, as well as growing demand for drug treatment.

**Conclusion:**

Current evidence reveals numerous risk pathways and service impacts emanating from Big Events. Risk pathway maps derived from this literature provide groundwork for future research and policy analyses, including in the context of the COVID-19 pandemic. In light of the findings, we recommend responding to the pandemic with legislative and financial support for the flexible delivery of harm reduction services, opioid agonist treatment, and mental health care.

**COVID-19 and substance use disorders: Intertwined epidemics**

Volkow, N; Weiss, S; Tapert, S; et al  
Neuropsychopharmacology, 2020, 45, 61

Study Group Summary: The COVID-19 pandemic has rapidly created enormous challenges for individuals, healthcare and judicial systems, and wider social and economic structures. Science is urgently needed to address these challenges. Among the most vulnerable populations are those with substance use disorders (SUD), although currently there is very limited information about the interactions of drug use and SUD with COVID-19. We can anticipate that drug use might affect COVID-19 incidence and exacerbate adverse consequences, based on known factors related to the acute pharmacological effects of drugs (e.g., nicotine and methamphetamine might affect viral entry into cells) and their chronic effects (e.g., methamphetamine increases the risk for pulmonary hypertension, cardiomyopathy and neuroinflammation; opioids increase the risk for hypoxemia); route of administration (i.e., smoking or vaping tobacco or cannabis adversely affect pulmonary function); as well as the multiple social and economic factors that impact substance-using populations, including stigma, homelessness, and incarceration. In the United States, the opioid epidemic continues to drive overdose fatalities and may exacerbate the COVID-19 crisis, and vice versa. The COVID-19 pandemic jeopardizes the deployment of evidence-based interventions to prevent and reverse opioid overdoses and to treat opioid use disorders (OUD). Of necessity, restrictions on the dispensing of methadone and on the need for in-person visits for prescribing buprenorphine have been relaxed, which may improve treatment access. Greater access to virtual environments, whether for telehealth or for virtual support groups, potentially increases the reach of treatment approaches. However, the efficacy of these interventions long term and the proportion of those who benefit need to be evaluated. Similarly, we need to examine the potential neuropsychiatric direct consequences of COVID-19 if it enters the brain (including the fetal brain during pregnancy), which is currently unknown, or indirect effects via immune system changes or from stress associated with the pandemic. These could be further exacerbated by drug use; conversely, the stress from COVID-19 could also contribute to drug use, its escalation and to relapse. Hence there is a need for research to assess the impact of COVID-19 on people with OUD and other SUD, including those with limited access to healthcare and other resources. This study group will focus on critical areas to identify priorities for further research and opportunities for innovation. Gail D'Onofrio will discuss how COVID-19 is affecting the treatment of OUD and overdose in emergency departments. Sharon Walsh will discuss community-based strategies during COVID-19 to help people in treatment and recovery, including use of telehealth or virtual recovery groups in rural and urban settings. Peter Friedmann will discuss issues affecting those with SUD in the criminal justice system, including those released from jails or prisons to decrease the census during the pandemic. Linda Chang will discuss how COVID-19 may affect neurodevelopment in babies born to pregnant women with SUD. Susan Tapert will discuss COVID-19 effects on routines, family, peer relations, substance use among teens, and implications for brain development. And Elena

Koustova will discuss the translational opportunities to expand screening and treatment of COVID-19 in patients with SUD.

### **COVID-19, mental health, and opioid use disorder: Old and new public health crises intertwine**

Henry BF, Mandavia AD, Paschen-Wolff MM, et al  
Psychological Trauma, 2020, 12, S1, S111-S112

The United States is facing both the coronavirus disease 2019 (COVID-19) pandemic and an ongoing epidemic of opioid overdose. Opioid use disorder is associated with other mental health problems, trauma, and social and health disparities. While the United States has acted to improve access to treatment for mental health and opioid use, research will be needed to understand the effectiveness of new policies in the context of COVID-19.

### **Treatment disruption and childcare responsibility as risk factors for drug and alcohol use in persons in treatment for substance use disorders during the COVID-19 crisis**

Huhn AS, Strain EC, Jardot J, et al  
Journal of Addiction Medicine  
5 February 2021  
doi: 10.1097/ADM.0000000000000813

#### **Objectives:**

The novel 2019 coronavirus (COVID-19) crisis has caused considerable upheaval in the U.S. healthcare system. The current study examined patient-reported experiences in substance use disorder (SUD) treatment during the early stages of the COVID-19 crisis.

#### **Methods:**

Participants in SUD treatment were recruited via online crowdsourcing from April 14, 2020 to May 26, 2020, during the early stages of the COVID-19 crisis. Participants reported disruptions in SUD treatment, stress and anxiety caused by these disruptions on a 0-100 point visual analogue scale (VAS), stress associated with childcare responsibilities on a 0-100 VAS, current stress on the Perceived Stress Scale (PSS), anxiety symptoms on the Beck Anxiety Inventory (BAI), sleep disturbances on the Insomnia Severity Index (ISI), and whether they used drugs or alcohol during the COVID-19 crisis.

#### **Results:**

Participants (N = 240) endorsed that at least 1 SUD treatment was switched to telemedicine (63.7%), had some appointments cancelled (37.5%), or was discontinued due to COVID-19 (29.6%). Participants who did versus did not endorse drug/alcohol use reported difficulty obtaining medications to treat their SUD (OR = 2.47, 95% CI, 1.17-5.22,  $\chi^2 = 5.98$ ,  $P = .016$ ), greater scores on VAS treatment-related stress ( $F_{1,197} = 5.70$ ,  $P = .018$ ) and anxiety ( $F_{1,197} = 4.07$ ,  $P = .045$ ), greater VAS stress related to childcare ( $F_{1,107} = 10.24$ ,  $P = .002$ ), and greater scores on the PSS ( $F_{1,235} = 19.27$ ,  $P < .001$ ), BAI ( $F_{1,235} = 28.59$ ,  $P < .001$ ), and ISI ( $F_{1,235} = 14.41$ ,  $P < .001$ ).

#### **Conclusions:**

Providers and public health officials should work to improve continuity and quality of care during the COVID-19 crisis, with special attention on addressing childcare difficulties and providing remote methods to improve stress, anxiety, and sleep for persons in SUD treatment.

### **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  
5 February 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.

**Accelerated overdose deaths linked with COVID-19**

Kuehn, B M

Journal of the American Medical Association, 2021, 325, 6, 523

**Substance use and substance use disorder, in relation to COVID-19: protocol for a scoping review**

Kumar N, Janmohamed K, Nyhan K, et al

Systematic Reviews, 2021, 10, 1, 48

**Background:**

The COVID-19 pandemic is creating severe issues for healthcare and broad social structures, exposing societal vulnerabilities. Among the populations affected by COVID-19 are people engaged in substance use, such as people who smoke; vape (e-cigarette use); use opioids, cannabis, alcohol, or psychoactive prescription drugs; or have a substance use disorder (SUD). Monitoring substance use and SUD during the pandemic is essential, as people who engage in substance use or present with SUD are at greater risk for COVID-19, and the economic and social changes resulting from the pandemic may aggravate SUD. There have been several reviews focused on COVID-19 in relation to substance use and SUD. Reviews generally did not consider on a large range of substance use variants or SUDs. We plan a scoping review that seeks to fill gaps in our current understanding of substance use and SUD, in the COVID-19 era.

**Methods:**

A scoping review focused on substance use and SUD, in relation to COVID-19, will be conducted. We will search (from January 2020 onwards) Cumulative Index to Nursing and Allied Health Literature, Africa-Wide Information, Web of Science Core Collection, Embase, Global Health, WHO Global Literature on Coronavirus Disease Database, WHO Global Index Medicus, PsycINFO, PubMed, Middle Eastern Central Asian Studies, CINAHL Complete, and Sociological Abstracts. Grey literature will be identified using Disaster Lit, Google Scholar, HSRProj, governmental websites, and clinical trials registries (e.g., ClinicalTrial.gov, World Health Organization, International Clinical Trials Registry Platform and International Standard Randomized Controlled Trial Number registry). Study selection will conform to Joanna Briggs Institute Reviewers' Manual 2015 Methodology for JBI Scoping Reviews. Only English language, original studies investigating substance use and SUD, in relation to COVID-19 in all populations and settings, will be considered for inclusion. Two reviewers will independently screen all citations, full-text articles, and abstract data. A narrative summary of findings will be conducted. Data analysis will involve quantitative (e.g., frequencies) and qualitative (e.g., content and thematic analysis) methods.

**Discussion:**

Original research is urgently needed to mitigate the risks of COVID-19 on substance use and SUD. The planned scoping review will help to address this gap.

**Integrating telemedicine for medication treatment for opioid use disorder in rural primary care: beyond the COVID pandemic**

Hser, Y-I; Mooney, L J

Journal of Rural Health

37, 1, p.246-248, 2021

**A primary care response to COVID-19 for patients with an opioid use disorder**

Wilson, C G; Fagan, E B

Journal of Rural Health

37, 1, p.169-171, 2021

**COVID-19 during the opioid epidemic - exacerbation of stigma and vulnerabilities**

Jenkins, W D; Ouellet, L



**Opioid overdose deaths on the rise during COVID-19 pandemic**

<https://www.pix11.com/news/coronavirus/opioid-overdose-deaths-on-the-rise-during-covid-19-pandemic>

**Large seizures reflect booming drug trade, say Gardaí**

Criminal gangs are continuing to grow businesses despite COVID restrictions

<https://www.irishtimes.com/news/crime-and-law/large-seizures-reflect-booming-drug-trade-say-garda%C3%AD-1.4478556>

**Telehealth services are expanding opioid medication access—for some**

Amid the pandemic, regulatory changes around buprenorphine access are making it easier for some people with opioid use disorder (OUD) to access the life-saving medication—yet some of the most vulnerable patients are still being left behind | Filter Magazine, USA

<https://filtermag.org/telehealth-services-opioid-access/>

**Drug overdose deaths rise during pandemic**

<https://www.14news.com/2021/02/08/drug-overdose-deaths-rise-during-pandemic/>

**Drug overdose deaths spike amid COVID-19 pandemic**

<https://abc7chicago.com/overdose-deaths-epidemic-opioid-spike/10325108/>

**America's addiction crisis, compounded by Covid-19, requires immediate action to save lives**

<https://www.statnews.com/2021/02/10/addiction-crisis-covid-19-requires-action/>