



EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

CORONAVIRUS, 12 March 2021

GREY LITERATURE

Les effets de la crise sanitaire du Covid-19 sur les organisations criminelles : Focus sur les trafiquants de drogue

Weinberger, D

Observatoire des criminalités internationales, IRIS,

Paris : 2021

La crise sanitaire du Covid-19 est inédite, du fait de sa dimension internationale. Elle plonge le monde dans une situation d'incertitude extrêmement forte, incertitude sanitaire, mais aussi économique. Qu'en est-il, dans ce contexte, du secteur des activités criminelles ? De quelle manière les économies criminelles ont-elles été impactées ? Les organisations criminelles se sont-elles adaptées ? S'il reste difficile d'estimer avec rigueur les effets de la crise sanitaire globale sur les activités de la criminalité organisée en raison du caractère même de ces activités, il est néanmoins possible de dresser une esquisse d'état des lieux synthétique des premières observations sur ce sujet durant l'année 2020.

<https://www.iris-france.org/wp-content/uploads/2021/02/4-ObsCI- Covid-19.pdf>

Innovation and resilience in times of crisis - Civil society advocacy for drug policy reform under the COVID-19 pandemic

Putri, D

International Drug Policy Consortium (IDPC)

London: 2021

In March 2020, the World Health Organization (WHO) characterised COVID-19 as a pandemic, prompting governments around the globe to declare a state of emergency and/or implement a wide variety of policies and programmes in order to curb outbreaks, minimise mortality rates, and maintain public safety and order. These include, but are not limited to, different forms of travel and/or movement restrictions (such as lockdowns and quarantine), closure of premises deemed non-essential, and restrictions on gatherings and/or events. Such measures have caused significant changes in public life, public services, governance, democracy and policymaking processes around the world – as well as having serious short- and long-term economic implications.

One additional impact of these measures is the disruption of various channels and dynamics of advocacy conducted by civil society organisations. Prior to the global pandemic, civil society organisations were already facing increasing constraints and shrinking space for advocacy. The COVID-19 pandemic has certainly accelerated this downward trend of intensifying repression, in some cases combined with various forms of disinformation, abuse of power and violence. Meanwhile, some civil society actors have been pushed to adapt their ways of working while remaining resilient as they face impacts such as increased workload and/or pressure (amid having less in-person interactions, working from home, and growing demand for services), uncertainty around financial and organisational sustainability, and health concerns, among others.

Aiming to better understand and support the network to respond to these emerging challenges, especially with regard to advocacy for drug policy reform centred on human rights and public health, the IDPC Secretariat initiated a process of documenting and analysing the experiences of civil society and governmental actors working in the context of the COVID-19 pandemic. This goes in line with the

IDPC mandate to advocate for civil society inclusion in drug policy debates, as well as to support civil society, and our members in particular, in navigating this new policy landscape.

http://files.idpc.net/library/Innovation_Resilience.pdf

Drugs in the time of COVID: The UK drug market response to lockdown restrictions

Aldridge, J; Garius, L, Spicer, J, et al

Release

London: 2021

In the same way that the COVID-19 pandemic has profoundly impacted all aspects of our lives, it is reasonable to expect that with lockdowns and global restrictions on movement, the drug market will also be impacted. The European Monitoring Centre for Drugs and Drug Addiction has stated that there is “a critical need to investigate the impact of these developments on drug markets in order to identify changes that may require an immediate policy or operational response... and to learn lessons about how we might better anticipate emerging threats in the future”.

The availability of controlled drugs - whether bought via online platforms or via face-to-face transactions - will likely be compromised by COVID-19, particularly where those drugs are transported across borders. In anticipation of possible drug shortages, some people who use drugs may ‘stockpile’ their drugs of choice; contributing further to potential shortages. Given a rapid shift to online purchasing of licit goods during the pandemic, we might expect a similar shift in respect to drug purchasing behaviour, with an increase in darknet purchasing.

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. Release also set up a national ‘Drug Market Monitoring Network’, made up of people who use drugs, harm reduction and recovery activists, as well as people working on the frontline, who continue to regularly report on developments in their local drug markets during the pandemic. Qualitative feedback from the Drug Market Monitoring Network will be used where appropriate to contextualise quantitative findings from the survey.

<http://files.idpc.net/library/Release-COVID-Survey-Interim-Findings-final.pdf>

Prisons and COVID-19: Lessons from an ongoing crisis

Söderholm, A

International Drug Policy Consortium (IDPC)

London: 2021

The disruption caused by the COVID19 pandemic has exposed the health inequities within our societies, and particularly in prisons. By February 2021, at least 504,000 people deprived of liberty had tested positive for COVID19 -approximately a 4.5% of the global prison population. This resulted in a minimum of 3,800 deaths, though this is likely to be an underestimate as many countries lack testing equipment within prisons. Across the world, our overcrowded prison systems have failed to protect the life and health of people deprived of liberty.

Through four case studies that focus on the response to the pandemic in Colombia, Indonesia, Ireland, and Kenya, this briefing, launched by IDPC together with Harm Reduction International, Penal Reform International, LBH Masyarakat, and Reprieve, draws several lessons from this still ongoing crisis.

- At the outset of the pandemic, a number of countries committed to reduce the number of people in prison in order to prevent the spread of the virus. However, in many cases decongestion measures have arbitrarily excluded people detained for certain drug offences.
- Many countries that implemented de-congestion measures simultaneously failed to halt the disproportionate imprisonment of people for drug offences, thus undermining attempts to reduce prison overcrowding.
- In most cases, states responded to the pandemic by isolating prisons from the community. As a result, people deprived of liberty have been unable to access the most basic legal, health, and drug services. In many countries, this also means that incarcerated people cannot receive the food, clothes, and money regularly provided by their families. Before COVID19, there was already a dramatic lack of appropriate drug treatment and harm reduction services in prisons. Even were such services existed, incarcerated people have experienced serious restrictions in accessing them during the pandemic.
- Community integration programmes have failed to support people released from prison during the COVID-19 pandemic. Upon release, formerly incarcerated people have faced severe challenges, including exclusion from the formal economy, social stigma, and exploitation.

http://files.idpc.net/library/Prisons_COVID_Lessons.pdf

A COVID-19-pandémia mentálhigiénés következményei. Hogyan tudunk felkészülni a pszichodémiás krízisre?

[Mental health consequences of the COVID-19 pandemic. How can we prepare for a psychodemic crisis?]

Osváth, P

Orvosi Hetilap

162, 10, p.366-374, 2021

Az elmúlt hónapokban életünket alapvetően megváltoztatta a COVID-19-pandémia, melynek egészségügyi, gazdasági és társadalmi hatásai egyelőre szinte felbecsülhetetlenek. A vírusfertőzés akut következményei mellett egyre több adat bizonyítja a teljes népességre kifejtett hatásait: a pszichológiai distressz, a depressziós és szorongásos tünetek, valamint az addiktív viselkedésmókok gyakoriságának növekedését. Az is nagyon fontos kérdés, hogy a globális válsághelyzet hogyan befolyásolja az öngyilkossági arányszámokat. Írásomban az elmúlt időszak legjelentősebb pszichiátriai szakirodalma alapján foglalom össze a vírusfertőzés akut és krónikus hatásait, valamint a járványhelyzet általános és specifikus pszichológiai-pszichopatológiai következményeit, kiemelt figyelmet fordítva a suicidumrizikóra és a leginkább veszélyeztetett csoportokra. A vizsgálatok arra utalnak, hogy a pandémia következtében kialakuló mentális gondok és a suicid viselkedés egyre fontosabb népegészségügyi problémává válnak. Bár napjainkban még a vírusfertőzöttek gyógyítása és a fertőzés terjedésének lassítása a legfontosabb cél, mindannyiunknak fel kell készülnünk a járvány hosszú távú következményeire. A pandémia várható negatív mentálhigiénés hatásainak megelőzésére és enyhítésére általános és specifikus módszerek kidolgozása és alkalmazása szükséges. Ebben az egészségügyi, mentálhigiénés és közösségi ellátórendszerek mellett szerepet kell vállalniuk a politikai és gazdasági döntéshozóknak, a társadalmi szervezeteknek és a média munkatársainak is. Hatékony együttműködésük kulcsfontosságú az egyéni, közösségi és társadalmi szinten is alkalmazható prevencióstratégiák megvalósításában, hiszen csak így válik lehetővé a súlyosabb mentálhigiénés problémák járványszerű elterjedésének, a "pszichodémiának" a megelőzése.

In recent months, our lives have been fundamentally changed by the COVID-19 pandemic, the health, economic, and social impacts of which are almost invaluable for the time being. In addition to the acute consequences of viral infection, more and more data are proving its effects on the entire population: an increase in the incidence of psychological distress, depressive and anxiety symptoms, and addictive behaviours. It is also a very important question, how the global crisis is affecting suicide rates. In my paper, I summarize the acute and chronic effects of viral infection and the general and specific psychological-psychopathological consequences of the epidemic based on the most significant psychiatric literature of the recent period, paying special attention to suicidal risk and the most vulnerable groups. Studies suggest that mental troubles and suicidal behaviour resulting from a pandemic are becoming an increasingly important public health problem. Although the treatment of viral infections and slowing the spread of the infection are still the most important goals today, we all need to be prepared for the long-term consequences of the epidemic. In order to prevent and mitigate the expected negative mental health effects of a pandemic, it is necessary to develop and apply general and specific methods. In addition to health care, mental health and community care systems, political and economic decision-makers, civil society organizations and the media must also play a role. Their effective cooperation is key to the implementation of prevention strategies that can be applied at the individual, community and social levels, as this is the only way to prevent the epidemic spread of more serious mental health problems, the "psychodemia".

COVID-19: A catalyst for change in telehealth service delivery for opioid use disorder management

Mehtani, N J, Ristau, J T, Snyder, H, et al

Substance Abuse

8 March 2021

doi: 10.1080/08897077.2021.1890676

Background:

COVID-19 has exacerbated income inequality, structural racism, and social isolation-issues that drive addiction and have previously manifested in the epidemic of opioid-associated overdose. The co-existence of these epidemics has necessitated care practice changes, including the use of telehealth-based encounters for the diagnosis and management of opioid use disorder (OUD).

Methods:

We describe the development of the "Addiction Telehealth Program" (ATP), a telephone-based program to reduce treatment access barriers for people with substance use disorders staying at San Francisco's COVID-19 Isolation and Quarantine (I&Q) sites. Telehealth encounters were documented in the electronic medical record and an internal tracking system for the San Francisco Department of Public Health (SFDPH) COVID-19 Containment Response. Descriptive statistics were collected on a case series of patients initiated on buprenorphine at I&Q sites and indicators of feasibility were measured.

Results:

Between April 10 and May 25, 2020, ATP consulted on the management of opioid, alcohol, GHB, marijuana, and stimulant use for 59 I&Q site guests. Twelve patients were identified with untreated OUD and newly prescribed buprenorphine. Of these, all were marginally housed, 67% were Black, and 58% had never previously been prescribed medications for OUD. Four self-directed early discharge from I&Q-1 prior to and 3 after initiating buprenorphine. Of the remaining 8 patients, 7 reported continuing to take buprenorphine at the time of I&Q discharge and 1 discontinued. No patients started on buprenorphine sustained significant adverse effects, required emergency care, or experienced overdose.

Conclusions:

ATP demonstrates the feasibility of telephone-based management of OUD among a highly marginalized patient population in San Francisco and supports the implementation of similar programs in areas of the U.S. where access to addiction treatment is limited. Legal changes permitting the prescribing of buprenorphine via telehealth without the requirement of an in-person visit should persist beyond the COVID-19 public health emergency.

Virtual pharmacist interventions on abuse of over-the-counter medications during COVID-19 versus traditional pharmacist interventions

Al Mazrouei, N, Ibrahim, R M, Al Meslamani, A Z, et al

Journal of the American Pharmacists Association, 12 February 2021 - doi: 10.1016/j.japh.2021.02.003

Objectives:

This study aimed to investigate the frequency, nature, and clinical significance of pharmacist interventions on over-the-counter (OTC) medicines with abuse potential across community pharmacies with and without virtual care.

Methods:

In this prospective observational study, a trained research team observed the dispensary teams of 12 community pharmacies in the United Arab Emirates (UAE), 6 of which were operating virtual pharmacy care. A standardized data collection form was used to include information about dispensing of OTC medicines and pharmacist interventions on those with abuse/misuse potential. The clinical significance of the interventions was evaluated by a multidisciplinary committee.

Results:

The frequency of pharmacist interventions on OTC medicines with abuse potential across pharmacies with and without virtual services was 83.2% versus 91.0%, respectively, whereas the frequency of pharmacist interventions on OTC medicines with misuse potential across pharmacies with and without virtual services was 79.8% versus 41.2%, respectively. The proportions of clinically significant interventions across pharmacies with and without virtual services were 19.7% versus 10.5%, respectively. Cough medicines were dispensed significantly more across pharmacies with virtual care than across pharmacies without virtual care (25.6% vs. 9.7%, respectively; $P = 0.04$). Asking the patient to seek the advice of an addiction specialist (adjusted odds ratio = 4.11; $P = 0.001$) versus refusing to sell the drug was more likely to be associated with pharmacies with virtual services than with pharmacies operating traditional pharmacy services.

Conclusion:

Virtual pharmaceutical care is a potential approach to reduce the abuse/misuse of OTC medicines but needs some improvements regarding detection of these cases. The UAE is the first country in the region to implement and regulate virtual pharmacy practice.

Understanding the impact of the SARS-COV-2 pandemic on hospitalized patients with substance use disorder

King C, Vega T, Button D, et al

PLoS ONE, 2021, 16, 2, e0247951

Background

The SARS-COV-2 pandemic rapidly shifted dynamics around hospitalization for many communities. This study aimed to evaluate how the pandemic altered the experience of healthcare, acute illness, and care transitions among hospitalized patients with substance use disorder (SUD).

Methods

We performed a qualitative study at an academic medical center in Portland, Oregon, in Spring 2020. We conducted semi-structured interviews, and conducted a thematic analysis, using an inductive approach, at a semantic level.

Results

We enrolled 27 participants, and identified four main themes: 1) shuttered community resources threatened patients' basic survival adaptations; 2) changes in outpatient care increased reliance on hospitals as safety nets; 3) hospital policy changes made staying in the hospital harder than usual; and, 4) care transitions out of the hospital were highly uncertain.

Discussion

Hospitalized adults with SUD were further marginalized during the SARS-COV-2 pandemic. Systems must address the needs of marginalized patients in future disruptive events.

Where do we go from here? The delivery of addiction treatment in a post-COVID world

McCann-Pineo M, Polydorou S.

Journal of Addiction Medicine

4 March 2021

doi: 10.1097/ADM.0000000000000829

Many healthcare institutions across the nation experienced significant disruptions in addiction treatment services as a result of COVID-19. As restrictions now begin to loosen, there is an opportunity to transition towards a new treatment structure informed by the experience from both the current public health crisis and precrisis operations. However, there is currently limited information on how best to do so, leaving many providers and specialty programs searching for answers. The permanent integration of recent regulatory changes into routine clinical practice, specifically regarding prescribing flexibility and use of telehealth, is yet to be determined, but implementation experience highlights the adaptability within this field of medicine. Providing patients with a spectrum of care that is both clinically informed and technologically supported should be at the forefront as we settle into a postcrisis world.

Shifts in drug seizures in the United States during the COVID-19 pandemic

Palamar JJ, Le A, Carr TH, Cottler LB.

Drug and Alcohol Dependence

18 February 2021

doi: 10.1016/j.drugalcdep.2021.108580

Background:

Little is known regarding how the COVID-19 pandemic has affected patterns of drug use in the United States. Because drug seizures can serve as a proxy for drug availability, we examined shifts in drug seizures in the US during the pandemic.

Methods:

We examined trends in seizures of marijuana, cocaine, methamphetamine, heroin, and fentanyl within five High Intensity Drug Trafficking Areas-Washington/Baltimore, Chicago, Ohio, New Mexico, and North Florida. Trends were examined for number and total weight of seizures from March 2019 through September 2020 using Joinpoint regression.

Results:

Significant decreases in seizures involving marijuana ($\beta = -0.03$, $P = 0.005$) and methamphetamine ($\beta = -0.02$, $P = 0.026$) were detected through April 2020, and then seizures of marijuana ($\beta = 0.10$, $P = 0.028$) and methamphetamine ($\beta = 0.11$, $P = 0.010$) significantly increased through September 2020. The number of seizures involving marijuana and methamphetamine peaked in August 2020, exceeding the highest pre-COVID-19 number of seizures. Fentanyl seizures increased overall ($\beta = 0.05$, $P < .001$), but did not significantly drop during the start of COVID-19, and significant changes were not detected for cocaine or heroin. We also detected a significant increase in weight of marijuana seized from April through September 2020 ($\beta = 0.40$, $P = .001$). The weight of marijuana seized in August 2020 exceeded the highest pre-COVID-19 weight.

Conclusion:

The COVID-19 pandemic was associated with an immediate decrease in marijuana and methamphetamine seizures, and then increases throughout 2020 with some months exceeding the number (and weights) of seizures from the previous year. More research is warranted to determine the extent to which these seizures reflect changes in drug use.

Take home injectable opioids for opioid use disorder during and after the COVID-19 pandemic is in urgent need: a case study

Oviedo-Joekes E, MacDonald S, Boissonneault C, Harper K.

Substance Abuse: Treatment, Prevention & Policy, 2021, 16, 1, 22

Background:

In North America the opioid poisoning crisis currently faces the unprecedented challenges brought by the COVID-19 pandemic, further straining people and communities already facing structural and individual vulnerabilities. People with opioid use disorder (OUD) are facing unique challenges in response to COVID-19, such as not being able to adopt best practices (e.g., physical distancing) if they're financially insecure or living in shelters (or homeless). They also have other medical conditions that make them more likely to be immunocompromised and at risk of developing COVID-19. In response to the COVID-19 public health emergency, national and provincial regulatory bodies introduced guidance and exemptions to mitigate the spread of the virus. Among them, clinical guidance for prescribers were issued to allow take home opioid medications for opioid agonist treatment (OAT). Take Home for injectable opioid agonist treatment (iOAT) is only considered within a restrictive regulatory structure, specific to the pandemic. Nevertheless, this risk mitigation guidance allowed carries, mostly daily dispensed, to a population that would not have access to it prior to the pandemic. In this case it is presented and discussed that if a carry was possible during the pandemic, then the carry could continue post COVID-19 to address a gap in our approach to individualize care for people with OUD receiving iOAT.

Case presentation:

Here we present the first case of a patient in Canada with long-term OUD that received take home injectable diacetylmorphine to self-isolate in an approved site after being diagnosed with COVID-19 during a visit to the emergency room where he was diagnosed with cellulitis and admitted to receive antibiotics.

Conclusion:

In the present case we demonstrated that it is feasible to provide iOAT outside the community clinic with no apparent negative consequences. Improving upon and making permanent these recently introduced risk mitigating guidance during COVID-19, have the potential not just to protect during the pandemic, but also to address long-overdue barriers to access evidence-based care in addiction treatment.

Harm reduction for adolescents and young adults during the COVID-19 pandemic: a case study of community care in reach

Noyes E, Yeo E, Yerton M, et al

Public Health Reports

5 March 2021

doi: 10.1177/0033354921999396

The coronavirus disease 2019 (COVID-19) pandemic has challenged the ability of harm reduction programs to provide vital services to adolescents, young adults, and people who use drugs, thereby increasing the risk of overdose, infection, withdrawal, and other complications of drug use. To evaluate the effect of the COVID-19 pandemic on harm reduction services for adolescents and young adults in Boston, we conducted a quantitative assessment of the Community Care in Reach (CCIR) youth pilot program to determine gaps in services created by its closure during the peak of the pandemic (March 19-June 21, 2020). We also conducted semistructured interviews with staff members at 6 harm reduction programs in Boston from April 27 through May 4, 2020, to identify gaps in harm reduction services, changes in substance use practices and patterns of engagement with people who use drugs, and how harm reduction programs adapted to pandemic conditions. During the pandemic, harm reduction programs struggled to maintain staffing, supplies, infection control measures, and regular connection with their participants. During the 3-month suspension of CCIR mobile van services, CCIR missed an estimated 363 contacts, 169 units of naloxone distributed, and 402 syringes distributed. Based on our findings, we propose the following recommendations for sustaining harm reduction services during times of crisis: pursuing high-level policy changes to eliminate political barriers to care and fund harm reduction efforts; enabling and empowering harm reduction programs to innovatively and safely distribute vital resources and build community during a crisis; and providing comprehensive support to people to minimize drug-related harms.

'They already operated like it was a crisis, because it always has been a crisis': a qualitative exploration of the response of one homeless service in Scotland to the COVID-19 pandemic

Parkes, T; Carver, H; Masterton, W; et al

Harm Reduction Journal, 2021, 18, 26

Background

The COVID-19 pandemic has necessitated unprecedented changes in the way that services are delivered to individuals experiencing homelessness and problem substance use. Protecting those at high risk of infection/transmission, whilst addressing the multiple health and social needs of this

group, is of utmost importance. The aim of this novel qualitative study was to document how one service in Scotland, the Wellbeing Centre run by The Salvation Army, adapted in response.

Methods

Care was taken to identify methods that did not create additional stress at this pressured time. Semi-structured interviews were conducted with Centre clients (n = 10, in-person and telephone) and staff (n = 5, telephone), and external professionals (n = 5, telephone), during April–August 2020. These were audio-recorded, fully transcribed, and analysed using Framework. Service documents were used to enhance contextual understanding. Analysis was informed by theories of psychologically informed environments and enabling environments.

Results

The start of the pandemic was a time of confusion, disruption, and isolation. Centre staff rapidly adapted methods of engagement to provide a range of comprehensive physical and emotional supports, to both existing and new clients, through telephone and online communication and, eventually, socially distanced in-person support. This involved balancing the risks of COVID-19 infection/transmission with the benefits of continuity of support to those highly vulnerable to a range of harms. Whilst the pandemic created many challenges, it also facilitated removal of barriers, particularly concerning provision of harm reduction services which had previously been severely constrained. Clients described the Centre as a 'lifeline', providing stability and safety during a period of profound disruption when other services closed their doors. Strong leadership, intensive team working, support/training for staff, a focus on relationships, and active use of client feedback, enabled responsive adaptation to fast-changing demands and the creation of a 'culture of care'.

Conclusion

This study provides a unique insight into the pandemic by analysing the response of one homeless service during the height of the pandemic. We present a range of implications that have international relevance for those designing policies, and adapting front-line services, to proactively respond to COVID-19 and the continued public health crises of homelessness and drug-related deaths.

Pregnant patients using opioids: treatment access barriers in the age of COVID-19

Lensch A.C., Hairston E., Carter G., et al

Journal of Addiction Medicine

5 March 2021

DOI: 10.1097/ADM.0000000000000826

Objectives:

Before the COVID-19 pandemic, many pregnant patients experienced barriers in accessing opioid use disorder (OUD) medication. This project surveyed buprenorphine treatment clinics to determine how many accepted pregnant women before and then during the pandemic. Of those clinics accepting pregnant patients during the pandemic, respondents were asked what services were provided and what forms of payment they accepted.

Methods:

Between July and September 2020, phone contact was made with every sixth unduplicated clinic in North Carolina listed in the Substance Abuse and Mental Health Administration treatment locator (N=490 clinics). The response rate was 53%. **Results:**

Of the 128 clinics responding, 62 clinics (48%) failed to treat pregnant patients both before and during the pandemic, whereas 66 clinics (52%) accepted pregnant patients before the COVID-19 pandemic, with only 44 (66%) of these clinics accepting pregnant patients during the pandemic. Thus, 33% fewer clinics accepted pregnant women for OUD treatment. Of these 44 clinics, 52% provided same-day intake, 45% prescribed naltrexone, and 57% offered detoxification with opioid agonists. Self-pay (95%), private insurance (77%), and Medicaid (55%) were accepted as payment. Clinics commonly reported providing individual counseling (86%). No clinics provided childcare or transportation.

Conclusions:

Almost half of the buprenorphine clinics in North Carolina turned away pregnant patients before the pandemic. During the pandemic, only 34% accepted pregnant patients, with 33% clinics that had provided medication treatment before the pandemic declining to treat pregnant patients for OUD. Thus, it is critical that policymakers ensure OUD treatment clinics accept pregnant patients.

Cannabis-induced mania following COVID-19 self-medication: a wake-up call to improve community awareness

Kaggwa M M, Bongomin F, Najjuka S M, et al

International Medical Case Reports Journal, 2021, 14, p.121-125

Context:

Self-medication is becoming common during the coronavirus disease -2019 (COVID-19) pandemic due to the increasing popularity of home-based management of asymptomatic and mild cases. In this case report, we describe a patient who developed manic symptoms as a result of self-medication with a regimen containing cannabis to manage COVID-19 symptoms.

Case details:

A 52-year-old man with no prior history of a mental disorder, presented with a one-week history of talking more than usual, poor sleep, destructiveness, irritability, and altered mental status, following use of homemade remedies containing oranges, garlic, ginger, onions, honey, lemon, and cannabis to treat COVID-19 related symptoms over a 2-week period. This was his index presentation with such symptoms in his life. He had never used any substance of addiction before, did not have any known chronic medical condition, and had no family member with a history of any known mental illness. He was a suspect because his father had tested positive for COVID-19 and was undergoing treatment. He tested negative for COVID-19 after 3-weeks of initial COVID-19 like symptoms, urine sample was positive for tetrahydrocannabinol (THC), and he had normal investigations. He was managed with a mood stabilizer (oral carbamazepine at a dose of 200mg three times daily), antipsychotic (chlorpromazine 200mg twice daily), a sedative (diazepam 10mg at before bedtime), and occupational therapy. All manic symptoms resolved in a period of two weeks.

Conclusion:

Cannabis induced mental illness following self-medication for COVID-19 like symptoms is on the rise in the population. Due to increasing COVID-19 cases globally, hospital congestion, the popularity of home-based care guidelines for asymptomatic and mild COVID-19 to reduce hospital burden in many countries, and easy access to cannabis. With no approved cure for COVID-19, patients are turning to natural remedies to relieve symptoms of COVID-19. Emphasis on prevention of this insalubrious self-medication among the COVID-19 patients is needed to stop complication related to cannabis use.

Virtual pharmacist interventions on abuse of over-the-counter medications during COVID-19 versus traditional pharmacist interventions

Al Mazrouei, N, Ibrahim, R M, Al Meslamani, A Z, et al
Journal of the American Pharmacists Association
12 February 2021
doi: 10.1016/j.japh.2021.02.003

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Commentary on Furr-Holden et al. : As opioid overdose deaths accelerate among Black Americans, COVID-19 widens inequities—a critical need to invest in community-based approaches

Banks, D E; Carpenter, R W; Wood, C A; Winograd, R P
Addiction
116, 3, p.686-687, 2021

<https://onlinelibrary.wiley.com/doi/10.1111/add.15362>

L'urgence du chemsex chez les hommes gays en temps de Covid

<http://www.slate.fr/story/204533/tribune-urgence-chemsex-hommes-gays-temps-covid-19-sexe-drogues-consommation-aides-medicales>

Covid-19 pandemic accelerates 'uberisation' of drug market in France

<https://www.france24.com/en/tv-shows/focus/20210305-covid-19-pandemic-accelerates-uberisation-of-drug-market-in-france>

Drug overdose deaths surge among Black Americans during pandemic

<https://www.npr.org/2021/03/03/970964576/drug-overdose-deaths-surge-among-black-americans-during-pandemic>

Ageing-US: High-CBD Cannabis sativa extracts modulate ACE2 expression in COVID-19

'The Ageing-US authors developed over 800 new C. sativa cultivars and hypothesized that high-CBD C. sativa extracts may be used to down-regulate ACE2 expression in target COVID-19 tissues' | EurekAlert, USA

https://www.eurekalert.org/pub_releases/2021-03/ijl-ahc030221.php

How drug dealers won lockdown

For the past year, while the majority of Britain has been working from home, an often overlooked but, in his own way, "essential" worker has continued to go about his business: the neighbourhood drug dealer | UnHerd, UK

<https://unherd.com/2021/03/how-drug-dealers-won-lockdown/>

Weed, booze, and addiction: The vices Michiganders turned to during COVID-19

<https://www.fox2detroit.com/news/weed-booze-and-addiction-the-vices-michiganders-turned-to-during-covid-19>

As overdose deaths climb during the pandemic, parents of children in addiction turn to podcast for support

<https://www.inquirer.com/health/opioid-addiction/addiction-overdose-parents-support-podcast-caron-20210304.html>

How drug and alcohol addiction has soared in lockdown - video

One addiction charity says the number of people seeking help at the start of this year was 86% higher than the year before | Channel 4, UK

<https://www.channel4.com/news/how-drug-and-alcohol-addiction-has-soared-in-lockdown>

Smoking more weed during lockdown? here's how to slow down

In the UK, 44 percent of weed smokers have increased their usage since the onset of the pandemic | VICE, UK

<https://www.vice.com/en/article/pkd9jv/how-to-quit-smoking>

How Covid-19 changed drug crime in Ireland

Drug traffickers used rental cars and exploited children as mules during the last year | Journal, Ireland

<https://www.thejournal.ie/how-covid-19-changed-drug-crime-ireland-5376552-Mar2021/>

Less party drugs, more weed used in first Covid lockdown

During the first coronavirus lockdown between March and June last year, the Netherlands' nightlife crowd used significantly less party drugs like ecstasy and amphetamine than in the same period in 2019. They also drank less alcohol and smoked less tobacco, though they did smoke more weed, according to a study among people between the ages of 16 and 35 by the Trimbos Institute, NOS reports | NL Times, Netherlands

<https://nltimes.nl/2021/03/09/less-party-drugs-weed-used-first-covid-lockdown>

The pandemic broke through opioid treatment red tape. Let's keep it that way

One thing the federal government got right during the pandemic was making it easier for people to begin opioid use disorder treatment | Inquirer, USA

<https://www.inquirer.com/opinion/commentary/opioids-fentanyl-treatment-philadelphia-pandemic-20210309.html>

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