

## EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

### CORONAVIRUS, 15 January 2021

#### **GREY LITERATURE**

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##### **The growing complexity of the opioid crisis**

United Nations Office on Drugs and Crime (UNODC)  
Vienna: 2020

The current opioid crisis is a far-reaching drug and public health policy issue affecting several geographical regions. Since its appearance, endeavours have been undertaken both at the national and international level to develop integrated policy responses to address the crisis. Yet, despite some progress, the crisis continues both to expand geographically and to deepen in complexity with the emergence of a new generation of new psychoactive substances (NPS) with opioid effects, including substances belonging to chemical structural classes which were not significantly present on illicit drug markets previously. This evolution in chemical structural groups signals the potential development of similar new substances which may exacerbate the already significant challenges faced by public health and drug control systems. Additionally, the onset of the COVID-19 pandemic in late 2019 and early 2020 may further complicate and reshape existing trends in the crisis.

<https://cutt.ly/5jWCk8J>

##### **Maine Drug Death Report January – September, 2020**

Sorg, M H; Daley, K  
University of Maine  
Orono, ME: 2021

This report, funded by the Maine Office of Attorney General, provides a summary of statistics regarding drug fatalities in Maine during January–September, 2020. Data for the report were collected at the Office of Chief Medical Examiner. A “drug death” is identified when one or more drugs are mentioned on the death certificate as a cause or significant contributing factor for the death.

<https://cutt.ly/7jWCKWI>

## JOURNAL ARTICLES

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### Leveraging pharmacists to maintain and extend buprenorphine supply for opioid use disorder amid COVID-19 pandemic

Peckham, A M, Ball, J, Colvard, M D, et al  
American Journal of Health-System Pharmacy  
7 Jan 2021  
doi: 10.1093/ajhp/zxab003

#### Purpose:

Strategies for deploying clinical pharmacists to increase access to buprenorphine in inpatient, outpatient and transitional care, and community practice settings are described.

#### Summary:

Access to medications for opioid use disorder (MOUD) is essential, but patients face many barriers when pursuing treatment and MOUD. The coronavirus disease 2019 (COVID-19) pandemic has compounded the opioid crisis and worsened outcomes by introducing new barriers to MOUD access. Many strategies to ensure continued access to MOUD have been described, but the role of leveraging pharmacists during the opioid/COVID-19 syndemic to improve medication access and outcomes remains underappreciated. Pharmacists, while both qualified and capable of liberalizing access to all forms of MOUD, may have the strongest impact by increasing access to buprenorphine. Herein we present progressive strategies to maintain and extend buprenorphine access for patients with OUD through deployment of clinical pharmacists, particularly in the context of the COVID-19 pandemic, during which access may be further restricted.

#### Conclusion:

Leveraging pharmacists to extend access to MOUD, particularly buprenorphine, remains an underutilized strategy that should be implemented, particularly during the concurrent COVID-19 global pandemic.

### Cannabis and COVID-19: reasons for concern

van Laar, M W, Oomen, P E, van Miltenburg, C J A, et al  
Frontiers in Psychiatry, 2020, 11, 601653

The lockdown measures implemented to curb the spread of SARS-CoV-2 may affect (illicit) drug consumption patterns. This rapid response study investigated changes in cannabis use in a non-probability sample of cannabis users in the Netherlands during the early lockdown period. We fielded an online cross-sectional survey 4–6 weeks after implementation of lockdown measures in the Netherlands on March 15, 2020. We measured self-reported motives for changes in use, and assessed cannabis use frequency (use days), number of joints per typical use day, and route of administration in the periods before and after lockdown implementation. 1,563 cannabis users were recruited. Mean age was  $32.7 \pm 12.0$  years; 66.3% were male and 67.9% used cannabis (almost) daily. In total, 41.3% of all respondents indicated that they had increased their cannabis use since the lockdown measures, 49.4% used as often as before, 6.6% used less often, and 2.8% stopped (temporarily). One-third of those who were not daily users before the lockdown became (almost) daily users. Before the lockdown, most respondents (91.4%) used cannabis in a joint mixed with tobacco and 87.6% still did so. Among users of joints, 39.4% reported an increase in the average number consumed per use day; 54.2% stayed the same and 6.4% used fewer joints. This rapid response study found evidence that during the lockdown more users increased rather than decreased cannabis consumption according to both frequency and quantity. These data highlight the need to invest more resources in supporting cessation, harm reduction, and monitoring longer term trends in cannabis use.

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

Morin, K A, Acharya, S, Eibl, J K, Marsh, D C  
International Journal of Drug Policy, 2021, 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.

### **Conceptualizing the effects of the COVID-19 pandemic on people with opioid use disorder: an application of the social ecological model**

Cowan, E; Khan, M R; Shastry, S; Edelman, E J  
Addiction Science & Clinical Practice, 2021, 16, 4

The COVID-19 pandemic has resulted in unparalleled societal disruption with wide ranging effects on individual liberties, the economy, and physical and mental health. While no social strata or population has been spared, the pandemic has posed unique and poorly characterized challenges for individuals with opioid use disorder (OUD). Given the pandemic's broad effects, it is helpful to organize the risks posed to specific populations using theoretical models. These models can guide scientific inquiry, interventions, and public policy. Models also provide a visual image of the interplay of individual-, network-, community-, structural-, and pandemic-level factors that can lead to increased risks of infection and associated morbidity and mortality for individuals and populations. Such models are not unidirectional, in that actions of individuals, networks, communities and structural changes can also affect overall disease incidence and prevalence. In this commentary, we describe how the social ecological model (SEM) may be applied to describe the theoretical effects of the COVID-19 pandemic on individuals with opioid use disorder (OUD). This model can provide a necessary framework to systematically guide time-sensitive research and implementation of individual-, community-, and policy-level interventions to mitigate the impact of the COVID-19 pandemic on individuals with OUD.

### **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 ( $p < 0.001$ ,  $BF_{10} > 100$ ), while contact with partners ( $p = 0.005$ ,  $BF_{10} = 8.21$ ) and families improved ( $p < 0.001$ ,  $BF_{10} = 19.73$ ), with no differences between cannabis users and control. Generally, mental health problems (all  $p$ 's  $> 0.277$ , all  $BF_{10} < 0.139$ ) 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.

### **Lessons learned from a pandemic: Covid-19 and substance use**

Torun, H O, & Coşkunol, H

Addicta: The Turkish Journal on Addictions,  
7, 4, p.277-281, 2020

The aim of this review is to investigate the effects of the pandemic on substance use disorders and psychiatric care. Coronavirus disease 2019 (COVID-19) is a severe respiratory syndrome caused by coronavirus 2 (SARS-CoV-2) and has become a global pandemic rapidly. As a result of anxiety and fear for their health and careers, and the life they are forced to live in an unfamiliar lifestyle, the condition of people with psychological issues may have deteriorated during the pandemic. Many experts suggest that the pandemic may contribute to a global rise in drug use disorders as individuals deal with the anxiety and uncertainty caused by the pandemic. Some studies show that over half of the participants either started using or increased the use of medications or substances, most commonly alcohol and sleep aids, as a result of the COVID-19 pandemic. The COVID-19 pandemic is disproportionately affecting particularly vulnerable individuals who use drugs. Together with other factors, both comorbid diseases in substance use disorders (SUDs) (especially cardiopulmonary diseases and associated risk factors) and drug/drug interactions (between abused substances or SUD treatment medicines and COVID-19 treatment drugs) can lead to further complications for people with SUDs when they experience a COVID-19 infection. Also, during the COVID-19 pandemic, some hospitals could not accept SUD patients; partial hospital programs have adjusted their enrollment criteria, denying or delaying acceptance. For these reasons, there have been changes in the treatment processes. Telehealth has become much more important. Telehealth, also often called as telemedicine, is characterized by telecommunications technology as the delivery of health care over a distance.

### **Is Europe facing an opioid epidemic: what does European Monitoring Data tell us?**

Seyler, T, Giraudon, I, Noor, A, Mounteney, J, Griffiths, P

European Journal of Pain  
11 January 2021  
DOI: 10.1002/ejp.1728

This paper addresses the question of whether Europe is facing an opioid epidemic and utilises data from the European monitoring system on opioid use, harms and availability, to help assess the situation. Data sources covering the last decade on overdose deaths, drug treatment entrants and drug-related emergencies suggest that the health burden associated with opioid use is mostly related to the consumption of heroin - and to a lesser extent diverted opioid substitution treatment medications - and that it is primarily affecting an ageing cohort of vulnerable users, with little evidence of an increase in initiation. While opioid-related deaths are currently at much lower levels than in the US, they still represent a large preventable health burden with differences across EU countries. There is also increasing concern related to the high availability of heroin, illicitly produced synthetic opioids and diverted opioid pain medications on the European drugs market. Trends in the latter categories are poorly monitored and we may miss signs of emerging problems. Moreover, the economic recession following the COVID-19 pandemic has a potential to lead to resurgence in opioid use and harms.

### **Confronting COVID, racism, and addiction: The association of multidisciplinary education and research in substance use and addiction (AMERSA)**

Mountain-Ray S, Finnell D, Roy P, Northup R, MacLane-Baeder D.

Substance Abuse  
11 Jan 2021  
DOI: 10.1080/08897077.2020.1866144

The COVID-19 pandemic, the ongoing opioid epidemic, rise in substance use, and social and political unrest in the US and globally has impacted how substance use-related health needs are addressed. These issues were driving forces in planning AMERSA's 44th annual conference. True to the multidisciplinary spirit, and with diversity goals and advocacy at the forefront of mind, "together we

"rise" became the beacon for the AMERSA 2020 conference. This commentary provides an overview of the conference proceedings, topics that were highly relevant for clinicians, educators, researchers, and advocates for change.

**COVID-19 surveillance and Black American substance use disorder: An examination of data and policy**

Miller, V

Journal of Substance Abuse Treatment, 2021, 123, 108243

Research has cited structural racism as a determinate of black Americans' susceptibility to COVID-19. Using the flu surveillance system as a template, the U.S. has collected surveillance data on COVID-19. The U.S. also has rich databases on drug use and treatment. The U.S. should use data, combined with epidemiologic modeling that includes accurate proxies for structural racism, to direct policy, treatment, and COVID-19 vaccine distribution priorities. This paper provides a baseline of where we are and suggestions to consider to achieve health parity in populations of color.

**Sharp decline in hospital and emergency department initiated buprenorphine for opioid use disorder during COVID-19 state of emergency in California**

Herring, A A; Kalmin, M; Speener, M; et al

Journal of Substance Abuse Treatment, 2021, 123, 108260

The California Bridge Program supports expansion of medications for opioid use disorder (MOUD) in emergency departments (EDs) and hospital inpatient units across the state. Here, we describe the change in activity before and after the coronavirus disease 2019 (COVID-19) California statewide shutdown. Of the 70 participating hospitals regionally distributed across California, 52 report MOUD-related activity monthly. We analyzed data on outcomes of OUD care and treatment: identification of OUD, acceptance of referral, receipt of buprenorphine prescription, administration of buprenorphine, and follow-up linkage to outpatient OUD treatment, from May 2019 to April 2020. In estimating the expected number of patients who met each outcome in April 2020, we found decreases in the expected to observed number of patients across all outcomes (all p-values<0.002): 37% (from 1053 to 667) decrease in the number of patients identified with OUD, 34% (from 632 to 420) decrease in the number of patients who accepted a referral, 48% (from 521 to 272) decrease in the number of patients who were prescribed buprenorphine, 53% (from 501 to 234) decrease in the number of patients who were administered buprenorphine, and 33% (from 416 to 277) decrease in the number of patients who attended at least one follow-up visit for addiction treatment. The COVID-19 California statewide shutdown was associated with an abrupt and large decrease in the progress toward expanded access to OUD treatment.

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

Stringer, K L; Langdon, K J; McKenzie, M; et al

Journal of Substance Abuse Treatment, 2021, 123, 108263

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

**Substance use and related harms in the context of COVID-19: a conceptual model**

Enns, A; Orpana, H

Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice

40, 11-12, p.342-349, 2020

**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, E S, et al

Journal of Public Health

14 Jan 2021

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.

**Covid-19 et usage de drogues en situation de précarité : Reconnaître l'expertise des usagers pour appréhender la santé dans sa globalité**

Valkeneers, B; Poulin, J

Prospective Jeunesse : Drogues-Santé-Prévention

90-91, p.10-15, 2020

La crise actuelle révèle les limites de notre système à de nombreux égards, elle a agi comme un amplificateur des inégalités sociales et a mis à l'épreuve nos certitudes, nos convictions et nos organisations. Transit, comme d'autres services d'accessibilité à bas seuil, comme d'autres métiers de première ligne, en a fait l'expérience. Nous avons déjà eu l'occasion d'écrire à ce propos tout au long de l'épreuve Covid-19, de lire aussi de nombreuses cartes blanches et autres tribunes bien légitimes. La crise sanitaire est politique, sociale et économique, elle devrait constituer une opportunité d'envisager de nouvelles orientations dans les modes d'organisation et de gestion de nos sociétés.

**La réduction des risques à distance : un programme adapté et efficace pour faire face à la pandémie de Covid-19**

Torres-Leguizamón, M, Reynaud, E G; Néfau, T; Duplessy, C

Psychotropes

26, 2-3, p.123-137, 2020

La mise en place de politiques de Réduction Des Risques (RDR) pour les usagers de drogues a des effets bénéfiques importants sur la santé des usagers en limitant notamment la propagation d'un certain nombre d'infections. Ces politiques de RDR ont mené à l'ouverture de centres spécialisés principalement localisés dans les grandes agglomérations et les zones à forte densité de population. Les services de RDR en France ont été complétés par la mise en place d'un programme de RDR à distance permettant d'atteindre des populations d'usagers ne fréquentant pas ces centres. Le programme de RDR à distance HaRePo (Harm Reduction by Post en anglais) ne nécessite pas la rencontre physique avec les usagers. Il est accessible par téléphone et/ou par courriel, les professionnels accueillent et accompagnent les usagers à distance en leur dispensant des conseils et des orientations vers les services de soins et de droit commun. Le matériel de RDR est envoyé par la poste en France métropolitaine et en Outre-Mer. La pandémie de Covid-19 et les conditions mêmes du confinement (notamment les limitations de sortie et de transport) ont rendu difficile l'accès au matériel de RDR pour certains usagers. La peur des usagers de se contaminer a également freiné leurs déplacements. De plus, les dispositifs d'accueil spécialisés en RDR ont été contraints d'adapter leurs modes de fonctionnement et pour certains de réduire voire d'arrêter momentanément leurs activités (accueils, maraudes, etc.). De par ses caractéristiques et notamment le fait que la présence physique de l'usager n'est pas nécessaire, le programme HaRePo a maintenu ses activités. Dans cet article, nous analysons comment la pandémie de Covid-19 et les mesures sanitaires associées ont affecté l'activité du programme de RDR à distance via deux indicateurs : i) le nombre de nouveaux usagers entrant dans le programme et ii) le nombre de colis contenant du matériel de RDR envoyés. Nous avons observé une augmentation du nombre de nouveaux usagers significativement plus élevé

sur la période correspondant au confinement en comparaison aux années précédentes. Cette augmentation s'est poursuivie même après le déconfinement. De même, le nombre de colis contenant du matériel de RDR a très fortement augmenté. Nous avons néanmoins noté que l'augmentation de l'activité du programme de RDR à distance n'était pas le même en fonction des régions. Nous expliquons l'augmentation d'activité au cours de la période par : i) le transfert d'usagers fréquentant d'habitude les centres de RDR spécialisés qui n'ont pas eu accès à ces centres pendant le confinement et ii) par une tendance à faire des stocks de matériel pour éviter une éventuelle pénurie.

**Covid-19 : Les effets du confinement sur les inégalités sociales de santé et les usager.e.s de drogues. Du rôle de la promotion de la santé**

Stévenot, C

Prospective Jeunesse : Drogues-Santé-Prévention

90-91, p.4-9, 2020

La pandémie de COVID-19 et les mesures de confinement ont (eu) de multiples conséquences sur le fonctionnement sociétal. La crise sanitaire actuelle est anxiogène et stressante pour une large proportion de la population, qui est contrainte de puiser dans ses ressources psychologiques, sociales et financières pour la traverser. Les politiques publiques d'austérité menées ces dernières décennies en matière de santé et de sécurité sociale, ainsi que les mesures prises en réponse à la pandémie, ont engendré nombre de dégâts collatéraux, réduisant drastiquement la capacité du secteur du soin à gérer la crise et renforçant les inégalités sociales préexistantes. Les populations précarisées (y compris une partie des usager.es de drogues), déjà davantage vulnérables en temps ordinaires, sont particulièrement impactées par la crise actuelle et les mesures de confinement. La pandémie de COVID-19 exacerbe les inégalités sociales de santé et révèle les rouages systémiques qui participent à leur reproduction ; elle rappelle également le rôle fondamental de la promotion de la santé.

**Les usagers de drogues durant le confinement dû à la pandémie de Covid-19 : la vision d'ASUD**

Velazquez, M

Psychotropes

26, 2-3, p.95-103, 2020

Dans cet article, le représentant d'ASUD présente l'association en l'inscrivant dans l'élaboration de la politique de réduction des risques en France. Puis il nous fait partager ce qu'a été le confinement pour ce groupe historique de l'auto-support des usagers et des ex-usagers de drogues. Il revient sur les leçons tirées de cette expérience. Fidèle à son image revendicative, il conclut en exprimant les demandes que cette association voudrait voir réalisées au lendemain de cette pandémie.

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

Briand Madrid, L; Donaldille, C; Martin, V; et al

Psychotropes

26, 2-3, p.141-163, 2020

**Contexte :**

Les consommateurs de cannabis représentent une population hétérogène en constante augmentation. Même si le cannabis présente un pouvoir addictogène avec des effets néfastes pour la santé, cette substance est également connue pour ses effets thérapeutiques sur de nombreuses conditions et notamment sur la douleur et la dépendance à d'autres substances. Le confinement lié à l'épidémie de Covid-19 a provoqué dès l'annonce des réactions de la part des usagers et des associations de réduction des risques, préoccupés par les situations à risque (stress et sevrage). Dans ce contexte, une enquête a été proposée aux consommateurs quotidiens de cannabis afin d'étudier l'impact du confinement sur leurs usages et leur santé. Les objectifs spécifiques de cet article sont de décrire cette population de consommateurs quotidiens de cannabis, les évolutions d'usage avant et pendant le confinement et le lien avec certaines caractéristiques sociodémographiques, comportementales et sanitaires.

**Méthodes :**

L'enquête a consisté en un questionnaire en ligne rempli pendant la période de confinement et diffusé sur différents sites fréquentés par les usagers de cannabis. Ce questionnaire était composé de 3 parties : profil sociodémographique, pratiques de consommation avant le confinement et pendant le confinement. Des données plus précises sur la santé des usagers ont été recueillies telles que les symptômes anxieux, dépressifs, la douleur et les troubles du sommeil.

**Résultats :**

Au total, 4 279 questionnaires ont été remplis de manière complète. La population est essentiellement composée d'hommes (75 %), de jeunes (médiane à 27 ans), de personnes diplômées (84 % ont le baccalauréat) et vivant dans des grandes unités urbaines (62 %). L'étude de l'évolution de la consommation de cannabis avant et pendant le confinement permet de distinguer 4 profils : ceux qui ont arrêté (7 %), ceux qui ont diminué (28 %), ceux qui n'ont pas changé (29 %) et ceux qui ont augmenté (36 %). L'augmentation est plus fréquente chez les femmes, pour les personnes habitant dans des grandes villes et celles qui ont stocké du cannabis en prévision du confinement. L'arrêt est associé à un état de santé dégradé (anxiété, dépression, douleur et troubles du sommeil). Ceux qui ont maintenu une consommation stable pendant le confinement semblent avoir eu moins d'effets négatifs sur leur santé.

**Conclusion :**

Notre enquête CANNAVID a permis de recruter un échantillon suffisamment important pour pouvoir décrire une partie de la population des consommateurs quotidiens de cannabis et les effets du confinement sur leurs usages et leur santé. Ces données préliminaires montrent que le confinement a provoqué des réactions et des effets qui ont été délétères surtout chez ceux qui ont arrêté ou augmenté leur consommation.

**Consommation d'alcool et d'autres produits psychoactifs pendant la pandémie de Covid-19 dans la Global Drug Survey : une perspective française**

Jauffret-Roustide, M; Barrat, M; de Dinechin, S; et al

Psychotropes

26, 2-3, p.209-219, 2020

La Global Drug Survey est une enquête en ligne visant à étudier l'expérience des usagers de drogues en population générale, menée chaque année entre novembre et décembre. Ce volet spécial Covid-19 a été réalisé sur sept semaines, de mai à juin 2020. L'enquête avait comme objectif d'explorer de manière rétrospective l'impact du confinement et des premières semaines du déconfinement sur les consommations de produits psychoactifs en population générale. Les résultats de l'enquête mettent en évidence une augmentation du nombre de jours de consommation d'alcool, mais pas d'augmentation du binge drinking. Pour le cannabis, les usages sont restés relativement stables, même si une augmentation relative en comparaison aux autres pays est observée. Les usages d'ecstasy et de cocaïne ont baissé tout particulièrement. Enfin, les benzodiazépines ont vu leur usage augmenter. La Global Drug Survey note que la pandémie a modifié les usages de produits psychoactifs, sans qu'une augmentation des conduites dérégulées ne soit observée. Les usagers ont adapté leurs pratiques en fonction des modifications relatives à leur environnement de vie.

**The other epidemic - Significant increase in opioid-related overdoses blamed on COVID-19**  
<https://cutt.ly/2jcrAfO>

**'Joints for jabs:' this group wants to give you weed with your covid vaccine**

'Jabs for Joints' is one D.C. activist group's solution to encourage COVID-19 vaccines and legalize cannabis legislation | VICE, USA  
<https://www.vice.com/en/article/7k9799/joints-for-jabs-this-group-wants-to-give-you-weed-with-your-covid-vaccine>

**Why musicians are falling back into addiction during lockdown**

[Limited number of free articles per week] A year into Covid, life looks very different to how it did in January 2020. We have all coped differently, too. For some, the recalibration to a more stay-at-home life has been an easy, sometimes welcome transition. For many, though, the challenges of lockdown have proved much more difficult to deal with | Telegraph, UK

<https://www.telegraph.co.uk/music/artists/need-applause-musicians-falling-back-addiction-lockdown/>

**Report: pandemic isolation contributed to ongoing opioid crisis**

Nearly a quarter more people died in Maine from drug use in the first nine months of 2020, than the year before. That's according to a new report by the University of Maine's Margaret Chase Smith Policy Center [see above in 'Grey Literature, - VB], which showed that between January and September of last year, 380 people died from using drugs. That's compared to 306 in those months in 2019 | Maine Public, USA

<https://www.mainepublic.org/post/report-pandemic-isolation-contributed-ongoing-opioid-crisis>