



EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

CORONAVIRUS, 16 April 2021

EVENT

CND64 Side Event - Impacts of COVID-19 on the drug market

International Society for the Study of Drug Policy

Fri, 16 April 2021

9:00 AM – 10:00 AM BST

The COVID-19 pandemic and associated restrictions has had unparalleled impacts on our lives: border closures, stay at home restrictions, curfews, ill-health, physical and social isolation to name but a few. This virtual side-event for the 64th United Nations Commission on Narcotics Drugs is co-hosted by the International Society for the Study of Drug Policy, Alcohol and Drug Foundation and Release. It will draw together four empirical studies to provide a multi-country analysis of the impacts of COVID-19 on the drug market. We look forward to welcoming you to the event.

<https://www.eventbrite.com.au/e/cnd64-side-event-impacts-of-covid-19-on-the-drug-market-tickets-149805234489>

Mini-European Web Survey on Drugs (EWS) - impact of COVID-19 on drug use, acquisition behaviour and the drug market in Luxembourg

Berndt, N; Paulos, C; Seixas, R
Ministry of Health
Luxembourg: 2021

This online rapid response study investigated the impact of the COVID-19 related restrictions on drug consumption patterns and drug acquisition behaviours among a targeted convenience sample of recreational drug users in the Grand-Duchy of Luxembourg during the post-lockdown period of April to June 2020. The study further examined perceptions of change regarding the drug market including accessibility, price, purity and quantity obtained among the target population. Gaining better insight into the impact of COVID-19 national response measures on patterns of drug use and drug acquisition habits may help to improve health policies and practice responses.

Focus on: safe supply. Findings from focus groups with people who use unregulated drugs

Waterloo Region Crime Prevention Council
Kitchener, ON: 2021

Two local surveys were conducted in late summer and early fall. The first survey administered at the YWCA overflow men's shelter in Kitchener focused on the low barrier shelter approach. The second survey administered to people who use drugs, are unsheltered, and or are in a local shelter system focused on safe supply. Surveyors asked participants about their experiences and perceptions related to area shelters and housing, substance use, safe supply, and crime and victimization.

The primary focus of the surveys was to investigate the potential opportunities for upstream preventative and renewal approaches to issues multiplied by the COVID-19 pandemic related to drug use, mental health, housing etc. involving people who use unregulated drugs, and are without permanent shelter.

https://preventingcrime.ca/wp-content/uploads/2021/04/WRCPC_FocusOn_Safe_Supply_Report.pdf

Impact of the Covid-19 lockdown on cannabis users in France. Results of the 2020 cannabis online survey

Brissot, A; Philippon, A; Spilka, S
OFDT
Paris: 2021

The introduction of lockdown measures by the public authorities between 17 March and 11 May 2020 in response to the Covid-19 pandemic in France yielded dramatic changes in consumption practices of cannabis users. The OFDT set up, in the period following lockdown, a quantitative online survey of cannabis users recruited via the social network Facebook. The aim of this survey, Cannabis online, was to gain a better understanding of the patterns of cannabis use in France and the impact of lockdown on practices.

The results underline that a majority of cannabis users continued to use in the exceptional circumstances of lockdown, even though a large proportion of them changed their use behaviour. The survey shows an increase in the use of cannabis during lockdown, particularly among the most regular users, which is reflected both in an increase in the number of joints smoked on one occasion and in more frequent morning and earlier daytime use. Contrary to fear of a generalised shortage, the accessibility of cannabis remained significant in this period.

<https://en.ofdt.fr/BDD/publications/docs/eisaab2b2.pdf>

Opioid epidemics during the pandemic: Further insights to the same story

Ayad, A E

Journal of Opioid Management

17, 1, p.9-12, 2021

The limited access to opioids remains a reality in developing countries. Recent evidence suggests that opioid epidemics are getting worse with the COVID-19 crisis. The increase in opioid abuse could be attributed to the extended lockdowns and the social distancing recommendations, hindering chronic pain patients' access to regular office visits and monitoring in addition to limited access to behavioral services like group therapies and other pain management interventions. Use of telemedicine as an alternative to in-person follow-up visits has faced many limitations due to technological challenges and cost. Chronic pain patients living in developing countries face extra burden during the pandemic. Limited access to outpatient clinics and hesitance to visit hospitals due to COVID-19 pandemic, in addition to reduction in supply of opioids, are some of the limiting factors. Unfortunately, the low-income class with limited financial capabilities faces further barriers to access the chronic pain services and treatments like opioid prescriptions. Medical entities involved in care of chronic pain patients have adopted different strategies to overcome these challenges. In addition to expanding on educational programs to medical staff and patients, modifying the strict opioid prescribing and dispensing regulations has been successful. Another positive trend has been the growing use of opioid sparing interventions, such as multimodal analgesia, regional blocks, and interventional pain procedures.

Psychological health status of psychiatric patients living in treatment communities before and during the COVID-19 lockdown: a brief report

Cordellieri, P, Barchielli, B, Masci, V, et al

International Journal of Environmental Research & Public Health, 2021, 18, 7, 3567

Many studies investigated the psychological impact of lockdown measures on the general population, while few studies focused on the psychiatric population. This study aimed to investigate the role of therapeutic communities in the management and containment of symptoms of patients with psychosis living in psychiatric residential facilities. Data were collected at two different points: November 2019 (Coronavirus disease 19 had not yet spread) and April 2020 (during the lockdown in Italy). Twenty-two study participants were recruited from three residential accredited psychiatric facilities. During lockdown, the patients showed a small increase in symptomatology in terms of emotional isolation. In addition, it was been observed significant differences in certain functional areas of the behavior, measured as lower inclination towards violent behaviors during lockdown, and higher scores in substance abuse and medical impairment. The lockdown condition could represent a form of containment; daily routines, along with adequate social support, are important aspects of the stability and the level of behavioral functioning of psychiatric patients. Social support and continuity of care offered by psychiatric communities can be an effective safeguard against the psychological impact of the COVID-19 epidemic.

Pathways between COVID-19 public health responses and increasing overdose risks: A rapid review and conceptual framework

Nguyen, T, Buxton, J A

International Journal of Drug Policy

20 March 2021

DOI: 10.1016/j.drugpo.2021.103236

Background:

Emerging evidence indicates that illicit drug overdoses are increasing throughout the COVID-19 pandemic. There is a paucity of evidence on the causative pathways for this trend, but expert opinions, commentaries, and some reviews offer theoretical underpinnings.

Methods:

In this rapid review, we collate the available published evidence, expert opinions, commentaries, and reviews on the unintended pathways between COVID-19 public health responses and increasing illicit drug overdoses. Using tenets of thematic analyses and grounded theory, we also offer a visual conceptual framework for these unintended pathways.

Results:

Our framework focuses on five particular public health responses, namely social isolation/physical distancing/quarantine; staff/resource reallocations and reductions; closures of businesses and other

places of employment; border closures and transportation restrictions; and the early release of people from prisons. As argued in the literature reviewed here, these public health responses have unintentionally created increased overdose risks by producing high risk use scenarios; increased risks of relapsing; disrupted addictions services and treatment; an increasingly toxic supply of drugs; and the risk of using with lowered tolerance.

Conclusions:

Health care systems should respond to these pathways to mitigate the unintended consequences. Furthermore, the COVID-19 pandemic may represent an opportunity to enact proactive, progressive, and innovative solutions to an overdose crisis that will surely outlast the current pandemic.

Buprenorphine opioid treatment during the COVID-19 pandemic

Luigi, M; Luo, M; Maes, E J P

JAMA Internal Medicine

12 April 2021

doi:10.1001/jamainternmed.2021.0777

Buprenorphine opioid treatment during the COVID-19 pandemic – Reply

Nguyen, T D; Saloner, B; Stein, B D

JAMA Internal Medicine

12 April 2021

doi:10.1001/jamainternmed.2021.0774

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

Palamar, J J; Le, A; Carr, T H; Cottler, L B

Drug and Alcohol Dependence, 2021, 221, 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.

The early impact of social distancing measures on drug use

Christie, N C; Vojvodic, V; Monterosso, J R

Substance Use & Misuse

12 April 2021

DOI: 10.1080/10826084.2021.1901934

Background and Objectives:

Social distancing policies have been widely adopted in response to the COVID-19 pandemic. High levels of social connection are positively associated with beneficial health outcomes, while social isolation is associated with poor long-term health outcomes including reduced life expectancy. The present study evaluates the impact of social distancing measures during the early period of COVID-19 on substance use behaviors among those in the United States.

Methods:

We used an internet-based survey with participants (n = 157; 86 male) reporting a history of problems related to drug use. We relied on ANOVA and logistic regression techniques to assess the associations between social connection and substance use.

Results:

People with more severe drug use problems reported feeling more socially isolated during social distancing. Those who primarily use alcohol reported higher global feelings of social connection than those who primarily use opioids. During social distancing, participants reported an increase in alcohol and cigarette consumption, and a decrease in cocaine use. Lastly, those who reported using drugs for social reasons were less likely to have decreased substance use during social distancing.

Conclusions:

The current study provides evidence that social distancing guidelines have impacted both substance use behaviors and feelings of social and physical connection. Further, there are differential impacts based on drug of choice. These results advance delineation of the connection between sociality and drug use.

Barriers to care experienced by patients who inject drugs during the COVID-19 pandemic: a qualitative analysis

Gleason, E, Nolan, N S, Marks, L R, et al

Journal of Addiction Medicine

8 April 2021

doi: 10.1097/ADM.0000000000000853

Objectives:

To identify the barriers to accessing health care and social services faced by people who inject drugs (PWID) during the coronavirus disease 2019 (COVID-19) pandemic.

Methods:

This report is a sub-analysis of a larger qualitative study. Semi-structured interviews were conducted with PWID admitted to an academic medical center from 2017 to 2020 for an invasive injection-related infection. Standard qualitative analysis techniques, consisting of both inductive and deductive approaches, were used to identify and characterize the effects of COVID-19 on participants.

Results:

Among the 30 PWID interview participants, 14 reported barriers to accessing health and addiction services due to COVID-19. As facilities decreased appointment availability or transitioned to telemedicine, PWID reported being unable to access services. Social distancing led to isolation or loneliness during hospital stays and in the community. Recovery meetings and support groups, critical to addiction recovery, were particularly affected. Other participants reported that uncertainty and fear of contracting the virus generated changes in behavior that led them to avoid seeking services.

Conclusions:

COVID-19 has disrupted health systems and social services, leading PWID to experience unprecedented barriers to accessing and maintaining health and addiction services in both inpatient and outpatient settings. Opioid use disorder management must be understood as a holistic process, and a multidisciplinary approach to ensuring comprehensive care, even in the midst of this pandemic, is needed.

COVID-19 vaccination among socially vulnerable people who use drugs

Arcadepani, F B; De Macedo, M A C F; Tardelli, V S; et al

Addiction

31 March 2021

DOI: 10.1111/add.15500

COVID-19 and the opioid use disorder: a syndemic perspective and their neuropsychiatric manifestations

Malik, M; Francis, A

Biological Psychiatry

89, 9, S142-S143, 2021

Background:

The SARS-CoV-2 causes a multiorgan disease and has several neuropsychiatric and neurologic manifestations and sequelae. Opioids use disorder (OUD) also affects the brain adversely. The objective of this review was to examine the literature on the synergistic effects of these two epidemics and their ramifications for treatment.

Methods:

Search engines "Pubmed" and "Google Scholar" were employed with keywords "COVID-19" "AND", "Opioid Use Disorder", "Syndemic", "Opioid Crisis", "Neuropsychiatric sequelae", with time set until

August 1st, 2020. From 859 manuscripts in the English language, we narrowed it to a total of “10” manuscripts removing non-peer-reviewed articles, animal studies, preprints, literature reviews, commentaries, opinion letters, editorials, and manuscripts not directly related to neuropsychiatry. Supporting manuscripts were cross-referenced for detailed analysis.

Results:

Co-occurrence of COVID-19 and OUD creates a biosocial complex with disease clustering in the population, amplifying disease burden. We propose a syndemic model that describes and encapsulates the synergistic effects of these two concurrent epidemics.

Conclusions:

The biosocial complex created from the interactions of COVID-19 and the OUD epidemic amplifies their adverse interactions increasing disease burden. Traditional harm reduction strategies for OUD are compromised by the COVID-19 pandemic, intensifying the risk of relapse, overdose, and new addictions. Systemic infection, social stigma, psychological and environmental stressors can facilitate existing or induce the development of new addiction and mental health problems whose compounding effect can exacerbate the course of pandemic and clustering of these two diseases reveals a unique therapeutic challenge.

Syringe service program-based telemedicine linkage to opioid use disorder treatment: protocol for the STAMINA randomized control trial

Watson, D P; Swartz, J A; Robison-Taylor, L; et al
BMC Public Health, 2021, 21, 1, 630

Background:

A key strategy for mitigating the current opioid epidemic is expanded access to medications for treating opioid use disorder (MOUD). However, interventions developed to expand MOUD access have limited ability to engage opioid users at higher levels of overdose risk, such as those who inject opioids. This paper describes the study protocol for testing STAMINA (Syringe Service Telemedicine Access for Medication-assisted Intervention through NAVigation), an intervention that engages high-risk opioid users at community-based syringe service programs (SSP) and quickly links them to MOUD using a telemedicine platform.

Methods:

This randomized control trial will be conducted at three SSP sites in Chicago. All participants will complete an initial assessment with a provider from a Federally Qualified Health Center who can prescribe or refer MOUD services as appropriate. The control arm will receive standard referral to treatment and the intervention arm will receive immediate telemedicine linkage to the provider and (depending on the type of MOUD prescribed) provided transportation to pick up their induction prescription (for buprenorphine or naltrexone) or attend their intake appointment (for methadone). We aim to recruit a total of 273 participants over two years to provide enough power to detect a difference in our primary outcome of MOUD treatment linkage. Secondary outcomes include treatment engagement, treatment retention, and non-MOUD opioid use. Data will be collected using structured interviews and saliva drug tests delivered at baseline, three months, and six months. Fixed and mixed effects generalized linear regression analyses and survival analysis will be conducted to compare the probabilities of a successful treatment linkage between the two arms, days retained in treatment, and post-baseline opioid and other drug use.

Discussion:

If successful, STAMINA's telemedicine approach will significantly reduce the amount of time between SSP clients' initial indication of interest in the medication and treatment initiation. Facilitating this process will likely lead to stronger additional treatment- and recovery-oriented outcomes. This study is also timely given the need for more rigorous testing of telemedicine interventions in light of temporary regulatory changes that have occurred during the COVID-19 pandemic.

COVID-19, unemployment, and behavioral health conditions: the need for supported employment

Drake, R E; Sederer, L I; Becker, D R; Bond, G R
Administration and Policy in Mental Health
13 April 2021
DOI: 10.1007/s10488-021-01130-w

The COVID-19 pandemic has caused massive unemployment, exacerbated pre-existing behavioral health (mental health and substance use) disorders for many people, and created new disorders for others. Although policy changes have increased health care and unemployment benefits, most people want jobs and self-sufficiency rather than handouts. A robust evidence base shows that supported employment can enable unemployed people with behavioral health conditions to find competitive, integrated employment and behavioral health supports. Millions of U.S. citizens may need these

services as the pandemic recedes and jobs become available. Government attention to supported employment is necessary now more than ever.

Clinical vulnerability for severity and mortality by COVID-19 among users of alcohol and other substances

Benzano, D; Ornell, F; Scuch, J B; et al
Psychiatry Research, 2021, 300, 113915

The COVID-19 pandemic is a public health emergency. Individuals with substance use disorder have a higher risk of infection and may suffer from more severe forms of the disease. Our goal is to investigate the prevalence of risk factors for COVID-19 severity in individuals with different substance use and explore whether specific types of substance are potentially associated with more clinical risk factors which could increase morbimortality in this population. The sample included 821 men hospitalized at an inpatient Addiction unit (305 alcohol users, 233 cocaine/crack users, and 283 multiusers). Data were collected using the Addiction Severity Index version 6. The most prevalent risk factors for COVID-19 severity observed in our sample were: smoking (82.5%), arterial hypertension (26.6%), respiratory problems (23.4%), and history of homelessness (25.1%). Arterial hypertension and cirrhosis occurred more frequently among alcohol users. Multiusers lived in the streets longer and had a higher prevalence of HIV than alcohol users. Overall, 28% of the sample had three or more risk factors. The frequency of risk factors was high and this scenario suggests that these individuals could be more susceptible to worse COVID-19 prognosis. Therefore, prevention strategies directed at specific characteristics of substance users merit attention during the pandemic.

COBRE on opioid and overdose: a collaborative research-based center addressing the crises in Rhode Island and beyond

Green T C, Kaplowitz E, Langdon K, et al
Rhode Island Medical Journal
104, 3, p.22-26, 2020

Overdose deaths across the country have spiked since the onset of the COVID-19 pandemic. It is crucial now, more than ever, to address the continuing and worsening, complex and dynamic opioid and overdose epidemics. In 2018, The Center of Biomedical Research Excellence (COBRE) on Opioids and Overdose, based at Rhode Island Hospital, launched with three major goals: 1) establish a center of scientific excellence on opioids and overdose; 2) train the next generation of scientists to become independent investigators and address the opioid and overdose crises; and 3) contribute to the scientific progress and solutions to combat these epidemics. To date, we have made substantial progress. While the opioid and overdose crises continue to evolve, the COBRE on Opioid and Overdose and its team of investigators are well poised to address the daunting task of understanding and meaningfully addressing these deadly epidemics, with the ultimate goal of saving lives.

Trends in drug overdose mortality in Ohio during the first 7 months of the COVID-19 pandemic

Currie, J M; Schnell, M K; Schwandt, H; et al
JAMA Network Open, 2021, 4, 4, e217112

Introduction

The COVID-19 pandemic has been associated with excess deaths relative to existing trends.¹ Because drug overdoses are a leading cause of death, it is important to investigate the general time-series pattern of overdose deaths during the pandemic. While there have been reports of increased overdoses in 2020,² other evidence suggests that overdose deaths, especially those due to fentanyl, were increasing before the pandemic.³ Because national data lag data available at the local level, the use of local data is important to examine how closely increases in overdose deaths in 2020 tracked the course of the pandemic.

Methods

All 12 195 overdose deaths in Ohio (8140 males [66.7%]) from January 1, 2018, through October 10, 2020, were examined using publicly available data from the Ohio Department of Health.⁴ Fatal overdoses were classified by drug type as in previous research⁵ and were plotted for each week. Overdose deaths for 4 age groups (18-24 years, 25-44 years, 45-64 years, and 65 years and older) in each 4-week period were compared with the average number of deaths in each group in 2018 through 2019. Under the Common Rule (82 FR §7149), there is no need for patient consent or institutional review board approval because the data were publicly available and included no identifiable patient information. All data analyses were performed using R version 4.0.2 (R Core Team). This cross-sectional study followed Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline.

Results

In all, 12 195 overdose deaths occurred in Ohio from January 1, 2018, through October 10, 2020. Of these, 8140 (66.7%) were men. Figure 1 shows weekly drug overdose deaths by drug type during the period studied. Fatal overdoses rose sharply, from 85 in the week following the declaration of a national emergency (point B) to a peak of 145 overdoses in the week of May 31 (point D)—an increase of 70.6%. This peak represents an increase of 76.8% relative to the 82 fatal overdoses in the same week a year earlier (point A). Fatal overdoses fell to 80 by mid-August (point E) and rose to 105 in the last sample week. The 8981 fentanyl-related deaths represented 73.6% of total fatal overdoses and were the only drug category that spiked over the sample period. The “other opioids” category included nonfentanyl, nonheroin opioids.

Figure 2 shows overdose deaths in each 4-week period from January 1, 2018, through October 10, 2020, relative to the mean for 2018-2019 in each age group. Overdose deaths increased and then decreased in all 4 age groups, with the largest relative spike occurring among the youngest group. For those aged 24 years and younger, 4-week overdoses at the peak were 2.06 times the 2018-2019 four-week mean (42 vs 20.42 deaths). For those aged 25 to 44 years, 4-week overdose deaths peaked at 1.67 times the 2018-2019 four-week mean (284 vs 169.77 deaths); for those aged 45 to 64 years, 1.72 times (192 vs 111.46); and for those aged 65 or older, 1.89 times (24 vs 12.69).

Discussion

In this cross-sectional study, the temporal pattern of overdoses followed some features of the COVID-19 pandemic, albeit with some time lag. An initial spike in overdose deaths followed the declaration of a national public health emergency on March 13, 2020; early state and local lockdowns and restrictions; and an Ohio unemployment rate that hit 17.6% by April 2020. By August 2020, lockdowns and restrictions had eased, and Ohio's unemployment rate had fallen to 8.9%. Overdose deaths also returned to levels within recent historical experience.

The initial spike in deaths was most pronounced for the youngest adults, consistent with large self-reported deteriorations in their mental health and increased drug use.⁶ However, fatal overdoses followed a similar pattern in all age groups considered, including those 65 years or older.

One limitation of our study is that the cause of death is still pending for 0.034% of deaths (121 of 351 834 total deaths) over our sample period. We are therefore missing a small number of deaths that could eventually be counted as overdoses. In addition, our findings may not be generalizable outside the state of Ohio. We found similar results in several large counties that provided medical examiner data, but it is not yet possible to conduct a similar analysis using a nationally representative sample. Still unknown is whether and how the pandemic caused this spike in fatal overdoses, and why overdose deaths returned to baseline levels after rising sharply at the start of the pandemic.

Prescribing of opioid analgesics and buprenorphine for opioid use disorder during the COVID-19 pandemic

Currie, J M; Schnell, M K; Schwandt, H; et al
JAMA Network Open, 2021, 4, 4, e216147

Importance

The COVID-19 pandemic disrupted medical care, impacting prescribing of opioid analgesics and buprenorphine for opioid use disorder. Understanding these patterns can help address barriers to care.

Objective

To evaluate how prescribing of opioid analgesics and buprenorphine for opioid use disorder changed throughout the COVID-19 pandemic among both new and existing patients.

Design, Setting, and Participants

In this cross-sectional study, use of opioid analgesics and buprenorphine for opioid use disorder from March 18 to September 1, 2020, was projected using a national database of retail prescriptions from January 1, 2018, to March 3, 2020. Actual prescribing was compared with projected levels for all, existing, and new patients.

Exposures

The data include prescriptions to patients independent of insurance status or type and cover 90% of retail prescriptions, 70% of mail-order prescriptions, and 70% of nursing home prescriptions.

Main Outcomes and Measures

Prescriptions for opioid analgesics and buprenorphine for opioid use disorder. Outcomes included total number of prescriptions, total morphine milligram equivalents, mean morphine milligram equivalents per prescription, mean dispensed units per prescription, and number of patients filling prescriptions.

Results

A total of 452 691 261 prescriptions for opioid analgesics and buprenorphine for opioid use disorder were analyzed for 90 420 353 patients (50 921 535 female patients [56%]; mean [SD] age, 49 [20] years). From March 18 to May 19, 2020, 1877 million total morphine milligram equivalents of opioid analgesics were prescribed weekly vs 1843 million projected, a ratio of 102% (95% prediction interval

[PI], 94%-111%; P = .71). The weekly number of opioid-naïve patients receiving opioids was 370 051 vs 564 929 projected, or 66% of projected (95% PI, 63%-68%; P < .001). Prescribing of buprenorphine was as projected for existing patients, while the number of new patients receiving buprenorphine weekly was 9865 vs 12 008 projected, or 82% (95% PI, 76%-88%; P < .001). From May 20 to September 1, 2020, opioid prescribing for new patients returned to 100% of projected (95% PI, 96%-104%; P = .95), while the number of new patients receiving buprenorphine weekly was 10 436 vs 11 613 projected, or 90% (95% PI, 83%-97%; P = .009).

Conclusions and Relevance

In this cross-sectional study, existing patients receiving opioid analgesics and buprenorphine for opioid use disorder generally maintained access to these medications during the COVID-19 pandemic. Opioid prescriptions for opioid-naïve patients decreased briefly and then rebounded, while initiation of buprenorphine remained at a low rate through August 2020. Reductions in treatment entry may be associated with increased overdose deaths.

A health crisis within a health crisis: Opioid access in the COVID-19 pandemic

Narayan A, Balkrishnan R.

Substance Abuse

13 April 2021

doi: 10.1080/08897077.2021.1900981

The novel coronavirus has thrown large sections of our healthcare system into disarray, with providers overburdened by record breaking number of hospitalizations and deaths. The U.S., in particular, has remained the nation with one of the fastest growing case counts in the world. As a consequence, many other critical healthcare needs have not received the necessary resources or consideration. This commentary draws attention to substance use and opioid access during the ongoing crisis, given the potential for breakdowns in treatment access for addiction, the growing concern of mental health comorbidities, and the lack of access for those who require opioids for adequate pain management. Further, the commentary will offer policy and practice recommendations that may be implemented to provide more equitable distribution of care.

Covid19 impact screening of patients undergoing medication treatment for opioid use disorder

Manzardo, A M; Sethi, R

Substance Abuse

15 April 2021

doi: 10.1080/08897077.2021.1903656

Background:

Populations with addiction are considered at-risk for both medical and financial effects of the COVID19 outbreak. Patients receiving medication treatment for opioid use disorder (MOUD) were screened to assess need, vulnerability factors and potential clinical impact of the pandemic for referral and allocation of resources.

Methods:

A 31-item quality improvement survey of COVID19-related factors (e.g. engagement in social distancing, food and financial security) and clinical benchmarks of anxiety, craving, and treatment response was administered between March 24 and April 29, 2020. Anonymized data were compiled for study. Frequencies and means were evaluated for gender, age and financial effects on anxiety and craving ratings.

Results:

A total of 200 (N = 117 male; N = 80 female; N = 1 transgender) patients (age 42 ± 13 years) were screened. Medical risk factors known to predict severe COVID19 reactions reported in 33% of patients did not contribute significantly to distress. While 95% of patients reported stable food and housing, personal financial and employment instability reported in 40% of patients was associated with significantly increased anxiety and craving rating, particularly for women.

Conclusions:

Financial ramifications of the COVID19 pandemic were the most salient concerns reported by patients engaged in MOUD in the early phases of the outbreak, particularly for women.

Implementing an integrated multi-technology platform for drug checking: Social, scientific, and technological considerations

Wallace, B; Hills, R; Rothwell, J; et al

Drug Testing and Analysis

13, 4, p.734-746, 2021

The illicit drug overdose crisis in North America continues to devastate communities with fentanyl detected in the majority of illicit drug overdose deaths. The COVID-19 pandemic has heightened concerns of even greater unpredictability in the drug supplies and unprecedented rates of overdoses. Portable drug-checking technologies are increasingly being integrated within overdose prevention strategies. These emerging responses are raising new questions about which technologies to pursue and what service models can respond to the current risks and contexts. In what has been referred to as the epicenter of the overdose crisis in Canada, a multi-technology platform for drug checking is being piloted in community settings using a suite of chemical analytical methods to provide real-time harm reduction. These include infrared absorption, Raman scattering, gas chromatography with mass spectrometry, and antibody-based test strips. In this Perspective, we illustrate some advantages and challenges of using multiple techniques for the analysis of the same sample, and provide an example of a data analysis and visualization platform that can unify the presentation of the results and enable deeper analysis of the results. We also highlight the implementation of a various service models that co-exist in a research setting, with particular emphasis on the way that drug checking technicians and harm reduction workers interact with service users. Finally, we provide a description of the challenges associated with data interpretation and the communication of results to a diverse audience.

COVID-19 and the drug overdose crisis: uncovering the deadliest months in the United States, January–July 2020

Friedman, J; Akre, S

American Journal of Public Health

15 April 2021

DOI: 10.2105/AJPH.2021.306256

Objectives.

To determine the magnitude of increases in monthly drug-related overdose mortality during the COVID-19 pandemic in the United States.

Methods.

We leveraged provisional records from the Centers for Disease Control and Prevention provided as rolling 12-month sums, which are helpful for smoothing, yet may mask pandemic-related spikes in overdose mortality. We cross-referenced these rolling aggregates with previous monthly data to estimate monthly drug-related overdose mortality for January through July 2020. We quantified historical errors stemming from reporting delays and estimated empirically derived 95% prediction intervals (PIs).

Results.

We found that 9192 (95% PI = 8988, 9397) people died from drug overdose in May 2020—making it the deadliest month on record—representing a 57.7% (95% PI = 54.2%, 61.2%) increase over May 2019. Most states saw large-magnitude increases, with the highest in West Virginia, Kentucky, and Tennessee. We observed low concordance between rolling 12-month aggregates and monthly pandemic-related shocks.

Conclusions.

Unprecedented increases in overdose mortality occurred during the pandemic, highlighting the value of presenting monthly values alongside smoothed aggregates for detecting shocks.

Public Health Implications.

Drastic exacerbations of the US overdose crisis warrant renewed investments in overdose surveillance and prevention during the pandemic response and postpandemic recovery efforts.

Going virtual: youth attitudes toward and experiences of virtual mental health and substance use services during the COVID-19 pandemic.

Hawke LD, Sheikhan NY, MacCon K, Henderson J.

BMC Health Services Research

21, 1, 340, 2021

Background:

During the COVID-19 pandemic, youth mental health and substance use services rapidly moved to virtual modalities to meet social distancing requirements. It is important to understand youth attitudes toward and experience of virtual services.

Objective:

This study examined the attitudes toward and experiences of virtual mental health and substance use services among youth drawn from clinical and non-clinical samples.

Method:

Four hundred nine youth completed a survey including questions about their attitudes toward and experience of virtual services. The survey included quantitative and open-ended questions on virtual care, as well as a mental health and substance use screener.

Results:

The majority of youth with mental health or substance use challenges would be willing to consider individual virtual services, but fewer would consider group virtual services. However, many have not received virtual services. Youth are interested in accessing a wide variety of virtual services and other supportive wellness services. Advantages and disadvantages of virtual services are discussed, including accessibility benefits and technological barriers.

Discussion:

As youth mental health and substance use services have rapidly gone virtual during the COVID-19 pandemic, it is essential that we hear the perspectives of youth to promote service utilization among those in need. Diverse, accessible, technologically stable virtual services are required to meet the needs of different youth, possibly with in-person options for some youth. Future research, engaging youth in the research process, is needed to evaluate the efficacy of virtual services to plan for the sustainability of some virtual service gains beyond the pandemic period.

Uyuşturucu, alkol ve psikiyatrik hastalıkların salgını ile Kovid-20 bangır bangır geliyor!

<https://www.dikgazete.com/uyusturucu-alkol-ve-psikiyatrik-hastaliklarin-salgini-ile-kovid-20-bangir-bangir-geliyor-makale.3488.html>

COVID-19 pandemic fuels record-high drug overdose deaths

<https://nbcmontana.com/news/nation-world/covid-19-pandemic-fuels-record-high-drug-overdose-deaths>

A city wrestled down an addiction crisis. Then came COVID-19

<https://abcnews.go.com/Health/wireStory/city-wrestled-addiction-crisis-covid-19-76939557>

Drug flights and the impact of Covid-19 on illegal trafficking

Illegal businesses such as drug trafficking were badly impacted by the pandemic but managed to resume activities. We find out how trafficking has been affected by the lack of international air travel, and could rely on drug flights to bounce back.

<https://www.airport-technology.com/features/drug-flights-impact-covid19-illegal-trafficking/>

Syracuse overdose deaths hit record high as Covid stress, fentanyl create 'perfect storm'

<https://www.syracuse.com/coronavirus/2021/04/syracuse-overdose-deaths-hit-record-high-as-covid-stress-fentanyl-create-perfect-storm.html>

'Terrible heartache': Soaring wait times for drug and alcohol treatment during pandemic

<https://www.theage.com.au/national/victoria/terrible-heartache-soaring-wait-times-for-drug-and-alcohol-treatment-during-pandemic-20210409-p57hu3.html>

Covid-19 increases stress and traumatic stress disorders including drug abuse and fatal overdoses

<https://www.forbes.com/sites/williamhaseltine/2021/04/12/covid-19-increases-stress-and-traumatic-stress-disorders-including-drug-abuse-and-fatal-overdoses/?sh=33d965ef1aa8>

COVID complicates efforts to shut down drug traffickers, boost development

<https://news.un.org/en/story/2021/04/1089572>

COVID-19 has changed drug trafficking: UN official

Opioids claim more lives than other drugs -- 69% of deaths related to drug use disorders: Head of UN drugs and crime office

<https://www.aa.com.tr/en/latest-on-coronavirus-outbreak/covid-19-has-changed-drug-trafficking-un-official/2206476>

COVID-19 reduces access to opioid dependency treatment for new patients

COVID-19 has been associated with increases in opioid overdose deaths, which may be in part because the pandemic limited access to buprenorphine, a treatment used for opioid dependency, according to a new study led by Princeton University researchers.

<https://www.princeton.edu/news/2021/04/15/covid-19-reduces-access-opioid-dependency-treatment-new-patients>

New app aims to combat overdose deaths

Under the Covid-19 pandemic, the opioid crisis in Canada has itself become an epidemic.

<https://www.thestar.com/news/canada/2021/04/14/new-app-aims-to-combat-overdose-deaths.html>

Why US opioid deaths are rising because of Covid

<https://www.bbc.com/news/av/world-us-canada-56750031>

Data on the impact of COVID-19 on drug markets presented on the sidelines of the CND

<https://www.unodc.org/unodc/frontpage/2021/April/the-impact-of-covid-19-on-drug-markets-one-year-later.html>

Drug overdose deaths spiked to a record high during COVID-19

<https://www.hepmag.com/article/drug-overdose-deaths-opioids-meth-spiked-record-high-covid19>

Commission on Narcotic Drugs discusses how COVID-19 is impacting the world drug problem

https://www.unaids.org/en/resources/presscentre/featurestories/2021/april/20210415_commission-on-narcotic-drugs