



EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

CORONAVIRUS, 26 February 2021

EVENT

WEBCAST: Findable, accessible, interoperable, reusable - Why open or FAIR data is crucial to support scientific research in academia and industry

4 March at 3pm UK time

In the last five years – since a wide coalition of stakeholders set out and endorsed the application of FAIR principles to research – the principles of findability, accessibility, interoperability, and reusability have become widely recognised and accepted.

The advent of Covid-19 has further illustrated how critical the implications of open and FAIR data, with organisations worldwide recognising the importance of open science in fighting the pandemic – and scientific discovery evolving at previously-unseen rates.

In this one-hour panel discussion webcast three experts representing academia and industry will explain why open and FAIR data is crucial to supporting research both now and in a post-Covid world.

<https://www.researchinformation.info/webcast/webcast-findable-accessible-interoperable-reusable>

End of life care for people using substances: research challenges in lockdown

In this blog, Professor Sarah Galvani explains some of the research challenges posed by lockdown for research into end-of-life care for people using substances | Alcohol Change UK blog, UK <https://alcoholchange.org.uk/blog/2021/end-of-life-care-for-people-using-substances-research-challenges-in-lockdown>

Preparedness, prevention and control of COVID-19 in prisons and other places of detention: interim guidance

WHO Regional Office for Europe
Copenhagen: 2021

The WHO Health in Prisons Programme has updated the interim “Guidance on Preparedness, prevention and control of COVID-19 in prisons and other places of detention”, first issued in March 2020. The changes include updated information on case definitions, COVID-19 signs and symptoms, transmission scenarios, prevention and control measures (including use of masks, testing and quarantining), and management strategies (including implementation of medical isolation and modified strategies for the prison context). Additional issues covered include vaccine availability and allocation procedures and indicators advised for surveillance purposes in detention settings.

The guidance provides useful information to staff working in prisons, as well as to health and prison authorities, explaining how to prevent and address a potential outbreak of COVID-19. In addition, it aims to protect the health and well-being of all those who live and work in, and visit, these settings and the general population at large. People deprived of their liberty, and living or working in enclosed environments in close proximity, are likely to be more vulnerable to the COVID-19 disease than the general population. Moreover, correctional facilities may amplify and enhance COVID-19 transmission beyond their walls.

<https://apps.who.int/iris/bitstream/handle/10665/339830/WHO-EURO-2021-1405-41155-57257-eng.pdf?sequence=1&isAllowed=y>

Millennium Health Signals Report: COVID-19 special edition: Significant changes in drug use during the pandemic: Volume 2.1

Millennium Health
San Diego, CA: 2020

Public health officials across the country are reporting spikes in drug overdose deaths that appear to be associated with the COVID-19 pandemic, with over 30 states reporting increases in opioid-involved overdose deaths primarily related to illicit fentanyl

Public health emergencies typically affect communities and individuals in a variety of ways, including economic loss and instability, emotional or physical isolation, additional stressors from mass at-home confinement, and anxiety from fear of contracting disease. The impact on mental health may be contributing to increased substance use in general

Additionally, several experts have published op-eds or letters to the editors of medical journals warning of increased risks to patients with substance use disorders

In this analysis, we evaluate the urine drug testing (UDT) positivity rates of non-prescribed fentanyl, cocaine, heroin, and methamphetamine in the periods before and after COVID-19 was declared a national emergency.

Millennium Health Signals Report: The COVID-19 connection: tracking 2020 trends in drug use: Volume 3

Millennium Health
San Diego, CA: 2021

This volume of the Millennium Health Signals Report focuses on trends in positivity through 2020 for the following topics:

- Non-prescribed fentanyl, cocaine, heroin, and methamphetamine
- Fentanyl analogues
- Medications commonly prescribed for pain
- Methadone and select non-prescribed and illicit substances

Anstieg der Suchtpatienten in der Notfallversorgung während der Corona-Pandemie Daten von einer großstädtischen interdisziplinären Notaufnahme

[Increase in addiction patients in emergency care during Corona pandemic – Data from a metropolitan interdisciplinary emergency department]

Sobetzko A., Janssen-Schauer G., Schäfer M.

Sucht

67, 1, p.3-11, 2021

Zielsetzung:

Die Datenanalyse beschäftigt sich mit der Entwicklung von Suchtnotfällen im Vergleich zu allgemeinpsychiatrischen Notfällen während der COVID-19 Pandemie.

Methodik:

Es wurden psychiatrische Notfallkontakte in der interdisziplinären Notfallaufnahme der Evang. Kliniken Essen-Mitte für den Zeitraum des Lockdowns vom 15.03.2020 bis zum 04.05.2020 mit den Notfällen im gleichen Zeitraum 2019 verglichen. Suchtassoziierte Notfallkontakte wurden verglichen mit allgemein-psychiatrischen Notfällen unter Berücksichtigung von Alter und Geschlecht.

Ergebnisse:

Im Untersuchungszeitraum 2020 gab es 387 psychiatrische Notfälle im Vergleich zu 374 im Jahr 2019 (+3.3 %). Die Zahl der suchtassoziierten Notfälle lag 2020 um 25 % höher als 2019, während die Zahl der allgemeinpsychiatrischen Notfälle 2020 um 8,3 % niedriger war als 2019. Der Anteil der abhängigkeitsassoziierten Notfälle, die stationär aufgenommen werden mussten, war 2020 mit 69 % ähnlich hoch wie 2019 (71 %, n. s.). Im Vergleich dazu mussten Patienten mit anderen psychiatrischen Diagnosen 2020 signifikant häufiger aufgenommen werden (65,4 % vs. 52,1 % 2019; $\chi^2 = 7,8$, $p = 0.005$).

Schlussfolgerungen:

Der Anstieg suchtassoziiierter Notfälle und eine erhöhte Aufnahmenotwendigkeit der sonstigen psychiatrischen Notfälle unterstreichen die Notwendigkeit, in Krisenzeiten wie der Corona-Pandemie die psychiatrische Notfallversorgung und insbesondere die Versorgung von Suchtnotfällen aufrecht zu erhalten.

Introduction:

The study aims to investigate a possible increase in addiction patients in emergency care of a psychiatric department in a general hospital during the COVID-19 pandemic associated lockdown period.

Method:

A descriptive data analysis was carried out on the basis of the admission slips of the central emergency department from the hospital Kliniken Essen-Mitte for the periods 15.03-04.05 in 2019 and 2020. Emergency contacts for patients with substance abuse disorders and the need of admission were compared with patients suffering from other psychiatric diseases.

Results:

In the 2020 study period we found 387 emergency psychiatric contacts compared to 374 in 2019 (+3.3 %). In 2020, the number of patients with primary addiction diagnoses was 25 % higher than in 2019, while the number of emergency contacts by patients with other psychiatric disorders was 8.3 % lower in 2020 as in 2019. The percentage of patients with addiction diagnoses that required inpatient treatment during the period of lockdown in 2020 was 69 % compared to 71 % in 2019 (n. s.). In contrast, the percentage of emergency contacts with other psychiatric diagnoses which had to be admitted to the hospital during the study period 2020 was with 65.4 % significantly higher if compared to 2019 (52.1 %; $\chi^2 = 7.8$, $p = 0.005$).

Conclusion:

Our data indicates an increased need for addiction related emergency contacts in 2020 during the Corona Pandemic lockdown compared to 2019 and also an increased need for admission of other psychiatric emergencies. This emergency psychiatric care, and in particular the provision of addiction emergencies, should be maintained without restrictions even in pandemic situations if possible.

Adapting harm reduction services during COVID-19: lessons from the supervised injecting facilities in Australia

Roxburgh, A; Jauncey, M; Day, C; et al

The COVID-19 crisis has had profound impacts on health service provision, particularly those providing client facing services. Supervised injecting facilities and drug consumption rooms across the world have been particularly challenged during the pandemic, as have their client group—people who consume drugs. Several services across Europe and North America closed due to difficulties complying with physical distancing requirements. In contrast, the two supervised injecting facilities in Australia (the Uniting Medically Supervised Injecting Centre—MSIC—in Sydney and the North Richmond Community Health Medically Supervised Injecting Room—MSIR—in Melbourne) remained open (as at the time of writing—December 2020). Both services have implemented a comprehensive range of strategies to continue providing safer injecting spaces as well as communicating crucial health information and facilitating access to ancillary services (such as accommodation) and drug treatment for their clients. This paper documents these strategies and the challenges both services are facing during the pandemic. Remaining open poses potential risks relating to COVID-19 transmission for both staff and clients. However, given the harms associated with closing these services, which include the potential loss of life from injecting in unsafe/unsupervised environments, the public and individual health benefits of remaining open are greater. Both services are deemed ‘essential health services’, and their continued operation has important benefits for people who inject drugs in Sydney and Melbourne.

The drug war must end: The right to life, liberty and security of the person during the COVID-19 pandemic for people who use drugs

Maynard, R; Ehsan Jozaghi, E

Harm Reduction Journal 2021, 18:21 |

Since the start of the opioid epidemic in 2016, the Downtown Eastside community of Vancouver, Canada, has lost many pioneering leaders, activists and visionaries to the war on drugs. The Vancouver Area Network of Drug Users (VANDU), the Western Aboriginal Harm Reduction Society (WAHRS), and the British Columbia Association People on Opiate Maintenance (BCAPOM) are truly concerned about the increasing overdose deaths that have continued since 2016 and have been exacerbated by the novel coronavirus (SARS-COVID-19) despite many unique and timely harm reduction announcements by the British Columbia (B.C.) government. Some of these unique interventions in B.C., although in many cases only mere announcements with limited scope, are based on the philosophy of safe supply to illegal street drugs. Despite all the efforts during the pandemic, overdose deaths have spiked by over 100% compared to the previous year. Therefore, we urge the Canadian federal government, specifically the Honorable Patty Hajdu, the federal Minister of Health, to decriminalize simple possession immediately by granting exemption under the Controlled Drugs and Substances Act. The Canadian federal government has a moral obligation under Sect. 7 of the Canadian Charter of Rights and Freedoms to protect the basic human rights of marginalized Canadians.

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

Lensch, A C; Hairston, E; Carter, G; Jones, H E

Journal of Addiction Medicine

17 February 2021

DOI: 10.1097/ADM.0000000000000826

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. 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%. 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. 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.

Telemedicine-assisted stepwise approach of service delivery for substance use disorders in India

Ghosh A, Mahintamani T, B N S, Pillai RR, Mattoo SK, Basu D.
Asian Journal of Psychiatry, 2021, 58, 102582

Restricted access to healthcare during COVID-19 pandemic warranted an urgent adaptation of telemedicine practice. We describe a synchronous, stepwise (telephonic, video, and in-person consultation) direct-care model. From 18th May to 31st August 2020, 128 new and 198 follow-up patients received consultation. Eighty-nine percent of new patients required video-consultation. Sixty-eight percent of follow-up cases were managed by telephonic consultation. A third of new and a fifth of the follow-up patients had to be called for physical consultation. Limited access to and understanding of the technologies, potential breach in privacy, and restrictions imposed on online prescription of medications posed significant challenges.

Addiction medicine after COVID-19: the imperative of a trained workforce

Wu, J H; Adashi, E Y
American Journal of Preventive Medicine
19 February 2021
DOI: 10.1016/j.amepre.2020.11.007

Racial and ethnic disparities in the prevalence of stress and worry, mental health conditions, and increased substance use among adults during the COVID-19 pandemic - United States, April and May 2020

McKnight-Eily, L R; Okoro, C A; Strine, T W; et al
Morbidity and Mortality Weekly Report
70, 5, p.162-166, 2021

In 2019, approximately 51 million U.S. adults aged ≥ 18 years reported any mental illness,* and 7.7% reported a past-year substance use disorder† (1). Although reported prevalence estimates of certain mental disorders, substance use, or substance use disorders are not generally higher among racial and ethnic minority groups, persons in these groups are often less likely to receive treatment services (1). Persistent systemic social inequities and discrimination related to living conditions and work environments, which contribute to disparities in underlying medical conditions, can further compound health problems faced by members of racial and ethnic minority groups during the coronavirus disease 2019 (COVID-19) pandemic and worsen stress and associated mental health concerns (2,3). In April and May 2020, opt-in Internet panel surveys of English-speaking U.S. adults aged ≥ 18 years were conducted to assess the prevalence of self-reported mental health conditions and initiation of or increases in substance use to cope with stress, psychosocial stressors, and social determinants of health. Combined prevalence estimates of current depression, initiating or increasing substance use, and suicidal thoughts/ideation were 28.6%, 18.2%, and 8.4%, respectively. Hispanic/Latino (Hispanic) adults reported a higher prevalence of psychosocial stress related to not having enough food or stable housing than did adults in other racial and ethnic groups. These estimates highlight the importance of population-level and tailored interventions for mental health promotion and mental illness prevention, substance use prevention, screening and treatment services, and increased provision of resources to address social determinants of health. How Right Now (Qué Hacer Ahora) is an evidence-based and culturally appropriate communications campaign designed to promote and strengthen the emotional well-being and resiliency of populations adversely affected by COVID-19-related stress, grief, and loss

Relationship of substance dependence and time to RT-PCR negative status in patients with COVID-19 infection

Mehra, A; Suri, V; Sahoo, S; et al
Asian Journal of Psychiatry, 2021, 57, 102562

Background:

To date, no study has evaluated the association of alcohol dependence with the outcome of the COVID-19 infection.

Aim:

The current study aimed to evaluate the association of substance dependence (alcohol and tobacco) with the outcome (i.e., time to have two consecutive negative test reports) of the COVID-19 infection.

Results:

The mean age of the study participants (n = 95) was 37.2 yrs (SD-13.2). More than half of the participants were males. About one-fourth (N = 25; 26.3 %) were consuming various substances in a dependent pattern. Alcohol dependence was present in 21 participants (22.1 %), and Tobacco dependence was present in 10.5 % of participants. Even after using gender, age, and physical illness as covariates, patients with any kind of substance dependence had a significantly lower chance of having a negative report on RT-PCR on 14th day, 18th 23rd day.

Conclusion:

Persons with substance dependence takes a longer time to test negative on RT-PCR, once diagnosed with COVID-19 infection. Mental health professionals involved in the care of patients with COVID-19 should accordingly prepare these patients for a possible longer hospital stay to reduce the distress associated with prolongation of hospital stay.

A cannabinoid receptor agonist shows anti-inflammatory and survival properties in human SARS-CoV-2-infected iPSC-derived cardiomyocytes

Aragão, L G H S; Oliveira. J T; Temerozo, J R; et al
bioRxiv, 21 February 2021 - DOI : 10.1101/2021.02.20.431855

Coronavirus disease 2019 (COVID-19) is caused by acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which can infect several organs and lead to loss of vital organ function, especially impacting respiratory capacity. Among the extrapulmonary manifestations of COVID-19 is myocardial injury, caused both directly and indirectly by SARS-CoV-2, and which is associated with a high risk of mortality. One of the hallmarks of severe COVID-19 is the “cytokine storm”, at which point the immune system malfunctions, leading to possible organ failure and death. Cannabinoids are known to have anti-inflammatory properties by negatively modulating the release of pro-inflammatory cytokines. Herein, we investigated the effects of the cannabinoid agonist WIN 55,212-2 (WIN) on SARS-CoV-2-infected human iPSC-derived cardiomyocytes (hiPSC-CMs). Although WIN did not modulate angiotensin-converting enzyme II, nor reduced SARS-CoV-2 infection and replication in hiPSC-CMs at the conditions tested, it had anti-inflammatory and protective effects by reducing the levels of interleukins 6, 8, 18 and tumor necrosis factor-alpha (TNF- α) and lactate dehydrogenase (LDH) activity in these cells without causing hypertrophic cardiac damage. These findings suggest that cannabinoids should be further investigated as an alternative therapeutic tool for the treatment of COVID-19.

A real-world ten-week follow-up of the COVID outbreak in an outpatient drug clinic in Salamanca (Spain)

Aguilar, L; Vicente-Hernandez, B; Remon-Gallo, D; et al
Journal of Substance Abuse Treatment, 2021, 125, 108303

Objective:

To compare over ten weeks the number of relapses, hospital admissions, calls made, admissions to therapeutic communities, face-to-face visits, treatment adjustment, number of injectables administered, and number of emergencies attended due to emotional and behavioral alterations and/or substance use disorder, and to describe and quantify social emergencies in an outpatient drug clinic (ODC) in Salamanca (Spain) from March 16, 2020, to May 22, 2020.

Methods:

This is an ecological study of the COVID pandemic over ten weeks. The study examines the set of alcohol or other drug-dependent or dual disorder patients in the population of Salamanca, Spain. The measurements were: professionals; calls made; percentage of successful calls; face-to-face visits; first visits made; reviews made; techniques; injectable treatments; other treatments; evolution; relapses. The ODC includes about 375 new patients each year and another 650 other patients annually.

Results:

The study found the number of relapses to be greater in the last five weeks of the 10-week study period. Patients' psychopathological instability also increased, and face-to-face visits were necessary. The most frequent psychopathology that required face-to-face intervention was depressive disorder. The number of interventions with patients increased. In parallel, social workers' efforts were greater after the seventh week. There was a decrease in response to calls. Throughout this time, the ODC attended to patients who needed to be treated for the first time.

Conclusions:

Confinement due to the coronavirus pandemic generated maladaptive emotional responses and other behaviors, such as excessive alcohol consumption. The number of face-to-face consultations, admissions, and referrals to therapeutic communities increased. Patients under stress and in social isolation resorted more often to substance use. The ODC had to adopt a flexible approach to evaluate patients with more serious problems, by using face-to-face assessments.

Factors associated with drug overdoses during the COVID-19 Pandemic

Mellis, A, M; Hulsey, J N

Journal of Addiction Medicine

1 February 2021

DOI: 10.1097/ADM.0000000000000816

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 COVID-19 regulatory flexibilities to demonstrate the feasibility, acceptability, and safety of delivering treatment for OUD through a low-threshold approach.

Substance use disorder treatment via telemedicine during coronavirus disease 2019

Zekan, M, Goldstein, N

Journal for Nurse Practitioners

19 February 2021

doi: 10.1016/j.nurpra.2021.01.018

Telemedicine has been effective at bridging the gap among patients, providers, and health systems. Authors from a large academic medical center in Baltimore, MD, anecdotally found that digital tools were beneficial in supporting substance use disorder recovery during a global pandemic. Audiovisual tools like Zoom (Zoom Video Communications, Inc, San Jose, CA) and Doximity (Doximity, Inc, San Francisco, CA), as well as increased frequency of communication with patients, have been most helpful to supporting recovery. The barriers noted were related to patient privacy and increased tendency of patients to avoid treatment, similar barriers as when treatment is provided in the clinic. The intent of this narrative is to discuss provider perspectives of benefits and barriers to telemedicine for substance use disorder treatment during the coronavirus disease 2019 pandemic.

Use of an electronic pillbox to increase number of methadone take-home doses during the COVID-19 pandemic

Kidorf, M; Brooner, R K; Dunn, K E; Peirce, J M

Journal of Substance Abuse Treatment, 2021, 126, 108328

This study describes use of the commercially available Medminder electronic pillbox at a community substance use disorder treatment program to safely increase the number of methadone take-home doses administered during the COVID-19 pandemic. The pillbox contains 28 cells that lock independently and can be opened only during preprogrammed time windows. This study provided patients (n = 42) deemed vulnerable to take-home mismanagement or more severe symptoms from COVID-19 infection the pillbox and observed them for 11 weeks. A telephone support line was staffed daily to manage technical issues. Overall, patients received about 14 more take-home doses per month after receiving the pillbox. Most medication was dispensed within scheduled windows. The study observed few incidents of suspected tampering, though five patients had their pillbox rescinded to allow more intensive on-site clinical monitoring. The study supports use of an electronic pillbox with a telephone support line to help vulnerable patients to better observe stay-at-home guidelines during the COVID-19 pandemic. The pillbox may offer public health and clinical benefits that extend beyond the pandemic by increasing program treatment capacity and patient satisfaction.

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

Huhn, A S; Strain, E C; Jardot, J; et al

Journal of Addiction Medicine

25 February 2021

DOI: 10.1097/ADM.0000000000000813

Objectives:

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

Methods:

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

Results:

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

Conclusions:

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

Identifying #addiction concerns on twitter during the COVID-19 pandemic: A text mining analysis

Glowacki E.M; Wilcox, G B; Glowacki, J B
Substance Abuse
42, 1, p.39-46, 2021

Background:

The 2019 Novel Coronavirus (COVID-19) is responsible for thousands of deaths and hospitalizations. To curb the spread of this highly transmissible disease, governments enacted protective guidelines for its citizens, including social distancing and stay-at-home orders. These restrictions on social interactions can be especially problematic for individuals managing or recovering from addiction given that treatment often involves access to services and resources that became limited or even unavailable at this time. Social media sites like Twitter serve as a space for users to post questions and concerns about timely topics and allow for researchers to track common themes among the public. The goal of this study was to identify how the public was discussing addiction on Twitter during the COVID pandemic.

Methods:

We performed a text mining analysis to analyze tweets that contained "addiction" and "covid" to capture posts from the public that illustrated comments and concerns about addiction during the COVID-19 pandemic. We report on 3,301 tweets captured between January 31 and April 23, 2020. The study was conducted in the United States, but contained tweets from multiple countries.

Results:

The most prevalent topics had to do with services offered by Acadia Healthcare and Serenity Healthcare Centers, attempts to manage time while home, difficulties of coping with alcoholism amidst rising sales of alcohol, and attention to ongoing health crises (e.g., opioids, vaping). Additional topics included affordable telehealth services, research from France on the relationship between nicotine and COVID-19, concerns about gambling addiction, and changing patterns in substance misuse as drug availability varies.

Conclusions:

Analyzing Twitter content enables health professionals to identify the public's concerns about addiction during the COVID-19 pandemic. Findings from text mining studies addressing timely health topics can serve as preliminary analyses for building more comprehensive models, which can then be used to generate recommendations for the larger public and inform policy.

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; et al
Substance Abuse
42, 1, p.1-4, 2021

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.

Vulnerable populations: weathering the pandemic storm

Salisbury-Afshar, E M, Rich, J D, Adashi, E Y
American Journal of Preventive Medicine
58, 6, p.892-894, 2021

Adapting inpatient addiction medicine consult services during the COVID-19 pandemic

Harris, M T H, Peterkin, A, Bach, P, et al
Addiction Science and Clinical Practice, 2021, 16, 1, 13

Background:

We describe addiction consult services (ACS) adaptations implemented during the Novel Coronavirus Disease 2019 (COVID-19) pandemic across four different North American sites: St. Paul's Hospital in Vancouver, British Columbia; Oregon Health & Sciences University in Portland, Oregon; Boston Medical Center in Boston, Massachusetts; and Yale New Haven Hospital in New Haven, Connecticut.

Experiences:

ACS made system, treatment, harm reduction, and discharge planning adaptations. System changes included patient visits shifting to primarily telephone-based consultations and ACS leading regional COVID-19 emergency response efforts such as substance use treatment care coordination for people experiencing homelessness in COVID-19 isolation units and regional substance use treatment initiatives. Treatment adaptations included providing longer buprenorphine bridge prescriptions at discharge with telemedicine follow-up appointments and completing benzodiazepine tapers or benzodiazepine alternatives for people with alcohol use disorder who could safely detoxify in outpatient settings. We believe that regulatory changes to buprenorphine, and in Vancouver other medications for opioid use disorder, helped increase engagement for hospitalized patients, as many of the barriers preventing them from accessing care on an ongoing basis were reduced. COVID-19 specific harm reductions recommendations were adopted and disseminated to inpatients. Discharge planning changes included peer mentors and social workers increasing hospital in-reach and discharge outreach for high-risk patients, in some cases providing prepaid cell phones for patients without phones.

Recommendations for the future:

We believe that ACS were essential to hospitals' readiness to support patients that have been systematically marginalized during the pandemic. We suggest that hospitals invest in telehealth infrastructure within the hospital, and consider cellphone donations for people without cellphones, to help maintain access to care for vulnerable patients. In addition, we recommend hospital systems evaluate the impact of such interventions. As the economic strain on the healthcare system from COVID-19 threatens the very existence of ACS, overdose deaths continue rising across North America, highlighting the essential nature of these services. We believe it is imperative that health care systems continue investing in hospital-based ACS during public health crises.

Los opioides sintéticos ganan la batalla a la heroína en plena pandemia

https://www.abc.es/sociedad/abci-opioides-sinteticos-ganan-batalla-heroina-plena-pandemia-202102200100_noticia.html?ref=https:%2F%2Fwww.google.com%2F

Cannabinoid receptor agonist shows potential protective effect on SARS-CoV-2-infected human heart cells

<https://www.news-medical.net/news/20210223/Cannabinoid-receptor-agonist-shows-potential-protective-effect-on-SARS-CoV-2-infected-human-heart-cells.aspx>

Pain and isolation are driving America's lockdown overdose surge

The pandemic is causing a surge in drug overdoses due to increasing isolation, desperation, and erratic supply | VICE, USA

<https://www.vice.com/en/article/88a3a4/pain-and-isolation-are-driving-americas-lockdown-overdose-surge>

The COVID-19 pandemic has disproportionately affected underserved people in Canada, including those who experience homelessness and/or substance use

Homeless shelters and residential substance use facilities from across Canada can join LTC+ and receive up to \$10,000 funding to contribute towards pandemic response. This funding can be used where the need is the greatest, including vaccine roll-out, staff time, harm reduction training or supplies, purchase of personal protective equipment (PPE) and/or mental health training/support | CFHI, Canada

https://www.cfhi-fcass.ca/what-we-do/enhance-capacity-and-capability/ltc-acting-on-pandemic-learning-together/ltc-expanded?utm_source=Social&utm_medium=Twitter&utm_campaign=LTC

Value of drug seizures doubles despite impact of Covid-19 on cross-border traffic

<https://www.irishexaminer.com/news/arid-40230878.html>

As COVID took hold, Whatcom's drug overdose deaths doubled during first half of 2020 [Washington State]

<https://www.bellinghamherald.com/news/local/article249377715.html>

West Virginia's enduring, intertwined epidemics: Opioids and HIV

Long before COVID-19 entered the picture, West Virginia had been battling two other major public health crises: opioids and HIV | WVU, USA

<https://wvutoday.wvu.edu/stories/2021/02/22/west-virginia-s-enduring-intertwined-epidemics-opioids-and-hiv>

Quebec's curfew a public health threat for people who use drugs

In the six weeks since the Quebec-wide curfew went into effect, it has destabilized support systems for people who use drugs. Under the Coalition Avenir Quebec government, the 8 pm to 5 am curfew has now been extended until February 22, after which some restrictions will change

(<https://www.cbc.ca/news/canada/ottawa/covid19-ottawa-coronavirus-symptoms-information-feb-22-2021-1.5922389>) | Filter Magazine, USA

<https://filtermag.org/quebec-curfew-safe-consumption/>

LTC expanded: for community residential substance use facilities and shelters for those experiencing homeless

The COVID-19 pandemic has disproportionately affected underserved people in Canada, including those who experience homelessness and/or substance use | CFHI, Canada

https://www.cfhi-fcass.ca/what-we-do/enhance-capacity-and-capability/ltc-acting-on-pandemic-learning-together/ltc-expanded?utm_source=Social&utm_medium=Twitter&utm_campaign=LTC

How we're combating substance abuse's deadly link to COVID-19

<https://www.minnesotamonthly.com/health-covid-19/health-health-covid-19/addiction-rates-worse-covid-19-telehealth/>

Contacts to the NSPCC about drug and alcohol misuse among parents soar during the pandemic

The number of people contacting us with concerns about drug and alcohol misuse among parents has risen by 66% since April 2020. Between January - March 2020, we were receiving just over 700

contacts a month from worried adults. Since the first lockdown began, however, that number rose to an average of 1,178 contacts a month | NSPCC, UK
<https://www.nspcc.org.uk/about-us/news-opinion/2021/parents-drug-and-alcohol-misuse-raises-concerns-as-reports-to-nspcc-soars-during-the-pandemic/>

Fentanyl, meth use shot up when COVID hit

<https://www.medpagetoday.com/special-reports/exclusives/91337>