



EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

CORONAVIRUS, 28 May 2021

GREY LITERATURE

Mental health and substance use considerations among children during the COVID-19 pandemic

Panchal, N; Kamal, R; Cox, C; et al

Kaiser Family Foundation (KFF)

San Francisco, CA: 2021

<https://www.kff.org/coronavirus-covid-19/issue-brief/mental-health-and-substance-use-considerations-among-children-during-the-covid-19-pandemic/>

COVID-19 and substance use in adolescents

Lundahl, L H; Canoy, C
Pediatric Clinics of North America
18 May 2021
DOI: 10.1016/j.pcl.2021.05.005

The impact of the COVID-19 pandemic on adolescent substance use is not clear, as emerging studies have yielded inconsistent results.

The COVID-19 pandemic has significantly disrupted daily life for adolescents, leading to increased stress, social isolation, boredom, anxiety, and depression, all of which are risk factors for adolescent substance use.

Stay-at-home and social distancing orders might create unexpected benefits for reducing adolescent use, for example, by limiting access to drug-using peers and opportunities to obtain and use drugs, and by increasing parental supervision and time spent with family.

The full impact of partial clinic closures on substance abuse treatment for adolescents is currently unknown. However, special considerations should be taken by clinicians working remotely with adolescents, especially those who are members of at-risk populations. For example, clinicians should regularly check in on adolescents' safety and level of privacy in the home.

Although substance abuse treatment may be affected by clinic shutdowns, healthcare workers may use adolescents' lack of access to substances as a means for setting substance cessation goals.

Mortality from drug overdoses, homicides, unintentional injuries, motor vehicle crashes, and suicides during the pandemic, March-August 2020

Faust, J S; Chengan, D; Mayes, K D; et al
Journal of the American Medical Association
12 May 2021
DOI:10.1001/jama.2021.8012

The initial COVID-19 outbreak in the US caused disruptions in usual behavioral patterns. To assess associated changes in external causes of death, we analyzed monthly trends from 2015 to 2020 in deaths resulting from drug overdoses, homicide, unintentional injuries, motor vehicle crashes, and suicide in the first 6 months of the pandemic.

The influence of COVID-19 on stress, substance use, and mental health among postsecondary students

Patterson, Z R; Gabrys, R L; Prowse, R K; et al
Emerging Adulthood
12 May 2021
DOI: 10.1177/21676968211014080

Emerging adults, including post-secondary education students, are disproportionately affected by the social and economic impacts of the COVID-19 pandemic. The speed with which society moved in attempt to minimize the spread of the virus left many students with uncertainty and concern about their health, mental health, and academic futures. Considering that post-secondary students are a population at risk, it is important to determine how students respond in the face of the pandemic, and what coping mechanisms or supports will result in improved mental health outcomes. This knowledge will be helpful for post-secondary institutions to understand how COVID-19 has influenced the health and well-being of their students, and may facilitate the implementation of strategies to support their students. This narrative review explores evidence on how COVID-19 has impacted students with the overall goal to provide a set of recommendations to post-secondary institutions to help meet the evolving needs of this population.

Change in marijuana use and its associated factors among persons living with HIV (PLWH) during the COVID-19 pandemic: findings from a prospective cohort

Wang, Y; Ibañez, G E; Vaddiparti, K; et al
Drug and Alcohol Dependence, 21 May 2021, 108770

Background

Emerging literature shows increased drug use during the COVID-19 pandemic. However, limited research has examined the change in marijuana use among persons living with HIV (PLWH). This

study aimed to investigate how marijuana use changed in a cohort of PLWH during the first year of the pandemic and identify factors associated with the change.

Method

222 PLWH (mean age = 50.2 ± 11.2, 50.9% female, 14.5% Hispanic, 64.7% Black, 15.8% White, 5% other, 80.2% persons using marijuana [at least weekly use], 19.8% persons not using marijuana) completed a baseline survey on demographics and behavioral/health characteristics between 2018 and 2020 and a brief phone survey between May and October 2020 that assessed changes in marijuana use and overall/mental health, and perceived risks/benefits of marijuana use during the COVID-19 pandemic.

Results

During the pandemic, 64/222(28.8%) of the whole sample reported increased marijuana use, 36(16.2%) reported decreased use, and 122(55%) reported no change. Multinomial logistic regression results indicated that: Compared to those reporting no change, increased marijuana use during the pandemic was associated with more frequent marijuana use and PTSD symptoms at baseline, worsened mental health during the pandemic, and not perceiving marijuana use as a risk factor for COVID-19 infection. More frequent marijuana use at baseline was the only factor significantly associated with decreased marijuana use during the pandemic.

Conclusion

The COVID-19 pandemic has resulted in changes in marijuana use among a considerable proportion (45%) of PLWH. Future research is needed to understand the temporality of the increases in marijuana use with worsening mental health.

Opioid use, motivation to quit, and treatment status related to COVID-19: a cross-sectional study

Parker, MA, Agley, J, Adams, Z W, et al
BMC Research Notes, 2021, 14, 195

Objective

Persons who use opioids may be at elevated risk of harm from the coronavirus disease 2019 (COVID-19) pandemic, yet few data currently exist that can be used to examine this risk. As part of a rapid response survey, this study measured opioid users' perceptions of risk or harm from COVID-19, as well as potential changes in motivation to quit, frequency of use, and engagement with treatment. Data collected from Amazon's Mechanical Turk (n = 562) were analyzed.

Results

Participants perceived modest risk elevation from COVID-19 due to their opioid use, and perceived moderate risk to themselves or their community from COVID-19. Since learning about COVID-19, 31.2% reported decreasing their opioid use, and 26.0% reported increased motivation to quit. Thirty-seven percent of participants reported both their use and motivation to quit stayed the same; 16.6% reported decreased use and increased motivation to quit. Participants who reported that their opioid use increased after learning about COVID-19, or whose motivation to quit opioids decreased, were more likely to also be engaged in treatment than those whose use or motivation stayed the same. These preliminary findings suggest that there likely is an association between COVID-19, opioid use, and treatment engagement that merits further in-depth investigation.

Buprenorphine prescription challenges during the COVID-19 pandemic

Routsolias, J C; Chhabra, N; Hollingsworth, A; Mycyk, M B
Journal of Medical Toxicology
17, p.122-123, 2021

Background:

The COVID-19 pandemic has challenged patients with substance use disorder with unstable housing, job insecurity, shelter in place orders, and closure of clinics. We sought to determine how the shelter-in-place order affected buprenorphine-naloxone prescription dispensing in our urban health care system.

Methods:

Onsite outpatient pharmacy dispensing records in a large urban county hospital for a period of three months pre- and three months post- a "shelter-in-place" state order were reviewed. Data collected included basic demographics, source of the prescription, and quantity dispensed. Descriptive, t-test, and Wilcoxon analyses were used where appropriate.

Results:

The Illinois state "shelter-in-place" order took effect on 3/21/20. Between 1/1/20 and 3/20/20, a total of 246 prescriptions for buprenorphine-naloxone were dispensed from the outpatient pharmacy. The average quantity of tablets was 25 [range 1-84], and 3.6% of all prescriptions were initiated in the emergency department. Between 3/21/20 and 6/20/20, a total of 192 prescriptions were dispensed

(decrease of 28%), average quantity dispensed was 40 (increase of 60%) [range 6- 90], and there was a 22% increase in prescriptions originating from the emergency department. The difference in mean quantity prescribed in the two periods was significant ($p < .00001$).

Conclusion:

The overall number of prescriptions for buprenorphinenaloxone decreased after the start of the COVID-19 pandemic, but the average number of pills dispensed per prescription significantly increased. More prescriptions originated from the ED and fewer came from the health system's outpatient substance use clinics. These findings highlight challenges faced by this cohort of patients and may be associated with the increased number of overdose deaths reported during this same period. How telehealth availability, increased ED traffic, and other health access strategies can enhance substance use disorder treatment during a pandemic warrants further study.

Low-barrier buprenorphine during the COVID-19 pandemic: A rapid transition to on-demand telemedicine with wide-ranging effects

Buchheit, B M; Wheelock, H; Lee, A; et al

Journal of Substance Abuse Treatment, 2021, 131, 108444

Low barrier addiction clinics increase access to medications to treat substance use disorders, while emphasizing harm reduction. The Harm Reduction and BRidges to Care (HRBR) Clinic is an on demand, low barrier addiction clinic that opened in October 2019. In the first three months of operation (November through January 2020), HRBR saw steadily increasing numbers of patients. Oregon saw its first case of novel coronavirus in February, and declared a state of emergency and enacted a formal "Stay at Home" order in March. That same month, the DEA announced that patients could be initiated on buprenorphine through telemedicine visits without an in-person exam. Within a week of being granted the ability to see patients virtually, HRBR had transitioned to over 90% virtual visits, while still allowing patients without technology to access in-person care. Within four weeks, the clinic expanded hours significantly, established workflows with community harm reduction partners, and was caring for patients in rural areas of the state. In response to the COVID-19 crisis, the HRBR clinic was able to quickly transition from in-person to almost completely virtual visits within a week. This rapid pivot to telemedicine significantly increased access to care for individuals seeking low-threshold treatment in multiple contexts. Overarching institutional support, grant funding and a small flexible team were critical. HRBR's increased access and capacity were only possible with the Drug Enforcement Agency loosening restrictions around the use of telehealth for new patients. Keeping these altered regulations in place will be key to improving health and health care equity for people who use drugs, even after the pandemic subsides. Further research is needed in to whether addiction telemedicine impacts medication diversion rates, continued substance use, or provider practices

Helping clients engage with remote mutual aid for addiction recovery during COVID-19 and beyond

Krentzman, A R

Alcoholism Treatment Quarterly

24 May 2021

DOI: 10.1080/07347324.2021.1917324

Face-to-face mutual-aid meetings such as Alcoholics Anonymous shuttered with the onset of COVID-19. Research could not be conducted quickly enough to provide guidance for how to respond. However, two powerful tools could be leveraged: the research on mutual aid conducted before the pandemic and the vast number of virtual resources that proliferated with the onset of the pandemic. This article reviews the existing mutual aid research and its relevance to COVID-19, describes the diverse array of virtual resources, and provides recommendations for successful engagement with virtual mutual aid during COVID-19 and beyond.

Trends in visits to substance use disorder treatment facilities in 2020

Cantor, J; Kravitz, D; Sorbero, M; et al

Journal of Substance Abuse Treatment, 2021, 127, 108462

Objective:

To describe weekly changes in the number of substance use disorder treatment (SUDT) facility visits in 2020 compared to 2019 using cell phone location data.

Methods:

We calculated the percentage weekly change in visits to SUDT facilities from the week of January 5 through the week of October 11, 2020, relative to the week of January 6 through the week of October 13, 2019. We stratified facilities by county COVID-19 incidence per 10,000 residents in each week and by 2018 fatal drug overdose rate. Finally, we conducted a multivariable linear regression analysis

examining percent change in visits per week as a function of county-level COVID-19 tercile, a series of calendar month indicators, and the interaction of county-level COVID-19 tercile and month. We repeated the regression analysis replacing COVID-19 tercile with overdose tercile.

Results:

Beginning the eleventh week of 2020, the number of visits to SUDT facilities declined substantially, reaching a nadir of 48% of 2019 visits in early July. In contrast to January, there were significantly fewer visits in 2020 compared to 2019 in all subsequent months ($p < 0.01$ in all months). Multivariable regression results found that facilities in the tercile of counties experiencing the most COVID-19 cases had a significantly greater reduction in the number of SUDT visits in 2020 for the months of June through August than facilities in counties with the fewest COVID-19 rates ($p < 0.05$). The study found no statistically significant difference in the change in the number of visits by facilities in counties with historically different overdose rates.

Discussion:

Our findings support the hypothesis that a reduction has occurred in the average weekly number of visits to SUDT facilities. The size of the effect differs based on the number of COVID-19 cases but not on historical overdose rate.

Successful ambulatory buprenorphine microinduction in an outpatient, “terrified of precipitated withdrawal” during COVID-19

Wiegand, T J; Rodriguez, M

Journal of Medical Toxicology, 2021, 17, 121

Background:

Fentanyl adulteration has increased the risk of precipitated withdrawal. Theories as to why this occurs suggest fentanyl-altered pharmacology with high dose repetitive use. We describe a BUP microinduction, starting with sub-milligram doses, for an outpatient unable to stop fentanyl, using a mixture of telehealth and in-person support during COVID-19. Hypothesis: Buprenorphine microinduction allows for initiation even if patients are unable to stop use of fentanyl.

Methods:

Single-patient chart review. A 24-year-old M with “20 bundles of fentanyl/day” left detoxification against medical advice 3 times due to “terror of precipitated withdrawal.” After this, a SL microdosing regimen starting with 1/16th (125 mcg) of a 2/0.5 mg BUP/Naloxone film/6 hours was initiated with doses doubling/day → 250 mcg/6 hours → 0.5 mg/6 hour → 1/0.25mg/6 hours → 2/0.5 mg/6 hours → 8/2 mg BID. The patient was seen every-other-day on site and via telehealth alternate days. After day one, he reported 5-10 bags of fentanyl/day and on day two no withdrawal symptoms using 3-4 bags “mainly because of habit.” At 8/2 mg SL BID, he missed his appointment, arrested for “outstanding warrants.” Regardless, he was eager to “tell others” about microinduction stating, “this was amazing I could restart my 'Subs' and not be thrown into withdrawal!”

Results:

Microdosing involves initiation of sub-milligram BUP doses while full agonists are continued. Initially called the “Bernese Method,” subsequent reports detail varied protocols as patients are continued on high doses of full agonists. Microdosing in the outpatient setting is less controlled. Patient-centered care and establishment of rapport is critical for outpatient microinductions to be successful.

Conclusion:

We show that a heavily dependent fentanyl user, terrified of precipitated withdrawal, can start buprenorphine safely. BUP microinduction can revolutionize the induction process allowing for initiation immediately upon patient assessment. Microinduction has important utility during COVID-19.

Opioid use disorder and COVID-19: Implications for policy and practice

Mitchell, M, Shee, K, Champlin, K, et al

JAAPA

34, 6, p.1-4, 2021

Preliminary data suggest that opioid-related overdose deaths have increased subsequent to COVID-19. Despite national support for expanding the role of physician assistants (PAs) and NPs in serving patients with opioid use disorder, these clinicians are held to complex and stringent regulatory barriers. COVID-19 triggered significant changes from regulatory and federal agencies, yet disparate policies and regulations persist between physicians and PAs and NPs. The dual epidemics of COVID-19 and opioid use disorder highlight the inadequate infrastructure required to support patients, communities, and clinicians, and may serve as the catalyst for eliminating barriers to care.

Racial/ethnic, social, and geographic trends in overdose-associated cardiac arrests observed by US emergency medical services during the COVID-19 pandemic

Friedman, J; Mann, N C; Hansen, H; et al

JAMA Psychiatry

26 May 2021

doi:10.1001/jamapsychiatry.2021.0967

Importance

Provisional records from the US Centers for Disease Control and Prevention (CDC) through July 2020 indicate that overdose deaths spiked during the early months of the COVID-19 pandemic, yet more recent trends are not available, and the data are not disaggregated by month of occurrence, race/ethnicity, or other social categories. In contrast, data from emergency medical services (EMS) provide a source of information nearly in real time that may be useful for rapid and more granular surveillance of overdose mortality.

Objective

To describe racial/ethnic, social, and geographic trends in EMS-observed overdose-associated cardiac arrests during the COVID-19 pandemic through December 2020 and assess the concordance with CDC-reported provisional total overdose mortality through May 2020.

Design, Setting, and Participants

This cohort study included more than 11 000 EMS agencies in 49 US states that participate in the National EMS Information System and 83.7 million EMS activations in which patient contact was made.

Exposures

Year and month of occurrence of overdose-associated cardiac arrest; patient race/ethnicity; census region and division; county-level urbanicity; and zip code–level racial/ethnic composition, poverty, and educational attainment.

Main Outcomes and Measures

Overdose-associated cardiac arrests per 100 000 EMS activations with patient contact in 2020 were compared with a baseline of values from 2018 and 2019. Aggregate numbers of overdose-associated cardiac arrests and percentage increases were compared with provisional total mortality in CDC records from rolling 12-month windows with end months spanning January 2018 through July 2020.

Results

Among 33.4 million EMS activations in 2020, 16.8 million (50.2%) involved female patients and 16.3 million (48.8%) involved non-Hispanic White individuals. Overdose-associated cardiac arrests were elevated by 42.1% nationally in 2020 (42.3 per 100 000 EMS activations at baseline vs 60.1 per 100 000 EMS activations in 2020). The highest percentage increases were seen among Latinx individuals (49.7%; 38.8 per 100 000 activations at baseline vs 58.1 per 100 000 activations in 2020) and Black or African American individuals (50.3%; 21.5 per 100 000 activations at baseline vs 32.3 per 100 000 activations in 2020), people living in more impoverished neighborhoods (46.4%; 42.0 per 100 000 activations at baseline vs 61.5 per 100 000 activations in 2020), and the Pacific states (63.8%; 33.1 per 100 000 activations at baseline vs 54.2 per 100 000 activations in 2020), despite lower rates at baseline for these groups. The EMS records were available 6 to 12 months ahead of CDC mortality figures and showed a high concordance ($r = 0.98$) for months in which both data sets were available. If the historical association between EMS-observed and total overdose mortality holds true, an expected total of approximately 90 632 (95% CI, 85 737–95 525) overdose deaths may eventually be reported by the CDC for 2020.

Conclusions and Relevance

In this cohort study, records from EMS agencies provided an effective manner to rapidly surveil shifts in US overdose mortality. Unprecedented overdose deaths during the pandemic necessitate investments in overdose prevention as an essential aspect of the COVID-19 response and postpandemic recovery. This is particularly urgent for more socioeconomically disadvantaged and racial/ethnic minority communities subjected to the compounded burden of disproportionate COVID-19 mortality and rising overdose deaths.

Measuring the burden of opioid-related mortality in Ontario, Canada, during the COVID-19 pandemic

Gomes, T; Kitchen, S A; Murray, R; et al

JAMA Network Open, 2021, 4, 5, e2112865

Introduction

The COVID-19 pandemic struck in the midst of an epidemic of opioid overdoses that has resulted in nearly 20 000 deaths in Canada since 2016.¹ Pandemic-mandated measures, including changes to health care delivery to accommodate physical distancing and increased social isolation, can increase the risk of harm for people who use drugs.² For example, reduced operation hours of health care

services (eg, pharmacies and outpatient clinics) and harm reduction services (eg, drug checking programs and supervised consumption sites) have introduced additional barriers to care for people with opioid use disorder.² Data from across North America suggest that the rate of opioid-related deaths has increased during the pandemic.^{1,3,4} We sought to quantify the added burden of fatal opioid overdoses occurring in Ontario during the first 6 months of the COVID-19 pandemic.

Methods

This cross-sectional study was approved by the Unity Health Toronto research ethics board and followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline. We conducted a cross-sectional time series analysis of weekly fatal opioid overdoses among people aged 15 years or older in Ontario, Canada's most populous province, from January 1, 2018, to September 20, 2020. We then compared fatal overdose rates and characteristics between three 6-month periods: the COVID-19 period (March 16 to September 15, 2020, beginning when a state of emergency was declared in Ontario); period 1, the same 6-month period in the prior year (March 16 to September 15, 2019); and period 2, the 6 months immediately before the COVID-19 period (September 14, 2019, to March 15, 2020). We obtained data on all confirmed or suspected opioid-related deaths from the Ontario Office of the Chief Coroner, including age; sex; rural or urban residence; whether fentanyl, stimulants, or benzodiazepines were detected; and whether naloxone was administered.³ An opioid-related death was defined as an acute intoxication or toxicity death resulting from the direct contribution of an opioid. Suspected opioid-related deaths were defined on the basis of evidence of drug use or paraphernalia found at the scene and/or an opioid detected in postmortem toxicology without final confirmation from the investigating coroner. We compared characteristics across the 3 periods using χ^2 and t tests, with a type I error rate of .05 as the threshold for statistical significance. All tests were 2-tailed. Analyses were conducted in R version 4.0.4 (R Project for Statistical Computing). We used methods adapted from the Global Burden of Disease study⁵ to calculate the years of potential life lost (YLL) due to fatal opioid overdose.

Results

Over the entire study period, the weekly number of opioid-related deaths increased 135%, from 23 to 54 deaths, with the most rapid growth occurring among those younger than 35 years (320% increase, from 5 to 21 opioid-related deaths weekly) (Figure). During the three 6-month periods of interest, a total of 2774 individuals (2037 [73.4%] men; 1311 [47.2%] aged 35-54 years) died from an opioid-related cause. In the first 6 months of the COVID-19 pandemic, 1237 people died of opioid-related causes (99.3 per million; 49 155 YLL) (Table). In contrast, 766 (62.4 per million; $P < .001$) and 771 (61.9 per million; $P < .001$) people died in period 1 and period 2, respectively, leading to 30 286 and 31 312 YLL, respectively. While most characteristics of fatal overdoses remained similar between periods, there were significant increases between period 2 and the COVID-19 period in the proportion of deaths among men (528 [68.5%] vs 948 [76.7%]; $P < .001$) and the prevalence of fentanyl (586 [76.0%] vs 1056 [85.4%]; $P < .001$) and stimulants (485 [62.9%] vs 880 [71.1%]; $P < .001$) (Table).

Discussion

Increasing rates of opioid-related deaths, particularly among young adults in Ontario, place a considerable burden on society. In the first 6 months of the COVID-19 pandemic, an additional 17 843 years of life were lost due to opioid overdose compared with the 6 months prior. A limitation of this study was that not all death investigations (29 of 2778 [1.0%] during the 3 periods) have concluded; however, it is likely that all of these will be confirmed as opioid related. The rising rates of harm among young adults as well as the increased contributions of fentanyl and stimulants to these deaths emphasize the urgent need for low-barrier access to evidence-based harm reduction services and treatment for opioid use disorder in all jurisdictions grappling with the overdose–COVID-19 syndemic.⁶

Changes in methadone program practices and fatal methadone overdose rates in Connecticut during COVID-19

Brothers, S; Viera, A; Heimer, R

Journal of Substance Abuse Treatment, 2021, 131, 108449

Background:

Due to the COVID-19 pandemic, the Substance Abuse and Mental Health Services Administration (SAMHSA) has relaxed restrictions on methadone treatment in the United States. There is concern that the relaxation may increase fatal overdose rates. This study examines opioid treatment program (OTP) changes to methadone treatment during COVID-19 and changes in fatal methadone-involved overdose rates in Connecticut.

Methods:

From July 8th to August 18th, 2020, we conducted a comprehensive state-wide survey of all eight OTPs that dispense methadone in Connecticut to examine programmatic changes during COVID-19. We also analyzed state-level data on confirmed accidental opioid-involved deaths to assess if

relaxation of take-home dosing restrictions and in-person attendance requirements correlated with increased methadone-involved fatal overdose rates.

Results:

OTPs reported implementing multiple changes to methadone treatment in response to the COVID-19 pandemic. The percent of patients receiving 28-day take-home doses increased from 0.1% to 16.8%, 14-day take-home doses increased from 14.2% to 26.8%, and the percent receiving one or no take-home doses decreased from 37.5% to 9.6%. Monthly or more frequent drug testing decreased from 15% to 4.6% and 75.2% of individual counseling for methadone patients transitioned to telehealth. However, changes to methadone treatment varied considerably by program. OTP providers said restrictions on methadone should be relaxed and increases in take-home dosing as well as telehealth should be continued in non-pandemic situations. Methadone-involved fatalities relative to other opioid-involved fatalities did not increase in Connecticut following changes in OTP practices.

Conclusions:

Connecticut OTPs relaxed methadone treatment requirements during COVID-19. Since relaxing restrictions on methadone treatment has not increased fatal overdoses, we recommend that the reductions in-person dosing and attendance requirements implemented during the COVID-19 pandemic should be continued and made permanent.

Medication treatment for opioid use disorder in the age of COVID-19: Can new regulations modify the opioid cascade?

Nunes, E V; Levin, F R; Reilly, M P; et al

Journal of Substance Abuse Treatment, 2021, 122, 108196

The temporary loosening of regulations governing methadone and buprenorphine treatment for opioid use disorder (OUD) in the U.S., instituted to prevent the spread of COVID-19, has created an opportunity to explore the effectiveness of new models of care for people with OUD. The opioid cascade describes the current status of the treatment system, where only a fraction of people with OUD initiate effective medication treatment for OUD (MOUD), and of those only a fraction is retained in treatment. Regulatory changes—such as availability of larger take-home supplies of methadone and buprenorphine initiated via telemedicine (e.g., no initial in person visit; telemedicine buprenorphine permitted across state lines)—could modify the cascade, by reducing the burden and increasing the attractiveness, availability, and feasibility of MOUD both for people with OUD and for providers. We review examples of more liberal MOUD regimens, including the implementation of buprenorphine in France in the 1990s, primary care-based methadone in Canada, and low-threshold buprenorphine models. Research is needed to document whether new models implemented in the U.S. in the wake of COVID-19 are successful, and whether safety concerns, such as diversion and misuse, emerge. We discuss barriers to implementation, including racial and ethnic health disparities, and lack of knowledge and reluctance among potential providers of MOUD. We suggest that the urgency and public spiritedness of the response to COVID-19 be harnessed to make gains on the opioid cascade, inspiring prescribers, health systems, and communities to embrace the delivery of MOUD to meet the needs of an increasingly vulnerable population.

AN0102-3466

Telehealth sustains patient engagement in OUD treatment during COVID-19

Langabeer, J R; Yatsco, A; Champagne- Langabeer, T

Journal of Substance Abuse Treatment, 2021, 122, 108215

The coronavirus disease pandemic of 2019 (COVID-19) has created significant economic and societal burden, with mortality currently exceeding 615,000 and millions of others affected worldwide. For those with opioid use disorder (OUD), however, the impact on this vulnerable population could be even more severe. The objective of this study was to outline our organizational telehealth adaptations that enabled virtual counseling, peer support, groups, and provider care during COVID-19 in one community-based opioid treatment program. We utilized an observational study design during March to June 2020, during the initial peak of COVID-19 in the U.S. After we closed our facility for the first five business days, we rapidly enacted virtual care with telehealth for peer coaching, counseling, groups, and provider visits. While we lost patient volume during the initial weeks, we observed an overall increase in patient engagement over time. Future state and federal policy should focus on maintaining less stringent policies around the use of telehealth, prescribing, and in-person exams for medication for OUD.

Coronavirus lockdown: excessive alcohol consumption and illicit substance use in DUI subjects

Beccegato, E, Angiola, F, Favretto, D, et al

Objective:

This study investigates the consequences of the SarS-CoV-2 outbreak and of the resulting control measures on alcohol and illicit substance use in a high-risk population for substance-related disorders, utilizing an integrated medico-legal and toxicological approach.

Methods:

The research was structured as a retrospective case-control study of subjects found to be driving under the influence (DUI) of alcohol and/or other psychoactive substances who were examined for driver's license regranting. Alcohol and/or drug use was assessed by comparing cases examined in the period from May to August 2020 (immediately after the lockdown in Italy) to control subjects examined in the same period in 2019. DUI subjects were examined by an integrated approach, descriptive analyses were conducted, and significance was determined by chi-square and Mann-Whitney tests. Variables linked to the pandemic outbreak and resulting lockdown were investigated as predictive factors in determining unfitness to drive.

Results:

Cases (281) were significantly different from controls (261) concerning the judgment of unfitness to drive ($p < .001$) and had more subjects with chronic excessive alcohol use and/or illicit substance use. The two groups were rather homogeneous concerning the other variables, except for a difference in blood alcohol concentration (BAC) at the time of DUI ($p = .027$). No statistical association was found between the investigated variables linked to the lockdown and the judgment of unfitness to drive.

Conclusions:

Chronic excessive alcohol consumption and illicit substance use were more frequently observed in cases, which suggests a possible correlation between the pandemic/lockdown restrictions and an increase in psychoactive substance misuse. While these potentially correlative factors are discussed in this article, they require further study. If confirmed, the results should be considered in forensic and clinical settings.

Acceptability and feasibility of using digital technology to train community practitioners to deliver a family-based intervention for adolescents with drug use disorders during the COVID-19 pandemic

Busse, A; Kashino, W; Suhartono, S; et al
Addictive Behaviors Reports, 27 May 2021, 100357

Introduction

By adhering to government preventative messages to stay-at-home and social distancing during the COVID-19 pandemic, training practitioners in person in implementing a family-based intervention (i.e., Treatnet Family) is not possible. The present study examined the feasibility and acceptability of using digital technology to remotely deliver Treatnet Family training to practitioners in community counselling services in Indonesia.

Method

Fifteen practitioners, from the association of addiction counsellors in Indonesia, participated in the Treatnet Family workshop remotely. The training was delivered by four national Treatnet Family trainers remotely via a digital platform for five days with additional take-home assignments.

Results

All practitioners reported that Treatnet Family training have enhanced their skills in working with adolescents and their family. Most practitioners reported having confidence in conducting Treatnet Family and applying core skills of family-based intervention. Participating in the workshop enabled practitioners to learn the core skills of the Treatnet Family at their own pace. However, some practitioners also stated few disadvantages in remote training, including having limited time for the discussion and feeling overwhelmed with the assignments. Some find it hard to attend such training from their home due to distractions.

Conclusion

Digital technology is acceptable and feasible method for training community practitioners to deliver Treatnet Family to adolescents with SUDs and their families in Indonesia. These findings can inform the way to use digital technology to deliver core family-based skills to community practitioners in other low-resource settings.

Conduct and evaluation of final-year medical student summative assessments in Psychiatry and Addiction Medicine during COVID-19: an Australian university Medical School experience
Looi JCL, Maguire P, Bonner D, Reay RE, Finlay AJF, Keightley P, Tedeschi M, Wardle C, Kramer D.
Australasian Psychiatry

26 May 2021

doi: 10.1177/10398562211014229

Objective:

To describe and share with the medical education community, the conduct and evaluation of summative graduate medical student assessments in Psychiatry and Addiction Medicine during COVID-19 at an Australian university.

Methods:

Summative assessments were redesigned as follows: written assessments were administered via an online platform (WATTLE), while the Objective Structured Clinical Examinations (OSCE) were conducted via a secure video-conferencing software (Zoom).

Results:

Our preliminary analysis of the summative assessments indicated that both examiners and students adapted to the format, with overall performance of the students showing no variation due to timing of the assessment (earlier versus later in the day) and performances similar to face-to-face assessments in previous years. Examiners also expressed positive feedback on the assessment process.

Conclusions:

Our graduate fourth-year medical student summative assessments were effectively conducted using online and video-conferencing software in accordance with existing COVID-19 pandemic public health measures for physical distancing and hygiene.

Edinburgh 'street valium' addicts plea for help as hotline calls surge during lockdown

<https://www.edinburghlive.co.uk/news/edinburgh-news/edinburgh-street-valium-addicts-plea-20631188>

Covid has led to record levels of antidepressant use – but withdrawal can be difficult

<https://www.theguardian.com/commentisfree/2021/may/17/antidepressant-use-up-covid-side-effects-medication>

COVID-19 battered many in addiction recovery. Here's why these St. Cloud folks keep hope in resilience

<https://eu.sctimes.com/story/news/2021/05/24/covid-19-st-cloud-hit-many-addiction-recovery-folks-keep-hope-sober-substance-abuse/5097897001/>