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JOURNAL ARTICLES

Impact of COVID-19 lockdown on individuals under treatment for substance use disorders: Risk factors for adverse mental health outcomes
Blithikioti, C; Nuno, L; Paniello, B; et al
Journal of Psychiatric Research, 2021, 139, p.47-53

Background:
Individuals with Substance Use Disorders (SUD), are vulnerable to the psychological consequences of the COVID-19 pandemic. This is the first study to assess risk factors of adverse mental health outcomes during lockdown in a SUD population.
Methods:
This was a cross-sectional study, conducted through an online survey that was completed by 303 individuals with SUD, attended in the Addiction Unit of University of Barcelona Clínic Hospital. Sociodemographic and clinical data were collected and descriptive analyses were carried out. Depending on whether individuals reported a worsening or no change/improvement in anxiety and depression symptoms during lockdown, the sample was divided in two groups. A logistic regression was then carried out to identify risk factors associated with adverse mental health outcomes.
Results:
Overall, frequency of use for the majority of individuals with SUD remained stable during lockdown in comparison to the pre-lockdown era, although a reduction was found in frequency of tobacco, alcohol, cannabis and cocaine use in a small fraction of individuals with SUD. Symptoms of clinical anxiety were found in 58.7% of the sample while 48.2% of participants scored above the clinical threshold for depression. In addition, 50.3% of the sample reported a deterioration in depression and anxiety symptoms during lockdown that was associated with the following risk factors: previous trauma-exposure, female gender, distress and isolation, income reduction and alcohol use.
Conclusion:
A high percentage of patients with SUD experienced adverse mental health outcomes during lockdown that were associated with several risk factors, which should be taken into account in policy making and prevention strategies, as well as in clinical practice, in order to provide personalized care to SUD patients during the time of the pandemic.

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 GE, Vaddiparti K, et al
Drug and Alcohol Dependence, 2021, 225, 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.

A novel transition: Lessons learned during rapid implementation and evolution of telehealth group based opioid treatment (t-GBOT) during the COVID-19 pandemic
Sokol R, Suter S, Pierce B, et al
Healthcare, 2021, 9, 3, 100559

Upsurges in the joblessness and opioid epidemics in the United States after the COVID-19 epidemic: the plight of the jobless patient in the clinic
Volinn, E; Loeser, J D
Pain
162, 6, p.1608-1611, 2021

Characteristics and correlates of U.S. clinicians prescribing buprenorphine for opioid use disorder treatment using expanded authorities during the COVID-19 pandemic
Jones, C M; Diallo, M M; Vythilingam, M; et al
Drug and Alcohol Dependence, 2021, 225, 108783

Background:
To determine how clinicians with a DATA waiver to prescribe buprenorphine for opioid use disorder (OUD) adapted during the COVID-19 pandemic to emergency authorities, including use of telehealth to prescribe buprenorphine, the challenges faced by clinicians, and strategies employed by them to manage patients with OUD.
Methods:
From June 23, 2020 to August 19, 2020, we conducted an electronic survey of U.S. DATA-waivered clinicians. Descriptive statistics and multivariable logistic regression were used for analysis.
Results:
Among 10,238 respondents, 68 % were physicians, 25 % nursing-related providers, and 6% physician assistants; 28 % reported never prescribing or not prescribing in the 12 months prior to the survey. Among the 72 % of clinicians who reported past 12-month buprenorphine prescribing (i.e. active practitioners during the pandemic) 30 % reported their practice setting closed to in-person visits during COVID-19; 33 % reported remote prescribing to new patients without an in-person examination. The strongest predictors of remote buprenorphine prescribing to new patients were prescribing buprenorphine to larger numbers of patients in an average month in the past year and closure of the practice setting during the pandemic; previous experience with remote prescribing to established patients prior to COVID-19 also was a significant predictor. Among clinicians prescribing to new patients without an in-person examination, 5.5 % reported difficulties with buprenorphine induction, most commonly withdrawal symptoms.
Conclusions:
Telehealth practices and prescribing to new patients without an in-person examination were adopted by DATA-waivered clinicians during the first six months of COVID-19. Permanent adoption of these authorities may enable expanded access to buprenorphine treatment.

Expanding mail-based distribution of drug-related harm reduction supplies amid COVID-19 and beyond
Barnett, B S; Rich, J D;
American Journal of Public Health
111, 6, p.1013-1017, 2021

The effects of substance use on severe acute respiratory syndrome coronavirus infection risks and outcomes
Balaram, K; Marwaha, R; Kaelber, D C
Current Opinion in Psychiatry
1 June 2021
DOI: 10.1097/YCO.0000000000000711

Purpose of Review:
Severe acute respiratory syndrome coronavirus (SARS-CoV2) infection rates are currently occurring at alarmingly accelerated rates. There is also a long-standing and concurrent rise in the prevalence and severity of substance use disorders (SUD). Therefore, the intersection between these two conditions needs to be carefully considered to ensure a more effective delivery of healthcare.
Recent Findings:
Generally, those with SUDs are more likely to have higher risk social determinants of health factors. Therefore, these patients are more likely to have barriers that can create difficulties in following appropriate infection control measures which in turn increases the risk of exposure to SARS-CoV2. In addition, these individuals have higher rates of medical comorbidities which increases the risk of all adverse outcomes, including mortality, from SARS-CoV2 infection.
Summary:
Individuals with SUDs are at increased risk of both contracting SARS-CoV2 infection and suffering from worse outcomes afterwards. Though these risks of adverse outcomes are specific to SARS-CoV2 infection, the risk of exposure to any infectious disease is increased in this population. Healthcare providers and policymakers should then consider how to better protect this at-risk population and alleviate this increased disease burden.

Increases in naloxone administrations by emergency medical services providers during the COVID-19 pandemic: retrospective time-series study
Khoury, D; Preiss, A; Geiger, P; et al
JMIR Public Health and Surveillance
1 June 2021
DOI: 10.2196/29298

Background:
The opioid crisis in the United States may be exacerbated by the COVID-19 pandemic. Increases in opioid use, Emergency Medical Service (EMS) runs for opioid-related overdoses, and opioid-overdose deaths have been reported. No study has examined changes in multiple naloxone administrations, an indicator of overdose severity, during the COVID-19 pandemic.
Objective:
This study examined changes in the occurrence of naloxone administrations (NAs) and multiple naloxone administrations (MNAs) during EMS runs for opioid-related overdoses during the COVID-19 pandemic in Guilford County, North Carolina (NC).
Methods:
Using a period-over-period approach, we compared the occurrence of opioid-related EMS runs, NAs, and MNAs during the 29-week period before (September 1, 2019 to March 9, 2020) and after NC's COVID-19 state-of-emergency declaration (i.e., the 'COVID-19 period' of 3/10/2020 to 9/30/2020). Furthermore, historical data were used to generate a quasi-control distribution of period-over-period changes to compare the occurrence of each outcome during the COVID-19 period to each 29-week period back to January 1, 2014. RESULTS: All outcomes increased during the COVID-19 period. Compared to the previous 29 weeks, the COVID-19 period experienced increases in the weekly mean number of opioid-related EMS runs (25.6 versus 18.6, p<.001), NAs (22.3 versus 14.1, p<.001), and MNAs (5.0 versus 2.7, p<.001) corresponding to proportional increases of 37.4%, 57.8%, and 84.8%, respectively. Additionally, the increases during the COVID-19 period were greater than 91% of all historical 29-week periods analyzed.
Conclusions:
The occurrence of EMS runs for opioid-related overdoses as well as NAs and MNAs during EMS runs increased during the COVID-19 pandemic in Guilford County, NC. For a host of reasons that need to be explored, the COVID-19 pandemic appears to exacerbate the opioid crisis.

Coping with craving and withdrawal due to substance use disorders during the COVID-19 lockdown
Sidana, A; Chavan, B S; Rohilla, R; et al
Primary Care Companion for CNS Disorders, 2021, 23, 2

Objective:

Substance use disorder (SUD) is a chronic remitting and relapsing disorder, and abrupt discontinuation of the substance due to nonavailability in the absence of treatment precipitates withdrawals and craving. The objective of this study was to assess the craving and withdrawal coping mechanisms used by patients with SUDs as a result of disruption in availability of substances and medications due to sudden lockdown in response to coronavirus disease 2019.
Methods:
A survey was administered via telephone from June 25, 2020, to July 15, 2020, to patients who had previously attended the substance use clinic of a tertiary care teaching hospital in North India from January 1, 2020, to March 21, 2020 (up to the time of lockdown). Sociodemographic and clinical details were obtained from case record files. A 16-item questionnaire was developed to collect information on coping with craving and withdrawal symptoms. A total of 215 patients were registered in the substance use clinic during this period for the treatment of SUDs, and of those, 43 could not be contacted due to various reasons such as wrong contact numbers, patient expired (not related to substance withdrawal), or not willing to talk. The mean age of the subjects was 37.05 (SD = 13.22) years, and men outnumbered women. The remaining 172 patients were contacted via telephone, and responses were gathered regarding withdrawal symptoms and coping with craving.
Results:
More than two-thirds of the patients were still maintaining abstinence from their primary substance of abuse during lockdown. A large number of patients (n = 41, 43.2%) reported difficulty in obtaining prescribed medication for detoxification without renewal of their prescription. More than 66% of patients reported that they were able to control their craving, and many kept themselves busy with household activities.
Conclusions:
The majority of patients who had completed the acute phase of withdrawals were able to maintain abstinence in the absence of renewal of prescribed medication and substance of abuse due to sudden disruption in supply. The patients were able to use certain strategies to control their craving.

COVID-19: keeping addiction treatment centers safe
Rundio A.
Journal of Addiction Nursing
32, 2, p.174-175, 2021

COVID-19 and opioid overdoses: a pandemic leads to the resurgence of an epidemic
Baird C.
Journal of Addiction Nursing
32, 2, p.165-166, 2021

The hidden epidemic of opioid overdoses during the coronavirus disease 2019 pandemic
Kosten, T R; Petrakis, I L
JAMA Psychiatry
78, 6, p.585-586, 2021

Effect of COVID-19 disruptions on young adults' affect and substance use in daily life
Papp, L M; Kouros, C D
Psychology of Addictive Behaviors
2 June 2021
DOI: 10.1037/adb0000748

Objective:
Guided by accounts of adjustment in daily life as a key indicator of health, the current study examined prospective changes in young adults' emotions and substance behaviors assessed during a normative baseline period and during the acute COVID-19 disruption period in late March/early April 2020. The COVID-19 assessment also collected psychosocial risk factors expected to moderate changes in adjustment across time.
Method:
Participants included 295 young adults (70.8% female; ages 18-21 at baseline), drawn from an ongoing study of daily behaviors and health in college life that oversampled for recent substance behaviors, who completed both the baseline and COVID-19 assessments. Hypotheses were tested using analyses of repeated-measures data that included covariates of length of time between assessments and sampling group status.
Results:
Direct tests in support of hypotheses indicated an increase in negative affect ($d = .67$, $p < .001$), and greater alcohol use ($d = .75$, $p < .001$) and marijuana use ($d = .58$, $p < .001$), in daily life across time. Levels of positive affect ($d = .08$, $p > .05$), nicotine use ($d = .01$, $p > .05$), and prescription drug misuse

(d = .003, p > .05) did not reliably change in tests of direct models. Moderation tests indicated several risk factors for experiencing steeper increases in negative affect, and increased likelihood of marijuana and nicotine use, in daily life across time.
Conclusions:
Findings offer implications for future research and clinical efforts to improve young adult adjustment in response to the pandemic.

Apathy and anhedonia in adult and adolescent cannabis users and controls before and during the COVID-19 pandemic lockdown
Skumlien M, Langley C, Lawn W, et al
International Journal of Neuropsychopharmacology
2 June 2021
doi: 10.1093/ijnp/pyab033

Background:
COVID-19 lockdown measures have caused severe disruptions to work and education, and prevented people from engaging in many rewarding activities. Cannabis users may be especially vulnerable, having been previously shown to have higher levels of apathy and anhedonia than non-users.
Methods:
In this survey study, we measured apathy and anhedonia before and after lockdown measures were implemented, in n=256 adult and n=200 adolescent cannabis users, and n=170 adult and n=172 adolescent controls. Scores on the Apathy Evaluation Scale (AES) and Snaith-Hamilton Pleasure Scale (SHAPS) were investigated with mixed measures Analyses of Covariance, with factors User-Group, Age-Group, and Time, controlling for depression, anxiety, and other drug use.
Results:
Adolescent cannabis users had significantly higher SHAPS scores before lockdown, indicative of greater anhedonia, compared to adolescent controls (p=.03, ηp 2=.013). Contrastingly, adult users had significantly lower scores on both the SHAPS (p<.001, ηp 2=.030) and AES (p<.001, ηp 2=.048) after lockdown, compared to adult controls. Scores on both scales increased during lockdown across groups, and this increase was significantly smaller for cannabis users (AES p=.001, ηp 2=.014; SHAPS p=.01, ηp 2=.008). Exploratory analyses revealed that dependent cannabis users had significantly higher scores overall (AES p<.001, ηp 2=.037; SHAPS p<.001, ηp 2=.029), and a larger increase in scores (AES p=.04, ηp 2 .010; SHAPS p=.04, ηp 2=.010), compared to non-dependent users.
Conclusions:
Our results suggest that adolescents and adults have differential associations between cannabis use, and apathy and anhedonia. Within users, dependence may be associated with higher levels of apathy and anhedonia regardless of age, and a greater increase in levels during the COVID-19 lockdown.

Surging trends in prescriptions and costs of antidepressants in England amid COVID-19
Rabeea, S A, Merchant, H A, Khan, M U, et al.
DARU Journal of Pharmaceutical Sciences, 2021, 29, p.217–221

The social restrictions amid coronavirus disease 2019 (COVID-19) pandemic have posed a serious threat to mental health and have implications in the use of medications for mental health including antidepressants (ADs). This study investigated the trends in prescriptions and costs of various ADs in England during COVID-19 pandemic. National prescribing rates and net ingredient costs (NIC) of all ADs prescriptions during 2016 to 2020 were analyed. The total number of ADs prescriptions dispensed during COVID-19 pandemic (January to December 2020) were 78 million, 4 million more than in 2019 that costed NHS England £ 139 million more than in 2019. Sertraline, an SSRI antidepressant drug, alone accounted for an extra £113 million during 2020 than in 2019. The peak dispensing for ADs was observed in March 2020 while the total costs for AD drugs peaked in April 2020. The rising prescription costs for ADs during COVID-19 pandemic is a potential cause of concern, in particular the increasing use in adolescents and younger adults needs attention, who are at a higher risk of life-threatening adverse drug reactions.

NEWS

World on a needle: pandemic causes increase in number of drug addicts
https://vestnikkavkaza.net/analysis/World-on-a-needle-pandemic-causes-increase-in-number-of-drug-addicts.html

The impact of Covid-19 on drugs markets in the islands of the western Indian Ocean (Part One)
https://www.dailymaverick.co.za/article/2021-05-30-the-impact-of-covid-19-on-drugs-markets-in-the-islands-of-the-western-indian-ocean-part-one/

Fatal drug overdoses surged 59% in Colorado last year as overall deaths rose during the pandemic
"Fentanyl has invaded Denver," city's chief medical examiner says
https://www.denverpost.com/2021/05/30/colorado-fatal-overdoses-increase-2020-coronavirus-pandemic/

Festivals face spike in drug deaths from lower tolerance of illegal substances due to Covid, MPs warn
https://inews.co.uk/culture/music/festivals-spike-drug-deaths-lower-tolerance-illegal-substances-covid-mps-warn-1024775?ito=twitter_share_article-top

Drug overdose deaths up 30% in pandemic year, government data show
https://www.medpagetoday.com/psychiatry/addictions/92876

University study highlights alarming rise in usage and costs of antidepressants
Researchers at the University of Huddersfield have warned there is an urgent need for the country's mental health interventions to create strategies optimizing the use of antidepressants after conducting a study which has highlighted an alarming rise in relation to usage and costs | Medical Xpress, UK
https://medicalxpress.com/news/2021-06-university-highlights-alarming-usage-antidepressants.html