



EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

**CORONAVIRUS, 9 April 2021**

## EVENT

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### **Mental health, overdose, and violence outcomes and the COVID-19 pandemic**

[Podcast – e-Learning]

[https://edhub.ama-assn.org/jn-learning/audio-player/18582273?utm\\_source=silverchair&utm\\_medium=email&utm\\_campaign=article\\_alert-iamapsychiatry&utm\\_content=etoc&utm\\_term=040721](https://edhub.ama-assn.org/jn-learning/audio-player/18582273?utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-iamapsychiatry&utm_content=etoc&utm_term=040721)

### **Drugs, COVID and marginalisation**

Fredrique, K; Ambekar, A; Box, W

April 12, 2021 01:10 PM

The COVID-19 pandemic has had profound effects on the way we all live our lives. This event will focus on how the COVID-19 pandemic has impacted on drug use, drug treatment and drug policy across the world. It will look at how the pandemic has exacerbated the harms caused by drug policies on the most marginalised people in our societies as well as trying to identify any positive developments.

[https://bristol-ac-uk.zoom.us/webinar/register/WN\\_7ltzG7ycQoiCxXEIjC9bbw?utm\\_source=emailmarketing&utm\\_medium=email&utm\\_campaign=cnd64&utm\\_content=2021-04-08](https://bristol-ac-uk.zoom.us/webinar/register/WN_7ltzG7ycQoiCxXEIjC9bbw?utm_source=emailmarketing&utm_medium=email&utm_campaign=cnd64&utm_content=2021-04-08)

### **Mental health and substance use disorders in the era of COVID-19: the impact of the pandemic on communities of color: proceedings of a workshop - in brief**

National Academies of Sciences, Engineering, and Medicine  
National Academies Press.  
Washington, DC: 2021

On November 23, December 3, and December 14, 2020, the Forum on Mental Health and Substance Use Disorders of the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine (the National Academies) hosted a virtual workshop titled Mental Health and Substance Use Disorders in the Era of COVID-19: With a Special Focus on the Impact of the Pandemic on Communities of Color.<sup>1</sup> The workshop featured invited speakers and discussions that addressed how the coronavirus disease 2019 (COVID-19) pandemic has influenced (1) mental health and substance use disorders (SUDs); (2) changes in access to health care and delivery of services for people with mental health disorders and SUDs; and (3) the mental health well-being of the health care workforce—each with a particular focus on the impact of the pandemic on communities of color and how the pandemic has created, revealed, and exacerbated longstanding racial and ethnic disparities in behavioral health care.

This Proceedings of a Workshop—in Brief summarizes the presentations and discussions that occurred at the workshop. A broad range of views<sup>2</sup> was presented during the presentations and discussions.

[https://www.nap.edu/login.php?record\\_id=26102&page=https%3A%2F%2Fwww.nap.edu%2Fdownload%2F26102](https://www.nap.edu/login.php?record_id=26102&page=https%3A%2F%2Fwww.nap.edu%2Fdownload%2F26102)

### **COVID-19 questions and answers: for people who use drugs or have substance use disorder**

Centers for Disease Control and Prevention  
Atlanta, GA: 2021

Having a substance use disorder can make you more likely to get severely ill from COVID-19. People who use drugs may also have underlying medical conditions that put them at increased risk for severe illness from COVID-19, and they may have concerns and questions related to their risk.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-risk-populations/people-who-use-drugs/QA.html#people-who-use-drugs>

### **Folgen der COVID-19-Pandemie für Menschen mit Schizophrenie, Demenz und Abhängigkeitserkrankungen**

[Consequences of the COVID-19 pandemic for people with schizophrenia, dementia and substance use disorders]

Adorjan, K; Haussmann, R; Rauen, K; Pogarell, O

Nervenarzt

6 April 2021

DOI: 10.1007/s00115-021-01105-0

The coronavirus disease 2019 (COVID-19) pandemic poses unexpected challenges to social and healthcare systems worldwide. The direct and indirect medical consequences of infection with the novel coronavirus bring healthcare systems to their limits of their capabilities in many places. The neurotropic effects of COVID-19 can result not only in neurological but also in acute and long-term psychological sequelae. In the psychiatric context, the psychological and psychosocial consequences of contact restrictions and lockdowns as well as the effects of daily reports in the media on people with mental disorders must also be taken into consideration. In this article the consequences of the COVID-19 pandemic for people with mental illnesses, especially those with schizophrenia, dementia, and addictive diseases are discussed.

### **The case for increasing buprenorphine use as OST during Covid-19**

Somers, C

Irish Pharmacist

February 2021

Consultant in Addiction Psychiatry Dr Ciaran Somers analyses the potential advantages of an accelerated move to buprenorphine from methadone in pharmacies and GP clinics during Covid-19. <https://irishpharmacist.ie/2021/02/01/the-case-for-increasing-buprenorphine-use-as-ost-during-covid-19/>

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

Miller, V

Journal of Substance Abuse Treatment, 2021, 123, 108243

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

### **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.

### **Take-home dosing experiences among persons receiving methadone maintenance treatment during COVID-19**

Figgatt, M C, Salazar, Z, Day, E, et al

Journal of Substance Abuse Treatment, 2021, 123, 108276

**Purpose:**

Methadone maintenance treatment is a life-saving treatment for people with opioid use disorders (OUD). The coronavirus pandemic (COVID-19) has introduced many concerns surrounding access to opioid treatment. In March 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued guidance allowing for the expansion of take-home methadone doses. We sought to describe changes to treatment experiences from the perspective of persons receiving methadone at outpatient treatment facilities for OUD.

**Methods:**

We conducted an in-person survey among 104 persons receiving methadone from three clinics in central North Carolina in June and July 2020. Surveys collected information on demographic characteristics, methadone treatment history, and experiences with take-home methadone doses in the context of COVID-19 (i.e., before and since March 2020).

**Results:**

Before COVID-19, the clinic-level percent of participants receiving any amount of days' supply of take-home doses at each clinic ranged from 56% to 82%, while it ranged from 78% to 100% since COVID-19. The clinic-level percent of participants receiving a take-home days' supply of a week or longer (i.e.,  $\geq 6$  days) since COVID-19 ranged from 11% to 56%. Among 87 participants who received take-homes since COVID-19, only four reported selling their take-home doses.

**Conclusions:**

Our study found variation in experiences of take-home dosing by clinic and little diversion of take-home doses. While SAMSHA guidance should allow expanded access to take-home doses, adoption of these guidelines may vary at the clinic level. The adoption of these policies should be explored further, particularly in the context of benefits to patients seeking OUD treatment.

**Changes in drug use in European cities during early COVID-19 lockdowns - A snapshot from wastewater analysis**

Been, F; Emke, E; Matias, J; et al  
Environment International, 2021, 106540

The COVID-19 outbreak has forced countries to introduce severe restrictive measures to contain its spread. In particular, physical distancing and restriction of movement have important consequences on human behaviour and potentially also on illicit drug use and supply. These changes can be associated with additional risks for users due to reduced supplies, limited prevention and harm reduction activities. Furthermore, there have been limitations in the amount of data about drug use which can be collected due to restrictions. The goal of this study was to obtain information about potential changes in illicit drug use impacted by COVID-19 restrictions. Wastewater samples were collected in seven cities in the Netherlands, Belgium, Spain and Italy at the beginning of lockdowns (March-May 2020). Using previously established and validated methods, levels of amphetamine (AMP), methamphetamine (METH), MDMA, benzoylecgonine (BE, the main metabolite of cocaine) and 11-nor-9-carboxy- $\Delta^9$ -tetrahydrocannabinol (THC-COOH, main metabolite of tetrahydrocannabinol (THC)) were measured and compared with findings from previous years. Important differences in levels of consumed drugs were observed across the considered countries. Whilst for some substances and locations, marked decreases in consumption could be observed (e.g., 50% decrease in MDMA levels compared to previous years). In some cases, similar or even higher levels compared to previous years could be found. Changes in weekly patterns were also observed, however these were not clearly defined for all locations and/or substances. Findings confirm that the current situation is highly heterogeneous and that it remains very difficult to explain and/or predict the effect that the present pandemic has on illicit drug use and availability. However, given the current difficulty in obtaining data due to restrictions, wastewater analysis can provide relevant information about the situation at the local level, which would be hard to obtain otherwise.

**Recovering from substance use disorders during the early months of the COVID-19 pandemic: A mixed-methods longitudinal study of women in Kansas City**

Hurley, E A; Pina, K; Cegielski, V; et al  
Journal of Substance Abuse Treatment, 2021, 129, 108378

**Aims:**

During the early months of the U.S. COVID-19 outbreak, women suffered disproportionate burdens of pandemic-related psychological and economic distress. We aimed to describe the experiences of women in substance use disorder (SUD) recovery programs by (1) exploring the pandemic's impact on their lives, sobriety, and recovery capital and (2) tracking COVID-19 perceptions and preventative behaviors.

**Methods:**

We conducted monthly semistructured interviews with women in residential and outpatient SUD recovery programs in Kansas City in April, May, and June 2020. Participants described the

pandemic's impact on their life and sobriety and completed survey items on factors related to COVID-19 preventative behaviors. We interpreted qualitative themes longitudinally alongside quantitative data.

**Results:**

In 64 interviews, participants (n = 24) described reduced access to recovery capital, or resources that support sobriety, such as social relationships, housing, employment, and health care. Most experienced negative impacts on their lives and feelings of stability in March and April but maintained sobriety. Four women described relapse, all attributed to pandemic stressors. Participants described relief related to societal re-opening in May and June, and increased engagement with their communities, despite rising infection rates.

**Conclusions:**

For women recovering from SUDs during COVID-19, securing recovery capital often meant assuming greater COVID-19 risk. As substance use appeared to have increased during the pandemic and COVID-19 transmission continues, public health planning must prioritize adequate and safe access to recovery capital and timely distribution of vaccines to people struggling with SUDs.

**Identifying the impacts of the COVID-19 pandemic on service access for people who use drugs (PWUD): A national qualitative study**

Russell, C; Ali, F; Nafeh, F; et al

Journal of Substance Abuse Treatment, 2021, 129, 108374

**Introduction:**

Closures and reductions in capacity of select health and social services in response to the COVID-19 pandemic may have placed people who use drugs (PWUD) at a disproportionately increased risk for experiencing harms, and resulted in critical treatment disruptions. We conducted the current national study among a cohort of PWUD to understand how COVID-19 has affected service access, including any significant impacts PWUD may have experienced. Results will contribute to the evidence base for informing future pandemic and public health policy planning for vulnerable populations.

**Methods:**

The project involved qualitative telephone-based interviews with 196 adult (aged 18+) PWUD from across Canada. Eligibility criteria included daily or weekly use of psychoactive substance(s), and/or current enrollment in opioid agonist treatment (OAT). Data collection took place between May and July 2020. Data underwent thematic analyses, and common themes informed the results.

**Results:**

Most participants experienced detrimental service access issues and treatment disruptions during COVID-19, including reduced access to harm reduction services, OAT, withdrawal management and treatment services, medical professionals (e.g., addictions and mental health counseling), shelters/housing, and food banks. Positive impacts included greater access to OAT take-home 'carries' and prescription deliveries. Decreases in service capacity resulted in increased health issues and risky substance use behaviors among PWUD, such as unaccompanied substance use, sharing/re-use of supplies, and overdose events.

**Conclusions:**

Reductions in the accessibility of critical services PWUD rely on during COVID-19 has increased existent substance use and health issues among PWUD, while decreasing their ability to mitigate risks related to substance use. Thus, the expansion of the depth and breadth of support options is crucial. Services must remain open and flexible to the unique needs of PWUD during COVID-19, while novel and effective adaptations and interventions should remain available and accessible post-COVID-19.

**Substance use, mental disorders and COVID-19: a volatile mix**

Marel, C; Mills, K L; Tesson, M

Current Opinion in Psychiatry

2 April 2021

DOI: 10.1097/YCO.0000000000000707

**Purpose of Review:**

The COVID-19 pandemic and associated restrictions have uniquely and disproportionately affected vulnerable populations. This review summarizes recent evidence on the relationship between psychiatric disorders, substance use disorders and COVID-19, highlighting acute and long-term risks, pharmacotherapy interactions and implications regarding appropriate and timely evidence-based treatment.

**Recent Findings:**

Evidence points to a complex relationship between psychiatric and substance use disorders and COVID-19. A range of risk factors associated with psychiatric and substance use disorders increases

the risk of exposure to, and complications arising from, the COVID-19 virus. COVID-19 infection has been indicated as having acute and potential long-term impacts on both psychiatric and substance use disorders. Social disruption associated with restrictions imposed to curb transmission has also been identified as a risk factor for new onset of disorders and recurrence and exacerbation of existing conditions.

**Summary:**

Early recognition and intervention are key to preventing chronic disability associated with psychiatric disorders, substance use disorders, and their co-occurrence. It is critical that those most in need of services do not fall through the cracks of our healthcare systems. The pandemic has fast tracked the opportunity for widespread implementation of digital health interventions but ensuring these are accessible and available to all, including our most vulnerable, will be a critical task for our future health and social ecosystems.

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

Ayad, A E

Journal of Opioid Management

17, 1, 2921

The limited access to opioids remains a reality in developing countries. Recent evidence suggests that opioid epidemics are getting worse with the COVID-19 crisis. The increase in opioid abuse could be attributed to the extended lockdowns and the social distancing recommendations, hindering chronic pain patients' access to regular office visits and monitoring in addition to limited access to behavioral services like group therapies and other pain management interventions. Use of telemedicine as an alternative to in-person follow-up visits has faced many limitations due to technological challenges and cost.

Chronic pain patients living in developing countries face extra burden during the pandemic. Limited access to outpatient clinics and hesitance to visit hospitals due to COVID-19 pandemic, in addition to reduction in supply of opioids, are some of the limiting factors. Unfortunately, the low-income class with limited financial capabilities faces further barriers to access the chronic pain services and treatments like opioid prescriptions.

Medical entities involved in care of chronic pain patients have adopted different strategies to overcome these challenges. In addition to expanding on educational programs to medical staff and patients, modifying the strict opioid prescribing and dispensing regulations has been successful. Another positive trend has been the growing use of opioid sparing interventions, such as multimodal analgesia, regional blocks, and interventional pain procedures.

**Responding to COVID-19: emerging practices in addiction medicine in 17 countries**

Scheibein, F, Stowe, M J, Arya, S, et al

Frontiers in Psychiatry, 2021, 12, 634309

**COVID-19 vaccination among socially vulnerable people who use drugs**

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

Addiction

31 March 2021

DOI: 10.1111/add.15500

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

Manzardo AM, Sethi R.

Substance Abuse

2 April 2021

doi: 10.1080/08897077.2021.1903656

Populations with addiction are considered at-risk for both medical and financial effects of the COVID19 outbreak. Patients receiving medication treatment for opioid use disorder (MOUD) were screened to assess need, vulnerability factors and potential clinical impact of the pandemic for referral and allocation of resources. Methods: A 31-item quality improvement survey of COVID19-related factors (e.g. engagement in social distancing, food and financial security) and clinical benchmarks of anxiety, craving, and treatment response was administered between March 24 and April 29, 2020. Anonymized data were compiled for study. Frequencies and means were evaluated for gender, age and financial effects on anxiety and craving ratings. Results: A total of 200 (N = 117 male; N = 80 female; N = 1 transgender) patients (age 42 ± 13 years) were screened. Medical risk factors known to predict severe COVID19 reactions reported in 33% of patients did not contribute significantly to distress. While 95% of patients reported stable food and housing, personal financial and employment instability reported in 40% of patients was associated with significantly increased anxiety and craving



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

### **Tales from the frontlines: An alarming rise in hospitalizations related to opioid use disorder in the era of COVID-19**

Ivey, N; Clifton, D C  
Journal of Opioid Management  
17, 1, p.4-7, 2021

The coronavirus disease 2019 (COVID-19) pandemic has had harmful effects on the opioid epidemic. While a negative effect was predicted, we report on this reality in the hospital setting. We have seen a sharp rise in hospitalized patients with opioid use disorder (OUD). Our data should encourage ongoing efforts to reduce barriers in accessing medications for treatment, harm reduction interventions and additional education for trainees, primary care providers, and hospitalists alike. In the current climate, these interventions are critical to save the lives of patients with OUD.

### **Modifications to the HEALing Communities Study in response to COVID-19 related disruptions**

Walters, S T; Zarkin, G A; et al  
Drug and Alcohol Dependence, 2021, 222, 108669

### **Permanent methadone treatment reform needed to combat the opioid crisis and structural racism**

Peterkin, A; Davis, C S; Weinstein, Z  
Journal of addiction medicine  
7 April 2021  
DOI: 10.1097/ADM.0000000000000841

Since early 2020 COVID-19 has swept across the United States, exposing shortcomings in the current healthcare delivery system. Although some interim efforts have been made to mitigate the spread of infection and maintain access to treatment for opioid use disorder, more permanent changes are needed to combat the ongoing opioid crisis. In this commentary, we describe the regulatory barriers to methadone maintenance treatment that disproportionately impact communities of color. We then discuss strategies supporting more equitable access to this proven treatment for opioid use disorder.

### **Cannabis-induced mania following covid-19 self-medication: A wake-up call to improve community awareness**

Kaggwa, M M; Bongomin, F; Najjuka, S M; et al  
International Medical Case Reports Journal, 2021, 14, p.121-125

#### **Context:**

Self-medication is becoming common during the coronavirus disease –2019 (COVID-19) pandemic due to the increasing popularity of home-based management of asymptomatic and mild cases. In this case report, we describe a patient who developed manic symptoms as a result of self-medication with a regimen containing cannabis to manage COVID-19 symptoms.

#### **Case Details:**

A 52-year-old man with no prior history of a mental disorder, presented with a one-week history of talking more than usual, poor sleep, destructiveness, irritability, and altered mental status, following use of homemade remedies containing oranges, garlic, ginger, onions, honey, lemon, and cannabis to treat COVID-19 related symptoms over a 2-week period. This was his index presentation with such symptoms in his life. He had never used any substance of addiction before, did not have any known chronic medical condition, and had no family member with a history of any known mental illness. He was a suspect because his father had tested positive for COVID-19 and was undergoing treatment. He tested negative for COVID-19 after 3-weeks of initial COVID-19 like symptoms, urine sample was positive for tetrahydrocannabinol (THC), and he had normal investigations. He was managed with a mood stabilizer (oral carbamazepine at a dose of 200mg three times daily), antipsychotic (chlorpromazine 200mg twice daily), a sedative (diazepam 10mg at before bedtime), and occupational therapy. All manic symptoms resolved in a period of two weeks.

#### **Conclusion:**

Cannabis induced mental illness following self-medication for COVID-19 like symptoms is on the rise in the population. Due to increasing COVID-19 cases globally, hospital congestion, the popularity of home-based care guidelines for asymptomatic and mild COVID-19 to reduce hospital burden in many countries, and easy access to cannabis. With no approved cure for COVID-19, patients are turning to

natural remedies to relieve symptoms of COVID-19. Emphasis on prevention of this insalubrious self-medication among the COVID-19 patients is needed to stop complication related to cannabis use.

### **Behavioral economics of substance use: Understanding and reducing harmful use during the COVID-19 pandemic**

Acuff, S F; Tucker, J A; Murphy, J G  
Experimental and Clinical Psychopharmacology  
8 April 2021  
DOI: 10.1037/pha0000431

Behavioral economic research demonstrates that alcohol and drug consumption is (a) an inverse function of constraints on access to the substance and (b) a direct function of constraints on access to alternative rewards. Physical distancing interventions and economic consequences of the COVID-19 pandemic have resulted in unprecedented reductions in many of the constraints on substance use and in critical evolutionarily salient sources of alternative reward, such as social interaction, physical activity, leisure activities and hobbies, and academic and occupational pursuits. Thus, behavioral economics suggests that the pandemic and necessary public health response have created a “perfect storm” for exacerbation of individual-level and population-level substance use problems and also points to multilevel intervention strategies. We summarize this perspective and research by highlighting 3 critical behavioral processes that will influence drug and alcohol consumption. First, the sudden absence of many effective constraints on substance use (work, school, community, or service obligations) will reduce the actual and perceived cost of use. Second, physical distancing measures will reduce the availability, and increase the cost, of many rewarding substance-free activities and commodities. Third, increased uncertainty around current and future events increases discounting of delayed rewards. These effects will be especially pernicious among populations with existing health disparities. Next, we outline interventions suggested by behavioral economics to mitigate the impact of COVID-19 on substance use that are aimed at increasing perceived costs of use; increasing access to substance-free activities, including treatment; and lengthening the timeframe for behavioral allocation and altering environmental contexts to promote healthy choices.

#### **Public Health Significance:**

Physical distancing practices necessary to address the COVID-19 pandemic have resulted in economic recession and unprecedented reductions in rewarding activities that compete with substance use. Behavioral economics predicts that the heightened constraints on rewarding substance-free activities, coupled with increases in uncertainty and stress, will increase harmful substance use, disproportionately affecting individuals already struggling with addiction and those from disadvantaged populations. By increasing the perceived cost of substance use and increasing the availability of substance-free activities, including treatment, anticipated increases in harmful substance use during the pandemic can be reduced.

### **Essential work, precarious labour: The need for safer and equitable harm reduction work in the era of COVID-19**

Olding, M; Barker, A; McNeil, R; et al  
International Journal of Drug Policy, 2021, 90, 103076

This commentary highlights labour concerns and inequities within the harm reduction sector that hinder programs’ ability to respond to converging public health emergencies (the overdose crisis and COVID-19), and potentially contribute to spread of the novel coronavirus. Many harm reduction programs continue to support people who use illicit drugs (PWUD) during the pandemic, yet PWUD working in harm reduction programs (sometimes termed ‘peers’) experience precarious labour conditions characterized by low wages, minimal employee benefits (such as paid sick leave) and high employment insecurity. Along with precarious labour conditions, PWUD face heightened vulnerabilities to COVID-19 and yet have been largely overlooked in global response to the pandemic. Operating under conditions of economic and legal precarity, harm reduction programs’ reliance on precarious labour (e.g. on-call, temporary and unpaid work) renders some services vulnerable to staffing shortages and service disruptions during the pandemic, while also heightening the risk of virus transmission among workers, service users and their communities. We call for immediate policy and programmatic actions to strengthen working conditions within these settings with a priority on enhancing protections and supports for workers in peer roles.





**White House: Overdose deaths reach 88,000 during COVID-19 pandemic**

<https://www.healio.com/news/primary-care/20210402/white-house-overdose-deaths-reach-88000-during-covid19-pandemic>

**Epidemic of opioid overdose deaths surged during pandemic**

Some 88,000 people died from drug overdose deaths in 12-month period ending in August 2020, driven largely by 'illicitly manufactured fentanyl and synthetic opioids'

<https://www.independent.co.uk/news/world/americas/epidemic-of-opioid-overdose-deaths-surged-during-the-pandemic-b1825888.html>

**Drug deaths spiked during lockdowns as support was limited**

<https://www.thetimes.co.uk/article/drug-deaths-spiked-during-lockdowns-as-support-was-limited-przzhv76m>