



EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

CORONAVIRUS, 18 September 2020

EVENT

The impact of lockdown on people who use drugs - free event

Thursday 24 September 2020: 12:45-13:45 BST

The Drug Science Student Society is partnering with the Global Drug Survey to work out what's been happening to people who use drugs throughout the lockdown

<https://www.eventbrite.co.uk/e/the-impact-of-lockdown-on-people-who-use-drugs-tickets-119433854875>

COVID 19: impact report

Bristol Drugs Project
Bristol: 2020

This report is a deep dive into the multitude of ways that the pandemic has altered how we work and illustrates how, through an agile mindset and passionate, dedicated staff, we have adapted our services and continue to provide vital support for people seeking help with their alcohol or drug use | BDP, UK

<https://www.bdp.org.uk/Handlers/Download.ashx?IDMF=9e8517da-7354-4508-b28c-cf7b80444d11>

Drug and alcohol problems in remote and rural Scotland: Responding during COVID and beyond - video

Scottish Drugs Forum
Glasgow: 2020

Rural and remote Scotland presents unique and persistent challenges in the delivery of services. Innovations and hard-won progress have meant unique local service configurations have developed over the years | SDF, UK

<https://www.youtube.com/watch?v=tKQta5wkxQ&feature=youtu.be>

Coronavirus outbreak FAQs: what you can and can't do

3.18: Can I go to my support group? Support groups can take place in gatherings of any number in a public place, if the support group is organised by a business, a charitable, benevolent or philanthropic institution or a public body to provide mutual aid, therapy or any other form of support to its members or those who attend its meetings. This includes those with, or recovering from, addictions (including alcohol, narcotics or other substance addictions) or addictive patterns of behaviour | Cabinet Office, UK

<https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do>

COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol

[Updated] Added statement on hands, face, space; updated guidance on return to school; added links to social distancing and what you can and can't do; amended to reflect change to 6 people meeting | PHE, UK

<https://www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol>

COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the United States

Wang, Q Q ; Kaelber, D C ; Xu, R ; Volkow, N D

Molecular Psychiatry

14 September 2020

DOI : 10.1038/s41380-020-0880-7

The global pandemic of COVID-19 is colliding with the epidemic of opioid use disorders (OUD) and other substance use disorders (SUD) in the United States (US). Currently, there is limited data on risks, disparity, and outcomes for COVID-19 in individuals suffering from SUD. This is a retrospective case-control study of electronic health records (EHRs) data of 73,099,850 unique patients, of whom 12,030 had a diagnosis of COVID-19. Patients with a recent diagnosis of SUD (within past year) were at significantly increased risk for COVID-19 (adjusted odds ratio or AOR = 8.699 [8.411–8.997], $P < 10^{-30}$), an effect that was strongest for individuals with OUD (AOR = 10.244 [9.107–11.524], $P < 10^{-30}$), followed by individuals with tobacco use disorder (TUD) (AOR = 8.222 [7.925–8.530], $P < 10^{-30}$). Compared to patients without SUD, patients with SUD had significantly higher prevalence of chronic kidney, liver, lung diseases, cardiovascular diseases, type 2 diabetes, obesity and cancer. Among patients with recent diagnosis of SUD, African Americans had significantly higher risk of COVID-19 than Caucasians (AOR = 2.173 [2.01–2.349], $P < 10^{-30}$), with strongest effect for OUD (AOR = 4.162 [3.13–5.533], $P < 10^{-25}$). COVID-19 patients with SUD had significantly worse outcomes (death: 9.6%, hospitalization: 41.0%) than general COVID-19 patients (death: 6.6%, hospitalization: 30.1%) and African Americans with COVID-19 and SUD had worse outcomes (death: 13.0%, hospitalization: 50.7%) than Caucasians (death: 8.6%, hospitalization: 35.2%). These findings identify individuals with SUD, especially individuals with OUD and African Americans, as having increased risk for COVID-19 and its adverse outcomes, highlighting the need to screen and treat individuals with SUD as part of the strategy to control the pandemic while ensuring no disparities in access to healthcare support.

Prevention and control of COVID-19 in Italian prisons: stringent measures and unintended consequences

Tavoschi, L ; Monarca, R ; Giuliani, R ; Montanari, L ; et al

Frontiers in Public Health, 2020, 8, 537

Introduction

The need to integrate prisons and other custodial settings in the comprehensive response to COVID-19 epidemic was recently advocated and WHO as recently issued guidance to support member states in this direction.

The COVID-19 pandemic has been particularly dramatic in Italy, one of the first countries to be affected in Europe, with more than 200,000 cases reported as of 22/4/2020. Within the country, the northern regions, including Lombardy and Emilia Romagna, were the epicenter of the epidemic and massive efforts were put in place to contain its spread. The custodial system has been part of this wider endeavor, as prison healthcare services are managed by Ministry of Health in Italy, although with differences across regions due to healthcare decentralization.

The Prison Setting

Prisons are settings of higher risk for COVID-19 infections as confined conditions, especially in a context of overcrowding, are one of the biggest challenges for controlling the spread of the infection. Italy is the third country in Europe per prison density with an occupational rate of 120% for 61,230 prison population at 29/2/2020. People in prison are more vulnerable to COVID-19 because of their underlying health conditions with disproportionately higher rates of acute and chronic physical and mental illnesses, including cardiovascular diseases, diabetes and chronic respiratory diseases, and frequently facing greater exposure to risks such as smoking, poor hygiene and weaker immune defense to stress.

Response Measures in Prison Settings

Avoiding COVID-19 spread into the custodial system is the primary objective of an effective strategy tailored to prisons. In the early stage of the epidemic a rapid scale-up of prevention and control measures was implemented in the northern regions in close coordination with relevant health authorities. Triage and syndromic screening were set-up for all individuals entering prison premises, including staff, visitors and incoming detainees. Dedicated areas for triaging were identified and in 77% (151/1971) of existing institutions temporary tensile-structures were put in place. Collection of biological samples and access to laboratory facilities was ensured as per standard community protocols. Areas for medical isolation (dedicated wings, single detention rooms, COVID-19 prison hub) of close contacts/suspects/confirmed cases were designated and provided with adequate

protective measures, in order to minimize risks of transmission within prison and to allow for management of mild COVID-19 cases. Severe cases were transferred to referral tertiary hospitals in the community. Adequate supply of personal protective equipment and disinfectants was managed in collaboration with Civil Protection Agency. As the epidemic spreads across the country, national guidance was also issued.

Additional Measures

The Ministry of Justice early on in the epidemic response issued organizational recommendations and stringent limitation on admission to prison premises, in particular restricting access to essential staff and banning visitors including relatives. The measure was deemed necessary to minimize COVID-19 introduction risks, and swiftly implemented. To mitigate its impact, alternatives to face-to-face visits were gradually implemented. Yet, when enacted, the measure sparked unrest across the whole country, with serious events occurring in some institutions. In Modena and Milan prisons people assaulted pharmacies ingesting large quantity of opioids used to treat drug addictions. Nine persons died in 1 day in the Modena's prison, although was ongoing at the time of writing. Like in many other countries, people with drug use disorders are overrepresented in prison, with 28% of the entire Italian prison population falling in this category and 34% being incarcerated for drug related crimes at 31/12/2018. Alternative measures to incarcerations (house arrest for up to 5,000 individuals) currently implemented within the COVID-19 response framework to reduce the number of inmates, might largely involve the sub-groups of drug users and people incarcerated for drug related crimes. Therefore, while COVID-19 prevention remains a primary concern, appropriate management of addiction, including linkage to community drug and social services, is necessary to respond to released individuals' health needs.

Current Assessment of Impact

Still, the data currently available at this early stage suggest that the introduction of prevention and control measures had a positive impact on the spread of COVID-19 into and within the Italian prison system. More than 8-week into the epidemic with thousands of cases reported, only few cases occurred in prison. In Lombardy and in Emilia-Romagna regions, where prison services swiftly implemented thorough prevention and control protocols, respectively 19 and 14 COVID-19 cases were reported, including one death, as of 22/4/2020.

Conclusions

While COVID-19 cases in the prison system are unavoidable, heightened attention along with stringent and comprehensive measures are needed when country-wide lockdown measures are relaxed. The COVID-19 pandemic calls on us to fulfill the principle "prison health is public health" in order to protect the well-being of people in prison and their community, uphold equity and avoid serious organizational, security and safety dangers resulting from outbreaks occurring in this setting.

Online recovery support meetings can help mitigate the public health consequences of COVID-19 for individuals with substance use disorder

Bergman, B G; Kelly, J F; Fava, M; Evins, A E

Addictive Behaviors

16 September 2020

DOI: 10.1016/j.addbeh.2020.106661

The COVID-19 pandemic puts people with current and remitted SUD at increased risk for symptom exacerbation and relapse through added stressors and reduced service access. Critically, individuals can adhere to public health guidelines for social distancing by physical distancing while engaging with ongoing social support and connection via free, online recovery support meetings. Given the potential benefits, in context of barriers and risks that may be partially addressed, we believe the risk-to-benefit ratio of online recovery support meeting participation is favorable. Particularly during this time of limited access to empirically-supported services, these digital recovery support services may help address COVID-19-related risks and thereby mitigate the overall public health burden of this pandemic.

The COVID-19 cannabis health study: Results from an epidemiologic assessment of adults who use cannabis for medicinal reasons in the United States

Vidot DC, Islam JY, Marlene Camacho-Rivera, et al.

Journal of Addictive Diseases

15 September 2020

doi:10.1080/10550887.2020.1811455

Background:

Clinical indications for medicinal cannabis include chronic conditions; thus users (MCUs) are at an increased risk of morbidity and mortality resulting from SARS-CoV-2 infection (COVID-19). The study

aimed to provide data on cannabis use and self-reported behavioral changes among MCUs with preexisting chronic conditions in response to the pandemic.

Methods:

An internet-based questionnaire was administered to adults ≥ 18 who self-reported medicinal cannabis use within the past year. Data are from respondents between March 21 and April 23, 2020; response rate was 83.3%. Health conditions and cannabis frequency, route, and patterns of use were assessed via the COVID-19 Cannabis Health Questionnaire (Vidot et al. 2020).

Results:

Participants (N = 1202) were predominantly non-Hispanic white (82.5%) and 52.0% male (mean age 47.2 years). Mental health (76.7%), pain (43.7%), cardiometabolic (32.9%), respiratory (16.8%), and autoimmune (12.2%) conditions were most reported. Those with mental health conditions reported increased medicinal cannabis use by 91% since COVID-19 was declared a pandemic compared to those with no mental health conditions (adjusted odds ratio: 1.91, 95% CI: 1.38-2.65). 6.8% reported suspected COVID-19 symptoms. Two percent (2.1%) have been tested for COVID-19 with only 1 positive test result. Some MCUs (16%) changed their route of cannabis administration, switching to nonsmoking forms.

Conclusions:

The majority of MCUs reported at least one preexisting chronic health condition. Over half report fear of COVID-19 diagnosis and giving the virus to someone else; yet only some switched from smoking to nonsmoking forms of cannabis. Clinicians may consider asking about cannabis use among their patients, particularly those with chronic health conditions.

The development and implementation of a rapid-access long-acting injectable buprenorphine clinic in metropolitan Melbourne during the COVID-19 pandemic

Straub A., Pastor A., Lloyd-Jones M.,
Drug and Alcohol Review
17 September 2020
DOI: 10.1111/dar.13161

Substance use disorders linked to COVID-19 susceptibility

A recent study found that people with substance use disorders (SUDs) are more susceptible to COVID-19 and its complications. The findings suggest that health care providers should closely monitor patients with SUDs and develop action plans to help shield them from infection and severe outcomes | Science Daily, USA

<https://www.sciencedaily.com/releases/2020/09/200914115900.htm>

Substance use disorders linked to COVID-19 susceptibility

<https://www.nih.gov/news-events/news-releases/substance-use-disorders-linked-covid-19-susceptibility>

Drug use drops sharply in Victorian prisons during COVID-19 visitor ban

Victoria's Department of Justice and Community Safety told nine.com.au the number of positive drug tests between March and August were less than a quarter of pre-lockdown levels | 9 News, Australia

<https://www.9news.com.au/national/prisons-victoria-drugs-in-victorian-jails-plummets-after-covid19-visitor-ban/af1af894-cdd9-4172-80a8-cd70f3e6c791>

COVID-19 pandemic leads to surge in drug test positivity rates

<https://www.bicmagazine.com/departments/hse/covid-19-pandemic-leads-to-surge-in-drug-test-positivity/>

Non-prescription fentanyl abuse up during pandemic

<https://www.medpagetoday.com/meetingcoverage/painweek/88609>

Drop in London[Ontario] naloxone distribution during pandemic raises concerns

Naloxone distribution has fallen from 16,000 kits a month to 12,000 after pandemic began | CBC News, Canada

<https://www.cbc.ca/news/canada/london/naloxone-london-ontario-pandemic-1.5720842>

Russian drug users describe life and trends during the pandemic

Drug use is globally interconnected. Just thinking of the routes illegal drugs take up to the point of consumption—from being grown or synthesized in producer countries, refined and produced in secondary locations, then often smuggled across borders and oceans—often makes you wonder, as a drug user, about people elsewhere in the world, doing pretty much what you're doing | Filter Magazine, USA

<https://filtermag.org/russia-drug-use-pandemic/>

COVID-19 could make 2020 Canada's worst year for overdoses

Data obtained by VICE News shows at least 2,450 Canadians have died this year, in part because of lockdown measures and an unstable drug supply | VICE, Canada

https://www.vice.com/en_us/article/xg89ma/covid-19-could-make-2020-canadas-worst-year-for-overdoses?utm_source=viceworldnewstw&utm_content=1600171939&utm_medium=social

Drug detention: compulsory treatment centres and gender-based violence in Mexico

During the ongoing COVID-19 pandemic, there has been a multiplication of calls from international and regional bodies, as well as from civil society organizations, to release people from prison. However, as TalkingDrugs has previously covered, compulsory drug treatment centres are generally overlooked | Talking Drugs, UK

<https://www.talkingdrugs.org/drug-detention-compulsory-treatment-centres-and-gender-based-violence-in-mexico>