



EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

CORONAVIRUS, 23 October 2020

GREY LITERATURE

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

Public Health England/Department for Health and Social Care
London: 2020

Updated to include information on local COVID alert levels and virus transmission | PHE and DHSC, UK

https://www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol?utm_source=925286f2-c2bd-4ca5-a5be-9c99d381dd39&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily#history

Youth OUD treatment during and after COVID: Increasing family involvement across the services continuum

Hogue, A, Becker, S J, Fishman, M, Henderson, C E, Levy, S
Journal of Substance Abuse Treatment
120, p.108159, 2021

Telehealth innovations in substance use treatment necessitated by the COVID-19 pandemic present a generational opportunity to increase family involvement in medication for opioid use disorders (MOUD) among youth. This commentary describes a conceptual framework for engaging and retaining youth and families across four stages of MOUD services: Preparation, Initiation, Stabilization, Remission & Recovery. Case vignettes illustrate provider-delivered and direct-to-family tele-interventions for augmenting family involvement in each MOUD stage: Family Outreach, Family Engagement, Family Training, Family Recovery Maintenance.

Opioid agonist treatment during SARS-CoV2 & extended lockdown: adaptations & challenges in the Indian context

Ghosh, A, Singh, S, Dutta, A
Asian Journal of Psychiatry, 2020, 53, 102377

Telehealth capability among substance use disorder treatment facilities in counties with high versus low COVID-19 social distancing

Cantor, J, Stein, B D, Saloner, B
Journal of Addiction Medicine
19 October 2020
DOI: 10.1097/ADM.0000000000000744

Objective:

To quantify the availability of telehealth services at substance use treatment facilities in the U.S. at the beginning of the COVID-19 pandemic, and determine whether telehealth is available at facilities in counties with the greatest amount of social distancing.

Methods:

We merged county-level measures of social distancing through April 18, 2020 to detailed administrative data on substance use treatment facilities. We then calculated the number and share of treatment facilities that offered telehealth services by whether residents of the county social distanced or not. Finally, we estimated a logistic regression that predicted the offering of telehealth services using both county- and facility-level characteristics.

Results:

Approximately 27% of substance use facilities in the U.S. reported telehealth availability at the outset of the pandemic. Treatment facilities in counties with a greater social distancing were less likely to possess telemedicine capability. Similarly, nonopioid treatment programs that offered buprenorphine or vivitrol in counties with a greater burden of COVID-19 were less likely to offer telemedicine when compared to similar facilities in counties with a lower burden of COVID-19.

Conclusions:

Relatively few substance use treatment facilities offered telehealth services at the onset of the COVID-19 pandemic. Policymakers and public health officials should do more to support facilities in offering telehealth services.

Mitigation of Covid-19 infection in substance use disorder residential settings

Fareed, A, Fareed, M
Journal of Addictive Diseases
19 October 2020
DOI: 10.1080/10550887.2020.1826098

Managing infection control of the Corona virus disease (Covid-19) could be very challenging for substance use disorder (SUD) residential treatment programs. The Centers for Disease Control (CDC) is providing guidelines for the public on how to reduce the risk of contracting Covid-19. The American Society of Addiction Medicine (ASAM) provided specific guidelines to assist clinicians in the mitigation of Covid-19 infection in residential SUD facilities. Controlling an infection in a SUD residential setting is challenging because these facilities are not locked, and they are considered a subacute level of care. In this commentary the details of the infection mitigation plan in a SUD residential setting will be explained along with the outcome measure of this plan.

The COVID-19 pandemic and its impact on addiction treatment

Crockford, D
Canadian Journal of Addiction
11, 2, p.7-8, 2020

Addressing the syndemic of HIV, hepatitis C, overdose, and COVID-19 among people who use drugs: the potential roles for decriminalization and safe supply

Bonn, M; Palayew, A; Bartlett, S; et al
Journal of Studies on Alcohol and Drugs
81, 5, p.681-686, 2020

People who use drugs (PWUD) face concurrent public health emergencies from overdoses, HIV, hepatitis C, and COVID-19, leading to an unprecedented syndemic. Responses to PWUD that go beyond treatment—such as decriminalization and providing a safe supply of pharmaceutical-grade drugs—could reduce impacts of this syndemic. Solutions already implemented for COVID-19, such as emergency safe-supply prescribing and providing housing to people experiencing homelessness, must be sustained once COVID-19 is contained. This pandemic is not only a public health crisis but also a chance to develop and maintain equitable and sustainable solutions to the harms associated with the criminalization of drug use.

Use without consequences? A commentary on Bonn et al. (2020)

Carroll, K M
Journal of Studies on Alcohol and Drugs
81, 5, p.561, 2020

Putting the horse before the unicorn: a safe supply strategy should begin with partial agonists—A commentary on Bonn et al. (2020)

Del Pozo, B ; Rawson, R A
Journal of Studies on Alcohol and Drugs
81, 5, p.562-563, 2020

Unsafe supply: why making controlled prescription drugs available for unsupervised use will not target the syndemic of HIV, hepatitis C, overdose, and COVID-19— A commentary on Bonn et al. (2020)

Lembke, A
Journal of Studies on Alcohol and Drugs
81, 5, p.564-565, 2020

Time to revisit uneven policy in the United States for medication for opioid use disorder during COVID-19

Pena E., Ahmed S.
Addiction
115, 10, p.1978-1979, 2020

Prevalence of Covid-19 infection and subsequent cohorting in a residential substance use treatment program in Boston, MA

Barocas, J A; Blackstone, E; Bouton, T C; et al
Journal of Addiction Medicine
14, 5, e261-e263, 2020

Objectives:

The global pandemic of coronavirus disease 2019 (Covid-19) may disproportionately affect persons in congregate settings, including those in residential substance use treatment facilities. To limit the spread of SARS-CoV-2 through congregate settings, universal testing may be necessary. We aimed to determine the point prevalence of SARS-CoV-2 in a residential treatment program setting and to understand the unique challenges of Covid-19 transmission in this setting.

Methods:

We performed a case series of SARS-CoV-2 rT-PCR testing via nasopharyngeal in a residential substance use treatment program for women in Boston. Staff and residents of the treatment program were tested for SARS-CoV-2. The primary outcome was SARS-CoV-2 test result.

Results:

A total of 31 residents and staff were tested. Twenty-seven percent (6/22) of the residents and 44% (4/9) of staff tested positive for SARS-CoV-2. All of the SARS-CoV-2 positive residents resided in the same residential unit. Two positive cases resided together with 2 negative cases in a 4-person room.

Two other positive cases resided together in a 2-person room. One positive case resided with 2 negative cases in a 3-person room. One positive case resided with a negative case in a 2-person room. Based on test results, residents were cohorted by infection status and continued to participate in addiction treatment on-site.

Conclusions:

SARS-CoV-2 infection was common among staff and residents within a residential substance use treatment program for women in Boston. Universal SARS-CoV-2 testing in residential substance use programs can be instituted to reduce the risk of further transmission and continue addiction treatment programming when accompanied by adequate space, supplies, and staffing.

Organization of mental healthcare in Bosnia and Herzegovina during coronavirus disease 2019 pandemic

Pajevic, I, Hasanovic, M, Avdibegovic, E, et al

Indian Journal of Psychiatry, 62, 9, Supplement 3, S479-S491, 2020

Background:

Coronavirus disease 2019 (COVID-19), like any other pandemic, has imposed an unprecedented threat to physical and mental health to all nations, worldwide. There is no enough evidence in the literature in this area. The present study has been done to explore the organization of psychiatric services in Bosnia and Herzegovina (BH) to meet mental health needs of BH citizens during the particular restrictive measures caused by COVID-19 pandemic.

Materials and Methods:

This online survey has been done for BH psychiatric institutions. Data were collected from psychiatric institutions in the mental health network of BH. A total of 38 complete responses have been received.

Results:

Of 38 study participants, three were the departments of psychiatry in university clinical centers, two were psychiatric hospitals, four were psychiatric wards in general hospitals, 27 were community mental health centers, and two were institutes for alcoholism and drug addiction. During the pandemic, all services functioned on a reduced scale, adhering to measures to protect and self-protect both staff and service users. Protective equipment was provided to staff in some institutions in a timely and complete manner and in some in an untimely and incomplete manner. Consultative psychiatric examinations were mainly performed through telephone and online, where it exists as a standard patient monitoring protocol. The application of long-acting antipsychotics was continuous with adherence to restricted and protective measures. In opiate addiction replacement therapy services, substitution therapy was provided for a longer period to reduce frequent contacts between staff and patients. Individual and group psychotherapy continued in reduced number using online technologies, although this type of service was not administratively regulated. An initiative has been given to regulate and administratively recognize telepsychiatry by health insurance funds in the country. A number of psychological problems associated with restrictive measures and fear of illness have been reported by patients as well as by the professionals in mental healthcare teams. There were no COVID-19-positive patients seeking help from institutions that responded to the questionnaire. In one center, infected people with COVID-19 from abroad sought help through the phone. Only one involuntary hospitalization was reported. The involvement of mental health professionals in the work of crisis headquarters during the design of the COVID-19 pandemic control measures varies from satisfactory to insufficient. Education of staff, patients, and citizens was regular with direct instructions through meetings, press, and electronic media.

Conclusions:

During the COVID-19 pandemic in BH, all psychiatric services functioned on a reduced scale, adhering to measures to protect and self-protect staff and service users. All patients who asked for help have been adequately treated in direct inpatient or outpatient mental healthcare or online, despite telepsychiatric services not being recognized in health system in BH. There were neither infected patients nor staff with COVID-19 in the psychiatric institutions who responded in this research. A large-scale, multicenter study needs to be performed to get a broader picture and to guide us for future better service planning and delivery.

Addressing opioid overdose deaths: The vision for the HEALing communities study

Chandler R.K., Villani J., Clarke T., et al

Drug and Alcohol Dependence, 2020, 217, 108329

The United States is facing two devastating public health crises– the opioid epidemic and the COVID-19 pandemic. Within this context, one of the most ambitious implementation studies in addiction research is moving forward. Launched in May 2019, the HEALing Communities Study (HCS) was developed by the National Institutes of Health (NIH) and the Substance Abuse and Mental Health Services Administration (SAMHSA) as part of the Helping to End Addiction Long-termSM Initiative

(National Institutes of Health, 2020). The goal for this research was to reduce opioid overdose deaths by 40 % in three years by enhancing and integrating the delivery of multiple evidence-based practices (EBPs) with proven effectiveness in reducing opioid overdose deaths across health care, justice, and community settings. This paper describes the initial vision, goals, and objectives of this initiative; the impact of COVID-19; and the potential for knowledge to be generated from HCS at the intersection of an unrelenting epidemic of opioid misuse and overdoses and the ravishing COVID-19 pandemic.

Clinical risk factors for COVID-19 among people with substance use disorders

Wen H., Barnett M.L., Saloner B.

Psychiatric Services

6 October 2020

DOI: 10.1176/appi.ps.202000215

Revising our attitudes towards agonist medications and their diversion in a time of pandemic

del Pozo B., Rich J.D.

Journal of Substance Abuse Treatment, 2020, 119, 108139

The COVID-19 pandemic led government regulators to relax prescribing rules for buprenorphine and methadone, the agonist medications that effectively treat opioid use disorder, allowing for take home supplies of up to 28 days. These changes prioritized the availability of these medications over concerns about their misuse and diversion, and they provided a means for overdose prophylaxis during the highly uncertain conditions of the pandemic. In considering how to capitalize on this shift, research should determine the extent to which increased diversion has occurred as a result, and what the consequences may have been. The shifts also set the stage to consider if methadone can be safely prescribed in primary care settings, and if the monthly injectable formulation of buprenorphine is a suitable alternative to increased supplies of sublingual strips if concerns about diversion persist. The disruptions of the pandemic have caused a surge in overdose deaths, so carefully considering the prophylactic potential of agonist medications, in addition to their role as a treatment, may help us address this mortality crisis.

Impact of COVID-19 related policy changes on buprenorphine dispensing in Texas

Thornton, J D, Varisco, T J, Bapat, S S, et al

Journal of Addiction Medicine

22 October 2020

DOI: 10.1097/ADM.0000000000000756

Objectives:

To measure the change in the daily number of patients receiving buprenorphine and buprenorphine prescribers during the early phase of the COVID-19 (SARS-CoV-2) pandemic in Texas.

Methods:

Counts of the number of patients filling and number of providers prescribing buprenorphine were calculated for each weekday between November 4, 2019 and May 12, 2020. The change in daily patients and prescribers between March 2, 2020 and May 12, 2020, was modeled as a change in slope compared to the baseline period using autoregressive, interrupted time series regression.

Results:

The rate of change of daily buprenorphine prescriptions ($\beta = -1.75$, 95% CI=-5.8-2.34) and prescribers ($\beta = -0.32$, 95% CI=-1.47-0.82) declined insignificantly during the COVID-19 period compared to the baseline.

Conclusions:

Despite a 57% decline in ambulatory care utilization in the south-central US during March and April of 2020, health services utilization related to buprenorphine in Texas remained robust. Protecting access to buprenorphine as the COVID-19 pandemic continues to unfold will require intensive efforts from clinicians and policy makers alike. While the presented results are promising, researchers must continue monitoring and exploring the clinical and humanistic impact of COVID-19 on the treatment of substance use disorders.

COVID-19 & the impact on the drugs market

Release is setting up a network of people across the UK to provide information on what is going on in the drugs market in light of the Coronavirus | Release, UK

<https://www.release.org.uk/covid-19-impact-drugs-market>

The opioid crisis didn't disappear amid the pandemic. It still calls for urgent action

Understandably the coronavirus pandemic ranks as the nation's top public health priority, with first claim on limited public funds and public attention. Yet more of both must be devoted to the public health catastrophe that dominated the headlines before the coronavirus hit early this year, and that has not disappeared since: opioid addiction | Washington Post opinion, USA

https://www.washingtonpost.com/opinions/the-opioid-crisis-didnt-disappear-amid-the-pandemic-it-still-calls-for-urgent-action/2020/10/16/7df74fd0-0d7f-11eb-b1e8-16b59b92b36d_story.html

Study finds surge in misuse of fentanyl, heroin and nonprescribed opioids during COVID-19 pandemic

<https://www.natlawreview.com/article/study-finds-surge-misuse-fentanyl-heroin-and-nonprescribed-opioids-during-covid-19>

Positive tests for fentanyl, heroin, opioids climb during pandemic

<https://www.psychcongress.com/article/positive-tests-fentanyl-heroin-opioids-climb-during-pandemic>

Drug overdose deaths head toward record number in 2020, CDC warns

https://jamanetwork.com/channels/health-forum/fullarticle/2772241?utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jhf&utm_content=olf&utm_term=102220