



EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

CORONAVIRUS, 29 January 2021

GREY LITERATURE

Covid-19 and the impact on harm reduction in Europe: Launch of the special harm reduction journal edition

Oberzil, V
European Harm Reduction Network
Amsterdam: 2021

Briefing paper from the day-long webinar of major sessions in lieu of the 5th European Harm Reduction Conference | ECHR, The Netherlands

<https://dsdaily.us1.list-manage.com/track/click?u=4e3613c82d79446dce1623c51&id=0678bf7a00&e=c1c2df13f0>

Clínica de dolor transicional

[Transitional pain clinic]

Bolívar, M, Toro, M, Seijas, M E

Revista de la Sociedad Española del Dolor

27, 6, p.369-374, 2020

El dolor posoperatorio persistente es un dolor que se desarrolla posterior a un procedimiento quirúrgico que el paciente no lo presentaba antes de la cirugía. Es cada vez más frecuente y se reporta una prevalencia que oscila entre el 10 y el 50 % de los pacientes adultos sometidos a cirugía mayor. Debe ser considerado un problema de salud pública importante, no solo por la angustia y discapacidad que produce, sino porque pudo haber contribuido con la epidemia de los opioides en la década de los años 80, ya que parte de las herramientas usadas para su tratamiento pudo haber contribuido a esa crisis en los Estados Unidos, al promoverse el uso de los opioides a largo plazo en pacientes con dolor de tipo no oncológico.

Para lograr disminuir la severidad del dolor agudo posoperatorio, factor de riesgo fundamental involucrado en el origen del dolor posoperatorio persistente, se requiere de enfoques multidisciplinarios dirigidos a prevenir y tratar los diferentes factores de riesgo que anticipan esta enfermedad. Es así como aparece en el año 2014 el Servicio de Dolor Transicional o Clínica de Dolor Transicional. Es un programa novedoso que tiene como objetivo controlar eficazmente el dolor agudo posoperatorio, facilitar el destete de opioides, reducir el desarrollo de la discapacidad por dolor crónico y ayudar a disminuir las muertes relacionadas con la prescripción excesiva de opioides. Este modelo de atención se creó para controlar eficazmente el dolor perioperatorio de los pacientes, mantener la función, reducir el consumo de opioides y controlar la eficacia de estas intervenciones. Se enfoca en el DPP en tres etapas: 1) preoperatorio, 2) posoperatorio en el ámbito hospitalario, 3) posoperatorio en el ámbito ambulatorio hasta 6 meses después de la cirugía. Los servicios que ofrece este programa se enfocan en: 1) introducción y optimización de la analgesia multimodal para mejorar el manejo del dolor y facilitar el destete de los opioides; 2) intervenciones no farmacológicas, que incluyen la fisioterapia y la acupuntura; y 3) intervenciones psicológicas realizadas por un equipo de psicología del dolor capacitado en torno a un modelo de Terapia de Aceptación y Compromiso.

La nueva situación que vivimos con la COVID-19 demanda de innovaciones en la atención médica al disminuirse o abolirse atenciones médicas no urgentes, y es el momento de buscar opciones diferentes a las convencionales para el seguimiento de los pacientes; es el tiempo de la telemedicina. Se impone por ahora apalancarnos en vídeo Tele Salud y los servicios de dolor transicional para seguir controlando nuestros pacientes.

Persistent postoperative pain is pain that develops after a surgical procedure, which the patient did not present before surgery. It is becoming more and more frequent and a prevalence ranging between 10 % and 50 % of adult patients undergoing major surgery is reported. It should be considered an important public health problem not only because of the anguish and disability it produces, but it may have contributed to the opioid epidemic in the 1980s, and part of the tools used for its treatment may have contributed to this crisis in the United States, by promoting the long-term use of opioids in patients with non-cancer pain. In order to reduce the severity of postoperative acute pain, a fundamental risk factor involved in the origin of PPP, multidisciplinary approaches are required, aimed at preventing and treating the different risk factors that anticipate this disease. This is how the Transitional Pain Service or Transitional Pain Clinic appears in 2014. It is a novel program that aims to effectively control of acute postoperative acute pain, facilitate opioid weaning, reduce the development of chronic pain disability, and help decrease deaths related to opioid over prescription. This model of care was created to effectively manage patients' perioperative pain, maintain function, reduce opioid use, and monitor the efficacy of these interventions. It focuses on persistent postoperative pain in three stages: 1) pre-operative, 2) post-operative in the hospital setting, 3) post-operative in the outpatient setting up to 6 months after surgery. This program offers services focused on: 1) Introduction and optimization of multimodal analgesia, to improve pain management and facilitate weaning from opioids; 2) Non-pharmacological interventions including physical therapy and acupuncture; and 3) Psychological interventions by a trained pain psychology team, around an acceptance and commitment therapy model. The new situation we are experiencing with COVID-19 demands innovations in medical care, as non-urgent medical care is reduced or abolished and it is time to look for different options from conventional ones for patient follow-up, it is the time of Telehealth. For now, it is necessary to leverage Video Tele Health and Transitional Pain Service to continue monitoring our patients.

Public health challenges facing Environmental Health Officers during COVID-19: methamphetamine contamination of properties

Kuhn, E J; Walker, G S; Wright, J; et al
Australian and New Zealand Journal of Public Health
19 January 2021
DOI: 10.1111/1753-6405.13067

Racial/ethnic disparities in unintentional fatal and nonfatal emergency medical services–attended opioid overdoses during the COVID-19 pandemic in Philadelphia

Khatri, U G; Pizzicato, L N; Viner, K; et al
JAMA Network Open, 2021, 4, 1, e2034878

Introduction

Opioid overdoses have increased during the coronavirus disease 2019 (COVID-19) pandemic.¹ Potential contributors include treatment center closures, physical isolation preventing bystander rescue, mental health stressors, financial instability, and changes to drug supply networks.² Black individuals with opioid use disorder (OUD) may be disproportionately affected, given the racial disparities in COVID-19 morbidity and mortality.³ We describe the differential associations of the COVID-19 pandemic with overdoses among racial/ethnic groups in Philadelphia, Pennsylvania.

Methods

In this cross-sectional study, unintentional fatal opioid-related overdose (FOO) and emergency medical services (EMS)–attended nonfatal opioid-related overdose (NFOO) counts were extracted from deidentified publicly available data from the Philadelphia Department of Public Health’s Substance Use Data Dashboard. The Philadelphia Medical Examiner’s Office was used to identify unintentional opioid overdose deaths. Naloxone administrations by EMS were collected by the Philadelphia Fire Department and used as a proxy for EMS-attended NFOO. Race/ethnicity was classified by the decedent’s family for FOO and by EMS professionals for NFOO. Because this study used aggregated public data, it did not constitute human participant research according to the University of Pennsylvania institutional review board. This study followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline for cross-sectional studies.

We analyzed data from January 2019 through June 2020 and compared the mean monthly counts of FOO and NFOO before and after the March 23, 2020, Philadelphia stay-at-home order. Excluding March as a washout period, we compared mean counts in the 3 months after the order (April to June 2020; period C) to 3 months before (December 2019 to February 2020; period B) and the same 3-month period the year prior (April to June 2019; period A). We used a t test of equal variance with a 2-sided significance level of $P < .05$. Data were analyzed using Stata/IC version 15.1 (StataCorp).

Results

Overall, FOO counts were unchanged in period C (monthly mean [SD], 98.0 [6.1]) compared with period A (monthly mean [SD], 94.7 [4.2]). Among non-Hispanic Black individuals, the mean monthly (SD) FOO count increased from 32.0 (3.6) in period A and 30.3 (10.4) in period B to 48.7 (3.1) in period C, representing a 52.1% increase from period A to C and a 60.4% increase period B to C (Table). In contrast, among non-Hispanic White individuals, the mean (SD) counts for periods A to C were 46.3 (2.1), 45.3 (4.2), and 35.3 (7.2), respectively, representing a 23.8% decrease from period A to C and a 22.1% decrease from period B to C. Period C represents the first time in recent history in Philadelphia that the absolute number of deaths was higher among non-Hispanic Black individuals than among non-Hispanic White individuals. Among Hispanic individuals, mean counts decreased from period A to C but increased from period B to C. Similar trends by race were seen for the mean monthly count of EMS naloxone administrations among non-Hispanic Black, non-Hispanic White, and Hispanic individuals (Table and Figure).

Discussion

Increasing opioid overdoses during COVID-19 have received national attention in the United States, but there has been little exploration of the differential trends among racial/ethnic groups.⁴ In Philadelphia, COVID-19 was associated with increases in opioid overdose among non-Hispanic Black individuals but decreases among non-Hispanic White individuals. COVID-19 has exacerbated preexisting stressors, social isolation, and economic deprivation disproportionately in Black communities, possibly contributing to increased substance use. The preexisting racial disparities in accessing substance use treatment may also be heightened by COVID-19–related shifts in treatment availability.⁵

Notably, we are limited by our short observation period and inability to determine whether the overdoses were due to inadvertent opioid exposure (eg, fentanyl contamination of stimulants) and primary opioid use vs polysubstance use.⁶ Further analysis with additional months of data to observe random variation is warranted. Disaggregated data from other cities analyzed by race/ethnicity should

be prioritized. OUD treatment, harm reduction, and overdose prevention efforts should be immediately targeted to Black and other communities at highest risk during and after the COVID-19 pandemic.

Screening and brief intervention for substance use disorders in times of COVID-19: potential opportunities, adaptations, and challenges

Ghosh A, Sharma K.

American Journal of Drug and Alcohol Abuse

22 January 2021

DOI: 10.1080/00952990.2020.1865996

The ongoing pandemic has led to a sudden disruption of routine treatment services. Consequently, the already existing treatment gap for substance use disorders is likely to widen. There is an opportunity to expand the scope of Screening and Brief Intervention (SBI) to meet this unprecedented challenge. Its brevity, flexibility, and generalizability have positioned SBI to deal with additional systemic, structural, and attitudinal barriers that pertain to the pandemic. The standard content of SBI could be modified to adapt to the current context. SBI could also be used as a vehicle to render strategies for infection risk minimization. In this Perspective, we anticipate the challenges of expanding and implementing SBI in the present circumstances and present potential solutions. SBI, with adaptations, could bridge the augmented treatment gap for substance use disorders during COVID-19.

Use of telehealth in substance use disorder (SUD) services during and after COVID-19

Molfenter, T, Roget, N, Chaple, M, et al

JMIR Mental Health

19 January 2021

DOI:: 10.2196/25835

Background:

COVID-19 social distancing guidelines caused a rapid transition to telephone and video technologies for the delivery of substance use disorder (SUD) treatment. The study examined: a) adoption of these technologies across the SUD service continuum; b) acceptance of these technologies by service providers; and c) intention of providers to use these technologies following the pandemic. An additional analysis used the validated Technology Acceptance Model (TAM) to test the rigor of the intent to use the technology post-pandemic.

Objective:

1) Assess use of telehealth, via phone and video, for different substance use disorder services (SUDS) during May-June of COVID-19; 2) Measure intent to use telehealth beyond COVID-19 for SUD services; 3) Evaluate the perceived ease of use and value of telehealth for delivering SUD services; and 4) Assess organizational readiness for sustained use of telehealth services.

Methods:

An online survey distributed between May and August 2020 measured current use of telephone and video services, assessed perceived organizational readiness to use these services, and gauged intent to use telephone and video applications post-COVID-19. Eight of the 10 Regional Addiction Technology Transfer Centers (ATTCs), representing 43 states, distributed the survey. The unit of analysis was the organization.

Results:

Four hundred and fifty-seven organizations responded. Overall, there was widespread use of technology; greater than 70% (n = > 335) of organizations reported using telephone or video for most services. For all but two services (residential and buprenorphine services by telephone), organizations reported significantly greater odds (mean OR = 3.79; range from 1.87 to 6.98) of intending to use technology to deliver services post COVID-19. Clinical users regarded video more favorably than telephone for virtually all services. Readiness for telephone and video use was high across numerous factors, though telephone services were viewed as being more accessible. Consistent with the TAM, perceived usefulness and ease of use influenced intention to use both telephone and video technologies.

Conclusions:

The overall perceived ease of use and usefulness of telephone and video-based services provide a promising outlook for these services post the COVID-19 pandemic. Survey participants consistently preferred video-based services over telephone-based services. However, having telephonic services available for those lacking easy access to video technology appears to be an important system characteristic. Future studies should continue to review the acceptance of telehealth services and their comparative impact on SUD care outcomes.

A case series: successfully preventing COVID-19 outbreak in a residential community setting at a drug and alcohol addiction treatment center

Hanton, K, McHugh, D, Boris, G
Healthcare, 2021, 9, 1, E88

Coronavirus disease 2019 (COVID-19) has reduced the capacity of many addiction treatment centers, limiting access to safe, continual treatment for people with substance use disorders (SUD) in the setting of a pandemic. Here, we describe the COVID-19 screening process of a residential addiction treatment center in rural Connecticut that has had no outbreaks, closures, or reductions in capacity since the pandemic began. Out of 420 patients screened for COVID-19 from 1 February to 1 July, five patients tested positive for COVID-19: four prior to entering its residential community setting, and one after entering the residential community, resulting in no COVID-19 spread to other patients. Patient 1 presented from home and tested positive during screening prior to entry into the community. The primary care provider for patient 2 notified staff of a recent positive COVID-19 test prior to the patient's arrival on-site. Patient 3 had a COVID-19 infection in the weeks prior to arrival and tested positive during initial screening. Patient 4 tested positive after coming from another addiction treatment facility that was shut down due to a COVID-19 outbreak. Patient 5 tested negative for COVID-19 during initial screening, entered the residential community, and later tested positive. It is imperative that in-person support for SUD continues during the pandemic. This case report highlights the importance of implementing a variety of tools in an effective screening process, including polymerase chain reaction screening and daily symptomology and temperature screening, which may help prevent further closures or reductions in capacity of addiction treatment centers during the COVID-19 pandemic or future outbreaks.

Traffic, drugs, mental health, and disinfectants: changes in sewage sludge chemical signatures during a COVID-19 community lockdown

Nason, S; Lin, E; Eitzer, B D; et al
ChemRxiv

13 January 2021

DOI: 10.26434/chemrxiv.13562525.v1

The COVID-19 pandemic and related shutdowns have caused changes in everyday activities for many people, and signs of those changes are present in the chemical signatures of sewage sludge produced during the pandemic. We analyzed primary sewage sludge samples from a wastewater treatment plant in New Haven, CT USA collected between March 19 and June 30, 2020. This time period encompassed the first wave of the COVID-19 pandemic, the initial statewide stay at home order, and the first phase of reopening. We used liquid chromatography coupled with high resolution mass spectrometry and targeted and suspect screening strategies to identify contaminants in the sludge. We found evidence of increasing opioid, cocaine, and antidepressant use, as well as upward trends in chemicals used in disinfectants and sunscreens during the study period. Benzotriazole, an anti-corrosion chemical associated with traffic pollution, decreased through the stay-at-home period, and increased during reopening. Hydroxychloroquine, a drug that received significant attention for its potential to treat COVID-19, had elevated concentrations in the week following the implementation of the United States Emergency Use Authorization. Our results directly relate to nationwide reports of increased demand for fentanyl, antidepressants, and other medications, as well as reports of increased drug overdose deaths during the pandemic. Though wastewater surveillance during the pandemic has largely focused on measuring SARS-CoV-2 RNA concentrations, chemical analysis can also show trends that are important for revealing the public and environmental health effects of the pandemic.

Increased HIV testing in people who use drugs hospitalized in the first wave of the COVID-19 pandemic

Zubiago, J, Murphy, M, Guardado, R, et al

Journal of Substance Abuse Treatment, 2021, 124, 108266

People who use drugs (PWUD) often experience barriers to preventative health care. During the COVID-19 pandemic, due to lapses in harm reduction services, several public health experts forecasted subsequent increases in diagnosis of HIV in PWUD. As many inpatient hospitals reworked patient flow during the COVID-19 surge, we hypothesized that HIV testing in PWUD would decrease. To answer this question, we compiled a deidentified list of hospitalized patients with electronic medical record indicators of substance use—a positive urine toxicology screen, prescribed medications to treat opioid use disorder, a positive CIWA score, or a positive CAGE score—admitted between January, 2020 and August, 2020. The outcome of interest was HIV test completion during inpatient hospitalization. The study used logistic regression to examine associations between type of substance

use and receipt of HIV test. The study grouped substance use type into four groups (1) opioids (oxycodone, fentanyl, or other opiates) or opioid use disorder treatments (methadone, buprenorphine, naltrexone); (2) stimulant use (cocaine or amphetamines); (3) alcohol use (presence of a positive CAGE or CIWA score or alcohol present on toxicology screen); and (4) benzodiazepine use (benzodiazepines present on toxicology screen). The proportion of PWUD who were tested for HIV increased from 10.4% in January, 2020 to 28.2% in April, 2020 and back down to 12% in August. Notably, there was an inverse trend over time for number of people hospitalized with drug use, from 259 in January to a nadir of 85 in April, and then up to 217 in August, 2020. Contrary to our hypothesis, HIV testing increased during the COVID-19 pandemic, and we discuss explanations for this finding. The decrease in HIV testing post-pandemic peak is a reminder that we must work to develop interventions that lead to sustained high rates of HIV testing for all people, and especially for PWUD.

Integrated substance use and prenatal care delivery in the era of COVID-19

Patton, E W; Saia, K; Stein, M D

Journal of Substance Abuse Treatment, 2021, 124, 108273

The COVID-19 pandemic has directly impacted integrated substance use and prenatal care delivery in the United States and has driven a rapid transformation from in-person prenatal care to a hybrid telemedicine care model. Additionally, changes in regulations for take home dosing for methadone treatment for opioid use disorder due to COVID-19 have impacted pregnant and postpartum women. We review the literature on prenatal care models and discuss our experience with integrated substance use and prenatal care delivery during COVID-19 at New England's largest safety net hospital and national leader in substance use care. In our patient-centered medical home for pregnant and postpartum patients with substance use disorder, patients' early responses to these changes have been overwhelmingly positive. Should clinicians continue to use these models, thoughtful planning and further research will be necessary to ensure equitable access to the benefits of telemedicine and take home dosing for all pregnant and postpartum patients with substance use disorder.

'Cocaine crisis' as more are turning to drugs to deal with job losses and mental health issues, experts say

<https://www.independent.ie/irish-news/cocaine-crisis-as-more-are-turning-to-drugs-to-deal-with-job-losses-and-mental-health-issues-experts-say-40006074.html>

Addiction researchers recount creating virtual recovery meetings during pandemic

The COVID-19 pandemic has created new perils and challenges for people experiencing substance use disorders and addictive behaviors. Social distancing and isolation can trigger loneliness, anxiety and depression | EurekAlert, USA

https://www.eurekalert.org/pub_releases/2021-01/uok-arr012121.php

COVID-19 lockdowns increase meth exposure risks

<https://news.flinders.edu.au/blog/2021/01/21/covid-19-lockdowns-increase-meth-exposure-risks/>

The silent epidemic: drug overdose deaths surge in California pre-pandemic

Research provided by California Health Policy Strategies (CHPS) shows that the rate of increases of overdose deaths in California far surpasses the national rate of increase as of May 2020. Experts say this trend has increased as the pandemic has continued.

<https://stateofreform.com/featured/2021/01/the-silent-epidemic-drug-overdose-deaths-surge-in-california-pre-pandemic/>

Opiate overdoses spike in black Philadelphians, but drop in white residents since COVID-19

While it has been reported that opioid overdose deaths have increased during the COVID-19 pandemic, a new study looking at data in Philadelphia showed that this hardship has been overwhelmingly suffered by Black individuals | Medical Xpress, USA

<https://medicalxpress.com/news/2021-01-opiate-overdoses-spike-black-philadelphians.html>

North America addictions therapeutics market forecast to 2027: COVID-19 impact

<https://cutt.ly/ujM5MOv>

Drug users at higher risk of dying amid coronavirus 2nd wave as services scale back

<https://globalnews.ca/news/7596190/coronavirus-drug-users/>

Grim outlook as cases of drug abuse surge amid COVID-19 pandemic [Kenya]

<https://www.kbc.co.ke/grim-outlook-as-cases-of-drug-abuse-surge-amid-covid-19-pandemic/>

COVID-19 has more people seeking help for addiction and mental health. But treatment centers struggle with outbreaks

In July, Erica Rodriguez, 20, checked herself into the Renfrew Center, a residential center for eating-disorder treatment in the Philadelphia area. Rodriguez, who has been struggling with disordered eating since she was 12, had relapsed in quarantine | Medical Xpress, USA

<https://medicalxpress.com/news/2021-01-covid-people-addiction-mental-health.html>

Drug users at greater risk of dying as services scale back in second wave of COVID-19

It pins the blame largely on a lack of supports, a corrupted drug supply | Eckville Echo, Canada

<https://www.eckvilleecho.com/news/drug-users-at-greater-risk-of-dying-as-services-scale-back-in-second-wave-of-covid-19/>

Controversy: protecting people who use drugs during COVID-19

<https://www.infectiousdiseaseadvisor.com/home/topics/covid19/anna-lembke-md-matthew-bonn-people-who-use-drugs-controversy-coronavirus/>

Addiction researchers recount how they made recovery meetings available remotely during pandemic

The COVID-19 pandemic has created new perils and challenges for people experiencing substance use disorders and addictive behaviors. Social distancing and isolation can trigger loneliness, anxiety and depression. These circumstances have put some "recreational users" at risk for developing addictions and caused some in recovery from addictions to relapse | University of Kansas, USA

<http://news.ku.edu/2021/01/15/addiction-researchers-recount-how-they-made-recovery-meetings-available-remotely-during>

The turn from tobacco: why more people are starting to smoke cannabis with herbal blends

The coronavirus pandemic has seen an increase (<https://www.forbes.com/sites/irisdorbian/2020/09/18/cannabis-consumption-surges-during-pandemic-as-sleep-issues-and-anxieties-mount-says-new-poll/>) in recreational cannabis use perhaps due to lockdown boredom, anxiety, loneliness or lack of stimulation. This increase in use of the substance has inspired people to become more creative with what they smoke it with | Volteface, UK <https://volteface.me/turn-tobacco-people-starting-smoke-cannabis-herbal-blends/>

Deaths of despair: how the pandemic may be fueling lethal drug overdoses

Karen Butcher's son Matthew struggled for years with an addiction to opioids. She's convinced the pandemic made it worse | npr, USA <https://www.npr.org/2021/01/26/960492035/deaths-of-despair-how-the-pandemic-may-be-fueling-lethal-drug-overdoses>

New York seizures of fentanyl and meth surge amid COVID pandemic

<https://abc7ny.com/drug-bust-new-york-dea-enforcement-drugs-and-pandemic/10045672/>

How long covid-19 school break created junkies [Kenya]

<https://www.standardmedia.co.ke/nairobi/article/2001401546/how-long-covid-19-school-break-created-junkies>