



EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

**CORONAVIRUS, 4 December 2020**

**GREY LITERATURE**

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

Public Health England  
London: 2020

Updated guidance with information on local restrictions from 2 December

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

**Beteginformációs telefonvonal a COVID-19-járvány idején: a Nyírő Gyula-OPAI-ban működtetett közvetlen vonallal szerzett tapasztalataink**

[Telephone information service for psychiatric patients during the COVID-19 pandemic: Experience with a direct phone line in the Nyírő Gyula National Institute of Psychiatry and Addictions in Hungary]  
Csigo K, Boross V, Lipardy K, et al  
Neuropsychopharmacologia Hungarica  
22, 4, p.166-171, 2020

The COVID-19 epidemic has had an extraordinary impact on mental health. In addition to the direct effect of the virus, we must take into account increasing disease anxiety due to the risk of infection, insecurity, confusing media activity, social isolation due to quarantine, socioeconomic impact, and the reduced capacity of the health-care system. In this paper, we present our experiences with the patient information telephone service operated by the psychotherapy department of the Nyírő Gyula National Institute of Psychiatry and Addiction (Nyírő-OPAI). Clinical psychologists and psychotherapists received the calls. The vast majority of the 264 phone calls registered during the two months of the pandemic (62%) were initiated by treated patients (availability of a doctor, questions related to the operation of the health-care system, prescribing medications). Still, we could also help patients and their families in potentially dangerous situations (21%): suicidal intentions, alcohol- and drug-related crises, severe neurocognitive disorders (dementias) with acute behavioural and psychological symptoms. In all cases, the telephone consultation led to the successful resolution of the crisis (low-threshold psychological intervention, counselling, assistance in admission to the institution). A relatively small number of calls (7%) were related to more complex psychotherapeutic needs. In summary, our experience shows that in extreme social situations, direct telephone assistance is suitable for supporting registered patients in the mental health system. This type of service also provides an opportunity to address acute crises and cases requiring more complex psychotherapeutic interventions.

**Covid-19-Pandemie und Verhaltenssuchte: Neue Herausforderungen für Verhaltens- und Verhältnisprävention**

[The COVID-19 pandemic and behavioral addiction: new challenges for structural and behavioral prevention]  
Rumpf H.-J., Brand M., Wegmann E., et al  
Sucht  
66, 4, p.212-216, 2020

**Einführung und Zielsetzung:**

Die COVID-19 Pandemie und die entsprechenden Lockdown-Maßnahmen verdeutlichen, dass besondere Strategien der Verhaltens- und Verhältnisprävention für Online-Verhaltenssuchte notwendig sind.

**Begründung:**

Die Wahrscheinlichkeit ist hoch, dass die COVID-19 Krise und die begleitenden Maßnahmen zu deren Eindämmung die Risiken für die Entwicklung von Verhaltenssuchten erhöht haben. Dazu tragen Faktoren wie Fortfall von terrestrischen Angeboten, soziale Isolation und erzwungene Inaktivität sowie Bedeutungsgewinn von Online-Angeboten bei. Gleichzeitig können als Folge bei bereits bestehenden Störungen die Schwere zu- und Remissionschancen abgenommen haben. Auch von einem erhöhten Rückfallrisiko kann ausgegangen werden.

**Schlussfolgerung:**

Es sind epidemiologische Studien notwendig, um veränderte Prävalenzen, Versorgungsbedarfe und geänderte Risikofaktoren zu erfassen. Es besteht die Notwendigkeit, Maßnahmen der Verhältnis- und Verhaltensprävention zu entwickeln und umzusetzen. Die Identifizierung von Risikoverhalten wäre durch Tracking des Online-Verhaltens möglich und könnte Ausgangspunkt für Maßnahmen wie Spiel- oder Anwendungspausen, Warnhinweise und Verbraucherschutzinformationen sowie konkrete Angebote der Frühintervention oder weitergehende Hilfen sein. Die Anbieter stehen hier in der Pflicht, Verantwortung für ihre Produkte zu übernehmen, das Risiko von Verhaltenssuchten zu minimieren und Maßnahmen von Frühentdeckung und Intervention zu ermöglichen und bereitzustellen.

**Introduction and objective:**

The COVID-19 pandemic and the corresponding lockdown measures exemplified that special strategies of structural prevention as well as for behavioral prevention are needed with respect to online behavioral addictions.

**Rationale:**

The likelihood is high that the COVID-19 crisis and the accompanying measures to contain it have increased the risks for the development of behavioral addictions. Factors such as the discontinuation of terrestrial offers, social isolation and forced inactivity as well as the increased importance of online activities contribute to this. At the same time, the severity of disorders may have increased and chances of remission may have decreased. An increased risk of relapse can also be assumed.

**Conclusion:**

Epidemiological studies are necessary to investigate changes in prevalence, care needs and risk factors. There is a need to develop measures for structural prevention as well as for behavioral prevention. Tracking online behavior could serve as a measure to identify risky behavior patterns and could be the starting point for measures such as interrupting games or applications, warnings and information as well as concrete offers of early intervention or further help. The providers are in charge for taking responsibility for their products, minimizing the risk of behavioral addictions and enabling as well as providing measures for early detection and intervention.

**Medication treatment for opioid use disorder in the age of COVID-19: Can new regulations modify the opioid cascade?**

Nunes, E V, Levin, F R, Reilly, M P, El-Bassel, N  
Journal of Substance Abuse Treatment, 2020, 108196

The temporary loosening of regulations governing methadone and buprenorphine treatment for opioid use disorder (OUD) in the U.S., instituted to prevent the spread of COVID-19, has created an opportunity to explore the effectiveness of new models of care for people with OUD. The opioid cascade describes the current status of the treatment system, where only a fraction of people with OUD initiate effective medication treatment for OUD (MOUD), and of those only a fraction is retained in treatment. Regulatory changes-such as availability of larger take-home supplies of methadone and buprenorphine initiated via telemedicine (e.g., no initial in person visit; telemedicine buprenorphine permitted across state lines)-could modify the cascade, by reducing the burden and increasing the attractiveness, availability, and feasibility of MOUD both for people with OUD and for providers. We review examples of more liberal MOUD regimens, including the implementation of buprenorphine in France in the 1990s, primary care-based methadone in Canada, and low-threshold buprenorphine models. Research is needed to document whether new models implemented in the U.S. in the wake of COVID-19 are successful, and whether safety concerns, such as diversion and misuse, emerge. We discuss barriers to implementation, including racial and ethnic health disparities, and lack of knowledge and reluctance among potential providers of MOUD. We suggest that the urgency and public spiritedness of the response to COVID-19 be harnessed to make gains on the opioid cascade, inspiring prescribers, health systems, and communities to embrace the delivery of MOUD to meet the needs of an increasingly vulnerable population.

**Applying the lessons of COVID-19 response to Canada's worsening opioid epidemic**

Norton, A; Kerr, T  
EClinicalMedicine, 2020, 29-30, 100633

**Medication and substance use increases among people using cannabis medically during the COVID-19 pandemic**

Boehnke, K F, McAfee, J, Ackerman, J M, Kruger, D J  
International Journal of Drug Policy  
24 November 2020  
DOI: 10.1016/j.drugpo.2020.103053

**Background:**

The ongoing COVID-19 pandemic strains the medical system, limiting access to healthcare services. Many people use cannabis medically for chronic health conditions and as a substitute for other medications. As such, changes in cannabis access associated with COVID-19 may result in increased non-cannabis drug use.

**Methods:**

We recruited N = 353 individuals through Amazon Mechanical Turk who reported current medical cannabis use in April and May of 2020. We assessed the effects of the COVID-19 pandemic on patterns of medication and substance use, as well as on cannabis use patterns.

**Results:**

Over half of participants either started using or increased use of medications or substances because of the COVID-19 pandemic, most commonly alcohol and sleep aids. Over a third of participants increased cannabis use while 25% decreased cannabis use. Approximately 40% of participants who increased or started use of medications/substances (other than cannabis) reported doing so because of changed access to medical cannabis.

**Conclusion:**

The reported increase in drug use among people using medical cannabis is concerning. Because the pandemic will likely continue for months (or even years), having a better understanding of why this is occurring is critical for developing effective harm-reduction strategies in this population.

**Caring for women with substance use disorders through pregnancy and postpartum during the COVID-19 pandemic: Lessons learned from psychology trainees in an integrated OBGYN/substance use disorder outpatient treatment program**

Sadicario, J S, Parlier-Ahmad, A B, Brechbiel, J K, et al

Journal of Substance Abuse Treatment

17 November 2020

doi: 10.1016/j.jsat.2020.108200

**Objective:**

This article presents a brief overview of the challenges and facilitators to the provision of substance use disorder (SUD) treatment for pregnant and parenting women during the COVID-19 pandemic. Specifically, we highlight the deployment of telepsychology services during the pandemic by an integrated, trainee-based women & addictions program that provides care via a multidisciplinary team, including an obstetrician, addiction medicine fellow, nurse, behavioral health trainees, violence prevention advocates, and pediatric provider.

**Methods:**

We outline unique adaptations that the program made to shift from in-person psychology trainee services to telepsychology. Additionally, we describe supporting factors and barriers to success for continued treatment planning, service provision, and educational training.

**Results:**

The program identified and addressed numerous opportunities for improvement to implement and continue telepsychology within an integrated women & addictions program during the COVID-19 pandemic. The program maintained the unique components of care integration with the proliferation of digital resources for patients and providers, as well as the flexibility of attending physicians and supervising psychologists.

**Conclusions:**

Provision of telepsychology services within an integrated women & addictions program employing trainees is crucial during the COVID-19 pandemic. The program addressed barriers to care in creative ways, through the use of various technologies, to meet patients where they are. Continuing to have this option available requires adaptation to the maturing needs of the clinic.

**Why METH users are at high risk of fatality due to COVID-19 infection?**

Hossain M K, Hassanzadeganroudsari, M, Apostolopoulos, V

Expert Review of Vaccines

30 November 2020

DOI: 10.1080/14760584.2020.1858059

**Impact of COVID-19 pandemic on drug overdoses in Indianapolis**

Glober, N; Mohler, G; Huynh, P; et al

Journal of Urban Health, 2020, 97, p.802–807

We described the change in drug overdoses during the COVID-19 pandemic in one urban emergency medical services (EMS) system. Data was collected from Marion County, Indiana (Indianapolis), including EMS calls for service (CFS) for suspected overdose, CFS in which naloxone was administered, and fatal overdose data from the County Coroner's Office. With two sample t tests and ARIMA time series forecasting, we showed changes in the daily rates of calls (all EMS CFS, overdose CFS, and CFS in which naloxone was administered) before and after the stay-at-home order in Indianapolis. We further showed differences in the weekly rate of overdose deaths. Overdose CFS and EMS naloxone administration showed an increase with the social isolation of the Indiana stay-at-home order, but a continued increase after the stay-at-home order was terminated. Despite a mild 4% increase in all EMS CFS, overdose CFS increased 43% and CFS with naloxone administration increased 61% after the stay-at-home order. Deaths from drug overdoses increased by 47%. There was no change in distribution of age, race/ethnicity, or zip code of those who overdosed after the stay-at-home order was issued. We hope this data informs policy-makers preparing for future COVID-19 responses and other disaster responses.

**Opioid overdose-related emergency department visits and accidental deaths during the COVID-19 pandemic**

Rodda, L N, West, K L & LeSaint, K T

**MOUD provision in correctional settings during time of COVID-19: prevention and solutions**

Zaller N, Brinkley-Rubinstein L.

Journal of Addiction Medicine

14, 6, e290-e292, 2020

Correctional settings can be vectors of infectious diseases due to overcrowding, unsanitary living conditions, and very little capacity to engage in social distancing. In the US, COVID-19 outbreaks were first identified in the New York City and Cook County jails, with infection rates far exceeding community rates. Each day new cases are being identified across the country in correctional facilities. People who are incarcerated are at increased risk of experiencing severe COVID-19 symptoms because of the increased prevalence of other underlying illnesses. Jails and prisons have begun initiating facility-level policies to help stop the spread of COVID-19. As a result, correctional agencies have reoriented staff to stem transmission in their facilities. This could translate into limited resources for other programming such as medications for opioid use disorder (MOUD) programs. In this commentary, we highlight risk mitigation practices for delivering MOUD in correctional settings during COVID-19 and note how to ensure quality of care while still preparing for the possibility of future pandemics.

**Telehealth for substance-using populations in the age of coronavirus disease 2019: recommendations to enhance adoption**

Lin, L A; Fernandez, A C; Bonar, E E

JAMA Psychiatry, 2020, 77, 12, p.1209-1210

**Rapid evidence review of harm reduction interventions and messaging for people who inject drugs during pandemic events: implications for the ongoing COVID 19 response**

Wilkinson, R; Hines, L; Holland, A; et al

Harm Reduction Journal, 2020, 17, 95

**Background:**

People who inject drugs are at increased health risk in a pandemic due to their greater susceptibility to severe disease and as a consequence of the restrictions put in place to halt the spread of infection. Harm reduction (HR) services, which aim to reduce the negative effects of drug use on health, are likely to be diminished in a pan-demic. However, innovative HR interventions and messaging may also develop in response to such a crisis. It is vital to understand the most effective ways to deliver HR in pandemic situations so that guidance can be provided for current and future disruptions to service provision.

**Methods:**

A rapid evidence review was conducted with the aim of exploring what HR interventions and messaging are most effective during a pandemic-type situation. Ten health databases were systematically searched using terms relevant to the research aim. A search was also made of grey literature, including a targeted search of HR messaging from key national and service provider websites.

**Results:**

In the initial search, 121 pieces of evidence were identified which, after screening and de-duplication, resulted in 60 for inclusion. The included evidence consists mainly of non-peer reviewed, pre-publication or expert opinion pieces. The rapid findings suggest that HR services should be deemed essential during a pandemic, with staff supported to work safely and social distancing adaptations implemented. Services should be encouraged to operate more flexibly; for instance, in deciding the amounts of take-home supplies of injecting equipment and medications. The evidence on HR communication was very limited but key messages on infection control, uncertain drug supply and accessing services were identified.

**Conclusions:**

This rapid evidence review identifies implications for national policy makers, commissioners and HR service providers. A person-centred rather than disease-centred approach to HR delivered by collaborating partners, as well as prioritizing tailored HR messaging, is recommended. Further research evaluating the delivery of HR services and messaging, particularly focusing on health inequalities, is urgently needed.

**Substance use and abuse, COVID-19-related distress, and disregard for social distancing: a network analysis**

Taylor, S; Paluszek, M M; Rachor, G S; et al

Addictive Behaviors

Research shows that there has been a substantial increase in substance use and abuse during the COVID-19 pandemic, and that substance use/abuse is a commonly reported way of coping with anxiety concerning COVID-19. Anxiety about COVID-19 is more than simply worry about infection. Research provides evidence of a COVID Stress Syndrome characterized by (1) worry about the dangers of COVID-19 and worry about coming into contact with coronavirus contaminated objects or surfaces, (2) worry about the personal socioeconomic impact of COVID-19, (3) xenophobic worries that foreigners are spreading COVID-19, (4) COVID-19-related traumatic stress symptoms (e.g., nightmares), and (5) COVID-19-related compulsive checking and reassurance-seeking. These form a network of interrelated nodes. Research also provides evidence of another constellation or “syndrome”, characterized by (1) belief that one has robust physical health against COVID-19, (2) belief that the threat of COVID-19 has been exaggerated, and (3) disregard for social distancing. These also form a network of nodes known as a COVID-19 Disregard Syndrome. The present study, based on a population-representative sample of 3,075 American and Canadian adults, sought to investigate how these syndromes are related to substance use and abuse. We found substantial COVID-19-related increases in alcohol and drug use. Network analyses indicated that although the two syndromes are negatively correlated with one another, they both have positive links to alcohol and drug abuse. More specifically, COVID-19-related traumatic stress symptoms and the tendency to disregard social distancing were both linked to substance abuse. Clinical and public health implications are discussed.

### **Overdose-related cardiac arrests observed by emergency medical services during the US COVID-19 epidemic**

Friedman, J; Beletsky, L; Schriger, D L  
JAMA Psychiatry  
3 December 2020  
DOI:10.1001/jamapsychiatry.2020.4218

The coronavirus disease 2019 (COVID-19) pandemic took grip of the US 2 decades into an accelerating overdose crisis that caused more than 70 000 deaths in 2019 alone.<sup>1</sup> Front-line health care professionals and officials have sounded the alarm that the social and economic fallout from the COVID-19 pandemic may impede efforts to flatten the overdose curve.<sup>1,2</sup> However, the state databases tracking overdose mortality often have long lags that stymie timely analysis and response.<sup>3</sup> Emergency medical services (EMS) data provide a novel source of near-real-time information to track epidemiological trends during the COVID-19 pandemic.<sup>4,5</sup> We leverage a large, national EMS database to characterize emergent trends in overdose mortality fueled by the pandemic.

#### **Methods**

We conducted a retrospective observational analysis using the National EMS Information System (NEMSIS), a large registry of more than 10 000 EMS agencies in 47 states, which contribute data in near real time and represent more than 80% of EMS activations nationally in 2020.<sup>5</sup> We calculated weekly overdose-related cardiac arrests (determined on-site) and overdose-related EMS activations (determined by dispatch). In line with prior studies using NEMSIS data, we measured outcomes per EMS activations to adjust for call volume increases as new agencies join the system.<sup>5</sup> We compared 2020 values with a baseline, defined as the weekly average of 2018 and 2019 values. Excess values for 2020 were compared temporally with a cell phone–based mobility score—a measure of social distancing.<sup>6</sup> To account for potential pandemic-related decreases in call volume (the outcome denominator), we separately assessed trends using the average call volume for weeks 1 to 10 of 2020 (eMethods in the Supplement). This study was deemed exempt from review and informed consent by the UCLA Institutional Review Board.

#### **Results**

The 2020 NEMSIS database represents 25.9 million EMS activations, 50.5% from female patients and 50.2% from patients 61 years or older (Table). Overdose-related cardiac arrests rose sharply during April 2020, reaching 74.1 per 100 000 EMS activations (123.4% above baseline) by May 4 (Figure). Overdose-related cardiac arrests subsequently decreased but remained elevated, reaching 48.7 per 100 000 EMS activations (53.7% above baseline) by July 27. Overall, through August 1, overdose-related cardiac arrests in 2020 totaled 49.5 per 100 000 EMS activations (48.5% above baseline). These trends corresponded temporally with a sharp drop in mobility beginning March 16, reaching a minimum of –51.8% of baseline by April 13 and slowly increasing to –24.3% by July 27. Weekly rates of overdose-related EMS activations were elevated in 2020; however, values were largely similar before and during reductions in mobility, with 1635.2 per 100 000 EMS activations



before March 16 and 1760.7 per 100 000 EMS activations after March 16 (18.5% and 16.7%, respectively, relative to baseline).

### **Discussion**

We describe a large-magnitude, national surge in overdose-related cardiac arrest during the initial months of the COVID-19 epidemic in the US. Peak rates in May 2020 were more than double the baseline from 2018 and 2019, and overall 2020 values were elevated by approximately 50%. The temporal similarities to decreased mobility suggest that the fallout from the COVID-19 pandemic—perhaps especially social isolation—is sharply accelerating fatal overdose trends. The lack of a commensurate sharp increase in total (fatal and nonfatal) overdose incidents could indicate a rising overdose case fatality rate in a context of more stable, albeit elevated, overdose rates. Many of the trends predicted by public health experts at the outset of the pandemic, such as an increased proportion of individuals using substances alone, increased toxification of the drug supply, and reduced access to treatment, could increase the lethality of each overdose incident.

These findings are limited, as they reflect a large cohort of EMS agencies for which geographic identifiers below census division are not available that may not capture all nuances of recent epidemiological trends in the US.<sup>5</sup> Additionally, shifts in the proportion of overdoses observed nationally by EMS could bias our results up or down. Confirmatory results should be sought as detailed vital registration data become available. Nevertheless, shifts observed here suggest that measures to address the pandemic have largely failed to mitigate overdose risk. These trends implicate investments in substance use treatment, harm reduction, and structural drivers of overdose as core elements of COVID-19 response.

### **Treatment for drug addiction - how do patients cope in lockdown?**

There are encouraging signs that people in treatment for drug addiction can manage their medication when they are entrusted with a substantial quantity of opiate substitutes and told to take it in small daily doses, finds a new 'early insight' report from researchers at the Universities of Bristol and Bath | University of Bristol, UK

<https://www.bristol.ac.uk/news/2020/november/drug-addiction.html>

### **How the pandemic acted as a catalyst for change in delivering vital homelessness services**

<https://www.thejournal.ie/readme/drug-rehabilitation-and-covid-19-dublin-5276969-Nov2020/>

### **Drug deaths were already climbing at the beginning of 2020. Then the pandemic hit**

<https://www.sandiegouniontribune.com/news/health/story/2020-11-28/overdoses-rise-pandemic-addiction-awareness-initiative>

### **How has the pandemic influenced substance use among young people?**

Before the pandemic, trends in substance use among young people varied across the UK. Our State of Child Health report ( <https://stateofchildhealth.rcpch.ac.uk/evidence/health-behaviours/alcohol-drug-use-young-people/> ) showed that in some parts of the country, the number of young people reporting using drugs like cannabis was declining, while in other areas that number was rising | RCPCH blog, UK

<https://medium.com/rcpch-insight/how-has-the-pandemic-influenced-substance-use-among-young-people-63834b50d9f3>

### **“The stakes are life and death”: Addiction treatment’s Covid-19 challenge**

The government eased access to drug addiction treatment during the pandemic. Now that could go away | Vox, USA

<https://www.vox.com/future-perfect/21575602/addiction-treatment-covid-19-coronavirus-opioid-epidemic>

### **“All that was missing were the hugs”: virtual recovery in the era of the pandemic**

“Important Update regarding meetings,” read an announcement ( <https://www.bostonglobe.com/2020/03/17/nation/youre-not-alone-how-recovery-community-is-sticking-together-during-coronavirus-shut-downs/> ) on the website of the Eastern Massachusetts Central Service Committee of Alcoholics Anonymous in early March. “Due to the Covid-19 health risk note that most meetings have been suspended by the host facility until further notice.” | Points blog, USA

<https://pointsadhs.com/2020/12/02/all-that-was-missing-were-the-hugs-virtual-recovery-in-the-era-of-the-pandemic/>

### **Pandemic shaming can backfire. Here’s a better way**

During a pandemic that has already claimed more than 1.4 million lives worldwide, the safest strategy, unquestionably, is to abstain from festivities with those outside of our immediate households. But not everyone values safety more than social connection — and public shaming and blanket demands for abstinence can backfire. How, then, can we balance our security and sanity, to ensure that we save as many lives as possible? A concept developed by and for people who inject drugs can help | Undark opinon, USA

<https://undark.org/2020/12/03/pandemic-shaming-can-backfire/>