



EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

**CORONAVIRUS, 11 December 2020**

**EVENT**

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**Session on drug policy and Covid at the Paris Peace Forum 2020 - video**

Chair of the Global Commission on Drug Policy and former Prime Minister of New Zealand, Helen Clark, joins a panel to discuss how Covid-19 impacts drug policy at the 2020 Paris Peace Forum | Global Commission on Drug Policy, UK

<https://www.youtube.com/watch?v=rBp6vwFs09s&feature=youtu.be>

### **Impacts of Covid-19 on people who use drugs**

Our study was a response to the Chief Scientist Office of Scotland's call (<https://www.cso.scot.nhs.uk/rapid-research-in-covid-19-programme/>) for small, quick studies that could be set up rapidly to capture this unique moment in time. We examined how the pandemic has changed the market in illicit drugs, how it has affected people who use drugs, and also how it has affected services for those taking opiate substitution therapies | DRNS, UK  
<https://drns.ac.uk/impacts-of-covid-19-on-people-who-use-drugs/>

### **The impact of COVID-19 on harm reduction in seven Asian countries**

Choudhury, L  
Harm Reduction International  
London: 2020

Understanding the impact of COVID-19 on harm reduction funding and service provision is essential for informing donor and government action as well as civil society advocacy. This report compiles evidence from civil society in seven Asian countries (Cambodia, India, Indonesia, Nepal, Thailand, the Philippines and Vietnam) between January and July 2020. The burden of COVID-19 and the response to it at national and local levels differed between these countries. All implemented some degree of physical distancing, the use of masks in public places and promoted hand hygiene. Although most imposed short duration, locally-based physical distancing or lockdown measures, India and Nepal imposed more rigorous, country-wide requirements.

### **Pain management during the COVID-19 pandemic**

El-Tallawy, S N; Nalamasu, R; Pergolizzi, J V; et al  
Pain and Therapy 2020  
9, 2, p.453-466, 2020

Chronic pain management during the coronavirus disease 2019 (COVID-19) pandemic is a challenging process, especially with growing evidence that COVID-19 infection is associated with myalgias, referred pain, and widespread hyperalgesia. In light of the limited data available for COVID-19-related impact on chronic pain patients, this review explores the changes in the healthcare delivery system due to social distancing and safety precautions to provide the appropriate management of chronic pain patients during the COVID-19 pandemic. Understanding both the general problems facing chronic pain patients as well as specific problems in the COVID-19 era including deconditioning, increased mental health concerns, financial burdens, and potential for medication-induced immune-suppression is vital in the appropriate management of patients. Telemedicine, the practice of caring for patients remotely when the provider and patient are not physically present with each other, is becoming increasingly used and recognized as a valuable tool to both health care providers and patients. This paper concentrates on the proper utilization of the available resources to help patients with the most severe conditions as well as the most vulnerable group. COVID-19 may be associated with a profound effect on both the health care system and patients with chronic pain. As a result, delaying, or stopping, treatment for chronic pain patients will have negative consequences, and strong pain evaluations must be administered to triage patients appropriately. Recent recommendations for the safe use of non-opioid analgesics, opioid analgesics, and interventional pain management procedures are vital to know and understand specifically during the pandemic era. Further researches are needed to identify the advance planning and rapid responses to reduce the impact of the pandemic.

### **A delicate compromise: Striking a balance between public safety measures and the psychosocial needs of staff and clients in residential substance use disorder treatment amid COVID-19**

Herrera, A  
Journal of Substance Abuse Treatment, 2020, 108208

In response to COVID-19, residential SUD treatment providers have significantly changed operations and clinical care to mitigate risk of infection for both clients and staff. While treatment facilities must enforce public safety measures in residential SUD treatment to protect the health of clients and staff, these measures create additional barriers to treatment engagement as well as health anxiety. We consider strategies to adjust clinical programming, enhance treatment engagement, and promote employee well-being in light of public safety measures and the chronic stressor of COVID-19.

### **Adolescent substance use: Challenges and opportunities related to COVID-19**

Sarvey, D, Welsh, J W  
Journal of Substance Abuse Treatment, 2020, 108212

Adolescent substance use is a significant public health concern within the United States that remains largely undertreated. The COVID-19 pandemic has exacerbated many preexisting risk factors for adolescent substance use, such as early life stress, social isolation, school connection, and boredom. Other effects include the potential for arrest in adolescent development, which can occur when there is disruption in expected developmental milestones. New cohorts of adolescents who may not otherwise initiate substances may now be at risk. The pandemic is also straining family systems, with potential for increased conflict and relapse that can occur in a bidirectional fashion. In parallel, the way in which we treat substance use disorders in youth has also shifted, with a dominance in digitally based platforms for delivery of most outpatient treatment. Challenges to utilizing virtual technology include fewer means of monitoring substance use remotely; privacy concerns; and ease of nonadherence with treatment by signing off the computer. Practitioners can utilize considerable opportunities for virtual care to reach adolescents at risk of developing a substance use disorder and/or those who may already have relapsed. Primary care providers and other general practitioners who frequently interface with youth should increase their baseline screening of youth.

### **A double-edged sword of using opioids and COVID-19: a toxicological view**

Ataei, M, Shirazi, F M, Lamarine, R J; et al.  
Substance Abuse Treatment, Prevention, and Policy, 2020, 15, 91

Today, COVID-19 is spreading around the world. Information about its mechanism, prognostic factors, and management is minimal. COVID-19, as a human disease, has several identifying phases. Physicians of patients with COVID-19 may be interested in knowing whether opioid use disorder may affect their patients' course or prognosis. This information may be crucial when considering the opioid epidemic in the US and other parts of the world. Opioid use at high doses and over several months duration can mitigate the immune system's function, which may complicate the course of COVID-19 disease. Potential suppression of parts of the immune response may be important in prevention, clinical support, and therapeutic use of medications in various phases of the COVID-19. Specifically, opioid use disorders via an inhalation route may enhance the "late hyper-inflammatory phase" or result in end-organ damage. It is well established that opioids decrease ventilation as their effect on the medullary respiratory centers increases the risk of pneumonia. This increased risk has been associated with immune-suppressive opioids. The ultimate role of opioids in COVID-19 is not clear. This paper endorses the need for clinical studies to decipher the role and impact of chronic opioid use on viral diseases such as COVID-19.

### **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 pandemic. 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 disorders and telehealth in the COVID-19 pandemic era: a new outlook**

Oesterle TS, Kolla B, Risma CJ, et al  
Mayo Clinic Proceedings  
95, 12, p.2709-2718, 2020

During the current coronavirus disease 2019 epidemic, many outpatient chemical dependency treatment programs and clinics are decreasing their number of in-person patient contacts. This has widened an already large gap between patients with substance use disorders (SUDs) who need treatment and those who have actually received treatment. For a disorder where group therapy has been the mainstay treatment option for decades, social distancing, shelter in place, and treatment discontinuation have created an urgent need for alternative approaches to addiction treatment. In an attempt to continue some care for patients in need, many medical institutions have transitioned to a virtual environment to promote safe social distancing. Although there is ample evidence to support telemedical interventions, these can be difficult to implement, especially in the SUD population. This

article reviews current literature for the use of telehealth interventions in the treatment of SUDs and offers recommendations on safe and effective implementation strategies based on the current literature.

### **Scoping review protocol: the use of telemedicine in providing opioid agonist treatment and related psychosocial supports**

Crowley, D, Homeniuk, R, Delargy, I  
BMJ Open, 2020, 10, 12, e040556

#### **Introduction:**

The global opioid-related disease burden is significant. Opioid agonist treatment (OAT) can be effective in reducing illicit opioid use and fatal overdose, and improving multiple health and social outcomes. Despite evidence for its effectiveness, there are significant deficits in OAT globally. COVID-19 has required rapid adaptation of remote models of healthcare. Telemedicine is not used routinely in OAT, and little is known about the current levels of use and effectiveness. The objective of this review is to describe models of telemedicine and their efficacy.

#### **Methods and Analysis:**

This scoping review uses the review methodology described by Arksey and O'Malley and adapted by Levac et al. The search strategy developed by the medical librarian at the Irish College of General Practitioners in conjunction with the research team will involve five databases (PubMed, EMBASE, the Cochrane Library, PsycInfo and OpenGrey) and the hand searching of reference lists. A limited initial search of two databases will be completed to refine search terms, followed by a second comprehensive search using newly refined search terms of all databases and finally hand searching references of included studies. To be included, studies must report on remote ways of providing OAT (including assessment, induction and monitoring) or related psychosocial support; be published in English after 2010. Two researchers will independently screen titles, abstracts and full-text articles considered for inclusion. Data will be extracted onto an agreed template and will undergo a descriptive analysis of the contextual or process-oriented data and simple quantitative analysis using descriptive statistics.

#### **Ethics and Dissemination:**

Research ethics approval is not required for this scoping review. The results of this scoping review will inform the development of a national remote model of OAT. The results will be published in peer-reviewed journals and presented at relevant conferences.

### **Unintended consequences of the transition to telehealth for pregnancies complicated by opioid use disorder during the coronavirus disease 2019 pandemic**

McKiever, M E; Rood, K M  
American Journal of Obstetrics and Gynecology 2020  
223, 5, p.770-772, 2020

### **Socially distant and out of reach: Unintended consequences of COVID-19 prevention efforts on transgender and gender non-binary populations in Puerto Rico**

Melin K., Santiago Quiñones D., Rodríguez-Díaz C.E.  
Journal of Substance Abuse Treatment, 2020, 108209

Substance use disorders in the United States disproportionately affect minorities and socially vulnerable populations, particularly those at the intersection of racial and sexual minority status. Preceded by over a century-long subjugation to the U.S. government, a recent financial crisis, the devastating hurricanes of 2017, and a string of earthquakes at the end of 2019 and early 2020, the current COVID-19 pandemic is only the most recent disaster to disrupt the local health care system in Puerto Rico. However, the effects of the current emergency and imposed social distancing measures have only exacerbated the underlying vulnerabilities of the transgender and gender non-conforming (GNC) population made bare during these other recent disasters. Clinics and providers who treat patients with opioid use disorder (OUD) in Puerto Rico have had to develop their own safety protocols to limit the spread of the virus while trying to optimize current treatment protocols to maintain the stability of their patients. Despite these measures, we have observed a reduction in the ability of local organizations to outreach to already disconnected transgender and GNC individuals with OUD. For example, due to the government-imposed curfew that began March 15, 2020, some providers engaged in outreach with transgender and GNC sex workers have eliminated nighttime outreach completely. Additionally, a research project surveying all buprenorphine prescribers in Puerto Rico has found that few have received training in treating this vulnerable population, and even fewer report that they are currently providing treatment for transgender or GNC individuals. If Puerto Rico is to address this problem of gross under-representation of a population known to be disproportionately

affected by substance use disorders, Puerto Rico must address structural factors to prevent this disparity from widening further during the inevitable future disasters our health care system will face.

### **A triple threat: parents in recovery during COVID-19**

Clark, M C; Buswell, J; Gold, C; Peacock-Chambers, E  
Journal of Addiction Medicine  
9 December 2020  
DOI: 10.1097/ADM.0000000000000790

In this commentary, we describe the triple threat that parents in recovery face during the COVID-19 pandemic due to the loss of social support. We explore how the absence of human connection during the pandemic can be detrimental to parents in recovery as well as the parent-child relationship. We conclude by proposing strategies to offer critical support for families as this period of social isolation extends and the effects become increasingly apparent.

### **COVID-19 and treating incarcerated populations for opioid use disorder**

Donelan, C J, Hayes, E, Potee, R A, et al  
Journal of Substance Abuse Treatment, 2020, 108216

The Franklin County Sheriff's Office (FCSO), in Greenfield, Massachusetts, is among the first jails nationwide to provide correctional populations with access to all three medications to treat opioid use disorder (MOUD, i.e., buprenorphine, methadone, naltrexone). In response to the COVID-19 pandemic, FCSO quickly implemented comprehensive mitigation policies and adapted MOUD programming. Two major challenges for implementation of the MOUD program were the mandated rapid release of nonviolent pretrial individuals, many of whom were being treated with MOUD and released too quickly to conduct continuity of care planning; and establishing how to deliver physically distanced MOUD services in jail. FCSO implemented and adapted a hub-and-spoke MOUD model, developed telehealth capacity, and experimented with take-home MOUD at release to facilitate continuity-of-care as individuals re-entered the community. Experiences underscore how COVID-19 accelerated the uptake and diffusion of technology-infused OUD treatment and other innovations in criminal justice settings. Looking forward, to address both opioid use disorder and COVID-19, jails and prisons need to develop capacity to implement mitigation strategies, including universal and rapid COVID-19 testing of staff and incarcerated individuals, and be resourced to provide evidence-based addiction treatment. FCSO quickly pivoted and adapted MOUD programming because of its history of applying public health approaches to address the opioid epidemic. Utilizing public health strategies can enable prisons and jails to mitigate the harms of the co-occurring epidemics of OUD and COVID-19, both of which disproportionately affect criminal justice populations, for persons who are incarcerated and the communities to which they return.

### **The healthy brain and child development study—shedding light on opioid exposure, COVID-19, and health disparities**

Volkow, N D; Gordon, J A; Freund, M P; et al  
JAMA Psychiatry  
9 December 2020  
DOI:10.1001/jamapsychiatry.2020.3803

### **The use of mindfulness dialogue for life in substance use disorder treatment in the time of COVID-19**

Abatemarco, D J, Gannon, M, Hand, D J, et al  
Journal of Substance Abuse Treatment, 2020, 108213

Effective communication is critical for therapeutic work with individuals, for the interdisciplinary team, and for leadership in a substance use disorder (SUD) treatment program. Prior to the COVID-19 pandemic, over a two-year period Thomas Jefferson University's Maternal Addiction Treatment, Education and Research (MATER) program, an SUD treatment program serving pregnant and parenting women living in an urban environment, implemented Mindfulness Dialogue for Life (MDfL) to deepen communication, encourage courageous conversations, bring more compassion to staff and patients, and improve trust among leadership. MDfL focuses on three stages—connecting, exploring, and discovering—and it uses mindfulness practices to enhance communication. Here we describe our efforts to implement MDfL on a virtual platform and how the COVID-19 pandemic affected staff's work experience, as identified during their MDfL sessions.

### **Exercise addiction during the COVID-19 pandemic: an international study confirming the need for considering passion and perfectionism**

Various levels of lockdown due to COVID-19 limit people's habitual physical activity. Individuals addicted to exercise, health-oriented, and team-exercisers could be the most affected. We examined the COVID-19-related changes in exercise volume in 1079 exercisers from eight Spanish-speaking nations based on exercise addiction categories, primary reasons for exercise, and forms of exercise. The COVID-19-related decrease in exercise volume was 49.24% in the sample. The proportion of the risk of exercise addiction was 15.2%. Most (81.7%) of the participants exercised for a health-related reason. These exercisers reported lesser decrease in their exercise volume than those exercising for social reasons. The risk of exercise addiction was inversely related to changes in exercise volume, but after controlling for passion and perfectionism the relationship vanished. The reported effect of COVID-19 on training did not differ between the exercise addiction groups. The findings also confirm that exercise addiction research should control for passion and perfectionism.

**Warning as 'Pfizer Covid-19 vaccine' offered on dark web for £1,000 a dose**

<https://www.birminghammail.co.uk/news/midlands-news/warning-pfizer-covid-19-vaccine-19406547>

**Darknet drug dealers are now selling 'Pfizer COVID vaccines'**

When we asked for proof, one replied with a stock image of a vial labelled "Coronavirus Vaccine" | VICE, UK

<https://www.vice.com/en/article/akdkkg/darknet-drug-dealers-are-now-selling-pfizer-covid-vaccines>

**Europol: beware fake dark web #COVID19 vaccines**

<https://www.infosecurity-magazine.com/news/europol-beware-fake-dark-web/>

**Drug dealers are selling 'COVID vaccines' on the dark web**

<https://www.unilad.co.uk/health/drug-dealers-are-selling-covid-vaccines-on-the-dark-web/>

**The pandemic is making our deadly drug policy even more lethal**

As one of the worst health crises in a century intersects with sustained uprisings for racial justice, the United States is at a perilous crossroads—and it's easy to be distracted by superficial solutions rather than digging deeper to address the underlying issues that created these conditions | Self.com, USA

<https://www.self.com/story/pandemic-drug-policy>

**Coping through the pandemic: drinks, drugs and mental health**

COVID-19 is increasing mental health issues and drug and alcohol use in the LGBTQ+ community. But support is available if you need it | We Are With You, UK

<https://medium.com/we-are-with-you/coping-through-the-pandemic-drinks-drugs-and-mental-health-100a84736761>

**Pandemic is making overdoses deadlier, research shows**

Nine months into the COVID-19 pandemic, some of the first available research has finally measured what harm reductionists have known and feared since the beginning of the crisis—fatal overdose has spiked, significantly, nationwide | Filter Magazine, USA

<https://filtermag.org/pandemic-overdoses-deadlier-research/>

**Not enough drug treatment services available during pandemic, says Drug Foundation report**

Some Kiwis are missing out on drug treatment thanks to a spike in Covid-19-fuelled demand, with one provider reporting a 300 per cent increase in referrals | NZ Herald, New Zealand

<https://www.nzherald.co.nz/nz/not-enough-drug-treatment-services-available-during-pandemic-says-drug-foundation-report/Z5ZZ7JJFIEMUNLI3FQ37VLBHY/>

**Scotland's funding for treatment needs overhaul to combat post-Covid drug deaths**

Epidemiologist Dr Andrew McAuley says it is inevitable that annual drug death statistics will show a further rise in Scotland's death rate | Daily Record, U

<https://www.dailyrecord.co.uk/news/scottish-news/scotlands-funding-treatment-needs-overhaul-23135571>

**Two in five senior leaders using drugs or alcohol to alleviate Covid-19 worries**

Two in five (38%) business leaders in the UK have turned to alcohol or drugs to cope with mental ill health during the pandemic, with 36% admitting they self-medicate because they cannot talk to anybody about their wellbeing concerns | Personnel Today, UK

<https://www.personneltoday.com/hr/two-in-five-senior-leaders-using-drugs-or-alcohol-to-alleviate-covid-19-worries/>

**Could UK's Covid crisis lead to cannabis legalisation?**

As the economic cost of coronavirus deepens, questions of how the government plans to pay back the mounting debt continue to be asked | ITV, UK

<https://www.itv.com/news/2020-12-09/could-uks-covid-crisis-lead-to-cannabis-legalisation>

**HepaGo – Supporting people living on the streets during the pandemic**

This unique program supports people who use drugs and sex workers who live or work on the streets during the COVID-19 pandemic in Budapest. One of their main goals is to help people get into Hepatitis C treatment | Drug Reporter, Hungary

<https://drogriporter.hu/en/hepago-supporting-people-living-on-the-streets-during-the-pandemic/>