

EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

CORONAVIRUS, 24 July 2020

GREY LITERATURE

COVID-19 guide for drug and alcohol residential rehab and detox services

Social Care Institute for Excellence
London: 2020

This guide, produced with the close involvement of Public Health England, residential services, and their membership bodies in the sector, aims to provide specific and useful information for all residential detox and rehab services dealing with COVID-19 | SCIE, UK

<https://www.scie.org.uk/care-providers/coronavirus-covid-19/drugs-alcohol-rehab-detox>

Impacts of COVID-19 mitigation on people with pre-existing substance use and addictions issues

Newfoundland and Labrador Centre for Applied Health Research
St John's, NL : 2020

For this report, we have mainly included resources that focus on the impact of mitigation on non-COVID-19 populations with pre-existing substance use and addiction problems.

<https://www.nlcahr.mun.ca/CHRSP/COVID19QRRSubstanceUseJuly2020.docx.pdf>

Reducing the spread of blood borne viruses during COVID-19

NHS Substance Misuse Provider Alliance (NHSSMPA)
London : 2020

In these unprecedented times, it is important that awareness is raised around the risks associated with sharing drug paraphernalia in relation to Blood Borne Viruses (BBV's) and bacterial infections, including hepatitis C.

<https://nhssmpa.org/blog/reducing-bbv-during-covid-19>

Moving to a digital service during lockdown - what have we learned?

NHS Substance Misuse Provider Alliance (NHSSMPA)
London : 2020

Addiction services have made substantial changes to their ways of working and how services are delivered during the Covid-19 pandemic. We recently spoke to representatives from one of our partners Inclusion about how One Recovery Bucks has worked to overcome the challenges of moving to a digital service and what their future service delivery might look like as lockdown measures begin to ease.

<https://nhssmpa.org/blog/moving-to-a-digital-service-during-lockdown>

Assurer les soins aux patients souffrant de troubles psychiques en France pendant l'épidémie à SARS-CoV-2

[Ensuring mental health care during the SARS-CoV-2 epidemic in France: A narrative review]

Chevance, A; Gourion, D; Hoertel, N; et al

L'Encéphale

46, 3, Supp, p.S3-S13, 2020

Objectif

L'absence de préparation du système de soins psychiatriques à l'épidémie de virus SARS-CoV-2 fait redouter un scénario pessimiste pour la santé physique et mentale des patients suivis en psychiatrie. L'objectif de cet article est de proposer des éléments de guidance pour réorganiser les soins psychiatriques dans le contexte de pandémie Covid-19.

Méthode

Les auteurs ont réalisé une synthèse de la littérature internationale combinée au partage des expériences locales françaises.

Résultats

Les patients souffrant de troubles psychiques semblent particulièrement vulnérables à ce virus et à la pandémie : vulnérabilités liées aux comorbidités médicales, à l'âge, aux troubles cognitifs qui peuvent entraver le respect des consignes de confinement et aux complications psychosociales. Plusieurs initiatives ont été prises pour assurer la continuité des soins et contenir l'épidémie : création en psychiatrie d'unité Covid+ co-supervisée par des médecins généralistes ou internistes, restriction des consultations aux cas sévères et redéploiement des soins en téléconsultation, accompagnement de type case-management pour les sorties précoces ou l'impossibilité d'hospitaliser, accompagnements spécifiques pour les complications psychiques du confinement. Les populations suivies en pédopsychiatrie, en psychiatrie du sujet âgé, en addictologie ou détenues en prison doivent bénéficier d'une attention particulière. Plusieurs questions restent en suspend : la question de l'interaction négative ou positive des traitements sur l'infection SARS-CoV-2, l'épidémiologie de l'infection chez les personnes souffrant de troubles psychiques, leur adaptation à un confinement long.

Discussion

Une prise de conscience par les décideurs politiques de la grande vulnérabilité de ces populations et des institutions psychiatriques dans cette situation de catastrophe sanitaire est urgente.

Objective

The lack of resources and coordination to face the epidemic of coronavirus raises concerns for the health of patients with mental disorders in a country where we keep in memory the dramatic experience of famine in psychiatric hospitals during the Second World War. This article aims at proposing guidance to ensure mental health care during the SARS-CoV epidemic in France.

Methods

Authors performed a narrative review identifying relevant results in the scientific and medical literature and local initiatives in France.

Results

We identified four types of major vulnerabilities in patients suffering from mental disorders during this pandemic: (1) medical comorbidities that are more frequently found in patients suffering from mental disorders (cardiovascular and pulmonary pathologies, diabetes, obesity, etc.) which represent risk factors for severe infections with Covid-19; (2) age (the elderly constituting the population most vulnerable to coronavirus); (3) cognitive and behavioral troubles which can hamper compliance with confinement and hygiene measures and finally and (4) psychosocial vulnerability due to stigmatization and/or socio-economic difficulties. Furthermore, the mental health healthcare system is more vulnerable than other healthcare systems. Current government plans are poorly adapted to psychiatric establishments in a context of major shortage of organizational, material and human resources. In addition, a certain number of structural aspects make the psychiatric institution particularly vulnerable: many beds are closed, wards have a high density of patients, mental health community facilities are closed, medical teams are understaffed and poorly trained to face infectious diseases. We could also face major issues in referring patients with acute mental disorders to intensive care units. To maintain continuity of psychiatric care in this pandemic situation, several directions can be considered, in particular with the creation of Covid+ units. These units are under the dual supervision of a psychiatrist and of an internist/infectious disease specialist; all new entrants should be placed in quarantine for 14 days; the nurse staff should benefit from specific training, from daily medical check-ups and from close psychological support. Family visits would be prohibited and replaced by videoconference. At the end of hospitalization, in particular for the population of patients

in compulsory ambulatory care situations, specific case-management should be organized with the possibility of home visits, in order to support them when they get back home and to help them to cope with the experience of confinement, which is at risk to induce recurrences of mental disorders. The total or partial closure of mental health community facilities is particularly disturbing for patients but a regular follow-up is possible with telemedicine and should include the monitoring of the suicide risk and psychoeducation strategies; developing support platforms could also be very helpful in this context. Private psychiatrists have also a crucial role of information with their patients on confinement and barrier measures, but also on measures to prevent the psychological risks inherent to confinement: maintenance of sleep regularity, physical exercise, social interactions, stress management and coping strategies, prevention of addictions, etc. They should also be trained to prevent, detect and treat early warning symptoms of post-traumatic stress disorder, because their prevalence was high in the regions of China most affected by the pandemic.

Discussion

French mental healthcare is now in a great and urgent need for reorganization and must also prepare in the coming days and weeks to face an epidemic of emotional disorders due to the containment of the general population.

COVID-19 vulnerability among people who use drugs: recommendations for global public health programs and policies

Holloway I.W., Spaulding A., Miyashita A., Randall L., King A

Journal of the International AIDS Society

17 July 2020

DOI: 10.1002/jia2.25551

As cases of COVID-19, the disease caused by the novel coronavirus (SARS-CoV-2), continue to spread globally, public health experts have warned about the devastating impact this pandemic may have on society's most vulnerable. Meanwhile, another public health crisis, the opioid epidemic, rages on throughout the U.S. In other parts of the world, the use of opiates and opioids has remained relatively stable; however, in Eastern Europe, Russia and Central Asia opiate use has increased.

A national model of remote care for assessing and providing opioid agonist treatment during the COVID-19 pandemic: a report

Crowley, D; Delargy, I

Harm Reduction Journal, 2020, 17, 49

Background

Health services globally are struggling to manage the impact of COVID-19. The existing global disease burden related to opioid use is significant. Particularly challenging groups include older drug users who are more vulnerable to the effects of COVID-19. Increasing access to safe and effective opioid agonist treatment (OAT) and other harm reduction services during this pandemic is critical to reduce risk. In response to COVID-19, healthcare is increasingly being delivered by telephone and video consultation, and this report describes the development of a national model of remote care to eliminate waiting lists and increase access to OAT in Ireland.

Purpose and findings

The purpose of this initiative is to provide easy access to OAT by developing a model of remote assessment and ongoing care and eliminate existing national waiting lists. The Irish College of General Practitioners in conjunction with the National Health Service Executive office for Social Inclusion agreed a set of protocols to enable a system of remote consultation but still delivering OAT locally to people who use drugs.

This model was targeted at OAT services with existing waiting lists due to a shortage of specialist medical staff. The model involves an initial telephone assessment with COVID-risk triage, a single-patient visit to local services to provide a point of care drug screen and complete necessary documentation and remote video assessment and ongoing management by a GP addiction specialist. A secure national electronic health link system allows for the safe and timely delivery of scripts to a designated local community pharmacy.

Conclusion

The development of a remote model of healthcare delivery allows for the reduction in transmission risks associated with COVID-19, increases access to OAT, reduces waiting times and minimises barriers to services. An evaluation of this model is ongoing and will be reported once completed. Fast adaptation of OAT delivery is critical to ensure access to and continuity of service delivery and minimise risk to our staff, patients and community. Innovative models of remote healthcare delivery adapted during the COVID-19 crisis may inform and have important benefits to our health system into the future.

Fetal alcohol spectrum disorders: preventing collateral damage from COVID-19

Sher, J

The Lancet Public Health

15 July 2020

DOI: 10.1016/S2468-2667(20)30159-6

During the COVID-19 pandemic, slowing the spread of the disease and caring for people whose survival and health are jeopardised have rightly been prioritised. Now, attention is increasingly being focused on the unwelcome consequences of COVID-19 for individuals, families, communities, and society. These consequences form a long and daunting—but incomplete—list. To date, a potential source of collateral damage by COVID-19 has remained oddly invisible.

Isolating the isolated: Implications of COVID-19 quarantine measures on in-patient detoxification treatment for substance use disorders

Rosca, P; Shapira, B; Neumark, Y

International Journal of Drug Policy, 2020, 102830

The SARS-CoV-2 threat in Cracolândia, an open-air drug use scene in Brazil

Arcadepani FB, Tardelli VS, Fidalgo TM.

International Journal of Drug Policy, 2020, 102835

COVID-19, substance use, anorexia nervosa, 22q11.2 deletion syndrome, and stress

Kalin, N H

American Journal of Psychiatry

177, 7, p.561-563, 2020

Challenges posed by COVID-19 to people who inject drugs and lessons from other outbreaks

Vasylyeva, T I, Smirnov, P, Strathdee, S, Friedman, S R

Journal of the International AIDS Society, 2020;

23, 7, e25583, 2020

Introduction:

In light of the COVID-19 pandemic, considerable effort is going into identifying and protecting those at risk. Criminalization, stigmatization and the psychological, physical, behavioural and economic consequences of substance use make people who inject drugs (PWID) extremely vulnerable to many infectious diseases. While relationships between drug use and blood-borne and sexually transmitted infections are well studied, less attention has been paid to other infectious disease outbreaks among PWID.

Discussion:

COVID-19 is likely to disproportionately affect PWID due to a high prevalence of comorbidities that make the disease more severe, unsanitary and overcrowded living conditions, stigmatization, common incarceration, homelessness and difficulties in adhering to quarantine, social distancing or self-isolation mandates. The COVID-19 pandemic also jeopardizes essential for PWID services, such as needle exchange or substitution therapy programmes, which can be affected both in a short- and a long-term perspective. Importantly, there is substantial evidence of other infectious disease outbreaks in PWID that were associated with factors that enable COVID-19 transmission, such as poor hygiene, overcrowded living conditions and communal ways of using drugs.

Conclusions:

The COVID-19 crisis might increase risks of homelessness, overdoses and unsafe injecting and sexual practices for PWID. In order to address existing inequalities, consultations with PWID advocacy groups are vital when designing inclusive health response to the COVID-19 pandemic.

The ups and downs of dealing drugs during lockdown

VICE News spoke to a Liverpool-based drug gang about the challenges they have faced since mid-March, including £100,000 of heroin going missing and the fact they owe their cocaine supplier £450,000 | VICE, UK

https://www.vice.com/en_uk/article/jgxvqb/the-ups-and-downs-of-dealing-drugs-during-lockdown

Drink and drug-driving arrests surge in Dublin during Covid-19 pandemic

Arrests rise 24% despite pubs being closed for months and traffic levels plummeting | Irish Times, Ireland

<https://www.irishtimes.com/news/crime-and-law/drink-and-drug-driving-arrests-surge-in-dublin-during-covid-19-pandemic-1.4308249>

Drug use during COVID-19: new study paints an interesting picture

<https://www.issup.net/knowledge-share/resources/2020-07/drug-use-during-covid-19-new-study-paints-interesting-picture>

Psychedelic Suburbia: why people are taking magic mushrooms during the lockdown

Harvesting mushrooms requires only a little more patience than taking TikTok or baking banana bread. Could psilocybin be effective in guiding us through to a better place? Those in the know weigh in | The Face, USA

<https://theface.com/life/magic-mushrooms-psilocybin-psychedelic-drugs-lockdown>

COVID-19 has led to surge in opioid overdoses. Here's how we can confront the stigma

<https://eu.usatoday.com/story/opinion/2020/07/21/opioid-overdoses-spike-ending-stigma-key-saving-lives-column/5470536002/>

During COVID-19, the fight against addiction continues at home

<https://www.foxnews.com/opinion/fight-against-addiction-during-covid-19-jim-carroll>