



EMCDDA DOCUMENTATION CENTRE INFORMATION BULLETIN

CORONAVIRUS, 7 May 2021

GREY LITERATURE

Impact of COVID-19 on drug and alcohol services and people who use drugs in Ireland: a report of survey findings

Bruton, L; Featherstone, T; Gibney, S

Government of Ireland

Dublin: 2021

This report presents the results of survey research completed between April - September 2020 on behalf of the Drugs Policy and Social Inclusion Unit, and as part of a rapid impact assessment of COVID-19. The results of two surveys assessing the impact of COVID-19 on people who use drugs and, drug and alcohol service providers in Ireland, are presented.

<https://www.drugsandalcohol.ie/34128/1/Covid-Rapid-Impact-Assessment.pdf>

Impact of COVID-19 on drug markets, use, harms and drug services in the community and prisons

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

Publications Office of the European Union

Luxembourg: 2021

Since early 2020, the COVID-19 pandemic has had a dramatic impact on the way we live, with European countries having to introduce unprecedented measures to protect public health. As with all areas of life, drug consumption, related harms and drug markets have been impacted, as have the services established to respond to drug-related problems. During the first weeks of the pandemic, the EMCDDA instigated two rapid assessment studies to identify the initial impact and implications of COVID-19.

This current study, conducted between January and March 2021, is a follow-up to the two previous assessments and aims to revisit the initial findings from the earlier studies and identify any signs of further developments in this area. The results from this study provide a first glimpse into new developments emerging both during and in response to the pandemic, and which could have important implications for the future.

https://www.emcdda.europa.eu/system/files/publications/13745/TD0321143ENN_002.pdf

Unintended consequences of COVID-19: impact on harms caused by substance use

Canadian Institute for Health Information (CIHI)

Ottawa: 2021

This analysis uses provisional data from the Canadian Institute for Health Information (CIHI), which refers to data received and used before CIHI's official annual submission deadline. As provisional data is not final, the results can change and should be interpreted with caution. However, CIHI estimates that the data used in this report is more than 90% complete. The analysis includes ED data that covers more than 80% of the Canadian population and hospitalization data that includes all provinces and territories except Quebec.

<https://www.cihi.ca/sites/default/files/document/unintended-consequences-covid-19-substance-use-report-en.pdf>

Cannabis und Coronavirus SARS-CoV-2 – Eine Online-Kurzbefragung während der Kontaktbeschränkungen in der frühen Phase der Pandemie

[Cannabis and Coronavirus SARS-CoV-2 – Short German online survey during contact restrictions in the early stage of the pandemic]

Werse, B ; Kamphausen, G

Suchttherapie

22, 2, p.101-106, 2021

Ziel

Erkenntnisse über Änderungen des Erwerbs und Konsum von Cannabisprodukten während der Zeit der Kontaktbeschränkungen im Zusammenhang mit dem Coronavirus SARS-CoV-2.

Methode

Eine ad hoc erstellte, über Soziale Medien verbreitete Online-Umfrage ergab 1146 vollständig ausgefüllte Fragebögen, die quantitativ, teils auch qualitativ ausgewertet wurden.

Ergebnisse

Es wurden überwiegend Personen erreicht, die häufig Cannabis konsumierten. Rund ein Drittel hatte während der entsprechenden Phase der Pandemie den Konsum gesteigert, nur etwa ein Sechstel reduziert. Mit zunehmender Dauer der Beschränkungen stieg auch der Anteil jener, die angaben, mehr zu konsumieren. Rund die Hälfte stellte keine Änderungen der Marktbedingungen fest, ansonsten wurden leichte Preissteigerungen und schwerere Verfügbarkeit beobachtet. Infektionsgefahren wurden durch diverse Schutzmaßnahmen und Verhaltensänderungen versucht zu minimieren.

Schlussfolgerung

Trotz gewisser Beeinträchtigungen wurde während der betreffenden Phase der Coronapandemie häufiger Cannabis konsumiert.

Aim

To gain evidence about changes in the cannabis market and user behaviour during the SARS-CoV-2-related contact restrictions.

Methods

An ad-hoc online survey, promoted via Social Media, yielded 1146 completed questionnaires, which were analysed quantitatively and to a lesser degree, with qualitative methods.

Results

Mainly persons who use cannabis frequently participated in the survey. Around one third have increased their cannabis use during the corona crisis, while only about one sixth used less than before. As the restrictions lasted longer, the proportion of those who stated that they use more further increased. Around half of respondents did not observe any changes in the cannabis market, while others mentioned slight price increases and reduced availability. Various protective measures and behavioral changes were undertaken to minimize the risk of infection.

Conclusion

Despite some impairments of conditions, the use of cannabis has increased during the corona crisis.

Comportements addictifs durant la pandémie de Covid-19

El Khoury, R; Richa, S; Laqueille, X; et al

Courrier des Addictions

23, 1, p.31-34, 2021

Durant le confinement, deux tiers des buveurs français rapportent une consommation stable et un quart rapporte une réduction de leurs apports, avec néanmoins une augmentation des fréquences d'usage.

Il n'existe pas à l'heure actuelle des données probantes pour présenter le tabac comme protecteur vis-à-vis de l'infection à Covid-19.

Les usagers d'opiacés ont davantage sollicité les CSAPA durant la crise sanitaire ; les modalités de prescription des traitements de substitution ont été assouplies. Le risque d'overdose reste particulièrement élevé.

La pandémie a modifié le marché des jeux de hasard, avec notamment un effondrement du secteur des paris sportifs au profit d'autres types de jeux en ligne.

Le numérique a pris une importance croissante durant la crise sanitaire avec une flambée du temps passé sur les écrans (records de vente pour les jeux vidéo, augmentation des temps de visionnage, recours accru aux sites pornographiques).

During lockdown, two thirds of French drinkers reported stable alcohol consumption and a quarter declared a decline in their intake. Nevertheless, there was an overall increase in the frequency of drinking.

There is currently insufficient information to confirm any link between tobacco and the prevention of Covid-19.

Opioid users sought more often medical help (through CSAPA) during the health crisis; requirements to prescribe substitution treatments were relaxed. The risk of opioid overdose remains particularly high.

The pandemic has had a major impact on the gambling industry with a significant drop in sports betting and a shift towards other online gambling activities. Digital technology has become increasingly important during the health crisis with a surge in screen time (records for sales of video games, increase in streaming times, increased internet pornography consumption).

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

Patton EW, Saia K, Stein MD.

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.

Common themes in early state policy responses to substance use disorder treatment during COVID-19

Andraka-Christou B, Bouskill K, Haffajee RL, et al

American Journal of Drug and Alcohol Abuse

28 April 2021

doi: 10.1080/00952990.2021.1903023

Background:

Limited research has examined how states have changed policies for treatment of substance use disorder (SUD) during the COVID-19 pandemic. Objectives: We aimed to identify themes in state policy responses to the pandemic in the context of SUD treatment. Identifying themes in policy responses provides a framework for subsequent evaluations of the relationship between state policies and health service utilization.

Methods:

Between May and June 2020, we searched all Single State Agencies for Substance Abuse Services (SSA) websites for statements of SUD treatment policy responses to the pandemic. We conducted Iterative Categorization of policies for outpatient programs, opioid treatment programs, and other treatment settings to identify themes in policy responses.

Results:

We collected 220 documents from SSA websites from 45 states and Washington D.C. Eight specific themes emerged from our content analysis: delivery of pharmacological and non-pharmacological services, obtaining informed consent and documentation for remote services, conducting health assessments, facility operating procedures and staffing requirements, and permissible telehealth technology and billing protocols. Policy changes often mirrored federal guidance, for instance, by expanding methadone take-home options for opioid treatment programs. The extent and nature of policy changes varied across jurisdictions, including telehealth technology requirements and staffing flexibility.

Conclusion:

States have made significant policy changes to SUD treatment policies during COVID-19, particularly regarding telehealth and facilitation of remote care. Understanding these changes could help policymakers prioritize guidance during the pandemic and for future health crises. Impacts of policies on disparate treatment populations, including those with limited technological access, should be considered.

Comparing actual and forecasted numbers of unique patients dispensed select medications for opioid use disorder, opioid overdose reversal, and mental health, during the COVID-19 pandemic, United States, January 2019 to May 2020

Jones, C M; Guy, G P; Board, A
Drug and Alcohol Dependence, 2021, 219, 108486

Background

COVID-19 community mitigation measures (e.g., stay-at-home orders) may worsen mental health and substance use-related harms such as opioid use disorder and overdose and limit access to medications for these conditions. We used nationally-representative data to assess dispensing of select substance use and mental health medications during the pandemic in the U.S.

Methods

IQVIA Total Patient Tracker data were used to calculate U.S. monthly numbers of unique patients dispensed buprenorphine, extended-release (ER) intramuscular naltrexone, naloxone, selective serotonin or serotonin-norepinephrine reuptake inhibitors, benzodiazepines, and for comparison, HMG-CoA reductase inhibitors (statins) and angiotensin receptor blockers (ARBs) between January 2019-May 2020. Forecasted estimates of number of unique patients dispensed medications, generated by exponential smoothing statistical forecasting, were compared to actual numbers of patients by month to examine access during mitigation measures (March 2020-May 2020).

Results

Between March 2020-May 2020, numbers of unique patients dispensed buprenorphine and numbers dispensed naloxone were within forecasted estimates. Numbers dispensed ER intramuscular naltrexone were significantly below forecasted estimates in March 2020 (-1039; 95 %CI:-1528 to -550), April 2020 (-2139; 95 %CI:-2629 to -1650), and May 2020 (-2498; 95 %CI:-2987 to -2009). Numbers dispensed antidepressants and benzodiazepines were significantly above forecasted estimates in March 2020 (977,063; 95 %CI:351,384 to 1,602,743 and 450,074; 95 % CI:189,999 to 710,149 additional patients, respectively), but were within forecasted estimates in April 2020-May 2020. Dispensing patterns for statins and ARBs were similar to those for antidepressants and benzodiazepines.

Conclusions

Ongoing concerns about the impact of the COVID-19 pandemic on substance use and mental health underscore the need for innovative strategies to facilitate continued access to treatment.

“How will I get my next week's script?” Reactions of Reddit opioid forum users to changes in treatment access in the early months of the coronavirus pandemic

Krawczyk, N; Bunting, A M; Frank, D; et al
International Journal of Drug Policy, 2021, 95, 103140

Background

The COVID-19 pandemic poses significant challenges to people with opioid use disorder (OUD). As localities enforce lockdowns and pass emergency OUD treatment regulations, questions arise about how these changes will affect access and retention in care. In this study, we explore the influence of COVID-19 on access to, experiences with, and motivations for OUD treatment through a qualitative analysis of public discussion forums on Reddit.

Methods

We collected data from Reddit, a free and international online platform dedicated to public discussions and user-generated content. We extracted 1000 of the most recent posts uploaded between March 5th and May 13th, 2020 from each of the two most popular opioid subreddits “r/Opiates” and “r/OpiatesRecovery” (total 2000). We reviewed posts for relevance to COVID-19 and opioid use and coded content using a hybrid inductive-deductive approach. Thematic analysis identified common themes related to study questions of interest.

Results

Of 2000 posts reviewed, 300 (15%) discussed topics related to the intersection of opioid use and COVID-19. Five major themes related to OUD treatment were identified: Concern about closure of OUD treatment services; transition to telehealth and virtual care; methadone treatment requirements and increased exposure to COVID-19; reactions to changing regulations on medications for OUD; and influences of the pandemic on treatment motivation and progress.

Conclusion

In the face of unprecedented challenges due to COVID-19, reactions of Reddit opioid forum users ranged from increased distress in accessing and sustaining treatment, to encouragement surrounding new modes of treatment and opportunities to engage in care. New and less restrictive avenues for treatment were welcomed by many, but questions remain about how new norms and policy changes will be sustained beyond this pandemic and impact OUD treatment access and outcomes long-term.

Trends in visits related to drug use adverse effects in an urban ED during COVID-19

Ramdin C, Muckey E, Rosania A, Nelson L.

American Journal of Emergency Medicine

27 April 2021

doi: 10.1016/j.ajem.2021.04.067

Leveraging COVID-19 to sustain regulatory flexibility in the treatment of opioid use disorder

Stringer, K L ; Langdon, K J ; McKenzie, M

Journal of Substance Abuse Treatment, 2021, 123, 108263

The U.S. government declared the opioid epidemic as a national public health emergency in 2017, but regulatory frameworks that govern the treatment of opioid use disorder (OUD) through pharmaceutical interventions have remained inflexible. The emergence of the COVID-19 pandemic has effectively removed regulatory restrictions that experts in the field of medications for opioid use disorder (MOUD) have been proposing for decades and has expanded access to care. The regulatory flexibilities implemented to avoid unnecessary COVID-related death must be made permanent to ensure that improved access to evidence-based treatment remains available to vulnerable individuals with OUD who otherwise face formidable barriers to MOUD. We must seize this moment of COVID-19 regulatory flexibilities to demonstrate the feasibility, acceptability, and safety of delivering treatment for OUD through a low-threshold approach.

Changes in methadone program practices and fatal methadone overdose rates in Connecticut during COVID-19

Brothers, S ; Viera, A ; Heimer, R

Journal of Substance Abuse Treatment, 2021, 108449

Background

Due to the COVID-19 pandemic, the Substance Abuse and Mental Health Services Administration (SAMHSA) has relaxed restrictions on methadone treatment in the United States. There is concern that the relaxation may increase fatal overdose rates. This study examines opioid treatment program (OTP) changes to methadone treatment during COVID-19 and changes in fatal methadone-involved overdose rates in Connecticut.

Methods

From July 8th to August 18th, 2020, we conducted a comprehensive state-wide survey of all eight OTPs that dispense methadone in Connecticut to examine programmatic changes during COVID-19. We also analyzed state-level data on confirmed accidental opioid-involved deaths to assess if relaxation of take-home dosing restrictions and in-person attendance requirements correlated with increased methadone-involved fatal overdose rates.

Results

OTPs reported implementing multiple changes to methadone treatment in response to the COVID-19 pandemic. The percent of patients receiving 28-day take-home doses increased from 0.1% to 16.8%, 14-day take-home doses increased from 14.2% to 26.8%, and the percent receiving one or no take-home doses decreased from 37.5% to 9.6%. Monthly or more frequent drug testing decreased from 15% to 4.6% and 75.2% of individual counseling for methadone patients transitioned to telehealth. However, changes to methadone treatment varied considerably by program. OTP providers said restrictions on methadone should be relaxed and increases in take-home dosing as well as telehealth should be continued in non-pandemic situations. Methadone-involved fatalities relative to other opioid-involved fatalities did not increase in Connecticut following changes in OTP practices.

Conclusions

Connecticut OTPs relaxed methadone treatment requirements during COVID-19. Since relaxing restrictions on methadone treatment has not increased fatal overdoses, we recommend that the reductions in-person dosing and attendance requirements implemented during the COVID-19 pandemic should be continued and made permanent.

Adolescents' substance use and physical activity before and during the COVID-19 pandemic

Chaffee, B W; Cheng, J; Couch, E T; et al

JAMA Pediatrics

3 May 2021

doi:10.1001/jamapediatrics.2021.0541

Importance

Stay-at-home policies related to the COVID-19 pandemic could disrupt adolescents' substance use and physical activity.

Objective

To compare adolescents' substance use and physical activity behaviors before and after stay-at-home restrictions.

Design, Setting, and Participants

Ongoing prospective cohort study of tobacco use behaviors among ninth- and tenth-grade students enrolled at 8 public high schools in Northern California from March 2019 to February 2020 and followed up from September 2019 to September 2020. Race/ethnicity was self-classified from investigator-provided categories and collected owing to racial/ethnic differences in tobacco and substance use.

Exposures

In California, a COVID-19 statewide stay-at-home order was imposed March 19, 2020. In this study, 521 six-month follow-up responses were completed before the order and 485 were completed after the order.

Main Outcomes and Measures

The prevalence of substance use (ie, past 30-day use of e-cigarettes, other tobacco, cannabis, and alcohol) and physical activity (active ≥ 5 days/week) was compared at baseline and follow-up. A difference-in-difference approach was used to assess whether changes from baseline to 6-month follow-up varied if follow-up occurred after the stay-at-home order, adjusting for baseline behaviors and characteristics. All models were weighted for losses to follow-up using the inverse probability method. Weights were derived from a logistic regression model for having a follow-up response (dependent variable), as predicted by baseline characteristics and behaviors.

Results

Of 1423 adolescents enrolled at baseline, 1006 completed 6-month follow-up (623 [62%] were female, and 492 [49%] were non-Hispanic White). e-Cigarette use declined from baseline to 6-month follow-up completed before the stay-at-home order (17.3% [89 of 515] to 11.3% [58 of 515]; McNemar $\chi^2 = 13.54$; exact $P < .001$) and 6-month follow-up completed after the stay-at-home order (19.9% [96 of 482] to 10.8% [52 of 482]; McNemar $\chi^2 = 26.16$; exact $P < .001$), but the extent of decline did not differ statistically between groups responding before vs after the stay-at-home order (difference-in-difference adjusted odds ratio, 0.84; 95% CI, 0.47-1.52; $P = .58$). In contrast, being physically active was unchanged from baseline if follow-up was before the order (53.7% [279 of 520] to 52.9% [275 of 520]; McNemar $\chi^2 = 0.09$; exact $P = .82$) but declined sharply from baseline if follow-up was after the order (54.0% [261 of 483] to 38.1% [184 of 483]; McNemar $\chi^2 = 30.72$; exact $P < .001$), indicating a pronounced difference in change from baseline after the stay-at-home order (difference-in-difference adjusted odds ratio, 0.49; 95% CI, 0.35-0.69; $P < .001$). Overall in the cohort, reported use of other tobacco, cannabis, and alcohol did not differ meaningfully before and after the order.

Conclusions and Relevance

In this cohort, a reduction in e-cigarette use occurred independently of COVID-19 stay-at-home restrictions, but persistent cannabis and alcohol use suggest continued need for youth substance use prevention and cessation support. Declining physical activity during the pandemic is a health concern.

A chance to do it better: Methadone maintenance treatment in the age of Covid-19

Frank, D

Journal of Substance Abuse Treatment, 2021, 123, 108246

Methadone maintenance treatment (MMT) in the United States, and particularly the clinic system of distribution, is often criticized as punitive, over-regulated, and misaligned to the needs of many patients. However, changes to the regulations that COVID-19 caused may have provided an opportunity for improving service. This commentary uses literature and my own experience to provide a brief description of how MMT programs responded to the threat of Covid-19 and how such responses fit into the larger context of attempts to reform treatment. It discusses, in particular, opportunities for liberalizing "take-home" doses and implementing office-based MMT.

Adaptations to jail-based buprenorphine treatment during the COVID-19 pandemic

Duncan, A; Sanders, N; Schiff, M; et al

Journal of Substance Abuse Treatment, 2021, 121, 108161

Correctional facilities are among the highest-risk settings for the spread of COVID-19. Prior to the COVID-19 pandemic, the Hennepin County Jail in Minneapolis, Minnesota, offered short-term methadone maintenance, buprenorphine initiation and maintenance, and naltrexone initiation and maintenance to all jail residents with moderate to severe opioid use disorder (OUD). In response to the pandemic, the jail reduced its population by 43%. The reduced jail census and relaxed federal telemedicine regulations in response to the COVID-19 public health emergency declaration allowed the jail to institute modifications that permitted individuals to start buprenorphine without an initial in-person visit with a clinician. The jail also instituted a buprenorphine taper to bridge individuals to

maintenance or provide withdrawal management, depending on patient preference. With a decreased jail census, the use of remote visits, and modifications to the buprenorphine treatment program, clinicians are able to meet the OUD treatment demand. Some jails may need additional funding streams to offset pandemic-related health treatment costs.

Sharp decline in hospital and emergency department initiated buprenorphine for opioid use disorder during COVID-19 state of emergency in California

Herring, A A; Kalmin, M; Speener, M; et al
Journal of Substance Abuse Treatment, 2021, 123, 108260

The California Bridge Program supports expansion of medications for opioid use disorder (MOUD) in emergency departments (EDs) and hospital inpatient units across the state. Here, we describe the change in activity before and after the coronavirus disease 2019 (COVID-19) California statewide shutdown. Of the 70 participating hospitals regionally distributed across California, 52 report MOUD-related activity monthly. We analyzed data on outcomes of OUD care and treatment: identification of OUD, acceptance of referral, receipt of buprenorphine prescription, administration of buprenorphine, and follow-up linkage to outpatient OUD treatment, from May 2019 to April 2020. In estimating the expected number of patients who met each outcome in April 2020, we found decreases in the expected to observed number of patients across all outcomes (all p-values<0.002): 37% (from 1053 to 667) decrease in the number of patients identified with OUD, 34% (from 632 to 420) decrease in the number of patients who accepted a referral, 48% (from 521 to 272) decrease in the number of patients who were prescribed buprenorphine, 53% (from 501 to 234) decrease in the number of patients who were administered buprenorphine, and 33% (from 416 to 277) decrease in the number of patients who attended at least one follow-up visit for addiction treatment. The COVID-19 California statewide shutdown was associated with an abrupt and large decrease in the progress toward expanded access to OUD treatment.

Are individuals with substance use disorders at higher risk of sars-CoV-2 infection? Population-based registry study in northern Italy

Djuric O, Mancuso P, Zannini A, et al
European Addiction Research
5 May 2021
doi: 10.1159/000515101

Background and aim:

This study assesses whether individuals with substance use disorder are at greater risk of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection than people in the general population.

Methods:

A population-based study was conducted including 3,780 individuals, diagnosed with alcohol or other drug dependence and cared for by the addiction service (AS) in the province of Reggio Emilia. Standardised incidence ratios (SIRs) and relative 95% confidence intervals (CIs) of being tested and of being SARS-CoV-2 positive in the population of interest compared with those in the general population of Reggio Emilia were calculated.

Results:

Both individuals with alcohol and those with other drug use disorders had a lower risk of being SARS-CoV-2 positive (SIR = 0.69; 95% CI 0.32-1.30, SIR = 0.56; 95% CI 0.24-1.10, respectively), despite higher rates of being tested than the general population (SIR = 1.48; 95% CI 1.14-1.89, SIR = 1.51; 95% CI 1.20-1.86, respectively). Among HIV-negative persons, 12.5% were positive to SARS-CoV-2, while none was positive among HIV-positive persons. HCV-infected AS clients had a higher risk of both being tested for SARS-CoV-2 (SIR = 1.99; 95% CI 1.26-2.98) and of resulting positive (SIR = 1.53; 95% CI 0.50-3.58).

Conclusions:

Individuals with alcohol and/or other drug use disorders are at higher risk of being tested for SARS-CoV-2 infection but at lower risk of resulting positive than the general population. Further research is warranted in order to support our findings and to address plausible factors underpinning such associations.

Priority given to technology in government-based mental health and addictions vision and strategy documents: systematic policy review

Lal, S, Siafa, L, Lee, H, Adair, C E
Journal of Medical Internet Research, 2021, 23, 5, e25547

Background:

The use of information and communication technologies (ICTs) to deliver mental health and addictions (MHA) services is a global priority, especially considering the urgent shift towards virtual delivery of care in response to the COVID-19 pandemic. It is important to monitor the evolving role of technology in MHA services. Given that MHA policy documents represent the highest level of priorities for a government's vision and strategy for mental health care, one starting point is to measure the frequency with which technology is mentioned and the terms used to describe its use in MHA policy documents (before, during, and after COVID-19). Yet, to our knowledge, no such review of the extent to which ICTs are referred to in Canadian MHA policy documents exists to date.

Objective:

The objective of this systematic policy review was to examine the extent to which technology is addressed in Canadian government-based MHA policy documents prior to the COVID-19 pandemic to establish a baseline for documenting change.

Methods:

We reviewed 22 government-based MHA policy documents, published between 2011 and 2019 by 13 Canadian provinces and territories. We conducted content analysis to synthesize the policy priorities addressed in these documents into key themes, and then systematically searched for and tabulated the use of 39 technology-related keywords (in English and French) to describe and compare jurisdictions.

Results:

Technology was addressed in every document, however, to a varying degree. Of the 39 searched keywords, we identified 22 categories of keywords pertaining to the use of technology to deliver MHA services and information. The 6 most common categories were tele (n=16/22), phone (n=12/22), tech (n=11/22), online (n=10/22), line (n=10/22), and web (n=10/22), with n being the number of policy documents in which the category was mentioned out of 22 documents. The use of terms referring to advanced technologies, such as virtual (n=6/22) and app (n= 4/22), were less frequent. Additionally, policy documents from some provinces and territories (eg, Alberta and Newfoundland and Labrador) mentioned a diverse range of ICTs, whereas others described only 1 form of ICT.

Conclusions:

This review indicates that technology has been given limited strategic attention in Canadian MHA policy. Policy makers may have limited knowledge on the evidence and potential of using technology in this field, highlighting the value for knowledge translation and collaborative initiatives among policy makers and researchers. The development of a pan-Canadian framework for action addressing the integration and coordination of technology in mental health services can also guide initiatives in this field. Our findings provide a pre-pandemic baseline and replicable methods to monitor how the use of technology-supported services and innovations emerge relative to other priorities in MHA policy during and after the COVID-19 pandemic.

Addiction and recovery work in the pandemic

Schwartz, J

National Association of Social Workers' Alcohol, Tobacco and other Drug Newsletter
Spring/Summer 2021

Patterns of alcohol and drug utilization in trauma patients during the COVID-19 pandemic at six trauma centers

McGraw, C; Salottolo, K; Carrick, M; et al
Injury Epidemiology, 2021, 8, 1, 24

Background:

Since the national stay-at-home order for COVID-19 was implemented, clinicians and public health authorities worldwide have expressed growing concern about the potential repercussions of drug and alcohol use due to social restrictions. We explored the impact of the national stay-at-home orders on alcohol or drug use and screenings among trauma admissions.

Methods:

This was a retrospective cohort study at six Level I trauma centers across four states. Patients admitted during the period after the onset of the COVID-19 restrictions (defined as March 16, 2020-May 31, 2020) were compared with those admitted during the same time period in 2019. We compared 1) rate of urine drug screens and blood alcohol screens; 2) rate of positivity for drugs or alcohol (blood alcohol concentration ≥ 10 mg/dL); 3) characteristics of patients who were positive for drug or alcohol, by period using chi-squared tests or Fisher's exact tests, as appropriate. Two-tailed tests with an alpha of $p < 0.05$ was used on all tests.

Results:

There were 4762 trauma admissions across the study period; 2602 (55%) in 2019 and 2160 (45%) in 2020. From 2019 to 2020, there were statistically significant increases in alcohol screens (34% vs. 37%, $p = 0.03$) and drug screens (21% vs. 26%, $p < 0.001$). Overall, the rate of alcohol positive

patients significantly increased from 2019 to 2020 (32% vs. 39%, $p = 0.007$), while the rate of drug positive patients was unchanged (57% vs. 52%, $p = 0.13$). Of the 1025 (22%) patients who were positive for alcohol or drugs, there were significant increases in a history of alcoholism (41% vs. 26%, $p < 0.001$), and substance abuse (11% vs. 23%, $p < 0.001$) in the 2020 period. No other statistically significant differences were identified among alcohol or drug positive patients during COVID-19 compared to the same period in 2019.

Conclusions:

Our first wave of COVID-19 data suggests that trauma centers were admitting significantly more patients who were alcohol positive, as well those with substance use disorders, potentially due to the impact of social restrictions and guidelines. Further longitudinal research is warranted to assess the alcohol and drug positive rates of trauma patients over the COVID-19 pandemic.

Adolescents and opioid-related outcomes amidst the COVID-19 pandemic

Romero, R A, Young, S D

Journal of Addictive Diseases

6 May 2021

doi: 10.1080/10550887.2021.1916420

Morbidity and mortality attributable to opioid use and misuse among adolescents and young adults are evident. Although recent trend data suggest a decrease in both opioid misuse and opioid use disorder among adolescents and young adults in the last few years, overdose cases continue to rise. The opioid epidemic among this population is complex and has a different profile compared to adults, with family facilitating exposure to opioids more often than other sources. Additionally, despite recommendations by experts to initiate medications for opioid use disorder, few initiate treatment. The recent COVID-19 pandemic has impacted many facets of daily life and its effects on the opioid crisis are largely unknown. Stay-at-home mandates resulting in online schooling and limited social interaction has had deleterious consequences for adolescents, especially their mental health. This viewpoint attempts to explore the effects of the pandemic on the opioid crisis in this vulnerable population.

COVID-19, sex, addictions, women's health, care of the elderly, and medical education

Carey, L B, Cohen, J, Koenig, H G, et al

Journal of Religion and Health

6 May 2021

doi: 10.1007/s10943-021-01264-z

Wolf administration highlights impact of COVID-19 on individuals with substance use disorders and collaborative projects through the opioid disaster declaration

<https://www.media.pa.gov/pages/health-details.aspx?newsid=1430>

Opioid use, fentanyl deaths spike during pandemic

<https://www.marylandmatters.org/2021/04/30/opioid-use-fentanyl-deaths-spike-during-pandemic/>

A tale of two crises: fighting the overdose problem during the pandemic

<https://www.psychiatrictimes.com/view/a-tale-of-two-crises-fighting-the-overdose-problem-during-the-pandemic>

Hospital visits for substance use increased during the first months of the pandemic

<https://www.cihi.ca/en/hospital-visits-for-substance-use-increased-during-the-first-months-of-the-pandemic>

Drug crime hits level last seen during Celtic Tiger era

Gardaí seize €36.5 million worth of drugs, despite Covid-19 restrictions

<https://www.irishtimes.com/news/crime-and-law/drug-crime-hits-level-last-seen-during-celtic-tiger-era-1.4557751>