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CORONAVIRUS, 16 October 2020

JOURNAL ARTICLES

Impact of COVID-19 related policy changes on buprenorphine dispensing in Texas
Thornton JD, Varisco TJ, Bapat SS, Downs CG, Shen C.
Journal of Addiction Medicine
6 October 2020
doi: 10.1097/ADM.0000000000000756

Objectives:
To measure the change in the daily number of patients receiving buprenorphine and buprenorphine prescribers during the early phase of the COVID-19 (SARS-CoV-2) pandemic in Texas.
Methods:
Counts of the number of patients filling and number of providers prescribing buprenorphine were calculated for each weekday between November 4, 2019 and May 12, 2020. The change in daily patients and prescribers between March 2, 2020 and May 12, 2020, was modeled as a change in slope compared to the baseline period using autoregressive, interrupted time series regression.
Results:
The rate of change of daily buprenorphine prescriptions (β = -1.75, 95% CI = -5.8-2.34) and prescribers (β = -0.32, 95% CI = -1.47-0.82) declined insignificantly during the COVID-19 period compared to the baseline.
Conclusions:
Despite a 57% decline in ambulatory care utilization in the south-central US during March and April of 2020, health services utilization related to buprenorphine in Texas remained robust. Protecting access to buprenorphine as the COVID-19 pandemic continues to unfold will require intensive efforts from clinicians and policy makers alike. While the presented results are promising, researchers must continue monitoring and exploring the clinical and humanistic impact of COVID-19 on the treatment of substance use disorders.

Naloxone use by emergency medical services during the COVID-19 pandemic: a national survey
Cone DC, Bogucki S, Burns K, D'Onofrio G, Hawk K, Joseph D, Fiellin DA.
Journal of Addiction Medicine
6 October 2020
doi: 10.1097/ADM.0000000000000746

Objectives:
The COVID-19 epidemic in the United States has hit in the midst of the opioid overdose crisis. Emergency medical services (EMS) clinicians may limit their use of intranasal naloxone due to concerns of novel coronavirus infection. We sought to determine changes in overdose events and naloxone administration practices by EMS clinicians.
Methods:
Between April 29, 2020 and May 15, 2020, we surveyed directors of EMS fellowship programs across the US about how overdose events and naloxone administration practices had changed in their catchment areas since March 2020.
Results:

Based on 60 respondents across all regions of the country, one fifth of surveyed communities have experienced an increase in opioid overdoses and events during which naloxone was administered, and 40% have experienced a decrease. The findings varied by region of the country. Eighteen percent of respondents have discouraged or prohibited the use of intranasal naloxone with 10% encouraging the use of intramuscular naloxone.
Conclusions:
These findings may provide insight into changes in opioid overdose mortality during this time and assist in future disaster planning.

Digital phenotyping to enhance substance use treatment during the COVID-19 pandemic: Viewpoint
Hsu M, Ahern DK, Suzuki J.
JMIR Mental Health
25 September 2020
doi: 10.2196/21814

The COVID-19 pandemic has required transitioning many clinical addiction treatment programs to telephonic or virtual visits. Novel solutions are needed to enhance substance use treatment during a time when many patients are disconnected from clinical care and social supports. Digital phenotyping, which leverages the unique functionality of smartphones sensors (GPS, social behavior, and typing patterns), can buttress clinical treatment in a remote, scalable fashion. Specifically, digital phenotyping has the potential to improve relapse prediction and intervention, relapse detection, and overdose intervention. Digital phenotyping may enhance relapse prediction through coupling machine learning algorithms with the enormous wealth of collected behavioral data. Activity based analysis in real time potentially can be used to prevent relapse by warning substance users when they approach locational triggers such as bars or liquor stores. Wearable devices detect when someone has relapsed to substances through measuring physiological changes such as electrodermal activity and locomotion. Despite its initial promise, privacy, security and barriers to access are important issues to address.

Addressing the syndemic of HIV, hepatitis C, overdose, and COVID-19 among people who use drugs: the potential roles for decriminalization and safe supply
Bonn M, Palayew A, Bartlett S, Brothers TD, Touesnard N, Tyndall M.
Journal of Studies on Alcohol and Drugs
81, 5, p.556-560, 2020

People who use drugs (PWUD) face concurrent public health emergencies from overdoses, HIV, hepatitis C, and COVID-19, leading to an unprecedented syndemic. Responses to PWUD that go beyond treatment--such as decriminalization and providing a safe supply of pharmaceutical-grade drugs--could reduce impacts of this syndemic. Solutions already implemented for COVID-19, such as emergency safe-supply prescribing and providing housing to people experiencing homelessness, must be sustained once COVID-19 is contained. This pandemic is not only a public health crisis but also a chance to develop and maintain equitable and sustainable solutions to the harms associated with the criminalization of drug use.

Unsafe supply: why making controlled prescription drugs available for unsupervised use will not target the syndemic of HIV, hepatitis C, overdose, and COVID-19-- a commentary on Bonn et al. (2020)
Lembke A.
Journal of Studies on Alcohol and Drugs
81, 5, p.564-565, 2020

Managing drug diversion amid pandemic: The covid-19 crisis poses unique challenges for managing controlled substances in hospitals
Ientile, G
Drug Topics
164, 8, p.44-45, 2020

Online recovery support meetings can help mitigate the public health consequences of COVID-19 for individuals with substance use disorder
Bergman, B G, Kelly, J F, Fava, M, Eden Evins, A
Addictive Behaviors, 2020, 113, 106661

For people with current and remitted substance use disorder (SUD), the COVID-19 pandemic increases risk for symptom exacerbation and relapse through added stressors and reduced service

access. In response, mutual-help groups and recovery community organizations have increased access to online recovery support meetings. However, rigorous studies examining online recovery support meeting participation to inform best practices have not yet been conducted. In the absence of such studies, a review of relevant literature, considered in context of potential barriers and drawbacks, suggests the risk-to-benefit ratio is favorable. Particularly given limited in-person SUD service access resulting from COVID-19 precautions, online recovery support meetings may help mitigate a key public health problem during an ongoing, public health pandemic.

Mitigation of Covid-19 infection in substance use disorder residential settings
Fareed A, Fareed M.
Journal of Addictive Diseases
9 October 2020
doi: 10.1080/10550887.2020.1826098

Managing infection control of the Corona virus disease (Covid-19) could be very challenging for substance use disorder (SUD) residential treatment programs. The Centers for Disease Control (CDC) is providing guidelines for the public on how to reduce the risk of contracting Covid-19. The American Society of Addiction Medicine (ASAM) provided specific guidelines to assist clinicians in the mitigation of Covid-19 infection in residential SUD facilities. Controlling an infection in a SUD residential setting is challenging because these facilities are not locked, and they are considered a subacute level of care. In this commentary the details of the infection mitigation plan in a SUD residential setting will be explained along with the outcome measure of this plan.

Providing addiction services during a pandemic: Lessons learned from COVID-19
Liese BS, Monley CM.
Journal of Substance Abuse Treatment
2 October 2020
DOI: 10.1016/j.jsat.2020.108156

During the COVID-19 pandemic, social distancing measures have made in-person mutual help groups inaccessible to many individuals struggling with substance use disorders (SUDs). Prior to the pandemic, stakeholders in our community had sponsored a program to train volunteers to facilitate local Self-Management and Recovery Training (SMART Recovery) groups. As a result, the community established seven weekly SMART Recovery groups, which more than 200 community members attended. In March 2020, the community discontinued these groups due to the COVID-19 pandemic. To provide SMART Recovery during social distancing, we developed a one-on-one phone-in service for people with SUDs and addictions: the SMART Recovery Line (SMARTline). In this paper, we share our experience training volunteers to facilitate SMART Recovery groups and SMARTline. As a result of our experience, we have learned to: (1) establish plans in advance to migrate services from face-to-face settings to remote platforms; (2) consider remote platforms that are easily accessible to the greatest number of individuals; (3) include as many stakeholders in the planning process as possible; (4) consider recruiting volunteers to help in the provision of services, especially since many people want to help fellow community members during crises; and (5) anticipate and prepare for crises well before they occur.

The opioid epidemic within the COVID-19 pandemic: drug testing in 2020
Niles JK, Gudin J, Radcliff J, Kaufman HW.
Population Health Management
8 October 2020
doi: 10.1089/pop.2020.0230

The convergence of the opioid epidemic and the coronavirus disease 2019 (COVID-19) pandemic has created new health care challenges. The authors analyzed changes in clinical drug testing patterns and results at a national clinical laboratory, comparing data obtained before and during the pandemic. Testing for prescription and illicit drugs declined rapidly during the pandemic, with weekly test volumes falling by approximately 70% from the baseline period to the trough (the week beginning March 29) before rising in subsequent weeks. Among individuals tested, positivity increased by 35% for non-prescribed fentanyl and 44% for heroin during the pandemic. Positivity for non-prescribed fentanyl increased significantly among patients positive for other drugs: by 89% for specimens positive for amphetamines; 48% for benzodiazepines; 34% for cocaine; and 39% for opiates ($P < 0.01$ for all comparisons). These findings suggest significant increases in dangerous drug combinations. Positivity for non-prescribed use of many other drugs remained consistent or declined for some drugs, relative to pre-pandemic patterns. Models adjusting for potential confounding variables, including medication-assisted treatment and treatment at a substance use disorder facility indicated that the risk for non-

prescribed fentanyl positivity rose by more than 50% during the pandemic. In summary, these findings demonstrate decreased drug testing overall, with increased positivity for high-risk drugs and dangerous drug combinations. The convergence of the drug abuse epidemic and COVID-19 pandemic has led to an increased need for health care and public health resources dedicated to supporting vulnerable patients and addressing the underlying causes of these disturbing trends.

COVID-19 and overdose prevention: Challenges and opportunities for clinical practice in housing settings
MacKinnon, L, Socías, M E, Bardwell, G
Journal of Substance Abuse Treatment
4 October 2020
DOI: 10.1016/j.jsat.2020.108153

The global coronavirus disease 2019 (COVID-19) will exacerbate the negative health outcomes associated with the concurrent opioid overdose crisis in North America. COVID-19 brings unique challenges for practitioners who provide opioid use disorder (OUD) care. The majority of overdose deaths in the Canadian province of British Columbia occur in housing environments. Some supportive housing environments in Vancouver, British Columbia, have on-site primary care and substance use disorder treatment clinics. Some of these housing environments also include supervised consumption services. These housing environments needed to make adjustments to their care to adhere to COVID-19 physical distancing measures. Such adjustments included a pandemic withdrawal management program to provide patients with a pharmaceutical grade alternative to the toxic illicit drug supply, which allow patients to avoid the heightened overdose risk while using illicit drugs alone or potentially exposing themselves to COVID-19 while using drugs in a group setting. Other modifications to the OUD care continuum included modified supervised injection spaces to adhere to physical distancing, the use of personal protective equipment for overdose response, virtual platforms for clinical encounters, writing longer prescriptions, and providing take-home doses to promote opioid agonist treatment retention. These strategies aim to mitigate indoor overdose risk while also addressing COVID-19 risks.

Strategies to maintain persistence of opioid agonist therapy during the novel coronavirus pandemic in Taiwan
Shih C.-C., Chen Y., Shao S.-C., Lai E.C.-C.
Drug and Alcohol Dependence 2020 217 Article Number 108268

Increased flexibility in methadone take-home scheduling during the COVID-19 pandemic: Should this practice be incorporated into routine clinical care?
Trujols J, Larrabeiti A, Sànchez O, et al
Journal of Substance Abuse Treatment
3 October 2020
DOI: 10.1016/j.jsat.2020.108154

In the context of the COVID-19 pandemic and the state of emergency that the government of Spain declared, the rapid adaptation of health services is of paramount importance to preserve access to and continuity of service delivery. This research note underscores the importance of ensuring a sufficient quantity of methadone take-home doses for patients on methadone maintenance treatment (MMT) to maximize their adherence to government-imposed lockdown restrictions and social distancing measures designed to curtail the spread of SARS-CoV-2. We evaluate the impact of COVID-19 on take-home medication (number of days provided) in a methadone clinic in Barcelona (Catalonia, Spain). This work conveys that we should consider maintaining the take-home practices that we adopted in response to the pandemic, even after the pandemic has abated.

Down the drain: Reconsidering routine urine drug testing during the COVID-19 pandemic
Pytell J.D., Rastegar D.A.
Journal of Substance Abuse Treatment, 2021, 120, 108155

The COVID-19 pandemic and the move to telemedicine for office-based opioid treatment have made the practice of routine urine drug tests (UDT) obsolete. In this commentary we discuss how COVID-19 has demonstrated the limited usefulness and possible harms of routine UDT. We propose that practitioners should stop using routine UDT and instead use targeted UDT, paired with clinical reasoning, as part of a patient-centered approach to care.

Considerations for remote delivery of behavioral economic interventions for substance use disorder during COVID-19 and beyond

Coughlin L.N., Bonar E.E., Bickel W.K.
Journal of Substance Abuse Treatment, 2021, 120, 108150

The response to the COVID-19 crisis has created direct pressure on health care providers to deliver virtual care, and has created the opportunity to develop innovations in remote treatment for people with substance use disorders. Remote treatments provide an intervention delivery framework that capitalizes on technological innovations in remote monitoring of behaviors and can efficiently use information collected from people and their environment to provide personalized treatments as needed. Interventions informed by behavioral economic theories can help to harness the largely untapped potential of virtual care in substance use treatment. Behavioral economic treatments, such as contingency management, the substance-free activity session, and episodic future thinking, are positioned to leverage remote monitoring of substance use and to use personalized medicine frameworks to deliver remote interventions in the COVID-19 era and beyond.

Access to substance use disorder treatment during COVID-19: Implications from reduced local jail populations
Aslim E.G., Mungan M.C.
Journal of Substance Abuse Treatment, 2021, 119, 108147

Many states have responded to the spread of COVID-19 by implementing policies which have led to a dramatic reduction in jail populations. We consider the benefits associated with providing the population of individuals who would, but for these policies, be incarcerated with substance use disorder (SUD) treatment. We discuss problems that may prevent this population from receiving SUD treatment as well as policies which may mitigate these problems.

COVID 19 and individuals with substance use disorder: challenges to the treatment centers in Pakistan
Aslam, N
Pakistan Journal of Medical and Health Sciences, 2020, 14, 2, 483

Impact of social distancing on individuals who use drugs: Considerations for emergency department providers
LeSaint K.T., Snyder H.R.
Western Journal of Emergency Medicine, 2020, 21, 5, p.1102-1104

The isolation that comes from social distancing during the COVID-19 pandemic can be particularly detrimental to the United States' population of people who use drugs. People with substance use disorders may be at risk for return to use, exacerbation of existing mental health disorders, and risky drug practices. In this commentary, we review the risk to people who use drugs and how emergency department providers can best support these individuals during the unprecedented time of social distancing.

Music therapy for the treatment of patients with addictions in COVID-19 pandemic
Situmorang D.D.B.
Addictive Disorders and their Treatment
12 October 2020
DOI: 10.1097/ADT.0000000000000224

Integrating responses to the opioid use disorder and infectious disease epidemics: a report from the National Academies of Sciences, Engineering, and Medicine
Springer SA, Merluzzi AP, Del Rio C.
Journal of the American Medical Association
324, 1, p.37-38, 2020

A clash of epidemics: Impact of the COVID-19 pandemic response on opioid overdose
Linas B.P., Savinkina A., Barbosa C.,
Journal of Substance Abuse Treatment, 2021, 120, 108158

Coronavirus disease 2019 (COVID-19) will have a lasting impact on public health. In addition to the direct effects of COVID-19 infection, physical distancing and quarantine interventions have indirect effects on health. While necessary, physical distancing interventions to control the spread of COVID-19 could have multiple impacts on people living with opioid use disorder, including impacts on mental health that lead to greater substance use, the availability of drug supply, the ways that people use drugs, treatment-seeking behaviors, and retention in care. The degree to which COVID-19 will impact

the opioid epidemic and through which of the possible mechanisms that we discuss is important to monitor. We employed simulation modeling to demonstrate the potential impact of physical distancing on overdose mortality.

MOUD provision in correctional settings during time of COVID-19: prevention and solutions
Zaller N, Brinkley-Rubinstein L.
Journal of Addiction Medicine
5 October 2020
DOI: 10.1097/ADM.0000000000000758

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.

The impact of heroin illicit market in the framework of COVID 19 pandemic
Marinelli, E
European Review for Medical and Pharmacological Sciences
24, 10, p.5197-5198, 2020

Self-reported alcohol, tobacco, and cannabis use during COVID-19 lockdown measures: results from a web-based survey
Vanderbruggen, N; Matthys, F; Van Laere, S; et al
European Addiction Research
10 October 2020
DOI: 10.1159/000510822

Background:
The outbreak of coronavirus disease 19 (COVID-19) has led to measures of social distancing and quarantine worldwide. This stressful period may lead to psychological problems, including increases in substance use.
Objective:
To investigate changes in alcohol, tobacco, and cannabis consumption before and during COVID-19 lockdown and motives for these changes in substance use.
Method:
A web-based survey was filled out by an unselected population during the social distancing measures of the COVID-19 pandemic in Belgium that assessed changes in alcohol, tobacco, and cannabis consumption in the period before and during the COVID-19 lockdown and also asked about reasons for change.
Results:
A total of 3,632 respondents (mean age 42.1 ± 14.6 years; 70% female) filled out the survey. Overall, respondents reported consuming more alcohol (d = 0.21) and smoking more cigarettes (d = 0.13) than before the COVID-19 pandemic (both $p < 0.001$), while no significant changes in the consumption of cannabis were noted. The odds of consuming more alcohol during the lockdown were associated with younger age (OR = 0.981, $p < 0.001$), more children at home (OR = 1.220, $p < 0.001$), non-healthcare workers ($p < 0.001$), and being technically unemployed related to COVID-19 ($p = 0.037$). The odds of smoking more cigarettes during the lockdown were associated with younger age (OR = 0.988, $p = 0.027$), current living situation ($p < 0.001$), lower education ($p = 0.015$), and working situation related to COVID-19 ($p = 0.018$). Boredom, lack of social contacts, loss of daily structure, reward after a hard-working day, loneliness, and conviviality were the main reasons for consuming more of the various substances.
Conclusions:
During the lockdown, individuals consumed slightly more alcohol and smoked marginally more cigarettes compared to the period before the lockdown. Further research focussing on follow-up of individuals at risk may be useful to provide appropriate care in post-COVID times.

CQC outlines plans to monitor infection prevention and control (IPC) over winter
We will continue to regulate care and hospital locations over the coming months to support organisations as they prepare for winter and provide assurances to the public that locations are safe and well prepared, including for people who are discharged from hospital with a Covid-positive status | CQC, UK
https://www.cqc.org.uk/news/stories/cqc-outlines-plans-monitor-infection-prevention-control-ipc-over-winter

Pandemic fuels new cocktail of drug use in South Australia as border closures disrupt ice supply
South Australian illicit drug users are believed to be turning to cocaine and party drugs as hard border closures disrupt the supply of crystal methamphetamine into the state | abc.net.au, Australia
https://www.abc.net.au/news/2020-10-09/pandemic-fuels-new-cocktail-of-drug-use-in-south-australia/12722600

COVID changed the way we use drugs and alcohol — now it's time to properly invest in treatment
During crises and disasters, alcohol and other drug use often changes. But the changes are not straightforward and impacts may be different for different groups of people | Conversation, Australia
https://theconversation.com/covid-changed-the-way-we-use-drugs-and-alcohol-now-its-time-to-properly-invest-in-treatment-147577

Addiction expert sees lack of 'urgency' as COVID overwhelms Staten Island drug crisis
https://www.silive.com/news/2020/10/addiction-expert-sees-lack-of-urgency-as-covid-overwhelms-island-drug-crisis.html

Why professionals, depressed and anxious, are developing substance use disorders
The Covid-19 pandemic, with its own deadly consequences, is making the US drug epidemic even worse – and many of its victims include white-collar professionals | Guardian, UK
https://www.theguardian.com/lifeandstyle/2020/oct/13/white-collar-professionals-substance-use-disorders-pandemic

A hidden cost of Covid: shrinking mental-health services
Hospitals have cut psychiatric, substance-abuse beds as demand grows; 'she crashed and there was no safety net for her crashing'
https://www.wsj.com/articles/a-hidden-cost-of-covid-shrinking-mental-health-services-11602255729

Hospitals reduce beds for addiction treatment and mental health during pandemic
https://drugfree.org/drug-and-alcohol-news/hospitals-reduce-beds-for-addiction-treatment-and-mental-health-during-pandemic/?utm_source=pns&utm_medium=email&utm_campaign=hospitals-reduce-beds-for-addiction-treatment-and-mental-health-during-pandemic

Misuse of fentanyl and heroin on the rise during COVID-19 pandemic
https://drugfree.org/drug-and-alcohol-news/misuse-of-fentanyl-and-heroin-on-the-rise-during-covid-19-pandemic/?utm_source=pns&utm_medium=email&utm_campaign=misuse-of-fentanyl-and-heroin-on-the-rise-during-covid-19-pandemic