

COVID-19 AND THE TREATMENT OF SUBSTANCE USE DISORDERS

INTRODUCTION

The world is in the midst of a global health crisis caused by the COVID-19 pandemic. Member states of the Organization of American States (OAS) are faced with the urgent need to implement public health and safety measures to prevent transmission of the virus.

To ensure the care and protection of individuals currently undergoing substance use treatment, as well as service providers working in treatment centers, the Experts Group on Demand Reduction of the OAS' Inter-American Drug Abuse Control Commission (CICAD), chaired by Colombia and vice-chaired by Paraguay, developed this document with recommendations for OAS member states. Drafted in collaboration with the Pan American Health Organization (PAHO), the recommendations take into account crucial issues that need to be addressed during this emergency, including those related to health services for people in drug treatment, those providing services to the homeless population, and health care professionals.

Recommendations from CICAD'S Experts Group on Demand Reduction

In the context of COVID-19, several countries have implemented measures that include confining the population -- for example, at home or in shelters -- for long and indefinite periods. These conditions could have a profound effect on pre-existing mental health conditions and disorders related to psychoactive substance use. Similarly, there could be recurrences of concurrent mental disorders or dual pathology, relapses, and other negative consequences related to difficulties in accessing mental health care.

The current COVID-19 pandemic is an unprecedented challenge that has several implications for health services. For example, within the framework of comprehensive care, anyone who accesses treatment for substance use disorder must be guaranteed a differential diagnosis, including assessment of concurrent disorders or dual pathology and infectious diseases, aimed at defining measures of prevention, treatment, and combined activation of social and community services.

COVID-19 may pose a greater risk to cannabis or tobacco smokers,¹ vapers, and, even more so, for people in vulnerable and socially disadvantaged conditions, such the homeless², who generally fall under high comorbidity, non-adherence, and/or dual disease categories, as well as higher overall mortality³. COVID-19 disease can increase that disparity. In these circumstances, respect for the human rights of all persons affected must be taken into account and public health measures must be carried out without any form of discrimination. From a holistic health standpoint, it is necessary to recognize the undeniable relationship between mental health and the use of psychoactive substances. Positive mental health is fundamental for human development, allowing for the building of relationships, the construction of meaningful life projects, and allowing individuals to go about life's daily activities. These recommendations cover the value of community, the importance of feeling safe, as well as the need for emotional support and a sensation of hope and peace.

Another important issue is that coordination between government agencies and civil society is crucial to meeting people's needs during this public health crisis.

For all these reasons, CICAD's Experts Group on Demand Reduction is particularly concerned about psychoactive substance users who are in treatment for substance abuse. To ensure their care and protection, particularly during this public health emergency, the Group has prepared the following recommendations:

¹ NIDA. (2020, March 12). COVID-19: Potential Implications for Individuals with Substance Use Disorders. Retrieved from <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders> on 2020, March 19.

² Tsai, J., & Wilson, M. (2020). COVID-19: a potential public health problem for homeless populations. *The Lancet Public Health*.

³ Baggett TP, Hwang SW, O'Connell JJ, et al. Mortality among homeless adults in Boston shifts in causes of death over a 15-year period. *JAMA Intern Med* 2013; 173: 189–95.

Recommendations for health services for people in treatment for problematic substance use:

- Allocate a greater percentage of mental health resources to outpatient, community, and primary care services, within the distribution of resources provided for health care needs.
- Reserve services for hospitalized patients for cases that require special attention, such as people with life-threatening mental disorders (e.g., high risk of suicide). Consider sending people home (if that option is available) or to social services and focus on remote resources (telephone, internet, chat, etc.).
- Allocate more resources to health and other related ministries for prevention and care of psychoactive substance users, as part of an integrated approach to drug consumption.
- Provide people with information and means to protect themselves. (Consult the WHO document “Mental health and psychosocial considerations during the COVID-19 outbreak”)
- Provide basic hygiene resources, such as soap and water, to people in contact with the health services providers.
- Encourage people not to gather, except in exceptional cases, highlighting the dangers to themselves and others in possibly contracting the disease.
- Inform staff and contacts that if COVID-19 begins to spread in the community, anyone with respiratory symptoms or fever should stay home and contact health services quickly.
- Continue with psychosocial therapies. If therapies, including group therapy, need or will have to be discontinued, consider providing contact remotely (telephone, Internet, etc.) and/or individually to provide patients with the necessary care and support.
- Ensure access to emergency care without discrimination for drug users and people with substance use disorders who have respiratory symptoms. During this time, people with drug use disorders may be motivated to start or continue treatment to end their disorder. It is, therefore, crucial to be ready to provide support as soon as possible.
- Restrict outpatient care in treatment centers that continue to admit patients, to avoid crowding and reduce contact between people. Make the admission criteria stricter (because of the risk of contagion) and shorten the length of stay where possible.
- Follow guidelines issued by national health systems for admitting new patients and for managing infected or exposed residents and visitors.
- Promote the continuity of treatment from home for this period. The use of available remote services (telephone, Internet, SMS messages, etc.) is recommended for the evaluation and

treatment of the people receiving care. Contact should be daily, facilitated by service professionals.

- Maintain a medical reference team for those situations that require medication during this period.
- Increase care for those in treatment. Dysfunction within households is likely to intensify over time, so support from programs is fundamental. Include families in daily contact.
- Maintain communication between members of therapy groups, using text messaging, chat groups, online meeting platforms, and other available resources, while always respecting the privacy of those participating. It is important that any virtual strategy be supervised by the team of professionals.
- Maintain interventions aimed at preventing stigma and discrimination, which can hinder access to treatment.
- Record remote interventions and the evolution of those who receive them.
- Work with families or support structures, if possible, to develop a daily routine to avoid and address situations of stress or crisis that may arise during this period. Identify sources of conflict and situations of violence within the home.
- Strengthen strategies for relapse prevention, self-monitoring, planning, motivation, contingency management, and emotional management.
- If the user does not have a support network, the institution must be able to meet the needs of users.
- Use psycho-educational strategies, such as providing up-to-date information about COVID-19 and about common drug treatment issues, which can be used by drug dependents and/or their families.
- Check the medication under professional supervision, maintaining enough doses for the period of home confinement.
- Consider individuals' physical and cognitive restrictions in the guidance provided to them.
- Provide multimodal information materials (such as web-accessible formats), as well as material for people with audio/visual impairment, among others.
- Maintain an empathetic and understanding attitude to the demands of patients who are residing in treatment centers in relation to their need to know how their families are, as well as feelings of regret or guilt about substance use episodes. If possible, healthcare providers should have individual sessions with them at least once a day.

- Redirect the user to the appropriate medical facility, if you believe you are dealing with a suspected case of contagion.

Recommendations for teams working with homeless people:

- Establish isolation and shelter facilities where they do not exist. An increase in coverage will probably be necessary to avoid overcrowding.
- Establish public health strategies and support for those who refuse to go to shelters, in order to reduce the risks of contracting COVID-19 in the street.
- Implement physical distancing in shelters and ensure enough supplies for cleaning and protection (such as masks and gloves).
- Staff working with homeless people should take every precaution to avoid infecting both the assisted community and themselves by maintaining an adequate distance and using personal protective equipment.
- Design services taking into account the urgency of the situation and the needs of the homeless population; services must be adapted to people and not vice versa.

Team care recommendations:

Professional teams suffer considerably during this period, faced with a new, urgent, and indefinite situation that can increase stress and emotional overload. Additionally, they need to support people who are experiencing increasing levels of anxiety and worry. Another element to consider is that working from home presents challenges such as child and family care. Given this situation, the following is recommended:

- Ensure dissemination and permanent updating of medical case management protocols.
- Ensure the publication of support materials such as posters, flyers, videos, etc., of protective measures such as hand washing in working environments.
- Maintain team monitoring, emphasizing self-care measures and activities as well as ensuring sufficient rest periods. It is important to take care of professional teams as this situation is likely to be long-term.
- Understand the conditions faced by those directly affected by COVID-19 as well as by their families.

- Establish a shift system for healthcare providers performing on-site care visits to minimize exposure to risk.
- Reinforce personal protection recommendations to reduce the risk of contagion.
- Provide mental health care options for workers.
- Guarantee adequate conditions for professional teams by offering them space to rest and eat properly as a measure of self-care.

ADDITIONAL RESOURCES

Coronavirus Support Network: <https://www.issup.net/network/140>

American Psychiatric Association, webinar ‘COVID-19 and Mental Health: Caring for the Public and Ourselves’:

https://education.psychiatry.org/Users/ProductDetails.aspx?ActivityID=7256&utm_source=SMI_Adviser_COVID19_Email&utm_medium=March2020

The Network for Public Health Law, ‘COVID-19: Crisis Standards of Care—Guidance for Health Care Systems and Providers’: https://www.networkforphl.org/resources/covid-19-crisis-standards-of-care-guidance-for-health-care-systems-and-providers/?blm_aid=24247

Preventing COVID-19 outbreak in prisons: a challenging but essential task for authorities:

<http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/news/news/2020/3/preventing-covid-19-outbreak-in-prisons-a-challenging-but-essential-task-for-authorities>

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA): EMCDDA update on the implications of COVID-19 for people who use drugs and drug service providers:

<http://www.emcdda.europa.eu/publications/topic-overviews/catalogue/covid-19-and-people-who-use-drugs>

Mental health and psychosocial considerations during the COVID-19 outbreak

<https://www.who.int/publications-detail/mental-health-and-psychosocial-considerations-during-the-covid-19-outbreak>