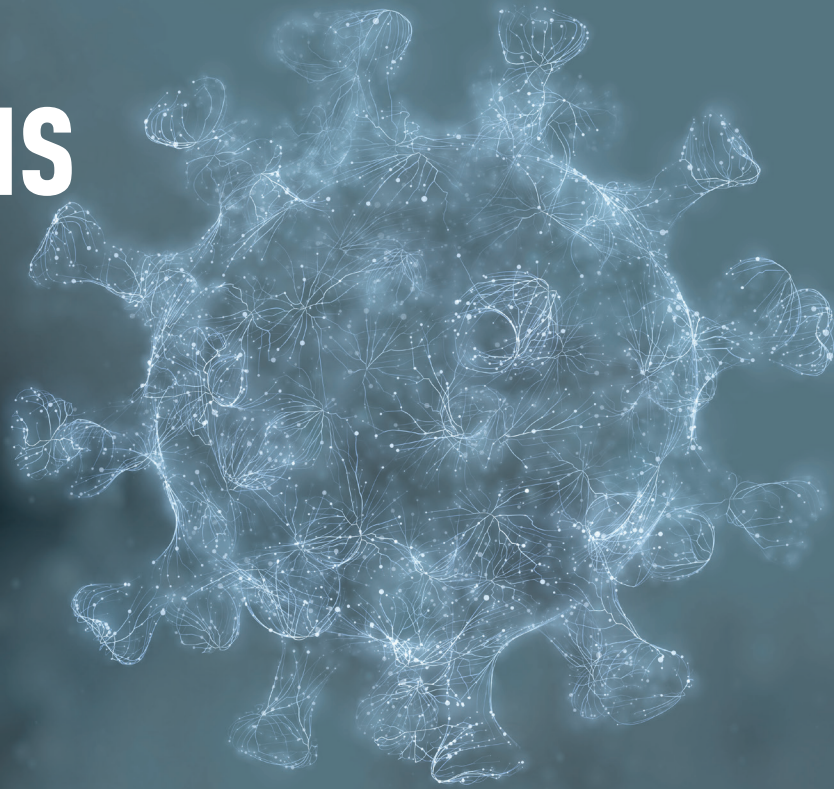


# CONSIDERATIONS FOR DRUG RESEARCH AND COVID-19



There is scarce information on the relationship between the coronavirus disease 2019 (COVID-19) and substance use or its potential impact on the drug problem in general. This lack of information gives rise to questions, such as: What are the increased health risks for people who smoke, vape, or use other drugs? What is the impact of COVID-19 on the mental health of drug users and society at large? How will individuals' access to treatment change as a result of COVID-19? What are the best practices for methadone maintenance in a context where people must remain isolated?

In order for public health systems to be able to respond effectively, answers to these questions must

be based on valid and reliable evidence. In this sense, the COVID-19 pandemic serves as a reminder of the importance of science as an effective tool in fighting the disease, as well as continuing active public health monitoring in order to provide ongoing data to respond to the serious effects of the pandemic, particularly on vulnerable populations.

Following are some issues that the COVID-19 pandemic raises for drug researchers regarding its impact on people who use substances, people with substance use disorders (SUDs), and other vulnerable populations. Some corresponding data sources and references are included at the end of this paper.

## Data on substance use trends and COVID-19

There has been much speculation regarding the potential impact that the COVID-19 pandemic will have on substance use. Some have raised the concern that the time spent at home during pandemic lockdown will result in higher rates of alcohol use and binge drinking. Others have speculated that cannabis use will decrease in states where cannabis dispensaries close during lockdowns. Alternatively, some speculate that cannabis use will increase in places where dispensaries stay open or do home delivery.

Member states should maintain their drug surveillance systems during COVID-19, continue data-gathering after the COVID-19 crisis ends, and should carefully analyze data before and after the COVID-19 pandemic to understand changes in substance use patterns. Similarly, countries that gather data on treatment should look at admission data before and after the COVID-19 crisis to see whether there is an increase in admissions and requests for admission.

The Canadian Centre on Substance Abuse (CCSA) conducted a telephone-based poll that asked about perceptions on substance use while sequestered at home during the COVID-19 crisis<sup>1</sup>. While the sample was small, it provided information that could guide further research. The poll concluded that 18% of people who stay at home during the crisis reported that they believed their alcohol use increased, 12% reported that it decreased, and 70% reported that their alcohol use remained about the same. People who reported that their use increased cited lack of a regular schedule, boredom, stress, and loneliness as common reasons. Women were more likely to cite stress and men were more likely to cite boredom. Furthermore, Canadians who reported a decrease in use cited a lack of access and social opportunities as the most common reason. Age was an important factor; Canadians under the age of 54 were more likely to report that they believed their alcohol use increased while home due to COVID-19 compared with the entire population.

Polls such as the one carried out in Canada are useful methods for quickly gathering basic information on behavior changes while at home due to COVID-19. While polls and other small, targeted studies do not normally offer nationally representative data, the information can be used to complement existing data. Such surveys are versatile and can be carried out online through social media relatively quickly, while honoring social distancing guidelines. While these methodologies may not be feasible for all OAS member states, they can provide options for researchers to acquire data on the impact of COVID-19.

Countries that regularly gather and maintain basic healthcare information, such as through hospital and death records, are in an excellent position to examine different sociodemographic and economic variables that may affect outcomes for patients who contract COVID-19. Variables such as age, sex, race, and socioeconomic status, are likely to be important health determinants. These variables, combined with histories of drug, alcohol, tobacco use, and vaping, may combine to have a higher impact either for contracting COVID-19 or for experiencing increased complications associated with the disease.

## Data on increased risks to health for substance users due to COVID-19

Although there is insufficient data to identify causal links between COVID-19 and health risks for substance users, it is possible to make some reasonable hypotheses based on previous experience. Substances that affect the lungs and heart, in particular, are likely to present increased risks to users during the COVID pandemic. Most of the data that will allow researchers to examine the relationship between drug use and increased risk of contracting COVID, or increased risk of complications due to COVID and drug use will come hospitalizations and clinical records. Useful methods for examining this data are systematic reviews of clinical records and other aggregate clinical data.



<sup>1</sup> CCSA March Omni, Summary Report. Accessed online on 04/15/20 at <https://www.ccsa.ca/sites/default/files/2020-04/CCSA-NANOS-Alcohol-Consumption-During-COVID-19-Report-2020-en.pdf>

Smoking and vaping may present some additional risks related to COVID-19. According to the National Institutes of Health (NIH), evidence exists that diseases such as E-cigarette or Vaping Associated Lung Injury (EVALI) and smoking-related lung diseases harm lung cells and diminish the ability to respond to infections. A study published in the Journal of the American Medical Association (JAMA) indicated that the case fatality rate (CFR) for COVID-19 was 6.3 percent for those with chronic respiratory disease, compared to a CFR of 2.3 percent overall<sup>2</sup>. While this is not enough data to draw a direct link between COVID-19 and increased morbidity or mortality among vapers and smokers, it is reasonable to suspect that COVID-19 presents higher risks for those individuals regardless of whether the person uses cannabis or nicotine products.

According to the National Institute on Drug Abuse (NIDA) of the United States, concerns exist about methamphetamine and other drugs that constrict blood vessels and contribute to pulmonary damage and pulmonary hypertension. Patients with a history of methamphetamine use may be at higher risk for complications if they contract COVID-19.

Opioids and opiates are essential medicines around the world; however, given the opioid crisis facing many nations, these substances are highly addictive and are associated with their own national crisis. NIDA has noted that opioids slow the respiratory response, and people who use opioids at high doses - whether under the supervision of a doctor or not - often experience respiratory health issues, potentially raising the risks associated with COVID-19<sup>3</sup>. While there is no conclusive evidence that people who use opioids are at higher risk from COVID-19, researchers could examine this issue as data emerge.

## Data on methadone maintenance and COVID-19

One of the challenges of working in an epidemic situation, such as COVID-19, is that public health decisions are often reactive and occur in the absence of reliable information. The Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States provides some guidance on managing inpatient care, the use of outpatient services, the use of telehealth, and other options during the COVID-19 crisis.

Countries that are attempting to respond to both the COVID-19 crisis and the opioids crisis simultaneously have had to make treatment and recovery decisions that would not be considered best practices under normal circumstances, in order to comply with quarantine guidelines. Some recovery clinics, for example, are providing clients with supplies of methadone to self-administer at home so they can continue maintenance during the quarantine. Self-administering methadone protects the general public from spreading the disease further; however, no one knows what the long-term outcomes will be for people who self-administer methadone at home for weeks at a time. Researchers and clinicians who are interested in understanding the outcomes for people who self-administer methadone at home should consider developing studies to follow-up clients after quarantine ends. Ideally, the follow-up would occur as soon as possible after quarantine is lifted, and would continue into the months after the COVID-19 crisis ends.



<sup>2</sup> Zunyou Wu, Jennifer McGoogan. Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China: Summary of a Report of 72,314 Cases From the Chinese Center for Disease Control and Prevention. Journal of the American Medical Association (JAMA). April 7, 2020. Accessed on April 15, 2020 at JAMA. 2020; 323(13):1239-1242. doi:10.1001/jama.2020.2648

<sup>3</sup> NIDA, COVID-19: Potential Implications for Individuals with Substance Use Disorders. Accessed online on 05/03/2020 at <https://www.drugabuse.gov/about-nida/noras-blog/2020/04/covid-19-potential-implications-individuals-substance-use-disorders>

## Data on vulnerable populations and COVID-19 transmission

Institutions such as NIDA and the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), point out that people who have SUDs are more likely to have limited access to healthcare, and experience housing insecurity and stigmatization<sup>4</sup>. Many with SUDs live in shelters, on the street, or in shantytowns, which brings challenges to practicing social distancing and good hygiene in order to decrease the probability of contracting COVID-19. While there is no specific data on rates of infection among people who are homeless, live in shelters, or have other types of housing insecurity, researchers should consider monitoring these populations. Primary sources for information in these populations usually come from small, qualitative studies. Data collection methods are some of the most challenging requiring network-based data collection, such as network-scale-up-methods or similar research methodologies. Some sources of secondary data might be from local shelters and non-governmental organizations (NGOs) that support underserved populations.

On a global scale, the incarcerated population represents the largest concentration of human confinement. Overcrowding in prisons makes social distancing difficult or impossible, while poor hygiene and limited access to healthcare combine to create situations of high risk for infection. Research shows that substance use in prisons is common, thus increasing the risk of complications among infected inmates. To understand the increased risk that COVID-19 represents to this sector, researchers should consider gathering data on this population through records on inmate healthcare from prisons. Countries that carry out periodic studies among the incarcerated population are in the best position for understanding whether the COVID-19 pandemic has a differential impact on this population.

Maintaining research and monitoring during a crisis is highly challenging. Moreover, it will be difficult for countries not used to monitoring drug use to be able to detect whether substance use increased, decreased, or changed in any way following the COVID-19 crisis. Nevertheless, this should not prevent governments from implementing and maintaining public health surveillance and data gathering. The COVID-19 pandemic highlights the importance of active drug and other health surveillance, not only during times of crisis.

The following are some information sources on the relationship between drug use and COVID-19.



<sup>4</sup> COVID-19 and People Who Use Drugs, accessed on 05/13/20 at <https://www.emcdda.europa.eu/publications/topic-overviews/covid-19-and-people-who-use-drugs>

## Sources

**Canadian Centre on Substance Abuse (CCS):** [www.ccsa.ca](http://www.ccsa.ca) <https://www.ccsa.ca/sites/default/files/2020-04/CCSA-NANOS-Alcohol-Consumption-During-COVID-19-Report-2020-en.pdf>

**Centers for Disease Control (CDC):** [www.cdc.gov](http://www.cdc.gov)

**European Monitoring Centre on Drugs and Drug Addiction (EMCDDA):** [https://www.emcdda.europa.eu/topics/covid-19\\_en](https://www.emcdda.europa.eu/topics/covid-19_en)

**National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH): COVID-19: Potential Implications for Individuals with Substance Use Disorders,** <https://www.drugabuse.gov>

**Pan American Health Organization (PAHO): COVID-19 and Non-Communicable Diseases,** <https://www.paho.org/en/documents/information-note-covid-19-and-noncommunicable-diseases>

**Substance Abuse Mental Health and Services Administration (SAMSHA): Considerations for the Care and Treatment of Mental and Substance Use Disorders in the COVID-19 Epidemic: March 20, 2020,** <https://www.samhsa.gov/coronavirus>

**United States Department of Justice, Drug Enforcement Administration:** <https://www.deadiversion.usdoj.gov/coronavirus.html>