

# IMPACT OF COVID-19 PANDEMIC IN ADDICTION TREATMENT RESOURCES

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## Background

The coronavirus infection 2019 (COVID-19), could affect severely people with substance use disorders (SUDs). For instance, as a respiratory infection it could affect in a most severe way to people who smoke or vape. Also, people who use opioids are at higher risk of overdoses and to suffer hypoxemia. Psychostimulants as cocaine and methamphetamine constrict blood vessels and increase the risk of pulmonary damage. Finally, people who use drugs are more likely to experience homelessness or incarceration making more difficult the prevention of the virus dissemination. As many health services were closed during the pandemics, the continuity of treatment of drug addiction patients supposed a challenge for most Addiction Services and most of them had to reorganize to continue offering treatment to patients. <sup>1,3</sup>

The aim is to present the adaptations in different facilities involved in treatment of SUD during COVID-19 pandemic and to describe changes in patients assessed during the strict lockdown period (March to May, 2020) in Sant Adrià del Besòs (Barcelona, Spain).

## Methods

In March 2020, harm reduction services and outpatient addiction centers had to adapt to avoid the spread of the infection and to address continued access to the services including the low-threshold services.

The main changes were: a) implementation of telemedicine and to reduce face-to-face visits to new admissions on treatment and urgent demands; b) to rehearse the continuity of pharmacological treatment by increasing the take-home deliver of opioid maintenance treatments and other medications; c) cancelation of group-based therapies; d) to apply a protocol for early detection of COVID-19 infected cases (Figure 1).

We have obtained data on number of patients assessed and main sociodemographical and clinical data for 3 months (March-May 2020), and we compared them with the same period in 2019.

Figure 1. Main changes implemented in Out-patient addiction centers and Harm reduction services during the period March-May 2020 (strict lockdown).

Out patient Addiction Center
<ul style="list-style-type: none"><li>•Implementation of telemedicine</li><li>•Limit face-to-face visits to new admissions on treatment and urgent demands</li><li>•Increasing the take-home deliver of opioid maintenance treatments and other medications to rehearse the continuity of pharmacological treatment</li><li>•Cancelation of group-based therapies</li><li>•Implementation of a protocol for early detection of COVID-19 infected cases</li></ul>
Harm Reduction Service
<ul style="list-style-type: none"><li>•The center was open during all the lockdown period</li><li>•Split the professional team in two groups to prevent infection transmission</li><li>•Provide protection equipment (masks, hydroalcoholic solution) to users</li><li>•Open a second injection room to maintain injections points, but assuring security distance</li><li>•Increase the coordination with addiction centers for quick referrals to initiate treatments</li></ul>

## Results

The measures were implemented in the harm reduction center and in the outpatient center. We observed a decrease in harm reduction service use (53%), whereas the number of overdoses treated in the service were stable (Table 1). The number of patients seeking treatment in outpatient addiction center, slightly increased; mainly men (76% in 2019 vs. 94% in 2020) and the main drug was heroin (58%) and alcohol (23%) (Table 2).

Table 1. Changes observed in the Harm Reduction Service between the periods March-May 2019 and the same months in 2020 (strict lockdown)

	2019	2020	Differences
<b>Number of drug injections</b>			
March	8973	5566	-38%
April	6682	2206	-66%
May	7064	3281	-54%
<b>Overdoses treated in the center</b>			
March	20	21	5%
April	23	12	-48%
May	15	12	-25%

Table 2. Changes observed in the patients asking for treatment in the Outpatient Addiction Center between the periods March-May 2019 and the same months in 2020 (strict lockdown).

	2019	2020
Number of patients asking for treatment	25	31
Males	19 (76%)	29 (94%)
Age (years)	42 ± 11	44 ± 10
<b>Main Drug</b>		
Opioids (heroin)	14 (56%)	18 (58%)
Cocaine	1 (4%)	5 (16%)
Alcohol	8 (32%)	7 (23%)
Cannabis	1 (4%)	0
Sedatives	1 (4%)	1 (3%)

## Conclusion

The necessary adaptations to Addiction Services provision provide opportunities for the analysis of current processes used and the introduction of new processes. COVID-19 pandemic could be an opportunity to increase readiness to change and referrals to treatment in patients using drugs. To maintain services available to patients, adapting protocols, is an effective strategy.

## References

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