



GLOBAL EXCELLENCE IN ADDICTION MEDICINE



University College Dublin
Ireland's Global University

Practicing Addiction Medicine in the Midst of a Global Pandemic: Challenges, Successes and Lessons Learned (Global)

Prof Dr Alex Baldacchino

United Kingdom (Scotland) and President International Society of Addiction Medicine (ISAM)



University of
St Andrews

April 9th 2021



No conflicts of interest to
declare

OUR MISSION

The International Society of Addiction Medicine (ISAM) is an international collaboration of Addiction Medicine specialist and/or generalist clinicians that aim to support, improve and sustain evidence-based education, research and policy driven activities in the prevention and treatment of illicit and licit substance use and behavioral use disorders



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OUR PRODUCTS

ISAM Textbook of Addiction Treatment: International Perspectives 2nd Edition

The second edition of the ISAM textbook is the basis on which to prepare for the ISAM Certification Examination with 110 contributions from 220 internationally acclaimed experts in the field of addiction medicine and related disciplines.

ISAM Certification Examination

The ISAM Certification Examination is a professional based postgraduate diploma level testing knowledge and competencies in the field of addiction medicine. In the last 16 years since its inception, 275 have sat the exam from 22 countries worldwide.

ISAM Fundamentals Workshops

Currently, ISAM offers two interactive Fundamentals Workshops: Leadership and Training the Trainers, with more being considered in the near future.

ISAM Annual Global Scientific Congress

Fulfilling its educational mandate, ISAM help organise, with the support of local committees, an annual scientific congress varying the location to different geographical zones in an effort to make the proceedings accessible to all. Future meetings include Valletta, Malta (2021), finalizing Marrakesh (2022) and bids are being considered for 2023 and 2024 possibly Australia, Portugal, and Italy.

Currently there are six Interest Groups:

Neuroscience Interest Group (NIG)

isam.NIG@gmail.com

Spirituality Interest Group (SIG)

**Behavioral Addiction Interest Group
(BIG)**

Policy and Practice Interest Group

(PPIG) isam.ppig@gmail.com

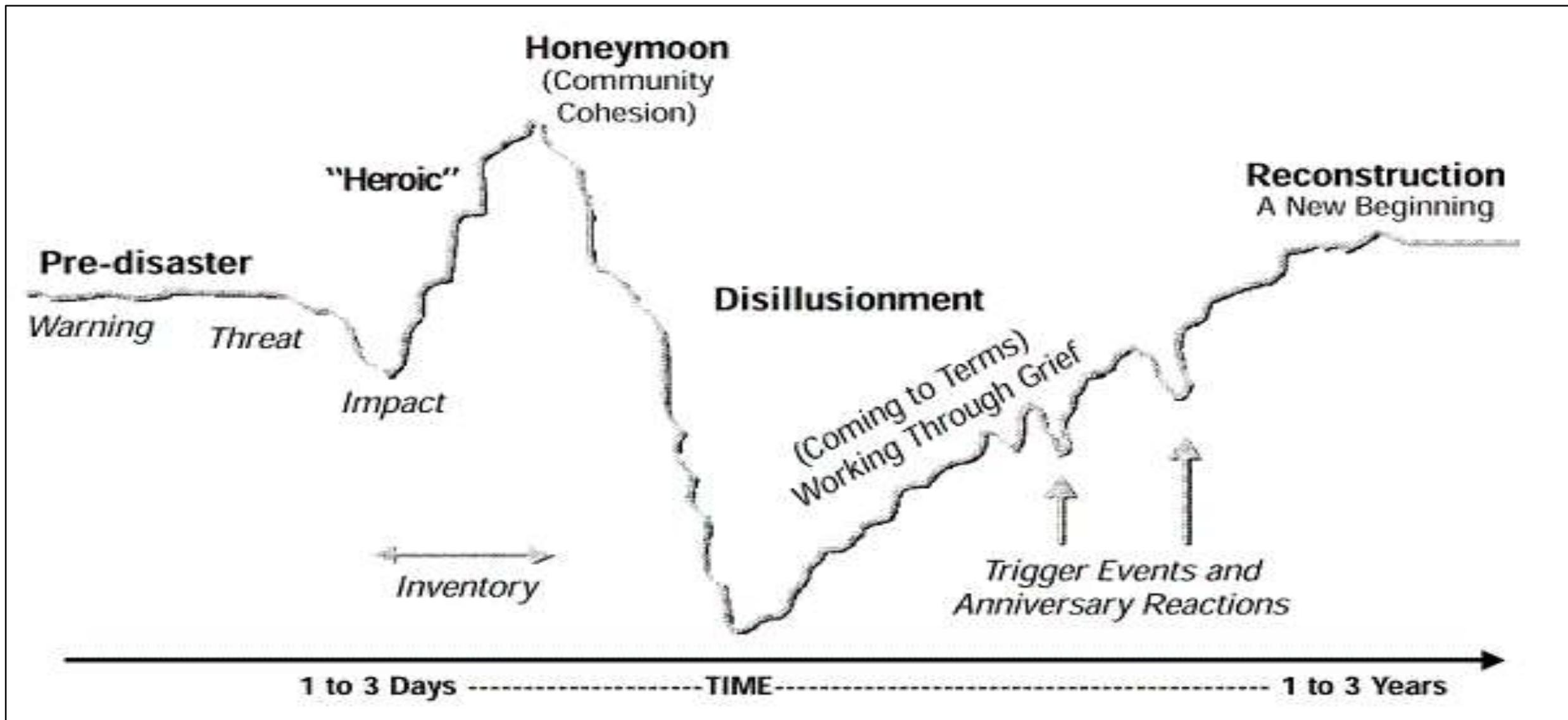
**Philosophy & Humanities Interest
Group (PHIG)**

12-Step Interest Group (TSIG)

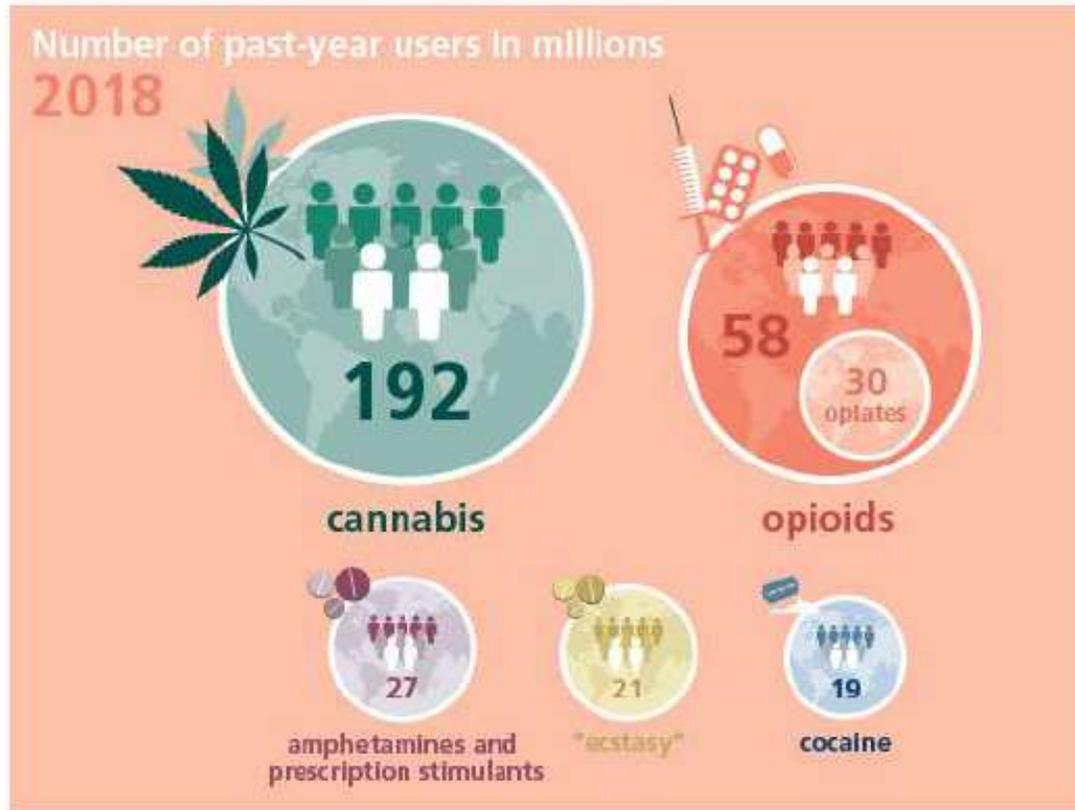
For information: www.isamweb.org



GLOBAL EXCELLENCE IN ADDICTION MEDICINE



Global situation - drug use and drug use disorders (WDR, 2020)



- Approximately **269 million** people worldwide (5.4% of the global population aged 15-64) have **used** drugs at least once in 2018 (1:19 persons)
- **35.6 million** people suffer from drug use disorders (0.7% global prevalence)

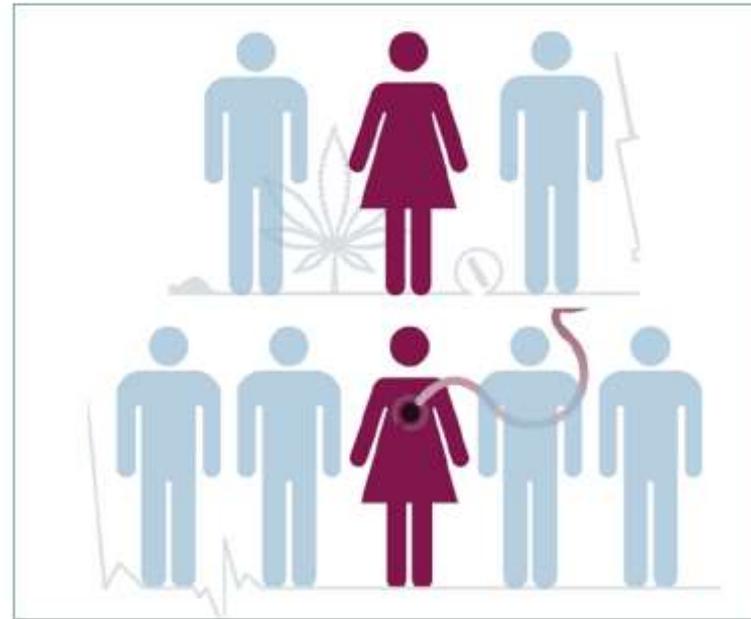
(WDR, 2020)

Limited access to treatment of drug use disorders

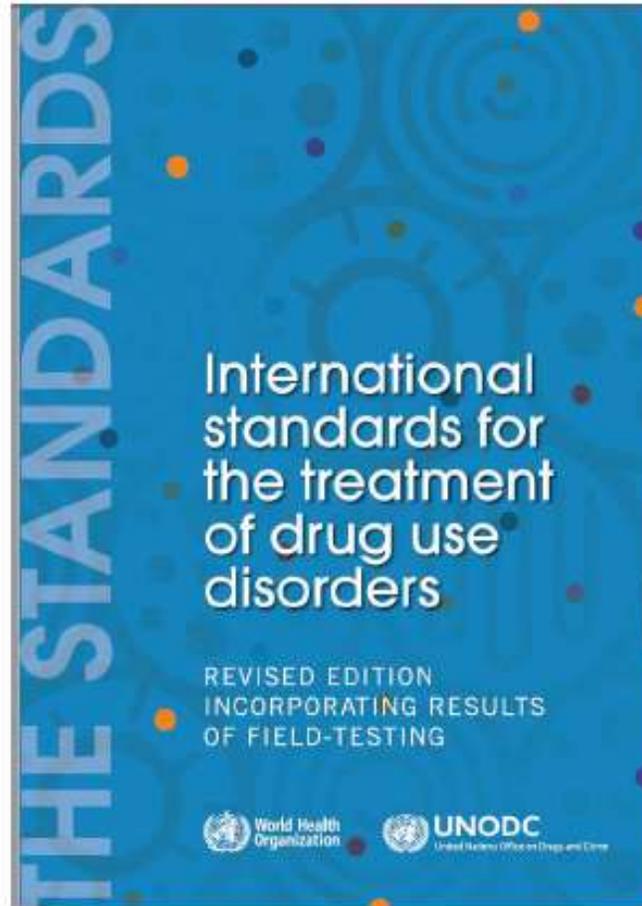
1:8

**Access to treatment
for people with drug
use disorders**

- While 1:3 people who use drugs is a woman, only 1:5 people in treatment for drug use disorder are women



International Standards for the Treatment of Drug Use Disorders (2020)



- Support Member States in developing and expanding evidence-based treatment services and systems for substance use disorders
- A continuum of care across different settings
- Based largely on existing UNODC/WHO recommendations
- Developed together with a group of international experts
- UNGASS 2016 recommended
- Published March 2020

ISAM responses: COVID-19 Pandemic and SUD

- 4 ISAM PPIG COVID19 Webinars April-September 2020
 - ISAM COVID19 Position Paper
 - COVID19 Global Survey and follow up (ongoing)

**Review Paper: COVID-19 and Substance Use Disorders:
Recommendations to a Comprehensive Healthcare
Response. An International Society of Addiction Medicine
(ISAM) Practice and Policy Interest Group Position Paper**



Ali Farhoudian^{1,2} , Alexander Baldacchino³ , Nicolas Clark^{4,5} , Gilberto Gerra⁶ , Hamed Ekhtiari⁷ , Geert Dom⁸ , Azarakhsh Mokri¹ , Mandana Sadeghi⁹ , Pardis Nematollahi¹⁰ , Maryanne Demasi⁴ , Christian G. Schütz¹¹ , Seyed Mohammadreza Hashemian¹² , Payam Tabarsi¹³ , Susanna Galea-Singer¹⁴ , Giuseppe Carrà¹⁵ , Thomas Clausen¹⁶ , Christos Kouimtsidis¹⁷ , Serenella Tolomeo¹⁸ , Seyed Ramin Radfar^{2, 19*} , Emran Mohammad Razaghi¹ 

UNODC suggestions for addressing substance use disorders during COVID-19 (April 2020)

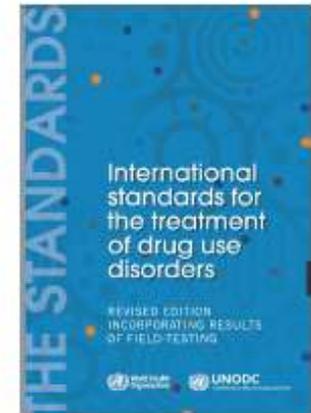


SUGGESTIONS ABOUT TREATMENT, CARE AND REHABILITATION OF PEOPLE WITH DRUG USE DISORDER IN THE CONTEXT OF THE COVID-19 PANDEMIC

A contribution to the health security of countries and communities



- Continued access to treatment services
- Ensure the safety of staff and patients
- Cleanliness and hygiene standards of premises
- (in 15 languages)





Address continued access to the services

Consider the continued access of people to the services even and especially in times of crisis; prepare service continuation plans; make sure overall recommendations for infectious respiratory diseases are followed and special guidelines for COVID-19 patients are in place.



Address the safety of the staff and the patients at the services

Consider the need to organize the delivery of services so that the risks associated with close contact with people or any other form of social gathering are minimized; for example, waiting rooms and queues in outpatient settings might need to be reorganized, whilst in residential settings, measures to reduce the spread of the virus amongst people already in treatment, whilst ensuring continuity of care will need to be applied. Train staff, including outreach workers, on COVID-19 prevention and provide them with protection equipment.



Make sure the premises of the services are clean and hygienic

Refer to WHO guidance including: surfaces and objects wiped with disinfectant regularly; regular and thorough hand-washing by staff and people that visit the services promoted; sanitizing hand rub dispensers are made available in prominent places around the premises; dispensers are regularly refilled; posters promoting hand-washing are displayed, ensuring that staff and people visiting the services have access to places where they can wash their hands with soap and water.



Continuity of low-threshold services

Distribute naloxone to people likely to witness an opioid overdose including those who use opioids, outreach workers, and first responders for emergency responses to opioid overdose; maximize efforts to distribute clean needles to people who inject drugs to avoid sharing of needles; consider the continuation of peer support even through remote means of communication.



Continuity of psycho-social therapies

If therapies, including group therapy, need or will need to be suspended, consider the possibility of providing contact remotely¹ (e.g. by phone or internet)² and/or on an individual basis to provide patients with the care and support required.



Provide people with information on and means to protect themselves at every possible occasion

Refer to WHO guidance to provide information to people about how to protect themselves and provide people in contact with the services with basic hygienic necessities to protect themselves from the virus, such as soap². Encourage people not to gather together to the extent possible, highlighting dangers for themselves and others. Brief staff and people in contact with the services that, if COVID-19 starts spreading in their community, anyone with even a mild cough or low-grade fever (37.3 C or more) needs to stay at home.



Continuity of pharmacological therapy

Consider measures for continued access of all medications, including: restocking, providing delivery at home, take-home medication, extended prescriptions, and extended-release formulations.

- Naloxone needs to be available on premises and provided to people who use opioids and/or those likely to witness an opioid overdose.
- With regard to opioid agonist maintenance therapy with methadone and buprenorphine (including extended release buprenorphine where available), increase the number of patients which are eligible for take-home doses, providing take-home doses for a minimum of two weeks; pre-prepare the doses for each patient to reduce the waiting time, and schedule the pick-up times so that the daily number of patients accessing the services is low.
- If withdrawal is a concern, ensure people have access to supportive medication.
- Consider continued access to symptomatic medications and medication for the treatment of co-occurring disorders.
- For some highly motivated people with opioid use disorders or in places where maintenance treatment with opioid agonists is not available, access to naltrexone for relapse prevention might be an option.



Support homeless people, including people with drug use disorders

Provide shelter keeping in mind social distancing guidance, as possible; distribute safety and hygiene equipment when possible and ensure access to the basic WHO recommended prevention measures.



Under no condition should a person be denied access to health care based on the fact that they use drugs!

Ensure access to respiratory assistance, including intensive care when required, to people who use drugs and with drug use disorders without discrimination. Consider the fact that people with drug use disorders who are not yet in treatment, might be interested to start in this time of crisis; it is crucial to be ready to provide support as soon as possible. For this purpose, drug treatment centers can establish separate triage services to address COVID-19 related queries and drug treatment demand without delays.

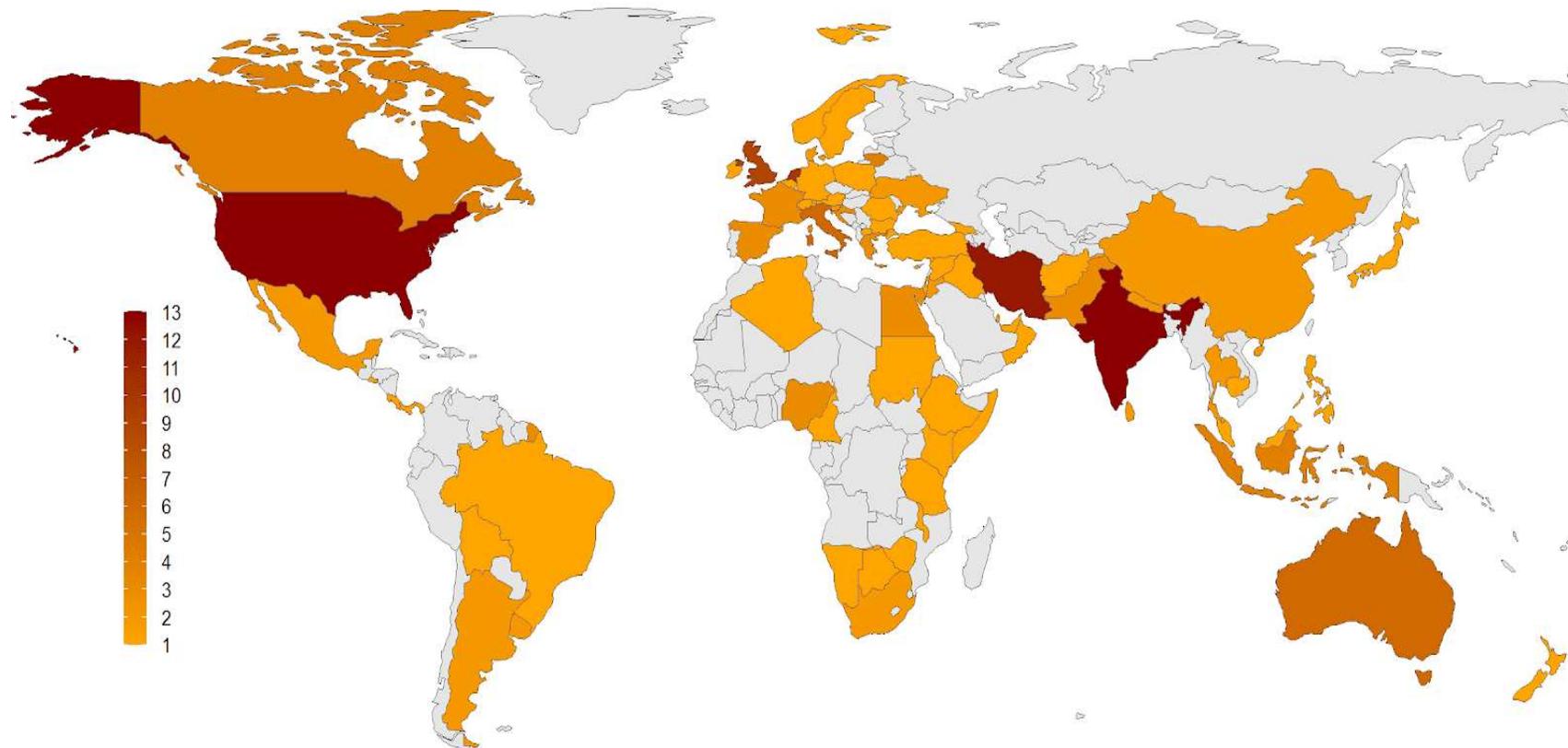


ISAM Global Survey on COVID-19 Pandemic and SUD

On behalf of the ISAM PPIG COVID19 Global Survey Group

Global Distribution of the Responders to the Survey

(177 respondents from 77 countries around the world)



Main Aims of the Survey



- How substance use patterns have changed during COVID-19 crisis in different countries
- How services have been re-organized during and post-COVID-19
- What continuity and/or contingencies were planned as a result



Methodological Paper: COVID-19 and Substance Use Disorder: Study Protocol for the International Society of Addiction Medicine Practice and Policy Interest Group Global Survey



Alexander Baldacchino¹, Seyed Ramin Radfar², Cornelis De Jong³, Parnian Rafei⁴, Masud Yunesian⁵
, Gilberto Gerra⁶, Kathleen Brady⁷, Mohsen Ebrahimi⁸, Mehrnoosh Vahidi^{9*}, Arash Khojasteh Zonoozi¹⁰,
Hossein Mohaddes Ardabili¹¹, Anja Busse¹², Elizabeth Saenz¹³, Giovanna Campello¹³, Kamran Niaz¹⁴, Hamed
Ekhtiari¹⁵, Ali Farhoudian¹⁶



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A global survey on changes in the supply, price and use of illicit drugs and alcohol, and related complications during the 2020 COVID-19 pandemic

Posted July 24, 2020.

[Ali Farhoudian](#), [Seyed Ramin Radfar](#), [Hossein Mohaddes Ardabili](#), [Parnian Rafei](#), [Mohsen Ebrahimi](#), [Arash Khojasteh Zonoozi](#), [Cornelis A J De Jong](#), [Mehrnoosh Vahidi](#), [Masud Yunesian](#), [Christos Kouimtsidis](#), [Shalini Arunogiri](#), [Helena Hansen](#), [Kathleen T Brady](#), [Marc N Potenza](#), ISAM-PPIG Global Survey Consortium, [Alexander Mario Baldacchino](#), [Hamed Ekhtiari](#)

doi: <https://doi.org/10.1101/2020.07.16.20155341>

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Reorganization of Substance Use Treatment and Harm Reduction Services during the COVID-19 Pandemic: A Global Survey

Posted September 22, 2020.

[Seyed Ramin Radfar](#), [Cornelis A J De Jong](#), [Ali Farhoudian](#), [Mohsen Ebrahimi](#), [Parnian Rafei](#), [Mehrnoosh Vahidi](#), [Masud Yunesian](#), [Christos Kouimtsidis](#), [Shalini Arunogiri](#), [Omid Massah](#), [Abbas Deylamizadeh](#), [Kathleen T Brady](#), [Anja Busse](#), ISAM-PPIG Global Survey Consortium, [Marc N Potenza](#), [Hamed Ekhtiari](#), [Alexander Mario Baldacchino](#)

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Concerns during first months of lockdown

- Closure of inpatient and significant reduction in rehabilitation facilities
- Lockdown policies and homelessness
- Potential medication shortages
- Community pharmacy disruption to dispensing and COP arrangements
- Disruption of Injecting Equipment Provision
- Disruption of Take Home Naloxone and increase in overdose
- Prison liberations
- Reduction and stoppage of psychological interventions
- Infections in clinical staff
- Lack of support to people with alcohol use disorder

Covid-19 SUD (including alcohol)

Continuity plans

- Changes in structure and management
- Resource allocation to ensure adequate staffing
- Area utilization, reduction of elective activity, reserve capacity and prioritization
- Ensure up-to-date information revised guidelines and training needs
- Increase in equipment needs
- Timely clinical governance

General advice to heterogenous population of drug users

Be aware of possible lower access to illicit drugs

Divide the dose and take less amounts than usual

Avoid injection and inhalation (smoking or vaping) than sniffing or oral intake

Avoid taking drugs while alone, at the same time keep more than usual distance to others

Increased supply of take home naloxone

Lower threshold to contact the doctor / health service for those who are particularly vulnerable during this time

Main goals

Reduce the *risk of infection* among patients and staff

Ensure *proper, continuous and timely* medical treatment

Enhance the *low threshold capacity* for treatment intake (daily pick up rather than COP)

Ensure continuation of skeleton outpatient services with additional increase in home delivery for those shielding

Very frequent telephone/text communication with laterally increase in digital technology.
Reducing digital poverty

Reduce the risk of overdose and overdose deaths
Flooding market with THN

Aware of higher risk groups: older age, comorbid chronic diseases and malnutrition, lower life standard with proactive planning through multiagency interventions

Reorganization of Substance Use Treatment and Harm Reduction Services during the COVID-19 Pandemic: A Global Survey

Seyed Ramin Radfar^{1, 2}, Cornelis A. De Jong³, Ali Farhoudian^{4*}, Mohsen Ebrahimi^{5, 6}, Parnian Rafei⁷, Mehrnoosh Vahidi⁴, Masud Yunesian⁸, Christos Kouimtsidis⁹, Shalini Arunogiri¹⁰, Omid Massah¹, Abbas Deylamizadeh¹¹, Kathleen T. Brady¹², Anja Busse¹³, Marc N. Potenza^{14, 15}, Hamed Ekhtiari¹⁶, Alexander M. Baldacchino¹⁷

Recommendations



- **RECOMMENDATION 1:** International organizations and other related groups should provide adequate support to raise policymakers' knowledge in the area of addiction medicine on ***how to establish business continuity plans*** during the acute stages of pandemics to make advanced care planning decisions through effective leadership.
- **RECOMMENDATION 2:** Governments and local authorities should be cognizant that an effective response system is based around a well informed and supportive environment. ***Available and communicated international and national clinical guidelines*** are pivotal in future responses to similar epidemics when supporting PWSUD as part of a syndemic response.

Recommendations cont....



- **RECOMMENDATION 3:** International organizations with regional and local government structures need to create contingencies around *adequate supply of medication* such as methadone and buprenorphine
- **RECOMMENDATION 4:** *Harm reduction initiatives* should be seen as an *integral part* of an evidence-based treatment program and not as an adjunct to failed treatment and/or solely as a public health response to reduce blood borne diseases



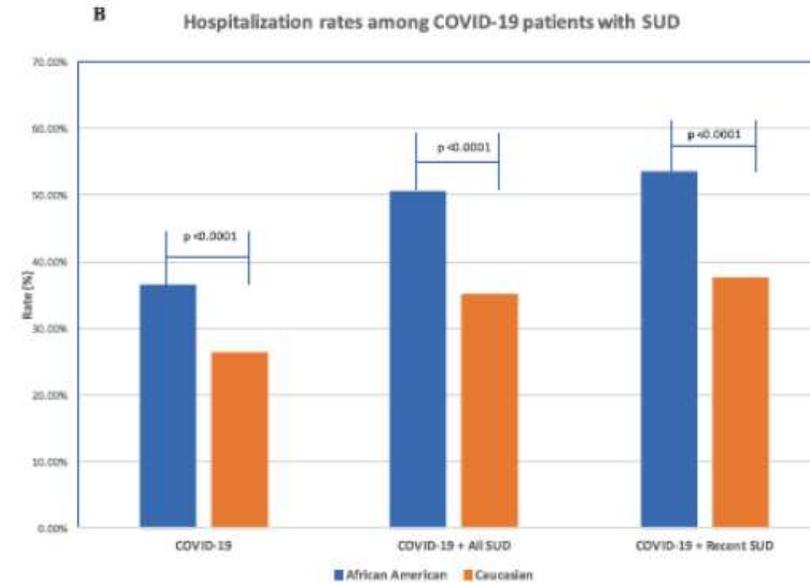
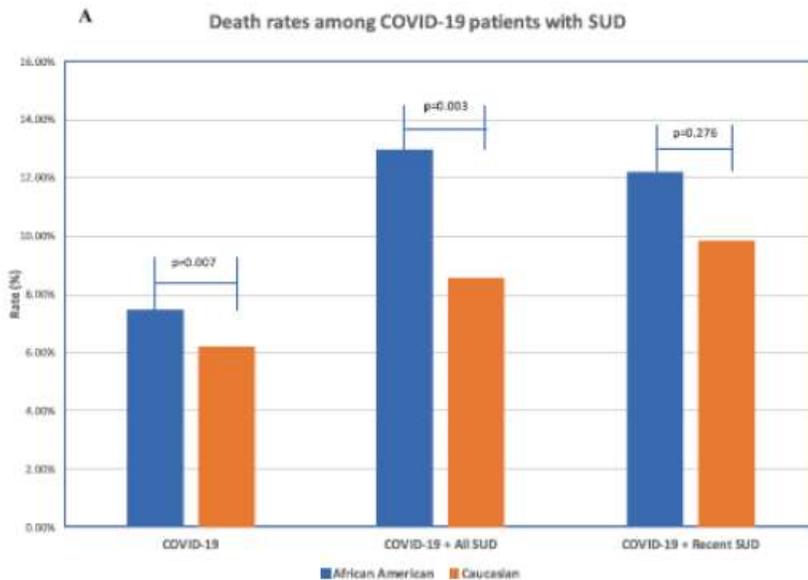
COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the United States

This article has been corrected since Advance Online Publication and a correction is also printed in this issue

Quan Qiu Wang¹ · David C. Kaelber² · Rong Xu ¹ · Nora D. Volkow ³

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COVID-19 impacts people with substance use disorders: Higher risk of COVID-19 Morbidity and Mortality



- **8.7 times** higher risk for COVID-19; especially, **10.2 times** higher risk for People with Opioid Use Disorders
- Higher prevalence of medical comorbidities: i.e. Chronic kidney, liver, lung, cardiovascular diseases, diabetes, obesity and cancer etc
- Significantly worse outcomes: i.e. death (**9.6%** vs 6.6%) and hospitalization (**41%** vs 30%)

(Wang and Volkow et al, 2020)

a retrospective case-control study of electronic health records (EHRs) data of 73,099,850 unique patients, of whom 12,030 had a diagnosis of COVID-19. Patients with a recent diagnosis of SUD (within past year) were at significantly increased risk for COVID-19 (adjusted odds ratio or AOR = 8.699 [8.411–8.997], $P < 10^{-30}$), an effect that was strongest for individuals with OUD (AOR = 10.244 [9.107–11.524], $P < 10^{-30}$), followed by individuals with tobacco use disorder (TUD)



The Impact of Stigma on Treatment Services for People With Substance Use Disorders During the COVID-19 Pandemic – Perspectives of NECPAM Members

Lisa Dannatt¹, Ramdas Ransing², Tanya Calvey³, Florian Scheibein⁴, Noha Ahmed Saad⁵, Tomohiro Shirasaka⁶, Rodrigo Ramalho⁷, Sagun Pant⁸, Ramyadarshni Vadivel⁹, Kristiana Siste¹⁰, M. J. Stowe¹¹, Kamal Narayan Kalita¹², Saïd Boujraf¹³, Roberta Testa¹⁴, Sidharth Arya¹⁵, Nirvana Morgan¹⁶ and Paolo Grandinetti^{17*}

COVID-19 AND PEOPLE WHO USE DRUGS

Essential interventions to save lives
and protect people



HARM REDUCTION MUST GO ON

COVID-19
resource centre

"Harm Reduction Must Go On"¹⁸
Correlation – European Harm
Reduction Network



- Experiences from harm reduction organisations from all over Europe.
- Statements, position papers, guidelines, and protocols on issues related to drug use, sex work, homelessness, prisons, gender & sexual orientation, HIV/Hep C/ tuberculosis, etc.
- Links to online trainings, discussions and podcasts.

[WEBSITE](#)



Save lives and protect people

"Save Lives - Protect People"¹⁶
Pompidou Group
of the Council of Europe



- First-hand examples by frontline workers for use by decision-makers and practitioners.
- Available in 6 languages.
- Professionals are invited to share and publish their experiences on the platform.
- Collaboration of Pompidou Group together with Correlation - European Harm Reduction Network and the European Federation of Therapeutic Communities (EFTC)

[WEBSITE](#)

COVID-19 and drugs

"Covid-19 and Drugs"
and **"Covid-19 Resource Page"**¹⁷
European Monitoring Centre on Drugs
and Drug Addiction - EMCDDA



- Collection of own publications on COVID-19 and drugs.
- Recent news and events.
- A media library with videos and infographics.
- Useful links selected specifically for drug service providers, PWUD, and prison services.

[WEBSITE](#)

Patient concerns

Research Paper: Psychological Impact of the Acute COVID-19 Period on Patients With Substance Use Disorders: We Are All in This Together



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