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How COVID-19 Is Changing Addiction Medicine

A Summary from the Canadian Society of Addiction
Medicine–International Society of Addiction Medicine
2020 Conference

May 2021

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CCSA, 500–75 Albert Street
Ottawa, ON K1P 5E7
Tel.: 613-235-4048
Email: info@ccsa.ca

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Introduction

The COVID-19 pandemic has profoundly impacted addiction medicine and the delivery of care to those with substance use disorders (SUDs), often by exposing or widening existing gaps in access to health care and social services. The pandemic and the measures to control the spread of the coronavirus have had a negative impact by both increasing substance use and reducing the ability to effectively deliver services and supports to those with SUDs. In some jurisdictions, researchers speak of a synergistic epidemic or “syndemic” in which the coronavirus is working with the existing opioid crisis to increase morbidity and mortality. Similarly, the pandemic appears to have had a more significant effect on those with SUDs who are living in depressed economic or social conditions. The pandemic has also enabled those practicing addiction medicine to demonstrate their ability to quickly pivot and adapt the way they deliver care, notably in the increased use of virtual care and telemedicine. To date, research into the impact of COVID-19 on SUDs has been limited to observational studies, surveys and knowledge syntheses.

A specialized track on COVID-19 and substance use was featured at the joint annual conference of the [Canadian Society of Addiction Medicine](#) (CSAM-SMCA) and the [International Society of Addiction Medicine](#) (ISAM), held virtually on November 12–14, 2020. This report summarizes content from that track, as well as from the larger ISAM-CSAM 2020 conference with a view to informing the response to the pandemic and sharing lessons learned among those working in the substance use and addiction sector. The specialized track was sponsored by CSAM-SMCA and the Canadian Centre on Substance Use and Addiction (CCSA) and explored how the global COVID-19 pandemic is changing addiction medicine.

- The impact of the COVID-19 pandemic on the use of alcohol, tobacco and psychoactive drugs, and on services and supports was identified as significant, but data are lacking to precisely define this impact.
- Many discussed a “syndemic” involving the coronavirus interacting with mental health issues and the opioid crisis.
- The COVID-19 lockdowns affected those individuals who were in recovery from SUDs, as well as those with problematic gambling who experienced increased temptation to go online to gamble.
- The pandemic has exacerbated and perpetuated the depressed economic and social conditions that many with substance use disorders were already experiencing.
- Healthcare professionals shared their experiences in adapting to provide services and supports in the face of restrictions imposed by the pandemic.
- Several lessons learned were shared, including the need to disseminate appropriate guidelines for treatment quickly and effectively under lockdown circumstances; the value of liberalizing policies for the use of opioid agonist therapy; and the value of providing care virtually.

Intended for a broad audience, including clinicians, researchers and students, this report examines how COVID-19 is affecting care for those with SUDs, from substance supply and use patterns, to social and psychological issues arising from lockdowns and stay-at-home orders. The report summarizes featured symposia, presentations and posters, and explores the impact of different international approaches to care for on this complex issue.

The report aims to address several important questions:

- How has the treatment of addiction changed because of the COVID-19 pandemic?
- What are the key challenges for researching and disseminating information about substance use and SUDs?



- What have been the major deficits and opportunities in treating SUDs during the pandemic?
- What key lessons learned from the pandemic will improve addiction services and supports?

See Appendix B for a full list of presentations and presenters used to inform this report.

Opening Remarks

Introductory remarks by conference organizers and leading speakers all touched on COVID-19 with many focusing on the “syndemic” of COVID-19, the opioid crisis and mental health and substance use concerns. “COVID has created an environment of forced change where we’ve had to quickly pivot how we deliver care,” said CSAM-SMCA President, Dr. Melanie Willows in her welcoming remarks. Willows noted how different parts of the world have been impacted differently by COVID-19 and presentations at the conference also underscored both the similarities and differences in how the addiction medicine community has responded to challenges posed by restrictions to control spread of the coronavirus.

“The COVID-19 outbreak has worsened already alarming overdose rates in many parts of the country,” said Canadian federal Health Minister Patty Hajdu. “People who use substances have often lost connections with formal and informal supports, and public health measures have often resulted in reducing access to harm reduction and other therapeutic services. We also see signs that the illegal drug supply is becoming increasingly toxic. We need to take stronger action now to turn the tide of this crisis.” Hajdu noted one of the first actions by the federal government when the pandemic broke out was to introduce class exemptions under the *Controlled Drugs and Substances Act* that allowed provinces and territories to establish temporary overdose prevention sites quickly in response to local needs. She has urged provinces, territories and regulatory bodies to use every tool possible to provide access to safer supply options in their jurisdictions.

In her remarks, Rita Notarandrea, CCSA’s CEO, said that for people who use substances, “the pandemic has created and exposed the stresses and shortcomings in our health system; in access and availability of health care and social services.” Notarandrea talked about the challenges during the past year of moving quickly to cope with the pandemic. A bulletin released by CCSA in May 2020 highlighted how measures related to the pandemic were impacting the illicit drug supply with fewer available drugs, increased prices and increased adulteration. At the same time, there were limited services for people who use drugs, deepening isolation and diminished income: “When you combine a tainted supply with limited access to services and supports, the already perfect storm becomes even more deadly,” Notarandrea said.

In terms of response, Notarandrea pointed out how changes to provincial and territorial regulations now permit nurses and other health professionals to prescribe opioid agonists and how access to naloxone has been increased in many jurisdictions. She and several other leaders noted that their organizations, including the World Health Organization (WHO) and the American Society of Addiction Medicine, had created online hubs of information related to the impact of COVID-19 on substance use. (See Appendix A: Resources.)

Notarandrea concluded on a positive note, suggesting that “the lessons learned and the innovations and the policy changes” that have arisen “to address the stresses and the cracks that had existed ... in our healthcare system” provide the opportunity to mend those cracks in a more lasting way after the pandemic.

Dr. Vladimir Poznyak, Psychiatrist and Head, Alcohol, Drugs and Addictive Behaviours Unit, WHO, provided an overview of the steps taken by the WHO to address the COVID-19 pandemic as it relates



to those with SUDs. From the beginning of the pandemic, the WHO provided consistent messaging related to substance use and COVID-19, including:

- Drinking alcohol does not protect you from COVID-19.
- Avoid unhelpful coping strategies such as using tobacco, alcohol and other drugs.
- Avoid using alcohol or other psychoactive substances if you are a family member or caregiver responsible for children, people with disabilities or elderly individuals.
- People with SUDs should keep in touch with their therapist, psychologist or other caregiver, or a support group by email, phone or other remote means.
- If you have previously experienced serious withdrawal symptoms and continue to use alcohol or other psychoactive substances, gradually reduce consumption rather than stopping abruptly.

The WHO developed [guidance for maintaining essential services](#) in the face of COVID-19. Published in June 2020, its recommendations include:

- Maintaining critical harm reduction interventions and psychosocial services;
- Enhancing outreach care for isolated people with severe disorders;
- Ensuring uninterrupted opioid agonist maintenance treatment;
- Introducing longer prescription periods with expanded take-home practices; and
- Managing severe withdrawal syndromes.

Impact of COVID-19 on Substance Use and Treatment of Substance Use Disorders

The COVID-19 pandemic and measures taken to contain it have had a significant impact on the use of alcohol, tobacco and psychoactive drugs and on addiction treatment programs. Speakers who provided a global perspective on the issue admitted data were lacking to define this impact. How programs deliver addiction services has been impacted by the pandemic and the ability to maintain levels of service has depended on local policies and which services have been defined as essential.

Dr. Poznyak pointed out that predictions made before the pandemic for trends in alcohol, tobacco and psychoactive substance use globally were considered accurate up to 2025, but are now obsolete. He noted that a comprehensive effort by the global community is needed to reliably estimate the impact of the pandemic on substance use and its implications for health. As this effort has not been made, it is too early to understand the impact of the pandemic on those with SUDs.

Poznyak said that a number of countries reported increases in the sales and consumption of alcohol during the initial phases of the COVID-19 outbreak and during lockdowns. However, after analyzing all sources of data, it seems at the global level there has been a decrease of 10%–15% in alcohol consumption, accompanied by a clear increase in some segments of the population such as those not currently employed, those with alcohol use disorders and those in less stable situations.

Poznyak emphasized the impact of demands on health systems to treat the growing number of patients with COVID-19. This impact has included cancelling usual healthcare services, including preventive care.



WHO surveys of members have shown:

- Opioid agonist maintenance treatment was totally disrupted in 27% of reporting countries and partially disrupted in 18%.
- Overdose prevention and management programs were totally disrupted in 21% of countries and partially disrupted in 32%.
- Harm reduction services were totally disrupted in 30% of countries and partially disrupted in 35%.

Unlike what has been seen during other outbreaks, the COVID-19 pandemic has not shown high-income countries to be more resilient and its impact depends more on the number of COVID-19 cases with which a particular healthcare system is dealing.

Dr. Alexander Baldacchino, President-Elect, ISAM, referenced the [ISAM position paper on COVID-19](#), as well as an ongoing survey on the impact of the pandemic on SUDs. Results of the [first phase of the survey](#), intended to gather baseline data, were published in September 2020 with responses from 177 respondents in 77 countries.

The survey found that of the countries reporting:

- 37.5% reported shortages of methadone or buprenorphine supplies;
- 41% reported partial discontinuation of harm-reductions services, such as syringe programs;
- 57% reported overdose prevention interventions were negatively impacted; and
- 81% reported outreach services were negatively impacted.

Dr. Peter Selby, Clinician Scientist, Centre for Addiction and Mental Health, and Professor, Psychiatry, University of Toronto, spoke to the situation in Canada. Early in the pandemic, the centre developed [a repeat, cross-sectional survey](#) to get a sense of general population views and attitudes towards COVID-19, mental health and substance use. Surveys were conducted in May, June and July with about 1,000 respondents each time. Over this period, reported binge drinking has remained stable at about 27%, with feelings of anxiety, loneliness and depression also all being present.

Selby said there are concerns about the downstream impact of this heavy, episodic drinking on impaired driving and domestic violence. Many of those reporting binge drinking are concerned about their finances and spending money on alcohol can worsen financial difficulties. Selby also cited the significant increase in the number of drug overdoses since the pandemic began, especially in Ontario and British Columbia, and partly due to disrupted drug supplies and decreased access to treatment.

Dr. Kathleen Brady, President, ISAM, and Vice-President, Research, Medical University of South Carolina, presented survey data showing that alcohol consumption in the U.S. among those over age 30 increased 14% in the spring of 2020 compared to the same period the previous year. She noted that the stresses on the healthcare system of dealing with the influx of COVID-19 patients has made it even more difficult for people with addictions to access care.

Brady said the treatment network for those with SUDs in the U.S. has become “problematic” during the pandemic with states planning their responses without federal guidance or oversight. In her own state of South Carolina, many programs offering treatment did not consider themselves essential services during the pandemic lockdown and stopped providing opioid agonist therapy. State agencies eventually told these programs they had to stay open, but the agencies were slow to



identify a safe way to administer these medications. Residential programs had trouble adapting to the new environment and many shut down immediately. To maintain safe distancing rules when they reopened, they had to reduce the number of patients they treated, leading to their subsequent shut down because they could not afford to operate. Emergency rooms where patients with SUDs were often initially screened and referred for treatment also became overburdened with COVID-19 cases and were unable to continue to provide these services.

Dr. Ivan Montoya, Deputy Director, Division of Therapeutics and Medical Consequences, National Institute on Drug Abuse, provided data on the impact of COVID-19 on those with SUDs in the U.S. He reported on evidence of the increase in the use of psychoactive substances as a result of the pandemic. He quoted the [Millennium Health Signals Report](#), which reported findings based on 500,000 urine tests before and after mid-March 2020 when the pandemic was declared a national emergency in the U.S. After the pandemic was declared, the urine tests showed significant increases in the use of non-prescription fentanyl, methamphetamine, heroin and cocaine.

Montoya cited [a pilot national survey](#) of just over 1,000 individuals with SUDs in the U.S. conducted by the Addiction Policy Forum between April 27 and May 8, 2020. It showed 34% of those polled reported changes or disruptions in accessing treatment or recovery services with their main concern being the inability to access 12-step or support group meetings in person. Montoya reported a more serious consequence of the pandemic revealed by data from the Overdose Detection Mapping Application Program, which showed a 191% increase in drug overdoses from January to April 2020, as compared to the same period in 2019. In her presentation, Dr. Helena Hansen, Associate Director, Center for Social Medicine and the Humanities, University of California, Los Angeles, noted that overdose rates have risen in 40 of 50 U.S. states since the pandemic began.

Dr. Brady noted concerns that the pandemic would interrupt the increased funding that since 2017 the U.S. government had been putting into promoting medication-assisted treatment for opioid use disorder. However, the increased federal funding has been continued and federal restrictions around the way these medications are administered have been loosened. Brady emphasized the need to monitor the loosening of restrictions to determine the impact of allowing buprenorphine to be prescribed following a telehealth assessment instead of an in-person visit. In contrast with the U.S., Dr. Baldacchino said that in Scotland, addiction services are considered essential and there was a concerted approach to maintaining them with the same standards during the pandemic.

The ISAM Behavioral Addictions Special Interest Group discussed the challenges resulting from the pandemic on those with behavioural addictions such as gambling. In many instances, individuals dealing with problematic gambling had to contend with increased pressure to go online to gamble. The temptation to gamble online was further increased by advertising campaigns mounted by online gambling companies during lockdowns, which were only stopped after politicians and physicians sent letters of protest. Dr. Marc Potenza, Professor of Psychiatry, Yale School of Medicine, presented data showing that Internet gaming in Europe significantly increased during the initial stages of the pandemic, as did viewing of pornography online.

A study from Israel demonstrated that COVID-19 lockdowns had also affected those who were in recovery from an SUD. The study, presented by Dr. Hagit Bonny-Noach, Department of Criminology, Ariel University, and Dudi Gold, Rehabilitative Criminologist, evaluated the impact isolation caused by a COVID-19 lockdown had on 113 individuals in recovery from an SUD. The study revealed that 27% felt their ability to remain abstinent was jeopardized by being in isolation and a number reported increased use of online gambling sites or viewing of pornography online.

Dr. Montoya noted that the pandemic has been detrimental to clinical trials and ongoing research because of restrictions preventing individuals from attending clinics or hospitals to undergo required



tests. Much of the research on the pandemic and addiction medicine has been limited to surveys and observational studies. As of November 2020, the National Institute on Drug Abuse has funded 85 projects related to the pandemic, including:

- A survey of its impact on people with opioid use disorder receiving care in emergency departments;
- Methamphetamine use and HIV as risk factors for COVID-19 infection;
- Understanding the impact of the pandemic on methadone treatment retention and adherence; and
- The stress of the pandemic and risk factors for substance use.

Impact on Healthcare Providers

The COVID-19 pandemic has not only dramatically changed how those with SUDs receive treatment, but it has also directly impacted those providing care. According to data from the WHO, 14% of those who have been infected with COVID-19 are healthcare workers, many of whom have died.

Dr. Baldacchino remarked that when COVID-19 first struck, clinicians felt they were contributing and saving lives, which created positive energy, but also led to exhaustion. He thought most would agree that, with successive lockdowns and the prospect of the pandemic continuing indefinitely, clinicians were now “feeling quite disillusioned.” He noted that disillusionment, grief and bereavement were natural, adding that its “important as a clinician to be a person first, be a physician second.” He emphasized the need to prepare clinicians “for the long haul” by instilling “emotional resilience.”

Some measures introduced to reduce COVID-19 transmission have required healthcare professionals to work from home or in remote settings, which has become the norm for many working in the addiction field. Dr. Willows noted that the pandemic has required healthcare professions to balance their professional work with new demands at home.

COVID-19 has meant some healthcare providers have had to move from the addiction field to take on new roles in the healthcare system. Dr. Henrietta Bowden Jones, President, Royal Society of Medicine, Psychiatry Section, and Director, National Problem Gambling Clinic, U.K., described how most of her team at the gambling clinic were redeployed by the National Health Service during the lockdown to either frontline alcohol or drug treatment services or to the COVID National Nightingale hospital. “Only a handful of us were left behind. ... all new referrals were put on hold.”

The impact of COVID-19 on programs monitoring physicians, trainees and medical students with a history of SUDs was addressed by Dr. Lisa Lefebvre and Dr. Jon Novick, both associate medical directors with the Ontario Medical Association. They discussed how biomonitoring provided by the program for those with SUDs has been modified because of COVID-19. Before the pandemic, those in the program checked in daily and were expected to provide a urine sample by the end of the day, when requested. With the onset of the pandemic, all random urine tests were halted until April 6, after which the frequency of urine testing was reduced and limited to physicians who were working in clinical settings until full testing was resumed in June 2020. Those with alcohol use disorder involved in a pilot breathalyzer program were not required to participate in urine testing until later in the summer. Program participants now have two days to provide a urine sample, when required.

Novick noted one anecdotal finding, which has also been reported in other Canadian physician health programs, that relapses have increased among physicians in the program over the course of the pandemic, even in those programs that did not change their protocol. He said experiences of the last few months have prompted the physician health community to discuss the potential role of saliva testing, which is less invasive and easier to conduct.



“Deaths of Despair”

That the COVID-19 pandemic has worsened and perpetuated the depressed economic and social conditions many with SUDs were already experiencing was a consistent theme. Dr. Montoya articulated this theme clearly by referring to “Deaths of Despair,” from the title of the book, *Deaths of Despair and the Future of Capitalism*, by Anne Case and Angus Deaton, published in 2020. The term refers to the increased likelihood of those with a bleak social and economic outlook dying from suicide, drug overdose and alcohol use disorder. Montoya said this analysis recognizes the importance of the social and economic determinants of health. He pointed out that the pandemic, which has resulted in unprecedented economic failure and massive unemployment, is anticipated to increase deaths of despair. He cited estimates that the COVID-19 recession in the U.S. coupled with a slow rate of economic recovery could contribute to an additional 154,000 deaths.

According to Dr. Neeraj Gandotra, Chief Medical Officer, U.S. Substance Abuse and Mental Health Services Administration, social distancing, quarantine and isolation have sometimes been implemented without realizing what their full effects would be. “We understand that financial stress and unemployment, loss of income, housing and food insecurity lead to hopelessness. Coupled with isolation in an already vulnerable population, many experienced despair much more profoundly.” Dr. Brady noted that people’s health can be worsened by social determinants rather than anything done in the health system: “Domestic violence has been a big problem during the pandemic ... the calls to hotlines and reports of domestic violence have definitely gone up.” Cutting people off from self-help groups and other social supports has “worsened the situation for an already very vulnerable population.” Dr. Selby also noted that the combination of mental health issues and SUDs is made worse by poor social determinants of health. He called this “the worst sort of horror,” which has shifted the burden of the pandemic “to those who can least afford it.”

Dr. Hansen added a racial dimension to the discussion. She overviewed the development of the opioid crisis in the U.S., describing how it has led to a two-tiered drug policy that medicalizes white, middle-class people with opioid use disorder, while still criminalizing black, brown and low-income people with opioid use disorder. The intersection of substance use with COVID-19 exposure and containment has been especially toxic for non-white Americans, said Hansen, with black and Indigenous people in the U.S. being three to four times more likely to die from COVID-19 than white people. Overdose rates are also increasing more quickly for non-whites. She added that “because medical care is unequally distributed in the U.S., medical solutions to substance use disorder only widen the racial inequalities in treatment. Also, a pharmaceutical and biotechnology focused drug policy like we have in the U.S. tends to ignore the social drivers of drug use and overdose. So, both of these factors together heighten the effects of structural racism on health in the U.S. And this is one way that COVID has profoundly affected the relationship between the U.S. healthcare system and the racial groups that are now even more marginalized from clinical care.”

Virtual Care

As with all of those working in healthcare in 2020, the COVID-19 pandemic prompted a shift by clinicians in addiction medicine to providing care virtually through various telecommunications means for those with SUDs to maintain the safety of both patients and providers. Several speakers at the conference spoke about this shift to virtual care and about the experiences of physicians in several countries, including India, Japan, Nigeria and New Zealand. While the pandemic forced the move to virtual care, many report this change has been viewed favourably by patients. However, the



loss of in-person contact with therapists and peer support programs, and restrictions in some jurisdictions to prescribing opioid agonist therapy virtually have had a negative impact.

An initiative by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and ISAM is striving to better understand how virtual care is being used by those working in the addiction field. A survey by ISAM reported by Dr. Joseph Tay Wee Teck from the University of St. Andrew's, Scotland, showed the extent to which SUD programs adapted to virtual care when COVID-19 struck:

- 88% reported starting to offer counselling services by telephone;
- 77% reported starting to offer online therapy services;
- 68% reported starting to offer online service helplines; and
- 37% reported developing mobile apps to deliver their programs.

The technology is not innovative, Tay Wee Teck pointed out, “but rather the adaptations to organizational structures and processes, treatment culture and governance, which have had to occur to make these changes possible.”

Dr. Marica Ferri, Head of Sector Support to Practice, EMCDDA, noted that many providers simply started calling their patients when in-person appointments were not possible and patients appreciated these outreach efforts. Tay Wee Teck added that the COVID-19 crisis has, at least temporarily, led to regulatory changes to remove barriers to implementing telehealth.

The WHO recommendations for dealing with COVID-19 state that telehealth can be provided for:

- Follow-up visits;
- Psychological treatment;
- Caregivers of people with SUDs; and
- Group psychosocial care (e.g., mutual help groups).

Ferri described an advisory document produced by her agency in 2017 on using telehealth for those with SUDs that suggested it could be used for:

- Providing drug-related information with harm reduction advice;
- Treating patients with SUDs;
- Educating treatment professionals through e-learning; and
- Monitoring substance use with digital diaries.

The magnitude of the shift to virtual care was reinforced by Dr. Brady who said that in the spring of 2020 billings for telehealth in the U.S. increased 8,000-fold. “With that came the push to really cover telehealth in a manner equal to covering in-person visits.”

Discussing the adaptation of “talking therapies” to a virtual format in New Zealand during the pandemic, Dr. Susanna Galea-Singer, addictions and mental health specialist, described some challenges. For example, it can be difficult to assess whether a patient is at risk of suicide if the assessment must be done over the phone or on a virtual platform. It can also be challenging to develop a safe space for trust and mutual respect virtually, especially if the talking therapy is run with a group.



Some presenters outlined efforts to help those without access to a mobile phone or other technology that would allow them to receive virtual care. In many countries, Internet access can be an issue and Wi-Fi speed must be high to support some virtual platforms. Galea-Singer noted that in New Zealand 15%–20% of households in lower socioeconomic areas do not have Internet access.

Dr. Baldacchino described how recently released offenders with SUDs in Scotland were given mobile phones so they could stay in contact with those providing treatment. Dr. Hansen discussed how computers have been provided in low-income neighbourhoods for those who do not have access to them and how some marginalized communities have developed virtual safe injection sites where people can monitor each other online for signs of overdose.

Dr. Abhishek Ghosh, Assistant Professor, Postgraduate Institute of Medical Education and Research, Chandigarh, India, discussed the potential benefits and challenges of virtual care in his country. A strict lockdown prevented most patients who depended on public transit from accessing opioid agonist therapy in-person, while at the same time providers were prevented from prescribing opioid agonist therapy virtually.

While some countries have dedicated platforms for delivering virtual care, Ghosh said, treatment providers in many countries such as India and Bangladesh must rely on public social media channels such as WhatsApp, Snapchat or Facebook, which raises privacy concerns about virtual care. Another presentation from India showcased the value of a digital approach in providing nationwide opioid agonist therapy training to 608 healthcare workers by the National AIDS Control Agency.

The [Global Digital Technology and Health in Addictions Services Survey](#), funded by EMCDDA and the Scottish government and launched in partnership with ISAM at the conference, is investigating the use of digital technology in addiction services delivery. Dr. Tay Wee Teck, who is leading this project, said that its main aim is to share best practices in virtual care for addiction medicine. While the full potential of telehealth is yet to be realized, it cannot be ignored. Tay Wee Teck looks forward to overcoming the limitations that exist and making virtual addiction medicine services sustainable.

Some speakers suggested that as COVID-19 is brought under control, SUD programs will develop into hybrid models of care, where services are provided both virtually and in person. This mirrors the integration of virtual care currently happening in many other areas of medicine. Tay Wee Teck noted that the main question about virtual care facing those in the addiction field is how to “maintain natural, humanistic therapeutic alliances for our patients when we are separated by technology?”

Individuals Who Are Homeless: The Calgary Response

People with SUDs make up a significant proportion of the homeless population who are more vulnerable to becoming infected with COVID-19 and to suffering further deprivation because of restrictions imposed to deal with the pandemic. Dr. Julian Somers, Clinical Psychologist and Professor, Simon Fraser University, Vancouver, noted that those who were homeless in Vancouver were immediately impacted by restrictions put in place to control the spread of the coronavirus. “When the virus first emerged, one of the first moves of local officials was to turn off the water and lock the bathrooms in our largest encampment,” he said, forcing people to circulate in the surrounding community and increasing the risk of viral transmission. Somers feels organizations dealing with addiction medicine could do more in their statements on COVID-19 to advocate for vulnerable populations and for addressing the social determinants of health.



A symposium at the conference profiled one project designed specifically to assist homeless people by allowing them to safely self-isolate. Jennifer Ayford, Associate Director, Mental Health and Addictions, Dr. Kerr Treherne, Medical Director, and Samantha Hung, Program Manager, all at The Alex Community Health Centre, Calgary, provided an overview of the Calgary Assisted Self-Isolation Site (ASIS). The site for vulnerably housed individuals was opened by The Alex in partnership with the provincial government and other organizations. Ayford described how the team became experts in addiction medicine and then realized they “had become a pathway into treatment.”

Treherne said that when Calgary reported its first case of COVID-19 on March 6, they “quickly realized that our shelter system had a large number of clients closely spaced and we were quite concerned we were going to see large numbers of cases in the homeless population.” They needed a site for clients to be able to isolate and be medically supported. A 100-bed hotel was made available and retrofitted to accommodate clients coming from homeless shelters and hospitals.

For clients undergoing the 14-day isolation period, ASIS offers medical and mental health services, social supports and addiction resources. Staff include nurse practitioners and addiction medicine specialists, but also staff not directly involved in patient care. A social team assists clients to find housing once they have completed their stay at ASIS. The program aims to make clients feel comfortable and treat the site as a temporary home. They should “have exactly the same rights as others who have their own homes to isolate in,” said Hung.

ASIS opened on April 6 and the first case of COVID was reported in the Calgary homeless population on April 26. The site has accommodated 20 clients on average, but the number of clients has risen as high as 60, ranging in age from 18 to 67 years. Data from the first 235 clients showed 63% had been diagnosed with a mental health disorder; 41% had experienced issues with opioids, 52% with methamphetamine, 62% with alcohol or benzodiazepines, and 80% with nicotine.

After deliveries to the hotel site of alcohol or other substances were allowed, staff had to develop strategies and monitoring to make sure clients remained safe, which provided an opportunity to engage with them. “We had a lot of people take the option of managing their addictions while at ASIS,” Treherne said, by beginning opioid agonist therapy or becoming abstinent from alcohol.

Compounding issues arising from withdrawal while in isolation, there were for some clients mental health issues associated with being locked in a room. Some felt like they were back in jail, after just having been released. There were also ongoing challenges adapting policies, protocols and procedures based on the changing knowledge about COVID-19.

Tobacco smoking was an issue. While some clients were given cigarettes or allowed to purchase them, others left the program because of their desire to smoke more. Some clients left because they could not obtain methamphetamine, although ASIS “had a replacement policy with stimulants, and we could manage methamphetamine induced psychosis,” Treherne said. The inability to replace the methamphetamine supply will be an ongoing issue. Some clients who became abstinent from alcohol while in isolation wanted to move to abstinence-based housing and receive treatment once their isolation period was completed. Staff were able to help clients with chronic health conditions access treatment, including palliative care and supports for abstinence and harm reduction. Many clients were referred to the rapid access addiction medicine clinic at The Alex after they completed their stay at ASIS. The clinic provides patients immediate access to evidence-based addiction care, pharmacotherapy and psychosocial supports.

Plans for ASIS include finding a site more centrally located and closer to the homeless shelters in Calgary, as well as establishing a follow-up clinic for clients who had started to address substance use issues while in isolation.



Direct Interaction between COVID-19 and Substance Use Disorders

While work is ongoing to determine the direct effect of COVID-19 infection on those with an SUD, the topic was touched on by two presenters at the conference. Dr. Brady said that some features of COVID-19 infections “are going to be particularly consequential for individuals who have SUDs.” Those who smoke or vape are vulnerable because COVID-19 infection has a significant impact on lung function. Additionally, opioids are respiratory depressants. Brady noted that many of those with SUDs are immunocompromised, which presents a risk for contracting COVID-19.

Dr. Jag Khalsa, former Chief, Medical Consequences Branch, U.S. National Institute on Drug Abuse, also discussed the interaction between COVID-19 infection and SUDs. He said the underlying etiology of the virus causing COVID-19 is its damaging effect on the function of cells lining blood vessels, causing a decrease in blood supply to various parts of the body. This results in the negative effects of COVID-19 on lung function, the cardiovascular system and the central nervous system. Use of tobacco, cannabis and other drugs exacerbate the complications of COVID-19.

Research Briefs

At ISAM-CSAM 2020 conference, 10-minute, on-demand, pre-recorded research briefs replaced the poster session and oral presentation sessions for research projects. The research briefs are summarized in this section. (See Appendix C: Research Briefs for further details.)

Impact of COVID-19 on Services for Pregnant Women, Dr. Annabel Mead and Dr. Sara Pavan, Provincial Perinatal Substance Use Program

This study examined how community organizations across British Columbia that provide services for pregnant and parenting women using substances have adapted and maintained service levels during the pandemic. The presentation noted that COVID-19 has impacted perinatal care by increasing the demand for medical visits during pregnancy, increasing the demand for home births and reducing the number of face-to-face visits for postpartum care. The pandemic has also increased the demand for perinatal substance use services, while at the same time causing a reduction in access to these services. The presentation provided details about specific adaptations made by community organizations to deal with these impacts.

Post-COVID-19 Changes to Accessing Youth Substance Use Program, Dr. Gretchen Conrad, The Royal Ottawa Mental Health Centre

This presentation described the impact of the change from in-person to virtual care on clients in an outpatient program at The Royal Ottawa for youth with concurrent mental health issues and SUDs. The evaluation was conducted on the Transitional Aged Youth service for individuals aged 16–25 by reviewing calendar appointments, electronic medical record data and online surveys between January 1 and October 9, 2020. The team found a reduction in clients from 61 before the pandemic to 51 during the last 10 weeks assessed. Admission rates to the program dropped, which might be due in part to clients refusing virtual care and in part to reduced referrals from other agencies that were closed or not aware the program was open. An attempt to evaluate client views on virtual care



yielded few responses, although those who did respond were positive about it. Sixty per cent of respondents said they would prefer a mix of virtual care and in-person appointments.

Assessing Ontario's COVID-19 Opioid Agonist Therapy Guidelines, Dr. Kim Corace, University of Ottawa, Institute of Mental Health Research, and Dr. Jennifer Wyman, Women's College Hospital.

This study addressed the effectiveness of interim opioid agonist therapy guidelines developed to facilitate safe access to care in Ontario while maintaining physical distancing. Findings were based on survey feedback from 354 clients and 74 prescribers. The analysis showed 93% of prescribers had read the new guidelines and 79% felt they were reasonable and balanced. Of those who had read the guidelines, 99% reported changes in their prescribing of take-home doses of opioid agonist medication. While prescribers reported a decrease in the number of office visits and urine drug screens, this decrease was not mirrored by clients who reported on changes in visits and the number of required urine samples. Among clients who responded to the survey, 58% reported increases in the number of take-home doses prescribed and most prescribers also reported prescribing more take-home doses. Additional take-home doses were not associated with an increase in self-reported adverse outcomes. Most clients and prescribers responded positively to the changes recommended by the interim guidelines and were satisfied with the use of virtual care.

Maintaining Care for the Homeless in Philadelphia, Dr. Shoshana Aronowitz, University of Pennsylvania

Harm reduction advocates, community organizers and addiction clinicians responding to the overdose and homelessness crises in Philadelphia during the pandemic reported barriers to providing services, but continued to find ways to do so. Philadelphia has the highest overdose rate and is the poorest of any major city in the U.S. Findings of this qualitative study were based on 30 semi-structured virtual interviews. Major themes to come out of the study were that public health advice on COVID-19 is at odds with harm reduction for the homeless population, resulting in the loss of services and opportunities for connection. Responses to the use of telehealth were mixed.

Mobile Opioid Agonist Therapy in Alberta, Cristina Zaganelli, Opioid Agonist Therapy Program, Alberta Health Services

Mobile opioid agonist therapy is a viable, client-centred approach to managing the dual public health crises of opioid overdoses and COVID-19, according to those involved with initiating this approach in Calgary, Alberta. This presentation described the process of mobile teams delivering opioid agonist therapy to the homes of clients. Eligible patients for the mobile program were prioritized based on co-morbidities, collective housing at isolation hotels, geographic location and willingness to self-isolate. Two teams worked 12-hour shifts, seven days a week. The teams also offered COVID-19 screening and testing, nursing outreach, psychosocial support and food delivery. To date, the approach has been used by 29 clients at 10 locations in Calgary.

Alcohol Use Patterns in India during COVID-19, Dr. Gayatri Bhatia, All India Institute of Medical Sciences

An ongoing, online study of alcohol use among the general population in India showed that one-third of respondents reported decreased alcohol use. While alcohol sales were initially banned by all states in India in the wake of the COVID-19 outbreak, the ban was lifted in early May. Findings from



379 people in 18 Indian states who responded to the survey also indicated a third of participants had stockpiled alcohol during the pandemic, while a similar percentage reported trying to reduce or stop alcohol consumption. Some respondents said they believed alcohol could kill the coronavirus or boost immunity. Those who increased alcohol consumption identified stress relief as the main reason.

Changes in Canadian Safer Supply Programs, Stephanie Glegg, British Columbia Centre on Substance Use

An environmental scan of Canadian safer supply sites identified 32 sites in Canada before the pandemic, with 24 new sites identified in May 2020. The preliminary findings from the scan revealed that these sites provide legal and regulated drug alternatives to the potentially contaminated illicit drug supply. The brief noted these initial findings are not comprehensive, as other sites have started since May or were not included in the initial scan. The scan also found that, in the wake of the pandemic, several client protocols were revised at safer supply sites, such as reduced frequency of urine drug tests and introduction of more take-home doses. The scan identified a number of barriers to implementing or operating safer supply sites across a number of dimensions.

From Drop-in to Street Outreach, James Hotze, McMaster University and Keeping Six Hamilton

This brief described how a harm reduction organization in Hamilton, Ontario, that depended on drop-in programming before the pandemic, shifted to community outreach. Keeping Six is a community-based organization that defends the rights, dignity and humanity of people who use drugs. When the pandemic struck, Keeping Six recruited dozens of new volunteers including a number of medical students who were paired with those with lived experience with drug use to create outreach teams. Keeping Six collaborated with several local non-profits that provided the teams with naloxone kits, safe use supplies, warm clothes, meals to-go and baked goods. The brief identified community and volunteer engagement and organizational collaboration as two of the main reasons for the success of Keeping Six and its ability to pivot in response to the pandemic.

Survey of COVID-19 Knowledge among Active Substance Users in Norway, Dr. Gabrielle Welle-Strand, Norwegian Centre for Addiction Research, University of Oslo

A survey of 226 individuals who use substances in three Norwegian cities in May and June 2020 documented that 66% of respondents were aware of the symptoms of COVID-19 and 91% said they would get tested if they had COVID-19 symptoms. However, 64% were not aware of services specially designed to assist them if they became infected with the virus. While isolation units were opened in Oslo and Bergen for individuals who use substances who had COVID-19, there were few patients and the unit in Oslo closed in July. One-third of survey respondents reported a current drug shortage and 62% indicated drugs were more expensive.

Therapeutic Communities in Israel and the Impact of COVID-19, Dr. Sharon Rabinovitz, Unit for Excellence in Research and Study of Addiction, University of Haifa

This presentation described a survey of 130 male inpatients of therapeutic communities in Israel while in quarantine for two consecutive months in the COVID-19 lockdown. It found those admitted via the justice system expressed higher emotional distress compared to those admitted voluntarily. Therapeutic communities in Israel are a popular alternative to incarceration for people with SUDs



involved with the criminal justice system. The survey showed those admitted through the justice system perceived the therapeutic community as being safer than did those admitted voluntarily.

Substance Use Changes in South America during the Pandemic, Dario Gigena, University of Cordoba

Polling by the Inter-American Drug Abuse Control Commission of member states across South America found 60% felt COVID-19 would have an impact on substance use, with three-quarters expressing a belief there had been an increase in substance use. Addiction facilities reported an increase in alcohol use, alcohol sales and drug overdoses. The brief presented survey data from Chile, Uruguay and Argentina.

Retention in Opioid Use Disorder Trials and the Impact of COVID-19, Dr. Elan Cohen, Hassman Research Institute

A comprehensive in-person survey of patients with opioid use disorder seeking enrolment in clinical trials was completed by 82 subjects between May and August 2020 at the Hassman Research Institute in New Jersey. The survey included questions about the impact of the pandemic on clinical trials and patient preferences. Many subjects were motivated to join clinical trials to discover helpful new medications, with access to health care also being an important consideration. Of relevance to the design of studies during the pandemic, many respondents said they wanted to come to the study site and were not keen on video or telephone interviews or home visits by study investigators.

Client Experiences with Opioid Agonist Therapy in British Columbia During the Pandemic, Adam Easterbrook and Rebecca Metcalfe, Centre for Health Evaluation and Outcome Sciences, University of British Columbia

Open-ended, semi-structured interviews with 20 clients at injectable opioid agonist therapy sites, mostly in Vancouver's downtown eastside community, were conducted between April and November 2020. Clients expressed anxiety and fear about exposure to the coronavirus, making opioid agonist therapy sites appear less safe. As the pandemic progressed, some clients reported adapting to "the new normal." The availability of oral take-home doses rather than injectables was also reported to make some clients feel safer. However, social distancing at the clinic made some clients feel less connected and others felt the sites were less personal due to precautions related to COVID-19.

Conclusions and Lessons Learned

The COVID-19 pandemic has profoundly impacted addiction medicine and the delivery of care to those with SUDs. The pandemic and measures to control its spread have had a negative impact on both the degree of substance use and the ability to deliver services and supports to those with SUDs. In many countries, SUD treatment programs were curtailed or halted completely to meet restrictions on "non-essential" medical services. In some jurisdictions, such as Canada and the U.S., a "syndemic" of COVID-19 and the opioid crisis have increased morbidity and mortality among those with SUDs.

The experiences of working in addiction medicine and observational data show a varied impact of the pandemic on substance use and SUDs across different groups. As with the population at large, the pandemic appears to have had a more significant effect on those with SUDs who were already suffering from inequities in health care or those who are racialized, often the same groups.



Addiction medicine practitioners have demonstrated their ability to quickly pivot and adapt the way they deliver care, most notably through increasing use of virtual care and telemedicine. This increase in virtual care has been documented across all countries and economic strata. Participants at the conference agreed that when the adequate infrastructure is in place, virtual care or telemedicine can effectively be used to support care for those with SUDs.

Research into the impact of the pandemic on SUDs has been limited to observational, retrospective studies. Surveys are incomplete with responses usually based on a self-selected population. Rigorous evaluations of the impact of the pandemic are lacking. There is also a need for studies designed to prospectively evaluate the outcome of widespread changes in methods of practice, such as virtual care and regulatory changes to liberalize the delivery of opioid agonist therapy. The ability to conduct clinical trials during the pandemic has been impeded by restrictions and the reluctance of potential study subjects to undergo necessary tests.

After several months of dealing with the COVID-19 pandemic, frontline addiction medicine physicians and policy makers have started to formulate lessons learned at both individual practice and systemic levels. Based on findings from early surveys, ISAM presented the following recommendations for dealing with the pandemic.

- Policy makers must be assisted in establishing plans to reorient or repurpose programs to maintain support for people with SUDs during the acute phase of pandemics, given the essential nature of addiction services and supports.
- International and national guidelines are necessary to inform responses to future pandemics that support patients with SUDs and the guidelines must be communicated effectively.
- Contingency plans are required to ensure adequate supplies of medications such as methadone and buprenorphine.
- Harm reduction initiatives should be considered an integral part of an evidence-based treatment program.

In her presentation on adapting behavioural therapy to a virtual format in her practice in New Zealand, Dr. Galea-Singer presented lessons learned from her experience in providing virtual care:

- Virtual behavioural therapy is acceptable to most clients.
- Care must be taken not to widen existing health inequities for clients who do not have access to the technology necessary to receive virtual care.
- Hybrid models of in-person and virtual care can work.
- Research is needed to better define the best model for delivering virtual care and to identify the patient population who will benefit most from it.

A number of other learnings were shared during the conference:

- Anecdotal evidence from a variety of countries, including Canada, the U.S. and those in the European Union, shows that quickly adapting policies or regulations to allow more liberal use of opioid agonist therapy was beneficial to continued treatment for those with opioid use disorders.
- Some clients with SUDs benefitted from the isolation requirements for dealing with the pandemic, as isolation removed them from social networks where substance use was prevalent.



- The pandemic demonstrated the need to systematically deal with health inequities faced by racialized patients and those negatively impacted by the social determinants of health, such as people who are homeless.
- Dealing with the stress and anxiety associated with the pandemic heightened the need for more self-care support for physicians and providers in the addiction medicine and substance use field.

This specialized conference track provided substantial detail on the extensive changes in how substance use services and supports are provided during the pandemic and impacted by it, but also revealed many gaps in our understanding of the interplay between COVID-19 and substance use, including:

- Incomplete knowledge of how having an SUD affects transmission of the virus, and its symptoms, course of illness and mortality;
- A lack of accurate data on changes in rates of substance use with lockdown orders; and
- The need for outcome data about changing recovery and relapse rates with relaxed guidelines on increased take-home doses and reduced urine testing for persons living with opioid use disorder.



Appendix A: Resources

The following organizations provide curated online resources for the understanding and treatment of patients with SUDs, including information specific to treatment during the pandemic.

- World Health Organization: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- Health Canada: <https://www.canada.ca/en/health-canada/services/substance-use/toolkit-substance-use-covid-19.html>
- Canadian Centre on Substance Use and Addiction: <https://www.ccsa.ca/Impacts-COVID-19-Substance-Use>
- American Society of Addiction Medicine: <https://www.asam.org/Quality-Science/covid-19-coronavirus>
- European Monitoring Centre for Drugs and Drug Addiction: <https://www.emcdda.europa.eu/topics/covid-19>
- U.S. National Institute on Drug Abuse: <https://www.drugabuse.gov/drug-topics/comorbidity/covid-19-resources>

Specific guidance has also been developed for using virtual care for addiction medicine:

- Canadian Centre on Substance Use and Addiction: <https://www.ccsa.ca/virtual-care-mental-health-and-substance-use-during-covid-19-infographic>
- American Society of Addiction Medicine: <https://www.asam.org/Quality-Science/covid-19-coronavirus/supporting-access-to-telehealth-for-addiction-services>
- Centre for Addiction and Mental Health: <https://www.camh.ca/en/health-info/mental-health-and-covid-19/information-for-professionals/virtual-care>



Appendix B: Presenters and Presentations

The following presenters and presentations from the specialized track on COVID-19 and substance use held on November 13, 2020, at the joint annual scientific conferences of the Canadian Society of Addiction Medicine (CSAM-SMCA) and International Society of Addiction Medicine (ISAM) were used to inform this report.

Session Moderators

Dr. Jennifer Brasch, Associate Professor, Psychiatry, Department of Psychiatry and Behavioural Neurosciences, McMaster University, and President-Elect, Canadian Society of Addiction Medicine

Dr. Paul Sobey, Addiction Medicine, Clinical Instructor, Department of Family Practice, University of British Columbia, Faculty of Medicine, and Past-President, Canadian Society of Addiction Medicine

Introductory Speakers

Honourable Patty Hadju, Minister of Health, Government of Canada

Rita Notarandrea, Chief Executive Officer, Canadian Centre on Substance Use and Addiction

Dr. Melanie Willows, President, Canadian Society of Addiction Medicine

Plenary Sessions

Dr. Vladimir Poznyak, Psychiatrist and Head, Alcohol, Drugs and Addictive Behaviours Unit, World Health Organization, “WHO: World Health Organization update”

Dr. Julian Somers, Clinical Psychologist and Professor, Simon Fraser University, Vancouver, “From addiction to emancipation”

Dr. Ivan Montoya, Deputy Director, Division of Therapeutics and Medical Consequences, U.S. National Institute on Drug Abuse, “Emerging drug abuse trends and research priorities”

Symposia

BIG Efforts during COVID-19 – ISAM Behavioral Addictions Interest Group and COVID-19

Moderator: Dr. Jennifer Brasch

- Dr. Marc Potenza, Professor, Psychiatry, Child Study and Neuroscience, Yale University, and Member, ISAM Behavioral Addictions Interest Group, “Make it BIG: ISAM’s Behavioral Addictions Interest Group”
- Dr. Potenza, “Changes in gambling, gaming, and pornography use during COVID-19”
- Prof. Henrietta Bowden-Jones, President, Royal Society of Medicine, Psychiatry Section, U.K., “The response of the NHS and UK to behavioural addictions during COVID-19”
- Dr. Naomi Fineberg, Professor, Cognitive Neuropsychology, University of Hertfordshire, Hatfield, U.K., “The COST of problematic use of the Internet”



Telehealth in Addiction Medicine: Challenges and Opportunities

Moderator: Dr. Paul Sobey

- Dr. Marica Ferri, Head, Sector Support to Practice, European Monitoring Centre for Drugs and Drug Addiction, “The role of telehealth in the EU in response to drugs related problems during COVID-19 emergency”
- Dr. Joseph Tay Wee Teck, Honorary Research Fellow, University of St. Andrews, U.K., “Evaluating organizational factors in the implementation of telehealth in addictions services: The DigitAS project”
- Dr. Susanna Galea-Singer, Strategic Lead, Institute for Innovation and Improvement, Waitemata District Health Board, New Zealand, “Virtual talking therapies for substance misuse”
- Dr. Abhishek Gosh, Assistant Professor, Psychiatry, Postgraduate Institute of Medical Education and Research, Chandigarh, India, “Addiction treatment on digital platforms: Challenges”

Streamlining Community-based Opioid Agonist Maintenance Treatment Services Using Telemedicine and Digital Technology during COVID-19 Pandemic: An Indian Experience

Moderator: Dr. Paul Sobey

- Dr. Roshan Bhad, Assistant Professor, Psychiatry, All India Institute of Medical Sciences, New Delhi, “Overview of community-based opioid agonist maintenance treatment services in India and integrating digital technology for care”
- Dr. Preethy Kathiresan, DM Addiction Psychiatry Resident, All India Institute of Medical Sciences, New Delhi, “Utilization of telemedicine services for consultation and follow up of clients receiving opioid agonist maintenance treatment in India”
- Dr. Arpit Parmar, Assistant Professor, Psychiatry, All India Institute of Medical Sciences, Bhubaneswar, “Monitoring and training of healthcare workers of OST clinics by National AIDS Control Organization during COVID-19 pandemic in India”
- Dr. Ravindra Rao, Assistant Professor, All India Institute of Medical Sciences, New Delhi, “Lessons learned and key recommendations for adapting digital technology for delivering opioid agonist maintenance treatment services for post-pandemic world”
- Dr. Bigya Shah, Psychiatrist, Patan Academy of Health Sciences, Nepal, “Delivering opioid disorder treatment during COVID-19 pandemic: Clinical experience from Nepal”

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

Moderator: Dr. Paul Sobey

- Dr. Alexander Baldacchino, Professor, Medicine, Psychiatry and Addictions, University of St. Andrews, U.K., and President-Elect, International Society of Addiction Medicine
- Dr. Peter Selby, Clinician Scientist, Addictions, Centre for Addictions and Mental Health, Toronto
- Dr. Kathleen Brady, President, International Society of Addiction Medicine, “The COVID pandemic in the United States”
- Dr. Paul Earley, President, American Society of Addiction Medicine, “The ASAM COVID-19 guidance and resource project”



Addictions, COVID-19 and Socioeconomics: From New York to Washington, D.C., 2020

Moderator: Dr. Paul Sobey

- Dr. Gregory Bunt, Immediate Past President, International Society of Addiction Medicine, and Clinical Assistant Professor, Psychiatry, School of Medicine, New York University, “COVID and addictions: New York City 2020 – new ground zero”
- Dr. Neeraj Gandotra, Chief Medical Officer, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, “COVID-19: Effects on behavioral health”
- Dr. Jag Khalsa, Special Volunteer, U.S. National Institute on Drug Abuse, National Institutes of Health, and former Chief, Medical Consequences of Drug Abuse and Infections Branch, DTMC, U.S. National Institute on Drug Abuse, “COVID-19 and CBD”

Case Studies of COVID-19's Impact on Relationships of People with Addiction: Analysis from Social Sciences and Humanities Perspective

Moderator: Dr. Paul Sobey

- Sarah Namirembe, Independent Researcher, Kampala, Uganda, “Impact of COVID-19 lockdowns on recovery and relationships in Uganda”
- Prof. Georges Brousse, Centre for Interdisciplinary Research, Coordination of Care and Education in Addictology, Université Clermont Auvergne, France, “Dual disorders in the context of COVID: Clinical, ethical and societal perspectives”
- Dr. Helena Hansen, Associate Director, Center for Social Medicine and the Humanities, University of California, Los Angeles, “COVID-19, the movement for Black lives, and dismantling drug war politics within addiction medicine”
- Dr. Tomohiro Shirasaka, Director, Department of Psychiatry, Teine Keijinkai Hospital, Sapporo, Japan, “Case studies in Japan of COVID-19’s impact on relationships of people with addiction”
- Dr. Eric Peyron, Researcher, Clinique Belmont, Geneva, Switzerland, “Impact of medical relationships during the COVID-19 lockdown period”
- Dr. Hagit Bonny-Noach, Senior Lecturer, Department of Criminology, Ariel University, & Dudi Gold, Rehabilitative Criminologist, Israel, “Addictive behaviors and craving for drugs in people who recover from addiction to drugs during the COVID-19 crisis”

Making Lemonade from Lemons: Improving Health Outcomes of Vulnerably Housed Clients during the COVID-19 Pandemic

Moderator: Dr. Jennifer Brasch

- Jennifer Ayford, Associate Director, Mental Health and Addictions, Dr. Kerr Treherne, Medical Director, & Samantha Hung, Program Manager, The Alex Community Health Centre, Calgary

Interactive Session

Monitoring Safety-Sensitive Workers in the Time of COVID: Risky or Responsive?

Moderator: Dr. Jennifer Brasch

- Dr. Lisa Lefebvre, Associate Medical Director, Ontario Medical Association
- Dr. Jon Novick, Associate Medical Director, Ontario Medical Association, Physician Health Program



Appendix C: Research Briefs

Aronowitz, S., South, E., Meisel, Z., Lowenstein, M., Dolan, A., Oyekanmi, K., & Buckler, D., “Overdose prevention, harm reduction and homelessness advocacy in Philadelphia during COVID-19”

Bhatia, G., Parmar, A., & Sarkar, S., “Alcohol use patterns during COVID-19 pandemic in India: An exploratory online study”

Cohen, E., Hassman, H., Walling, D., Grindell, V., Wyka, K., Hough, D., Lobb, J., Joseph, A., Ball, R., Glass, J., & Ereshefsky, L., “Preferences of the opioid use disorder patient: Clinical trial methodologies and COVID-19 mitigations that motivate participation”

Conrad, G., Lumb, A., & Suschinsky, K., “The New Normal: Evaluating changes post-COVID19 in service delivery, mental health symptoms, and substance use in a youth population”

Corace, K., Wyman, J., Suschinsky, K., Leece, P., & Porath, A., “Evaluating the impact of the Ontario COVID-19 opioid agonist therapy guidelines”

Easterbrook, A., Metcalfe, R., Lock, K., Hassan, D., & Oviedo-Joekes, E., “Life in two crises: Client and nurse experiences of injectable opioid agonist treatment (iOAT) during the COVID-19 pandemic”

Gigena, D., “Data on trends in the use of psychoactive substances in COVID-19 crisis and their treatment in South America”

Glegg, S., Kolla, G., McCrae, K., Goyer, M., & Fairbairn, N., “Changes to safer supply in Canada in the midst of COVID-19: A national environmental scan”

Hotze, J., “Rapidly re-orienting to street outreach in the COVID era: One community organization’s experience”

Mead, A., & Pavan, S., “Impact of COVID-19 on services for pregnant women”

Rabinovitz, S., Solti, S., Nagar, M., & Gan, U., “Therapeutic community residents during the COVID-19 quarantine: Preliminary lessons and policy implications”

Welle-Strand, G., “COVID-19 survey among 226 active substance users in three city centres in Norway”

Zaganelli, C., & Whitman, S., “Skip the dealer: Mobile injectable opioid agonist therapy as a response to the COVID-19 pandemic”