

## Knowledge Synthesis: COVID-19 in Mental Health and Substance Use

**Synthesis Title:** Rapid review of the impacts of "Big Events" on people who use drugs and delivery of harm reduction and drug treatment services: Implications for strengthening systems in response to COVID-19.

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### Target/priority population(s) in synthesis:

- People who use drugs

### What is the issue?

The global pandemic of COVID-19 disproportionately affects marginalized people. People who use drugs are often socially and economically marginalized due to substance use disorders, comorbid mental disorders, low incomes, and social stigma. Many people rely on low-threshold services to meet their essential needs (shelter, food, medicine) and to minimize the risk of drug-related harms such as overdose and infection.

Major social disruptions ("Big Events") such as pandemics, natural disasters, and economic crises simultaneously impact the lives of people who use drugs and the services they may require. This synthesis aims to better understand the varied effects of previous Big Events on risk behaviors and drug-related harms among people who use drugs, and delivery of harm reduction and drug treatment services. Equipped with this knowledge, public health officials and service providers will be better prepared to design and implement appropriate responses to the COVID-19 pandemic.

### Key messages (max 100 words):

- *Several key indicators were identified for monitoring as the pandemic progresses, including drug overdose mortality, hepatitis C notifications, and fentanyl availability.*
- *Flexibility and communication are critical to service provision during and after Big Events.*
- *Services should maintain up-to-date emergency preparedness plans that refer to a range of potential emergencies.*
- *Service providers should be aware of potential trauma as a result of Big Events, including psychological distress and grief.*

- *There is almost a complete lack of literature to inform responses to particular populations of people who use drugs, including women, Indigenous peoples, and visible minorities. This should be a research priority.*

### **How was the synthesis conducted?**

We searched the PubMed database for publications that focused on drug-related risks and harms, and/or service provision for people who use drugs in the context of Big Events. Big Events of interest included previous respiratory infection pandemics, natural disasters, economic recessions, and heroin shortages. Outcomes of interest were changes in drug-related risks and harms following Big Events, and challenges and responses in harm reduction and drug treatment service delivery following Big Events.

Of 115 articles identified by the literature search, 33 were included in the review. There were no studies reporting on previous pandemics and people who use drugs. There were 12 studies of natural disasters, 17 heroin shortage studies, and 5 economic recession studies (one study was included in both the heroin shortage and economic recession categories).

We recorded information about the design of each selected study, details of the Big Event in question, and the findings related to our outcomes of interest. Data were combined using a narrative synthesis approach. Findings were visualized using “risk pathway maps” that highlighted key outcomes and indicators.

### **What did the synthesis find? Provide a lay summary of the outcomes (max 300 words):**

#### **Findings from studies of natural disasters**

- Drug market disruption can lead to higher drug prices, violence, and increased substance use.
- Displacement, relocation, and difficulties accessing harm reduction services increases the re-use and sharing of equipment, and potentially to larger injecting networks as well.
- Treatment retention is maximized with: (1) sufficient funding, staffing, space, and transportation for staff and clients, (2) provisions to ensure communication with current clients, and (3) cross-coverage agreements between clinics.
- Service providers suggest: (1) a centralized patient database to verify methadone/buprenorphine dosage and (2) training on responding to trauma, both for clients and for staff themselves.

#### **Findings from studies of economic crises**

- Financial and relational stress can contribute to increased drug use and injection, increased equipment sharing and larger risk networks among people who inject drugs, contributing to higher incidence of blood-borne viral infection.
- Closures and restrictions of harm reduction services due to austerity measures exacerbate risk.

#### **Findings from studies of heroin shortages**

- The reduction in the supply of one drug may serve to increase the use of others, as well as affecting the price and purity of the reduced supply. Changes in use patterns and risk behaviours may continue after an acute shortage.
- Treatment uptake in response to a drug shortage only occurs if services are widely available. In contexts without widespread service coverage, shortages may potentiate riskier injecting behaviors.

### **What are the implications of this synthesis?**

- Big Events often potentiate risk for a range of harmful outcomes for people who use drugs. Recent overdose mortality statistics bear out the supposition that people who use drugs are at increased risk at this time.
- Flexibility is essential to retain people in care and ensure access to services is maintained, e.g., telemedicine, centralized systems to facilitate transfers between treatment settings, adapting treatment plans, maintaining usual service hours as much as possible, and flexible models such as mobile units and outreach services. Continued innovation in these areas, and evaluation of outcomes, is critical.
- Several studies identified a need for trauma-informed care following a Big Event. In the COVID-19 context, this translates to being responsive to psychological distress, and potentially, grief and loss. Lockdowns and “stay-at-home” measures may exacerbate mental health issues by cutting people off from social support systems.
- Services should develop and update regularly their emergency preparedness plans to ensure that they include pandemics and other Big Events. Critically, we note that despite several previous respiratory infection pandemics in recent years (albeit with more limited geographic spread), we were unable to identify any publications reporting on how service providers should prepare for such an event. There is a clear need for services to consider and plan for the range of emergencies that may occur and to which they must be ready to flexibly and rapidly respond.
- Within the population of people who use drugs, women, Indigenous peoples, visible minorities, and people experiencing homelessness or mental illness are likely to be at particular risk of harm; however, there was limited information on the impacts of Big Events on these subgroups. From the findings of one study, women appear to be at particular risk of harm if drug market disruptions create scarcity. There remains a large gap in knowledge on how services can best respond to these populations during and after a Big Event.

### **List up to 10 keywords specific to this synthesis to facilitate website search filters and sorting:**

(e.g. depression, virtual care, autism, opioids, racism, chronic pain, sleep, etc.)

- People who use drugs
- People who inject drugs
- Harm reduction
- Opioid agonist treatment
- COVID-19
- Big Events
- Overdose
- Drug-related harm
- Hepatitis C