



The Impact of COVID-19 in Substance Misuse Services

David Solomon*

Department of Drug Abuse, University of Manchester, Manchester, England

ABSTRACT

In the United Kingdom, users of illicit substances, including New Psychoactive Substance's (NPS's) are vulnerable to the COVID-19 virus in substance misuse services (European monitoring centre for drugs and drug addiction, 2020). Globally, the use of NPS are on the increase with 900 NPS being identified in 119 countries worldwide (The United Nations drugs office, UNODC, 2019; crime early warning advisory, 2019). The use of NPS in substance misuse services has shown an increase in the unpredictable adverse effects of Synthetic Cannabinoid Receptor Agonists (SCRA's). These adverse effects include seizures, myocardial ischemia and death associated with the different trends of Spice and Mamba.

Keywords: COVID-19; New psychoactive substance's; Synthetic cannabinoid receptor agonists; Pain

INTRODUCTION

The department of HEALTH and social care and public health England (2020) has since issued a COVID-19 guidance report for commissioners, managers and staff need to consider contingency plans for people who use illicit substances. This guidance takes into account high-risk groups of People Who Use and Inject Drugs (PWU/ID use NPS, alcohol and are at risk of domestic abuse. Healthcare professionals, therefore, need to improve service user's access to medicines, promote harm reduction and identify and act upon any risk of harm to children [1]. However, firstly, HCPs need to be aware that users of illicit substances at a high risk of COVID-19 in substance misuse services [2]. The high-risk category includes; women who are pregnant, people over 70 years of age and under with respiratory, cardiac, liver disease, neurological problems, obesity, lowered immunity and renal conditions. While, the vulnerability of these groups increase, especially with the use of illicit substances, for instance heroin, crack cocaine and NPS HCPs in substance misuse services need to account for those in treatment that are actively shielding by having measures in place for access to medicines, consultation and needle exchange [3].

The Interventions Needed to Manage Substance Misuse Services

Doctors, nurses, recovery workers and other HCP's are under pressure to promote social distancing and access to Personal Protective Equipment (PPE) in substance misuse services, including gloves, aprons and surgical masks [4]. The day-to-day planned drug or alcohol detoxifications have been deferred as a result of COVID-19. Face-to-face mat assessments or medication reviews are now being facilitated over the telephone [5]. Telephone-based triage services are designed to facilitate prompt assessment and timely access to appropriate care. The evidence suggests telephone assessment reduces the number of face-to-face consultations and appointments [6]. However, the need for face-to-face consultations for high risk service users increases the risk HCPs contracting COVID-19 without adequate PPE access. Service users, therefore, need to access to needle exchange programmes, Blood Borne Virus treatments (BBV) and have access to medication assisted treatment for Opiate Substitution Treatment (OST) for Opioid Use Disorder (OUD). Opioids are drugs prescribed for pain,

Received:	17-June-2020	Manuscript No:	IPJDA-20-4721
Editor assigned:	22-June-2020	PreQC No:	IPJDA-20-4721 (PQ)
Reviewed:	06-July-2020	QC No:	IPJDA-20-4721
Revised:	20-July-2022	QI No.	IPJDA-20-4721 (QI)
		Manuscript No:	IPJDA-20-4721 (R)
Published:	17-August-2022	DOI:	10.36648/2471-853X.22.8.100

Corresponding author David Solomon, Department of Drug Abuse, University of Manchester, Manchester, England; E-mail: David.Solomon@beds.ac.uk

Citation Solomon D (2022) The Impact of COVID-19 in Substance Misuse Services. J Drug Abuse. 8:100.

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cough suppressants and addiction-namely; oxycodone, hydrocodone, codeine, morphine and fentanyl, as well as OST [7]. The prescribing of OST includes; methadone, buprenorphine, buprenorphine combined with naloxone and naltrexone is considered MAT. The royal pharmaceutical society advises substance misuse services manage service users OST from daily supervised consumption to take-home doses. Service users have been encouraged to take home two weeks of OST. The service users at risk of an overdose, drug diversion have been required to take OST supervised daily. In addition, HCPs have issued lockable drug storage-boxes to prevent drug access and harms to children [8].

Future Challenges of COVID-19 toward Substance Misuse Services

The recovery treatment programmes (psychology, counselling and group work) for service users continue to disrupted as a result of the government lockdown this challenge may be difficult to reinstate once the lockdown is lifted in the UK [9]. Users of NPS may be at further risk of the adverse effects of SCRA'S, as evidence suggests psychosocial interventions is a crucial harm reduction strategy. The impact of COVID-19 continues to affect MAT and HCPs in day-to-day practice face-to-face consultations, therapeutic relationships and service user engagement. HCPs must, therefore encourage social distancing (promote 2 metres apart) to minimise the transmission of COVID-19 [10]. As an addiction's prescribing nurse other HCP's need to promote access to medications by adapting assessment procedures and promote harm reduction strategies. Service users need to be signposted over the telephone toward sources of information, for instance, drink line and frank-particularly those that need further advice and help NPS use [11].

CONCLUSION

However, numerous studies have demonstrated that telephone triage does not reduce workload but increase the number of face-to-face consultations-presenting a further challenge for Substance Misuse Services. We must, therefore, approach a reduction in the lockdown regulations with caution and seek to promote harm reduction and manage the risks for associated

with risky drug taking behaviours and drug fatalities.

REFERENCES

1. Campbell J, Warren F, Taylor R, Green C, Salisbury C (2015) Patient perspectives on telephone triage in general practice-authors' reply. *Lancet* 38:9969.
2. Connery HS (2015) Medication-assisted treatment of opioid use disorder. *Harv Revi Psychiatr* 2(2):63-75.
3. Elsom V (2013) Telephone survey of service-user experiences of a telephone-based mental health triage service. *Int J Ment Healt Nur* 22:437-43.
4. Gamst-Jensen B (2017) Under-triage in telephone consultation is related to non-normative symptom description and interpersonal communication: A mixed methods study. *Scand J Trauma Res Emerg Med* 25(1):52.
5. Guirguis D, Amira A (2020) There is a vulnerable group we must not leave behind in our response to COVID-19: People who are dependent on illicit drugs. *Phar J* 15:304-7937.
6. Maglione MA, Laura R, Chen C, Azhar G, Shahidinia N, et al. (2018) Sydne newberry and susanne hempel, effects of Medication Assisted Treatment (MAT) for opioid use disorder on functional outcomes: A systematic review. *J Sub Abuse Treat* 89:28-51.
7. Mattick RP, Breen C, Kimber J, Davoli M (2009) Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. *Cochr Data Syst Rev* 3:56.
8. Osborn J, Thompson M (2014) Management of same-day appointments in primary care. *Lancet* 384:1828-9.
9. Ramos C, Guirguis A, Smeeton N, Zaman H, Felice AM, et al. (2020) Exploring the baseline knowledge and experience of healthcare professionals in the united kingdom on novel psychoactive substances. *Brain Sci* 10:142.
10. Sands N (2007) Mental health triage: Towards a model for nursing practice. *J Psychi Ment Healt Nur* 14:243-9.
11. Solomon S, David K, Solomon B, Bernadette J (2016) Legal highs and mental health raising nurse awareness. *Nurs Rev Pro Develop* 16(4):15-8.