

COVID-19: Impact for SUD Treatment

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The COVID-19 pandemic has brought major challenges to healthcare systems and public health policies globally, as it requires novel treatment and prevention strategies to adapt for the impact of the pandemic. Individuals with substance use disorders (SUD) are at risk population for contamination due to multiple factors—attributable to their clinical, psychological and psychosocial conditions. Moreover, social and economic changes caused by the pandemic, along with the traditional difficulties regarding treatment access and adherence—will certainly worsen during this period, therefore aggravate their condition. In addition, this population are potential vectors of transmission. In that sense, specific strategies for prevention and treatment must be discussed. health care professionals dealing with SUD must be aware of the risks and challenges they will meet during and after the COVID-19 outbreak. Addiction care must be reinforced, instead of postponed, in order to avoid complications of both SUD and COVID-19 and to prevent the transmission of coronavirus.

Citizens affected by substance use disorders are high-risk populations for both SARS-CoV-2 infection and COVID-19-related mortality. Relevant vulnerabilities to COVID-19 in people who suffer substance use disorders are described in previous communications. The COVID-19 pandemic offers a unique opportunity to reshape and update addiction treatment networks.

Renewed treatment systems should be based on these seven pillars: (1) telemedicine and digital solutions, (2) hospitalization at home, (3) consultation-liaison psychiatric and addiction services, (4)

harm-reduction facilities, (5) person-centered care, (6) promote paid work to improve quality of life in people with substance use disorders, and (7) integrated addiction care. The three “best buys” of the World Health Organization (reduce availability, increase prices, and a ban on advertising) are still valid. Additionally, new strategies must be implemented to systematically deal with (a) fake news concerning legal and illegal drugs and (b) controversial scientific information.

The heroin pandemic four decades ago was the last time that addiction treatment systems were updated in many western countries. A revised and modernized addiction treatment network must include improved access to care, facilitated where appropriate by technology; more integrated care with addiction specialists supporting non-specialists; and reducing the stigma experienced by people with SUDs.

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