

The physician's role in supporting people who use substances in a dual public health emergency

Coronavirus disease 2019 (COVID-19) is taking a devastating toll globally. As of May 2020, there have been 76 000 cases of COVID-19 confirmed in Canada, including 2446 cases and 146 deaths in British Columbia. The emergence of COVID-19 is concerning in BC, where an ongoing public health emergency was declared in April 2020 related to high rates of drug overdose deaths. In the past 4 years, more than 5000 illicit drug toxicity deaths have been reported in BC.¹ COVID-19 disproportionately affects people who use substances, including risk of transmission, severity of outcome of novel coronavirus (SARS-CoV-2) infection, and drug overdose risk.

How are people who use substances impacted by COVID-19?

People who use substances are often socio-economically marginalized and precariously housed, and may, therefore, be unable to physically distance and maintain hand sanitation. Congregate living environments such as shelters, supportive housing, and single-room occupancy hotels can exacerbate SARS-CoV-2 transmission risk, as has been seen in Toronto where more than 300 cases were identified in shelters.² Furthermore, people who use substances are disproportionately affected by chronic conditions that increase susceptibility to severe COVID-19 outcomes, such as chronic pulmonary and coronary heart disease.³

This article is the opinion of the BC Centre for Disease Control and has not been peer reviewed by the BCMJ Editorial Board.

Measures to address COVID-19 may place people who use substances at increased risk of drug overdose. Drug markets have become volatile due to border and travel restrictions and limited availability of precursor chemicals, creating a more unpredictable and toxic drug supply. Drug testing services have reduced capacity and are not equitably distributed across the province, thus making it difficult to determine implicated substances and issue meaningful community alerts.

Overdose deaths increased 61% across BC in March 2020 compared to February 2020.¹ The cause of this resurgence in overdose fatalities and the extent to which COVID-19 is implicated has yet to be fully determined. However, reduced access to harm reduction services, including observed consumption sites, increased drug toxicity, and changes to individual drug use practices and settings are amplifying the already high risk of overdose in BC.

Supporting people who use substances

People who use substances are more likely to die from overdose than COVID-19. Thus, it is imperative to support safer substance use by encouraging use of observed consumption sites, which are designated essential clinical services, and using with others at a safe distance. In addition, individuals should be equipped for overdose response. Online take-home naloxone training is available at www.naloxonetraining.com, and take-home naloxone kits are available

from over 1500 sites throughout BC, including 700 community pharmacies. Patients should be counseled to use additional doses of naloxone as required to reduce the need for additional resuscitative procedures. Harm reduction recommendations, like using small test doses of substances and accessing new pipes and needles, will help patients avoid both overdose and SARS-CoV-2 transmission.

Supporting individuals with opioid and other substance use disorders is a priority at this time. Lack of access to substances due to physical distancing and quarantine orders can put

individuals at risk of withdrawal. Physicians must recognize clinic and emergency department visits and telemedicine consultations as opportunities to connect patients with counseling, mental health, and social housing options, and to provide safer alternatives to the illicit drug market. This includes offering a range of opioid agonist therapies (for buprenorphine/naloxone, observed or take-home inductions, standard and microdosing options), and safely providing patients with missed opioid agonist therapy doses or prescription refills and referrals to addictions specialists. Additionally, recent BC risk mitigation guidelines recommend that health care providers offer pharmaceutical replacements for illicit substances.⁴

COVID-19 is impacting the mental health and well-being of people who use substances as they navigate increased isolation compounded with ongoing trauma caused by the overdose crisis. Physicians have an important role in supporting people with substance use

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disorders as they strengthen their resilience and rebuild connections in the next phases of COVID-19. ■

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2019 J.H. MacDermot writing award winner



Dr Moor-Smith

The 2019 J.H. MacDermot Prize for Excellence in Medical Journalism: Best article or essay was awarded to Dr Moor-Smith for his article, “The world’s most poisonous mushroom, *Amanita phalloides*, is growing in BC” [*BCM*J 2019;61:20-24].

Dr Moor-Smith wrote the article as a medical student (class of 2020) in the University of British Columbia Island Medical Program with coauthors Mr Raymond Li, a drug and poison information pharmacist at the BC Drug and Poison Information Centre, and Dr Omar Ahmad, a physician with Island Health, head of Critical Care and Emergency Medicine, and a clinical associate professor in the Department of Emergency Medicine at the University of British Columbia. Dr Moor-Smith graduated from UBC’s Island Medical Program and is starting his residency in emergency medicine at UBC. His professional interests are broad but consistently include medical education and acute care medicine.

BC medical students are encouraged to submit full-length scientific articles and essays for publication consideration. Each year the *BCM*J awards a prize of \$1000 for the best article or essay written by a medical student in the province of BC. For more information about the award, visit www.bcmj.org/submit-article-award.

COVID-19 Research Fund recipients

The Vancouver Coastal Health Research Institute, along with the VGH and UBC Hospital Foundation, is providing funding for innovative research projects aimed at addressing the evolving health care needs and challenges related to the COVID-19 pandemic. The funding will help accelerate research efforts to proactively respond to the virus in BC through prevention, detection, treatment, and management. The COVID-19 Research Fund recipients are listed below. For more information on each recipient visit www.vchri.ca/stories/articles/2020/05/26/cutting-edge-covid-19-research-bc-boosted-research-funding.

- Dr Chris Carlsten, professor and head of the UBC Division of Respiratory Medicine and scientific director of the Legacy for Airway Health.
- Dr Daniel Kim, emergency physician at VGH and clinical assistant professor with the UBC Department of Emergency Medicine.
- Dr James Lan, transplant nephrologist at VGH and assistant professor with the UBC Department of Pathology and Laboratory Medicine.
- Dr Agnes Lee, director of the Hematology Research Program at VCHRI, medical director of the Thrombosis Program at VCH and professor with the UBC Department of Medicine.
- Dr Allison Mah, clinical assistant professor with the UBC Department of Medicine.
- Dr Renelle Myers, thoracic interventional respirologist at VGH and clinical assistant professor with the UBC Department of Medicine.