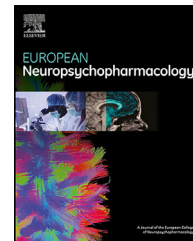




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INSIGHTS

Opioid use and misuse in Europe: COVID-19 new challenges?

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Text

Opioid misuse and its rising rates of morbidity and associated mortality, is an increasing area of concern worldwide. The licit/illicit consumption of opioids ranges from plant-based substances and pharmaceutical drugs (particularly analgesia), to the new synthetic opioids (NSOs).

The opioid crisis has been widely documented in USA. Contributing factors include over-prescription and use of opioid analgesics for pain management, the availability of cheap, pure heroin, the large-scale supply of illicit fentanyl and analogues, as well as the lack of enough accessibility to treatment for opioid use disorder (Volkow et al, 2019). These factors, quite different in Europe, are the reason why problematic use of opioids has not reached same epidemic levels. Nevertheless, changes in availability of opioids due to COVID-19 restrictions and/or, availability and accessibility of different services (i.e., harm reduction) and new treatments, constitute a challenge for next future. In this insight we will focus in the opioid use and misuse in Europe, in times of COVID-19 pandemic.

The prevalence of high-risk opioid users aged 15 to 64 years in the European Union (EU) is estimated to be 0.35%, representing around 1 million individuals (EMCDDA, 2021). Whilst treatment entry and other indicators suggest that heroin is losing ground as consumers are an aging and diminishing population, NSOs continue to emerge. Since 2009, 67 NSOs have been detected on the European drug market, 10 of which were reported for the first time in 2020. Of these 10, the majority were either fentanyl analogues or chemically different such as isotinazene (EMCDDA, 2020). The effects produced by NSOs are similar to morphine but, with a potency between 50 and 100 times higher than morphine.

Although the prevalence of opioids misuse is lower compared to other drugs (i.e., cannabis) the health problems related to opioids are relevant. In 2019, opioids were involved in 76% of the fatal overdoses reported in the EU (EMCDDA, 2021). Probably, this figure underestimated the prevalence of overdoses due to NSOs, as they are difficult to identify. In addition, as a consequence of the COVID-19 pandemic, there is a greater likelihood of adulteration, falsification, and substitution, of these substances, which could lead to a greater number of intoxications. Attending to the increasingly number of NSOs found in opioid fatal overdoses and the fact that these substances are frequently found as adulterants in heroin, opioid users represent a vulnerable population for unintentional overdose.

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In 2021, data from treatment centres show that opioid misuse represented 26% of drug treatment requests, and that the number of first-time heroin clients continued to fall by more than 50% from the peak observed in 2009. Heroin is the primary drug of the first-time seeking treatment for whom the opioid was reported (EMCDDA 2021). There is limited evidence regarding the impact COVID-19 on heroin use. It appears to have remained relatively stable during and after the 2020 lockdown periods.

The incorporation of harm-reduction strategies should be highlighted as it plays a key role in reducing the adverse health and social issues associated with opioid misuse. Such programs include needle/syringe exchange, overdose prevention with take-home naloxone, and supervised injection/consumption services. All of which encourage entry into addiction treatment besides reducing risky behaviours, HIV/AIDS infection, and overdose mortality (Taylor et al., 2021). In this regard, the EU supports the 2030 Sustainable Development Goals of eliminating the HIV/AIDS epidemic and combating viral hepatitis. Increased access to integrated testing/treatment for HIV, HBV and HCV within harm reduction and drug treatment services is crucial to reach the Fast-Track commitments for HIV/AIDS, and the continuum of HCV care targets.

Opioid agonist treatment (OAT), mainly methadone and buprenorphine, and to a lesser extent, sustained-release morphine, diacetylmorphine and R-methadone, continues to be the most effective treatment for opioid use disorder. In 2021, there were 510,000 patients undergoing OAT in the EU, although with varying coverage rates among the different countries (EMCDDA, 2021). During the COVID-19 pandemic, as recommended in other non-EU countries (Jiang et al., 2020), although the strict lockdown, the provision of OAT continued to be widely present, and adaptations made during the first months of the pandemic (greater use of electronic prescriptions, increased quantities for take-home use, online supervision and low-threshold access) were maintained after the first confinement period according to national focal points and published reports (Radfar et al., 2021). In general, addiction treatment services quickly adapted to assure treatment provision whilst ensuring the security of health workers and service users. Interestingly, OAT options are expanding with the development of prolonged-release (also known as extended-release) 1-week, 1-month, and 6-month formulations of buprenorphine (Coe et al., 2019). Recent studies have demonstrated not only their efficacy but also a greater and more sustained global satisfaction with respect to sublingual buprenorphine (Lintzeris et al., 2021). The increase in the availability of long-acting medications, in a number of EU countries, is an opportunity to facilitate treatment accessibility to treatment for patients with opioid use disorder.

Finally, the ongoing COVID-19 pandemic is likely to have an impact on both, the people with opioid use and the services responding to their needs. This is due both to the restrictive measures introduced to mitigate the spread of the virus and the accompanying economic downturn (Costa Storti et al., 2021).

Opioid users present a greater risk of COVID-19 infection than the general population due to various factors. They are principally related to the accessibility and characteristics of services and treatment resources (including

harm reduction facilities and uninterrupted access to OAT), social and economic conditions (the ability to follow recommendations to prevent COVID-19 transmission, i.e. regarding homeless shelters and keeping quarantine), and the presence of medical and psychiatric comorbidities (HIV infection, chronic obstructive pulmonary disease, diabetes, and depression) (Gasmi et al., 2021).

To conclude, in these uncertain times of COVID-19, opioid use disorder represents a great challenge for the clinicians, as NSOs presenting high mortality/morbidity are constantly appearing. So as to deal with both crises, opioid misuse and COVID-19, it is essential to offer access to harm-reduction and evidence-based treatment, avoiding moral concepts that are often associated with addictive disorders.

Declaration of Competing Interest

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