# ADDRESSING UNPRECEDENTED CHALLENGES IN MANAGEMENT OF SUDs & GBV IN THE MIDST OF COVID 19

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#### **LEARNING OBJECTIVES**

To create an understanding of **new risk factors** for SUDs in the advent of COVID-19

❖ To help professionals explore and **develop new strategies** in combating SUDs amidst the Covid pandemic

#### WHAT IS SUD? PREVALENCE?

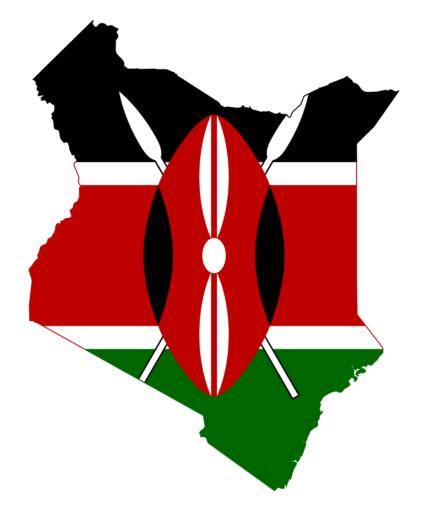
Substance use disorders (SUDs) include a number of conditions, including hazardous and harmful use and substance dependence arising from repeated or continuous use of the psychoactive substances.

❖ Data from the "World Drug Report 2019" show that 271 million people worldwide aged 15–64 used an illegal drug once in the past year, while 35 million suffered from SUDs

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Prevalence of Alcohol consumption among 15-65 yr. olds 12.2% 2019

Prevalence of Khat consumption 4.1%2019



Prevalence of cannabis use 1.0%

2019

Prevalence of multi drug use among 15-65 yr. olds 6.0%

2019

#### **ONSET AND IMPACT OF COVID-19**

Onset of COVID-19 pandemic in March 2020 has been associated:

- serious economic recession & unemployment
- **❖** Isolation
- emotional/psychological distress
- ❖increase in alcohol and other drug use
- ❖Increase in Gender based violence

❖ Persons affected by SUDs are high-risk populations for both SARS-CoV-2 infection and COVID-19-related



#### **CHALLENGES AND RISK FACTORS**

- Escalation in number of **triggers** for SUDs & GBV:
- Stress, fear, anxiety, idleness, boredom, uncertainty,
- confined spaces, reduced movement, 'forced relationships



- Breakdown of psychosocial support systems & group support programmes; AA, NA, Faith based support..
- \*Reduced access to treatment and 'curfew effect' on addiction professionals

- ❖Increased Burnout & decreased self-care for practitioners
- ❖New challenges in contextualizing EBI's
- ❖ Difficulties in case management in view of physical distancing, isolation, quarantines and lockdowns.

Loss of specialized personnel and care of multiple practitioners to the Covid response effort

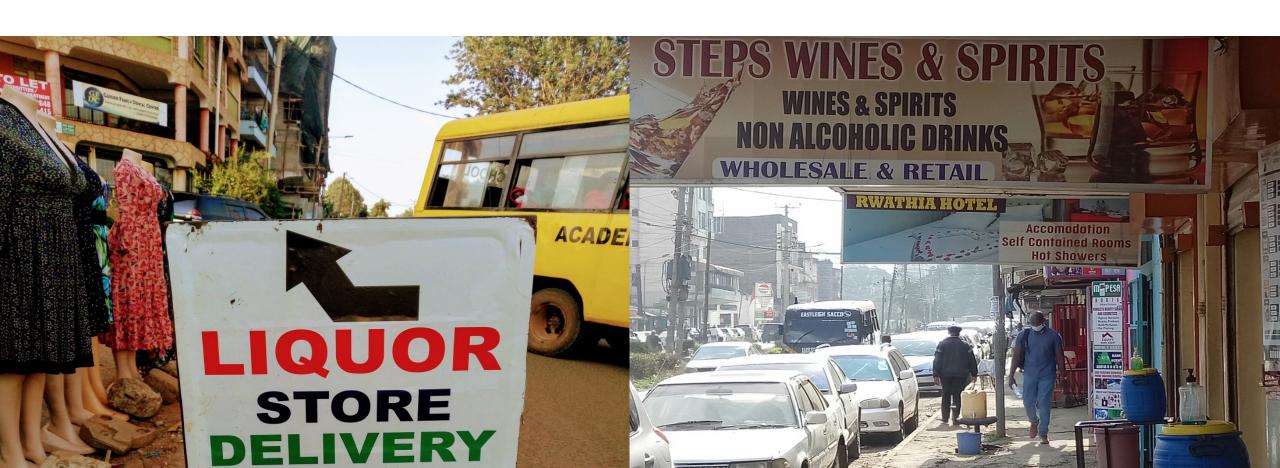
\*Reduction in Harm-reduction services and activities

Complications of managing Patients with both SUDs and Covid-19



#### NEW MARKETING STRATEGIES OF PSYCHOACTIVE SUBSTANCES

The "legal drug" market (alcohol, khat, tobacco) has strived to maintain and even increase sales opportunities......



#### INNOVATIVE STRATEGIES FOR SUDS

- \*Rapid increase of effective web-based tele-consultation platforms offering new methods of engaging with persons with SUDs
- ❖ Telemedicine offering increased adherence to treatment, by removal of logistical barriers associated with physical attendance at treatment services





#### **CONSIDERATIONS**

Digital solutions have been hastily improvised and often lack support in the form of clinical guidelines for people with SUDs

Some specific groups (e.g., those with physical or cognitive comorbidities or health inequalities) may not be reached by these digital solutions, increasing the risk of social exclusion through the digital divide

- ❖Need to adapt and evaluate hastily implemented approaches in the next phases of the pandemic.
- Need to develop new plans for care of people who suffer from SUDs in the "post-COVID-19 era" in view of their vulnerability
- ❖ Need to retrain all practitioners

# FACTORS RELATED TO ECONOMIC CRISES WHICH COULD LEAD TO INCREASES IN SUBSTANCE USE

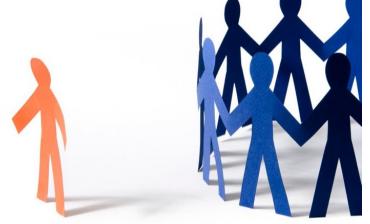
- Reduced availability of psychoactive substances
- Higher prices
- **❖**Financial restrictions
- Emotional distress, isolation, and unemployment

#### WAY FORWARD

Healthcare and social care systems need to prepare to cope with a likely increase in demand in other domains of health:

- **❖** Mental health
- Housing
- \*Access to medications & other fundamental goods
- ❖ Social stigma
- **❖**Self stigma





❖ Greater use of outpatient treatment post Covid-19 to improve in quality of care.

Establish a 'hybrid integrated addiction care model' that spans from;

Early detection

Brief interventions in primary care (both health and social) to

Highly specialized T & R services.

# THE ROLE OF MENTAL HEALTH PRACTITIONERS IN MANAGEMENT OF SUDs

- Mental health practitioners (MHP) often offer treatment to patients with SUDs and other comorbidities
- ❖ MHPs are well placed to diagnose underlying SUDs ir patients who present with mental health issues
- Symptoms of mental issues often overlap or can be confused with those of substance use
- ❖ Persons diagnosed with mental health problems often turn to substance use as a coping mechanism
- Persons with SUDs often suffer from mental health problems
- Mental health practitioners are a critical component of the clinical multidisciplinary team for SUDs



## **CONCLUSION**

❖The COVID-19 pandemic offers a unique opportunity to update and reshape addiction treatment & Gender based management systems and networks through improved integrated access to care facilitated, where appropriate, by technology.

❖ National SUDs Toll-free Helpline 1192

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## **THANK YOU!**

- QUESTIONS?
- COMMENTS?

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