

Knowledge Synthesis: COVID-19 in Mental Health and Substance Use

Synthesis Title: *The GID-COVID Project: Gender and Intervention in Addiction with Individuals in Situations of Social Precarity in the Context of a Pandemic*

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Target/priority population(s) in synthesis:

- Individuals experiencing problematic psychoactive substance (PAS) use in a context of social precarity

What is the issue?

- How does COVID-19 affect individuals in situations of social precarity who are dealing with problematic PAS use, specifically in terms of their overall health, their service needs and the provision of addiction-related services?
- In the context of a pandemic, what interventions are recommended to better meet the health and social needs of individuals in situations of social precarity? How should addiction-related services be adapted?

Key messages:

- Individuals in situations of social precarity who are dealing with problematic substance use run a higher risk of contracting COVID-19. Priority must therefore go toward making them aware of health measures that take into account substance use and the living conditions of marginalized populations.
- During the pandemic, a range of measures must be developed to ensure access to a continuum of harm reduction and treatment services. Certain essential activities, particularly outreach work, must likewise be maintained.
- Sexual and gender diversity must factor into the adaptation of services during the pandemic to prevent further health inequities, especially for women and members of sexual and gender minorities who are dealing with substance use.

How was the synthesis conducted?

The research, which is participatory, is based on a scoping review consisting of two components: 1) a narrative synthesis of the literature; and 2) expert consultations. For the synthesis, a rapid-assessment methodology (INESSS, 2020) was used to develop the search strategy. Data from the literature consulted to date were collated

in an information retrieval grid and the preliminary findings identified. Expert consultations will begin once ethics approval has been obtained (assessment in progress). For now, the entire team (researchers, knowledge users, peer researchers) has been asked to provide preliminary input on the research questions in two ways: at a meeting and by completing a form to list what they felt were the key points. These initial stages have allowed us to draw our first conclusions.

What did the synthesis find? Provide a lay summary of the outcomes:

Individuals in situations of social precarity who are dealing with problematic substance use run a higher risk both of contracting COVID-19 and of suffering serious adverse health effects. This reality points to the urgent need to provide them with clear, ongoing information about various available public health measures as these are implemented. Such measures must address issues specifically related to psychoactive substance use while also taking into account other factors, including the housing and living situations of homeless populations, issues related to financial security, sexuality, and the living conditions of specific marginalized populations such as sex workers.

When planning services for the most vulnerable populations, priority must be given to measures that promote access to a continuum of harm reduction and treatment services. These include online interventions; maintaining the capacity to receive new requests for assistance; maintaining outreach work as an essential activity; and establishing or developing collaborative agreements between harm reduction and treatment services in the health and community sectors. Harm reduction activities that are vital to maintain during the COVID-19 pandemic include overdose monitoring and prevention, safe supply initiatives, and HIV/STI prevention. Supporting — and, if possible, improving — cooperation between addiction services and those that address living conditions and basic needs (food, housing, income) is equally critical.

Investment is needed to support harm reduction and treatment practitioners by making the appropriate technology, training and supervision available. Such resources will enable the development of clinical practices adapted to the challenges of substance use in a context of social precarity, including online intervention work. In addition, sexual and gender diversity must be considered when adapting services in the context of the pandemic to prevent further health inequities, especially for women and members of sexual and gender minorities who are dealing with substance use.

What are the implications of this synthesis?

- Produced in the first month of the GID-COVID project, this rapid response will make it possible to provide practice settings with prompt support in the midst of a health crisis.
- The project's focus on knowledge exchange will serve as a basis for recommendations that meet the needs of both service users and practitioners in Quebec.

Keywords:

- Dependency, psychoactive substances, social precarity, homelessness, mental health, gender, sexual orientation, harm reduction, treatment, services.