

relationship between prenatal exposure to antidepressants or antipsychotics and the risk of seizure in children.

Since the first report of a possible association between psychotropic drug exposure *in utero* and childhood neurological disorders, clinicians have faced a dilemma regarding the management of women with mental disorders during both the time that they are trying to conceive and pregnancy. Ongoing efforts have been made to enhance perinatal psychiatric drug management, such as the European regulatory ban of valproate use in women of childbearing potential due to clear evidence of teratogenic and neurodevelopmental harm. However, current guidance on gestational antidepressant and antipsychotic use remains unclear due to the lack of strong clinical evidence.

When generating evidence, methodological considerations such as adequate adjustment for known confounders and increase in precision of estimates should be considered wherever possible, to minimize uncertainties of the results. Sustained efforts in ascertaining the specific benefits and harms of prenatal psychotropic medication exposure are pivotal towards individualized risk-benefit analyses of psychiatric treatment to safeguard both maternal and foetal health.

We cannot completely exclude the possibility that prenatal exposure to antidepressants or antipsychotics is related to risk for childhood seizure, but our study suggests that the association might be explained by confounding factors. Further studies stratifying antidepressants/antipsychotics by different drug classes,

exposure time in different trimesters, and first-time seizure diagnosed at different developmental timepoints are needed.

Zixuan Wang<sup>1</sup>, Adrienne Y.L. Chan<sup>2,4</sup>, Phoebe W.H. Ho<sup>2</sup>, Kirstie H.T.W. Wong<sup>1,2</sup>, Ruth Brauer<sup>1</sup>, Frank M.C. Besag<sup>1,5</sup>, Patrick Ip<sup>2</sup>, Louise M. Howard<sup>6</sup>, Wallis C.Y. Lau<sup>1,2,4</sup>, Katja Taxis<sup>3</sup>, Li Wei<sup>1,4</sup>, Ian C.K. Wong<sup>1,2,4</sup>, Kenneth K.C. Man<sup>1,2,4</sup>

<sup>1</sup>UCL School of Pharmacy, London, UK; <sup>2</sup>University of Hong Kong, Hong Kong, China; <sup>3</sup>University of Groningen, Groningen, The Netherlands; <sup>4</sup>Laboratory of Data Discovery for Health, Hong Kong Science Park, Hong Kong, China; <sup>5</sup>East London Foundation NHS Trust, Bedfordshire, UK; <sup>6</sup>King's College London, London, UK

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## Prevention, treatment and care of substance use disorders in times of COVID-19

Since 2015, the United Nations Office on Drugs and Crime (UNODC) – World Health Organization (WHO) Informal Scientific Network (ISN) has brought the voice of science to international drug policy discussions, especially at the Commission on Narcotic Drugs, the prime policy-making body of the United Nations (UN) for drug control matters. In recent years, the public health dimensions of the world drug problem, including prevention and treatment of substance use disorders (SUDs), have become prominent in policy debates within the UN system<sup>1</sup>.

Individuals with SUDs are at increased risk of contracting COVID-19 and, if infected, are more likely to experience negative outcomes<sup>2-4</sup>. This vulnerability reflects both the adverse effects of the non-medical use of psychoactive substances on health<sup>5</sup>, compounded by high rates of non-attended medical comorbidities<sup>3,4</sup>, as well as associated psychosocial and structural factors. These may include situations of homelessness and incarceration, which increase the risk of acquiring COVID-19 through intermediate and direct factors (e.g., poverty, stigma, overcrowded settings) and decrease access to adequate care, ultimately worsening outcomes<sup>6</sup>. Several surveys have identified disruptions of services for people with SUDs during the COVID-19 pandemic<sup>7</sup>. Providing services for population groups with increased vulner-

abilities is a key public health principle especially during a pandemic, also benefitting the general population as a whole<sup>4</sup>.

Evidence-based and human rights-based treatment of SUDs, including mental health and physical comorbidities, should be considered essential and integrated into existing health care services. The provision of remote services and digital health solutions for the treatment and care of SUDs, and medications to treat SUD and prevent overdose, should be accessible to those in need. Due to overlapping vulnerabilities, people who use substances with special treatment and care needs carry a disproportionate risk and require special attention<sup>8</sup>. Investment in evidence-based prevention and treatment of SUDs and comorbid health conditions, and attention to the impact of social determinants on the health of all age groups are now more necessary than ever. Global actions are needed to build health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond<sup>9</sup>.

The ISN shares the following recommendations in its 2021 statement:

- Support the timely collection and analysis of data to monitor the impact of the COVID-19 pandemic, including the role of

policies and interventions targeting demand and supply of psychoactive substances. Also, on the unintended consequences of “lockdowns” on substance use, SUDs, overdoses, and treatment and care services.

- During the COVID-19 pandemic, ensure the ongoing provision of evidence-based treatment of SUDs along an integrated continuum of care in line with the UNODC-WHO International Standards for the Treatment of Drug Use Disorders.
- Ensure the meaningful inclusion of mental health and SUD experts in COVID-19 task forces and promote multi-stakeholder, integrated approaches to trainings that facilitate innovations in the health system by bringing together the scientific community, the private sector and international and civil society organizations.
- Increase resources, including trained workforce, to secure continued access to SUD prevention and treatment and care services, including for those infected with COVID-19.
- Populations in especially vulnerable circumstances with special needs (such as women, children, victims of violence, ethnic minorities and indigenous populations, refugees and migrants, the unhoused, the economically disadvantaged, those with mental illnesses, the elderly, socially isolated people, and people in contact with the justice system) should be provided adequate services in accordance with local resources, and especially in light of the COVID-19 pandemic.
- During the COVID-19 pandemic, existing socioeconomic disadvantages have increased. Recalling the ISN statement from 2019, the ISN recommends including people who use substances in priority strategies and interventions that minimize inequalities.
- Develop policies that promote and evaluate the use of information technologies, including mobile devices, to support digital health solutions for substance use screening, treatment and recovery, and develop solutions to address the existing digital divide. Every effort must be taken to ensure the confidentiality, privacy and safety of those who use remote/online services.
- Ensure that COVID-19 information, prevention, testing and vaccination is available for individuals with SUDs, and SUD treatment professionals.
- Give special consideration to addressing communicable and non-communicable disorder prevention and treatment, including prevention of the negative health and social consequences of substance use, as well as mortality due to overdose, and comorbid mental and physical health conditions, even when resources and attention are primarily focused on COVID-19.
- Stigma and discrimination are among the biggest challenges for people with SUDs, including those in contact with the criminal justice system, and they have been exacerbated during the COVID-19 pandemic. Strategies should be developed to ensure that SUDs are treated like any other chronic medical condition

during this crisis and beyond, and that people with SUDs are not left behind.

- The ISN, especially now and in view of the increased risk for COVID-19 in closed settings, joins the global call for increased consideration of alternatives to conviction or punishment for people with SUDs and comorbid mental health conditions, in line with the UN Standard Minimum Rules for Non-Custodial Measures and the International Drug Control Conventions.
- Strengthen research on the impact of COVID-19 on substance use, SUDs and comorbid mental health conditions, and barriers to treatment during the pandemic, including ongoing monitoring and evaluation of policies that affect people who use substances and with SUDs.

Investments in evidence-based prevention for all age groups (especially children, teenagers, and young adults), including support to parents, carers and families, are now more necessary than ever.

The ISN recommends to ensure that, during and beyond the COVID-19 pandemic, people with drug use disorders are not left behind, and that quality substance use prevention, treatment and care services are accessible to those in need, including to those in most vulnerable circumstances.

Nora D. Volkow, Susan Maua, Giovanna Campello, Vladimir Poznyak, Dzimtry Krupchanka, Wataru Kashino, Anja Busse  
UNODC-WHO Informal Scientific Network

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