

Psychoactive Substance Users Attitudes during the Period of COVID 19 Sanitary Confinements: Experience of Addiction Treatment Center of Arrazi University Psychiatric Hospital in Sale, Morocco

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Abstract

Original Research Article

Objective: The objectives of the study are to evaluate the socio-demographic, clinical characteristics as well as the impact of Covid 19 on the addictive behavior during the period of sanitary confinement. **Methods:** This study included a sample of 70 patients followed in the addiction treatment center of Ar-Razi university psychiatric hospital in salé, for an addiction problem during the sanitary Covid19 quarantine. A questionnaire has been developed for this occasion. **Results:** The average age of our patients is 33 years old, 85.7% of them were male, 95.8% live in an urban area, 60% were without profession, 38.5% of them had an history of inpatient detoxification, 71% tried a withdrawal treatment. Psychiatric and somatic comorbidities were respectively among 60%, and 8.5% of our population. Almost half of patients (51%) reported having reduced their consumption during this period of confinement. **Conclusion:** COVID-19 and addictions are two epidemiological threats to public health. Many efforts are being made to raise public awareness of the deleterious effects of addictions and the risk of corona virus contamination. Public health programs could be developed along the lines of those already in existence to prevent and manage these disorders.

Keywords: Psychoactive Substance COVID 19 Treatment Center of Arrazi.

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INTRODUCTION

Coronavirus disease (COVID-19) is without doubt the greatest public health disaster of our time. It is of universal concern worldwide and challenges us in many ways. The primary measures to contain the epidemic, such as home confinement and sustained lockdown, ultimately result in an insurmountable economic burden at the community level and pushes one to deal with a variety of adverse emotional reactions, psychological difficulties, behavioral changes, including excessive substance use [1]. The psychological effects of confinement have already been described in the literature, boredom, social isolation, stress, lack of sleep. The confinement put in place to interrupt the circulation of the virus has also had an effect on the circulation of drugs or on addictive behaviors, sometimes in a spectacular way. In addition, addicted patients frequently present an associated psychiatric pathology which makes them more vulnerable to the confinement and the associated stress.

Morocco, like other countries in the world, has put in place a sanitary confinement in order to prevent and limit the spread of the corona virus.

MATERIALS AND METHODS

Our work included a sample of 70 patients followed in the addiction treatment center of the Psychiatric University Hospital Arrazi in Salé during the period of sanitary confinement for an addiction.

The objectives of our work are to evaluate the socio-demographic and clinical characteristics as well as the impact of Covid 19 on the addictive behavior. A questionnaire was elaborated for this occasion.

Inclusion criteria

Were included, patients with a substance use disorder according to DSM 5 criteria, aged over 18 years, who were informed of the purpose of the study and who gave their informed consent to participate.

Exclusion criteria

Were excluded patients with cognitive difficulties, intellectual disability, not stabilized psychiatric disorder, or patients having difficulties for answering questions.

RESULTS

A total of 70 patients responded to our questionnaire. The average age of our patients is 33 years. The less than 30 age group represents 58.5% of our sample. 85.7% of our patients are male.

In Morocco, the use of psychoactive substances concerns more young people and men. Women have less recourse to substances than men given the stigma of female use.

60 % of our sample was without profession and 95.8% live in an urban environment. The addicted patients who live in a rural environment would not have access to the addiction treatment centers because of COVID19 confinement.

38.5% of our patients had a history of inpatient detoxifications, 71% tried a withdrawal treatment.

60% of our sample had a dual diagnosis (see figure 1). 38% suffered from depression, 30.9% were diagnosed as schizophrenic, and 9.5% were bipolar. A borderline personality disorder was found in 11.9%,

antisocial in 1%, and an ADHD in 4.7%. Only 8.5% had a physical comorbidity.

51.4% of our patients procured the psychoactive substances by illegal means during this period of confinement.

Addiction to psychoactive substances was found in 98.5% of our patients, only one patient, has a gambling disorder. 65 % of our sample use more than two psychoactive substances, and tobacco was consumed by all them (73,6%). The most consumed substances are respectively a use of tobacco, cannabis, alcohol, opiates, inhalants and cocaine (table 1).

During the sanitary confinement, 51% of our patients reduced their substance use; however, 35% increased it. Only 14% stopped all consumption (figure 2).

Patients who have a history of withdrawal attempts were more likely to reduce their consumption than to increase it during the confinement (63.3% versus 34.7%). However, only 28.6% of this population stopped it.

There is no statistically significant correlation between the change of the psychoactive substance use and the psychiatric or somatic comorbidities (see figure 2, 3, and 4).

Appendices

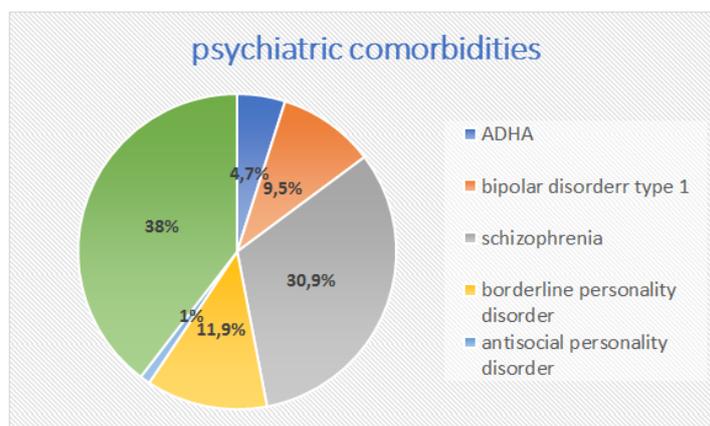


Fig-1: The different psychiatric comorbidities found in our patients (n=70)

Table-1: The different psychoactive substances used in our patients (n=70)

Psychoactive substances use disorders	%
Use of more than two psychoactive substances	65 %
Only Cannabis	13 %
Only Alcohol	7 %
Only Tobacco	8,6 %
Only Opiates	2,8 %
Only Cocaine	1,4 %
Only Inhalants	1,4 %

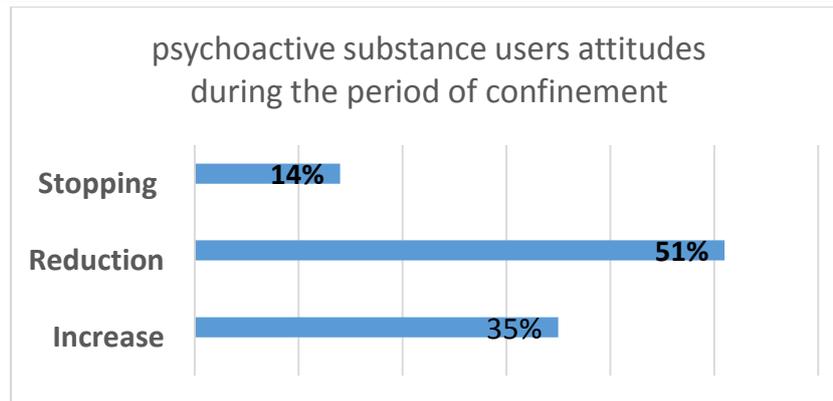


Fig-2: Impact of Covid 19 on Addictive Behavior

Table-2: Correlations between stopping the psychoactive substances use during confinement and variables concerning history of withdrawal attempt, psychiatric comorbidity, and somatic comorbidity

Variables	Stopping of psychoactive substances use during confinement		P-value
	yes	no	
History of withdrawal attempts	yes	14 (28,6%)	0,072
	no	2 (9,5%)	
Psychiatric comorbidity	yes	11(26,2%)	0,304
	no	5 (17,9%)	
Somatic comorbidity	yes	1(14,3%)	0,492
	no	15(23,8%)	

Table-3: Correlations between reduction of psychoactive substances use during confinement and the variables concerning the history of withdrawal attempts, psychiatric comorbidity, and somatic comorbidity

Variables	Reduction of psychoactive substances use during confinement		P-value
	yes	No	
History of withdrawal attempts	yes	31 (63,3%)	0,094
	no	9 (42,9%)	
Psychiatric comorbidity	yes	23(54,8%)	0,404
	no	17 (60,7%)	
Somatic comorbidity	yes	4(57,1%)	0,650
	no	36(57,1%)	

Table-4: Results of correlations between the increased of psychoactive substances use during confinement and variables concerning the history of withdrawal attempt, psychiatric comorbidity, and somatic comorbidity

Variables	increased of psychoactive substances use during confinement		P-value
	yes	No	
History of withdrawal attempts	yes	17 (34,7%)	0,070
	no	12 (57,1%)	
Psychiatric comorbidity	yes	18(42,9%)	0,481
	no	11 (39,3%)	
somatic comorbidity	yes	3(42,9%)	0,619
	no	26(41,3%)	

DISCUSSION

In the context of pandemic-related containment, very few studies have investigated the evolution of addictive behaviors. Addicted patients were often deprived of illicit drugs that can no longer be delivered, leading to forced withdrawal. Conversely, if they still have access to drugs or alcohol they may be led to increase their use [2]. The prolonged interdiction of international travel has limited the supply of

psychoactive substances on the market, allowing the proliferation of adulterated and toxic substitutes at lower prices on the streets. In addition, many reports indicate that substance users obtain their needs at exorbitant prices and sometimes through illegal means [3]. In our study, 51% of our patients reduced their consumption, 35% increased it, and 14% stopped it. Indeed, their addiction is frequently accompanied by a psychiatric pathology which makes them more vulnerable to confinement and associated stress. 60% of

our patients had psychiatric comorbidities. In addition, they are facing their family environment and their pathology. Drug use is often associated to psychiatric problems.

They are also in a situation of precariousness and social exclusion, which also aggravates their addiction. Finally, their vulnerability is not only psychological but also physical. Drug use consumption aggravates the risk of infection, because of pulmonary damage linked to psychoactive substances. It is also feared that the physical and social functioning as well as the mental well-being of substance users and addicts are severely affected by the COVID-19 crisis. Among adolescents, confinement could be associated with lower alcohol and cannabis consumption [4]. Indeed, the use of certain substances at this age is particularly associated with group's sociability and depends on access to the substance. On the other hand, increasing drug use by young people often responds to a lack of well-being and is then a source of self-medication for boredom or stress [5]. The pandemic and the confinement have given birth to a hidden current of behavioral addictions (screens, video games...etc.), which is enough to exert its powerful shock affecting mainly adolescents and young adults. Several parameters, such as confinement, isolation, job loss, financial burden, stress, depression, anxiety, phobia and abundant free time, constitute a fertile ground on which behavioral addictions begin to develop unabated. Among behavioral addictions, internet addiction and video games top the list [6]. Pathological gambling was found in one of our patients.

CONCLUSION

COVID-19 and addictive disorders are two pandemics that are about to collide and cause a major threat to public health. Efforts should be made to educate the public about the deleterious effects of addictions and the prognosis of COVID-19. Public health programs could be developed along the lines of those already in existence to prevent and manage these disorders.

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