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Drug and Alcohol Dependence

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Letter to the Editor

Expanding accessibility: Outpatient intensive treatment for substance use disorder during covid-19 pandemic

The COVID-19 pandemic has impacted mental health, particularly for people with preexisting conditions such as Substance Use Disorders (SUD) (Brooks et al., 2020; Volkow, 2020; Panamerican Health Organization, 2016).

Since 2010, our team has provided outpatient intensive treatment for people with SUDs. Our therapeutic program includes group and individual psychotherapy, workshops (meditation, physical activity, nutritional advice, smoking cessation, yoga), weekly meetings with the patient's social support network, and psychiatric and clinical evaluations. In the context of the COVID-19 pandemic, we migrated all services to a remote-enabled mode through a videoconference platform, including group and individual meetings. The frequency of groups was increased after the lockdown from 4 times a week to daily.

As part of an ongoing research project approved by the Ethical Committee of the School of Medicine of the University of Buenos Aires (08-05-2019), we compared adherence to treatment immediately before the beginning of the lockdown (T1-Adh) with that observed 3 months later (T2-Adh), using an 11 point scale (i.e. 0=absence of adherence and 10=the best performance). A single score for each patient at each time point was derived based upon two parameters: attendance at activities, and compliance (which included three items: use of a protocol agreed upon at the beginning of treatment, consistent use of an agenda together with cell phone applications to register sober time and general well-being, and compliance with other indications such as pharmacological treatment if prescribed). Alcohol and drug use were evaluated with the 5th version of the Addiction Severity Index (ASI) (McLellan et al., 1992), comparing scores obtained at the time of admission to treatment (T0-alcohol or T0-drugs) to those measured immediately before the beginning of lockdown (T1-alcohol and T1-drugs) and three months later (T2-alcohol and T2-drugs). The table summarizes the main demographic data of the 19 patients included in this report (Table 1).

There was no significant change over time in adherence scores (mean \pm SD): T1-Adh: 8 ± 1.9 vs T2-Adh: 8 ± 1.4 ($p = n.s.$; Wilcoxon matched paired test, $N = 19$). ASI scores (mean \pm SD) for alcohol and drug consumption improved over time: T0-alcohol: 0.30 ± 0.3 ; T1-alcohol 0.06 ± 0.12 ; T2-alcohol 0.02 ± 0.05 ($p < 0.001$, Kruskal Wallis followed by Dunn's test; $N = 19$); T0-drugs 0.12 ± 0.1 ; T1-drugs 0.03 ± 0.05 and T2-drugs 0.001 ± 0.005 ($p < 0.001$; Kruskal Wallis followed by Dunn's test; $N = 19$). A slight increment in the drop-out/new admissions ratio was observed due to a decrement in admissions rather than an

increment in drop-outs in the five months that elapsed after the pandemic onset, in comparison with a similar previous period (5/17 vs 5/20 respectively).

These preliminary results suggest that a remotely-provided intensive outpatient treatment for people with SUD is as effective as a face-to-face ambulatory intensive approach, under the current extraordinary circumstances. However, it should be emphasized that the therapeutic team suffered significantly higher stress and work overload under these circumstances. To address this, in addition to the usual team meetings and clinical supervision, team members attended mutual support group meetings aimed at detecting individual cases of emotional distress, and providing support. According to our experience, sustaining outpatient programs during times of crisis such as the COVID-19 pandemic is not only possible, but necessary.

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Contributors

RF, GI and FP equally participated in the recollection of data presented in this text. SW planned, and conducted the study and performed the statistics. RF and SW prepared the first draft of the manuscript. All the authors discussed the results and contributed to the final version.

Declaration of Competing Interest

RF, GI and FP are part and receive payment from the private institution where the study is being performed. SW is an independent researcher, whose salaries are paid by the National Council for Scientific and Technological Research (Consejo Nacional de Investigaciones Científicas y Técnicas-CONICET) and the University of Buenos Aires, Argentina.

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Table 1

Demographic data (n = 19).

Male subjects (n)	13
Age (years) (mean \pm SD)	44 \pm 16
Education (years) (mean \pm SD)	17 \pm 3
Main substance consumed (n)	
Alcohol	6
Cocaine	7
Two or more (cannabis/alcohol/cocaine)	6

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