Dr Amal Beaini is a consultant psychiatrist and medical director of The BONDS Clinic, a Bupa provider of specialist treatment for addictions. The creator of the successful BONDS treatment protocol, looks at the impact COVID-19 is having on addictive behaviours and the ways treatment is delivered.

Addictions are always complex as they are often intertwined with co-existing mental health problems and are influenced by a wide range of biological, genetic, social and neurodevelopmental drivers.

Anxiety around COVID-19 has undoubtedly fuelled a surge in addictions and addictive behaviours, but we often overlook the extent of the problem before this.

In England alone, 10.8 million adults were drinking at levels which put their health at risk¹ and among managerial and professional occupations, 36% were drinking at harmful levels.²

One in 20 working age adults regularly used illicit drugs,³ a third have taken illegal recreational drugs,⁴ and prescribing data suggests high levels of dependency on opiates. Over half a million people in England have been prescribed opiates for three years or more⁵ and deaths from prescription opiates, particularly the painkiller, Tramadol, are rising.⁶

Excluding the National Lottery a third of adults gambled every month,⁷ and 6% were problem or at-risk gamblers.⁸
Prolonged stress

We know the prolonged stress and uncertainty associated with the pandemic, increases the risk of addiction and substance misuse. And in our experience, around 70% of patients who seek help for an addiction have an underlying mental health issue.

This highlights the need for a more joined-up approach, where both the addiction and mental health disorder are addressed within a fully integrated care plan and team.

Without this, patients can be caught in an impossible loop, with substance misuse services advising them to seek treatment for their mental health disorder first, and mental health services saying they can do nothing until the addiction has been resolved.

At The BONDS Clinic, we believe the most effective, and user-friendly approach is to have a unified team with specialists in both substance misuse and mental health, and adopts an integrated four stage approach.

This often leads to unnecessary delays in treatment, yet we know early intervention improves outcomes and the chance of recovery.9

Dual diagnosis

Our approach focuses on a dual diagnosis which addresses the physical and mental ill-health associated with the addiction, and abstinence from admission. Naltrexone is given to reduce cravings, and if appropriate, this phase will include a one to two week intensive, medically managed detox. This is followed by an at-home 12-month care plan.

One of the strengths of a short in-patient stay, followed by a strong care package at home, is that patients who are in employment can continue to work while undergoing treatment.

Efficacy

Our results confirm the efficacy of this approach. The BONDS protocols were first published in 2000, and since then, we have treated more than 12,000 in-patients. Of the 8,000 with opiate addictions, 66% are still abstinent a year after treatment. And while the prevalence and social acceptance of alcohol are well recognised challenges to treatment and data collection,10 feedback from our patients suggest comparable success rates.
Like many providers, the pandemic has forced us to find new ways of providing care and in future, greater use of online therapies and telemedicine will improve access to treatment. There are also advantages around flexibility, discretion, reduced costs and the availability of support from family members, friends and colleagues.

However, we will all have to consider how we address any increased clinical risks associated with managing patients in recovery from afar — with obvious strategies being greater involvement of senior clinicians in day-to-day decision-making and enhanced clinical governance.

As we emerge from the pandemic, demand for treatment will outstrip supply, and addictions involving prescription opiates will rise. In America, drug overdoses — primarily opiates — are the leading cause of injury-related death. And where America goes, the UK often follows. As opiate addiction usually starts with a prescription painkiller, delays in elective surgery, and the associated reliance on these drugs, will also drive addictions.

Add the growing evidence linking post-viral infections with fatigue and depression and it’s clear that COVID-19 will cast a long shadow across the addictions landscape for years to come.

Find out more about The BONDS Clinic at [www.thebondsclinic.com](http://www.thebondsclinic.com)

---

4. Estimate based on this: ‘For the year ending March 2020, 4.6% of adults aged 16 to 59 years (around 1.6 million) had used any drug in the last month’
8. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1976118/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1976118/)
10. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5993682/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5993682/)
12. Add the growing evidence linking post-viral infections with fatigue and depression and it’s clear that COVID-19 will cast a long shadow across the addictions landscape for years to come.