**SUDs increase risk for breakthrough COVID-19 infections**

Breakthrough COVID-19 infections — those that occur even if fully vaccinated — are higher for patients with substance use disorders (SUDs) than people without. While the risk even for patients with SUDs for breakthrough infections was low overall, a study published by researchers at the National Institute on Drug Abuse (NIDA) and Case Western Reserve University last week found that it was relatively higher compared to people without SUDs, mainly when considering marijuana. Using electronic health records of almost 580,000 fully vaccinated people in the United States, the researchers found that the actual risk for breakthrough infections was highest for people with co-occurring health conditions and adverse socioeconomic determinants of health (lack of adequate housing, for example). These co-occurring problems are more common in people with SUDs and are primarily responsible for increasing the risk of breakthrough infections, except for cannabis, which, when other factors were controlled for, still added to the risk.

The study, published last week in *World Psychiatry*, also found that people with SUDs had higher rates of severe COVID-19 outcomes, including hospitalization and death, following breakthrough infections. “First and foremost, vaccination is highly effective for people with substance use disorders, and the overall risk of COVID-19 among vaccinated people with substance use disorders is very low,” said NIDA Director Nora D. Volkow, M.D., lead author on the study. “We must continue to encourage and facilitate COVID-19 vaccination among people with substance use disorders, while also acknowledging that even after vaccination, this group is at an increased risk and should continue to take protective measures against COVID-19.”

Clinical trials evaluating the effectiveness of COVID-19 vaccines did not specifically include people with SUDs, the researchers noted. Many people with SUDs are already immunocompromised. “From previous studies, we knew that people with substance use disorders may be particularly vulnerable to COVID-19 and severe related outcomes. These results emphasize that, while the vaccine is essential and effective, some of these same risk factors still apply to breakthrough infections,” said Rong Xu, Ph.D., professor in the Center for Artificial Intelligence in Drug Discovery at Case Western Reserve University. “It is important to continuously evaluate the effectiveness of COVID-19 vaccines and the long-term effects of COVID-19, especially among people with substance use disorders.”

**Methods**

The researchers determined the proportion of people who contracted COVID-19 at least two weeks after their final vaccination. The analysis then matched patients with and without SUDs for demographics, socioeconomic factors such as housing or employment instability, and lifetime physical illnesses, such as obesity or diabetes.

Researchers also looked at whether fully vaccinated people with breakthrough infections had a different risk for hospitalization and death compared with matched people without breakthrough infections.

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*“Evidence shows that when families are involved in their loved one’s treatment and recovery, outcomes improve for everyone involved.”*

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Rong Xu, Ph.D.
Cannabis

The risk of breakthrough infections was significantly higher in people with SUDs than in those without: 7% of vaccinated people with SUDs had a breakthrough infection during the study, compared with 3.6% of vaccinated people without SUDs. The highest risk was 7.8% for those with cannabis use disorder.

However, the increased risk was not due to the SUD itself but to co-occurring diseases and adverse socioeconomic characteristics. Once these factors were controlled for, people with most SUDs no longer had elevated risks of breakthrough infections. The exception was cannabis use disorder: these people were still 55% more likely to have breakthrough infections than people without SUDs. This was true even though people with cannabis use disorder are in general younger and have fewer co-occurring health conditions than those with other SUDs. The researchers speculated that the adverse effects of cannabis on lung and immune function may have contributed to the higher risk.

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"It’s symbolic in a way because it takes it out of the Center for Substance Abuse Treatment and acknowledges that recovery is separate from treatment," Faces & Voices of Recovery CEO Patty McCarthy told ADAW. McCarthy said there has been a great deal of focus on treatment that has been necessary given the gravity of the opioid epidemic. But services led by recovery community organizations, recovery coaches, collegiate recovery programs and other recovery-focused groups really haven’t had their own place within SAMHSA.

She hopes the establishment of the office will sharpen the focus on the community supports that can make such a big difference before, during and after treatment. "If we can provide the appropriate services at the right time, we can help people find and maintain recovery," McCarthy said. "The evidence points to five years of recovery support for those who need it."

McCarthy credits the recent efforts of Department of Health and Human Services Assistant Secretary Miriam Delphin-Rittmon, Ph.D., and longtime federal and recovery community leader Tom Codere for helping to advance a recovery agenda that she says had declined in emphasis during the Trump administration. She cited as examples of this decline SAMHSA’s 2020 withdrawal from its longtime coordinating role for National Recovery Month, as well as the elimination of the “Brass Tacks” program that offered technical assistance to recovery-focused grantees.

Under the Biden administration, there have been more hopeful signs for recovery community organizations, including a proposed 10% set-aside for recovery support services in federal funding. "For several years we have expressed interest in this," McCarthy said of the formation of an Office of Recovery. "Now we believe there will be leadership."

Office’s goals

SAMHSA stated in its announcement that the agency “will now have a dedicated team with a deep understanding of recovery to promote policies, programs and services to those in or seeking recovery.” Delphin-Rittmon added that SAMHSA “is committed to growing and expanding recovery support services nationwide.”

Besides promoting the role of individuals with lived experience, the office also will build relationships with internal and external organizations in the addiction and mental health fields and will “identify health disparities in high-risk and vulnerable populations to ensure equity for support services across the nation,” the announcement states.

McCarthy considers the latter to be one of the variables Faces & Voices will look to in assessing the new office’s impact. "How do we ensure that the funding being provided is equitable, and is serving the most hard-to-reach and most marginalized communities?" she said.

Also, the new office could play an important role in identifying the most effective approaches in the delivery of recovery support services. "We haven’t seen enough of an emphasis on best practices and standards, and this is extremely important as states receive more dollars to build the infrastructure," McCarthy said.

She also believes there will need to be more oversight of how states are spending their funding devoted to recovery support services.

Needed in an ideal world?

John F. Kelly, Ph.D., director of the Massachusetts General Hospital Recovery Research Institute and the Elizabeth R. Spallin Professor of Psychiatry in Addiction Medicine at Harvard Medical School, told ADAW that establishment of the Office of Recovery comes as welcome news in that it highlights the notion of helping individuals beyond acute stabilization and short-term treatment, with broader-based efforts giving them the best chance at a stable recovery.

“At the same time, however, it is somewhat problematic that we need...Continues on page 8