



# The developments regarding services and clients since June in Bergamo

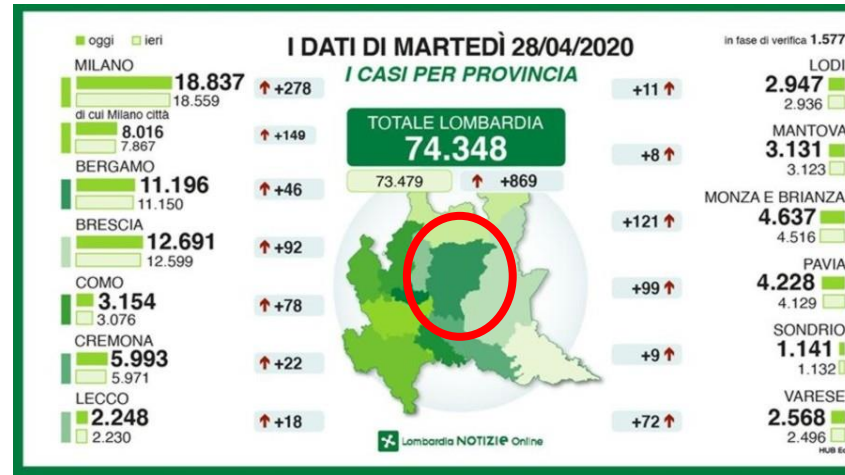
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Marco Riglietta MD

Director of Addictive Behaviour Centre

ASST Papa Giovanni XXIII - Bergamo

# What about Bergamo and Lombardia Region



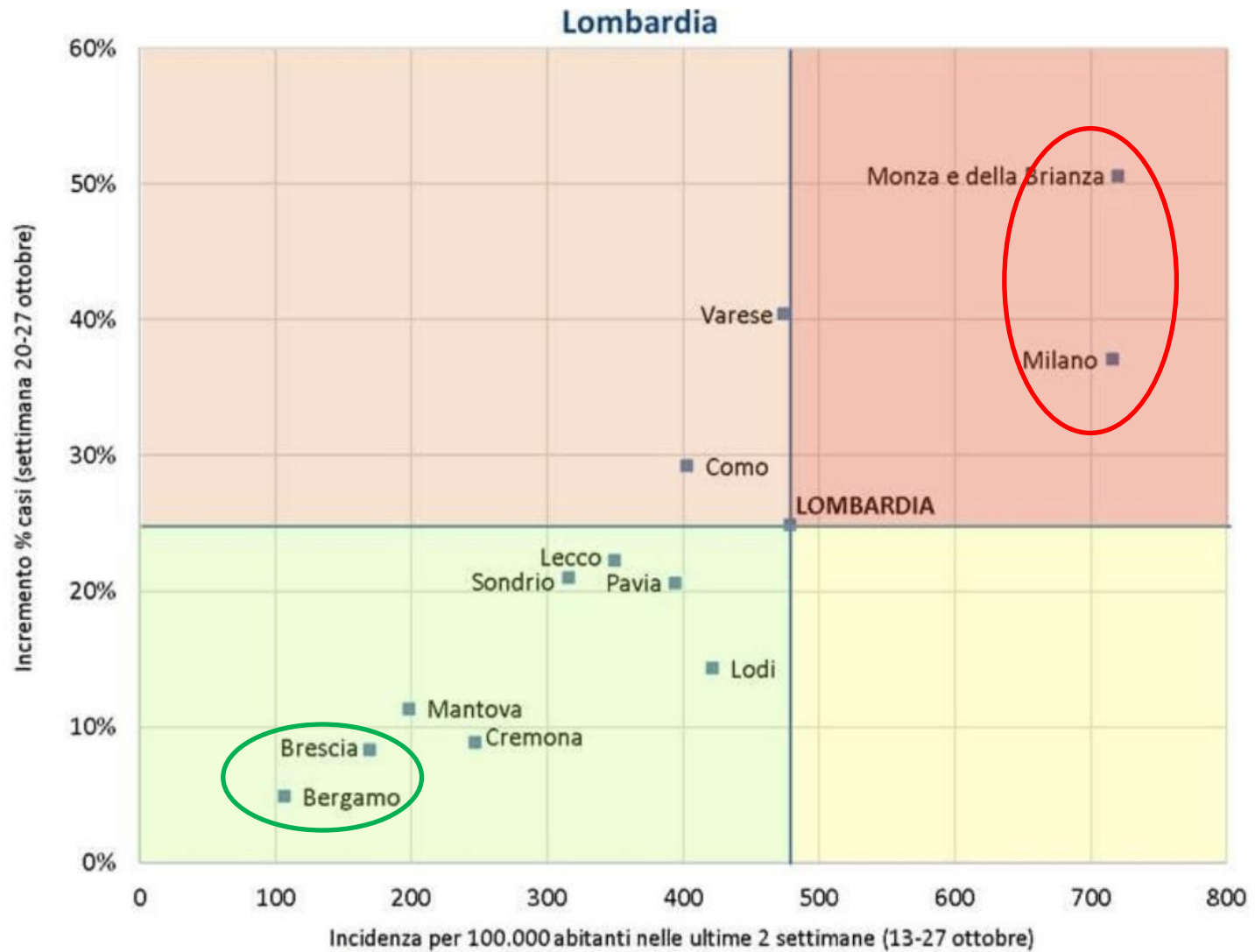
COVID DATA - From ECDC and Italian Ministry of Health 28/4/2020

EU/EEA and the UK	Cases	Deaths	Percentage
Bergamo	10.788	2.821	26,15%
Lombardia	67.931	12.579	18,52%
France	114.657	20.265	17,67%
Belgium	39.983	5.828	14,58%
Italy	181.228	24.114	13,31%
United_Kingdom	124.743	16.509	13,23%
Netherlands	33.405	3.751	11,23%
Sweden	14.777	1.580	10,69%
Spain	200.210	20.852	10,42%
Hungary	2.098	213	10,15%

# What about in Italy 19/10 – 01/11

EU/EEA and the UK	Sum of Cases	Sum of Deaths	14-day cumulative number of COVID-19 cases per 100 000	14-day cumulative number of COVID-19 deaths per 100 000
Belgium	429.134	11.625	1702,1	10,5
Czechia	335.102	3.251	1561,3	17,8
Luxembourg	17.134	152	1085,4	3,1
Slovenia	34.307	231	1052,0	3,7
Liechtenstein	533	3	823,4	5,2
Netherlands	350.764	7.385	757,8	3,8
France	1.364.625	36.788	742,3	5,1
Croatia	49.316	546	602,4	4,7
Slovakia	57.664	219	539,3	2,5
Spain	1.185.678	35.878	530,7	4,5
Poland	362.731	5.631	514,8	5,5
Austria	106.584	1.097	475,1	2,1
United_Kingdom	1.011.660	46.555	459,5	4,5
<b>Italy</b>	<b>679.430</b>	<b>38.618</b>	<b>458,7</b>	<b>3,6</b>

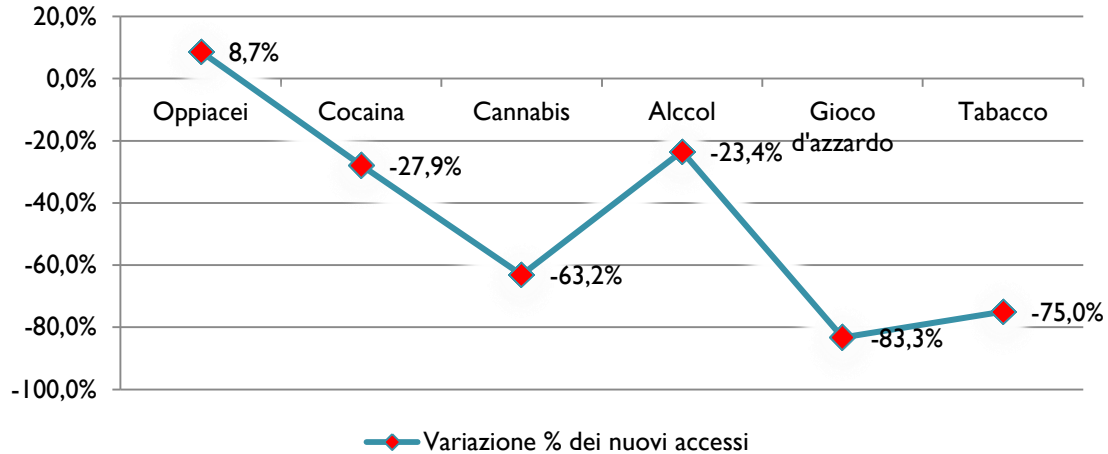
# What about in Lombardia 13-27/10/2020



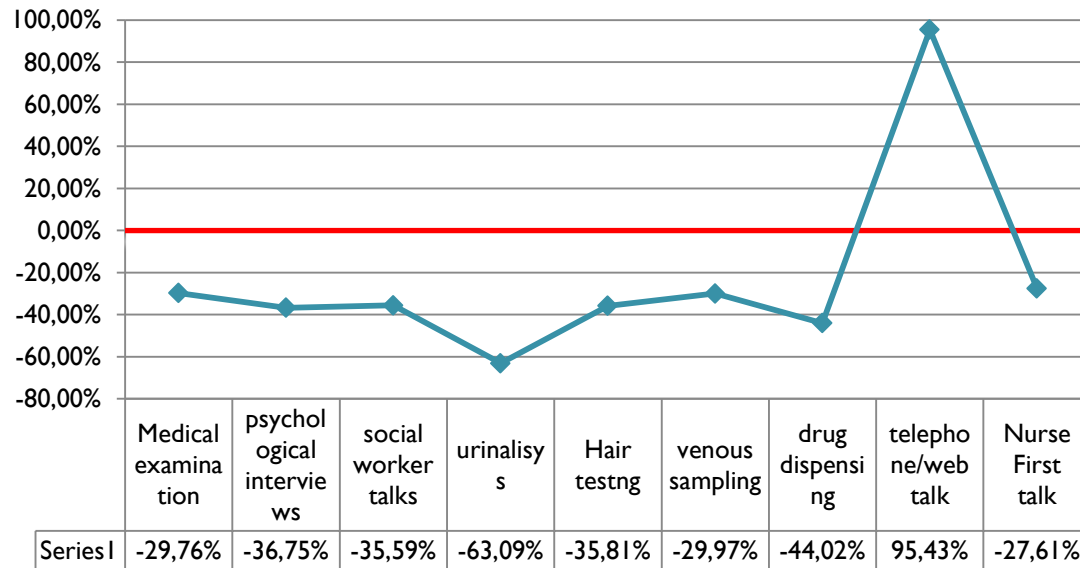
Elaborazione GIMBE da casi confermati dalla Protezione Civile  
Aggiornamento: 27 ottobre 2020

# What about Services

**New patients in treatment comparison between march-april 2019 - 2020**



## Professional Services



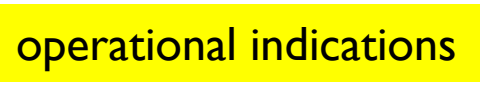
# What about Services

Dipendenze  
Direttore Marco Riglietta

A tutto il personale UOC Dipendenze

Bergamo, 6 maggio 2020

Oggetto: indicazioni op



## May 2020

“... with a view to overcoming the emergency phase linked to the COVID infection and in relation to the evolution of the epidemiological situation, **it is necessary to move towards a progressive normalization of the service activity while maintaining a high degree of attention** to the risks associated with the transmission of 'infection. (annex 1 - security measures)...”

The services provided by the addiction centre, further confirmed by the recent Regional Decree DGR No. XI / 2906 of 8/3/2020, **are considered essential** and therefore the progressive restoration of the activity is essential while ensuring the safety of operators and patients.

# Main activities

## **General security measures**

As regards the safety of workers and patients, the basic indications typical of any airborne disease **must always be considered**:

- a. Social distancing (at least one meter)
- b. Hand hygiene
- c. The protection of the airways (surgical mask)
- d. The distinction between "dirty" and "clean" areas
- e. Disinfection of potentially infected surfaces

## **The following material must always be available:**

- a. liquid soap / alcoholic solution for hand hygiene
- b. PPE for healthcare workers: surgical mask, gloves, disposable waterproof long-sleeved gown / gown in TNT, goggles / visor (to be worn according to the activity to be carried out and reusable after sanitizing with a chlorine-based product)
- c. chlorine-based sanitizing product - DeorNet Clor

# Main activities

## General security measures

- staff must take body temperature at the start of the work shift
- **Patients and any other people who attend the centre must wait in the waiting room till staff check for COVID symptoms, and take body temperature.**



# Main activities

## **TRIAGE**

it is essential to guarantee the possibility of immediate clinical evaluation by a professional (doctor, psychologist, social worker, educator) who is able, through a shared reading grid, to decode the question and prepare the most appropriate evaluation path to the clinical presentation situation.

Doctors and Nurses on duty from 7 am to 7 pm

Psychologist or social worker or Educator on duty from 8.30 am to 4 pm.

**Any patient has to have a first evaluation within 7 days**

**People with withdrawal symptoms or women pregnant have to be evaluated immediately**

# Main activities

## **Scheduled clinical activity.**

For planned activities, the following must be considered:

- a. Outpatient medical, psychological, social and educational activity
- b. Nursing "complex triage" activity.
- c. Removal of the keratin matrix.

***For all these activities, a cumulative scheme must be prepared within the opening hours of the service, in order to ensure contingent access for patients.***

# Main activities

## Therapeutic groups.

Group activities should be resumed for a ***maximum number of participants of 8 people*** as long as they are carried out in suitable spaces ensuring the following provisions:

- a. Common provisions for patient access (CT measurement, hand sanitation, mask worn)
- b. Minimum distance between all participants of 2 meters
- c. Availability of sanitizable chairs (plastic)
- d. Ventilation of the environment for at least 10 minutes before and after the session (1,30 hours)

# What about Patients

Preliminary data in the province of Bergamo highlight that in the period considered (March-April 2020) there are few patients with verified infection:

**38 patients with research for SARS CoV 2 PCR positive (swab),**

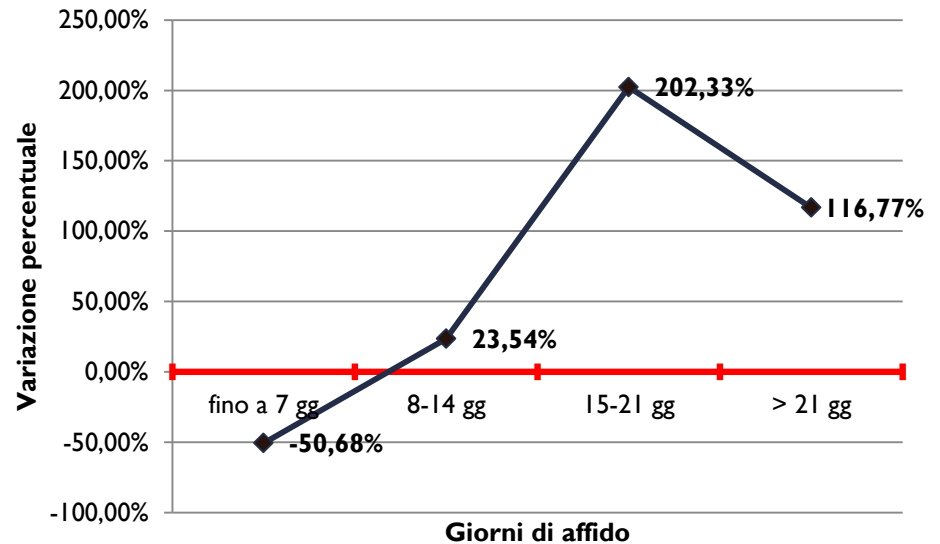
**8 hospitalizations with overt disease**

**4 in Intensive Care Unit.**

All of them with full recovery.

In consideration of the fact that the number of users in charge in the period considered was 3605 patients, there is a prevalence of 1.05%

# What about OST



**1.487 patients with OST.**

We considered all the drugs we use: (methadone hydrochloride, levomethadone, buprenorphine, buprenorphine / naloxone, sodium oxybate).

Compare to the same period in 2019 we found that:

**Patients taking daily are reduced by 50%.**

Take Home increased from 20% for two weeks, 200 % and 100% for three or four weeks

# What about missing dose, misuse and diversion

OST therapy	2019	2020
Prescription days	86.929	85.365
Provided doses	79.334	79.322
Missing doses	7.595	6.043

*\* The p-value is < 0.00001. Significant at p < .05.*

Table shows the analysis of the prescribed days, the days provided and the days not provided in the period 1 March 30 April of the two years considered.

The extension of the take home dose made it possible to reduce the number of “missing” days and the data is statistically significant

# What about missing dose, misuse and diversion

Substitution Therapy	2019	2020
Doses provided	79.334	79.322
Doses provided without add on doses	78.644	78.610
Doses provided with add on doses	690	712 *
Percentage of doses provided with add on doses	0,87%	0,90%

*\*The p-value is .553172. Not significant at  $p < .05$ .*

Although not statistically significant, we believe this data to be extremely satisfactory; first of all because the **integration days are in any case less than 1% of those provided**, given that it seems decidedly positive, secondly because the extension of the Take Home doses does not seem to have had an impact with an increase in diversion / misuse of the same



Thanks  
to colleagues of the addiction centre in  
Bergamo Province

*Massimo Corti – ASST Bergamo Ovest*

*Guido Ferreri Ibbadu – ASST Bergamo Ovest*

*Ugo Calzolari – ASST Bergamo Est*

*Paolo Donadoni – ASST Papa Giovanni XXIII*

And Thanks for your attention