

The double effect of COVID-19 confinement measures and economic recession on high risk drug users and drug services

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The ongoing COVID-19 pandemic is likely to have a profound impact on the lives of high risk drug users (HRDU) and on the services responding to their needs in at least two important ways: firstly, through the restrictive measures introduced to mitigate the spread of the virus, and secondly as a result of extensive economic downturn. Currently there is great uncertainty as to the future intensity and duration of the pandemic. In addition, the lessons we have been able to learn from previous economic downturns may be of limited applicability to the current situation, which differs in a number of significant respects. Experience nevertheless suggests that the potential consequences for drug users' health and well-being may be severe. The ongoing uncertainty serves to underline the importance of close monitoring of the drug situation and preparing flexible and innovative solutions to be able to meet new challenges which may arise.

COVID-19 containment measures have had a direct and documented impact on drug use and service responses¹. In a European context, at the start of the pandemic localised shortages of heroin were reported in some countries resulting in the use of replacement substances²; more generally increases in consumption of alcohol and prescription medicines are noted, especially benzodiazepines³. There is evidence to suggest that in the first weeks of lockdown some people with frequent or intensive patterns of drug use increased their consumption, while increased emergency presentations for mental health problems have been documented⁴. A decline in the availability of drug services and reductions in users seeking treatment were also observed in the early months of the pandemic. After the initial phase, however, there are many examples of services manifesting rapid, adaptive and innovative responses to extraordinarily challenging circumstances⁵.

In addition, the numerous mitigation and confinement measures implemented by governments in response to the pandemic are having marked and potentially long-lasting impacts on societies and economies. Gross Domestic Product (GDP) is falling abruptly in many countries; governments are increasing their levels of indebtedness; temporary unemployment schemes are being widely implemented, and unemployment is rising. It is not so long, however, since

¹ EMCDDA, 2020a; EMCDDA 2020b and; EMCDDA, 2020c.

² EMCDDA, 2020c.

³ EMCDDA, 2020b.

⁴ EMCDDA, 2020b.

⁵ EMCDDA, 2020b.

the global economy last experienced an economic shock, and the impact of the 2008 recession on drug problems is still fresh in the minds of many. Studies suggest that the 2008 global recession was associated with a broad range of consequences for HRDU, including reports from some countries of: increases in use of heroin⁶; increases in opioid users requiring clinical treatment, increased levels of drug injecting and HIV cases among people who inject drugs, higher HIV-related mortality⁷, decreasing median age of injecting drug users⁸ and an increased risk of “deaths of despair”⁹. The question many may now be asking is whether the developing economic crisis will result in similar consequences for drug-related harms and service provision this time around? Before answering, we wish to highlight some essential differences that will likely impact on the outcome.

How does the COVID-19 recession differ from the 2008 recession?

Firstly, the intensity of the ‘COVID-19 recession’ appears to be significantly greater. Preliminary estimates indicate that GDP in many countries may drop by 10% or more in 2020. This is approximately double the decline during the 2008 recession. Secondly, there is still uncertainty about its duration. It depends on how the coronavirus behaves as well as the effectiveness of our responses to it (a mutation of the virus? new outbreaks? availability of a vaccine?). Thirdly, the ‘fear factor’ differs from the past. Now, it is not only related to socioeconomic issues but also linked to the overall health status of populations. ‘Fear’ impacts on the behaviour of individuals and nations, making a strong recovery more difficult. Fourthly, the extensive economic implications of COVID-19 have forced governments to substantially increase spending on recovery plans in order to stop the downward deflationary spiral. This may lead to budget deficits that greatly exceed those of the previous recession. In particular, weaker economies could be forced to impose austerity measures to cover the spending on recovery programmes, precisely at a time when the economy should be stimulated. Finally, income inequality within and between countries is more pronounced now than in 2008. The confinement measures, hitting socio-economic groups unequally, may widen this gap even further. In sum, the consequences of the current recession are likely to surpass previous experiences.

What are the potential consequences for high risk drug users and services?

Negative effects of the confinement measures are likely to exacerbate existing socio-economic problems. And while the impact of the confinement measures is likely to be more immediate, the effects of the COVID-19 recession will undoubtedly endure over a longer time period and continue to negatively impact on the lives of high risk drug users. Rising unemployment and economic hardship have the clear potential to increase levels of poverty, marginalisation and social exclusion. In practical terms, reduced personal income will mean less money for food, housing and health care. Poor and diminished health status in turn potentially impact on an already exaggerated mortality rates (up to times 15 higher for injecting drug users than the general population)¹⁰.

In some countries, COVID-19 mitigation measures have already resulted in the closure and reduction of drug treatment and harm reduction services, and it appears inevitable that tougher budget constraints will jeopardize future investment in and potentially the long term

⁶ Carpenter et al., 2017 and Compton et al. 2014, Down et al, 2019.

⁷ Nikolopoulos et al., 2015 and Hollingsworth and al., 2017.

⁸ Hines et al., 2020.

⁹ Shanahan et al., 2019 and Ruhm C., 2018.

¹⁰ Mathers et al., 2013.

survival of some interventions. Consequently, any failure to protect essential drug services from this double blow of mitigation plus recession measures, may have severe repercussions for the health and wellbeing of high risk drug user populations. Nevertheless, while continuing to assess risks and evaluate possible unintended consequences, it will be important to support best practices emerging as a response to these challenges. Many examples have been documented including expanded take-home schemes for opioid substitution medicines; increased use of long-acting depot buprenorphine; extended prescription periods; and the home-delivery of medicines and clean injection equipment. Across the board, health services including drug services, have demonstrated flexible use of digital health care/telemedicine for improving access and availability of essential services throughout the pandemic.

Conclusion

Following the 2008 recession, drug-related spending either stagnated or declined in many countries¹¹. In 2020, we suggest that a safeguarding of drug-related budgets is required; especially for financing proven cost-effective interventions¹². Already in 2014, the Commission on Narcotic Drugs of the United Nations encouraged countries to ensure that responses to economic downturns do not disproportionately affect people suffering from drug-related problems and diseases¹³. Now is the time to act upon the request.

The economic consequences are likely to dramatically amplify the effects of COVID-19 mitigation measures on the lives of HRDU, on their consumption patterns and on the survival chances of responding services. The situation needs to be closely monitored and flexible and innovative solutions prepared. It will be crucial to protect core drug-related health services, in addition to harm reduction and prevention measures¹⁴.

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¹¹ EMCDDA, 2014.

¹² Murphy and Polsky, 2016.

¹³ United Nations, 2014.

¹⁴ EMCDDA, 2020b.

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