European Monitoring Centre for Drugs and Drug Addiction

25.03.2020 (Update 1)

EMCDDA update on the implications of COVID-19 for people who use drugs (PWUD) and drug service providers

The situation regarding responses to the COVID-19 outbreak is rapidly evolving. Up-to-date information can be found in the guidelines prepared by national public health sources and the regular updates from the European Centre for Disease Prevention and Control and the World Health Organization.

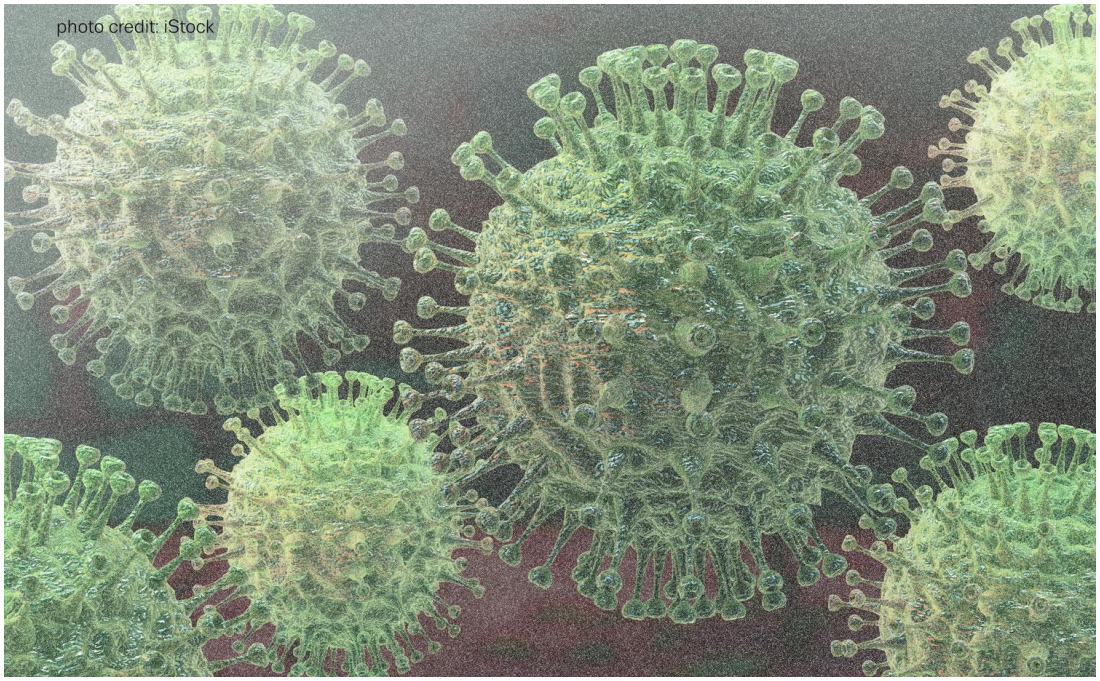
Context – the COVID-19 outbreak in the EU

People who use drugs face the same risks as those of the general population and therefore need to be aware of the appropriate advice to reduce their risk of infection. They can be exposed to additional risks, however, that require developing assessment and mitigation strategies. These are linked to some of the behaviours associated with drug use and to the settings in which drug use take place, or where care is provided. Risks are increased by the high level of physical and psychological comorbidity found among some people who use drugs, the fact that drug problems are often more common in marginalised communities, and the stigmatisation that people who use drugs often experience.

The current public health crisis raises serious additional concerns for the wellbeing of people who use drugs, ensuring service continuity for those with drug problems, and the protection of those offering care and support for this population.

The purpose of this briefing is to highlight emerging risks linked to the COVID-19 pandemic for people who use drugs and those providing services for them from a European perspective, and where necessary to encourage planning, review and adaption of frontline and specialist drug interventions.

National and local level service reviews and updates will need to take place within the context of country-specific guidelines and rules for responding to the COVID-19 outbreak, and the advice provided by ECDC and WHO.



What are the particular risks for people who use drugs (PWUD) during the COVID-19 pandemic?

While PWUD run the same risks of infection by COVID-19 as the general population, they also face additional risks that need consideration and mitigation. For example, Europe's ageing cohort of opioid users are particularly vulnerable because of their high level of pre-existing health problems and lifestyle factors. Recreational drug use often takes place within settings in which individuals congregate together and drugs or drug equipment may be shared. More generally, the stigmatisation and marginalisation associated with some forms of drug use may not only increase risk but also create barriers for promoting risk reduction measures.

Underlying chronic medical conditions are associated with some forms of drug use and increase the risk of developing severe illnesses

Because of the high prevalence of chronic medical conditions among PWUD, many will be at particular risk for serious respiratory illness if they become infected with COVID-19. Examples of this include:

- The prevalence of chronic obstructive pulmonary diseases (COPD) and asthma are high among clients in drug treatment, and smoking of heroin or crack cocaine can be an aggravating factor (Palmer et al., 2012).
- There is also a high incidence of cardiovascular diseases among patients injecting drugs and people using cocaine (Thylstrup et al., 2015) (Schwartz et al., 2010).
- Methamphetamine constricts the blood vessels, which can contribute to pulmonary damage, and there is evidence that opioid misuse can interfere with the immune system (Sacerdote, 2006).
- The prevalence of HIV, viral hepatitis infections and liver cancers – leading to weakened immune systems – is high among people who inject drugs.
- Tobacco smoking and nicotine dependence are very common among some groups of PWUD and may increase their risks of experiencing more negative outcomes.

The risk of drug overdose may be increased among PWUD who are infected with COVID-19

The main life-threatening effects of any opioid, such as heroin, are to slow down and stop a person from breathing. Because COVID-19 (like any severe infection of the lung) can cause breathing difficulties, there may be an increase in the risk of overdose among opioid users. The antidote naloxone blocks the effect and reverses the breathing difficulties caused by opioids and is used in both clinical and community settings as an overdose prevention measure. Naloxone is not known to impact on breathing difficulties caused by COVID-19.

Sharing drug using equipment may increase the risk of infection

- While sharing injecting material increases the risk of infection with blood-borne viruses, such as HIV and viral hepatitis B and C, the sharing of inhalation, vaping, smoking or injecting equipment contaminated with COVID-19 may increase the risk of infection and play a role in the spread of the virus. The virus causing COVID-19 spreads mainly from person-to-person, between people who are in close contact with one another, and through respiratory droplets produced when an infected person coughs or sneezes. The virus can also survive for relatively long periods of time on some surfaces.
- Whereas harm reduction messages usually focus on risks associated with injecting, less attention is often paid to other routes of administration. The COVID-19 outbreak may present additional risks that are currently not widely recognised, for example the sharing of cannabis joints, cigarettes, vaping or inhalation devices or drug paraphernalia.

Crowded environments increase the risk of exposure to COVID-19

The characteristics of some of the settings frequented by people who use drugs may put them at an increased risk of exposure to COVID-19:

- Recreational drug use often takes place in groups or in crowded settings, thus increasing the risk of exposure to COVID-19. This can, to some extent, be mitigated by social distancing, following established safety guidelines or other measures to reduce the use or access to high risk environments.
- Drug treatment centres, low-threshold services and social support services for people who use drugs may have areas were social distancing is difficult, such as waiting rooms or community facilities. As with other settings, introducing appropriate distancing and hygiene practices are critically important.
- PWUD experiencing homelessness often have no alternative but to spend time in public spaces and lack access to resources for personal hygiene. Self-isolation is very challenging for homeless people and access to health care is often very limited. Addressing the needs of PWUD who are homeless or in unstable housing will be important for responses in this area.

The management of COVID-19 transmission risks are likely to be particularly challenging in prisons. Prevalence of drug use and infectious disease is high in prisons. These are closed environments, where over-crowding, poor infrastructure and delayed diagnosis has been documented (European Centre for Disease Prevention and Control and European Monitoring Centre for Drugs and Drug Addiction, 2018).

Risks of disruption in access to drug services, clean drug-using equipment and vital medications

- Continuity of care for PWUD using drug services may be a challenge in the face of staff shortages, service disruption and closure, self-isolation and restrictions placed on free movement. In this context, contingency and continuity planning are essential. Drug services – especially small, locally funded and NGO-run services operating alongside the formal structures of the public health systems – may be particularly vulnerable and lack access to the additional resources needed to ensure continuity of care.
- There is a risk of reduced access to opioid substitution therapy and other essential medications as well as clean drug use equipment, especially if community pharmacies are required to reduce their opening hours and services and stop supervising methadone. Access to medication is likely to be particularly challenging for those self-isolating, under lock down or in quarantine.
- Restrictions on movement in some localities due to COVID-19 may also lead to the disruption of drug markets and a reduced supply of illicit drugs. This could have a range of repercussions especially for dependent drug users and could potentially result in an increased demand for drug services.

Ensuring effective drug services during the pandemic – important considerations

Implementing prevention measures against transmission of COVID-19 in settings used by PWUD

In order to reduce the transmission of COVID-19, sharing drugs or drug equipment should be strongly discouraged and appropriate social distancing and hygiene measures promoted. Communication strategies need

to be developed to appropriately target different behaviours and user groups including marginalised groups, such as the homeless, recreational drug users and cannabis users. PWUD should be encouraged to consider where it is possible to stop or reduce their consumption of drugs as a protective measure, and actions are needed to ensure professional support and help for those seeking access to services. As practiced by other health and social services, drug services, homeless shelters and prisons should disseminate clear messages on how to reduce the risk of infection and make appropriate materials available to both service users and their staff. These should include:

- Personal protective measures: promoting proper hand hygiene and risk reduction practices such as, coughing and sneezing in your elbow. Ensure bathrooms are stocked with soap and drying materials for hand washing. Provide alcohol-based hand sanitisers that contain at least 60 % alcohol at key points within the facility, including registration desks, entrances and exits.
- Environmental measures: frequently clean used surfaces, minimise sharing objects, ensure proper ventilation.
- Current practice in communicating to PWUD on the risks of sharing drugs and drug equipment needs to be reviewed to ensure it is appropriate to the demands of reducing COVID-19 exposure risks in the light of possible transmission modes (droplets, surfaces).
- Current practices in providing clean injecting and other drug use equipment (for example smoking and inhalation equipment) to limit sharing among drug users need to be reviewed and adapted, if necessary, to ensure they remain fit for purpose. Scaling up the level of provision of equipment for clients in self-isolation is likely to be necessary.
- Social distancing measures need to be promoted and introduced for PWUD and those working with this group. These include avoiding close contact (handshakes and kissing), standing an appropriate distance away from each other, and limiting the number of people that can use the services at the same time. The European Centre for Disease Prevention and Control (ECDC) has published a document on social distancing: https://www.ecdc.europa.eu/en/publications-data/considerations-relating-social-distancing-measures-response-covid-19-second. Particular attention should be paid to supporting and providing the necessary means to clients of drug services, users of homeless shelters and prisoners to allow them to protect themselves and others from infection.
- Protocols are needed for services to respond to PWUD who show signs of possible COVID-19 infection. These are likely to include provision of masks to those showing respiratory symptoms (cough, fever), establishing an isolation area, and appropriate referral and notification procedures in line with evolving national guidelines. ECDC has published a technical report on infection prevention and control for COVID-19 in health care settings, including long-term care facilities: https://www.ecdc.europa.eu/en/publications-data/infection-prevention-and-control-covid-19-healthcare-settings.
- General guidelines and information for specific groups such as patients with chronic diseases and with immunocompromising conditions can be found here: https://www.ecdc.europa.eu/en/news-events/information-covid-19-specific-groups-elderly-patients-chronic-diseases-people

Guaranteeing continuity of care during the pandemic

It will be crucial to guarantee the continuity of core health services to drug users. In this context, it is vital to ensure services are properly resourced, staff protection measures are in place and service planning is prioritised.

Ensuring service continuity:

- Drug treatment services and low-threshold harm reduction services for PWUD are essential health services, which will need to stay in operation under restricted conditions.
- Ensuring the ongoing provision of drug treatment services, including opioid substitution medications and other essential medicines to clients, will therefore be a paramount consideration.
- Contingency plans will be needed for potential medication and equipment shortages.
- Services will need to plan for the likelihood of staff absences by developing flexible attendance and sick-leave policies, identifying critical job functions and positions, and planning for alternative coverage by cross-training staff members.
- Services may need to plan for temporary alternatives in the event of any necessary closure of fixed sites (e.g. provision of online services, medication and equipment supply via pharmacies, home visits, phone

calls or video calls for assessment and follow-up) and adapt existing practices, such as extending take-home prescriptions of opioid substitution treatment (OST).
- Based on national guidelines, there may be a need to suspend, reduce, or implement alternatives to face-to-face, individual and group appointments during the pandemic.
- The availability and accessibility of service provision for PWUD who are homeless will be an important consideration, as this may be a group with limited resources to self-protect and self-isolate. In the US, the CDC has published interim guidance for homeless shelters: https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html

Service provider protection during the pandemic − important interventions to consider:

- Providing staff with the necessary information on prevention measures (see prevention measures above).
- Providing the necessary protective equipment for staff and introducing protocols for reducing the risks of transmission to both staff and patients, including the use of physical barriers to protect staff who interact with clients with unknown infection status.
- Minimising the number of staff members who have face-to-face interactions, and introducing appropriate risk management policies and procedures for clients with respiratory symptoms.
- Reviewing working practices for staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions), including introducing remote working arrangements where possible.
- Establishing regular virtual meetings to allow a rapid response to issues arising in the local situation and the rapidly changing measures taken by local and national governments.

References and extra information

European Centre for Disease Prevention and Control and European Monitoring Centre for Drugs and Drug Addiction (2018), 'Guidance in Brief: Prevention and control of blood-borne viruses in prison settings', (available at http://www.emcdda.europa.eu/publications/joint-publications/ecdc/brief-guidance-blood-borne-viruses-in-prison_en).

European Monitoring Centre for Drugs and Drug Addiction (2017), 'Health and social responses to drug problems: a European guide', (available at http://www.emcdda.europa.eu/publications/manuals/health-and-social-responses-to-drug-problems-a-european-guide_en).

Palmer, F., Jaffray, M., Moffat, M. A., Matheson, C., McLernon, D. J., Coutts, A. and Haughney, J. (2012), 'Prevalence of common chronic respiratory diseases in drug misusers: a cohort study', *Primary Care Respiratory Journal* 21(4), pp. 377–83.

Sacerdote, P. (2006), 'Opioids and the immune system', *Palliative Medicine* 20 Suppl 1, pp. s9-15.

Schwartz, B. G., Rezkalla, S. and Kloner, R. A. (2010), 'Cardiovascular Effects of Cocaine', *Circulation* 122(24), pp. 2558–69.

Thylstrup, B., Clausen, T. and Hesse, M. (2015), 'Cardiovascular disease among people with drug use disorders', *International Journal of Public Health* 60(6), pp. 659–68.

Sources of information updated regularly

EMCDDA:
- Topics page on COVID-19: http://www.emcdda.europa.eu/topics/covid-19

Europe:
- ECDC: https://www.ecdc.europa.eu/en/novel-coronavirus-china
- European Commission action and response team: https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response_en
- European Science Media Hub (European Parliament): https://sciencemediahub.eu/

- WHO Europe: http://www.euro.who.int/en/home

World:

- CDC: https://www.cdc.gov/coronavirus/2019-nCoV/index.html and https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html
- WHO: https://www.who.int/emergencies/diseases/novel-coronavirus-2019

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