



European Monitoring Centre
for Drugs and Drug Addiction

Impact of COVID-19 on drug use and health services for people who use drugs

INHSU conference, 13-15 October 2021 Virtual conference

EMCDDA trendspotter team:

Alessandro Pirona, [Linda Montanari](#), Isabelle Giraudon, João Matias, Katrin Øien, Liesbeth Vandam, Tim Surmont, Bruno Guarita, Federica Mathis, Jane Mounteney, Katarzyna Natoniewska, Sandrine Sleiman, Paul Griffiths



European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

- Decentralised EU agency
- Established in 1993 and operational since 1995
- Provide EU Community and Member States with “*factual, objective, reliable and comparable information*” at European level concerning drugs and drug addiction and their consequences



- Work with a network of 27 EU Member States, Norway and Turkey and cooperation with other countries (candidates, pre-accession, neighbouring)



Rapid Assessment on impact of COVID-19 on drug problem

- To investigate the impact of the COVID-19 pandemic on drug issue and the associated national response measures implemented in Europe
- Three rapid assessments on:
 - ❑ Drug service provision and help-seeking – May 2020
 - ❑ Patterns of drug use, risks and harms – June 2020
 - ❑ Drug markets, use, harms and drug services – April 2021
- Furthermore EMCDDA published reports on impact of COVID-19 on:
 - ❑ Drug Markets (May 2020)
 - ❑ New Psychoactive Substances (December 2020)
 - ❑ Drug Issue a) Western Balkans b) Neighbouring countries
- Activities of the RTX National Focal Points



Dedicated web page

<https://www.emcdda.europa.eu/topics/covid-19>

Method of rapid assessment- *Trendspotter*

- Map and describe a new drug trend or an emerging phenomenon
- What are the key characteristics?
 - Rapidity
 - Multidisciplinary engagement
 - Multi-level analysis – local, national, European
 - Mixed Methods – qualitative and quantitative
 - Triangulation – completeness and confirmation



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MANUALS EN

Trendspotter manual

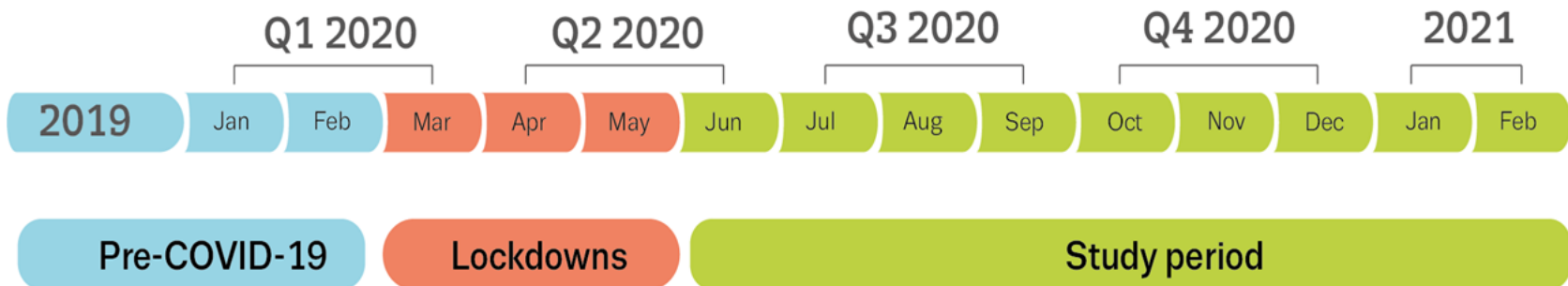
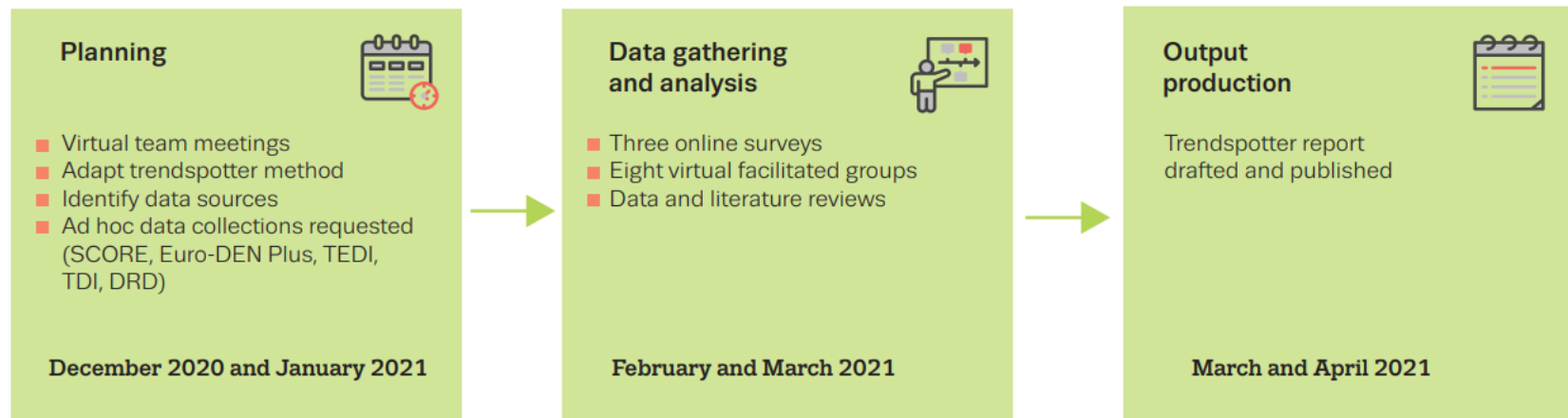
A handbook for the rapid assessment of
emerging drug-related trends

ISSN 1725-339X

Third EMCDDA study

- Aim: to revisit initial findings and identify signs of further developments important for policy and responses

Adapted trendspotter methodology, February 2021



Data and information sources

- **Routine data sources**
(treatment demands/drug-related deaths)
- **Ad-hoc collection**
(wastewater, drug content and drug-related hospital emergencies)
- **Ad-hoc online surveys**
(experts from EMCDDA National Focal Points, Key informants, Drugs related deaths experts)
- **Literature search**



Eight virtual online focus groups

key experts from law enforcement, drug services, harm reduction field, research, prison, therapeutic communities, etc.

Areas covered

- ✓ **Drug market**
- ✓ **Drug use**
- ✓ **Drug related harms**
- ✓ **Drug and harm reduction services**

In the community and in prison

Drug market remains relatively stable

1. **Drugs production and wholesale supply** remained quite stable
2. Shift from land to **maritime routes**
3. Little evidence of an impact on **cannabis availability**, but concern about **cannabis adulteration with SCRA**
4. **Cocaine** availability continues to be high and high purity levels
5. Signs of increased **amphetamines-methamphetamines** availability
6. **MDMA production** and availability **unaffected**
7. **Dynamic changes in drug acquisition methods** (online activity increased, use of encrypted messenger, not mainstream drug source)

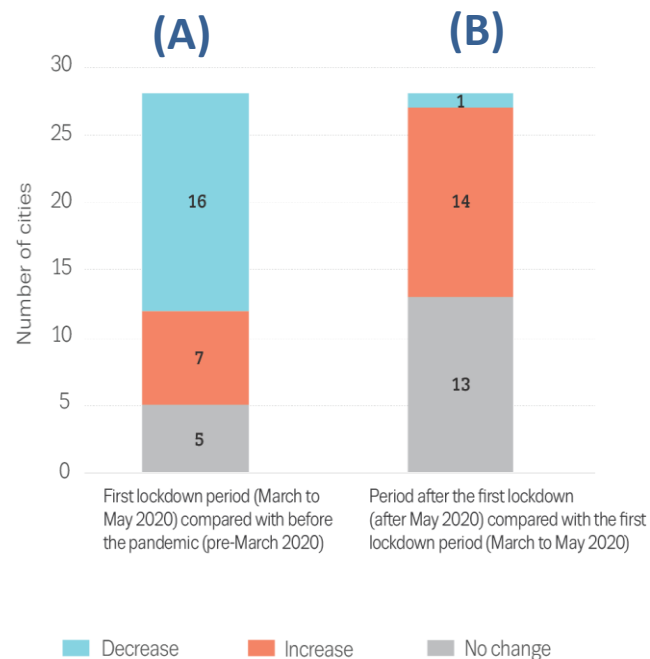


Drug use: rebound of use - local variations

- Reduction in **drug use** 1st lockdown followed by rebound/increase after summer

- Cannabis** no change
- Cocaine** continues at high historical standards
- Signals** of increase of **crack cocaine**
- Stable** use of **heroin**, with local increases
- Amphetamines** concentrated in northern and eastern countries
- Low** levels of **MDMA** but increases over summer (shift from weekend to week 2019-2020)
- Signs** increase of **psychedelics/dissociative drugs**

Changes in cocaine metabolite (benzoylecgonine) loads from wastewater analyses in 28 European cities



(A) First lockdown VS before pandemic (left)

(B) After first lockdown VS first lockdown period (right)

Prison: drug market and use

CONTEXT: no or limited external visits, no movement of people within prison and in-out of prison; no clothes received in prison

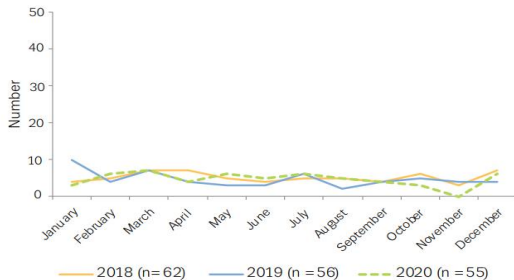
- **Reduced drugs availability inside prison**
 - **Disruption of usual routes of drug trafficking into prison**
 - **Over the prison wall increased and use of new technologies**
- **Reduced drug use**
- **Increased demand and misuse of BZD**
- **More misuse of substitution medications**
- **Increased use of alcohol produced in prison**



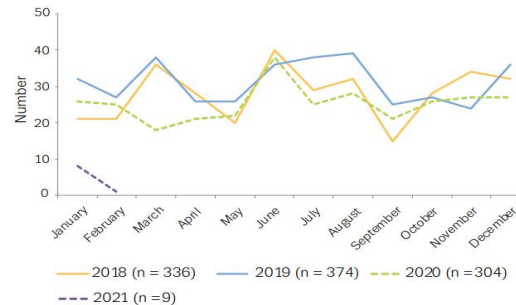
Source: Stewart (Sam) MacLeod.

Harms/1: no clear indications of impact on DRD and DRID

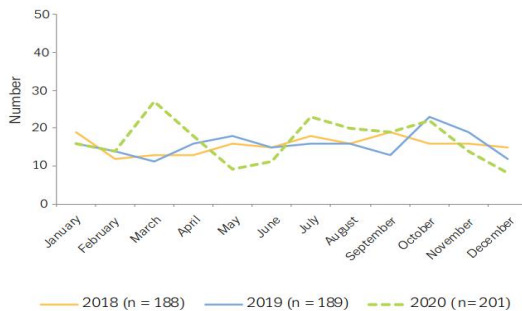
Czechia



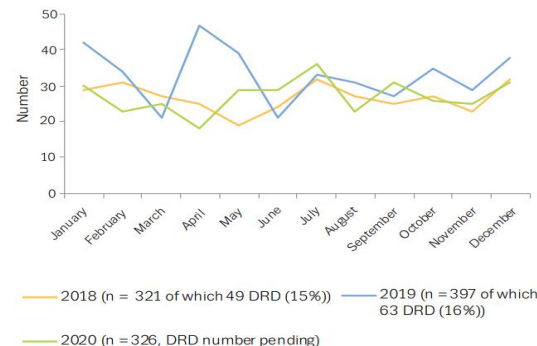
Italy



Finland



Portugal



DRD

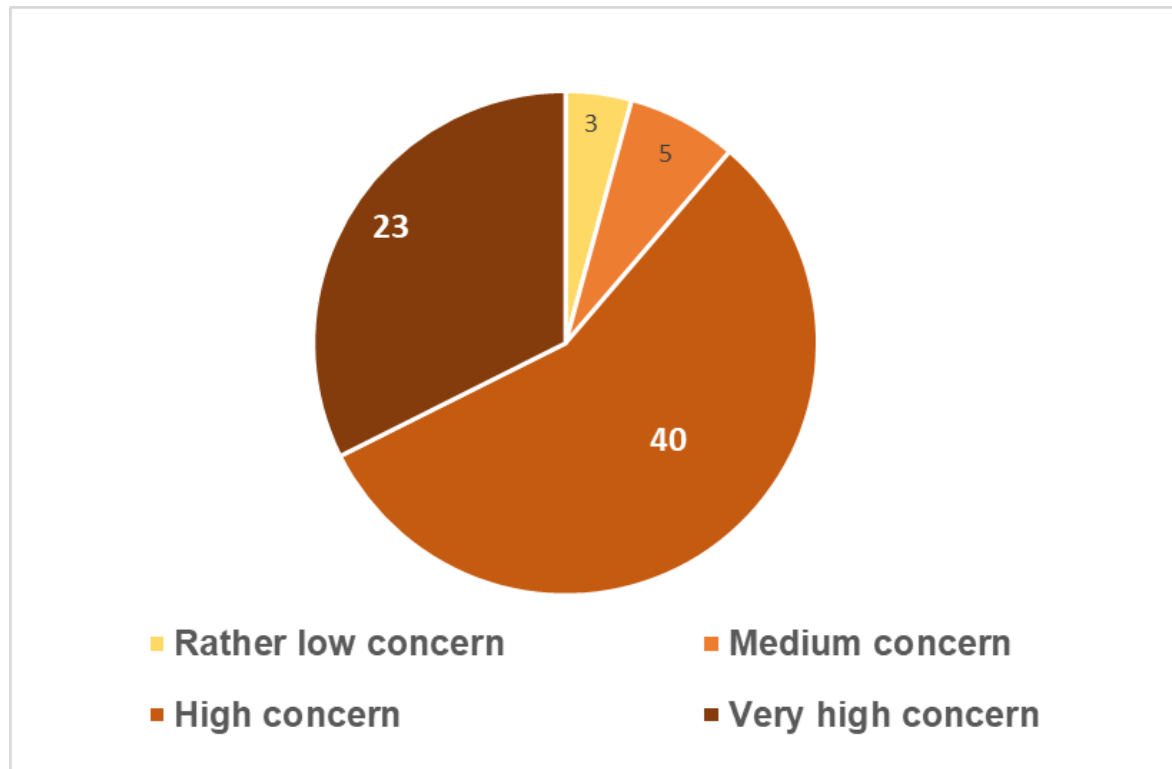
Impact on drug-related deaths unknown - unclear trends in available data

Infectious Diseases

- HIV and HCV: rates 2019 similar to 2020
- Indications of less testing activities

Harms/2: mental health problems increasing during the pandemic

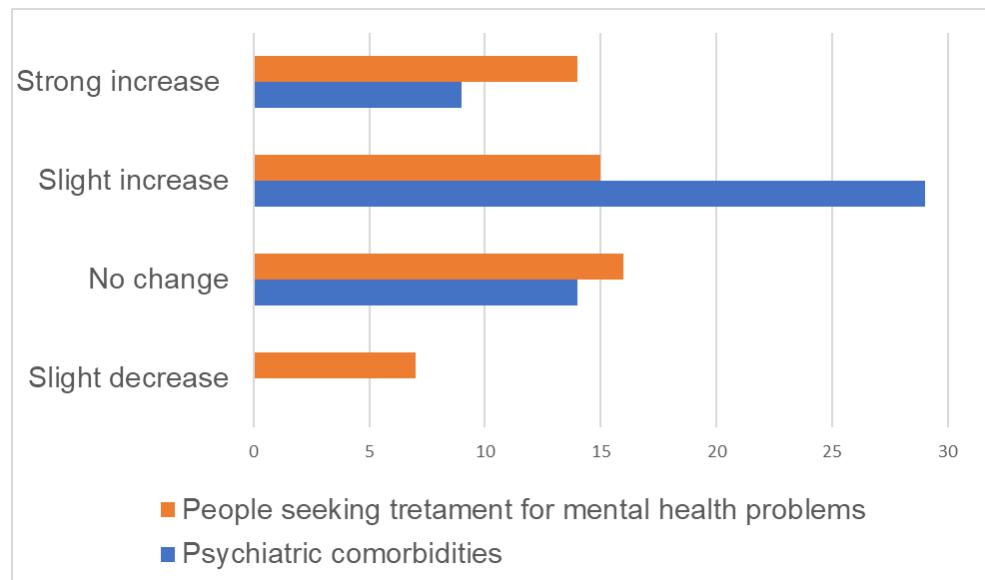
Mental health problems affecting people with pre-conditions/previous mental conditions/vulnerable groups, including people who use drugs



Concerns about long-term mental health morbidity (71 experts)

Signs of increase in mental health problems

- Misuse of psychiatric medicines (Makakowso, 2020)
- Use of BZD prescribed and misused
- Misuse of diverted OST
- Treatment demands for mental health problems in drug services
- More difficult management of patients with psychiatric comorbidity



*Psychiatric comorbidities
and treatment demand for
mental health problems:
expert opinion*

- Psychological distress for drug professionals

Harms/3: increased risk of COVID-19 for people who use drugs?



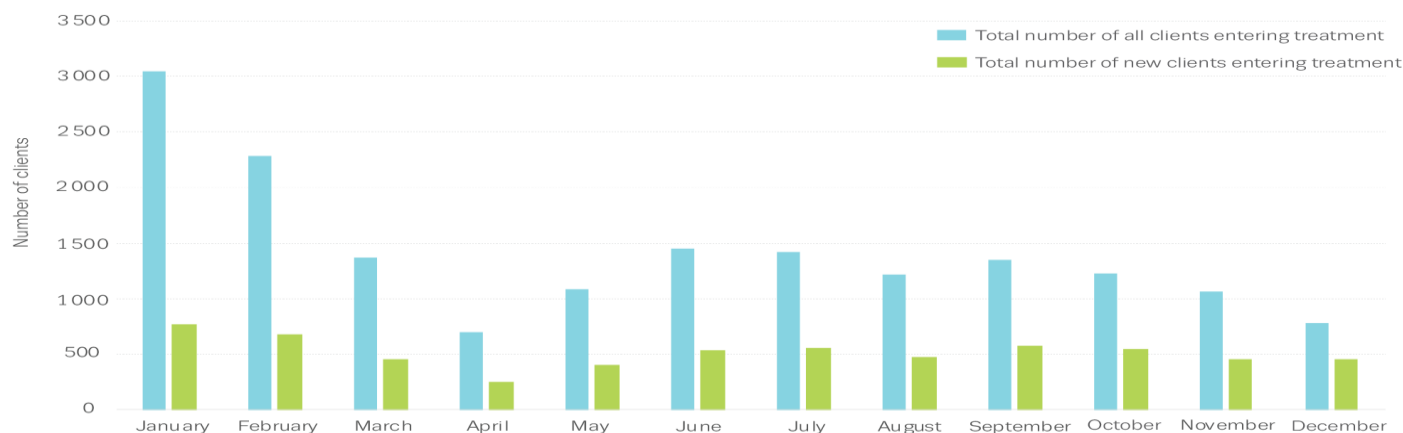
COVID-19 and
drugs

- **High risk of COVID-19** among people who use drugs
 - Czech study during the beginning of the pandemic found 0.26% positive cases among 4255 clients of drug services
 - Increased risk of diagnosis among PWID (*Croxford et al., 2021*)
 - High risk of severe COVID19 symptoms among substance users (incl. alcohol) (*Baillargeon et al., 2020; Simard, 2020; Wang et al., 2020; Schrooyen et al., 2021; Semenzato, 2021*)
- **Vaccinations** (March 2021): PUD vulnerable groups and priority groups for vaccinations- drug professionals as essential health workers

Drug services/1: reduction and rebound

- Decline in first lockdown- rebound in second half of 2020
- Ensuring essential services
- Gradual normalisation maintaining protection towards COVID-19
- Overall capacity reduced (fewer clients and longer waiting times)

Preliminary monthly breakdown of all clients and new clients entering specialised treatment between January and December 2020 in six EU countries



Source: TDI data Belgium, Bulgaria, Czechia, Croatia, Lithuania and Hungary



Drug services/2: innovations

- Drug services forced to **rethink old ways of operating**
- **New triage procedures** established in some services
- The provision of **OST** ensured using with new modalities (electronic prescription, more take-home, online supervision, low threshold access)
- **Telemedicine**: a new essential tool, but risks of patient drop-out exist
- **Therapeutic communities** needed to rethink their approach
- Challenges in delivering **prevention programmes** and health promotion in communities during the pandemic



Harm reduction services key frontline actors



- **Maintained** – 1st lockdown
- **Resumed or increased activities** in most countries – 2nd period
- **Increased distribution of harm reduction materials**
 - ☐ Maintained distribution of syringes
 - ☐ Most drug consumption rooms operational
 - ☐ Naloxone availability reduced
- **Shelters and emergency accommodations closed**, but new opened
- **Drug checking services heavily reduced** their activities and resume it after lockdown – some adaptations

Methodological limitations



1. Preliminary findings of a rapid assessment only provide a **snapshot**
2. **Major disruption in drug monitoring data**, also due to disruption of drug services
3. **Different periods of deconfinement** by country
4. Limitations of **generalisability of results and data representativeness for EU** esp. for some data sources
5. Limitations of **each data source** in general and during COVID19
6. Information from online survey, focus groups based on **expert opinion**
7. **Literature search- not systematic - not in all languages** (including English, French, Italian, Spanish, Portuguese, Dutch, Swedish, Danish)

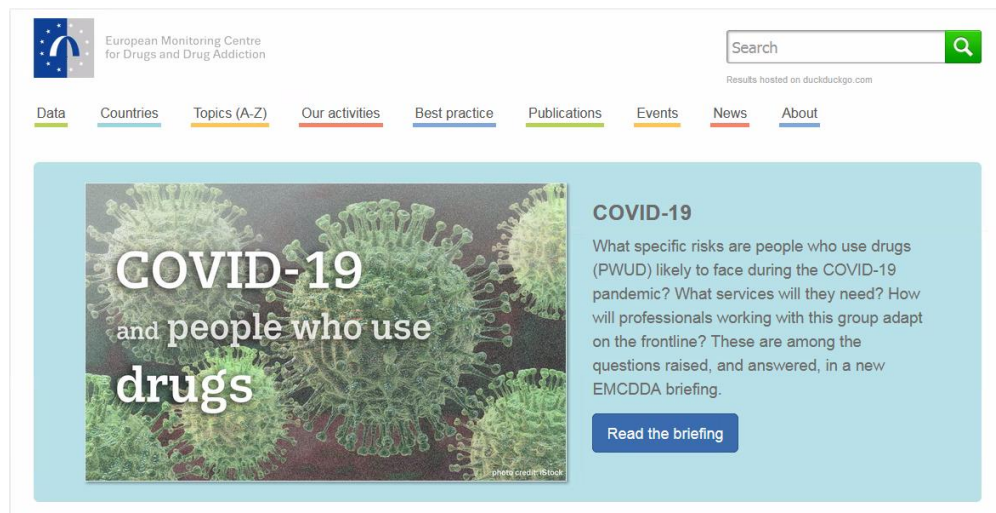
Conclusions

- First glimpse into new developments with **important implications in future**
- COVID-19 had **dramatic impact on way we live**
- **Drug supply, market, use, harms, services** heavily **impacted** by the crisis
- Reduction in the first period and resume in the second, **towards normalisation**
- **Shift to online** for drug supply and clinical management **will persist**
- **More attention to:**
 - ☐ psychological and socioeconomic impacts
 - ☐ longer term changes in patterns of illicit drug use and risk behaviours
 - ☐ among wider population considering different population groups and settings
- **Monitoring and research**
 - ☐ New developments warrant further research and close monitoring
 - ☐ Addressing limitations of existing methods
 - ☐ Innovations in methods

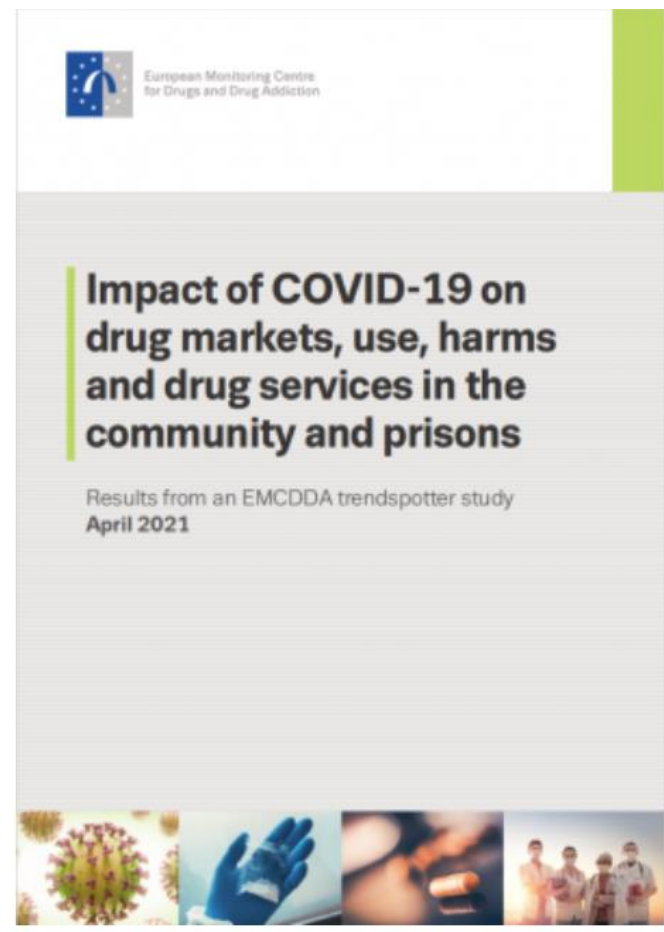


More information at: <https://www.emcdda.europa.eu>

https://www.emcdda.europa.eu/system/files/publications/13745/TD0321143ENN_002.pdf



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Thank you!

Linda.Montanari@emcdda.europa.eu

