

© WHO



Drug users in the context of the COVID-19 response in the WHO European Region

Situation

There were 271 million people estimated to have used illicit drugs in 2017, while 35 million had a drug-use disorder. People who use drugs (PWUD), including those with drug-use disorders, are a marginalized and stigmatized population group that is particularly vulnerable during the COVID-19 pandemic. Use of illicit drugs is often associated with unemployment, poverty, housing insecurity, increased incarceration rates and lower access to health-care services.

As a result of illicit drug use and its social consequences, PWUD are also likely to have a weaker immune response and poorer mental and physical health, which puts them at greater risk of infection and a more severe course of COVID-19 because of comorbidities, such as infectious diseases, lung damage and other chronic conditions.¹

Moreover, the use of illicit drugs is associated with high-risk behaviours, specifically those linked to sharing objects for substance consumption, group gatherings and drug procurement. As some forms of drugs produce potentially lethal withdrawal conditions, PWUD are less likely to follow self-isolation requirements and need special attention during the pandemic. The COVID-19 response can affect PWUD in various ways² and not addressing these issues may increase the risk of further outbreaks.

Actions

Key principles that underpin actions to address COVID-19 among PWUD

- The continuity and sustainability of treatment, health care, social protection and rehabilitation services, including access to controlled drugs for medical purposes, must be ensured.
- Drug services need to remain tailored to the needs of vulnerable groups among PWUD, such as women, those who are lesbian, gay, bisexual, transgender, queer (LGBTQ), youth, refugees, etc.

Based on the available evidence, the following specific responses are indicated

1. Adapt community and health services' responses through teleworking, online counselling and helplines. This could be done through redistribution of the workforce, re-assignment and task-sharing, with special attention to local community responses.
2. Establish specific response programmes for homeless PWUD, such as emergency shelters, street-work programmes with specially trained staff and protocols to ensure workers' safety, and ensure adequate referral mechanisms for those infected with COVID-19.
3. Maintain emergency services and acute care for withdrawal, overdose and other drug-use complications. Where applicable, maintain needle and syringe exchange programmes.
4. For opioid agonist maintenance treatment,³ a safe supply programme with controlled substance access needs to be established, allowing take-home doses or home delivery by health-care staff. Proper consideration should be given to staff safety and diversion or increased consideration of depot medications.
5. Sustain access to voluntary testing and counselling for common infections (HIV, hepatitis, tuberculosis), which can be coupled with testing for COVID-19 infection.
6. Ensure contingency planning by health services to be able to provide uninterrupted access to essential medicines, including immunization against hepatitis B virus (HBV) and antiretroviral therapy.

Challenges

Low levels of political awareness and skills to respond to the needs of PWUD, lack of treatment and community services, and stigma are the common challenges, which become even more difficult during the COVID-19 pandemic, with resources and attention being diverted to other areas.

A collaborative dynamic approach among authorities, health-care services and civil society organizations must be established. Innovative methodologies, assessment of needs and key services that should be maintained tailored to national or local contexts, are crucial.

WHO/Inter-agency guidance published/ in process and upcoming

- The implications of COVID-19 for people who use drugs (PWUD) and drug service providers. Lisbon, Portugal: EMCDDA; 2020.
- Guiding principles for immunization activities during the COVID-19 pandemic. Interim guidance, 26 March 2020. Geneva, Switzerland: World Health Organization; 2020.
- COVID-19: Operational guidance for maintaining essential health services during an outbreak. Interim guidance, 25 March 2020. Geneva, Switzerland: World Health Organization; 2020.
- Suggestions about treatment, care and rehabilitation of people with drug use disorder in the context of the COVID-19 pandemic. Vienna, Austria: UNODC; 2020.
- WHO resources for protection of health workers and emergency responders. Geneva, Switzerland: World Health Organization; 2020.
- Interim briefing note on addressing mental health and psychosocial aspects of COVID-19. Geneva, Switzerland: IASC; 2020.
- WHO, UNODC. International standards for the treatment of drug use disorders. Geneva, Switzerland: World Health Organization; 2020.



Contact

World Health Organization
Regional Office for Europe
UN City, Marmorvej 51, DK-2100
Copenhagen Ø, Denmark

TEL: +45 45 33 70 00

FAX: +45 45 33 70 01

EMAIL: eurocontact@who.int

WEB: www.euro.who.int



¹ Volkow ND. Collision of the COVID-19 and addiction epidemics. *Ann Intern Med*. 2020; M20-1212. doi:10.7326/M20-1212 [published online ahead of print, 2020 Apr 2].

² COVID-19 and the drug supply chain: from production and trafficking to use. Research brief. Vienna: UNODC; 2020 (<https://www.unodc.org/documents/data-and-analysis/covid/Covid-19-and-drug-supply-chain-Mai2020.pdf>, accessed 21 June 2020).

³ International standards for the treatment of drug use disorders: revised edition incorporating results of field-testing. Geneva: World Health Organization, United Nations Office on Drugs and Crime; 2020 (<https://apps.who.int/iris/bitstream/handle/10665/331635/9789240002197-eng.pdf>, accessed 21 June 2020).