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COVID-19 in India: Health implications and treatment needs of people who use drugs (PWUD) and patients with substance use disorders (SUD)

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Abstract

Introduction: The COVID-19 induced lockdown in India had put large number of people who use drugs (PWUD) in panicky over their craving for substance use with supply chain disruptions. Aim of this paper was to understand the COVID-19 induced problems faced by PWUD and those with substance use disorders (SUD) in India.
Methods: A rapid qualitative research was conducted remotely from May to early June 2020, during lockdown period in India, with consent-based in-depth interviews with key stakeholders from national agencies and drug deaddiction center in East and Northern-East India.
Results: The current public health crisis raises serious additional concerns for the wellbeing of PWUD as they run the same risks of infection by COVID-19 due to underlying chronic medical conditions. During the current COVID-19 pandemic, there has been persistent lacking of treatment services for patients with substance use disorders (SUD). Those who needed treatment during lockdowns faced problems as government supported drug deaddiction centers, which stopped new admission but lately started new admission but in reduced numbers. The outpatient services of drug treatment centers (DTC) at some government hospitals could not operate. The Opioid Substitution Therapy centers, though started dispensing of methadone on biweekly and buprenorphine on seven-day refill basis, yet there remained travel related problems and reported harassment during lockdown stage.
Conclusion: Specific measures to mitigating health service needs of PWUD in India should be put in place, taking lessons from the current pandemic situation.

KEY WORDS: Deaddiction, drug treatment centers; drugs; India; lockdown; People Who Use Drugs (PWUD); People with Substances Use Disorders (SUD); Substance Use Disorders; treatment; opioid substitution therapy.

Riassunto

Introduzione: Il lockdown causato dalla pandemia da Covid-19 ha gettato nel panico in India un grande numero di persone che fanno uso di droghe per l'interruzione della catena di distribuzione delle sostanze. Obiettivo di questo lavoro è stato quello di comprendere i problemi affrontati in India da tali soggetti e da persone che fanno uso di droghe a causa dei problemi generati dal Covid-19.
Metodi: Un rapido studio di tipo qualitativo è stato condotto in remoto da Marzo ai primi di Giugno del 2020, durante il lockdown in India, con interviste approfondite con il consenso fornito da "stakeholders chiave" provenienti da agenzie nazionali e centri di disuassefazione nell'Est e nel Nord Est dell'India.
Risultati: L'attuale crisi di sanità pubblica solleva serie preoccupazioni per il benessere dei soggetti che fanno uso di droghe dal momento che tali soggetti corrono gli stessi rischi di infezione da Covid-19 che si basano su condizioni sanitarie croniche. Durante la pandemia da Covid-19, c'è stata una persistente mancanza di servizi per il trattamento di pazienti con disturbi da uso di sostanze. Chi ha avuto esigenza di essere trattato durante il lockdown ha affrontato dei problemi dal momento che il governo ha supportato centri di disuassefazione che hanno fermato i nuovi arrivi ma poi hanno ripreso anche se a regime ridotto. I servizi dei centri di trattamento per tossicodipendenti presso gli ospedali governativi non hanno operato. I centri per la terapia sostitutiva con oppiodi, sebbene abbiano iniziato a dispensare metadone ogni 2 settimane e buprenorfina su base settimanale, tuttavia hanno evidenziato problemi correlate agli spostamenti e riportato violenze durante il lockdown.
Conclusione: Specifiche misure per mitigare le necessità dei servizi sanitari delle persone che fanno uso di droghe devono essere messe in azione, imparando la lezione dall'attuale pandemia.

TAKE-HOME MESSAGE

Taking lessons from enormous hardship faced by people who use drugs (PWUD) and those with substance use disorders (SUD) during SARS CoV-2 in India there is need for enhanced inter-ministerial coordination, scaling up treatment facilities, linking drug deaddiction centers with state health systems for mentoring, and widen telepsychiatry intervention.

Competing interests - none declared.

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INTRODUCTION

The COVID-19 induced lockdown in India put large number of people who use drugs (PWUD) in panicky over their craving for substance use. In India the number of distress calls from drug users and alcoholics on national helpline reportedly spiked by 200 percent with enforcement of COVID-19 induced lockdown across states, as news published in mainstream media, quoting Social Defense Division of Ministry of Social Justice and Empowerment, indicated [1]. The sudden close down of liquor outlets in Kerala reportedly made significant emergency for those individuals relying upon liquor as some committed suicide; and the state excise minister had to audit the circumstance to update the chief minister [2]. The report on drug market trends during the coronavirus crisis, published by the United Nations Office on Drugs and Crime [3], highlighted that many countries, including India, have reported an overall shortage of numerous types of drugs at the street level, as well as price increases for consumers on the black market and reductions in purity. Some drug users consequently had been switching substances, for example from heroin to synthetic opioids raising potential chances of drug overdose, and some are increasingly seeking access to drug treatment. Therefore, this paper aimed to understand the COVID-19 induced problems faced by PWUD and those with substance use disorders (SUD) in India.

METHODS

A rapid qualitative research was conducted remotely from May to early June 2020, during lockdown period in India, with consent-based in-depth interviews conducted by telephone with key stakeholders from national agencies and functionaries of Indian drug deaddiction centers in East and North-Eastern India. Themes were based on an integrative review of Indian reports and literature review with the broad aim of understanding the COVID-19 induced problems faced by PWUDs and people with SUD in India.

Study design and sample

Given the constraints of lockdown situation prevailing, the in-depth over-the-telephone interviews were considered as lone viable option for the qualitative research among purposively sampled respondents. Respondents were informed fully of the study objectives and their verbal consent was obtained before beginning the interviews; and post-interactions summarized the take for their approval. Altogether, functionaries of five drug deaddiction centers of east and north-eastern India were interviewed, with two of their approved mentoring agencies known as state level coordinating agency (SLCA) of eastern India; as well as functionary of recognized national level drug deaddiction NGO body to understand their perspectives and to corroborate issues regarding functioning of drug deaddiction centers during lockdown were also interviewed. Simultaneously, secondary data analysis through web search of open access study papers and documents, scanning of media reports formed part of the study design and were useful to drive content and themes of the unstructured interviews.

Data analysis

The interactions, audio-taped with respondent's verbal permission, were later transcribed and analyzed. The secondary data availed from open sources were also analyzed to develop the paper. Transcripts were analyzed through QAD MINAR software and codes were generated. Recurrent themes were identified with further examination of data for nuances, similarities, and differences.

Ethical aspects

This paper used publicly available secondary and de-identified documents remotely from the web. Besides verbal consent-based telephonic interviews held with functionaries of some Drug Deaddiction centers of east and north east states, State Level Coordinating Agencies, Drug abuse prevention NGO national network in Delhi, duly acknowledged. Majority of the activities conducted remotely,

and respondents' consent-based interactions primarily over their management systems were used. The study did not approach primary subjects at any stage. Thus, the study followed ethical norms of publishing as per the Declaration of Helsinki.

RESULTS AND DISCUSSION

In India, the addiction treatment centers under the Ministry being advised to refer patients with substance use disorders (SUD) to Government Hospitals indoor facility during COVID-19 outbreak, were unable to get admission as most hospitals had focused attention for COVID-19 emergencies. The state level coordinating agencies (SLCA), selected by the Ministry at each regional level to mentor and guide drug deaddiction centers, could not help the centers, as reported. Some deaddiction centers of east and north-east India stated that from June onward they were restrictively admitting patients to fill just 70% of their indoor capacity. An average 3 cases out of 10 deserving patients deprived of treatment currently. The outpatient centers run by drug treatment centers (DTC) within some government hospitals could not function due to staff relocation for COVID-19 emergencies management. The Telehealth/Online services initiated not properly take off as they had acceptability issues with people with SUD. For patients on opioid substitution therapy, their daily dose of methadone or buprenorphine started getting dispensed on 'take home' basis yet their travelling to treatment centers for refill faced movement restrictions in containment zones. The same enforcement made it difficult for the family members to accompany patients, hence limiting psychosocial interventions. According to the World Drug Report 2019, 35 million people worldwide suffer from drug use disorders while only 1 in 7 people receive treatment; and the same holds true for India as well [4]. The current public health crisis raises serious additional concerns for the wellbeing of PWUD as they run the same risks of infection by COVID-19 as the general population, and they also face additional risks due to underlying chronic medical conditions. The health status, needs and behaviors of those who use substances leave them particularly vulnerable because of the high prevalence of chronic medical conditions, therefore, many of them are considered as at high risk for serious respiratory illness [5], if they get infected with COVID-19. For example, there is high prevalence of chronic obstructive pulmonary diseases (COPD) [6] and asthma among smokers of heroin, and a high incidence of cardiovascular diseases among injecting drug users [7]. Furthermore, methamphetamine users' potential risk of blood vessels constriction led pulmonary damage, as well as evidence of opioid use interference with immune system, along with smoking of tobacco and nicotine dependence pose potentiality of more negative outcomes [8]. As COVID-19, like any severe infection of the lungs, can cause breathing difficulties, there may be an increase in the risk of overdose among opioid users [9]. Sharing drug-using equipment may increase the risk of infection with blood-borne viruses, such as HIV and viral hepatitis B and C [10]; furthermore, 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 [11]. The magnitude of substance use in India report of 2019 stated that the country had close to 20.6 million people who have used or use opioids, more than 6 million of them who are suffering from opioid use disorders. Sedative and inhalants affect around 10.8 million people, including 460 thousand children. Injecting drug use affect over 850 thousand people. Alcohol use in India, spread among 14.6% of the total population; and indicated prevalent mismatch between demand and availability of treatment services [12]. Also, the UN report published in 2019 indicated 30 per cent increase of drug use in India [13]. Those who might have wished to seek treatment during lockdowns faced problems as government supported drug deaddiction centers reportedly stopped admission of new patients initially; and referred such cases to nearest government hospitals that had CO-

VID-19 emergencies to deal with on priority basis. India has around 378 Drug De-addiction cum rehabilitation centers run by Non-Governmental Organizations (NGOs), under the aegis of Union Ministry of Social Justice and Empowerment, functioning in 23 states, plus 2 union territories and national capital territory [14]. On the whole the number of such centers reportedly less than the number of SUD cases requiring rehabilitative treatment in the country. Also, the centers called Integrative Rehabilitation Center for Addicts (IRCA) [14] do not have the capacity to withstand a viral assault like COVID-19 because their model is the virtual antithesis of social distancing. People live in a near communal setting at inpatient facilities, and outpatient programs mainly consist of 'group' where many patients gathered together for group therapy. The concerned Ministry uploaded advisory and guidelines on alcohol use for its centers [15], but nothing specific on substance use disorder management during COVID-19 maintaining distancing norms. Some deaddiction centers of east and north-east India interacted over telephone under constrained situation, reported that they were advised to stop intake of new cases and only to refer emergency cases to nearby government hospitals. They also added that since June 2020, they started admitting patients with their self-developed precautionary measures; but to maintain social distance norms, they were able to only intaking just 70% of their indoor capacity. Resultantly, 3 out of 10 deserving patients continue to be deprived of rehabilitative treatment facilities currently. The Drug Treatment Centers (DTC) run in some government hospitals, under supervision of National Drug Dependence Treatment Centre of the Indian Ministry of Health & Family Welfare, could not function outdoor treatment clinics as medical staff manning them had to be reallocated in COVID-19 emergency departments. Most of these centers lacked dedicated helplines, and workforce trained in delivering such services. Again, Telehealth/Online services, which Indian Psychiatric Society (IPS) and numerous other institutes started, were unable to reach most of people with SUD due to operational problems. For patients on opioid substitution therapy, their daily dose of methadone or buprenorphine started getting dispensed on seven-day buprenorphine and methadone on biweekly refill 'take home' basis, temporarily doing away with customary direct-supervision based administration through National AIDS Control Organization advisory and guidelines issued [16]. Even then, for those travelling to treatment centers for refill, there remained constant threat of harassment by authorities responsible for ensuring complete lockdown or movement restrictions in containment zones. The same enforcement made it difficult for the family members to accompany patients, hence limiting psychosocial interventions. Thus, things do not portend well for those struggling with substance use disorders during lockdown and it can be safe to assume that their 'underlying conditions' due to substance use put one at-risk during these trying times.

Study limitations

The study was conducted during the COVID-19 induced lockdown situation in the country and the in-depth interviews were conducted with purposively selected respondents over telephone. Telephone interviews may be subjected to undermining in qualitative research, but there is a growing interest in electronic qualitative interviews; and conducting such interfaces during unavoidable circumstances, when face-to-face interaction impossible, the method should hold credence in eliciting suitable outcome.

CONCLUSION

Taking lessons from the current pandemic situation, there is an urgent need for review of policies and programs for PWUD population. The suggestive way forward that need consideration in right earnest include: 1) Scientific evidence-based treatment scaling up drug treatment centers; 2) The existing drug deaddiction centers put under the mentorship and guidance of specialized state

health systems for suitable SUD emergencies linking with hospitals; 3) Enhanced co inter-ministerial coordination among Ministry of Social Justice and Empowerment and the Ministry of Health and Family Welfare to bridge the existing treatment service gaps; 4) Digitally-mediated therapy and telepsychiatry (successfully run intervention in Kerala by NIMHANS) should be scaled up.

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