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Letter to the Editor

Substance misuse during COVID-19: protecting people who use drugs



People who use drugs (PWUD) face additional risks from COVID-19, linked to drug use behaviours, settings where drug use takes place and related healthcare needs. These marginalised groups are present in countries of all incomes,¹ meaning they must be included in global public health strategies to safeguard them, their healthcare workers and the wider public.

PWUD suffer significant acute and long-term health consequences due to direct and indirect effects of drug misuse, including acute intoxication, mental ill-health and reduced access to healthcare through stigmatisation and discrimination.² The high prevalence of chronic conditions among PWUD, including respiratory diseases such as asthma and chronic obstructive pulmonary disease,³ may put them at increased risk of COVID-19 infection and severe disease.⁴ In addition, public health measures may exacerbate poor outcomes for PWUD, as social isolation is associated with increased substance misuse.⁵

COVID-19 is primarily transmitted by respiratory droplets and contact routes,⁶ which informs public health mitigation measures including social distancing and hand hygiene. PWUD who share drugs or paraphernalia are consequently at increased risk of transmission between drug users. In addition, drug use often takes place in crowded or substandard living conditions, threatening social distancing and hand hygiene adherence and placing both PWUD and the wider public at risk. PWUD are also disproportionately represented in homeless, vulnerably housed and incarcerated populations, which face additional risks from COVID-19 infection.^{7,8}

Surges in demand for emergency care during COVID-19 are forcing health systems to scale down routine services, risking discontinuity of care across many domains of health, including substance misuse services. This threatens PWUD with reduced access to vital medications, psychological support and clean drug equipment. In addition, physical distancing and self-isolation public health measures raise further barriers to accessing health and social services within this already-disadvantaged group.

There is urgent need to protect PWUD against the direct impacts of COVID-19 infection and to secure the continuity of care provided by substance misuse services. Public health messaging should sensitively target this group to discourage drug and paraphernalia sharing, promote social distancing and hand hygiene and empower PWUD to appropriately seek medical attention, while safeguarding provision of drug misuse services and protecting the health workers delivering them. This will require reimagining services,

such as telemedicine and online care, and maintaining infrastructure vital to treating addiction, including housing and welfare. These actions are required by health systems globally to ensure an equitable response to COVID-19 in which PWUD are not left behind.

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