

Commentary

Changing Trends of Drug Abuse in Patients of Substance Use Disorder during and after Covid-19 Imposed Lockdown

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The notorious threat of Covid-19 infection and its perceived stress, resulting into strict imposition of lockdown across countries shook the existing routines for most global citizens. In India, the first lockdown was imposed in March 2020 for a duration of 71 days at a stretch and its multi-fold effects were later observed to be detrimental to many. While the purpose of social isolation was attained with this imposition, a surge in multiple psychosocial ailments was found to be contingent upon the same. Specifically, this article aims to describe the patterns of drug abuse which changed drastically for the common Indian man as lockdown stuck, followed by the aftermath of resumption of routine.

The relationship between Covid-19 pandemic and addiction (substance use disorders) is best described as bidirectional¹. While people with pre-existing medical and respiratory conditions are more prone to contract the infection and develop complications, abuse of substances acts as a risk factor for potentiating this effect; more so in Indian communities where abuse of tobacco (inhaled and smokeless) is rampant². On the other hand, isolation during the lockdown potentiated multiple stresses in the common household, ranging from loss of job, and overcrowding, to frustrations expressed as domestic violence, or even onset of new psychopathology. To cope with the same, many abusers of substances either moved to cross-addictions (abuse of other readily available substance) or use of adulterated substances (like country-made or home-made liquor). These behaviours worsened the health condition of the abuser and his family, including risk of premature

deaths related to substances¹.

Further detailing into the challenge posed by lockdown for substance abusers revealed that lack of access to their usual drug became increasingly difficult. Lack of transportation means also came as an obstacle to reach designated treatment centers, if open. The overworked centers in turn displayed much reluctance to cater to the patients due to scarce resources and partly due to fear of getting infected³. Thus, some patients were exposed to forced abstinence from the substance, causing a rise in severe or complicated withdrawal presentations or death. This prompted many users to assort to illegal means for procuring substances and facing further economical setbacks¹.

Interestingly, authorities deemed alcohol and tobacco as 'essential commodities' during lockdown and allowed promotion of sales with relaxed licensing rules. The consequent surge in alcohol sale and consumption reinforced the boom in substance use⁴. This era created a unique opportunity for desperation to meet aggression inside the Indian home, causing interpersonal distress, and rise in accounts of domestic violence, known to be potentiated by substance use. Post lockdown there was sudden unavailability of substances like opium, heroin and cocaine in North India due to increased surveillance by drug enforcement agencies and sudden block of movement at the drug peddlers' level, two drastic changes in the drug abusers behaviour and practices were observed. Firstly they started using easily locally available options predominantly Cannabis and related substances (ganja, bhang). Secondly, a

trend was observed in Punjab, Haryana and border areas of Rajasthan that Tramadol tablets, Benzodiazepines like Diazepam, Nitrazepam, lorazepam and Clonazepam tablets were used as substitute to opioid and related substances. These medicines were found to be easily available at local chemist shop and at a cheaper rate⁵. However, it was seen, those patients with some motivation as well as patients in withdrawal left with no choice but to opt for treatment, were started on OST (opioid substitution therapy) as OST centers in the region both government as well as private centers were providing round the clock services during lockdown. This helped these patients bring other accomplice into OST which lead to increased compliance with OST and more and more drug abusers getting into de-addiction programme.

A unique mode of healthcare provision gained particular preference during lockdown, i.e., telehealth consultations^{6,7}. A study on application of tele-consultation in substance use patients reported more than 60% acceptability and more than 98% satisfaction in healthcare providers of asynchronous healthcare delivery (sharing of data without live consultation). The major challenge shared by consumers was that they felt less technology savvy⁸.

To summarise, substance use became a pandemic colliding with the existing Covid-19 pandemic during the lockdown, creating peculiar challenges for substance users and healthcare system in India. Continued provision of de-addiction services in the community and improved accessibility of prescription medicines can be recognised as most notable targets of further intervention. This is crucial in context of the rising onset of addictions and their relapses as an aftermath of release of lockdown.

REFERENCES

1. Dubey, M. J., Ghosh, R., Chatterjee, S., Biswas, P., Chatterjee, S., & Dubey, S. (2020). COVID-19 and addiction. *Diabetes & metabolic syndrome*, 14(5), 817–823
2. Volkow, N., 2020. COVID-19: Potential Implications for Individuals with Substance Use Disorders| Nora's Blog. March 24, Retrieved March 27, 2020, from NIDA
3. Sidharth Arya, Rajiv Gupta, COVID-19 outbreak: Challenges for Addiction services in India, *Asian Journal of Psychiatry*, Volume 51, 2020, 102086, ISSN 1876-2018
4. Klemperer EM, West JC, Peasley-Miklus C, Villanti AC. Change in tobacco and electronic cigarette use and motivation to quit in response to COVID-19. *Nicotine Tob Res* 2020 Apr 28. ntaa072
5. Egbe CO, Ngobese SP. COVID-19 lockdown and the tobacco product ban in South Africa. *Tob Induc Dis* 2020 May 6; 18:39
6. Yao, H., Chen, J. H., Xu, Y., 2020. Rethinking online mental health services in China during the COVID-19 epidemic. *Asian J. Psychiatr.*, 102015
7. Gururaj, G., Varghese, M., Benegal, V., Rao, G., Pathak, K., Singh, L., Misra, R., 2016. National mental health survey of India, 2015-16: Summary. National Institute of Mental Health and Neurosciences, Bengaluru
8. Sahu, P., Mathur, A., Ganesh, A., Nair, S., Chand, P., & Murthy, P. (2020). Acceptance of e-consult for substance use disorders during the COVID 19 pandemic: a study from India. *Asian journal of psychiatry*, 54, 102451.