



**The impact of the COVID-19 epidemic on drug services,
drug users and drug market in Poland
– findings of the rapid situation assessment**

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18 May 2020, Warsaw

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1. Aims of the study

The COVID-19 epidemic has considerably affected the services of the healthcare and aid services in Poland. Needless to say, drug services have not been spared. In order to make a rapid assessment of the situation and its impact on drug users and the clients of drug services, the Polish Reitox Focal Point – National Bureau for Drug Prevention (NBDP) (Polish name: Centrum Informacji o Narkotykach i Narkomanii Krajowego Biura ds. Przeciwdziałania Narkomanii) conducted a survey mainly among drug treatment units and harm reduction programmes. The assessment was aimed at:

- examining the operations of drug services during the coronavirus epidemic.
- identify innovative responses in this area.
- intended to determine the challenges that the aid system is currently facing.
- describe the situation of the drug users
- describe changes on the drug market in terms of the availability of psychoactive substances.

2. Methodology

The research tool was developed by the EMCDDA and with certain modification, it was applied by the Polish Reitox Focal Point NBDP in the nationwide survey. In April, the Polish Reitox Focal Point NBDP distributed the survey questionnaire among drug services in Poland. The questionnaire was also sent to Provincial Drug Information Experts, who subsequently forwarded the questionnaires in the provinces of lodzkie, swietokrzyskie and dolnoslaskie. In addition, the questionnaire was posted on the website of the Polish Reitox Focal Point (<https://cinn.gov.pl/portal?id=1630635>). The survey was conducted between 14 April and 6 May. Seventy-One (71) institutions responded to the survey in this time. Moreover in aim the clarify information from the questionnaire we made a few phone call to persons who had filled out the questionnaires. Quantitative data from the survey is presenting in the form of charts. In the case of open questions, the most important conclusions from the analysis of these questions were presented in the report, which quotes the survey responses in italics. The questionnaire had a modular structure, which is why most institutions completed part of the questionnaire. The number of surveys used to present data on

the chart was given with "N". The result of the study were presented on two internal presentation for staff of National Bureau for Drug Prevention and discussed.

3. Limitation of the study

It is worth mentioning that the questionnaire was sent to two hundred (200) institutions what means that we got the pictures of the situation from the part of the institutions. The situation is also changing fast and hopefully in June we will see improvement in the access to drug treatment and harm reduction. However, a worst case scenario of a further decline in drug services availability cannot be excluded. The report includes the information about the situation in the drug service at the beginning of the COVID-19 epidemic (March and April), when the situation was the most difficult for the aid system due to "lockdown" and introduction of sanitary regulations.

4. Who take part in the survey?

Table 1. shows data on types of institutions which took part in the survey. A single survey questionnaire could be completed by two different institutions e.g. a drug counselling centre and a harm reduction programme as the questionnaire had a modular structure. The questions related to the following areas: drug treatment, harm reduction, opioid substitution treatment and drug market. Depending on the type of services, an institution completed a dedicated module. The survey was targeted mainly on treatment services and harm reduction programmes therefore most of the returned questionnaires were completed by drug treatment units (82%) and in less extent by harm reduction programs. One questionnaire was completed by the Provincial Police Department.

Table 1. Types of institutions that participated in the survey

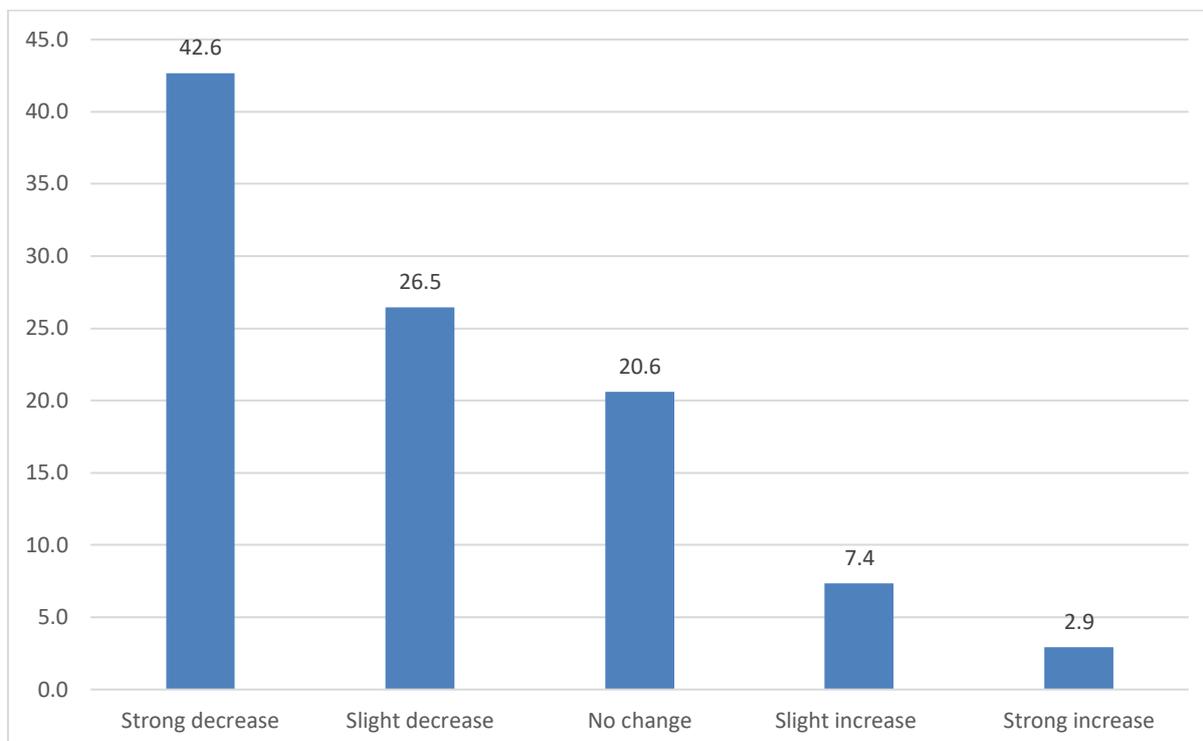
Drug treatment unit	81.7%
Non-governmental organization	21.1%

Drug enforcement service (e.g. Police)	1.4%
Harm reduction programme	12.7%
Prevention institution	7.0%
Other e.g. Provincial Drug Information Expert	12.7%

5. Demand for drug treatment and harm reduction

One of the fundamental questions asked in the survey concerned the demand for drug treatment services. We asked the respondents whether they had noticed any changes in this area since the containment measures in response to the coronavirus epidemic in Poland were introduced. 69% of the respondents reported that there had been a decrease in the number of drug treatment entrants while 10% reported an increase (Figure 1). The highest percentage of the respondents considered the decrease in the demand for drug treatment to have been significant. The survey results show that as a consequence of the epidemic fewer drug users sought treatment. One of the major barriers was probably the limitation of drug treatment service as well as the closure of some facilities: *“In accordance with the recommendations of the National Health Fund the operations of the Drug Therapy Day Care Centre have been suspended”*.

Figure 1. Have there been overall changes in seeking drug treatment services since COVID-19 containment measures were introduced in your country? (%) (N=68)



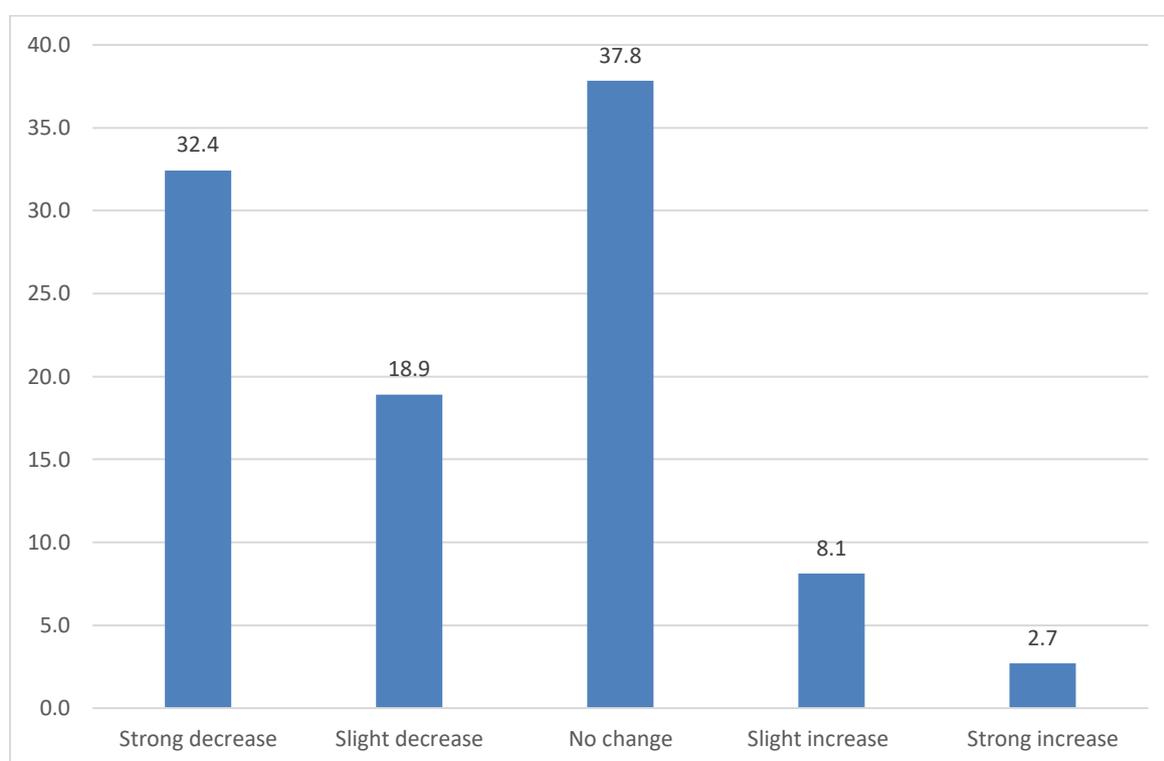
According to the data gathered in the course of the survey, drug treatment services as well as the majority of harm reduction programmes have seen a decrease in the number of patients. The decrease refers mainly to new entrants. Some facilities, especially residential and day care centres, in the first weeks of the epidemic refused to admit new patients. One of the major obstacles to the admission of new patients were the limitations on new entrants. Methadone substitution programmes started to dispense methadone for longer periods (e.g. 14 days). From the vantage point of the patient, already covered by the drug services, the group who suffered most from the new situation was group therapy patients. Drug counselling centres suspended on-site group therapy sessions and moved online. Here is a comment made by a drug treatment unit: *“The decline in service provisions mainly refers to new patients. In the first weeks of the epidemic we did not admit new patients for treatment. Most of the patients already in therapy on the day of the introduction of the state of epidemiological threat are still being provided with healthcare services. The most significant fall has been observed in the group therapy patients. 50% of such patients are taking part in the sessions conducted via online platforms”.*

The survey also sought to check whether the decrease in new patients had also occurred in harm reduction programmes (Figure 2). In this case, a large proportion of the answers said “No change” (38%). However, over half of the harm reduction facilities which had participated in the survey reported a decrease in the demand for harm reduction (51%): *“Harm reduction clients in our programme are considerably*

lower by approximately 20-30%. The most significant fall is noticeable in the group of clients who are fairly stable in terms of the housing situation. Homeless individuals are benefiting from our limited offer more frequently than the other clients.”

Similarly, to the situation in drug treatment units, 11% of harm reduction programmes had recorded an increase in the number of clients.

Figure 2. Have there been overall changes in seeking harm reduction services since COVID-19 containment measures were introduced in your country? (%) (N=37)



A dramatic change as a result of the epidemic was observed in harm reduction programmes whose operations were performed in streets or clubs (nightlife settings programs). The new epidemic-related regulations considerably limited access to most venues or even shut them down. Harm reduction programmes faced the following obstacles to their operations as a result of the epidemic:

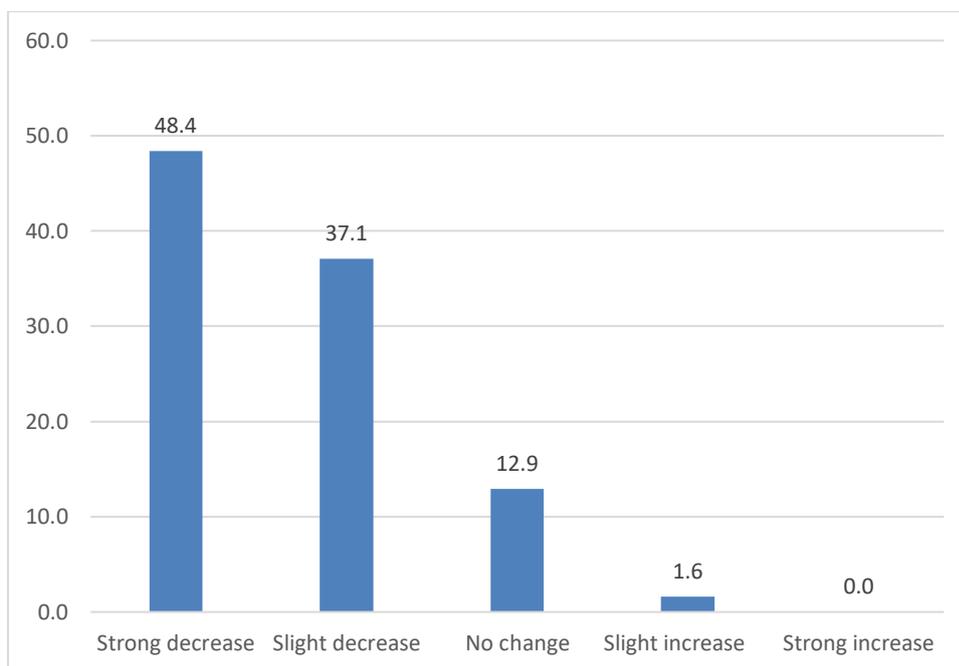
- Ban on gatherings, which makes it hard to work with the clients
- Neighbours' concerns and objections to drop-in centres. Suspicions of harm reduction programme clients being infected with the coronavirus.

- Closure of night clubs – no option of on-site outreach work
- The Police do not recognize street outreach workers and officially bans contact with more than one individual.

6. Availability and provision of drug treatment and harm reduction services

Another area of the survey was the question of the availability of drug treatment and harm reduction during the epidemic. Are these services still open to the public or have they reduced their operations? According to 86% of the survey respondent there had been a decrease in the availability of drug treatment. Only 2% of the respondents reported a slight increase (Figure 3). A decrease was also observed in the availability of harm reduction programmes (77%) while an increase was noted by a mere 3% of the respondents (Figure 4).

Figure 3. Have there been overall changes in the availability and provision of treatment services in your country since COVID-19 containment measures were introduced? (%) (N=62)



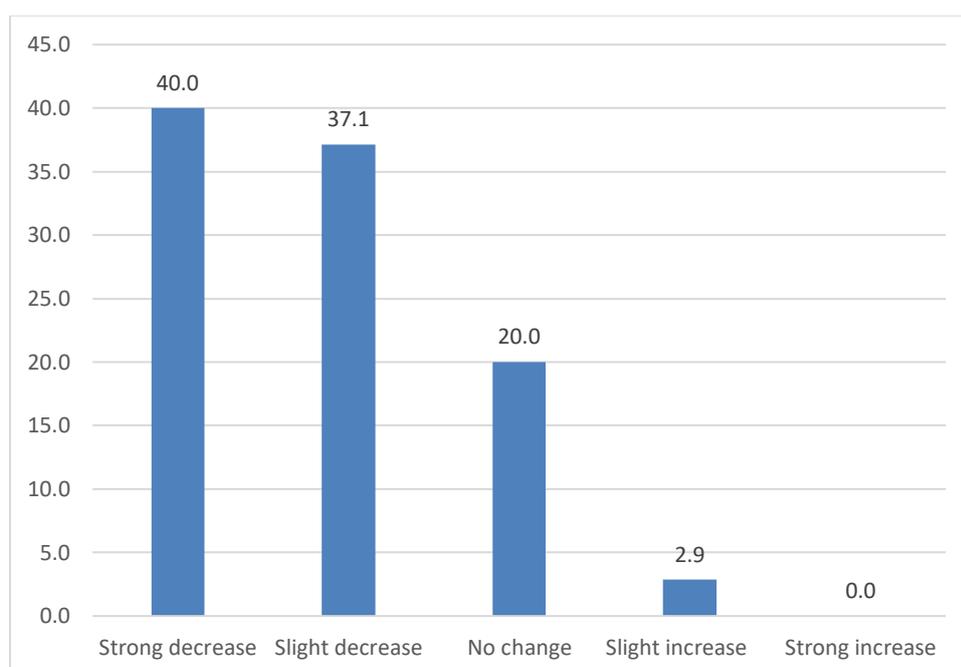
According to the survey, counselling over the Internet is the main method of providing medical service in outpatient clinics. However, the introduction of new work methods

triggered the arrival of new challenges for the continuity of treatment and provision of adequate quality services:

- adapting to the tele-information system for the online counselling and therapy provision,
- making patients change their attitude towards the effectiveness of therapy via the Internet and phone,
- building a therapeutic relationship at a distance,
- shifting from on-site to online group therapy,
- handling software and hardware issues e.g. making new purchases,
- possible therapist burnouts due to the lack of direct contact with patients.

Moreover, not all patients have technical capacity to participate in remote therapy, which poses additional challenge in using new forms of treatment and counselling: *“The strongest decrease is in patients who participated in group therapy. 50% of group therapy patients still attend the sessions, which are now held online”*.

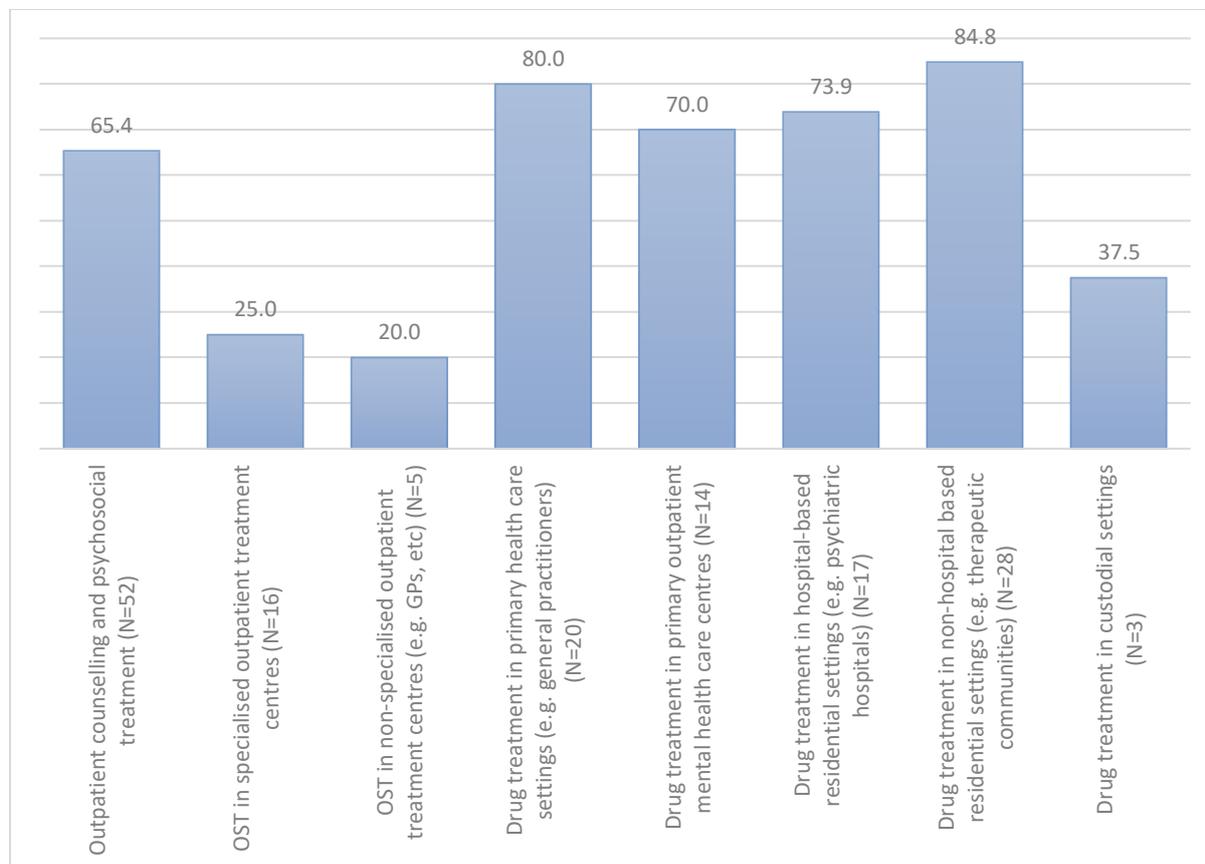
Figure 4. Have there been overall changes in the availability and provision of harm reduction services in your country since COVID-19 containment measures were introduced? (%) (N=35)



As a result of the COVID-19 epidemic there was a sharp decrease in the availability of harm reduction for active drug users. Harm reduction programmes implemented additional measures aimed at active drug users. Clients receive protective equipment such as face masks, disposable gloves and hand sanitizers. Information on the infection symptoms and procedures to be undertaken in case of the coronavirus emergency was distributed. Measures were taken to provide food for the poor and homeless clients in collaboration with other organizations e.g. Wrocław-based Salida Foundation started serving hot meals and food rations at drop-in centres run by the foundation. A significant limitation on benefiting from harm reduction programmes is the fact that almost all drop-in centres for active drug users, except one in Wrocław run by Salida Foundation, had been shut down and street-based actions had been limited as a result of the introduction of the new epidemic-related regulations: *“As a consequence of the ban on public gatherings we have limited access to individuals who regularly used harm reduction services. Chaos is noticeable among active drug users. They have become quarrelsome and tense. At the start of the epidemic we observed more intensive drug use. New individuals in new places are emerging or they are reporting to the drop-in centre in order to use the bathroom, receive food and coffee”*. However, harm reduction programmes are still distributing the drug use equipment with the new means e.g. sterile needles and syringes as well as disposal bins are home delivered. Despite the drop-in centres being shut, harm reduction programmes distribute the equipment through dedicated windows. In addition, mobile needle and syringe exchange services have also suspended their operations. Outreach workers find it hard to reach those in need due to the ban on gatherings. Harm reduction programmes are reporting higher client demand for food, which is caused by the decline in income. Most sources of income of active drug users, especially among the homeless, have ceased to exist. That is why food provision has become one of the priorities of harm reduction programmes during the epidemic. The new situation has particularly affected the homeless: *“Deterioration of health is especially noticeable among individuals who do not use night shelters. Such individuals find it difficult to access dedicated bathing facilities, they are not able to wash for many days or sometimes weeks, which results in very serious dermatological conditions. Access to medical care is also limited. Consequently, more problems are emerging such as mental crises or the intensification of drug abuse or deepening of drug addiction”*.

The survey also included questions about which types of drug treatment services had been suspended or largely limited due to the COVID-19 epidemic (Figure 5). According to the surveyed institutions, residential facilities were the most affected by the new situation. 85% of the responses indicated that residential treatment services had been either suspended or considerably reduced. A slightly lower percentage (80%) of the responses reported suspension and limitation of drug treatment at primary healthcare centres, which contrary to residential treatment is not as widespread. In Poland, drug treatment at outpatient clinics is most widely available. 65% of the surveyed institutions reported that such type of treatment had been suspended or considerably reduced. It seems that the epidemic impacted the least the availability of opioid substitution treatment (OST). 25% of the respondents reported the suspension or considerable reduction of this treatment (OST) in Poland at dedicated programmes while 20% at unspecialized outpatient clinics, which in Poland basically means buprenorphine treatment.

Figure 5. Which drug treatment services have been discontinued or have significantly reduced their traditional operations due to the COVID-19 epidemic?



7. Opioid substitution treatment

It seems that the containment measures in response to the COVID-19 epidemic did not affect the continuity of the opioid substitution treatment (OST) in the case of clients already covered by this service. In the case of substitution treatment we intended to measure the impact of the epidemic on new admissions as well as the continuation of the treatment by those already in the system. 62% of the responses reported that the COVID-19 containment measures had not affected the continuation of the opioid substitution treatment by the patients already covered by it. 28% of the respondents said that the COVID-19 epidemic exerted a slight negative impact; however, the most of the patients were able to continue the substitution treatment. In the case of new patients, the highest percentage of the respondents (41%) answered that the epidemic had a slight negative impact; however, the most of new clients were able to enter it. 29% of the respondents reported a strong negative impact, which meant that fewer drug users are able to enter treatment. It is clear that the epidemic mainly affected the onset of treatment by new entrants. As it has been mentioned, methadone programmes introduced new forms of distributing the drug for the clients: *“Since the beginning of the epidemic we have been dispensing 1 ration of methadone per 2 weeks for the majority of patients in order to reduce the possibility of patient-patient or patient-staff contacts as well as the frequency of patients moving around the city”*.

Figure 6. To what extent have COVID-19 containment measures impacted the continuation of opioid substitution treatment (OST) for already receiving this treatment? (N=21)

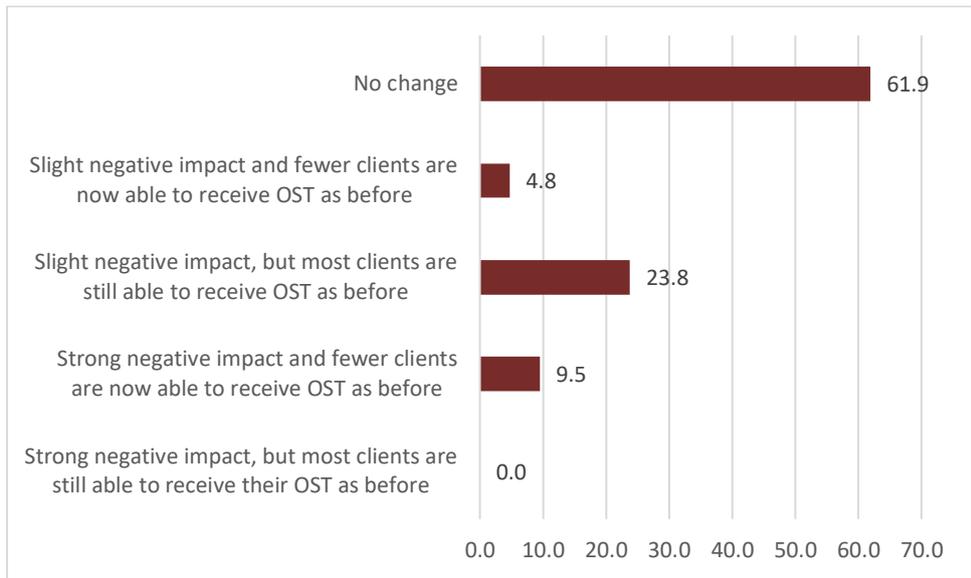
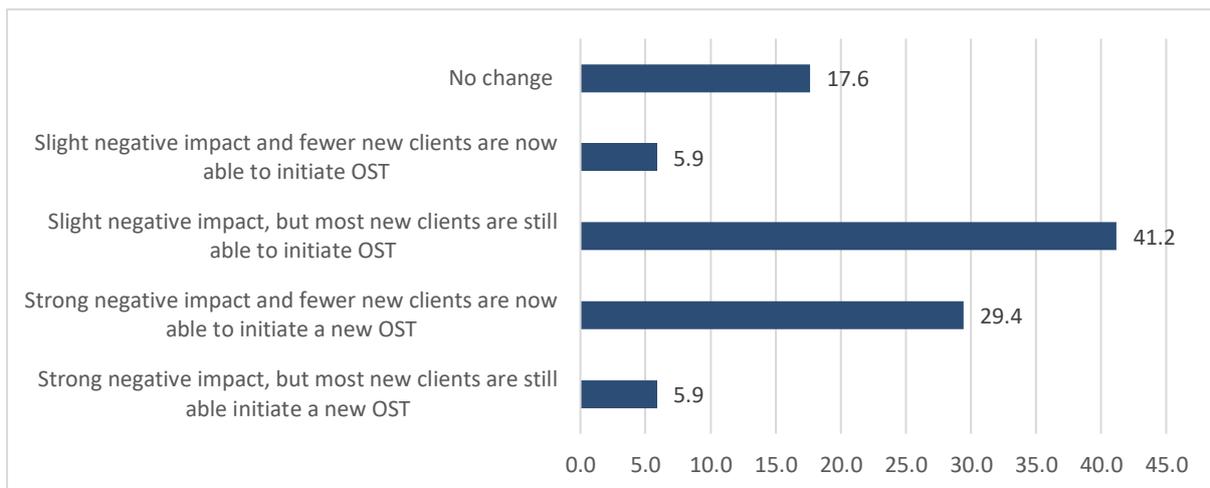


Figure 7. To what extent have COVID-19 containment measures impacted the initiation of opioid substitution treatment (OST) to new clients demanding or in need of this treatment? (N=17)



8. Obstacles and challenges

The survey also featured questions about the main obstacles and challenges for drug treatment services and harm reduction programmes. The challenges obviously include the coronavirus-related health threats:

- Caring for the safety of drug treatment personnel by introducing procedures that protect patients at the unit

- Unlimited access to disinfectants and wide access to tele-counselling both in the field of psychiatry and psychotherapy
- Adapting the infrastructure of drug counselling centres and wards to admit infected patients (disinfection sluices, isolation rooms, protective equipment)
- Wide access to COVID-19 diagnostic tests, antibody tests, acquired immunity tests
- Providing substitution treatment for quarantined or infected individuals
- Health checks for every patient entering the drug service building (temperature, face mask control since the start of the epidemic, extra member of staff at the entrance)

Another set of challenges were changes related to the new operating rules, which translated into the new ways of working with problem drug users and their loved ones.

- No contact with the patient's family due to ward visit being suspended
- No group therapy
- Difficulty admitting first-time patients
- Building therapeutic relationship at a distance
- Considerable reduction of individual therapy sessions

As it has been mentioned a number of drug services started using the Internet to work with patients, which triggers new challenges and problems:

- Not all patients have access to the equipment enabling remote therapy. Some of them are reluctant to use IT devices.
- Maintaining contact with the patient might be challenging in the case of using online work methods.
- Limited contact with the patient in case of IT network emergency or failure
- No skills to use IT resources both among therapists and patients.

Drug services which completed the questionnaire also reported problems related to the functioning of the whole system and lack of access to some forms of help. To a large extent, cooperation among various services in the field of treatment and help was reduced:

- Most residential treatment centres stopped admitting patients
- Detoxification admission limitations were introduced
- Continuing treatment in residential treatment centres after completing detoxification was limited
- Limiting access and collaboration with other welfare and medical services, day-care centres and night shelters due to the closure of some of these service
- Some facilities stopped operating as they had been transformed into dedicated COVID-19 containment units e.g. detoxification ward at hospital in Nowowiejska Street in Warsaw

The budgets of harm reduction programmes and drug treatment units were also burdened with more purchases (face masks, gloves, disinfectants, fuel) and other unforeseen expenses intended to maintain operations and help drug users during the epidemic.

9. Drug users and drug market

According to the information by the Krakow-based Monar Association, two groups of homeless individuals benefiting from harm reduction services can be distinguished. Their situations differ significantly:

- Individuals placed in night shelters and other similar facilities. Their health is improving.
- Individuals outside night shelters and similar facilities. Their health has dramatically deteriorated. Due to the epidemic, homeless people find it difficult to access dedicated bathing facilities, which results in very serious dermatological conditions. Access to medical care is also limited. Consequently, more problems are emerging such as a mental crises or drug abuse.

Based on the data collected in the course of the survey, currently (March - April) we do not observe significant developments across the country in terms of access to drugs. Naturally, there are situations where some drugs are in shortage e.g. in the city of Wroclaw there was a fall in the availability of methamphetamine trafficked for

Czechia following the closure of borders. Along with the development of the epidemic and borders still being closed the situation might worsen. In Krakow, the lack of new psychoactive substances (synthetic cathinones) was reported. Another development observed was the drop-in drug prices, which is a result of the lower purchasing capacity of harm reduction clients, who are mainly injecting drug users.

10. Summary and conclusions

The preliminary findings of the survey have shown that the coronavirus epidemic has considerably affected the Polish drug services, especially in terms of ensuring the continuity of services at the adequate level. The operation of inpatient clinics (residential treatment) and drop-in centres (harm reduction daily centre) has been limited the most. It seems that the availability of the outpatient care has also declined. As a consequence of the epidemic, drug treatment units, especially drug counselling centres, were forced to greatly transform their operations and transition to the online solutions. It is clear that the epidemic has led to the suspension of admitting new patients to drug treatment. It seems that the opioid substitution treatment has been least affected by COVID-19. However, it does not mean this field has not suffered. The results of the survey allow for concluding that methadone programmes are able to continue their basic operations to the large extent. The key change in the operations of methadone programmes was the decision to dispense methadone for longer periods. However, methadone programmes limited or discontinued other services e.g. psychotherapy. It is worth noting that substitution treatment has seen a higher demand for its services, which was the consequence of opioid users being deprived of income as a result of the epidemic. The lack of financial resources made drug users decide to enter opioid substitution treatment.

In the field of harm reduction we also observed serious operating limitations caused by the introduction of the epidemic-related regulations. Harm reduction programmes have developed new ways of care provision such as distribution of food or protective equipment. Moreover, they have faced new challenges such as caring for the homeless while the majority of aid institutions have significantly limited their operations.

Moreover, regional variations in the incidence of COVID-19 show that preventive measures could vary regionally considering the different scale of the epidemic in the respective provinces in Poland. It is worth noting that the majority of drug services swiftly started to introduce counselling and therapy online or over the phone. In response to COVID-19, 86% of the drug services (N=69) introduced remote services in the field of drug treatment or harm reduction (telephone, video calls, online access). It will surely be a new quality in the offer of some facilities following the end of the epidemic. As a result the drug treatment system might be supplemented with new forms of client work.

It also should be mentioned that drug-dependent individuals, mainly homeless ones, have been particularly badly affected when the COVID-19 containment solutions were introduced. Harm reduction programmes were forced to undertake new measures to meet the basic needs of such individuals e.g. distribution of food and protective equipment. As a consequence of the COVID-19 epidemic, individuals, who were previously considered excluded, were pushed further beyond society's boundaries. An inadvertent result of this epidemic is the situation where drug-dependent individuals who have lost their livelihoods begin to seek opioid substitution treatment. The epidemic has thus become the motivation for entering drug treatment. Another COVID-19-related development were the changes introduced in a number of substitution treatment programmes in Poland. The programmes started giving out substitution drugs to their patients for longer periods e.g. two weeks. It also poses a challenge for the clients of those programmes. They receive a large single dose of methadone, which requires that they must be able to exercise self-control in order to take the drug as indicated.

These findings are the first attempt to analyze the drug services system in the wake of the epidemic. The current situation, as every crisis, gives us a chance to learn lessons for the future. The entire healthcare system, including drug services, was faced with the lack of procedures in the case of the epidemic such as COVID-19. Therefore it is worth considering the creation of such procedures for the future, based on the experiences at hand. It might make us better prepared for another wave of this epidemic, if it happens, or an entirely new threat.

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