



European Monitoring Centre
for Drugs and Drug Addiction

EMCDDA trendspotter briefing

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Impact of COVID-19 on drug markets, drug use, drug-related harms and responses in south European Neighbourhood Policy area

The situation regarding the COVID-19 pandemic and responses to it continues to evolve. Regular updates are provided by the [European Centre for Disease Prevention and Control](#) and the [World Health Organization](#), and in most countries national public health guidelines are available. The EMCDDA has created a [COVID-19 resource hub](#) that provides access to up-to-date materials on drugs and COVID-19-related issues.

Since 2019, the EMCDDA has enhanced cooperation with the European Neighbourhood Policy partners ⁽¹⁾ within the framework of [the EU4Monitoring Drugs \(EU4MD\) project](#) funded by the European Union. The project supports national and regional readiness to identify and respond to drug-related security and health threats.



Funded by the
European Union

EU4MD

⁽¹⁾ Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, Palestine*, Tunisia and Ukraine.

*This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue.

Summary

Since the beginning of 2020, the world has been experiencing an unprecedented public health emergency caused by the coronavirus disease (COVID-19) pandemic, which has led to progressive introduction of social distancing and other control measures by national governments. To investigate the effects of the pandemic on and the implications for drug markets and people who use drugs in the European Neighbourhood Policy (ENP) countries, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) launched a trendspotter study. This briefing provides a snapshot of the state of play with respect to the impact of COVID-19 on drug markets and people who use drugs in south ENP countries (between March and June 2020).

How have drug markets changed?

- The study indicates that, following the introduction of COVID-19-related confinement measures, the drug market across the region experienced a temporary contraction, likely to have been caused by disruption in the supply chains, as evidenced by a reduction in the volume and number of seizures and the increase in retail- and wholesale-level prices for certain types of drugs in some countries.
- Our findings provide a mixed picture in terms of the impacts on the production, trafficking and distribution of drugs across North Africa and the Middle East. The most noticeable developments are linked to the emergence of new trafficking routes, on the one hand to compensate for disruptions caused by the suspension halting of commercial flights and on the other hand to avoid the more stringent control measures that were introduced at borders. While distribution appeared mostly unaffected, purchasing drugs by using mobile applications and through the darknet appears to be playing an increasing role in some countries.

What has been the impact on drug use, drug-related harms and drug-related health services?

- Temporary shortages or reduced access to some well-established drugs (e.g. heroin) may in part explain the finding that people who use drugs, in the absence of their drug of preference, may have sought out and used alternative substances and/or new modes of administration, including adulterated alcohol, new psychoactive substances and 'artisanal' or home-made drugs, and using drugs by injection.
- More generally, the COVID-19 pandemic has further exacerbated long-standing economic and political challenges in the region. Any future increase in social, economic or security problems has the potential to lead to increases in the consumption of psychoactive substances and levels of mental health morbidity.
- There was an overall reduction in the provision of health services generally during the initial phases of national quarantine measures. In this context, people who use drugs are likely to have experienced lower availability of, and access to, drug-related services. At the same time, however, some health providers adapted to the situation by continuing some services through outreach activities and follow-up monitoring by phone.
- Where opioid substitution treatment (OST) programmes exist, there is some evidence of the introduction of more flexible operating procedures in response to the pandemic. These include modifying practices to permit take-home OST medication to be dispensed, as well as reduced requirements for mandatory urine testing ⁽²⁾. For example, in Israel, Lebanon and Morocco the maximum amount of take-home OST allowed to be dispensed was increased to cover a period of 2 weeks, and in Israel 1-month extended-release buprenorphine injections were introduced. These changes appear to have helped maintain clients in OST programmes in some countries; however, concerns exist over the increased number of clients dropping out of programmes because of movement and other restrictions.

⁽²⁾ The mandatory urine testing is done to control for use of another illicit drug while receiving opioid substitution treatment (i.e. in addition to the medications provided as part of the treatment process).

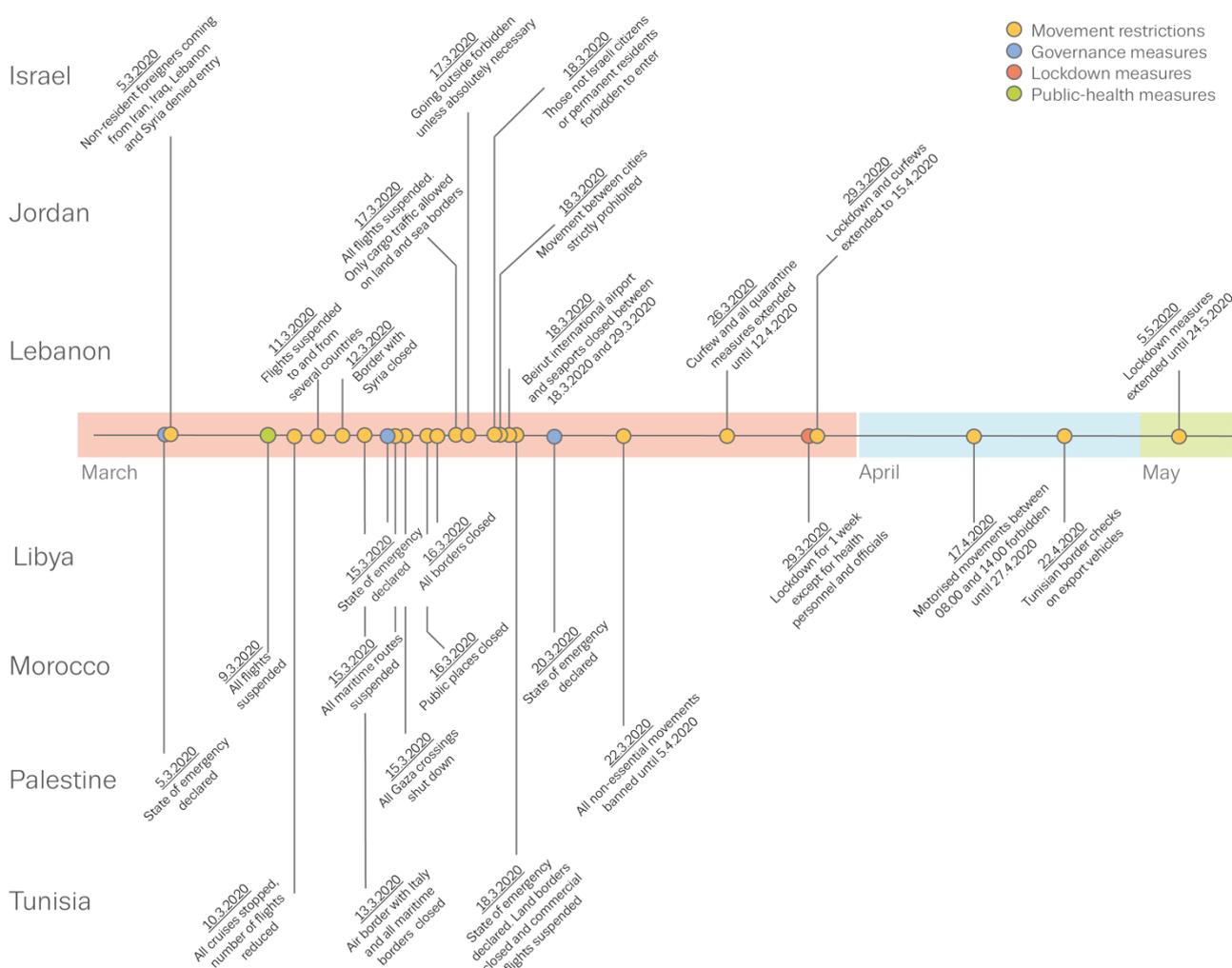
What lessons have been learned to help countries better prepare for future health emergencies?

- The south ENP region, which comprises diverse countries in North Africa and the Middle East, remains an important nexus for drug smuggling to and from the European Union, as well as a well-known hub for the production of cannabis and amphetamine. Despite this, the capacity to monitor trends and developments in drug use and drug production or trafficking in the region remain very limited. This means that the availability of data that permit comment on important new developments is also limited.
- To compensate for this, this study attempted to rapidly obtain data on an emerging phenomenon by collecting service-level information and expert views. In the absence of well-structured national data collection systems, this task has obviously been challenging and any generalisations from the findings reported here should be made with caution. Further investment in national drug monitoring systems, fed by a multitude of sources — including people who use drugs, health service providers and law enforcement agencies, and information from the surveillance of various data sources that are likely to be sensitive to any changes (e.g. the intranet, the darknet, social media) — could assist authorities in the early detection of changes in drug markets.
- Competencies of the workforce, whether in the law enforcement field or in the healthcare sector, remain key to successfully overcoming the challenges posed by health emergencies. Further investment to increase the skills and knowledge of drug law enforcement officers, for instance on preventive and safety measures while investigating drug-related cases and countering drug markets on the darknet, crisis management and basic infection prevention measures during health emergencies like the COVID-19 pandemic, is therefore an important consideration.
- For healthcare practitioners, the COVID-19 pandemic highlights the potential value of introducing telemedicine, to allow continuity of care and services to be delivered remotely. This is likely to become even more important in the future, especially in areas and regions where services are not equally distributed. Developing telemedicine approaches that are appropriate to the needs and circumstances of the countries covered by this project is therefore clearly needed.
- Continuity of cooperation over time among stakeholders in both the security and health fields from partner countries, as well as national and regional networking, is extremely important for maintaining an overview of the drug situation, given that significant changes may occur rapidly and given the absence of robust data collection and reporting capacities. This will help both the European Union and partner countries to identify important new developments and develop appropriate strategies to address new challenges.

Introduction

In response to the outbreak of the COVID-19 pandemic, governments in south ENP countries and territories have, since mid-March 2020, implemented a range of confinement measures aimed at reducing the spread of coronavirus among their general populations. Among the most common measures have been border closures, halting air and maritime passenger travel and reinforcing border security surveillance (Figure 1). Despite these measures, the information available suggests that the movement of licit goods has not been seriously affected (Herbert and Gallien, 2020).

FIGURE 1
Introduction of COVID-19-related national confinement measures in the south ENP region in early 2020



Source: ACAPS (<https://www.acaps.org/>; accessed on 26 June 2020).

Concerns and questions about how national COVID-19 response measures would affect drug markets and people who use drugs, and how drug services would be able to meet the needs of their clients arose in the first weeks of the pandemic. Following this, anecdotal information began to emerge about changes and adaptations in drug use patterns and behaviours.

To gain insights into the impact of COVID-19 on drug supply and drug markets, drug use, drug-related harms and drug services in the ENP countries, the EMCDDA initiated an investigative rapid assessment using the agency's trendspotter methodology (EMCDDA, 2018a). This study was initiated in April 2020 and had two parts. One part focused on the east ENP countries ⁽³⁾ and the other on the south ENP countries ⁽⁴⁾ participating in the EU4Monitoring Drugs project (EU4MD).

This report will focus on the trends observed in drug markets and the drug-related responses in the south ENP area in the early stages of the COVID-19 pandemic. First, it is important to highlight that the south ENP area comprises countries in both the Middle East and North Africa. Due in part to their geographical position, both regions have witnessed dynamic changes in drug markets over the past decade and have emerged as important trafficking hubs for drugs intended for the European Union, as well as neighbouring countries in the region. Despite this, robust routine data from official sources on the drug situation in the region remain underdeveloped overall, making the assessment of the drug situation and the identification of important trends and developments challenging.

The south ENP area remains a well-established international hub for cannabis cultivation (because of cultivation in Lebanon and Morocco), with distribution to destination markets located in the European Union (EMCDDA and Europol, 2020). The Middle East is also known for the manufacturing of counterfeit captagon ⁽⁵⁾ tablets, the production of which has been reported in Lebanon, Algeria and Egypt. Lebanon is also reported to have long-standing experience in cultivating opium poppy; however, the information available suggests that this cultivation has remained small scale and that the product is primarily intended for local or national markets (Herbert and Gallien, 2020).

In respect to drug trafficking, the 'southern route' used for heroin trafficking, mainly originating in Afghanistan, has posed a long-standing challenge for some of the Middle East partner countries. In addition, over the past decade, North Africa has emerged as an important nexus for smuggling cocaine towards Europe and increasingly as a destination market for various psychotropic drugs produced in European countries (Herbert and Gallien, 2020). Reflecting this, relatively large quantities of amphetamine, cannabis, cocaine and heroin are seized regularly by countries in the Middle East and North Africa (UNODC, 2020a).

The south ENP area also represents a relatively large and important market for people who use drugs. In this context, it should be noted that the region has a relatively large population of young people affected by social frustration, political instability and economic challenges. Despite the potential for significant local drug problems to exist in the region, historically most south ENP countries' policy responses have been focused on measures related to security and supply reduction. Significant investment in public health interventions, including evidence-based prevention, has begun to emerge only more recently and, overall, services for those with drug problems remain largely at the early stages of development (Herbert and Gallien, 2020).

In respect to survey evidence, apart from general population surveys in Egypt (Hamdi et al., 2016) and Israel (EMCDDA, 2016), most of the available data about drug use in the region comes from studies among school-aged populations (Benedetti et al., 2019). Available data suggest that cannabis is the most commonly consumed illicit drug among the general population across the region, albeit to a much lesser extent than in the EU countries; however, differential response biases cannot be ruled out and require future investigation. Data from surveys in schools indicate that 1.8 % to 8.2 % of 15-year-old school students have used cannabis in the last 12 months (Benedetti et al., 2019). In Egypt, 2.5 % of male and 1.4 % of female students aged 15-17 reported having misused tramadol in the last 12 months (UNODC, 2020a). The misuse of medicines (such as tramadol, other prescription opioids and benzodiazepines) has been widely acknowledged and it has been suggested that this is a growing problem. Data availability issues mean that it is difficult to quantify

⁽³⁾ Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine.

⁽⁴⁾ Algeria, Israel, Jordan, Lebanon, Libya, Morocco, Palestine and Tunisia.

⁽⁵⁾ 'Captagon' was originally the official trade name of a pharmaceutical preparation containing fenethylamine, a synthetic stimulant. The captagon encountered in seizures across the region is a counterfeit drug compressed into tablets that are similar only in appearance to this original drug, and they contain mostly amphetamine as the active ingredient (EMCDDA, 2018b).

this, but the limited information available suggests that the extent of use varies considerably across the south ENP countries.

Misuse of pharmaceutical opioids should be considered in the context of heroin consumption, which is not usually reported as a significant problem in the region. However, this may now be changing to some extent, with some signals suggesting that heroin use may have grown in a few countries in recent years (Herbert and Gallien, 2020). The United Nations Office on Drugs and Crime (UNODC) estimated that in 2018 57.8 million people used opioids globally for non-therapeutic purposes. Its estimate for last year use in North Africa was 3.6 % of the population and its estimate for the Near and Middle East was 2.6 % (UNODC, 2020a); both of these estimates are higher than the global average of 1.2 %.

It has also been suggested that cocaine availability is growing in some North African countries, and this is reflected by a reduction in street prices, possibly making this drug more attractive than previously to consumers in less affluent countries (Herbert and Gallien, 2020). There are also some limited data to suggest that the use of new psychoactive substances, predominantly synthetic cannabinoids, is an emerging problem in the Middle East and in North African countries. Stimulants, usually but not always amphetamine sold under the name 'captagon', have also been a long-standing problem in some countries in this area (EMCDDA, 2018b).

The availability of drug treatment and harm reduction programmes across south ENP countries is overall quite limited and varies considerably between countries. Such programmes are available in some areas in a few countries; however, specialised drug treatment provision remains limited overall. The coverage of the interventions that do exist is largely unknown, as is any detailed understanding of the services typically offered. Harm reduction measures, such as needle and syringe programmes, where they exist, are mostly funded by external donor partners or are delivered under the framework of national HIV programmes. In this context, these programmes and interventions have been designed to target people who inject drugs, while services and programmes for people who use other psychoactive substances are often unavailable. There is some limited comparable information on what treatment options have been put in place across the countries of the south ENP region. OST is available in Israel, Lebanon, Morocco and Palestine, while the available treatment on offer in other countries in this region appears to be based primarily on abstinence-based models of care.

The trendspotter methodology

The trendspotter methodology is based on the triangulation of a range of rapid investigative approaches and data collection from multiple qualitative and quantitative sources with a systematic analysis incorporating expert opinion (EMCDDA, 2018a). Specifically, for studies on the impact of COVID-19 in Europe and the ENP area, the methodology was adapted to suit online investigation, considering the national emergency restrictions on both the EMCDDA team and the study participants; however, the three main phases of the study methodology were retained (Figure 2).

For this online briefing, the results of the data collection exercises described below have been brought together in the analysis.

- A search of peer-reviewed articles ⁽⁶⁾ published on the topic of coronavirus and illicit drugs in international journals and open source monitoring for relevant reports on the internet were carried out.
- Two online surveys, on drug-related health and security, were conducted: the health survey was sent to the EU4MD national contact points and a network of health experts ($n = 19$); the survey on

⁽⁶⁾ No articles on the topic of COVID-19/coronavirus and illicit drugs and south ENP partner countries were available in peer-reviewed publications at the time of the search on 7 May 2020. However, the report references relevant publications that became available after this date.

drug-related security was disseminated through the EU4MD national contact points. In total, four responses to the health survey and three to the security survey were received from the south ENP partner countries (the surveys were in English, and responses in English and French were accepted). Information pertinent to the topic of the study related to Egypt was obtained from open sources.

- The European Web Survey on Drugs: COVID-19 (EWSD-COVID) was used. Available in 21 languages, including French, and targeting adults aged 18 years and over with experience of illicit drug use, this survey was aimed at gathering information on changes in drug consumption behaviours in ENP partner countries due to COVID-19. The survey was disseminated through the EU4MD contact points and on social media. However, only two respondents identified themselves as residents of the south ENP region and therefore these data were not included in the analysis.
- A virtually facilitated group discussion was held with six security and seven health experts, drug professionals, service providers and representatives of non-governmental organisations (NGOs) from the south ENP countries.

For any literature-based results presented, references are cited; other findings are based on the sources described above.

FIGURE 2
Online trendspotter methodology



Presentation and interpretation of the results

The data collected in this study were analysed using three broad, but closely related, topics: the impact of the COVID-19 pandemic on drug markets and drug supply, the impact on drug use and drug-related harms, and the impact on drug-related health services. Results, as presented below, are guided by research questions and are structured loosely by themes emerging from the analysis. Several important issues need to be taken into account when considering these results.

First, any generalisations from the findings should be made only with caution. Overall, the south ENP countries have no national drug monitoring systems in place to rapidly assess drug use patterns at national levels, let alone trends over time. The data reflected in the report were derived from national experts and are largely based on their individual expert opinions.

Nevertheless, despite the abovementioned limitations of the study, many of the findings are corroborated by findings in other recent studies focusing on similar topics, which have been referred to throughout the report. The findings provide informative insights into drug markets, drug use and drug-related harms, as well as drug services, in the era of COVID-19, and hence could be useful for policymakers and programme managers.

What were the main changes in drug markets and drug supply after the emergence of COVID-19?

Production — no impact on drug production in the region has been identified

As noted earlier, cannabis resin, herbal cannabis and amphetamine (so-called captagon) are illicit drugs produced in the south ENP region, with domestic or regional markets being the main targets for distribution, in addition to countries in the European Union and neighbouring countries in North Africa and the Middle East.

Information available at the time of the study did not provide any indications that the COVID-19 pandemic or related containment measures had influenced illicit drug production in the south ENP region. However, this conclusion should be viewed with caution given reports indicating a reduction in trade with South-East Asia in general (UNODC, 2020a). It is known that the production of 'captagon' requires precursors that are frequently procured from the Asian market, and therefore it is reasonable to believe that the production of illicit synthetic substances would have been affected. In the European Union, however, it seems that trade restrictions did not impact on the production of synthetic drugs, at least in the early stages of the pandemic. This could possibly be explained by the presence of stockpiles of drug precursors in key producing countries (EMCDDA and Europol, 2020).

Trafficking — emergence of new routes and reduction in volumes

Heightened security measures implemented by all governments in the south ENP region have required the organised crime groups involved in drug trafficking to review and change their *modi operandi*. Overall, commercial flights were halted across the region, thus abruptly stopping one common drug trafficking method (UNODC, 2020b). Other available information indicates that the trade of licit goods by other methods did not stop, at least not in North Africa (Herbert and Gallien, 2020). In general, it appears that the cross-border and wholesale drug trade has not been significantly affected, although some disruptions were reported in the early stages of the pandemic, for example on the Morocco-Libya border. Important caveats here are that the information on which to base this judgement is relatively limited and some changes have been identified. First, for countries with sea border access points (harbours), a possible shift towards the use of maritime routes was reported, due to the stricter monitoring of land border crossing points. This is supported by the observation that the legitimate flow of containers through ports of entry did not appear to decrease significantly during the confinement period. This development also has to be viewed within the more general context of the growing importance of maritime trafficking routes in the past decade, at least in North Africa (Herbert and Gallien, 2020). Second, several experts noted the emergence of new land routes that bypass the usual control points.

The experts whose opinions were collected for this study noted that organised crime groups appear to have reduced the volume of drugs being transported in vehicles as a risk reduction measure in response to greater surveillance related to COVID-19-containment measures.

This general picture was supported by other sources of note, as described below.

- Open sources continued to report that large drug seizures were being made in the south ENP region throughout the study period. For example, Moroccan law enforcement agencies seized 15 tonnes of cannabis resin between early March and 15 May 2020, while the Lebanese authorities seized 25

tonnes of cannabis resin in mid-March 2020 (Naharnet, 2020). The latter seizure was initially destined for Libya, with the possible final destination of Europe.

- Information received from Israel suggests an increase in the use of land routes, largely to compensate for the halting of all commercial flights.
- Jordanian law enforcement agencies noted the emergence of new unofficial and uncontrolled land border crossing points.

Distribution — networks have mostly been unaffected

Similar to earlier reports (UNODC, 2020b), the study did not find evidence of significant disruptions at the retail level in the south ENP region during the initial months of the pandemic. Nevertheless, some adaptations took place.

Unlike in the east ENP region and the European Union, where the COVID-19 pandemic has boosted the expansion of contactless distribution networks, the law enforcement experts from the south ENP partner countries reported that street-level drug dealing has continued through face-to-face contacts. The movement restrictions and high risk of arrests, however, may have meant that some drug dealers were required to change the area they serve. For example, there had been reports that drug dealing and distribution had continued but in closer proximity to the residential neighbourhoods where the drug suppliers lived.

There were also some suggestions of an increase in the use of mobile applications for ordering drugs and also in darknet activity in Israel, Jordan and Palestine. For example, the Jordanian law enforcement expert reported three cases that involved the sale of drugs on the darknet. As this information is largely based on anecdotal reports and expert opinion, it needs to be interpreted with caution. However, it also represents an important area for future study, as any establishment of new methods for drug distribution during the pandemic period have the potential to persist into the future.

Availability — a diverse picture indicates an initial overall decline

As reported elsewhere, COVID-19-related confinement measures initially had a negative effect on the availability of all illicit drugs, caused by temporary disruptions to global drug supply chains, resulting from border closures, and to street-level supply, resulting from restricted movements and the increased presence of law enforcement officers (EMCDDA and Europol, 2020; UNODC, 2020b).

The expert reports and available seizure data indicate a variable situation, however, in respect to the availability of different illicit drugs (Figure 3).

- Experts from Tunisia reported that the availability of all drugs strongly decreased during the confinement period.
- Although Jordanian experts reported no change in terms of the availability of illicit drugs, the volumes of 'captagon' tablets, herbal cannabis and synthetic cannabinoids seized in March-May 2020 were lower than in the same period of 2019. At the same time, the quantity of methamphetamine seized in 2020 was almost three times higher than that reported for the same period in 2019.
- Palestinian law enforcement experts reported no change in the availability of substances. However, it was also reported that higher amounts of synthetic cannabinoids and cannabis resin and lower amounts of heroin, cocaine and MDMA were seized than in the same period in 2019.
- In Israel, the availability of cocaine, MDMA and methamphetamine decreased slightly according to expert opinion. At the same time, the experts indicated a possible increase in the availability of crack cocaine, heroin, amphetamine and new psychoactive substances.

Reports from Tunisia and Israel indicate that the decrease in the availability of illicit drugs may have been accompanied by an increase in prices at the wholesale and retail levels.

The law enforcement experts from Jordan and Tunisia reported that drug-related violence and criminality may have decreased. This could be explained by the increased presence of security forces on the streets aimed at enforcing the measures adopted by the authorities to limit the spread of coronavirus.

FIGURE 3

Changes in availability and drug prices in selected countries during the initial months of the COVID-19 pandemic

	Prices at wholesale level				Availability				Prices at retail/street level			
	Israel	Jordan	Palestine	Tunisia	Israel	Jordan	Palestine	Tunisia	Israel	Jordan	Palestine	Tunisia
Cannabis herb	No change	No change	No change	↑↑	No change	No change	No change	↓↓	No change	No change	No change	↑↑
Cannabis resin	No change	No change	No change	↑↑	No change	No change	No change	↓↓	No change	No change	No change	↑↑
Cocaine powder	↑	No change	No change	↑↑	↓	No change	No change	↓↓	↑	No change	No change	↑↑
Crack cocaine	No change	Not known	No change	↑↑	↑↑	Not known	No change	↓↓	No change	Not known	No change	↑↑
Heroin	No change	No change	No change	↑↑	↑↑	No change	No change	↓↓	No change	No change	No change	↑↑
MDMA	↑	Not known	No change	↑↑	↓	Not known	No change	↓↓	↑	Not known	No change	↑↑
Amphetamine	No change	No change	No change	Not known	↑↑	No change	No change	↓↓	No change	No change	No change	↑↑
Methamphetamine	↑	Not known	No change	Not known	↓	Not known	No change	↓↓	No change	Not known	No change	↑↑
New psychoactive substances	↑	Not known	No change	Not known	↑↑	Not known	No change	↓↓	No change	Not known	No change	↑↑

↑↑ Marked increase, > 20 % ↑ Slight increase, < 20 % ↓↓ Marked decrease, > 20 % ↓ Slight decrease, < 20 %

Source: A survey of national law enforcement experts: Israel (responses submitted 15 July 2020, updated 8 October 2020), Jordan (responses submitted 3 May 2020), Palestine (responses submitted 21 April 2020) and Tunisia (responses submitted 8 May 2020).

How has COVID-19 affected drug use?

Alterations or disruptions to drug markets and drug supply may also change the drug use patterns and practices among people who use drugs. In Europe, the combination of COVID-19 control measures, such as restrictions on movement, the closure of entertainment venues and bans on public gatherings, and the decline in access to sellers appears to have contributed to a reduction in some forms of illicit drug consumption during the early period of the COVID-19 pandemic (EMCDDA, 2020a).

Expert opinions from the south ENP area highlight that COVID-19 control measures may have limited the availability of some well-established illicit psychoactive substances in the initial phases of the pandemic. On the other hand, they also indicate that confinement measures may have aggravated the existing, challenging socioeconomic situation in the region, posing as an additional stressor for people in general and those who use drugs in particular. Altogether, these circumstances may have also contributed to a rise in the use of licit substances, such as alcohol and tobacco, possibly to replace illicit substance use or to combat withdrawal symptoms. Confirming this assumption, however, requires further monitoring and collecting of evidence. Some evidence does exist to possibly support this suggestion. Tunisia, for example, reported an incidence involving nine cases of fatal poisoning with methanol-adulterated alcohol concomitant with the Eid al-Fitr festival. This incident affected 60 people in total, more than half of whom were hospitalised. However, the extent to which this poisoning outbreak was associated with behavioural changes linked to the COVID-19 pandemic is unknown.

Nonetheless, the observations on the impact of COVID-19 on drug use patterns, primarily of people who use drugs and who were in contact with drug services, indicate a shift among the most precarious drug users in terms of what drugs they were able to find and buy on the market. The study suggests that, in the absence or reduced availability of a main drug of choice, people who use drugs may have opted for or replaced their

usual consumption patterns with home-made psychoactive substances, the increased consumption of alcohol or the misuse of over-the-counter pharmaceuticals.

Examples of this include the following:

- in Israel, signals indicate that homeless people who inject drugs have switched from heroin to new psychoactive substances or substances whose composition is unknown;
- in Jordan, a shift from polydrug use towards primarily cannabis and alcohol use was reported among clients entering treatment during April;
- in Palestine and Tunisia, the appearance of home-made (referred to as 'artisanal') injected substances (of unknown content) has been reported;
- in Tunisia, observations indicate that users may have switched to drug injecting from other forms of drug consumption; for example, incidents of MDMA injecting and the injecting of heroin in the absence of the illicit buprenorphine have been reported.

What has been the impact of COVID-19 on the occurrence of drug-related harms and what are the other health and social consequences?

The information on the impact of COVID-19 on drug-related harms and other social and health consequences that was available from the surveys and facilitated group discussions was limited. However, some experts reported the appearance of new drug use practices and, importantly, increased levels of injecting drug use, a behaviour particularly associated with health risks and harms.

For example:

- in Tunisia, incidents of skin infections, including abscesses and cellulitis, among people who inject drugs have emerged, most likely resulting among those who had shifted from other modes of use to injecting, from injecting substances that are not usually injectable (e.g. MDMA Tunisia) or from experimenting with unknown, frequently 'artisanal' substances;
- concerns about a possible increase in drug-related overdoses were expressed by Lebanese and Palestinian health experts, who suggested that this may have been due to errors in the dosing of illicit substances, particularly among those who may have returned to illicit drug use in the absence of treatment; however, because of a lack of official data on the prevalence of drug-related overdoses before and during the COVID-19 pandemic, it was not possible to substantiate these assumptions quantitatively.

The confinement measures aimed at preventing the spread of coronavirus, combined with the long-standing economic and political challenges in the region, may have further affected the social and economic security of some of the countries covered by this study. The regional experts unanimously expressed the opinion that COVID-19 has had a negative impact on the mental health of people who use drugs in the region, which was supported by an increase in reports of co-concurrent mental health conditions in Tunisia and Lebanon. Moreover, some experts signalled that there may have also been an increase in domestic violence, linked to restrictions on movement and an increase in mental health stressors during the lockdown period.

What has been the main impact of COVID-19 on the delivery of drug-related health services and how have these services adapted to the emergency?

The coronavirus pandemic is reported to have affected both the availability of and demand for drug-related services. From one side, the introduction of restrictions, in terms of the movement of people, physical distancing measures, the unavailability of public transport and policies to limit non-emergency care, has resulted in a decrease in the availability of and access to services. At the same time, some adaptations of service delivery models have been introduced to help ensure continuity of care and the uninterrupted delivery of services during the pandemic.

Reduced availability of office-based health services but strong commitment to continuing service delivery

Among the most common restrictions on drug-related health services mentioned was the temporary discontinuation of residential and inpatient treatment services or accepting new clients to existing treatment programmes, including into OST, as illustrated by the examples below.

- Israel reported the discontinuation of residential drug treatment services, a reduction in the number of inpatients in detoxification centres and the cessation of accepting new inpatients to a facility that had been transformed into a department for treating COVID-19 in the early stages of the pandemic. In a similar manner, therapeutic communities were reported to have stopped accepting new clients at (or from) the beginning of the coronavirus epidemic ⁽⁷⁾.
- In Jordan, the National Centre for Addiction Treatment and Rehabilitation was closed for a period of time; outpatient services reopened on 1 April, while inpatient services reopened on 26 April.
- Lebanese experts reported a reduction in services delivered both in hospital-based residential settings and by outreach services (including needle and syringe programmes), and that some centres that normally provide drug treatment stopped accepting new clients at the onset of the coronavirus epidemic.
- In Palestine, the National Treatment Centre of the Ministry of Health was closed for the treatment of clients with substance use issues from 2 April.
- The Centre of Rehabilitation and Social Reintegration of Drug Users located in the Greater Tunisia area was closed for 2 months, and reopened in early June 2020.

The treatment experts consulted noted that measures implemented to limit COVID-19 transmission may have negatively affected treatment uptake.

- In first half 2020, the National Centre for Addiction Treatment and Rehabilitation of Jordan had admitted 45 % fewer clients than in the same period in 2019. Although confinement measures were noted as a potential reason, lack of motivation and concerns over the overall situation in the country, anxiety about the possibility of becoming infected with COVID-19 in treatment facilities and the lack of information on the continuity of addiction treatment services were noted as contributing factors.
- In Palestine, only two new clients were admitted to the Substance Use Disorder Treatment Centre, and Treatment with Methadone as Alternative Therapy, of the Palestinian Ministry of Health, from March to May 2020 (in comparison with 14 in 2019). This reduction was attributed to a lack of public transport.

To mitigate the consequences of limited access and availability, some health service providers were also quick to innovate and adapt to the new context, mainly through introducing the remote or tailored delivery of

⁽⁷⁾ In the review phase of preparing the report (October 2020), an expert from Israel reported that, as a result of increased demand for detoxification services, 20 additional beds were opened to cater for the needs of vulnerable populations (e.g. sex workers).

services, to ensure uninterrupted treatment and care for people who use drugs, as illustrated by the examples below.

- In Egypt, general mental health services disseminated a video message about the help and services available for people who may need information and support to address drug-related health issues (CoE and Pampidou Group, 2020).
- In Israel, because of concerns over the advanced age of narcologists (specialists in treating drug problems) and related COVID-19 risks, nine physicians were accredited and certified to dispense methadone and buprenorphine/naloxone combination. In addition, staff shifts were reviewed with the aim of preventing COVID-19 among staff. Adaptations were also made to low-threshold services — street-based outreach teams continued delivering the usual services but complemented them with the provision of food, disinfectants, gloves and other medical supplies as required.
- In Lebanon, online sessions were provided in lieu of face-to-face consultations, in addition to flyers and printed media aimed at providing tips on how to handle mental health disorders during the pandemic.
- In Morocco, the Addictology Association issued ad hoc guidelines for addiction service providers, and a special service hotline for drug users was set up.
- In Palestine, follow-up with clients was done on the phone, on as often as a daily basis in some cases.
- In Tunisia, following the closure of low-threshold harm reduction services, NGOs increased the distribution of safe injection kits relying on street-based outreach, and home deliveries were organised for people living with HIV who were on antiretroviral treatment.

Opioid substitution treatment — challenges related to continuing services and related adaptations

OST involves clients receiving medicines such as methadone or buprenorphine under the supervision of medical staff. In normal conditions, in the countries considered here, only a small proportion of clients are allowed to administer their medications unsupervised, as ‘take-home’ doses distributed by a health facility or based on prescriptions. Self-administration of OST medications are normally available only for stabilised clients or in exceptional situations, and doses are provided to cover only a limited period. More typically, daily visits to a health facility are required and monitoring adherence to OST rules is expected. Movement restrictions, one of the key COVID-19 confinement measures introduced globally, prompted new international guidance to be issued (UNODC, 2020c), urging countries to expand the groups of people eligible to receive take-home OST medications and increase the availability of take-home medicines to cover up to 2 weeks, to ensure the uninterrupted delivery of treatment services.

Many European countries and the majority of the east ENP partners have reported putting this guidance into practice (EMCDDA, 2020b,c), and for some countries this was the first time that these operational possibilities had been introduced. Israel, Lebanon, Morocco and Palestine all provide OST but their experiences with regard to the continuation of the service and the introduction of changes following the onset of the COVID-19 pandemic were quite variable. This may reflect both the capacities of national health systems as well as the specific nature of the confinement measures introduced in these countries. For instance, the National Treatment Centre of the Ministry of Health of Palestine, located in Bethlehem, cancelled daily OST administration following the introduction of curfew measures. Other experts indicated that, although the overall number of clients benefiting from OST may not have changed significantly since the onset of the COVID-19 pandemic, the number of new OST entries had decreased and the number of clients dropping out of treatment (potential relapses) had increased, in particular in Lebanon and Palestine. Challenges such as shortages of medicines, and reaching out to and enrolling new clients were among the reasons mentioned to explain these changes.

Some examples of the approaches taken are described below.

- Israel and Morocco rapidly implemented legal amendments to allow for the dispensing of take-home methadone for OST clients for up to 2 weeks. Lebanon also allowed the buprenorphine used by the country’s OST programme to be dispensed in quantities that would cover treatment for 2 weeks. Moreover, Israel introduced 1-month extended-release buprenorphine injections (Rosca et al., 2020) and take-home dosages of buprenorphine/naloxone combination.

- In Israel and Lebanon, urine testing to check for possible continued lateral drug use among OST clients was altered to be conducted on an ad hoc basis.
- Some concerns about OST clients selling methadone, allegedly obtained from OST programmes, were raised in Palestine, and this was thought to be connected to the limited availability of buprenorphine-based substitution medicine.

What lessons have been learned to help countries better prepare for future health emergencies?

As reported by this study, as well as by the Europe-wide COVID-19 trendspotter study (EMCDDA, 2020a), COVID-19 control measures have affected, in different ways, drug supply and markets, drug use and drug-related harms, as well as the availability of, access to and uptake of drug-related health services. While countries have learned much during the unprecedented international public health emergency posed by SARS-CoV-2, many questions remain unanswered and some general themes on how to better prepare for similar health emergencies in the future have emerged from the discussions.

First and foremost, the south ENP region, which comprises diverse countries in North Africa and the Middle East, remains an important nexus for drug smuggling to and from the European Union, as well as a well-known hub for the production of cannabis and amphetamine-containing substances. Despite this, existing drug monitoring systems remain limited and poorly developed in this region. This means that the capacity to monitor drug use patterns over time and particularly to detect important changes early is very weak.

To compensate for this, this study attempted to rapidly obtain data on an emerging phenomenon by collecting service-level information and seeking expert views. In the absence of well-structured national data collection system, this task has been challenging and any generalisations from the findings should be made only with caution. Further investment in national drug monitoring systems, fed by a multitude of sources and comprising information from people who use drugs, health service providers, and law enforcement and intelligence agencies, and acquired from the surveillance of various data sources (e.g. the intranet, the darknet, social media), could assist authorities in the early detection of changes in drug markets. In particular, it was repeatedly noted that substances whose chemical composition was not known were being consumed. Given the growing importance of new psychoactive substances, the diversion of medicines and synthetic substances generally, this makes an important argument for increased investment in forensic and toxicological monitoring to quantitatively confirm which substances are being sold and consumed and which result in poisonings or deaths.

The COVID-19 pandemic has created challenges for both law enforcement agencies and organised crime groups involved in the illicit drug trade. For law enforcement agencies, it has been a challenging period, as resources have diminished as a result of the need to help enforce the measures implemented to reduce COVID-19 transmission. Organised crime groups have also had to adapt their methods to new conditions, namely conditions in which more security checks are imposed by authorities, some precursors needed for the production of synthetic drugs are less likely to be readily available and established methods of street-drug distribution have been disrupted by the introduction of social distancing and isolation measures.

It appears likely that in the future law enforcement agencies may need to focus more on how to detect and intervene in new methods or routes of drug trafficking. This study further supports the view that maritime routes are becoming more important. Moreover, it highlights concerns that new methods of drug distribution using new technologies (such as the use of mobile applications, and online and darknet markets) may be becoming more important. The impact of COVID-19 could be that it has acted to some extent as a catalyst for increasing the pace of change in these areas.

More positively, this explorative study also found examples of how ministries of health and relevant health and social welfare agencies, along with a network of NGOs, across the region have responded to the challenges posed by COVID-19 by adapting their services. This included introducing measures to protect the health of both those working with people who use drugs and introducing measures to ensure continuity of care and the prevention of COVID-19 infection among drug service clients. A global survey on substance

use treatment and harm reduction services conducted in the first months of the COVID-19 pandemic, which also received inputs from providers in five of the countries discussed in this report, also highlighted that services targeting people with substance use problems appear to have been particularly affected by the pandemic. Only a few services in these countries appear to have implemented business continuity plans (Radfar et al., 2020). The COVID-19 pandemic has highlighted the fact that introducing telemedicine and continuing to deliver services remotely are likely to become more important in the future, especially in areas and regions where services are not equally distributed.

Ongoing containment measures and the economic slowdown resulting from the COVID-19 pandemic may continue to affect the drug market. It is possible, for example, that some marginalised segments of the population may increasingly turn to production, trafficking or the sale of illicit drugs as a means to an end. While others, especially those with existing mental health conditions, may become even more vulnerable to developing a drug problem.

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Resources on COVID-19

EMCDDA

Topics page on COVID-19 and drugs: <http://www.emcdda.europa.eu/topics/covid-19>

Europe

European Centre for Disease Prevention and Control: <https://www.ecdc.europa.eu/en/novel-coronavirus-china>

European Commission action and response team: https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response_en

European Science Media Hub (European Parliament): <https://sciencemediahub.eu/>

WHO Europe: <http://www.euro.who.int/en/home>

World

Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

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