

# Challenges Faced and Coping Strategies Adopted by Injecting Drug Users during COVID-19 Lockdown—A Qualitative Study

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## Abstract

**Background:** The lockdown due to COVID-19 pandemic has adversely affected the lives of vulnerable population, including the injecting drug users (IDUs). The objective of the study was to document the coping mechanism adopted by IDUs and suggest measures to mitigate the adverse effects, if similar situation were to arise in future. **Materials and Methods:** A qualitative study was conducted at the Targeted Intervention Non-Government Organizations catering to IDUs in Delhi and Ghaziabad district of Uttar Pradesh. Four focus group discussions among 41 IDUs and 7 key informant interviews of the NGO staff were conducted in the study. The Hindi recordings were coded and the data analysis was performed manually using grounded theory approach. **Results:** We found that the lockdown affected the lives of most of the IDUs and they found it difficult to access the harm reduction services. To cope with this, many IDUs started following alternate methods to support the drug habits. There was an increase in reuse of needles and syringes. **Conclusion:** The lockdown during COVID-19 and the resulting challenges negatively impacted the physical and mental health of the IDUs. We recommend that in any similar future scenario, travel pass may be issued to the IDUs and the TI-NGO personnel.

**Keywords:** Coping strategy, COVID-19, India, injecting drug users, pandemic

## INTRODUCTION

Injecting drug users (IDUs) are men and women who use addictive substances or drugs for recreational or non-medical reasons through injections.<sup>[1]</sup> There were an estimated 15.6 million IDUs globally, out of which 17.8% lived with HIV infection in 2020.<sup>[2]</sup> Just under half (46%) of the total IDUs live in Asia.<sup>[3]</sup> India had more than 1.1 million IDUs, of which 6.2% were living with HIV in 2017.<sup>[4]</sup>

Some of the Non-Government Organizations (NGOs) were selected by the National AIDS Control Organization, Government of India, as Targeted Intervention-NGO (TI-NGO) sites. Those TI-NGOs that worked with IDUs provided harm reduction services primarily through counselling, provision of opioid substitution therapy (OST), and needle syringe exchange Programme (NSP).<sup>[5]</sup> A typical TI-NGO facility had a Program Manager, Counsellor, Laboratory technician, Peer Educators (PE), and Out Reach Workers (ORWs). IDUs registered with TI-NGO received OST. Provision of OST was the key strategy to reduce the HIV transmission

among IDUs.<sup>[6]</sup> The most commonly prescribed OST was methadone or buprenorphine. OST drugs were provided as “Directly observed treatment,” i.e., the client had to consume the drug in front of the provider.<sup>[7]</sup>

In India, during the first wave of COVID-19 pandemic, a nation-wide lockdown was imposed on March 24, 2020 which was further extended till May 31 2020.<sup>[8-10]</sup> During the initial phase, there was complete prohibition on movement, except for individuals involved in essential services. Work of TI-NGO was not considered as “essential service.” Area with COVID-19 cases was physically cordoned off and designated as “containment zone.” The perimeter of the containment zone was guarded by police force. Persons living within containment

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zone were not allowed to move out of the area. Due to limited mobility during the lockdown period, IDUs faced difficulty in accessing harm reduction services including OST. The harm reduction services provided at OST center were part of the essential services that were continued during the lockdown period.

Literature review suggests that “Big events” like disasters and pandemics result in major disruptions which includes job loss, financial and mental stress for IDUs, and decrease in harm reduction services.<sup>[11]</sup> Due to restrictions on physical movement, the supply chain and logistics of drug trafficking were disrupted in Canada and Europe which resulted in altered drug and alcohol use pattern.<sup>[12]</sup> In Vietnam, the travel ban resulted in increase of adulterated and toxic substitutes at cheaper price in the streets by the IDUs and price hike of the illegally obtained street drugs.<sup>[13]</sup> Studies from Scotland brought out unsupervised consumption of the drugs, including pressures to divert medication by the IDUs<sup>[14]</sup> as well as impacted harm reduction services during the first wave of COVID-19.<sup>[15]</sup> In the North-West of England, COVID-19 restrictions resulted in large reductions in NSP usage and the number of needles distributed.<sup>[16]</sup> In the US, loss of daily routine, income, and social support during lockdown worsened mental health problems, and these factors resulted in increased drug use.<sup>[17]</sup>

We do not know the challenges faced and the coping strategies adopted by IDUs in India. Although it has been two years since the lockdown in India, this study report is still of value as large-scale disruption of harm reduction services occurred during the COVID-19 pandemic. Similar situation may arise in future as well. Hence, lessons learnt during the pandemic would help us to be future ready. We, therefore, undertook this study to document the coping mechanism adopted by IDUs and suggest measures to mitigate the adverse effects, if similar situation were to arise in future.

## METHODS

### Study site and sampling procedure

We conducted a qualitative study between March and May 2021. It was conducted much later after the lockdown was withdrawn. Planning the study and obtaining approval from relevant authorities also took some time, hence the delay. The study sites were TI-NGO facilities located in Delhi, and neighboring district of Ghaziabad in Uttar Pradesh. There were a total of 13 TI-NGO facilities for IDUs in Delhi and one in Ghaziabad. We included three TI-NGOs from Delhi and one from Ghaziabad. The Nodal Officer of the HIV Sentinel Surveillance (HSS) selected the sites, based on feasibility. We conducted Focus Group Discussions (FGDs) among IDUs, and Key Informant Interviews (KIIs) with relevant stakeholders.

### Sampling method for the FGD

One FGD each was conducted at the four selected study sites. There were 13 participants at study site 1, nine at study site

2, 11 at study site 3, and eight at study site 4. The sampling methodology was purposive and convenient. All 41 IDUs were included in the FGD. The resultant qualitative findings were, therefore, less likely to be significantly vitiated by recall bias. Recall bias of any one participant was covered by other participants. The IDUs were defined as “Men and women, aged 18 years or older who had used addictive substances or drugs for recreational or non-medical reasons, through injections, at-least once in the last three months.”<sup>[1]</sup> The IDUs who were registered with the TI-NGOs and had availed the services were labeled as the Registered IDUs.

### Inclusion criteria

1. IDUs that were registered with the TI-NGO at the time when the lockdown was imposed (24<sup>th</sup> March 2020); and
2. Were aged 18 years or older.

### Exclusion criteria

1. IDUs who were unable to comprehend/understand (due to drug usage)

Data collection team for FGD comprised of one moderator and two note takers. The moderator (SV) is a female doctor with MD in community Medicine. The IDUs were given a brief introduction of the study topic (in the local language) and were then asked to express their opinions. Each FGD lasted for approximately 45-90 minutes.

### Sampling method for key informant interview

The KIIs were conducted with the staff who had contact with patients and IDUs. All KI included in the study had worked directly with the IDUs. The KIs were knowledgeable having had long work experience with IDUs. Hence, we believe that their opinion were valuable. The KI included were as follows: Project Director of one IDU site, Program Manager of two IDU sites, Laboratory Technician of one IDU site, Peer Educator: one each from two IDU sites, and one Medical Officer in-charge of the opioid substitution center. The sampling methodology was purposive and convenient. The sampling was convenient because only those KI who were available on the day of interviewer’s visit were included in the study.

### Study tool

We had informal discussions with the IDUs and other stakeholders on the problems faced by them during lockdown period. We also reviewed published literature on this topic. Based on our findings, we prepared topic guides that covered key issues faced by the IDUs. The topic guides included prompt questions and probes to ensure flow and consistency during the FGDs. The questions were pretested among the IDUs (not included in the study) for content validity and comprehension of the language used. Example of sample questions: The initial research questions like “How did you get ART and OST/NSP during the COVID-19 lockdown? (doses, frequency, timing, shortage),” “What did you do on not getting the NSP/OST in the desired amount? (illicit trade/diluting oral drugs, how did they manage the limited quantity or short supply?).”

### Quality control

The moderator was well trained in conducting the FGDs and in-depth interviews. The two note takers wrote down the discussions and prepared sociogram. All discussions were audio recorded after taking consent from the IDUs.

### Analyses

The original audio recording was in the vernacular language (Hindi). The investigator transcribed all the recordings verbatim. The Hindi transcription was later converted into English language before coding. The transcripts were coded manually, and the codes were entered in NVivo release 1.5. Open coding was performed where transcripts were broken into excerpts and compared. Similar group excerpts were collected under a single code. This was followed by axial coding and categorization. This was continued till additional transcript excerpts did not expand upon the codes and categories, that is, we reached theoretical saturation. Codes with similar meanings were grouped to formulate themes. Themes and sub-themes were the abstractive representation of the phenomenon under study. Two researchers coded the data independently, and discrepancies were resolved through discussions involving senior members of the research team. However, no tests were applied to assess inter-coder reliability.

### Ethical consideration

Ethical approval was obtained from the Institute Ethics Committee of All India Institute of Medical Sciences, New Delhi (*Ethics reference number- IEC/PG-6/293/4/2021 dated 3<sup>rd</sup> May 2021*). Written informed consent was obtained from all study participants (IDUs and KIs) after providing them a detailed description of the study objectives and procedures. Confidentiality was maintained by conducting the focus group discussions (FGDs) at a private place, and all personal identifiers of the participants were removed from the FGD.

### RESULTS

The mean (SD) age of the IDUs was 29.5 (7.4) years. The sociodemographic characteristics of the IDUs are listed in Table 1. Three IDUs were excluded because they were sleeping under the influence of drugs. An additional IDU was excluded because he would frequently skip the discussion and go for his dose of drugs.

### Findings from the focus group discussions

A broader understanding of participant involvement is depicted through sociogram. The sociogram of one of the FGDs is shown in Figure 1. Major themes and subthemes that emerged during analysis are described below along with verbatim quote(s) wherever needed. The themes and sub-themes that emerged during analysis were as follows:

Services affected due to Lockdown

- a. Harm reduction strategy distribution
- b. Counselling services
- c. Access to OST.

Effect of Lockdown on IDUs

- a. Shortage of food

- b. Financial Problems
- c. Mental Stress.

Adjustment strategies adopted by IDUs

- a. Injecting drugs meant for oral consumption
- b. Injecting other illegal drugs
- c. Unscrupulous means of earning money.

### Effect of lockdown on TI-NGO service delivery

During the initial phase of COVID-19 pandemic, there was almost a complete cessation of non-essential travel. Therefore, the TI-NGO staffs were unable to reach the TI-NGO site. For the same reason, the beneficiaries (IDUs) also could not reach the TI NGO site. The harm reduction services (counselling services, OST, and syringe and needle exchange program) were, therefore, discontinued.

*“The policemen slapped me very hard... if I would have had a travel pass..... or some ID which mentioned that I’m an IDU... I would have shown it and moved out.... I would not have got slaps or abuses.”*

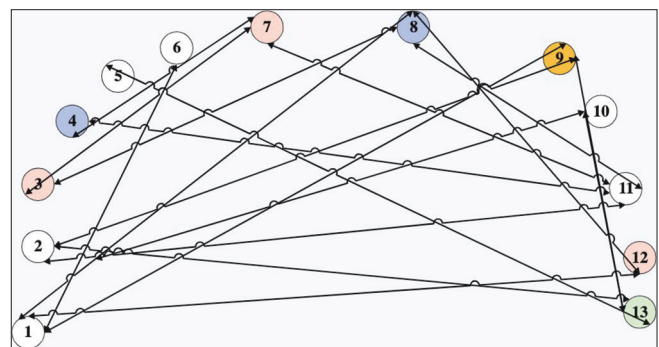
[IDU, 37 years male]

*“Counselling services were badly affected. People could not reach the NGO. Those who tried to come to the NGO were beaten up and sent back by police.”*

[IDU, 28 years male]

**Table 1: Distribution of IDUs by socio-demographic characteristics (n=41)**

Characteristic	n=41	%
Age (mean±SD) in years	29.5 (±7.4)	
Employment status		
Student	5	12.1
Unemployed	11	26.8
Self-employed	25	60.9
Marital Status		
Married	19	46.3
Unmarried	22	53.6
Living arrangement		
Living with family	30	73.1
Street-based (homeless)	11	26.8



**Figure 1:** Sociogram showing interaction between participants in one of the FGDs

## Access to OST

Movement without a valid travel pass often invited police action. The police personnel were overzealous in enforcing the lockdown. Therefore, most of the IDUs could not reach the TI-NGO site. Thus, there was a forced discontinuation of OST among the IDUs.

The street price of illicit drugs increased many folds during the lockdown. Most IDUs could neither access OST nor could they afford illicit drug. Many of them, therefore, had withdrawal symptoms. Being confined to home, the withdrawal symptoms among the IDUs were noticed by their family members. The disclosure of drug use status to the family members added to the already existing psychological stress due to social isolation.

*"I had to face a lot of adjustment issues. Before COVID, I used to move out of the house early in the morning under the pretext of job....and then use to spend my entire day with friends, consuming drugs. During lockdown, I was stuck inside. It was so frustrating. Initially I managed taking drugs hiding in attic or on terrace. But soon my family members became aware of my addiction. They stopped talking to me and stopped sharing things with me. I was an outcast in my own home."*

[IDU, 25 years male]

However, for some IDUs, the lockdown was a boon. The lockdown pulled them away from the peers who indulged in and encouraged drug use. Family members of some such IDUs came out in full support and helped them in accessing the harm reduction services and OST treatment.

*"My father saw my condition and could not bear it. Despite complete lockdown, he took me to the OST centre. I was started on OST after the investigations. Today I'm fine and for this I'm indebted to my father."*

[IDU, 20 years male]

## Loss of job and income

Most of the IDUs reported loss of job. The consequent loss of income affected their ability to purchase food or drugs. Situation was worse for the street-based IDUs.

*"There was no job. There was shortage of money. Real shortage. We ate one meal in a day and skipped another meal"*.

[Street based IDU, 32 years male]

## Coping strategies

### Increase in petty crimes

Many IDUs that faced loss of income indulged in petty crimes. The proceed of the crime was utilized to purchase food and illicit drugs. Some IDUs who had managed to get bulk supply of OST ("take home OST") sold part of it for money.

### Methods to support drug habit during lockdown

To prevent the withdrawal symptoms, and to maintain the desired effect of drugs, some of the IDUs came up with newer strategies to cope up with the shortage of OST. The OST tablet was crushed to fine powder and then mixed with injection Phenarmine (Avil®). This concoction was

injected intravenously. Some of the IDUs shifted to other prescription drugs, e.g., Alprax® (Benzodiazepine) and Fortwin® (Pentazocine). Few IDUs drank copious amount of cough syrups (containing Promethazine and Codeine) which they purchased from unscrupulous chemists at higher prices.

### Adverse effect of intravenous use of OST

Some of the IDUs that had used OST-Avil concoction through intravenous route developed abscess at the injection site. Other reported side effects were weakness, loss of appetite, nausea, and vomiting.

### Findings from the key informant interviews

Most of the key informants opined that travel pass should be issued to the TI-NGO staff and the beneficiary IDUs. This would ensure uninterrupted services by TI-NGO and continued access to the harm reduction measures for IDUs. The Medical Officer suggested that the issue of whether to provide OST as "Take home OST" or as "Directly observed treatment" should be left to the discretion of the treating physician to be decided on case-to-case basis. IDUs that had adhered to OST in past without any signs and symptoms of drug abuse may be prescribed "Take home OST." However, street-based IDUs or those IDUs that had shown sign and symptoms of drug abuse in the past should be continued on "Directly observed treatment" of OST. Outreach workers reported increased incidence of reuse of needles and syringes among IDUs.

## DISCUSSION

This study, through a qualitative research design, tried to document the challenges faced and the coping strategies adopted by the IDUs during the nationwide lockdown imposed by the Government of India between March and May 2020. We conducted FGDs among IDUs, residing in Delhi and Ghaziabad (a district adjoining Delhi), Uttar Pradesh.

The lockdown affected the lives of most of the IDUs who found it difficult to access the harm reduction services. The adverse impact was more pronounced among street-based IDUs and those without a regular job. The police personnel were overzealous in enforcing the lockdown. They employed their newfound unaccounted authority with equal ferocity on everyone without the travel pass. This aspect was also corroborated in the KII with NGO staff. It is also possible that police violence against IDUs was particularly harsh because IDUs are mostly considered undesirable individuals, often associated with petty crimes.

Key challenges faced by IDUs were reduced sources of income and decreased access to the harm reduction services. Loss of job and income, forced confinement at home, social isolation, and limited access to drugs contributed to the perceived psychological stress. These findings are in line with the findings from other studies wherein the mental health of the IDUs was affected.<sup>[17]</sup> Reuse of needles and syringes observed during the lockdown was reported by others as well.<sup>[16]</sup>

Loss of income coupled with spiraling prices of illicit drug resulted in forced skipping of meals. This was particularly

true for street-based IDUs. Similar findings were reported by another study.<sup>[16]</sup> Those who got access to OST were mostly from well off families. Due to their family connections, they were able to get the travel pass and thus could reach the OST center. Marginalized IDUs, e.g., street-based IDUs, were the ones who were unable to access OST.

Provision of “take away OST” was, overall, well meaning. However, perceived future shortage of OST, in some cases, led to inappropriate dose and route of administration. Studies have shown that lack of supply, lack of ability to purchase, and possible dilution of drugs made IDUs vulnerable not only for contracting COVID-19 infection but also for the rapid spread of HIV, hepatitis-B, and hepatitis-C.<sup>[16,18]</sup> Similar to our findings, other studies also found IDUs switching from OST to injecting drug.<sup>[3,19]</sup>

The Medical Officer had suggested that the decision regarding “Take away OST” should be left to their discretion. Kesten JM *et al.*,<sup>[17]</sup> in their study, suggested that any change made in case of OST prescription should only be made if these changes are viewed positively by service users, i.e., IDUs.

Unlike findings from other studies<sup>[20,21]</sup> which had reported the benefits of tele-counselling the poor in the COVID scenario, we found that it was impractical. Appropriateness of tele-counselling for the digitally challenged and street-based IDUs is debatable. Kesten JM *et al.*<sup>[17]</sup> had suggested that it is important to ensure that the remotely located IDUs are not digitally excluded. This recommendation is ideal; however, its feasibility in low- and middle-income countries is limited. Hence, alternative practical options need to be identified.

It is possible that some of the IDUs might have provided socially desirable answers. We are unable to quantify this bias. There was a gap of almost one year between the lockdown and the period of the study; hence, recall bias cannot be ruled out. This is a limitation of the study. Also, the IDUs that were excluded from the study may have been systematically different from those that were included in the study. For example, those excluded might have been representative of IDUs that use the drug at a higher level. Hence, their experience could not have been reflected in the FDGs.

## CONCLUSIONS

The lockdown posed significant challenges, particularly of mental health, to the IDUs registered with TI-NGOs. Loss of income and shortage of OST led to substitution, dilution, and adulteration of OST. These adaptations negatively impacted the health of the IDUs. It is recommended that during any future lockdown, travel pass may be issued to the IDUs and the TI-NGO personnel.

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## Conflicts of interest

There are no conflicts of interest.

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