



DRUG USE, DRUG SUPPLY AND PROFESSIONAL PRACTICES IN FRANCE AT THE TIME OF COVID-19: QUALITATIVE CROSS-OBSERVATIONS OF THE TREND SCHEME

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Acknowledgment:

To all users and professionals who responded to the TREND network requests and agreed to spare some of their time to answer our questions.

To the reviewers: Ivana Obradovic, Fabrice Guilbaud, Julien Morel d'Arleux, Stanislas Spilka.

To Julie-Emilie Adès and Anne de l'Eprevier for the summary and its translation in English

The development of the COVID-19 epidemic and the implementation of lockdown measures by the French public authorities in mid-March 2020 changed the consumption practices of a large proportion of drug users and disrupted the activities of trafficking networks.

In order to better understand these developments, the French Monitoring Centre for Drugs and Drug Addiction (OFDT) has appealed to the local centres in its Emerging Trends and New Drugs (TREND) monitoring system. Seven of the eight in the network (Bordeaux, Lille, Lyon, Marseille, Metz, Paris, Rennes) were able to draw up an overview of the effects of lockdown with the support of their network of informants (drug users, professionals in the medical-social sector, risk reduction, etc.). In total, after a short questionnaire was sent out, nearly thirty users and more than 65 professionals (managers, social workers, doctors) representing more than 60 organisations (including more than thirty low-threshold harm reduction facilities (CAARUD) and around twenty specialised drug treatment centres (CSAPA) replied by telephone or e-mail.

Three themes guided the collection of information:

- developments in drug use;
- the difficulties encountered by the CSAPAs and the CAARUDs and the ways in which these facilities adapt in order to best pursue their missions: taking care of users, providing opioid substitution treatments (OST), risk reduction equipment, etc.;
- transformations in trafficking networks.

The phenomena described here relate to the first three weeks of lockdown in France, from 15 March to 6 April 2020

Different supply and usage regulation strategies

While some users are seizing the opportunity that this period has given them to stop or reduce their consumption, for others the difficulties encountered are exacerbated by the anxiety-producing dimension of lockdown. In addition to requests for support in (tele)consultations in the CSAPAs or in hospitals, the most fragile (socially, psychologically and/or physically) and/or the most dependent seek (and sometimes still find) addiction withdrawal beds in hospital departments. More generally, TREND sites are seeing an increase in anxiety disorders that professionals are having to manage remotely (by telephone, by email, by fax, etc.).

Other users, not wishing to stop their consumption, pre-empted lockdown measures by building up a stock of products. This is particularly the case for cannabis daily users. One of the difficulties they face is then to be able to regulate their consumption while they have these large quantities in their possession.

Several TREND sites reported that users were switching to alcohol consumption as other products are less accessible. Observations also point to increasing demand for the prescription of opioid substitution treatment in anticipation of a possible shortage of heroin or opioid drugs usually available on the black market. As a result, some users may also have to manage large amounts of methadone and buprenorphine.

Intensification of the difficulties for the most at-risk users

Lockdown measures are particularly affecting the most at-risk drug users by depriving them of one of their main sources of income through begging. TREND's observations highlight the increased difficulties in accessing hygiene services and food due to the cessation of food distribution and the closure of welfare associations. Access to the accommodation system, which is already particularly problematic in most large urban centres, is also more difficult despite the measures gradually being put in place (opening of emergency accommodation centres, requisitioning rooms in hotels, etc.).

Professionals' adaptations and innovations in the face of the epidemic

The development of the epidemic has been a source of various difficulties for CAARUDs, in particular because of the shortage of protective equipment (gloves, masks or hydroalcoholic gel) for professionals. This is coming at a time when the users they are taking in encounter additional risk factors for developing a serious form of COVID-19 infection (respiratory depression caused by the use of opioids, benzodiazepines, alcohol, cannabis and crack cocaine, HIV infections and viral hepatitis weakening the immune system, etc.). In addition, some caregivers have not been able to work, with many absent for childcare and some are even on sick leave due to the virus.

Focus on the Parisian drug consumption room (DCR)

In Paris, the DCR has also adapted its operation by welcoming users four by four, in order to limit physical interactions in the injection room. The inhalation room and the rest room have been closed. The DCR does not welcome any new unregistered user since the implementation of the lockdown.

A physician is on site to offer the possibility of access to substitution treatment programs within the treatment centre which manages the DCR. This physician also visits users housed in hotels to offer them access to treatment.

At the end of March, the press relayed criticism from residents and caregivers from the nearby hospital concerning the upsurge in nuisance and insecurity (aggressive begging, attempted robberies, etc.) around the DCR which would result from an "influx of drug addicts". However, the situation reported by harm reduction professionals and law-enforcement services seems much more nuanced. The visibility of drug use and drug users has increased, however, due to the desertion of the neighbourhood by passers-by. Finally, the reduction in consumption within the DCR (280 consumptions per day in normal times against sixty today) due to the barrier measures also contributes to their movement on the street and to the increase of their visibility.

The vast majority of facilities have had to reduce their opening hours and adapt their methods of intervention. Most of the CAARUDs have suspended collective reception to prioritise individual reception, while continuing to issue harm and risk reduction equipment (HRR) on a "drive-in" basis. Similarly, the delivery of HRR equipment to homes, particularly in suburban and semi-rural areas, has been systematised, being delivered either directly to the home or by post. This service avoids the need for users to travel and present papers to the police.

In order to reach users as well as possible, many CAARUDs have continued, or sometimes developed, their roaming activity. They have also set up partnerships with other associations to provide food aid to users and promote access to accommodation.

In the CSAPAs, teleconsultation has become widespread and the delivery and initiation procedures for opioid substitution treatments (buprenorphine, methadone) have been made more flexible (legislative order of 19 March 2020). In this respect, the links between professionals and pharmacies have been strengthened.

Impact on supply and trafficking

The announcement of lockdown measures has resulted in an influx of product demands. In the days that followed, many users went to the meeting points for deals and/or contacted home delivery networks. However, demand quickly dried up, due to users building up stock and the risk of being arrested and fined as a result of travel restrictions.

A number of delivery sales networks have ceased their activity. Others are reorganising, now making deliveries at specific times and at a fixed point on the street to limit their movements. Finally, some of them optimise their journeys by grouping runs together to limit the risks of the delivery drivers being stopped. City trafficking is less visible due to a reduction in the number of people visiting resale sites.

*Warning message of the end of production
of 4MEC and 3MMC*



Information concerning the evolution of product prices varied according to the resale sites and products. It would appear, however, that after a short period of stability or even decline, some prices (for example, cannabis and cocaine in some locations) are tending to increase, sometimes sharply.

This document is a summary of the first issue of OFDT Bulletin TREND-COVID-19 available online: <https://www.ofdt.fr/publications/collections/notes/bulletin-trend-covid-19-numero-1/>. The information presented here is intended to be updated in order to follow the evolution of the consequences of lockdown. A new updated bulletin will be published on the OFDT website in May.
