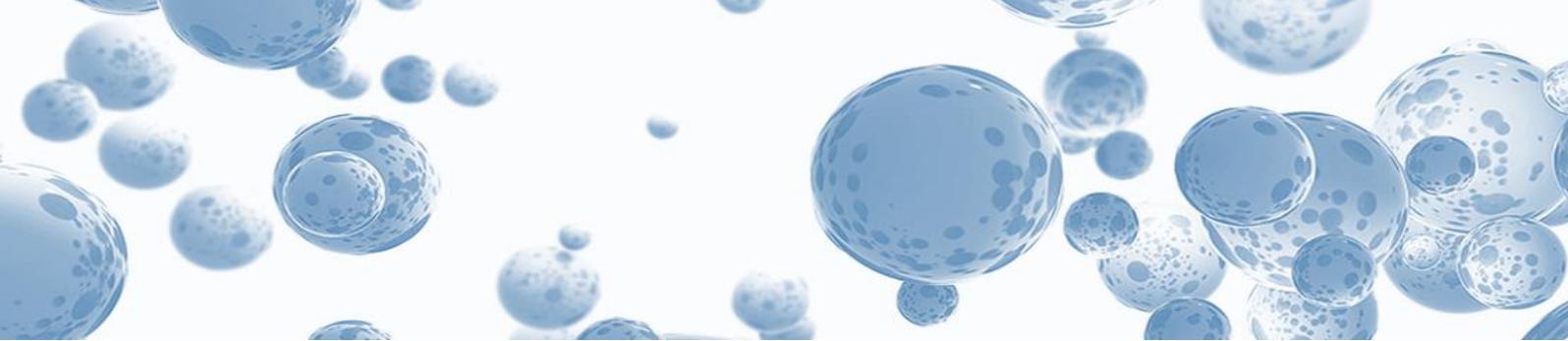


UNODC-WHO Informal Scientific Network Statement 2021 Recommendations on Prevention, Treatment, and Care of Substance Use Disorders in Times of COVID-19

2021 CND Plenary - Statement of the UNODC-WHO Informal Scientific Network

Individuals with substance use disorders are at increased risk of contracting COVID-19 and if infected are more likely to experience negative outcomes. This vulnerability reflects both the adverse effects of the non-medical use of psychoactive substances on health, as well as associated psychosocial and structural factors, including poverty and stigma. Therefore, individuals with substance use disorders should be prioritized for COVID-19 screening and vaccination. Resources necessary to prevent infection, provide correct information, and ensure treatment, should be made available to this population. Governments need to build capacities to collect timely data on substance use and substance use disorders during the COVID-19 pandemic. Evidence-based treatment of substance use disorders, including mental health and physical comorbidities, should be considered essential, and integrated into existing health care services. The provision of remote services and digital health solutions for the treatment and care of substance use disorders should be accessible to all in need. Due to overlapping vulnerabilities, people who use drugs with special treatment and care needs (such as women, children, refugees and migrants, the unhoused, the economically disadvantaged, elderly or socially isolated people, and people in contact with the justice system) carry a disproportionate risk and need to be given special attention. Investment in evidence-based prevention and treatment of substance use disorders, promotion of mental health, and attention to the impact of social determinants on the health of all age groups are now more necessary than ever.



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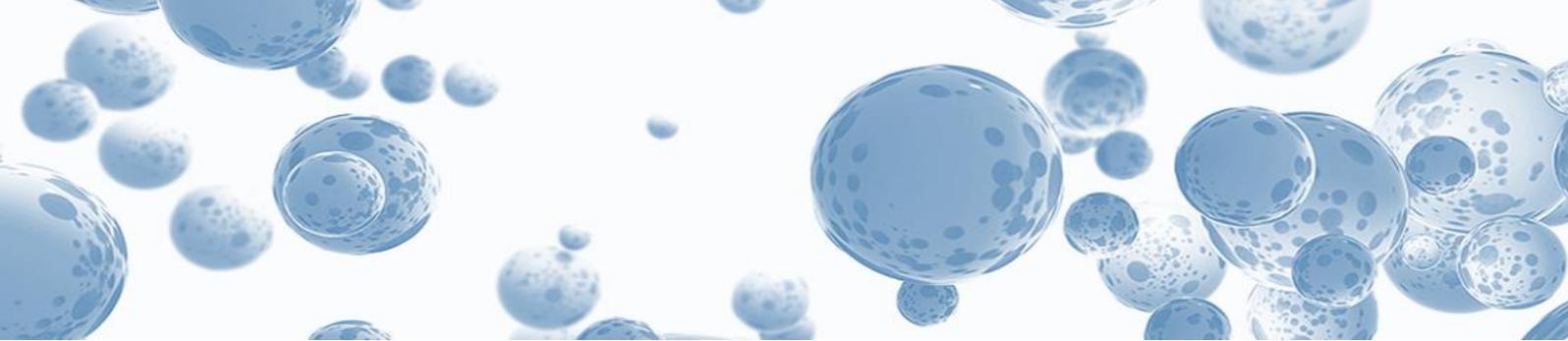
Full version of the UNODC-WHO Informal Scientific Network 2021 Statement

Introduction

The COVID-19 pandemic and related social and economic restrictions has brought unprecedented challenges for individuals and society as a whole. It has negatively affected mental health and the well-being of populations including people using psychoactive substances or living with substance use disorders. COVID-19 and associated health and social consequences have put health systems under immense pressure and stretched some beyond capacity. At the same time, this pandemic has accelerated adoption of remote service provision and use of information and communication technologies in health services (including digital health solutions). Scientific research and access to timely data have helped, from the onset, in the monitoring and understanding of the pandemic, facilitating the discovery of solutions that mitigate its worst effects. This is illustrated by the development of effective vaccines with unprecedented speed. The scientific community, policymakers and practitioners will need to continue working together to ensure continued access to treatment and care services during the pandemic and beyond.

Substance use disorders should be considered a public health issue to be dealt with primarily in the framework of the health system. Individuals with substance use disorders are at increased risk of COVID-19 infection, and if infected are more likely to experience negative outcomes. Therefore, treatment and care for people with substance use disorders, as well as measures aimed at minimizing the adverse health and social consequences of substance use, should be considered essential services during the pandemic and be key elements of health care provision. This is in line with the [Sustainable Development Goals](#) and with the implementation of international drug policy commitments such as those made at [UNGASS 2016](#).

Due to the increased vulnerability of people with substance use disorders, treatment and care of substance use disorders should be an integral part of the overall COVID-19 response strategy, to help prevent infections and support those with COVID-19. Treatment of substance use disorders, including pharmacological treatment, should follow evidence-based practices, be tailored to the life course of individuals and provide the framework for a continuum of care in line with the [UNODC-WHO International Standards for the Treatment of Drug Use Disorders \(The UNODC-WHO International Standards, 2020\)](#).

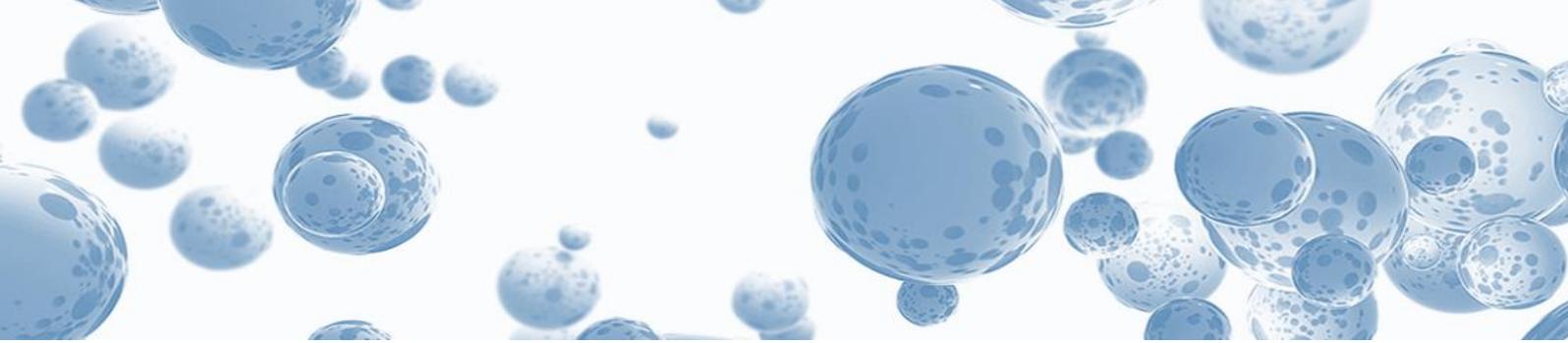


Additional considerations should be given to secure social services for people who use substances and with substance use disorders in this unprecedented crisis, with particular attention to subsets of the population who have additional vulnerabilities.

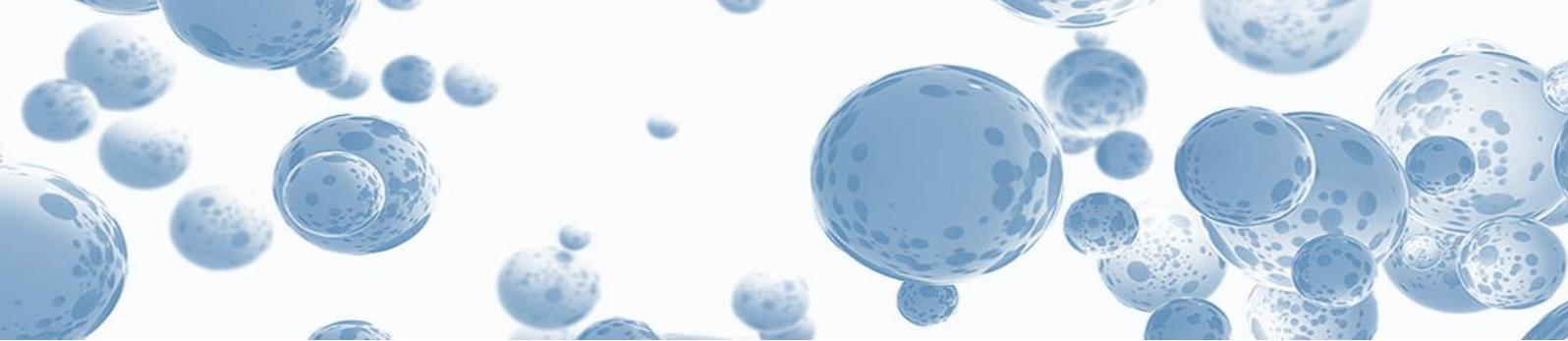
Recommendations

The Informal Scientific Network makes the following recommendations for the consideration of the Commission on Narcotic Drugs and policymakers in other national and international fora:

- Support the **ongoing timely collection and analysis of data** to monitor the impact of COVID-19, including the role of policies and interventions targeting both demand and supply of psychoactive substances, as well as the impact of COVID-19 and the unintended consequences of “lockdowns” (large scale physical distancing measures and movement restrictions) on epidemiology of substance use and substance use disorders, and on treatment and care services provision.
- During the COVID-19 pandemic, ensure the **ongoing provision of evidence-based treatment of substance use disorders along an integrated continuum of care**, in line with the [UNODC-WHO International Standards \(2020\)](#), and with attention to other sources of evidence-based guidance for management of SUD during COVID-19 pandemic such as [IASC Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes During the COVID-19 pandemic](#), the [UNODC Suggestions about Treatment, Care and Rehabilitation of People with Drug Use Disorder in the Context of the COVID-19 Pandemic](#), the [IASC Guidelines for mental health and psychosocial support in emergency settings](#), among others. A lot has been learnt since the onset of the pandemic on how to adapt and deliver such services in a safe way. This includes the provision of community outreach, peer support, health, and social services along with modified psychosocial and pharmacological treatment and resources to address overdose during the COVID-19 pandemic. Additional efforts are needed to ensure uninterrupted access to controlled substances for medical purposes, including for the treatment of substance use disorders, while preventing their diversion for non-medical purposes.
- Ensure the **meaningful inclusion of mental health and substance use disorder experts in COVID-19 task forces** and **promote training, multi-stakeholder, integrated approaches** to facilitate innovations in the health system by working together with the scientific community, the private sector, international organizations, and civil society organizations.
- **Increase resources, including an adequate workforce** to secure continued access to treatment and care services, including for those infected with COVID-19. In addition, train human resources to address COVID-19 challenges in substance use disorder treatment such as increased levels and severity of substance use with co-morbid mental health disorders.
- Develop policies that promote and evaluate the use of a variety of **information technologies, including mobile devices** to support digital health solutions for substance use screening, treatment, and recovery, while also developing solutions to address the existing digital divide. Informed consent, confidentiality, privacy, and safety also need to be guaranteed for remote/online service provision. Blended services, aiming at mutual optimization of face-to-face and online therapies, may have utility beyond the COVID-19 pandemic and contribute to increased access to services. There is a need to further develop community support services (e.g., voluntary/peer workers, health mediators, civil society organization and public institutions) including effective outreach to support populations in the most vulnerable circumstances in an effective and integrated way, and to address pandemic-related social isolation and its related increased risk of substance use, relapse, and overdose. It is important to evaluate, maintain and build upon effective innovations that emerged during COVID-19 for community support.

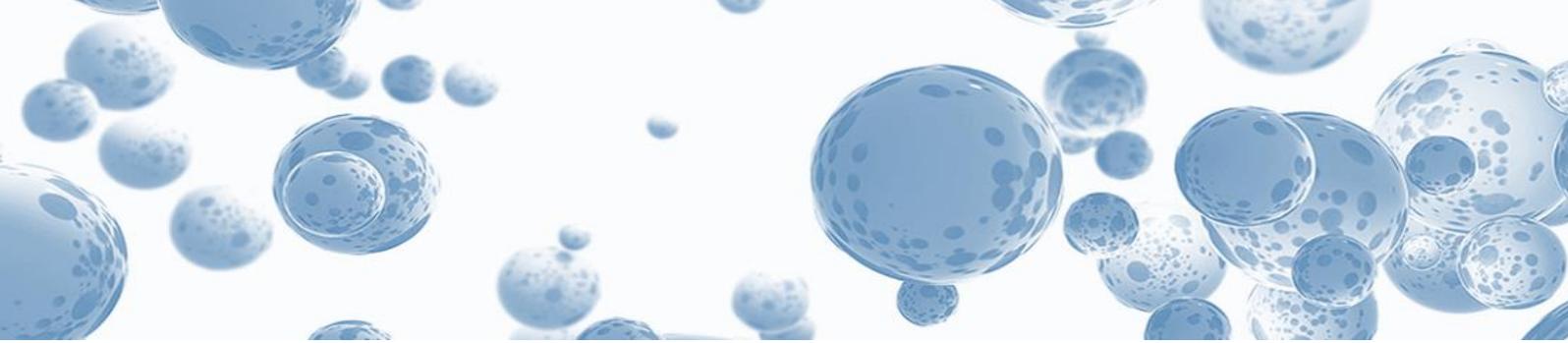


- Given, the scientific evidence on the increased risk profile of people with substance use disorders with regard to COVID-19, ensure that **COVID-19 screening options** are available for individuals with substance use disorders and substance use disorder treatment professionals, and include them as priority groups for national level **vaccination schemes**. Tailored and trusted information about vaccinations also needs to be provided.
- People who use substances and those with substance use disorders and their families should be provided with **information and means to protect themselves against COVID-19**. This should include easy access to social services and housing.
- Give special consideration to address communicable and non-communicable disorder prevention and treatment, including prevention of **mortality due to overdose, and co-morbid mental and physical health conditions**, even in times when resources and attention are primarily focused on COVID-19:
 - Continue access to effective services for non-communicable diseases, HIV, HCV, endocarditis, tuberculosis, including access to injecting equipment programmes for people who inject drugs during the COVID-19 pandemic and beyond.
 - Increase efforts to address co-morbid substance use disorders and other psychiatric conditions during and after the COVID-19 crisis. In line with its 2020 statement, the Informal Scientific Network recommends that mental health services are integrated with the provision of trauma-informed substance use disorder treatment services (and vice versa) along the continuum of care. Care should be informed by the life cycle and the available social support systems. COVID-19 related trauma, including due to loss of loved ones, requires a trauma-informed approach for screening, assessment, and treatment.
 - This requires building the capacity of health and social service professionals for early identification and referral to adequate health services and the strengthening of primary health care to better address chronic and comorbid conditions. Moreover, the development of policies that facilitate a multisectoral response to substance use disorders is essential.
- During the COVID-19 pandemic existing **socioeconomic disadvantages** have increased, creating additional challenges for people with substance use disorders. Recalling the Informal Scientific Network statement from 2019, we request decision makers to prioritize strategies and interventions that aim at minimizing such inequalities, including addressing the detrimental effects of unemployment and homelessness and the risks they pose to people who use substances in especially vulnerable circumstances. “Building back better” beyond the pandemic and taking into account the socioeconomic determinants of substance use disorders need to become a priority and can only be achieved with the meaningful involvement of communities, service providers, scientists, and policymakers. The Informal Scientific Network recommends that protective measures are put in place to prevent corruption and economic crime, in line with the [UNODC Strategy 2021 – 2025](#) as well as principles and ideas set forth in the *UN Common Position to Address Global Corruption: Towards UNGASS 2021 and guided by the [Declaration adopted by UNGASS 2021](#)*, to ensure sufficient resources for health care.
- **Stigma and discrimination** are among the biggest challenges for people with substance use disorders, and they have been exacerbated during the COVID-19 pandemic. Policymakers should develop strategies to ensure that during this crisis and beyond, substance use disorders are treated like any other chronic medical condition and people with substance use disorders are not left behind. There should be policies and oversight to ensure that stigma does not interfere with accessing COVID-19 screening, COVID-19 vaccines, personal protective equipment, nor COVID-19 treatment. In addition, **populations in especially vulnerable circumstances with special needs** (such as women, children, victims of violence, ethnic minorities and indigenous populations, refugees and migrants, the unhoused, the economically



disadvantaged, elderly, or socially isolated people as well as people in contact with the justice system) should be provided adequate services in accordance with local resources and in light of the COVID-19 pandemic. These groups may require additional attention in treatment and care, given overlapping vulnerabilities and struggles and stigma they may face:

- The Informal Scientific Network highlights the needs of women and pregnant women with substance use disorders and recommends development and implementation of policies that ensure their rights and safety as well as the rights and safety of their children during the COVID-19 pandemic and beyond.
 - Age-specific prevention and treatment of substance use interventions are required that address the impact of COVID-19 across the lifespan, especially for minors who are very much victims of the "silent mental health epidemic" and elderly patients, who face higher risk from COVID-19.
 - Considering the vulnerable circumstances of displaced and conflict-affected populations, we recommend dedicating resources for substance use disorder screening and substance use services for these groups.
- All efforts should be made to reduce the burden of stigma and prevent discrimination directed at **people with mental health and substance use disorders in contact with the criminal justice system**. The Informal Scientific Network, especially now and in view of the increased risk for COVID-19 in closed settings, joins the global calls for an increased consideration of alternatives to conviction or punishment in line with the [United Nations Standard Minimum Rules for Non-custodial Measures \(the Tokyo Rules\)](#), [the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary \(the Bangkok Rules\)](#), and [the International Drug Control Conventions](#). Incarcerated people with substance use disorders should have access to COVID-19 testing, treatment, and vaccination in line with the principle of equity enshrined in the [United Nations Standard Minimum Rules for the Treatment of Prisoners \(the Nelson Mandela Rules\)](#). There should be a continuity of care including access to health and social services when people are released from prisons to mitigate COVID-19 transmission risks and reduce the risks of relapse and overdose. The Informal Scientific Network asks that people with substance use disorders in prison settings should be considered for compassionate prison release schemes as seen during COVID-19.
 - The Informal Scientific Network recommends **strengthening research** on the impact of COVID-19 on mental health and substance use, and barriers to treatment during and post the pandemic. To that end, the Informal Scientific Network recommends ongoing **monitoring and evaluation of policies** that affect people who use substances and with substance use disorders, including COVID-19 related policies.
 - Investments in **evidence-based prevention** for all age groups (especially children, teenagers, and young adults), including support to parents, carers and families, are now more necessary than ever. Insecurity and school lockdown impact the cognitive emotional development of children, risk factors for earlier initiation and substance use in later life. The Informal Scientific Network would like to express its commitment to the implementation of the [International Standards on Drug Use Prevention \(Second Updated Edition\)](#), developed by UNODC and WHO, and the INSPIRE initiative. The Internet offers new opportunities to deliver prevention interventions, while keeping in mind that most existing evidence-based prevention programs and interventions still need to be adapted for online use.



Conclusion

A global crisis such as COVID-19 is a moment to honestly take stock and rethink how we deliver services for people in the most vulnerable of circumstances, including those affected by substance use. The pandemic, despite all its challenges, allows us the exploration and evaluation of new and innovative ways of delivering and consolidating substance use disorder treatment, care, rehabilitation, and social reintegration services.

Emphasis should be given to evidence-based and humane approaches, implemented in solidarity with people in the most vulnerable circumstances and with consideration for the special challenges of low- and middle-income countries and low-resource settings.

The Informal Scientific Network calls upon governments to ensure that during and beyond the COVID-19 pandemic no one is left behind, and that quality substance use prevention, treatment and care services are accessible to those in need, including to people in the most vulnerable of circumstances.