On April 12, 2021, experts discussed the devastating impact that the COVID-19 pandemic was having on people with drug use disorders around the world. They began their presentation by observing that, even before the pandemic, drug treatment and health services had failed to meet the needs of those who used drugs. Moreover, prior to the pandemic, the adverse health consequences of and risks associated with new psychoactive substances also continued to reach alarming levels and deaths related to that type of drug use had increased. In 2018, an estimated 269 million people worldwide had used drugs at least once in the previous year. The prevalence of drug use had increased by more than 12 per cent from 2009 to 2018. In 2018, among the estimated 269 million people who used drugs in the past year, some 35.6 million people, or one in eight people, were also estimated to suffer from drug use disorders.

Moreover, although women accounted for one in three drug users, they continued to account for only one in five people in treatment. Prior to the pandemic, criminal activity, including drug trafficking, had already killed many more people than conflicts and terrorism combined, and organised crime alone has resulted in roughly the same number of killings as all armed conflicts across the world. Moreover, while crime affected all sectors of society, the vulnerable populations were, as usual, the ones that bore the brunt of its negative effects.

After a year of the COVID-19 pandemic reaching all corners of the world, by the end of 2020, the economic and social fabric of societies had been stretched to their limit with millions losing their livelihoods and at least 80 million people entering into poverty. It was predicted that there would be a steep decline in human development after decades of progress and that it would take years before the world recovered from this multidimensional crisis.

People with drug use disorders were not exempt from these threats. The pandemic’s economic downturn and associated lockdowns had also exacerbating the vulnerabilities of the most disadvantaged groups including drug users. To begin with people with drug use disorders, including those incarcerated or living on the streets, were at an increased risk of more severe illness and mortality from COVID-19 due to underlying health conditions as well other factors such as not being able to maintain social distancing or access to safe, clean water and sanitation. In addition, the traditional demand reduction infrastructure, which often required in-person engagement, faced increasing challenges in providing prevention, early intervention, treatment, care, recovery, rehabilitation, and social reintegration measures. In the pandemic and post-pandemic period, there has also been funding shortages and diversion of resources away from drug-related initiatives, including those relating to drug prevention and treatment and related health and social services, alternative development and law enforcement. The world drug problem as a whole had continued to become more acute and was expected to worsen due to the COVID-19 pandemic.
In order to reduce the risk of COVID-19 transmission associated with in-person services, some health systems had been introduced. For example, expanded e-health platforms and procedures to prevent drug abuse and provide medications, counselling and consultations, including telemedicine offered new treatment strategies. By April of 2021, the Pan American Health Organisation (PAHO) and World Health Organisation (WHO) had also already responded in other ways to contain the pandemic’s effect on drug users. 131 technical guidelines and recommendations were developed or adopted from WHO. 249 virtual or in person regional and country trainings on the testing, tracking, care and more had been conducted in the Americas. PAHO had also sent 6.2 million gloves, 2.1 million gowns, 40.5 million surgical and respirator masks and 371,000 goggles to its regions. 32 countries had national COVID preparation and response plans, 38 countries and territories had molecular detection capacity to diagnose COVID, 21 countries had an existing SARS surveillance system to monitor COVID-19. 17 reporting countries had least 50% of their health facilities with triage capacity and 33 countries had national IPC/WASH plans for health facilities.

However, while some progress had been made in the provision of evidence-based interventions to prevent drug use, treating drug use disorders and preventing associated harm, vulnerable groups continued to still be at risk. In general, the poorest countries, and the poorest people in all countries, still tended to bear a disproportionate burden when it came to the negative impact of drug use. People who used drugs also continued to be exposed to discrimination and face additional barriers in accessing health care, including access to HIV prevention, treatment and care. The resulting health, humanitarian and economic crises due to the COVID-19 pandemic is seriously putting at risk the multilateral consensus reflected in the 2030 Agenda for Sustainable Development including that of SDG 5.