

COVID 19 and Individuals with Substance Use Disorder: Challenges to the Treatment Centers in Pakistan

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The COVID-19 pandemic posed a profound impact on global public health. Substantial literature is available about the maladies laid by COVID 19 on physical and psychological wellbeing. However, there is a paucity of literature that demonstrated the effect of this pandemic on patients with substance use disorder (SUD). Substance use is a massive global problem. There are almost 31 million individuals worldwide who suffer from substance use disorder.¹ In Pakistan, the problem of substance abuse is even more severe. Approximately 6.7 million people are regular users of various substances (cannabis, heroin, and opium, etc.) including misuse of prescribed drugs.² Pakistan had been known as the “high Heroin-Addicted Country” in 2014.³ For the past few years, drastic rises of various illegal and illicit drugs have been witnessed. In Pakistan, many government and private treatment and rehabilitation facilities are working to intervene in the drug-related issue. These treatment facilities are trying to treat the patients and lessen the patient’s burden. Mostly, the private organizations are providing the drug abuse treatment services, after the onset of COVID 19 and lockdown restrictions, the available treatment services got severely affected.⁴

Even before the onset of the COVID pandemic, most of the private centers’ services were not considered sufficient and adequate. Even services of some treatment and rehabilitation facilities are highly questionable. For instance, centers admit the patients in their treatment facility for almost three months. Mostly the private centers are composed of small apartments that have few rooms without any open space. Most of the patients have not even exposure to sunlight for the whole duration. For the patients, forceful retention⁵ in a small apartment for three months without exposure to sunlight and fresh air is itself torture rather treatment. The situation might be different for those treatment and rehabilitation centers that are run by the government and some non-government organizations. Poor quality of food, lack of cleanliness, and general hygiene of patients is another question. Staying in a closed suffocating environment, most of the patients may develop skin related diseases and other contagious diseases. After the onset of the COVID 19 pandemic, the situation got more worsen. Isolation and social distancing are almost impossible within the centers. To follow the COVID related standard operating procedures (sops) are not possible. Therefore indoor patients are at high risk for having the COVID infection. On the other hand, keeping in view the current COVID situation, some centers are closed or reduced their services for SUD patients and few of them have discharged the patients prematurely. So the partially treated patients are at higher risk of relapse.⁶ During

lockdown conditions assessing treatment services have become difficult.

This article aims to seek the attention of policymakers to have a close look at the physical structure of the treatment facilities, the general environment, nature of services, and overall welling of patients during and after the COVID pandemic. Pertinent national organizations need to frame policies to overcome the hurdles posed by COVID 19 pandemic. They should make available treatment services to people with SUDs. There is a dire need for treatment services to familiarize with the altering situations and initiate practical methods to help individuals with SUDs. The government should make the policies and set the minimum criteria of a center. For instance, personal space and proper ventilation should be ascertained. Proper open places where the patients have exposure to sunlight, could play, do the regular exercise, and can move freely. Open-air and sunlight have therapeutic effects. At least ample numbers of washrooms or toilets should be available for the patients. Cleanliness and hygienic conditions should be closely monitored. Sometime in the closed environment, the patients get so depressed and frustrated that few even commit suicide that is rarely reported. During the COVID-19 pandemic, online services seem to be promising approaches to SUD patients.⁷ No doubt, that most treatment centers do not have helplines and trained workforce in delivering such services, and the same is the case with the patients utilize such services adequately. However, this can be done with the practice and with the capacity building of the staff.

REFERENCES

1. World Drug Report. Conclusions and Policy Implications, United Nations Office on Drugs and Crime; 2018. (Accessed on 22nd May 2019) Available from URL: https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_1_EXSUM.pdf
2. Drug use in Pakistan. Narcotics Control Division, Government of Pakistan; 2013. (Accessed on 22nd May 2019) Available from URL: https://www.unodc.org/documents/pakistan/Survey_Report_Final_2013.pdf
3. Quigley JT. Pakistan: The Most Heroin-Addicted Country in the World. The rising prevalence of injecting drug users could create an HIV/AIDS crisis; 2014. (Accessed on 22nd May 2019) Available from URL: <https://thediomat.com/2014/03/pakistan-the-most-heroin-addicted-country-in-the-world/>
4. Arya S. COVID-19 outbreak: Challenges for Addiction services in India. *Asian J Psychiatr.* 2020. 51: 102086.
5. Schalast N. [Treatment motivation of patients admitted for substance abuse treatment according to the section 64 StGB regulation]. *Psychiatrische Praxis.* 2000;27(6):270-6.
6. Samuels EA, Clark SA, Wunsch C, Keeler LAJ, Reddy N, Vanjani R, et al. Innovation During COVID-19: Improving Addiction Treatment Access. *Journal of addiction medicine.* 2020.
7. Yao H., Chen J.-H., Xu Y.-F. Rethinking online mental health services in China during the COVID-19 epidemic. *Asian J. Psychiatr.* 2020 doi: 10.1016/j.ajp.2020.102015.