

### Impact of the COVID-19 epidemic on drug markets, substance use patterns, and delivery of harm reduction and treatment services in Georgia and Ukraine

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Conducted in two EU Eastern Partnership countries, Georgia and Ukraine

### **Research team**

### Georgia

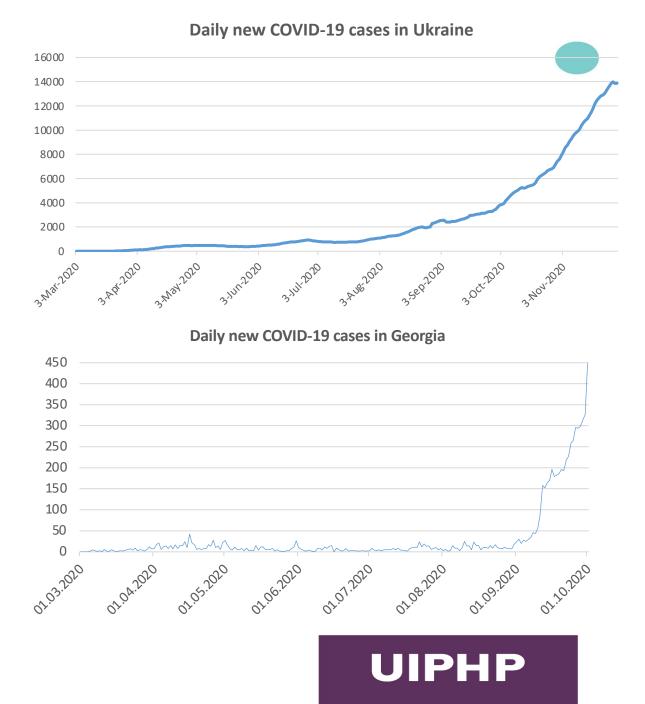
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## Background: COVID-19 pandemic

- Similar epidemiological situation in both countries
- Similar response measures:
  - strict lockdown March-May 2020, including public transportation closure
  - partial release starting in May
  - re-introduction of restrictions in September



## Background: drug use

#### Georgia

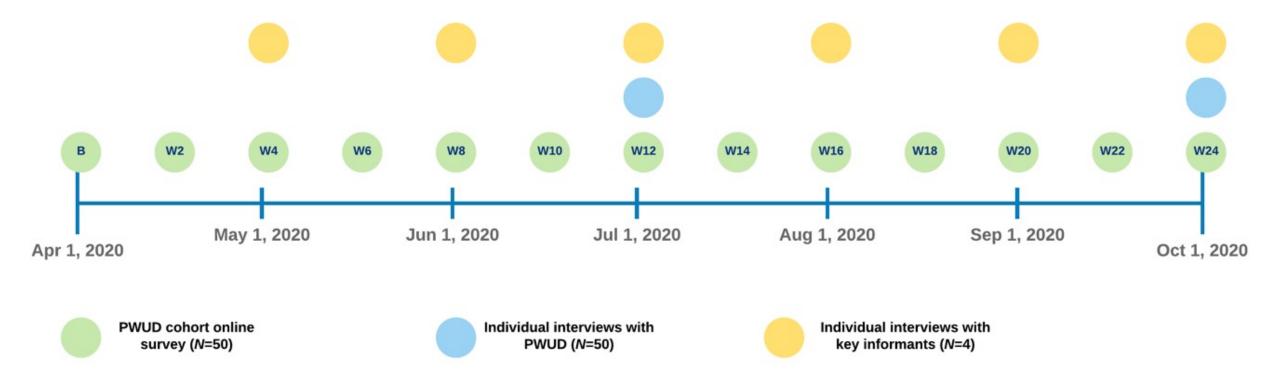
- 52,000 estimated PWID (2.2% prevalence, population 3.7M)
- Opioids: Heroin, buprenorphine
- Stimulant use, including home-made is prevalent
- NPS increasingly more used
- HIV prevalence 2.3%

### Ukraine

- 350,000 estimated PWID (0.8% prevalence, population ~43M)
- Drug scene dominated by opioids, historically by home-made acetylated opium ('shirka'), more recently with illicit methadone
- Stimulant use fluctuates at ~40% in the past 30 days among PWID
- NPS increasingly more used
- HIV prevalence 22.6%

## Methods

- Prospective cohort study of PWUD (GE N=50, UA N=51) with bi-weekly online questionnaire over 6 months of follow-up
  - Snowball sampling
- In-depth interviews with PWUD from the cohort
- In-depth interviews with key informants (physicians at OAT site and detox clinic, harm reduction provider, drug user community representative in each country)



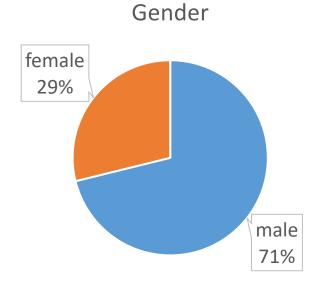


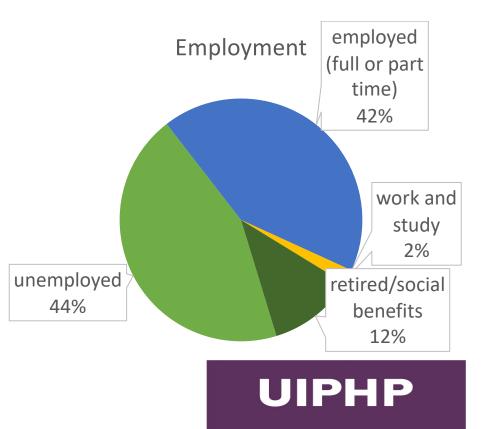
## Results: Ukraine

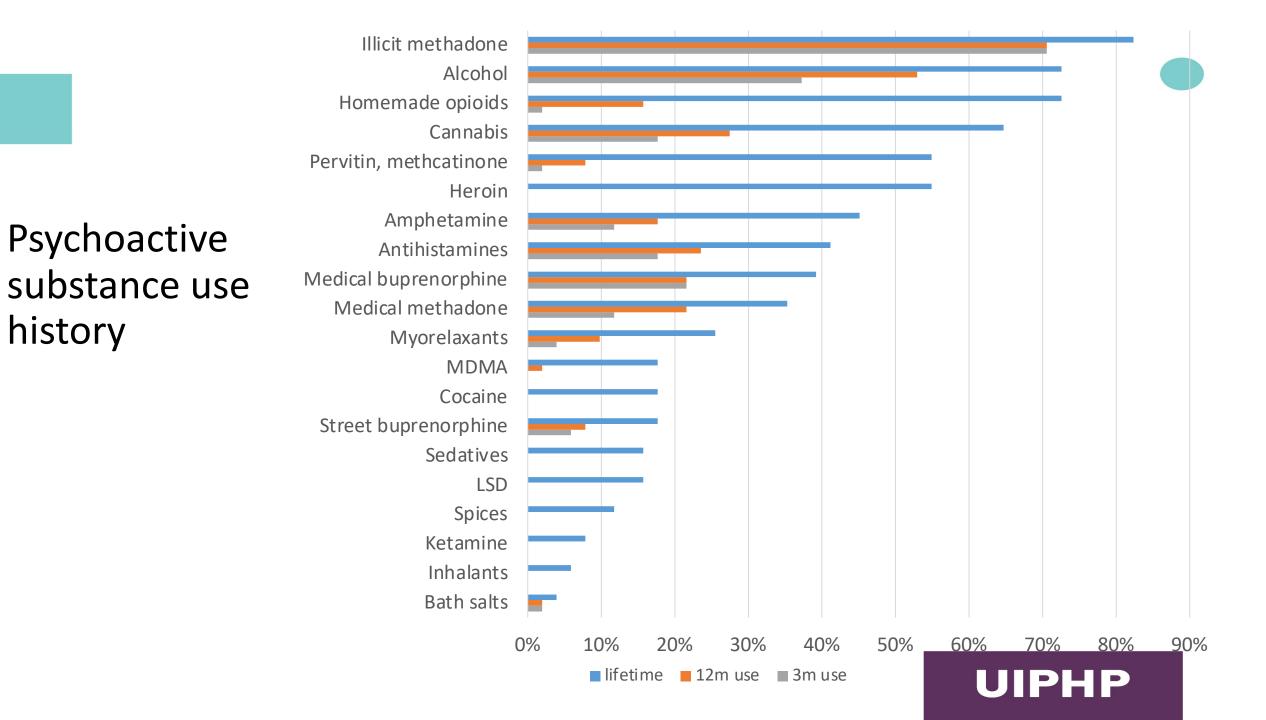


### Cohort characteristics at baseline

Mean age: 38 (range 18-54) All had history of injecting drug use <u>(IDU)</u> Mean duration of IDU: 19 (range 1-34)

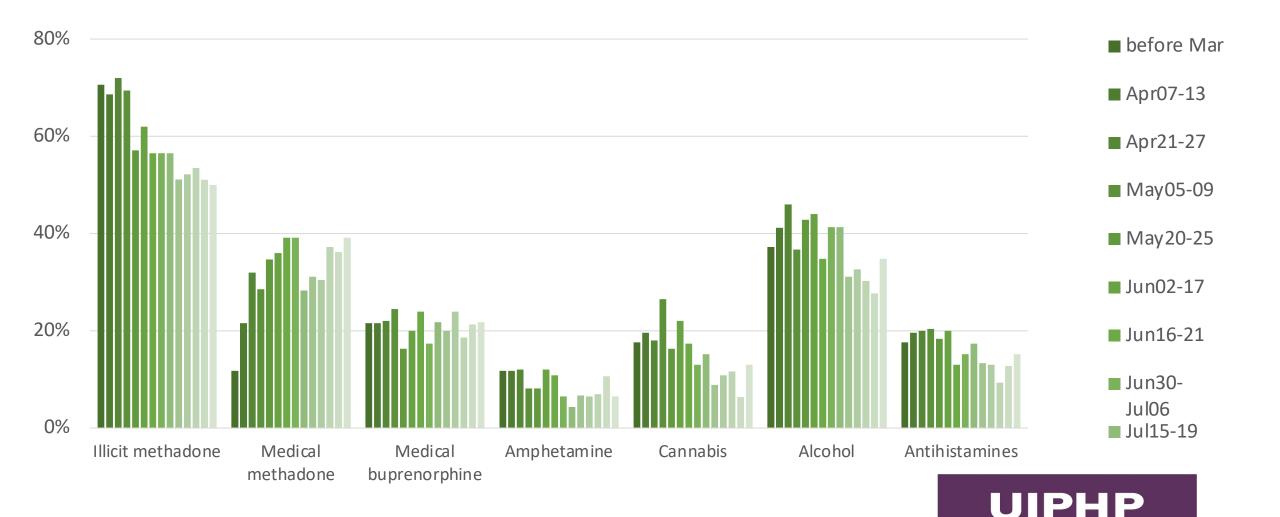






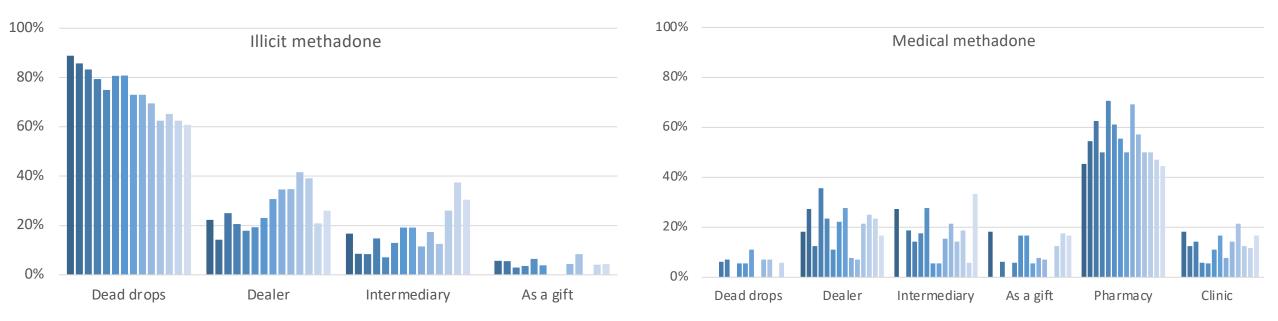


### Trends in past 14-day drug use





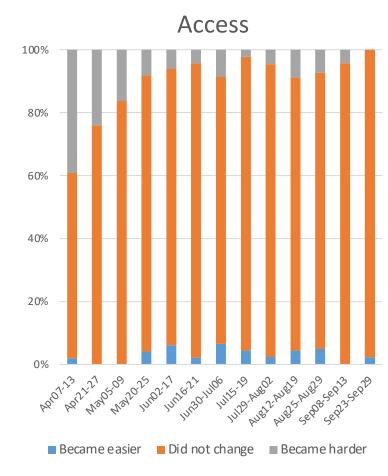
## Sources of methadone

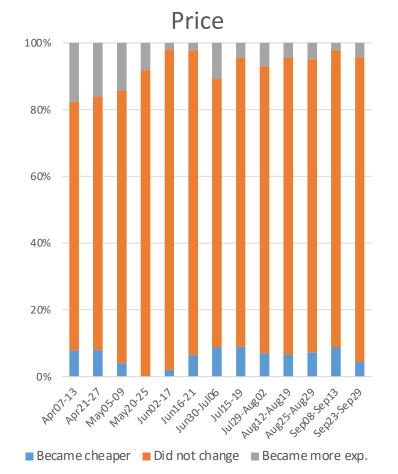


Illicit methadone (powder or crystals) is produced in clandestine labs and distributed mostly through dead drops ("stashes").

Medical methadone, in this study, refers to medication in tablet form distributed through pharmacies (as opposed to the free government programs). Pharmacies can legally sell the medication by prescription, which can be obtained from licensed private physicians.

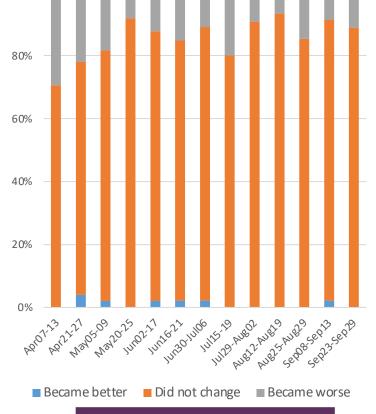
# Perceptions of changes in access to, price and quality/purity of the drug of choice





Quality/purity

100%

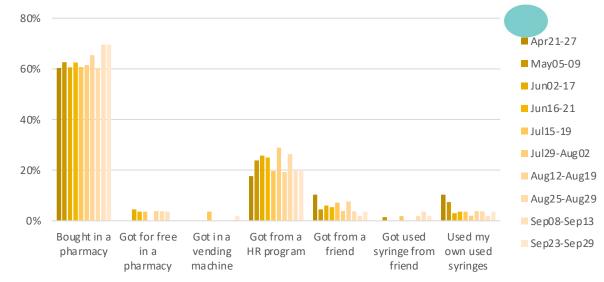


UPEP

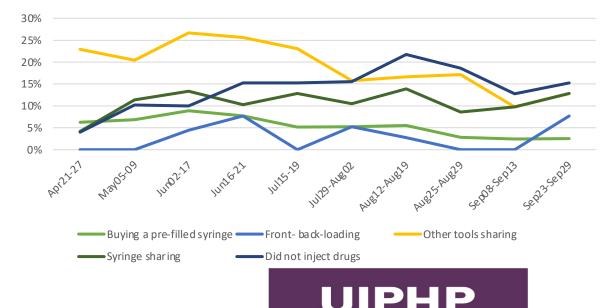
## Injection risk behavior and harm reduction

How did access to HARM REDUCTION programs change in the past 2 weeks? 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% AP107-13 AP1222 1402-17 11 NAVED NAVO 25 , 1115-19, 14802, 14819, 14829, 14829, 5ept3, 5ept3 14n1621 30 1406 Became easier Did not change Became worse Do not use HR

Sources of syringes in the past 2 weeks



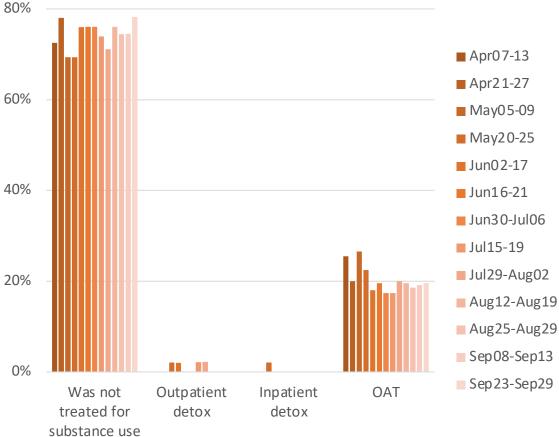
#### Trends in risk behaviors in the past 2 weeks



### Harm reduction services

- In the initial phases of the lockdown access was reduced
  - "Before COVID, I received syringes from NGO; during lockdown, I bought syringes at the pharmacy". (Male, 33).
- The programs managed to adapt and resume service provision, increasingly using new modalities (e.g. mobile vans, outreach), and providing sanitizers and face masks.

## Access to opioid agonist treatment



- In the beginning, admission of new patients was reduced
  - "for the first time since 2013, there was a waiting list to start OAT" (OAT physician)
- Later, admissions resumed with COVID-19 testing requirement
- The Public Health Center of the MoH issued guidance to allow take-home for all OAT patients in March, up to 90% of patients were transferred (from 60% before lockdown)
  - in September, "~80% of OAT patients stayed on the take-home doses, which is significantly more that before the COVID" (OAT physician)

## Summary (Ukraine)

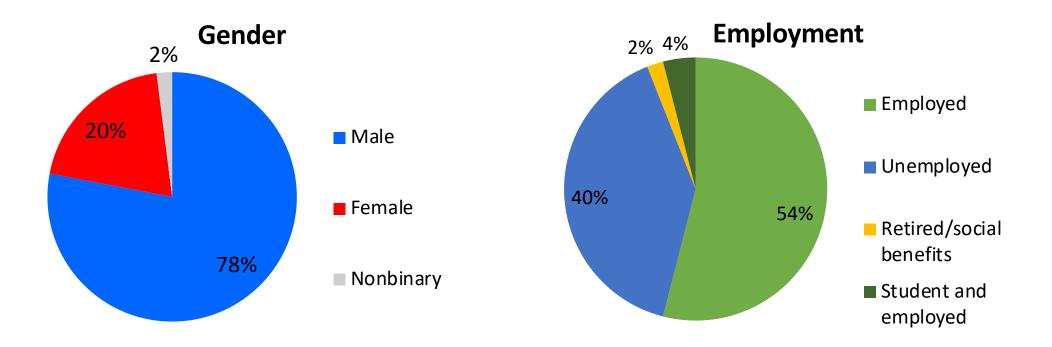
- Many PWUD experienced reduced access to their drugs of choice during the initial stage of lockdown, but for the most it was restored after the transportation was re-opened.
- There was a significant decrease in use of illicit methadone (produced by clandestine labs in crystal form) because of access difficulties when restrictions on public gatherings were in place and when transportation was closed.
- Many PWUD switched to medical methadone, obtained by prescription from private physicians or bought from peers/dealers. This did not return to the previous levels, indicating a sustained change in the drug scene
- Harm reduction and OAT programs managed to adapt to the rapidly changing situation and resumed service provision without major interruption. These lessons can be used should the strict lockdown be re-introduced.

## Results: Georgia



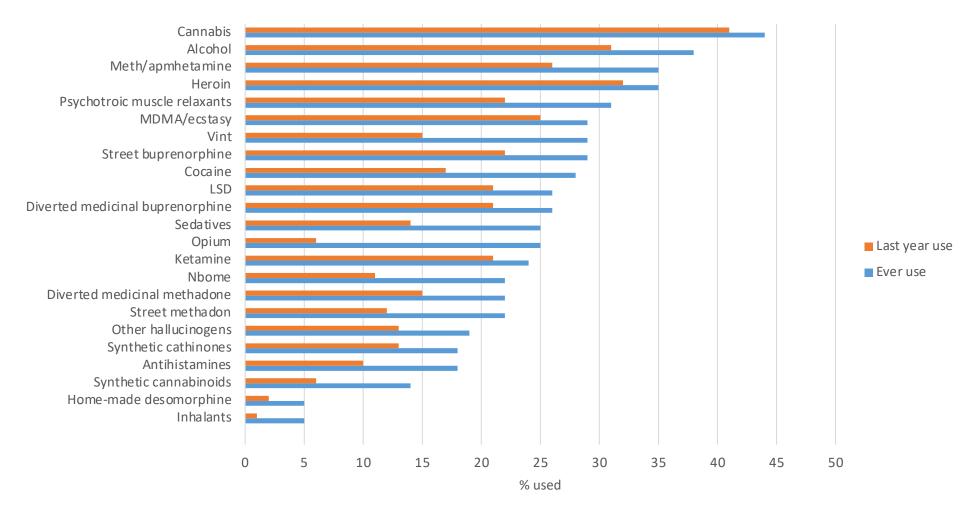
## **Results: Cohort study**

Mean age: 38 (range 18-60)



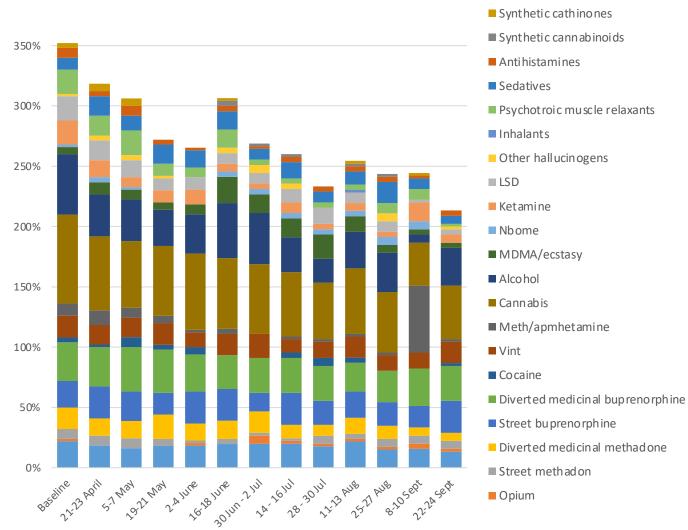


## Lifetime and past year prevalence of use of psychoactive substances at baseline (N=50)



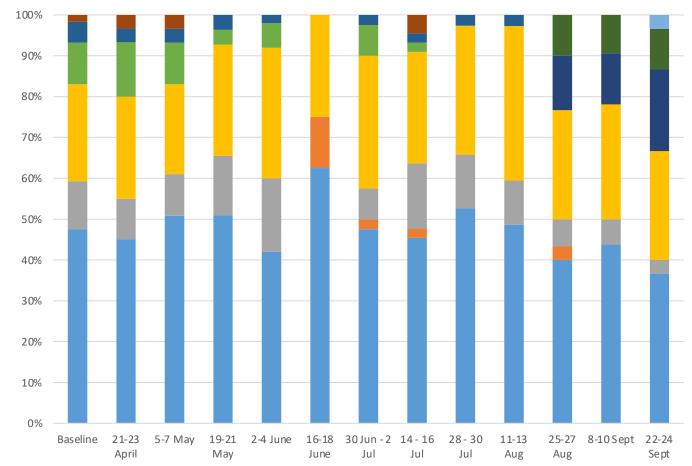


## **Proportion of respondents (%) reporting the use of particular drugs in the past 14 days.** (Note – sum exceeds 100% due to use of multiple substances by individual participants).





## Sources of clean needles/syringes in the past 14 days



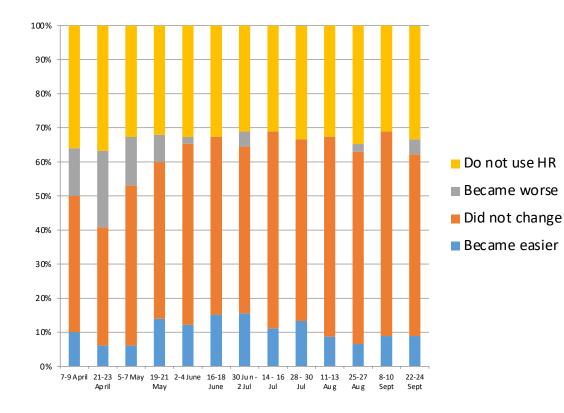
- bought in a pharmacy and got from friend
- bought in pharmacy and received from vending machine
- bought in a pharmacy and received from HRC
- Other

■ Found a used syringe/needle on the street

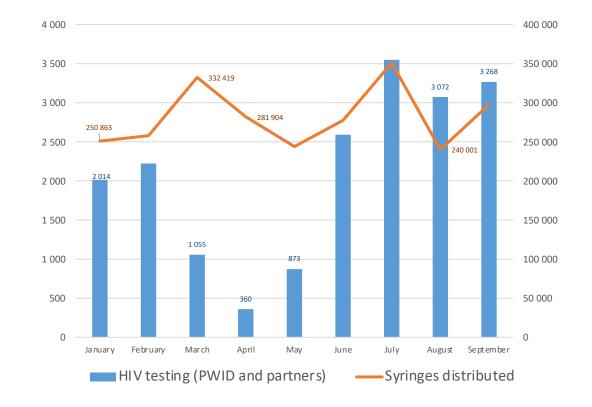
- Bought the drug in pre-filled syringe
- Used my previously used needles/syringes
- Got a used syringe/needle from a friend or partner
- Got it from a friend or partner
- Received from a HR program social worker
- Received for free from vending machine
- Received for free in a pharmacy
- Bought in a pharmacy



## Perceived ease of access to harm reduction services (%).



Monthly rates of HIV testing and distribution of sterile syringes to PWID in Georgia in January-September, 2020 (Source – GHRN program data)





### Matanga online market





# Technology for Matanga online market monitoring

- <u>Python</u> with <u>Selenium</u> and <u>Tor</u> for scraping; <u>Golang</u> for export server
- Script is run on the first minute of each hour on a remote server automatically
- Main assumptions: if a product disappeared from a listing or amount is reduced – considered sold
- Gathered product data covers Tbilisi, Batumi, Kutaisi, and Anaklia regions (every region in Georgia that is listed on *Matanga*)



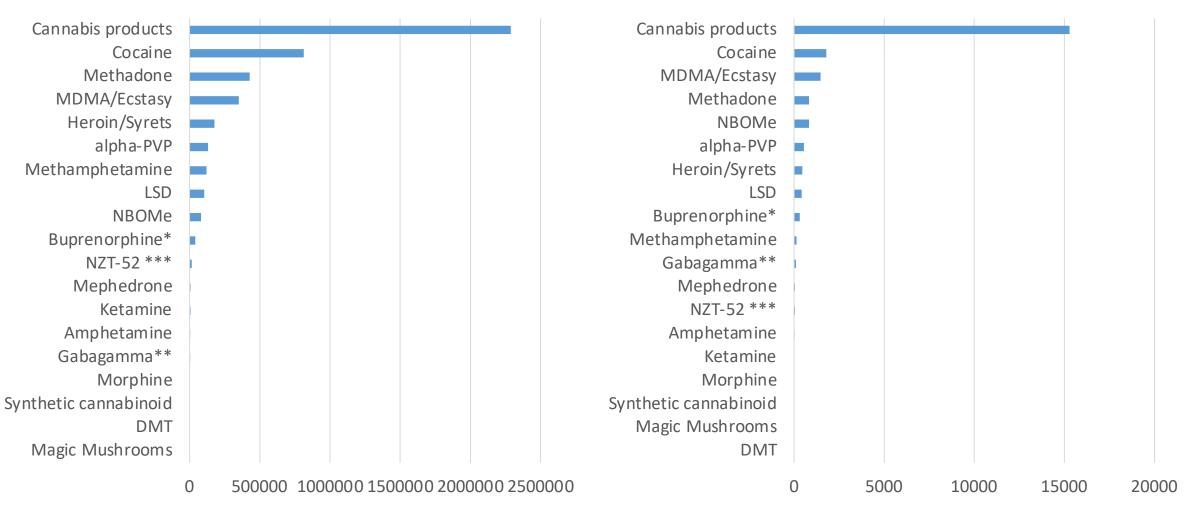
## Results of online market monitoring

Item	Daily average (min/max.)	Total (6 months)
Listings	138 (118/142)	1,312
Vendors	40 (35/55)	124
Transactions	132 (35/882)	22,364
Revenue (USD)	27,083.76 (8,189.65/287,406.22)	4,577,155.05

- 19 types of substances sold
- Smallest purchase \$ 1.5 USD
- Largest purchase \$ 14,615.00 USD
- Cannabis 48.5% of sales values and 67.1% of transactions



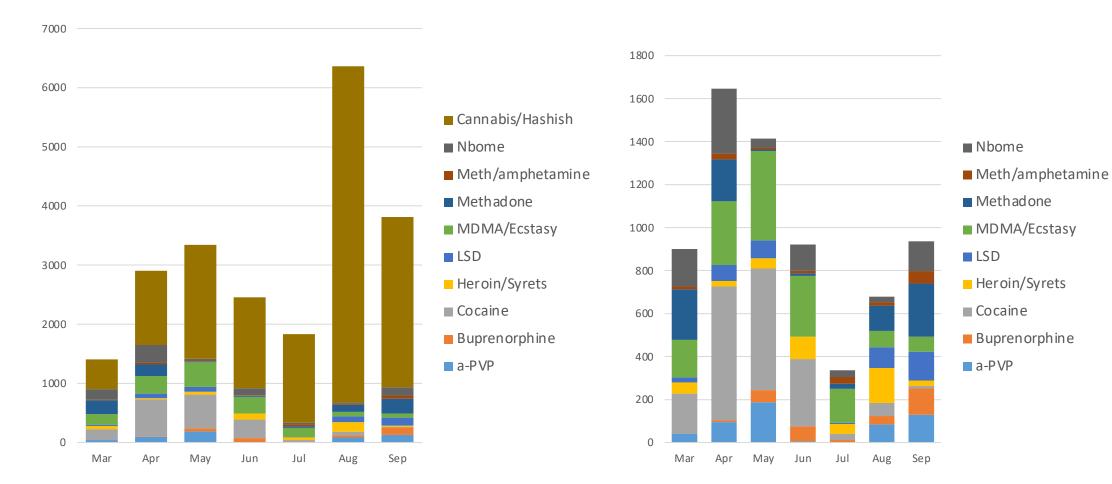
#### Number of transactions



Revenue in USD

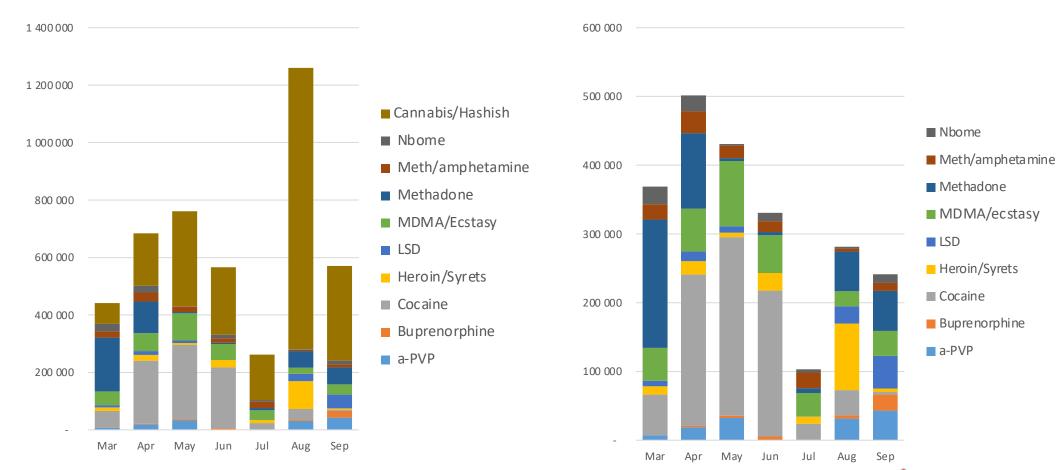


#### Monthly transactions for 10 main substances (cannabis excluded in the right)



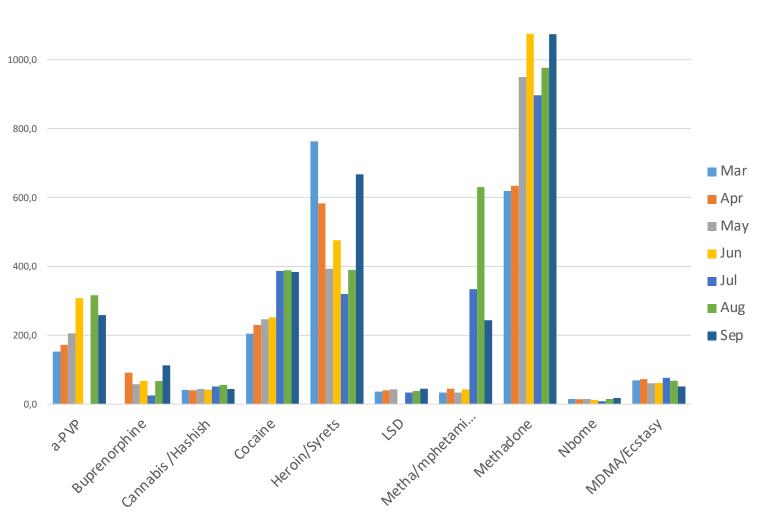


#### Monthly revenues from 10 main substances (cannabis excluded in the right)





## Changes in unit cost of substances offered on a Georgian segment of Matanga





## Conclusions

- Availability of drugs declined
- Many PWUD switch to alternative drugs
- OAT medication diversion
- PWUD would engage in risky behaviors (sharing; obtaining drugs in preloaded syringes), but resort to safer practices as soon as access to sterile equipment was restored
- Some PWUD would benefit as a result of a reduced drug use under the lockdown
- Service innovations: mobile vans, self-testing technologies, vending machines, takehome dosing
- Drug market was able to function despite lockdown; adjustment strategies included new places for dropoffs, home delivery, increased role of a middleman, interractions between PWUD networks, OAT medication diversion
- Mixed results on impact on price and quality

