

CCENDU Alert

Changes Related to COVID-19 in the Illegal Drug Supply and Access to Services, and Resulting Health Harms

Summary

This alert is based on information collected by the Canadian Community Epidemiology Network on Drug Use (CCENDU) between March 31 and May 10, 2020. It focuses on the impact of containment efforts related to COVID-19 on the illegal drug supply and access to services, and the associated health harms. Although there were limited data sensitive to these changes collected systematically, there was a convergence of reports from multiple sources in several regions across Canada, so that CCSA and CCENDU judged it better to share imperfect, timely information than no information.

Analysis of the reports provided by CCENDU members revealed the following overarching themes:

- **Business closures, border closures, physical distancing directives and other COVID-19-related social changes are affecting the illegal drug supply in Canada** in several ways:
 - A decrease or change in the availability of different drugs;
 - Increased prices or drugs sold at the same price, but more diluted; and
 - Increased drug adulteration and associated health consequences.
- **COVID-19-related social changes have resulted in a decrease in the availability of direct services** for people who use drugs, including harm reduction and treatment services, and other services (e.g., homeless shelters, community health centres, outreach services).
- Reduction in the supply and increase in cost and adulteration are occurring as people who use drugs may be experiencing greater isolation, impacts on mental health, decreased income and more limited access to direct services and supports.
- We can expect to see health consequences for people who use substances and those seeking services for substance use disorders, including increases in the number of people experiencing unsupported withdrawal and in the number of drug poisonings.

Response options include:

- Providing access to a more reliable and safer drug supply.
- Providing greater access to and investment in additional harm reduction responses that would reduce risks for people who use drugs and harm reduction workers such as:
 - Ensuring universal access to naloxone;
 - Providing onsite harm reduction services for people housed in hotels, dormitories and community facilities;
 - Investigating the use of virtual options to address consumption of drugs alone and associated harms;



- Ensuring harm reduction and treatment services are deemed essential and provided with resources required for safe and effective operation during and following the pandemic.
- Developing a range of accessible treatment options to ensure that people who voluntarily or involuntarily reduce their drug use during the pandemic receive needed supports.
- Establishing a drug early warning system for Canada to collect, harmonize, analyze, interpret and disseminate timely, factual, objective, reliable and comparable information about substance use-related harms to support evidence-based policy making and response. The lack of systematically collected information sensitive to the impact of COVID-19 on the illegal drug supply, service access and resulting health harms is evidence of the need for such a system.



Background

The Canadian Community Epidemiology Network on Drug Use (CCENDU) is a pan-Canadian, sentinel surveillance network, operating at the community level and led by the Canadian Centre on Substance Use and Addiction (CCSA). The network is made up of municipal or provincial and territorial representatives from British Columbia, Alberta, Manitoba, Ontario (Toronto), Quebec, Nova Scotia, Newfoundland and Labrador (St. John's), and the Yukon.

Each representative collects information on drug harms from local community data sources, as well as anecdotal reports from people who use drugs and those working with them (e.g., law enforcement, harm reduction program staff, etc.). CCENDU collates this information and assesses trends and risks at the national level. If warranted, CCENDU issues alerts and bulletins to advise first responders, healthcare practitioners, treatment providers, people who use drugs, law enforcement officials and others about drug-related health risks and what can be done to prevent and reduce harms.

In mid-March 2020, life for most Canadians changed. Authorities directed Canadians to begin physical distancing or socially isolating to limit the spread of SARS-CoV-2, the coronavirus strain behind the COVID-19 pandemic. Although there has been much written about the impact these large-scale social changes have had or may have on people who use drugs,¹ less is known about the specific impact of these changes on the unregulated illegal drug supply in Canada and on access to direct substance use services.

There is evidence that business closures, border closures, physical distancing directives and other COVID-19-related social changes are affecting the Canadian illegal drug supply in the following ways:²

- Fewer drugs could be entering the country due to:
 - Disruption of precursor supply chains,
 - Shutdown of overseas drug synthesis facilities, and
 - Disruption of drug shipping routes due to border closures.
- Fewer drugs entering the country could lead to drug shortages and increased domestic clandestine production, changing the quantity and quality of drugs circulating on the illegal market.
- Different drugs could be entering the country. For example, there was a recent seizure of opium in Ontario^{3,4} — a drug not typically seized in large quantities in Canada.
- Local dealers may be either unavailable or ill, forcing buyers to turn to less familiar sources.

These changes to the Canadian illegal drug supply could further disrupt an already unpredictable market, making substance use even riskier and increasing health harms for people who use drugs.

1 See <https://www.ccsa.ca/Impacts-COVID-19-Substance-Use> for a collection of resources on COVID-19 and substance use produced by CCSA and organizations around the world.

2 <https://www.drugpolicy.ca/wp-content/uploads/2020/05/Covid-19-and-drug-supply-chain-Mai2020.pdf>

3 <https://www.yorkregion.com/news-story/9969421-record-30m-opium-seizure-by-opp-connected-to-thornhill-residence/>

4 <https://www.intelligencer.ca/news/local-news/belleville-traffic-stop-leads-to-record-opium-seizure>



In early April, CCENDU released a bulletin⁵ and accompanying technical report⁶ on adulterants, contaminants and co-occurring substances in illegal drugs in Canada. On March 31, CCSA sent a request to the sources used for the bulletin and report⁷ for information about how social changes have affected the drug supply since COVID-19 containment measures were put in place. These sources were asked to provide any information they had on whether COVID-19-related social changes had altered drug availability or the contents of what was being sold, or changed the unregulated illegal drug supply in some other unanticipated way.

Availability of Information

When this alert was prepared, there was little systematically collected information sensitive to changes in the illegal drug market and associated health impacts since the start of the COVID-19 pandemic. This gap was due to several reasons:

- Canadian national data and reporting systems describing substance-related harms have improved significantly in the last five years, but there is nonetheless a significant time-lag between collection and reporting.
- There is reduced availability for many of the early warning data sources that CCENDU bulletins have drawn on in the past. Many services have reduced hours and capacity, and many (including drug checking and urine toxicology services) indicate that samples submitted by clients for analysis decreased significantly since physical distancing came into effect.
- Laboratories analyzing samples seized by law enforcement in Canada have been operating at a reduced staff to manage priority analyses; as of May 4 the laboratories have slowly started to resume operations to reach a 40–50% activity level. A detailed analysis of the constituents of substances seized by law enforcement during the pandemic may be available at a later date or after containment measures to reduce the spread of COVID-19 have been lifted.

Findings

With this alert, we have expeditiously collected the limited information submitted by the CCENDU network and the Canadian Drug Checking Working Group to get what we know out as quickly as possible. These findings should be considered preliminary and may change as more data become available. The findings present what members of CCENDU were reporting in April 2020 and, as the impact of the pandemic on the illegal drug supply continues, they will likely change. Caveats and

Disclaimer

When this alert was finalized on May 10, there were few data sources that could be used to corroborate and support reports provided by CCENDU site coordinators and their local networks. After collecting the available information, CCSA and CCENDU judged it better to share imperfect, timely information than no information. We have issued this alert so that stakeholders can be aware of what is known about the impacts of COVID-19 on the Canadian illegal drug supply and how this could affect people who use drugs, those working with people who use drugs, policy makers and other stakeholders.

5 <https://www.ccsa.ca/sites/default/files/2020-04/CCSA-CCENDU-Adulterants-Contaminants-Co-occurring-Substances-in-Drugs-Canada-Bulletin-2020-en.pdf>

6 <https://www.ccsa.ca/sites/default/files/2020-04/CCSA-CCENDU-Adulterants-Contaminants-Co-occurring-Substances-in-Drugs-Canada-Report-2020-en.pdf>

7 CCENDU site coordinators (<https://www.ccsa.ca/partners-and-collaboration-ccendu>) and members of the Canadian Drug Checking Working Group contributed to the CCENDU bulletin and report. The working group is a collection of drug checking service providers, researchers and policy makers from across the country who meet regularly to discuss issues and exchange knowledge. Current members represent services in B.C., the Yukon, Ontario and Quebec.



limitations notwithstanding, reports from multiple sources across several regions of Canada converged and several overarching themes emerged.

Increased Prices and Decreased Availability

Partners report that the COVID-19 pandemic has resulted in decreased availability of drugs, which has led to increased prices in some parts of Canada and adulteration. These reported changes in the illegal drug supply are likely in part the result of disruption in the international illegal drug trade that have been reported in media sources^{8, 9} and a recent research brief from the United Nations Office on Drugs and Crime.¹⁰ Some American partners suggest anecdotally they have seen an increase in seizures at postal facilities, which could be associated with increased purchases from the dark net markets.¹¹ However, these assumptions have not yet been supported by data.

Most reporting partners shared anecdotal reports that prices have increased – doubling or tripling depending on the region, as well as the type of drug (e.g., some sources indicate a steep increase in methamphetamine prices while fentanyl prices have remained stable). However, it is unclear whether price increases are always reflective of decreased availability. There have also been reports of intentional inflation by people selling drugs (i.e., price gouging or adding what has been referred to colloquially as a “COVID tax”) to take advantage of perceived shortages or to account for the increased risks of distributing drugs during the pandemic.

People are also adjusting their behaviour as a consequence of drug shortages. According to one partner, some people who use drugs reported accessing medical services after failing to secure their usual drugs, while others reported attempting to make their own drugs or switching to other substances (e.g., sniffing gas).

Increased Drug Adulteration

Possible Increase in Bulking Agents and Adulterants

In regions where price increases were not reported, there were reports of “weak” drugs, suggesting increased adulteration with bulking agents. There were reports from the CCENDU network of weaker effects and drugs not looking or tasting right, as well as an increase in powdered or pre-mixed drugs. These reports suggest that some drugs are being cut with more or different bulking agents. There have also been reports of unanticipated side effects, such as people becoming reserved, quiet or nauseous after using methamphetamine or experiencing hallucinations after using cocaine. Such side effects indicate that unanticipated psychoactive substances may have been added to the drugs. Data from drug checking services in B.C. corroborate this possibility; samples of “down” or heroin tested at the end of April were found to contain fentanyl, benzodiazepines, synthetic cannabinoids or sedatives such as xylazine.¹² Reports from Manitoba indicate an increase in unintentional polysubstance use (e.g., positive fentanyl screens for clients who thought they were consuming methamphetamine only) and reports of local sellers cutting drugs with “anything they can get,” including benzodiazepines.

Associated Health Consequences

Partners in Toronto— one of the few reporting regions with recent data on drug poisonings — report that while data on available substances and level of contamination is limited, they have noted an

8 https://www.theglobeandmail.com/world/article-cartels-are-scrambling-coronavirus-snarls-global-drug-trade/?utm_source

9 https://www.vice.com/en_ca/article/wxek4m/coronavirus-is-leading-to-shortages-of-fentanyl-and-meth

10 <https://www.drugpolicy.ca/wp-content/uploads/2020/05/Covid-19-and-drug-supply-chain-Mai2020.pdf>

11 http://www.emcdda.europa.eu/system/files/publications/13042/EMCDDA-report_COVID19-darknet-final.pdf

12 Wallace B, van Roode T, Burek P, Gozdziński L, Ramsay M, Garber I, & Hore D. Vancouver Island Drug Checking Project: Key Indicators for 1 January–31 March 2020. Victoria, BC: Vancouver Island Drug Checking Project; 2020.



increase in harms. On April 4 they issued an alert on an increase in drug poisonings in March¹³ and on April 9 an alert on a cluster of suspected opioid drug poisonings from smoking crack cocaine.¹⁴ On May 5 they issued a similar drug alert about overdose deaths in April,¹⁵ pointing out that this was the highest number of suspected opioid overdose-related deaths in a month since September 2017. In all instances, they note that though specific information on the drugs involved was not available, “the impact of the toxic drug supply is worsened for people who use drugs by the community spread of COVID-19.” Similarly, a B.C. provincial alert posted on May 6 warned of increased drug toxicity related to both stimulants and “down,” resulting in an increase in drug poisonings.¹⁶ In addition, there are anecdotal reports from police and others indicating that recent drug-involved deaths are occurring more frequently in single occupancy rooms in hotels and other residences since the beginning of the pandemic. However, it is unknown whether this increase is connected with increased drug adulteration or increases in the number of people using drugs alone in an attempt to adhere to physical distancing guidelines.

Evidence of Increasing Illegal Drug Supply Toxicity Before COVID-19

Impacts of COVID-19 on the illegal drug supply have occurred at a time when there was evidence the illegal drug supply was already becoming more toxic.¹⁷ The B.C. coroners service reported a 61% increase in illicit drug toxicity deaths between February (70) and March 2020 (113),¹⁸ compared to declines in 2019 and January and February 2020. Drug poisonings were also increasing in Ontario before COVID-19¹⁹ and there was evidence that the illegal drug supply contained increasing amounts of novel benzodiazepines.²⁰ At the same time, reports from several regions in Canada indicated a new synthetic opioid, isotonitazene, may be a contributor to some drug poisonings.²¹

Challenges Providing Direct Services to People Who Use Drugs

CCENDU sites reported that the COVID-19 public health control measures have resulted in a decrease in direct services such as drug checking services, homeless shelters, community health centres, needle exchange programs, outreach services, community residential treatment and so on. When these services are open, they are reportedly facing capacity issues, staff shortages and limited hours, which pose challenges for people seeking treatment or people who use drugs being able to access harm reduction equipment to prevent drug poisonings and infection transmission.

Discussion

As of May 11, about eight weeks into the pandemic containment plan across Canada, there were few available data sources that reliably described changes to the unregulated illegal drug supply and the resultant harms. Nevertheless, the anecdotal reports from the CCENDU partners contained converging

13 https://www.toronto.ca/wp-content/uploads/2020/04/989c-DrugAlert_4April2020.pdf

14 https://www.toronto.ca/wp-content/uploads/2020/04/9798-DrugAlert_April9_2020.pdf

15 https://www.toronto.ca/wp-content/uploads/2020/05/8ff3-Drug-Alert_May5_2020.pdf

16 <https://towardtheheart.com/for-pwus#bc-provincial-overdose-alert-1>

17 <https://www.ccsa.ca/sites/default/files/2020-04/CCSA-CCENDU-Adulterants-Contaminants-Co-occurring-Substances-in-Drugs-Canada-Bulletin-2020-en.pdf>

18 <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

19 https://www.toronto.ca/wp-content/uploads/2020/04/989c-DrugAlert_4April2020.pdf

20 http://www.ohrn.org/wp-content/uploads/2020/03/Benzodiazepines-in-the-unregulated-drug-supply-in-Ontario_OHRN_March-2020.pdf

21 In February 2020, Health Canada’s Drug Analysis Services (DAS) indicated they had encountered isotonitazene in 15 samples (as of Feb. 14, 2020) submitted by Canadian law enforcement agencies. Most of the samples were submitted by agencies in the province of Quebec (12), while two samples came from the Calgary police and one from Saskatchewan. The majority of samples were counterfeit tablets containing isotonitazene instead of the expected active ingredient (Dilaudid®, Roxicodone® or hydromorphone). The first time DAS encountered isotonitazene was in November 2019.



observations that a decrease in supply is leading to an increase in price or in adulteration or both. While regional differences in the drug supply have existed historically in Canada, we can assume that all regions either are experiencing or will experience a decreased supply because of the measures implemented to contain COVID-19, which will lead to disruption in local illegal drug supply, although the nature of the impact will vary among regions.

Implications

It must be kept in mind that the presumptive reduction in the illegal drug supply and the resultant increase in cost and adulteration are occurring as people who use drugs may be experiencing greater isolation, impacts on mental health and decreased income. Both trends are compounded by reductions in access to direct services and supports that are also happening at the same time. As a result, we can expect to see several health consequences for people who use substances and those seeking treatment for substance use disorders.²²

Possible Increased Number of People Experiencing Withdrawal

- People who use drugs may not be able to access their regular drug supply as supply chains become disrupted and their income is reduced, which may result in unsupported withdrawal.

Possible Increase in Drug Poisonings

- People may be using drugs that are not from their regular source and that may be more toxic.
- People may have reduced tolerance if they are consuming less because of involuntary or unsupported abstinence due to lack of supply, increasing their risk of drug poisoning when they do have access to drugs.
- People may be using more often in isolation with fewer people to monitor them or respond in case of drug poisoning.

Possible Response Options

Access to a More Reliable and Safer Drug Supply

In response to the increasingly unpredictable drug supply due to COVID-19, Health Canada has taken several actions:

- In March 2020, Health Canada issued a Subsection 56(1) class exemption for patients, practitioners and pharmacists prescribing and providing controlled substances in Canada during the COVID-19 pandemic.
- This exemption was followed in April 2020 by a class exemption for supervised consumption and drug poisoning prevention services to adjust operations in accordance with physical distancing directives.
- In May 2020, Health Canada collected resources to help address the toxic street supply in a COVID-19 and Substance Use Toolkit.²³

These policies make it easier to address some of the concerns noted above. As part of the efforts to implement these policies, B.C. issued an interim clinical guidance, *Risk Mitigation in the Context of*

²² The implications discussed here are adapted from correspondence with a representative of the Ontario Harm Reduction Network, with permission from the author.

²³ https://www.dropbox.com/sh/x622qndzmydsvm/AABi888G_Ase6TO-N1Pd3uboa?dl=0



Dual Public Health Emergencies,²⁴ that illustrates a physician–pharmacist controlled safer supply access model that could be beneficial in this context. Key features of the model include:

- Increased access to take-home opioid agonist and other pharmaceuticals, including through delivery, providing renewable prescriptions to reduce the risk of withdrawal from disrupted access and reduce the need to access the illegal supply;
- Development with the direct involvement of individuals with lived and living experience;
- Consideration beyond opioids of stimulants, benzodiazepines and managed alcohol programs;
- Guidance to reduce the risk of drug poisoning, while respecting physical distance precautions appropriate to COVID-19;
- Guidance for home delivery by pharmacies, enabled by recent Health Canada exemptions; and
- Allowances for personal storage in place of frequent pharmacy visits.

Other Possible Responses

Regardless of efforts made to increase access to a more predictable drug supply, some people who use drugs will either voluntarily or involuntarily reduce their use. These people must have access to a range of treatment options, including virtual care, to ensure they receive the needed services and supports. Others will likely continue to acquire drugs from the increasingly dangerous illegal drug supply. Because of these realities, a number of additional harm reduction responses should be implemented to reduce risks for people who use drugs, as well as harm reduction workers:

- Ensure universal access to naloxone;
- Given reports of harms occurring among people temporarily housed in hotels, dormitories and community facilities, provide onsite harm reduction services compliant with physical distancing or more targeted approaches such as housing-based overdose prevention services;
- Investigate the use of virtual options to address consumption of drugs alone and associated harms. For example, there have been reports of people using drugs with others virtually (via video conferencing software or just on the telephone) so that there is someone to call 911 in case of emergency. There has also been at least one app developed explicitly for this purpose,²⁵ although it has only recently been released and its efficacy has yet to be evaluated.
- Ensure harm reduction and treatment services are deemed essential and provided with resources, in particular personal protective equipment (PPE), required for safe and effective operation during and following the pandemic.

Finally, we suggest establishing a drug early warning system for Canada to collect, harmonize, analyze, interpret and disseminate timely, factual, objective, reliable and comparable information about substance use-related harms to support evidence-based policymaking and provide evidence informed responses. We suggest that lack of systematically collected information sensitive to the impact of COVID-19 is evidence of a need for such a system.

CCENDU will continue to work with partners to synthesize data from the local sites and disseminate information on what we know about the changing illegal drug supply in the context of the pandemic. If you have any questions, comments, information to contribute to this topic or corrections to the

²⁴ <https://www.bccsu.ca/wp-content/uploads/2020/05/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.6.pdf>

²⁵ <https://www.besafe.community/>



information in this bulletin, or you wish to receive updates as new information becomes available, please contact CCENDU@ccsa.ca.

For more information on CCENDU and previous CCENDU Alerts and Bulletins, visit www.CCENDU.ca.

**Prepared by the CCSA in partnership with the
Canadian Community Epidemiology Network on Drug Use (CCENDU)**

The Canadian Community Epidemiology Network on Drug Use (CCENDU) is a nation-wide network of community level partners who share information about local trends and emerging issues in substance use and exchange knowledge and tools to support more effective data collection.

Disclaimer: While every effort has been made to identify and compile the best and most reliable information available on the topic, the nature of the bulletin is such that CCSA cannot confirm the validity of all information included or acquired from links provided. While we have done our utmost to provide correct information, CCSA makes no representations or warranties of any kind, express or implied, about the completeness, accuracy or reliability with respect to the information included in this alert or the information included in the links provided.

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