



Substance Use and Substance Use Disorders in relation to COVID-19: *Qualitative Experience of Users in Jordan*

Mayyada Wazaify, Sukaina Al-Zyoud, ² Dania Shahin,¹ Jenny Scott,³ Navin Kumar,⁴ Richard Pates,⁵ Kaveh Khoshnood

Disclosure of Interest

- Authors have no conflict of interest to disclose. This work was supported by Abdul Hameed Shoman Scientific Research Support Fund (AHSF) in Amman, Jordan.



مؤسسة عبد الحميد شومان
ABDUL HAMEED SHOMAN FOUNDATION

البنك العربي - ARAB BANK

The Hashemite Kingdom of Jordan



- Area: 89,342 sq.km
- Population: 10,998,531 (2022 est.)
- Literacy: 93%



Overview of Substance Use situation in Jordan



- Data about SU in Jordan is limited
- The Anti-Narcotic Department (AND) estimated that the number of people with SUD in Jordan is **less than 1% of the population** (Husseini, 2012).
- World Drug Report **estimated that 0.4% of the Jordanian population in 2016** suffered from alcohol use disorders including alcohol dependence and harmful use of alcohol (WHO, 2018).



Main Substances of Use in Jordan

(UNODC Drug Report, 2022):

- Amphetamine-type-stimulants (ATS)
- Cannabis + Synthetic Cannabinoids
- Gabapentinoids (pregabalin and gabapentin)

- The main reported **injected** drug is Heroin (< 0.05%, Yasin et al., 2020)



Why this research?

Monitoring substance use and SUD during the COVID-19 pandemic is essential:

1. Those who engage in SUD
2. economic and social changes may aggravate SUDs

“ I told you if someone smokes something that harms himHe won't care about COVID-19 or anything else.”

(Participant 4, 25 years old)



Aim



To describe, (from the perspective of SUD patients):

- what is known regarding **the impact of COVID-19** on substance use and SUD,
- **any changes that occurred** in the pattern of use, services provided,
- **main challenges faced**, and how they **were overcome**.

Hypothesis: COVID-19 has an effect on SUD and services provided to SUD patients during the pandemic in Jordan (i.e.-March 2020- time of study conduction in March 2021).



Methods



- In-person semi-structured interviews with a sample of SUD patients at the 2 main addiction treatment centers in Jordan and one Community Based Organization (CBO)
- Recruitment stopped once data saturation was reached
- Interviews were transcribed verbatim and analyzed using **NVIVO-R1**, and themes were identified.



Results:



- Seventeen participants were interviewed (male, aged 19-52 years, median=27)
- Eleven: single, most (8/17) had college/ university/postgraduate education
- Average length of stay at the time of interview was approximately 23 days (range 5-49 days).

Most common substances:

- Hashish (n=11/17), Captagon (n=10/17), alcohol and Joker powder (SCRA) (n=9/17),



Five key themes emerged from a narrative analysis:



Impact of COVID-19 on the:

- 1. the pattern of use,*
- 2. availability of substances,*
- 3. social life and its relation to SUD,*
- 4. on smoking,*
- 5. on the user's health, awareness, and hygienic measures.*



1- Impact of COVID-19 on **pattern** of substance use

a) Shifts in substances during the lockdown

"If there was no Hashish, then I would switch into crystal meth...If crystal meth wasn't available, I would switch to Captagon ...If there was no Captagon, I would take whatever is available and so on..at the end if there was nothing available, then you have to make it available, you have to!"

(Participant 2, 21 years old)



1-Impact of COVID-19 on **pattern** of substance use

b) the amount of substance use

"March came and what happened to me [shows regret in his voice] is that I had free time.. Free time plays a big role. I am sitting at home and what am I going to do? What am I going to do? And also bad friends played a role too."

(Participant 3, 24 years old)



2- Impact of COVID-19 on **availability** of substance use

a) *Accessibility to drugs during the lockdown*

Only one participant, who lived in Al-Aqaba (southern Jordan by the Red Sea), mentioned that he ran out of drugs during the curfew

“Because they [drugs] weren’t available and were expensive, as the price doubled. Many guys had the same issue, maybe even the drug dealer ran out of drugs...And he shouldn’t run out of drugs.”

(Participant 5, 19 years old)



2- Impact of COVID-19 on **availability** of substance use

b) Methods that participants used to obtain substances during the lockdown

"By the way there were people helping me to buy substances from a taxi. I told him that I want to buy substances and he gave me money to buy two cigarettes of... at home during the curfew when..."

"When there was the lockdown... I did a lot of teaching, maybe I'm not rich with money, but my social interaction is very good, some of my ex-students work in the municipality, and they had the authority to leave and use transportations so they were the ones to get me... drugs..."

(Participant 15, 52 years old)



3-The impact of COVID-19 on **socioeconomic** status and its relation to substance use



a) ***Impact of COVID-19 and financial status on substance use***

“ I told you I had my own shop. It was mine; no one has anything to do with it, even my family. I made it from A to Z and it was gone! how could I tell you ... my health was gone, problems over problems and many concerns and worries inside the house outside the house ...all of this together. Then you start to think about one thing only ... which is using drugs, to....to forget”

(Participant 2, 21 years old)



4-The impact of COVID-19 on smoking

a) Quantity consumed per day

" Tobacco cigarettes, because I take Captagon, you know what I mean? I would smoke about 3 packs a day."

(Participant 9, 37 years old)

"Yes, two Packs, and I won't lie sometimes three if I take Catagon."

(Participant 16, male, 27 years old)



4-The impact of COVID-19 on smoking

B) The Availability of cigarettes during the lockdown.

“Because I live in a camp [refugee camp], the camp is not like Amman honestly, the camp is full of alleys and all that, so the police don’t come inside the camp, we are forgotten, deleted from the map [Sarcasm] when talking about the police coming in here. It was normal, we would sit outside, and it was normal there was no quarantine for us in the camp because it’s full of alleys and...”

(Participant 9, 37 years old)



5. The user's health, awareness, and hygienic measures



a) *Awareness about practicing safety measures during COVID-19 pandemic.*

".... so I decided to decrease my interaction with people that there were many people in the gathering and most of the attendees had been in contact with someone who went to Amman, I would not go. I knew that I used to hang out with them."

(Participant 5, 19 years old)

"Let all people get infected, it's ok, and whoever dies dies"

(Participant 15, 52 years old)

" I was someone who used to wear a facemask until I got infected, then I felt safe because I got immunity, so I don't wear it all the time."

(Participant 7, 30 years old)



5. The user's health, awareness, and hygienic measures



b) Impact of COVID-19 on health perspective of people who use substances:

“ Um... firstly, taking substances destroys your health... and protection against COVID... As long as you take drugs, you are more susceptible to COVID. Like, you destroy your health... you destroy your respiratory system... The respiratory system is the main defense in the human body that can protect other organs. Lungs... Because COVID hits the lungs first that's why you should protect yourself from COVID... you should reduce your addiction to protect yourself more.”

(Participant 3, 24 years old)



5. The user's health, awareness, and hygienic measures



c) Accessibility to addiction healthcare services during the lockdown.

"The doctor gave it to me in huge amounts."

(Participant 1, 24 years old)

"MW- You used to come here [FOCCEC]?"

-Yes, I did

MW- During COVID?"

- Yes, during COVID"

(Participant 9, 37 years old)



Conclusion



The study provided in-depth information to inform, support, and customize the design of interventions to mitigate the negative effects of substance use and SUD-related outcomes in a rapidly changing pandemic.

Acknowledgement



مؤسسة عبد الحميد شومان
ABDUL HAMEED SHOMAN FOUNDATION
البنك العربي - ARAB BANK



وزارة التخطيط
المملكة الأردنية الهاشمية
إدارة مكافحة المخدرات



مركز سواعد التغيير
لتمكين المجتمع



Thank you for not sleeping!

Any Questions?

m.wazaify@ju.edu.jo

