



Commentary

Easy COVID-19 Lockdown: A Potential Public Health Concern for Youth with Substance Use Disorders in Rwanda

James Ngamije*

Abstract

The aim of this paper was to discuss the potential public health concern for youth with substance use disorders in Rwanda during COVID-19 easy lockdown. Rwanda was the first African country to impose strict measures that may reduce not only the spread of infection but also accessibility of drugs. The nationwide COVID-19 restrictions in the landlocked country were eased on May 4 and public and private transport resumed. As well as markets and shops opened. In all districts, local authorities reminded the community about COVID-19 prevention measures. However, adolescents' individual, familial, and social vulnerability, as well as individual and familial coping abilities, are factors related to adolescent drug use and misuse in times of crisis. Youth with SUDs are often vulnerable and require careful consideration by caregivers and healthcare system adaptations to allow for mental health support despite COVID-19 measures. Research on youth with SUDs in times of pandemics is necessary, as such a global situation could be prolonged or repeated.

Keywords

COVID-19 pandemic; Easy lockdown; Substance use disorders; Youth; Public health concern.

Introduction

Rwanda recorded its first confirmed case of COVID-19 on March 14, 2020. Rwanda announced an initial two-week lockdown on March 21 at the onset of the coronavirus outbreak, which was extended twice until April 30. The nationwide COVID-19 restrictions in the landlocked country were eased on May 4 and public and private transport resumed. As well as markets and shops opened. In all districts, local authorities reminded the community about COVID-19 prevention measures to include: Wash hands (wash stations and hand sanitizers are compulsory in all public spaces); Wear a face-mask; Practice physical distancing; Be home by 9 pm as curfew is still applicable; Resume work with staff not exceeding 50%; Provide masks for all employees while at work. It is probable that coronavirus disease (COVID-19) will be transmitted to youth with drug abuse, which will become a major problem in particular in rural areas of Rwanda where there are sizable populations of youth with drug abuse disorders (SUDs). In recent study of Ministry of Youth and ICT,

more than half (52.5%) of youth in Rwanda between 14 to 35 years experienced drugs with 34% for alcohol, 8.5% for tobacco smoking, 2.7% for cannabis, 0.2% for glue and 0.1% for drugs such as diazepam. 7.46% (one in thirteen) of the youth were alcohol dependent, 4.88% (one in twenty) were nicotine dependent, and 2.54% (one in forty) dependent on cannabis [1].

Youth with substance use disorders in Rwanda particularly those who are homeless live in environments that are conducive to COVID-19 pandemic. For example, Rwandan youth with substance use disorders particularly cannabis users are particularly vulnerable because of high level of health problems and lifestyle factors. Alcohol use in rural areas of Rwanda often takes place within settings in which individuals congregate together and alcohols and alcohol equipment i.e bottle may be shared. In addition, some youth with SUDs particularly homeless often live in crowded locations such as under the bridge or in abandoned buildings with no or minimal air conditioning facilities and might not have regular access to basic hygiene supplies or showering facilities, all of which could facilitate virus transmission [2].

More generally, youth with SUDs are a marginalized and stigmatized group with potential of not only increase risk but also create barriers for screening and early identification of COVID-19 patients which are important to break the cycle of transmission. Youth with SUDs may face addiction risks that need consideration and mitigation to include poor immune system, vulnerability to stress, poor health condition, high risk behaviors, poor health condition [3].

Youth with SUDs are vulnerable group, and their potential exposure to COVID-19 might negatively affect their ability to be supported and access to health care for their mental and physical health. People with use of drug have a higher rate of smoking and different studies estimated the current smoking rate of more than 70% among them [4,5] Several studies found that smoking is a significant risk factor and is most likely associated with the negative progression and adverse outcomes of COVID-19 [6-9].

It is also worth noting that despite the promotion of mask to reduce the risk, smoking tobacco or cannabis and sharing drug equipment to include bottle of beer common in rural areas of Rwanda is characterized by inhalation and by repetitive hand-to-mouth movements which are strongly advised against to reduce viral contamination

There are some additional issues, which are unique to youth with SUDs, to consider with regards to COVID-19. Despite social, economic and psychological problem of lockdown that may increase the risk of using drugs, lockdown was also an opportunity to quit or to reduce not only the youth with SUDs' health risks but also his community. Youth with SUDs might be more transient and geographically mobile than individuals in the general population, making it difficult to track and prevent transmission and to treat those who need care. Public health interventions, such as easy lockdown in Rwanda, may increase the exposure of drug abusers and their family members by buying and consuming drugs in neighboring countries by not crossing the borders, fearing to be incarcerated and use the so called mouse road, all of which could lead to potential problems with screening,

*Corresponding author: James Ngamije, Department of Community Development, UTB, Rwanda, Tel: +250788273428; E-mail: ngamije2009@gmail.com

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quarantining, and treating people who might have COVID-19. Risk factors of COVID-19 severity (lung and cardiovascular disorders, diabetes, asthma, cancers, hepatitis and HIV/AIDS) are more frequent among people with SUDs [2]. Prevention of drug abuse particularly smoking tobacco and cannabis prevalent in Rwanda youth by any means should be a priority among youth with SUDs.

Together, the multitude of potential vulnerabilities and risks for youth with SUDs in becoming infected, needing care, and transmitting COVID-19 cannot be ignored and must be planned for while easing COVID-19 lockdown. Some lessons can be learned from the findings of the global situation of COVID-19 as pandemic that patients with cardiovascular diseases, chronic respiratory diseases, and males all associated with youth with SUDs have a higher risk of mortality than the rest of population [7,10,11].

Testing kits and training on how to recognize(COVID-19 should be widely disseminated to addiction services providers and deployed in National rehabilitation services such as , Gitagata center in Bugesera District of Eastern Province, and Iwawa training centre in Rutsiro District of the Western Province and transit centres in all districts.

In lockdown, youth services and transit centres were closed, all of which might negatively affect youth with substance abuse. Alternative spaces might be needed to quarantine and treat youth with SUDs. As Rwanda decided to easy lockdown to prevent COVID-19 transmission, there are few emergencies preparedness plans to care for a large number of youth with SUDs including those received rehabilitation services from relapse. In easy lockdowns, NGOs are closed, movement outside provinces is restricted and, all of which might negatively affect youth with SUDs who might need health services in Kigali.

It is unclear how youth with SUDs in need of addiction treatment if movement from one province to another is restricted as hospitals providing such services are in Kigali. In such a scenario, closures of transit centres in districts and services provided by NGOs could increase the number of youth with SUDs and reduce their access to health and rehabilitation services. Lockdowns and disease containment procedures might also be harmful to the mental health of people youth with SUDs, many of whom may have fears around involuntary quarantine and testing.

In response to COVID-19, Rwanda has declared a state of emergency, allowing cities to take extraordinary measures, which has included stay home and preventing people to move from the city of Kigali to other provinces. This has reduced the number of youth with SUDs experiencing homeless and displaced them to reduce their risk for COVID-19. Another complicating matter is that while the Ministry of Health claims that the current COVID-19 cases are from other countries including neighboring countries, some neighboring

countries did not impose lockdown while other countries cannot arrest or punish people for using drugs such as cannabis. Beside efforts of strict measures imposed in Rwanda to control the COVID-19 pandemic, it is unclear if and how it will control youth with SUDs who used to cross the borders and now using the so called mouse road for just getting drugs in case of unlock with not cure and availability of COVID-19 vaccine.

Conclusion

Districts of Rwanda closed to other countries with large youth with SUDs might face unique challenges while trying to contain COVID-19 and addressing youth with SUDs, with the potential for both issues to exacerbate one another.

Conflict of Interest

The author declares no competing interests.

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