

When Access Was Interrupted: Drug Access, Treatment Disruption and Lived Experiences during COVID-19 in Darjeeling

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Abstract

When the COVID-19 lockdown was implemented in India in March 2020, it disturbed not only mobility and transportation but also access to healthcare services and social interactions. Access to drugs, treatment and rehabilitation for people who use drugs (PWUD) were all impacted by these disturbances. The objective of the study was to explore how COVID-19 lockdown restrictions had affected drug access, mobility, help-seeking and access to treatment and rehabilitation among PWUD in Darjeeling. An explorative qualitative approach was utilized. In March 2021, five retrospective interviews with adults who had firsthand knowledge of drug use during the lockdown were carried out. Purposive selection of participants was achieved by continuous fieldwork. Through the interview changes in drug availability and access, mobility, withdrawal and craving, coping strategies, help-seeking, treatment and rehabilitation access were all examined. The findings show that restrictions on movement and transportation had disrupted participants' usual ways of obtaining drugs and reduced their contact with suppliers. The participants also reported difficulties in their mental and physical health during withdrawal, which increased their need for support. At the same time, telephone-based counselling provided limited assistance, while access to residential rehabilitation and other treatment options remained restricted. The study highlights how access to drugs and access to treatment were simultaneously disrupted, resulting in what is described as a "double interruption of access." Drawing on social capital as a supporting perspective, the study shows how mobility, social networks and local support systems shaped participants' experiences. The findings show the importance of looking at both access to drugs and access to treatment when studying the social effects of public health emergencies.

Keywords: COVID-19, drug access, treatment access, lockdown, people who use drugs, social capital, Darjeeling

Introduction

Lockdown due to COVID-19 in India, which began in March 2020, has been responsible for altering and disturbing everyday social lives of people. It was during the lockdown that mobility was restricted, which also led to the disturbance in transportation, social interaction,

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and access to healthcare. These disturbances were very relevant for people who use drugs, PWUD.

There were studies from different regions that reported that drug supply, availability, prices and patterns of drug use during the pandemic changed. These changes varied across places and on the basis of types of drugs (Farhoudian et al., 2021; Arya et al., 2022; Otiashvili et al., 2022; Scherbaum et al., 2021). The restrictions on travel also created difficulties in accessing treatment and rehabilitation services. At the same time, some services were introduced, such as telephone counselling, telemedicine and other forms of support (Pandit et al., 2020; Ghosh et al., 2020; Russell et al., 2021; Kelly et al., 2022).

There is an important issue that emerges from this literature and that is the difference between the availability and the accessibility of drugs. Drugs being available does not necessarily mean that people can obtain them. Access may depend on mobility, contact with the suppliers, peers, transport, money and other existing social networks. There is a similar situation that applies to the treatment and the rehabilitation services. Although some services continued to operate during the lockdown period, people could still face difficulties in reaching or using them because of various travel restrictions, changes in the admission procedure, reduced in face-to-face services and concerns about COVID-19 infection. Thus, access depends not only on whether drugs or services are available but also on the conditions through which people are able to reach them.

This issue is mainly significant in the Darjeeling Hills of West Bengal. The hills are connected to the plains mainly through road transportation, with Siliguri serving as an important access point to the hills. People often travel between the hill settlements and places like Siliguri for their everyday social and economic needs. Under normal conditions, geographical distance can be managed through personal mobility, transport and social networks. During the lockdown period, restrictions on movement and transportation disturbed these usual arrangements. The Darjeeling setting therefore provides an important opportunity to examine how changes in mobility affected access to drugs as well as treatment and rehabilitation (Darjeeling District Administration, n.d.).

There are existing studies that have examined changes in drug supply, their availability, withdrawal and craving, coping practices and treatment access during the COVID-19 pandemic. These issues, however, have been examined separately. There is very little attention given to how access to drugs and treatment were affected at the same time, particularly in geographically distinctive settings such as the Darjeeling Hills. The research problem addressed in this study is therefore how people experienced drug and treatment access when their usual mobility, social contacts, and institutional arrangements were disturbed during the lockdown period.

The major question the study raises is how did the COVID-19 lockdown affect drug accessibility, mobility, withdrawal and craving, coping, help-seeking and access to treatment and rehabilitation among people who had a direct experience of drug use in Darjeeling? The study thus aims to examine these experiences through five retrospective qualitative interviews conducted in March 2021. It does not examine the prevalence of drug use or suggest that the

lockdown resulted in drug dependence. But it examines how existing drug use was experienced by the people who use drugs when the usual routes through which drugs and support were accessed were interrupted.

The study is significant as it brings together the two major aspects that are often considered separately, that is, access to drugs and access to treatment. It also provides a sociological account of how mobility, social networks, geography and institutional arrangement shape the experiences of people who use drugs during the lockdown. It also draws important attention to the difference between the availability of the resources and people's ability to access it in practice. This is mostly relevant in geographically distinctive settings where the mobility and social network play a very important role in everyday access.

The study uses interrupted access as a sensitizing concept to understand how established routes to drugs, treatment and support were affected during the lockdown. The simultaneous disruption of access to drugs and access to treatment and rehabilitation is referred to as “double interruption” of access. Social capital is used as a supporting perspective to understand the role of relationships and social networks in maintaining access during this period.

The article is organized into seven sections. It begins with Introduction and literature review which also identifies the research gap. It is followed by the conceptual and theoretical framework and methodology. Then it includes the findings and discussion. The article concludes with the achievement of objectives, limitations and direction for further research.

Literature Review

COVID-19 Lockdown and Availability of Drugs

In many parts of the world, drug markets were affected by the COVID-19 pandemic, although the nature and pattern of these changes varied according to local market conditions, the type of substances involved, and the duration of lockdown restrictions. In a global survey that covered 77 countries, Farhoudian et al. (2021) reported a decline in drug supply and an increase in drug prices during the early phase of the pandemic. On a similar note, a multicenter study in India among 404 treatment-seeking individuals found changes in the availability, accessibility, price, and quality of different substances during the lockdown. The participants reported difficulties in obtaining opioids and other substances, along with increased prices and, in some cases, poorer drug quality (Arya et al., 2022).

These changes, however, were not uniform across all settings. In Georgia, Otiashvili et al. (2022) found that more than half of the participants had greater difficulty obtaining their main drug during the strictest period of lockdown. Reduced contact with the dealers and difficulties in transportation were important barriers, although these difficulties became less severe as restrictions were relaxed. In contrast, Scherbaum et al. (2021) found in Western Germany that most participants did not notice major changes in the availability or prices of illegal drugs.

These studies therefore suggested that drug markets were able to adapt to the changing conditions. Changes in supply networks, transportation, and other alternative sources influenced how people obtained drugs, while local conditions sometimes allowed access to

continue despite the wider restrictions. Thus, the pandemic did not result in the same level of drug shortage everywhere. Instead, it changed the ways in which people obtained drugs.

Drug Supply, Mobility Restrictions and Changing Access

The important factor linking changes in drug markets with people's actual experience of drug access was mobility. In a qualitative study of 200 people who use drugs in Canada, Ali et al. (2021) documented changes in drug supply, quality, and price, as well as changes in substance use patterns and the use of alternative substances. Their findings showed how people adapted when established sources became less reliable.

Research from India also shows the relationship between mobility and access. Vashisht et al. (2023), in a qualitative study of injecting drug users during the lockdown had found that restrictions on movement, loss of income, and changes in drug prices affected access to drugs and harm-reduction services. There were participants who had reported changes in procurement and drug-use practices. These findings therefore suggest that access depends not only on the presence of substances in the market but also on whether people can reach suppliers and services.

It is in the study of Nygaard-Christensen and Sogaard (2023) in Denmark, the role of social and market relationship is shown. They have conducted ethnographic study and found that people who use drugs and service providers respond to possible drug shortages by adapting price, sources and social relationships. On a similar note, Abadie (2023) found that drug sellers and markets could reorganize during wider social disruption. In Tijuana Friedman et al. (2022) found that there were disruptions to employment, borders, tourism and barriers to social life increased insecurity among people who use drugs, even though local drug markets continued to operate.

Access to support services is also affected by mobility. In a national qualitative study in Canada, Russell et al. (2021), reported disruptions to harm-reduction services, opioid agonist treatment, withdrawal management, counselling and other forms of support. Some services responded through take-home medication and prescription delivery. Conway et al. (2022) identified changes in drug markets and drug-seeking practices along with the reduced access to treatment, harm reduction and recovery support.

Taken together, the literature shows that drug access during the pandemic influenced mobility, transportation, social networks and economic resources. It also shows that people and drug markets could adapt to restrictions rather than simply losing access. The relationship between geographical location, mobility and established social networks, however, remains less explored in geographically distinctive settings.

Withdrawal, Craving and Coping during Lockdown

Drug access changes also affected withdrawal craving and everyday coping. In India, Sidana et al. 2021 examined the experiences of people with substance use disorder during the lockdown and they found that even though many participants were able to maintain drug-free lifestyle, a substantial proportion of the participants experienced craving and obtained prescribed medication. To cope with the withdrawal and craving participants engaged in

household activities, medication and other strategies. It was Vashisht et al. (2023), on a similar note, found that movement restrictions, reduced income, increased prices and difficulties in reaching harm-reduction services created difficulties related to withdrawal. Different coping responses were described by the participants that included changes in substance use and the use of alternative substances or medications. These findings suggest that withdrawal was connected not only to drug access but also to the material and social conditions surrounding it.

Evidence from other contexts also points to the importance of disrupted routines and social support. Based on lived experiences, Gage et al. (2022), identified boredom, pandemic-related stress, reduced support and changes in access to drugs and treatment as important parts of people's experiences. Shircliff et al. (2022) reported disturbances to recovery meetings, employment and social support among people recovering from drug use. There were participants who described self-care, leisure activities and interpersonal relationships as ways of coping.

Taken together, the literature suggests that craving and withdrawal during the pandemic were shaped by changes in drug access as well as disruptions to everyday routines, social relationships, income and treatment. This shows the importance of considering the wider social conditions in which drug use and coping take place.

Treatment and Rehabilitation Access

The pandemic also created difficulties in accessing treatment and rehabilitation services. Pandit et al. documented problems in accessing treatment for opioid use disorder when treatment facilities were operating with limited capacity. Arya et al. (2022) found on a similar note that a substantial proportion of participants who were seeking treatment had experienced difficulties in accessing treatment or medication during the lockdown period. They heavily relied on telephonic communication, previous prescriptions given to them and other arrangements when regular services were difficult to reach.

Similar disturbances were also reported in other regions. Russell et al. (2021) found reduced access to opioid agonist treatment, withdrawal management, counselling and harm-reduction services. There were some participants who reported longer waiting periods, while certain residential and inpatient programmes temporarily stopped accepting new admissions. At the same time, service providers introduced different measures to maintain continuity of care.

Treatment access was affected not only by physical restrictions but also by changes in how services were delivered. Hubach et al. (2021), in examining client perspectives on substance-use treatment in the United States have identified difficulties with online service delivery which included problems with internet access and reduced social support. Cooper et al. (2023) found that closure of services, restrictions on face-to-face contact and concerns about infection have affected access to substance-use and healthcare services among women who inject drugs. It was Kelly et al. (2022) on a similar note, had documented disruptions to treatment, recovery activities and social networks, while also noting that providers continued to offer medication, material assistance and emotional support through adapted forms of service delivery.

Ghosh et al. (2020) described changes in opioid agonist treatment during the extended lockdown. These included measures to continue treatment while reducing unnecessary physical contact. This shows that treatment services did not simply stop during the pandemic but were reorganized according to the changing conditions.

Taken together, the literature suggests that the availability and accessibility to the treatment are not always the same. There might be a service that continues to operate but may still be difficult to access because of transport restrictions, admission procedures, concerns about infection, or changes in service delivery. There are some alternatives like online counselling, but they could not always replace the support available through face-to-face or residential treatment.

Research Gap

Existing literature has examined drug supply and availability, drug accessibility, withdrawal, coping and treatment access during the COVID-19 lockdown, but these aspects have largely been studied separately. Less attention has been given to how disruptions in drug access and treatment or rehabilitation access occurred simultaneously and affected people's everyday experiences. This is crucial because drugs availability and presence of service does not mean that it could be accessed in reality when transportation, social contacts and institutional arrangements were disrupted.

There is also limited qualitative research from geographically distinct settings such as the Darjeeling Hills. Much of the existing evidence comes from surveys, treatment populations, or urban settings, with less attention to how geographical location and road-based mobility shaped drug and treatment access during the lockdown. The present study addresses this gap through five qualitative interviews with adults with direct experience of drug use in Darjeeling, focusing on mobility, drug access, withdrawal and craving, coping, help-seeking and treatment and rehabilitation access.

Conceptual and Theoretical Framework

Social Capital and Access

The study uses the concept of social capital to explore how social relationships influence access to drugs, treatment and support. Social capital means the resources, information and help people can get through their connections with others. Bourdieu (1986) saw social capital as benefits that come from lasting social ties. Coleman (1988) focused on how social relationships and structures help people take action. Putnam (2000) pointed out how social networks, trust and mutual support play a role in everyday life.

When it comes to drug use, relationships with peers, friends, suppliers and others can give people information and help in obtaining drugs. These same relationships can also help with treatment and recovery. Family members, healthcare workers, rehabilitation staff and other support systems can make a difference. So access to drugs and services is not about whether they are physically available. It also depends on the strength and nature of connections.

The lockdowns during the COVID-19 pandemic broke many of these interactions. Rules that limited movement and contact made it harder for people to stay in touch with suppliers, friends,

family and service providers. At the same time, phone calls and other online communication sometimes helped keep these relationships alive. This shows that social capital offers a way to understand how changes in social ties affected people's lives during the lockdown.

Still, social capital alone does not explain all the experiences in this study. The issue is not just whether people had relationships. It is also about whether the usual ways they reached for drugs or treatment were possible during the lockdown. That is why this study focuses on access as its main way of looking at the data.

Interrupted Access as a Sensitizing Concept

Interrupted access is used in this study as a sensitizing concept rather than as a formal theory or predetermined causal model. It refers to situations in which established ways of reaching, obtaining, or using a resource are disrupted. Thus, access refers not only to the availability of drugs or treatment services but also to the practical ability to reach and use them.

The study focuses on two related forms of interrupted access. The first concerns access to drugs, including disruptions to established routes through suppliers, dealers, and travel between the hills and plains. The second concerns access to treatment and rehabilitation, including difficulties in reaching services or entering residential treatment during the lockdown. These forms of interruption could occur simultaneously, as difficulties in obtaining drugs could coexist with difficulties in reaching treatment or rehabilitation. This simultaneous disruption is referred to as "double interruption of access."

Double Interruption of Access

Double interruption of access is the central conceptual formulation of the study. During the lockdown, conditions affecting access to both drugs and treatment were disrupted at the same time. Restrictions on transportation could affect travel to suppliers as well as treatment facilities, while reduced face-to-face interaction could disrupt contact with drug-related networks and service providers. Infection concerns and institutional restrictions could further limit residential treatment even when counselling or medication remained available.

The concept does not suggest that all people who use drugs experienced the same type or degree of disruption, nor that the lockdown caused drug dependence. Rather, it highlights how changes in ordinary social and institutional arrangements could simultaneously disrupt access to drugs and treatment.

The framework allows the study to examine drug use beyond an individual or medical explanation by considering the social, geographical, and institutional conditions that shaped access during the lockdown. Social capital provides a supporting perspective on relationships and networks, while interrupted access provides the main analytical lens for understanding how access to drugs and treatment was disrupted simultaneously. The concept of double interruption of access is therefore used as a context-specific analytical formulation rather than a general theory of drug use.

Methodology

Research Design

The study adopted an exploratory qualitative design to examine how people who use drugs experienced changes in drug accessibility, mobility, withdrawal, coping, help-seeking and treatment during the COVID-19 lockdown in Darjeeling Hills, West Bengal. The study formed part of the researcher's broader doctoral fieldwork on drug use in the Darjeeling Hills. For the present article, five adults with direct experience of drug use during the lockdown were included.

Participants and Sampling

Participants were selected through purposive sampling based on their direct experience of drug use during the lockdown and their willingness to discuss their experiences. They were identified through the researcher's ongoing field engagement during the broader doctoral research. The small sample was intended to provide an in-depth understanding of participants' experiences rather than statistical generalization.

Data Collection

Data were collected through five retrospectives, open-ended qualitative interviews in March 2021. Interviews were conducted primarily in Nepali, transcribed and translated into English by the researcher while retaining the meaning and context of participants' accounts. The English quotations presented in the findings are translations of the original Nepali statements, with selected quotations also presented in Nepali to retain participants' expressions. As the interviews were retrospective, participants' accounts may have been influenced by memory and subsequent experiences.

Ethical Considerations

Participation was voluntary. Participants were informed about the purpose of the research and were asked whether they were willing to share their experiences. Verbal consent was obtained before the interviews and only those who agreed to participate were interviewed. Participants were assured that the information would be used only for research purposes and that their names and identifying details would remain confidential.

Data Analysis

The interview material was analyzed thematically through repeated reading of the transcripts to identify recurring experiences, meanings and patterns. The analysis was primarily inductive, while the distinction between drug availability and accessibility and the concept of interrupted access provided a sensitizing framework for interpretation. Attention was given to the relationships between mobility and drug access, social networks and supplier contact and movement restrictions and treatment access. These patterns informed the development of "double interruption of access" as an analytical formulation rather than a predetermined explanation.

Methodological Limitations

The five interviews provide detailed accounts of individual experiences but cannot establish the prevalence of particular experiences among people who use drugs in Darjeeling. The findings relate to a specific period of the pandemic and should not be assumed to represent conditions before or after the lockdown. The retrospective nature of the interviews may have introduced recall effects, while purposive recruitment through ongoing field engagement may have limited the range of experiences represented. Nevertheless, the qualitative approach provides insight into how mobility, social networks, geography and institutional arrangements shaped access to drugs and treatment during the lockdown.

Findings

The findings show how the COVID-19 lockdown disrupted established routes to drugs and treatment in the experiences described by participants. Across the five interviews, participants referred to restrictions on movement, disruption of transportation, reduced contact with suppliers, difficulties travelling between the hills and plains, withdrawal and craving, and changes in access to treatment and rehabilitation. These experiences were closely connected rather than occurring as separate problems.

Disruption of Established Drug-Access Routes

Participants accounts revealed the lockdown as a period that disrupted the usual way of obtaining drugs. Two forms of access were particularly important: contact with suppliers or dealers and travel to other locations to obtain drugs. One participant noted:

Participant 1 – Original Nepali:

लकडाउनको समयमा धेरै गाह्रो भएको थियो। हामी सधैं ड्रग्स लिने मान्छे, ड्रग्स नलिई बस्न सक्दैनथ्यौं। पहिला चाहिँ तलबाटै ड्रग्स आइरहन्थ्यो, त्यसैले सजिलो थियो। ड्रग्स दिने मान्छे र डिलरबाट सजिलैसँग लिन सक्थ्यौं। यहाँ पाएन भने हामी आफैँ सिलिगुरी गएर ल्याउँथ्यौं। तर लकडाउनले त्यो सम्भव भएन। गाडीहरू पनि चल्दैनथे। त्यो समयमा हामी धेरै डराएको र असहाय अवस्थामा पुगेका थियौं।

English translation:

It was extremely difficult during lockdown time. We were people who used to take drugs every day; we could not manage without taking them. Normally, because the supply kept coming from below, it was easier for us. We could easily get it from the person who supplied it or from the dealer. If it was not available here, we could go down to Siliguri ourselves and bring it. But during the lockdown that was not possible. Vehicle movement had also stopped. At that time, we reached a very frightening and helpless condition.

The account shows that drug access depended on both supplier relationships and physical mobility. Under normal conditions, participants could obtain drugs through local contacts or by travelling to Siliguri whenever necessary. During the lockdown period, both routes became difficult to maintain.

Mobility Restrictions and the Hill-Plains Context

Participants repeatedly described restrictions on transportation as an important barrier to access. Travel that would normally have been possible became difficult because of restrictions on vehicle movement and concerns about travelling during the lockdown. For participants living in the hills, travel to places such as Siliguri formed part of the practical arrangements through which drugs and other resources could be obtained. The findings therefore suggest that geographical distance alone did not determine access. Its significance changed when mobility was restricted. A route that was normally manageable through available transportation became difficult to use during the lockdown.

Physical Distress, withdrawal and the Need for Support

All participants described that when regular access was disrupted, they faced craving, withdrawal and physical distress. These experiences were very difficult to manage at home. One participant noted:

Participant 2 – Original Nepali:

मलाई धेरै मदत चाहिएको थियो। घरमा म केही पनि गर्न सकिदैनथेँ म एकदमै बिरामी भएँ—टाउको दुख्ने, शरीर दुख्ने, पखाला लाग्ने र धेरै प्रकारको मेन्टल इल्नेस पनि भयो। मलाई डक्टर कहाँ लैजाँदा अस्पतालमा पनि कोभिडका नयाँ-नयाँ रुल्सहरू थिए। हामीले मास्क लगाउनुपर्थ्यो र ती सबै रुल्सहरू पालना गर्नुपर्थ्यो। त्यस समयमा धेरै गाह्रो भएको थियो। अस्पतालमा मैले दवाई त पाएँ, तर रिहाबबाट डाइरेक्ट मदत पाउन सकिनँ, किनभने रेसिडेन्सियल रिहाबिलिटेसनमा मेरो एडमिसन नै भएको थिएन।

English translation:

I needed help desperately. I could not do anything at home. I became completely ill. I was experiencing body headache, vomiting and diarrhoea. When I was taken to the doctor, there were also hospital restrictions. We had to wear masks and follow all those rules. It was very difficult. I did get medication at the hospital, but I could not get the rehabilitation support that I needed.

The account shows that participant received medication but could not obtain the needed rehabilitation support. and it also showed the difference between receiving medical attention and accessing wider treatment and rehabilitation support. It also shows how pandemic-related procedures shaped access even when healthcare was available.

Lockdown and the Recognition of Dependence

For some participants, disruption to their usual drug use also led to greater awareness of their dependence. One participant reflected:

Participant 3 – Original Nepali:

मलाई लाग्छ, कहिल्यै पनि यस्तो दिन देख्नु नपरोस्, लकडाउनको समय पनि कहिल्यै नहोस्। त्यो समय सम्झिँदा मलाई अहिले पनि धेरै डर लाग्छ। त्यो बेला मैले आफूले आफ्नो शरीरलाई के गरिरहेको छु भन्ने कुरा थाहा पाएँ। मैले बुझें कि म ड्रग्स नलिई

बस्न सकिदैन रहेछु। म ड्रग्समा धेरै निर्भर भइसकेको रहेछु। म आफूलाई कहिलेकाहीँ मात्र ड्रग्स लिने मान्छे भनेर सोच्थेँ, तर पछि मैले बुझें कि म त्यस्तो मान्छे रहेनछु। पछि मलाई ड्रग्स लिने इच्छा धेरै हुन थाल्यो र यही कुराले मलाई धेरै साह्रो पारेको थियो।

English translation:

I hope there is never another period like lockdown. It was so frightening. At that time, I began thinking about what I had been doing to my own body. I realized that I was not someone who could live without drugs. I had become so dependent. I used to think of myself as an occasional user, but I realized that I was not an occasional user at all. Later, I began experiencing craving, and it became extremely difficult for me.

The participant did not describe the lockdown as causing dependence. Rather, the interruption of usual access and routines made the extent of existing dependence more apparent to them. The participant also described increased craving and difficulty managing without drugs.

Help-Seeking and Telephone-Based Support

Even though access to residential treatment was difficult with face-to-face presence, some forms of support continued through telephone communication. One participant recalled seeking help from a rehabilitation centre:

Participant 4 – Original Nepali:

त्यस बेला सरकारले हेल्पलाइन नम्बरहरू दिएको थियो, जहाँबाट अल्कोहल, मेन्टल इल्नेस र ड्रग्सको लागि हामीले कल गरेर कुरा गर्न सक्थ्यौँ। मैले रिहाब सेन्टरमा पनि कल गरेर मदत मागेको थिएँ। उहाँहरूले धेरै गर्न सक्नुभएन, किनभने कोभिडका कारण रिहाबिलिटेशनमा एडमिसन लिइएको थिएन। कोभिड फैलिन्छ र बिरामीहरू पनि संक्रमित हुन सक्छन् भनेर उहाँहरूले रुल्सहरू कडाइका साथ पालना गरिरहनुभएको थियो। त्यसैले त्यतिबेला उहाँहरूले मलाई कन्सेलिङ र अनलाइन कुराकानीबाट मात्र हेल्प गर्नुभएको थियो।

English translation:

There were government helpline numbers at that time for alcohol and drugs problems, mental problems where we could give a call and speak. I also sought help from the rehabilitation centre. They could not do much because of the COVID-19 restriction residential rehabilitation was not functional. They had a fear that the others might get infected so they were strictly following rules. At that point of time but they gave me counseling online.

Telephone contact provided an alternative way of seeking guidance when direct support was difficult. However, the participant's account also shows its limitations. Telephone guidance provided some continuity but did not fully replace direct or residential support.

Restrictions on Residential Rehabilitation

Participants also described difficulties in accessing residential rehabilitation during the lockdown. Movement restrictions, infection concerns and changes in institutional procedures affected the ability of rehabilitation services to operate normally.

Residential treatment required physical movement and entry into an institutional setting where close interaction with others was unavoidable. Participants therefore needed not only a functioning rehabilitation centre but also the ability to travel, meet admission requirements and enter the facility. Telephone counselling and other forms of communication provided alternatives, but they did not fully replace residential support.

The Double Interruption of Access

Taken together, the findings show two interconnected forms of disruption. The first concerned drug access, as restrictions on transportation, reduced mobility and disrupted supplier contacts made established routes to drugs more difficult. The second concerned treatment and rehabilitation access, as movement restrictions, institutional changes and infection-related concerns affected access to face-to-face and residential support. These disruptions could occur at the same time. The restrictions that made it difficult to travel to obtain drugs could also make it difficult to reach treatment. At a time when some participants experienced craving, withdrawal or greater awareness of dependence, access to rehabilitation and other support was also constrained.

This simultaneous disruption is referred to in the study as “double interruption of access.” The findings suggest that drug use during the lockdown needs to be understood not only in terms of drug availability but also through the social and geographical conditions that shaped whether participants could reach drugs, maintain supplier contacts, seek help and enter treatment.

Discussion

The findings show that drug use during the COVID-19 lockdown in Darjeeling was shaped not only by changes in drug availability but also by changes in how drugs and treatment could be accessed. Participants described disruptions to transportation, supplier contacts, travel between the hills and plains, and rehabilitation services. These experiences are consistent with wider research on drug access and treatment disruption during the pandemic, while also showing how these processes operated in a geographically distinctive setting.

Availability, Accessibility and Mobility

A central finding is the distinction between drug availability and accessibility. Previous research documented reduced supply, increased prices, and changes in drug quality, while other studies found relatively stable or adaptive drug markets during the pandemic (Farhoudian et al., 2021; Arya et al., 2022; Scherbaum et al., 2021; Otiashvili et al., 2022; Nygaard-Christensen & Sogaard, 2023). The accounts of participating drug users in Darjeeling Hills show that drugs could remain available through wider supply networks while it became harder to access because regular routes to suppliers and Siliguri were disrupted. This is consistent with previous research by linking mobility restrictions, economic conditions and changes in access to drugs (Ali et al., 2021; Vashisht et al., 2023).

For understanding this experience, the hill-plains setting is important. Under normal conditions, transportation makes geographical distance more manageable, but lockdown restrictions made travel and access more difficult. Thus, the findings suggest that access

depended not only on the availability of drugs but also on mobility and the ability to reach them.

Social Networks and Change in Drug Access

Access to drugs was also shaped by social relationships. Participants relied on suppliers and dealers as part of their usual routes to drugs, this is consistent with research showing that drug markets and social relationships can change during periods of disruption (Abadie, 2023; Nygaard-Christensen & Sogaard, 2023). When we apply social capital perspective in understanding these relationships it can provide information, contacts and resources that can facilitate access. However, the findings show that having a social connection did not necessarily guarantee access when movement and face-to-face interaction were restricted.

The same issue was evident in treatment-related support. The telephonic communication continues to allow some contact with rehabilitation services, but this kind of communication was not able to fully replace the residential and practical support provided through direct treatment. Social relationships, thus, remained important, but their usefulness depended on the conditions in which they could be maintained and activated.

Withdrawal, Craving and Everyday Disruption

Participants' accounts of withdrawal and craving are consistent with Indian research documenting difficulties managing craving and obtaining medication during the lockdown (Sidana et al., 2021; Vashisht et al., 2023). Other studies have also linked boredom, stress, disrupted routines, and reduced social support with experiences of drug use and recovery during the pandemic (Gage et al., 2022; Shircliff et al., 2022).

In the present study, withdrawal and craving were closely connected to disrupted access, mobility, routine, and social contact. One participant's account suggests that difficulty obtaining drugs made existing dependence more visible. This does not mean that lockdown caused dependence; rather, the interruption of an established routine drew attention to the difficulty of functioning without drugs. Withdrawal and craving were therefore experienced within wider social and material disruptions rather than as isolated effects of reduced drug availability.

Treatment Access and Service Adaptation

The findings further highlight the difference between treatment availability and accessibility. One participant received medication from a hospital but could not obtain the rehabilitation support they needed. This shows that treatment is not a single resource: medication, counselling, outpatient care, and residential rehabilitation may have different levels of accessibility during a crisis.

This finding is consistent with research documenting disruption to treatment and rehabilitation during the pandemic (Pandit et al., 2020; Arya et al., 2022; Russell et al., 2021). Treatment systems also adapted through telephone counselling, telemedicine, take-home medication and other arrangements (Ghosh et al., 2020; Kelly et al., 2022). The present findings similarly show telephone support as a form of continuity, but its limits were evident. Remote communication

could provide information and support but could not necessarily replace the practical and residential support required by some participants.

Double Interruption of Access

The central analytical formulation emerging from the study is double interruption of access. While previous research has examined disruption to drug markets and treatment or harm-reduction services, these processes are often considered separately. The present findings bring them together within the same experience.

While access to treatment and assistance through healthcare and rehabilitation services were the focus of the second disruption, established routes to drugs through supplier relationships and physical mobility were the focus of the first. Lockdown constraints that made it difficult to travel for drugs may also make it impossible to receive treatment, thus, these disruptions might happen simultaneously. As a result, the concept highlights the ways in which mobility, social ties, geography and institutional frameworks all influenced the interdependence of drug and treatment accessibility during the crisis.

Conclusion

The study shows how the COVID-19 lockdown disrupted drug and treatment access among people who had a direct experience of drug use in Darjeeling, it also distinguished between availability and accessibility and the simultaneous disruption captured through the concept of “double interruption of access”. The findings show how mobility, social relationships, geographical location and institutional arrangements shaped access during the time of crisis. As the study was based on five retrospective interviews, it does not provide statistically generalizable findings and the purposive selection of participants and the recall effects may have limited the range of experiences that is represented in the study. The findings from the study also help us draw attention to the need for considering transportation and geographical constraints and the availability of service during future crises. Telephone-based support may be helpful in maintaining continuity when face-to-face services are disrupted, but they may need to be complemented by medication access, referral mechanisms, emergency support and pathways to residential or specialized treatment. There can be future research that could explore these issues with larger and more diverse samples across different geographical context and stages of crisis response.

References

- Abadie, R. (2023). The drug sellers were better organized than the government: A qualitative study of participants' views of drug markets during COVID-19 and other big events. *International Journal of Environmental Research and Public Health*, 20(2), 1295. <https://doi.org/10.3390/ijerph20021295>
- Ali, F., Russell, C., Nafeh, F., Rehm, J., LeBlanc, S., & Elton-Marshall, T. (2021). Changes in substance supply and use characteristics among people who use drugs (PWUD) during the COVID-19 global pandemic: A national qualitative assessment in Canada. *International Journal of Drug Policy*, 93, 103237. <https://doi.org/10.1016/j.drugpo.2021.103237>

- Arya, S., Ghosh, A., Mishra, S., Swami, M. K., Prasad, S., Somani, A., Basu, A., Sharma, K., Padhy, S. K., Nebhinani, N., Singh, L. K., Choudhury, S., Basu, D., & Gupta, R. (2022). Impact of COVID-19 lockdown on substance availability, accessibility, pricing, and quality: A multicenter study from India. *Indian Journal of Psychiatry*, 64(5), 466–472. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_864_21
- Bourdieu, P. (1986). *The forms of capital*. In J. G. Richardson (Ed.), *Handbook of theory and research for the sociology of education* (pp. 241–258). Greenwood Press.
- Coleman, J. S. (1988). Social capital in the creation of human capital. *American Journal of Sociology*, 94, S95–S120. <https://doi.org/10.1086/228943>
- Conway, F. N., Samora, J., Brinkley, K., Jeong, H., Clinton, N., & Claborn, K. R. (2022). Impact of COVID-19 among people who use drugs: A qualitative study with harm reduction workers and people who use drugs. *Harm Reduction Journal*, 19, 72. <https://doi.org/10.1186/s12954-022-00653-1>
- Cooper, L., Rosen, J. G., Zhang, L., Pelaez, D., Olatunde, P. F., Owczarzak, J., Park, J. N., & Glick, J. L. (2023). Exploring the impact of the COVID-19 pandemic on healthcare and substance use service access among women who inject drugs: A qualitative study. *Harm Reduction Journal*, 20, 71. <https://doi.org/10.1186/s12954-023-00793-y>
- Darjeeling District Administration. (n.d.). How to reach. Government of West Bengal. <https://darjeeling.gov.in/how-to-reach/>
- Farhoudian, A., Radfar, S. R., Mohaddes Ardabili, H., Rafei, P., Ebrahimi, M., Khojasteh Zonoozi, A., De Jong, C. A. J., Vahidi, M., Yunesian, M., Kouimtsidis, C., Arunogiri, S., Hansen, H., Brady, K. T., ISAM Global Survey Consortium (ISAM-GSC), Potenza, M. N., Baldacchino, A. M., & Ekhtiari, H. (2021). A global survey on changes in the supply, price, and use of illicit drugs and alcohol, and related complications during the 2020 COVID-19 pandemic. *Frontiers in Psychiatry*, 12, 646206. <https://doi.org/10.3389/fpsyt.2021.646206>
- Friedman, J., Calderón-Villarreal, A., Cazares Adame, R., Abramovitz, D., Rafful, C., Rangel, G., Vera, A., Strathdee, S. A., & Bourgois, P. (2022). An ethnographic assessment of COVID-19-related changes to the risk environment for people who use drugs in Tijuana, Mexico. *American Journal of Public Health*, 112(Suppl. 2), S199–S205. <https://doi.org/10.2105/AJPH.2022.306796>
- Gage, S. H., Brewer, G., Steen, M., & Lyons, M. (2022). Living with drug use and addiction during the COVID-19 pandemic. *Substance Use & Misuse*, 57(10), 1504–1510. <https://doi.org/10.1080/10826084.2022.2086695>
- Ghosh, A., Singh, S., & Dutta, A. (2020). Opioid agonist treatment during SARS-CoV-2 & extended lockdown: Adaptations & challenges in the Indian context. *Asian Journal of Psychiatry*, 53, 102377. <https://doi.org/10.1016/j.ajp.2020.102377>
- Hubach, R. D., O’Neil, A. M., Ernst, C., Stowe, M., Hickey, M., Remondino, M., & Giano, Z. (2021). Client perspectives on the accessibility and quality of substance use treatment during the COVID-19 pandemic. *Drug and Alcohol Dependence Reports*, 1, 100002. <https://doi.org/10.1016/j.dadr.2021.100002>
- Kelly, E. L., Reed, M. K., Schoenauer, K. M., Smith, K., Scalia-Jackson, K., Hill, S. K., Li, E., & Weinstein, L. (2022). A qualitative exploration of the functional, social, and emotional impacts of the COVID-19 pandemic on people who use drugs. *International*

Journal of Environmental Research and Public Health, 19(15), 9751.
<https://doi.org/10.3390/ijerph19159751>

- Nygaard-Christensen, M., & Sogaard, T. F. (2023). What's in stock? Drug drought anticipation during COVID-19 among people who use drugs and service providers. *International Journal of Drug Policy*, 117, 104048. <https://doi.org/10.1016/j.drugpo.2023.104048>
- Otiashvili, D., Mgebrishvili, T., Beselia, A., Vardanashvili, I., Dumchev, K., Kiriazova, T., & Kirtadze, I. (2022). The impact of the COVID-19 pandemic on illicit drug supply, drug-related behaviour of people who use drugs and provision of drug-related services in Georgia: Results of a mixed methods prospective cohort study. *Harm Reduction Journal*, 19, 25. <https://doi.org/10.1186/s12954-022-00601-z>
- Pandit, P. M., Bhatia, G., & Sarkar, S. (2020). Treatment experience for opioid use disorder during COVID-19 in India: Learning from patients. *Journal of Substance Abuse Treatment*, 119, 108128. <https://doi.org/10.1016/j.jsat.2020.108128>
- Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. Simon & Schuster.
- Russell, C., Ali, F., Nafeh, F., Rehm, J., LeBlanc, S., & Elton-Marshall, T. (2021). Identifying the impacts of the COVID-19 pandemic on service access for people who use drugs (PWUD): A national qualitative study. *Journal of Substance Abuse Treatment*, 129, 108374. <https://doi.org/10.1016/j.jsat.2021.108374>
- Scherbaum, N., Bonnet, U., Hafermann, H., Schifano, F., Bender, S., Grigoleit, T., Kuhn, J., Nyhuis, P., Preuss, U. W., Reymann, G., Schneider, U., Shibata, J., & Specka, M. (2021). Availability of illegal drugs during the COVID-19 pandemic in Western Germany. *Frontiers in Psychiatry*, 12, 648273. <https://doi.org/10.3389/fpsyt.2021.648273>
- Shircliff, K., Liu, M., Prestigiacomo, C., Fry, M., Ladd, K., Gilbert, M. K., Rattermann, M. J., & Cyders, M. A. (2022). Mixed methods prospective findings of the initial effects of the U.S. COVID-19 pandemic on individuals in recovery from substance use disorder. *PLOS ONE*, 17(7), e0270582. <https://doi.org/10.1371/journal.pone.0270582>
- Sidana, A., Chavan, B. S., Rohilla, R., & Singh, J. (2021). Coping with craving and withdrawal due to substance use disorders during the COVID-19 lockdown. *Primary Care Companion for CNS Disorders*, 23(2), 20m02802. <https://doi.org/10.4088/PCC.20m02802>
- Vashisht, S., Jha, S., Kant, S., Thakur, N., & Rai, S. (2023). Challenges faced and coping strategies adopted by injecting drug users during COVID-19 lockdown—A qualitative study. *Indian Journal of Community Medicine*, 48(6), 846–851. https://doi.org/10.4103/ijcm.ijcm_649_22