

Impact of COVID-19 and associated restrictions on people who inject drugs in Adelaide, South Australia: Findings from the Illicit Drug Reporting System 2020

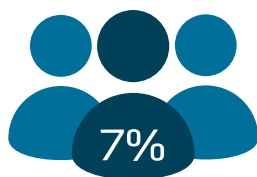
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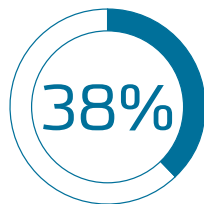
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Key findings from the South Australia sample:

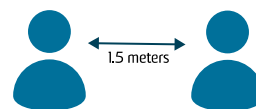
COVID-19 BEHAVIOURS



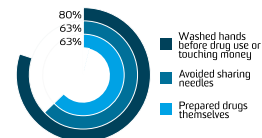
Under one-tenth (7%) of the 2020 IDRS sample reported getting tested for COVID-19.



In the sample, 38% were worried about getting COVID-19.



The majority (90%) reported that they had practiced social distancing since March.

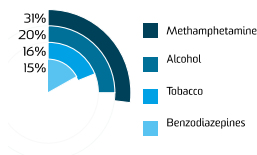


Harm reduction behaviours relating to COVID-19.

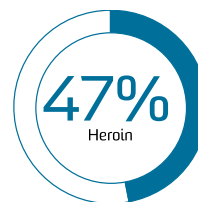
CHANGES IN DRUG USE DURING COVID-19



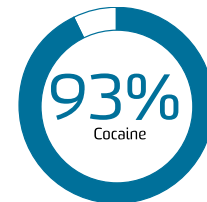
One-quarter (23%) of the entire sample reported a decrease in injecting frequency compared to before COVID-19 restrictions.



Drugs most frequently endorsed as increased in use (i.e. used more or started using).

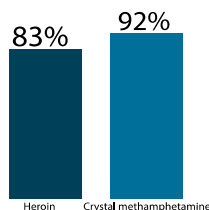


Heroin was the most frequently endorsed drug that decreased in use (i.e. used less or stopped using) since COVID-19 restrictions.

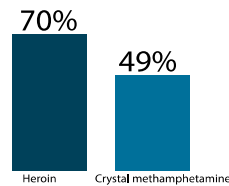


Cocaine was the drug most frequently endorsed as no change in use since COVID-19 restrictions.

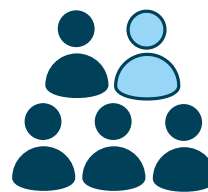
CHANGES IN DRUG MARKETS AND TREATMENT



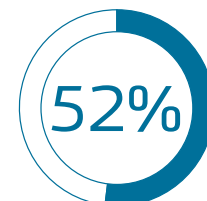
The majority of participants reported an increase in price for heroin and crystal methamphetamine.



Participants reported a decrease in availability of both heroin and crystal methamphetamine.



One-fifth (19%) reported difficulties accessing sterile needles and syringes since COVID-19.



Over half of those in treatment since March (52%) reported any disruption to their drug treatment since COVID-19.

Background

- The COVID-19 pandemic and restrictions on travel and gathering have likely had major impacts on drug supply, use and harms [1], and there have been significant challenges with delivery of drug treatment and harm reduction services [2].
- It is anticipated that impacts of COVID-19 restrictions and gatherings will be particularly felt by those reporting more problematic patterns of use, including those people who inject drugs (PWID).
- The Illicit Drug Reporting System (IDRS) is an illicit drug monitoring system which has operated in Australia since 2000, and includes annual interviews with PWID recruited from capital cities [3].
- Recognising the critical need for information, the IDRS project has been adapted to collect important data on people's experiences during COVID-19.
- This output presents findings from 100 participants recruited in Adelaide, South Australia, from 23 June to 4 August 2020 (28 participants in June, 71 in July, 1 in August).

Method

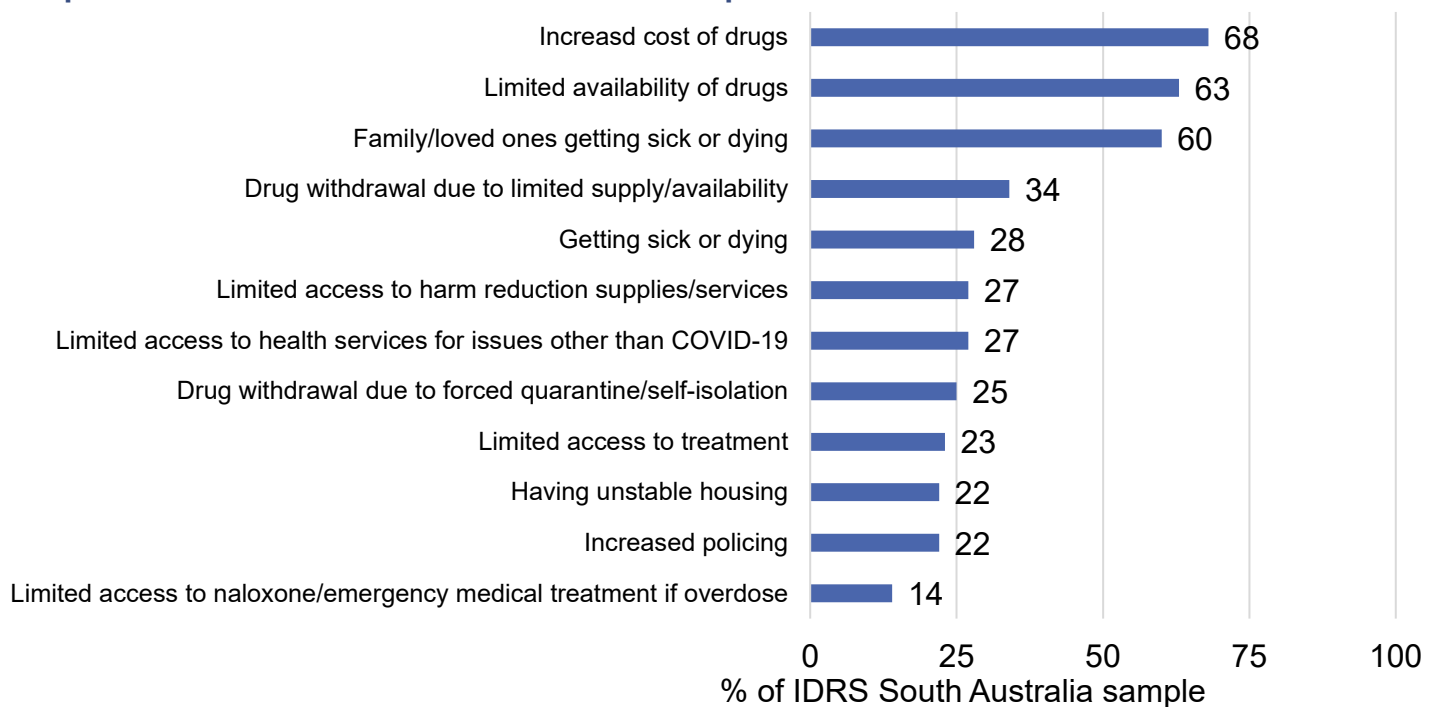
- IDRS interviews are conducted with a sentinel sample of people aged 18 or older who have injected drugs at least once monthly in the preceding six months and resided in Adelaide, South Australia for the last 12 months.
- Participants are recruited via advertisements in needle syringe programs and other harm reduction services and via peer referral.
- In previous years, participants completed a one-hour face-to-face interview, and were reimbursed \$40 for time and expenses.
- In 2020, interviews were completed via phone (instead of face-to-face) and participants were reimbursed electronically to manage risk of COVID-19 transmission.
- The interview length was reduced and the content adapted to include COVID-19 specific items, anchored to implementation of restrictions in Australia at the beginning of March 2020.
- The age eligibility criterion was increased from 17 to 18 in 2020.
- The study protocol remained otherwise unchanged. Findings are suppressed where ≤ 5 participants report an outcome to protect confidentiality.
- The South Australia IDRS sample are demographically similar to those recruited in 2019 and in earlier years, with half the sample being male (50%) and a median age of 46 years (IQR 40-54).

Findings

Experience of COVID-19 testing, diagnosis and restrictions

- 7% said they had been tested for COVID-19. None had been diagnosed with COVID-19.
- 38% said they were currently worried about getting COVID-19.
- At the time of the interview, 90% reported they had been social distancing, 83% reported home isolation, and small numbers reported quarantine since March 2020 (≤ 5).
- Participants reported a number of concerns related to the COVID-19 pandemic, namely around the increased cost of drugs (68% of the sample), the limited availability of drugs (63% of the sample) or family or loved ones getting sick or dying (60% of the sample) (**Figure 1**).
- Issues related to health (e.g., drug withdrawal due to limited supply/availability, the participant themselves getting sick or dying), as well as limited access to harm reduction supplies or health services, were also cited.

Figure 1. The percentage of the IDRS South Australia sample endorsing potential concerns related to the COVID-19 pandemic.



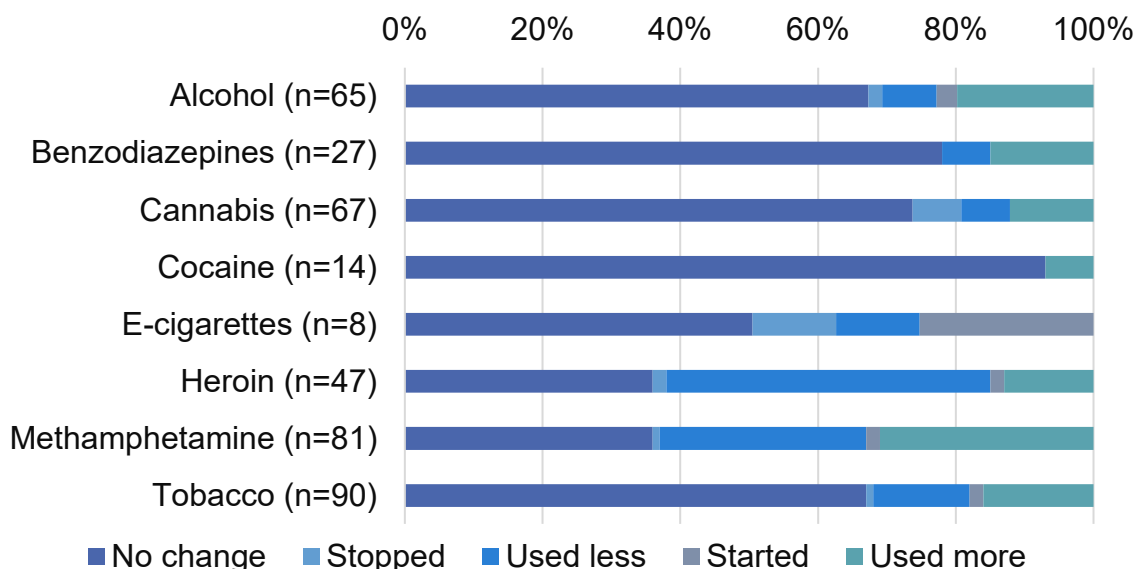
Social impacts of COVID-19 and associated restrictions

- Small numbers (≤ 5) reported that they had been given new shelter/short term housing or put up in a hotel since March.
- Two-in-five (40%) reported that the income they received in the month prior to interview was more than what they earned in February, 7% said less, and 53% said a similar amount.
- When asked about financial difficulties they had experienced in the four weeks prior to interview, 42% reported being unable to buy food or going without meals, while two-fifths (40%) reported asking for financial help from friends/family. Almost one-third (30%) reported being unable to pay household/phone bills on time and one-quarter (24%) reported asking for help from welfare/community organisations.

Changes in drug use with COVID-19 and associated restrictions

- Almost one-third (31%) reported injecting at a different frequency during the last month compared to the month of February. Of these, 74% reported a decrease in injecting frequency (23% of total sample).
- One in ten (9%) reported that the drug they injected most during the last month was different to the drug most injected in February. The most common change was from methamphetamine to heroin and heroin to methamphetamine (small numbers reporting: ≤ 5).
- Participants who reported past six month use of each drug were asked about changes in their use since the beginning of March 2020 compared to before. Participants mostly reported no change in use of each drug (**Figure 2**), except for heroin (47% reported decreased use). The drugs most commonly reported as decreased in use was heroin, followed by methamphetamine, with frequently cited reasons being that the drugs were more expensive or less available.

Figure 2. Change in drug use since March 2020 compared to before amongst people who report use in the past six months.



Note. Estimates reflect reports on non-prescribed use for pharmaceutical medicines .

Changes in drug markets with COVID-19 restrictions

- Participants who commented most commonly reported heroin and crystal methamphetamine as increased in price since the beginning of March compared to before (83% and 92%, respectively) (**Figure 3**). Price of cannabis was most commonly reported as stable.
- Three in five participants who commented said that the purity of heroin and crystal methamphetamine had declined since the beginning of March compared to before (72% and 55%, respectively; **Figure 4**).
- Participants who commented reported availability of cannabis was stable, although 70% and 49% noted a decline in availability for heroin and crystal methamphetamine, respectively (**Figure 5**).

Figure 3. Change in price of select illicit drugs since March 2020 compared to before.

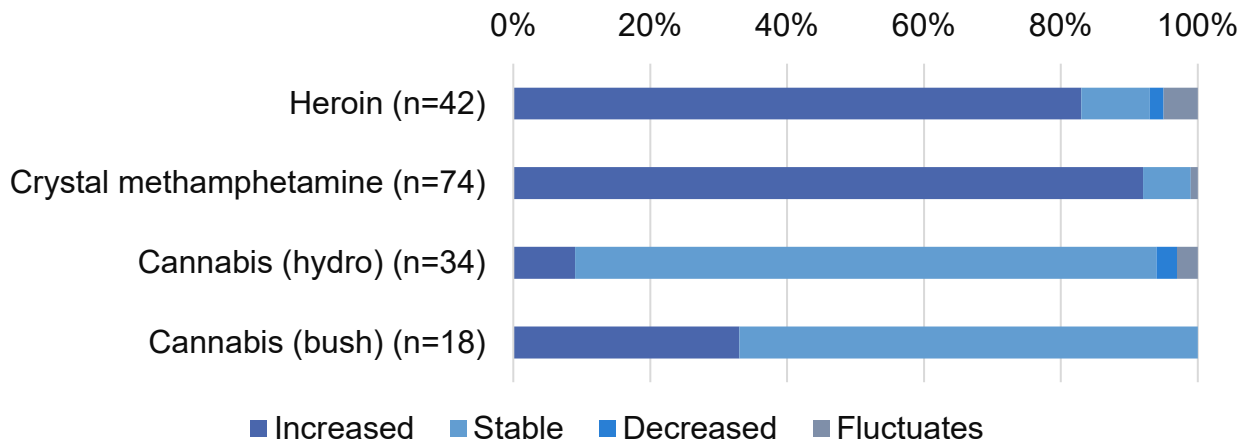
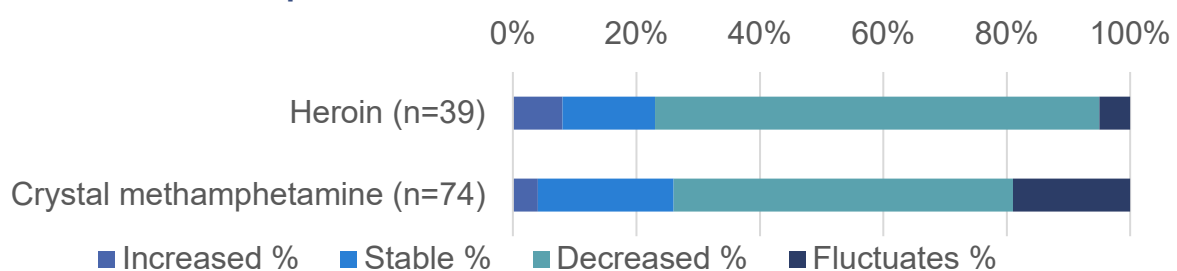
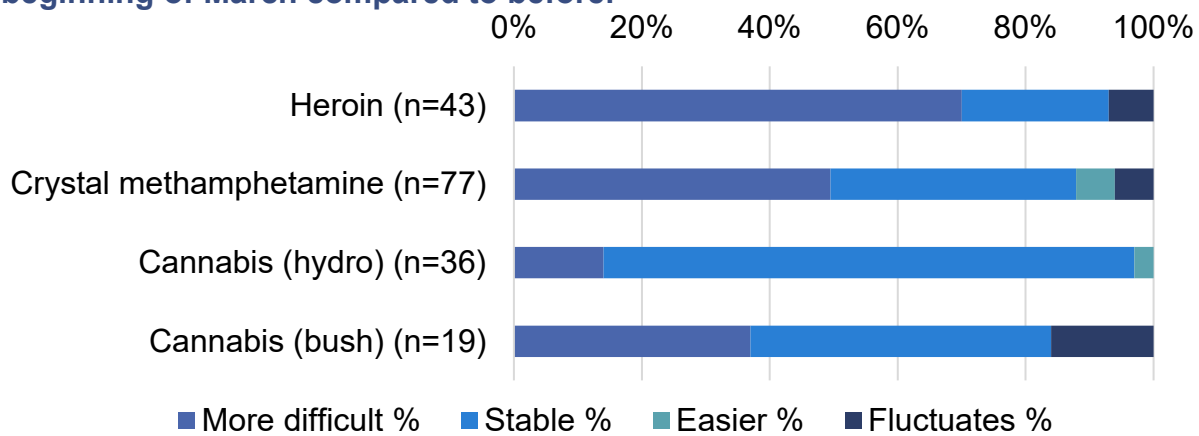


Figure 4. Change in perceived purity of heroin and crystal methamphetamine since March 2020 compared to before.



Note. Data were only collected for heroin and crystal methamphetamine.

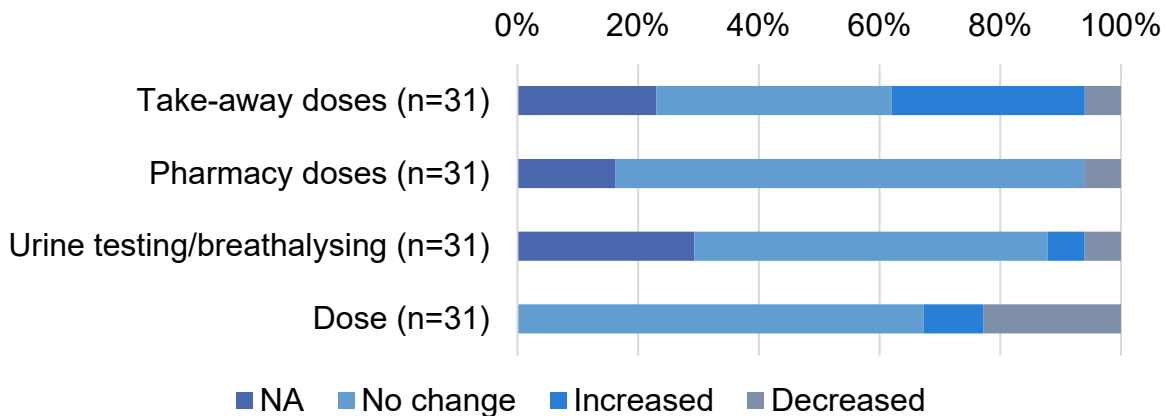
Figure 5. Change in perceived availability of select illicit drugs since the beginning of March compared to before.



Changes in drug treatment and harm reduction service access

- When asked about drug treatment in the past six months, small numbers reported being in drug treatment before March only or since March only (≤ 5). One-third (35%) reported being in treatment both before and since March.
- Of those in treatment since March (n=40), 52% reported any disruption to their drug treatment in that same period. Most commonly reported disruptions were appointments moving to phone/video rather than face-to-face (36%) and the treatment service being closed (14%).
- Of those who reported being on opioid agonist therapy (OAT) since March (n=31), 13% reported that they were put on a new treatment (split between starting methadone, starting buprenorphine-naloxone and starting buprenorphine depot injections (≤ 5 reporting each transition)).
- In regard to changes in aspects of treatment since March, 32% reported an increase in take-away doses, while 23% reported a decrease in their dose of medication. Most participants reported that urine testing/breathalysing and frequency of pharmacy doses remained mostly stable (**Figure 6**).
- Most of those in treatment reported that their satisfaction with their drug treatment was the same compared to before March (83%), while 8% said better and 8% said worse.
- Of those who did not report recent treatment (n=61), 10% reported difficulties accessing treatment in the past six months (8% since March 2020).
- One-fifth (19%) reported difficulties accessing sterile needles and syringes since March. Of this group, 58% reported re-using their own needles more than normal as a result.
- Small numbers reported difficulties in safely disposing of used needles and syringes in a disposal unit since March (≤ 5).

Figure 6. Change in aspects of drug treatment since March 2020 as compared to before among those reporting recent OAT.



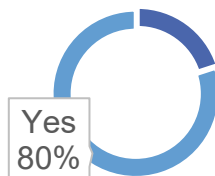
Physical and mental health

- Almost one-sixth of participants (15%) reported experiencing a non-fatal opioid overdose in the past 12 months (small numbers (≤ 5) in the 2019 SA sample for comparison; $p=0.017$).
- In 2020, 13% experienced a non-fatal opioid overdose before March, small numbers (≤ 5) since March, and small numbers (≤ 5) both before and since March.
- Over one-tenth of participants (13%) reported accessing take-home naloxone during the past year (6% before March and 7% since March).
- Small numbers (≤ 5) reported difficulties accessing naloxone during the past year.
- Small numbers (≤ 5) reported resuscitating someone with naloxone during the past year.
- 13% reported an increase in reusing their own needles since March, while less than five participants reported an increase in any needle sharing (either receptive or distributive), as compared to the month of February.
- 9% reported that they had injected alone more since March as compared to before.
- 45% reported experiencing withdrawal from any drug during the past year (7% before March, 24% since March and 14% both before and since March).
- When asked about their current physical health as compared to before March, 11% said it was better, 61% said similar, and 28% said worse.
- When asked about their current mental health as compared to before March, 11% said it was better, 54% said similar, and 35% said worse.

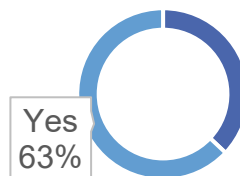
Precautions to reduce risk of COVID-19 and impacts of restrictions

- The most commonly reported behaviours to reduce the risk of contracting COVID-19 or impacts of restrictions while obtaining or using drugs were washing hands with soap/sanitiser before handling drugs/money (80%), avoiding sharing needles/syringes with others (63%), preparing their drugs themselves (63%) and avoiding sharing other drug use equipment with others (47%).
- 26% reported seeking information on how to reduce risks of getting COVID-19 while obtaining or using drugs, or how to avoid impacts of restrictions on drug use (6% from a harm reduction service, 6% from social media).

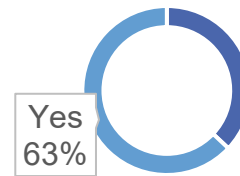
Washed hands with soap/sanitiser before handling drugs/money



Prepared drugs themselves



Avoided sharing needles/syringes with other people



Conclusions

- Most participants reported no change or a decrease in their illicit drug use since COVID-19 restrictions compared to before March, though nearly half of those reporting use of heroin in the past six months said their use had decreased since March.
- Methamphetamine crystal and heroin were commonly perceived to be increased in price and decreased in purity and availability, whilst cannabis was mostly considered stable across price, perceived purity and availability.
- More than half of those in treatment since March reported a disruption to their drug treatment, mostly in the form of transitioning to phone/video appointments.
- Most participant reported either similar or negative effects on mental and physical health.
- Many participants engaged in harm reduction behaviours to reduce the risk of COVID-19 transmission while obtaining or using drugs.
- It is important to note that the IDRS is a sentinel sample and does not represent everyone that uses drugs.
- It is critical to continue to monitor impacts, particularly amongst those populations who report more regular or dependent use of drugs.
- More extensive findings on impacts of COVID-19 and associated restrictions among this sample will be reported in future outputs from the project.

References

1. Dietze, P. & Peacock, A. (2020). [Illicit drug use and harms in Australia in the context of COVID-19 and associated restrictions: anticipated consequences and initial responses](#). Drug and Alcohol Review.
2. Dunlop, A., et al (2020). [Challenges in maintaining treatment services for people who use drugs during the COVID-19 pandemic](#). Harm Reduction Journal, 17, 1-7.
3. Peacock, A., Uporova, J., Karlsson, A., Gibbs, D., Swanton, R., Kelly, G., Price, O. Bruno, R., Dietze, P., Lenton, S., Salom, C., Degenhardt, L., & Farrell, M. (2019). [Illicit Drug Reporting System \(IDRS\) Interviews: Background and Methods](#). Sydney, National Drug and Alcohol Research Centre, UNSW Sydney.

Participating researchers and research centres

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Roanna Chan, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
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