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Understanding the health impacts of the COVID-19 response on people who use drugs in Scotland (PWUD)

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RAPID RESEARCH IN COVID-19 PROGRAMME

Understanding the health impacts of the COVID-19 response on people who use drugs in Scotland (PWUD): implications for COVID-19 infection and transmission among this group and impacts on harm reduction, treatment and recovery

AIMS

This project set out to understand the health impacts of the social response to COVID-19 on PWUD, including COVID transmission risks and drug-related harms for this group. The specific objectives were to determine how the social response to COVID affected:

1. Scottish illicit drug distribution and social drug use patterns;
2. availability of harm reduction services;
3. provision of addiction treatment medication and services and impacts on people in recovery.

KEY FINDINGS

- PWUD did not seem to be at increased risk of contracting COVID, despite pre-existing health conditions in some.
- A digital divide was evident in the drug markets with those able to purchase party drugs and social drugs online being largely unaffected.
- Local markets used by more marginalised people were strained which forced people to travel further to purchase drugs, or to use unfamiliar suppliers.
- There was increased risk associated with drug use as quality was perceived as being less reliable and people reported trying different drugs and routes of administration.
- Specific initiatives to ensure access to harm reduction services as part of the pandemic response were used and valued by participants e.g. access to substitute prescribing and injecting equipment.
- For people in recovery the significant reductions in recovery-focused activities increased risk of relapse.
- Regarding general healthcare, it was dental health that was particularly missed.

WHAT DID THE STUDY INVOLVE?

This study used i) interviews with PWUD and ii) data from the internet to analyse the impact on drug markets. Interviewees were recruited via third sector organisations. Most interviews were undertaken by telephone, with some face to face when possible and within Scottish Government

guidance. 29 interviews were conducted between July and October 2020. This included 13 women (33–44 years) and 16 men (28–56 years). Sixteen were recruited via a homeless hostel in Edinburgh, two from a recovery community in Clackmannanshire, eight from a stabilisation service in Glasgow, and three from a Dundee support service. An interview topic guide covered: changes to drug use since the start of lockdown, access to and use of drug-related services (harm reduction, opiate substitution and recovery services), other health and support services, and impacts on physical and mental health. Interviews were audio recorded, transcribed in full, and analysed thematically. Ethical approval was granted by the University of Stirling and the Salvation Army.

To understand the impact on illicit drug markets we drew on our qualitative interview data (as described) plus quantitative data shared by Crew 2000 (a national organisation that conducted surveys of PWUD over the pandemic period), Police Scotland (monitoring data), WEDINOS (drug checking data), and transaction data from the darknet cryptomarkets. Cryptomarkets are anonymous online markets that operate within the ‘darknet’ using secure, anonymous communication. They are only accessible to a small minority of users, although interest in them did increase noticeably during lockdown. Online surveys and access to the darknet requires a level of digital literacy and an ability to use the internet freely which is not readily available to highly vulnerable individuals such as people who are experiencing homelessness. The different datasets are likely to be reporting on different market segments with the most overlap between the Crew 2000 survey and our interview participants. We drew from several different data sources as no one source was able to cover the entire drug scene. For example, to use WEDINOS the person submitting the sample has to monitor their submission online so needs regular internet access. In contrast, our interviewees often had difficulty going online.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

Drug Distribution and Networks

The picture was of two markets, a market in party and social drugs that was moderated but resilient during lockdown, and one in drugs used by more marginalised users, that was put under pressure. There were impacts upon what was available, and changes in how drugs were sold and used.

The lockdown changed people’s position within the market. Regarding distribution at street level, one interview participant stated that COVID had “*actually produced more dealers*”, and many others shared the perception that there were new and younger runners and dealers on the street since the beginning of the pandemic. Some also stated that dealers had “*been struggling*”, most likely due to increased competition and decreased demand. This increased competition within the market was reported to have led to dealers acting more aggressively in a bid to protect their positions within the marketplace. Some interviewees discussed that they had been feeling mistreated, more than usual, by their dealers. They linked this change in behaviour to dealers exploiting pandemic conditions and the anxieties that PWUD have about supply shortages or reductions in drug quality.

In understanding risk and vulnerability, one factor to examine is how the buying process might have changed throughout the pandemic. Crew 2000’s survey in April 2020¹ showed that 46% of the respondents had not changed their methods of purchase, while 18% said that they had been using online methods more regularly.

“It was harder to be honest, a lot of the dealers couldn’t get a hold of supplies, which meant we were having to go further afield to try and find the drugs, which means we don’t know the people that we’re getting them from, we don’t know what they’re cut with, and the prices go up as well, yeah.”

On the other hand, some participants expressed that, due to the changes in the substances they used, and in the availability of substances, they had to buy from dealers and places that they were unfamiliar with. This unfamiliarity and change in source caused stress as interviewees did not have experience or understanding of the substances’ quality and price. Having to venture out from trusted sources puts PWUD in a riskier position both financially and relating to health and drugs harms.

Perceived Quality of Drugs

Some participants felt that the strength of benzodiazepines had increased and gave better “*value for money*”. However, other participants had become wary of buying and using benzodiazepines because the quality varied so hugely. One participant knew of three people who had overdosed on ‘street valium’ in the two weeks previous to interview. Generally the perception was that the quality of heroin and crack had diminished since the start of the national lockdown. Three participants expressed concern that additives to crack cocaine were causing wheezing, breathing difficulties, and chest pain. Participants who used heroin unanimously reported that supplies were far “*weaker*” and had “*lesser effect*”, but there were differences of opinion over whether this perceived downturn in quality had been since the pandemic measures or if it had been that way for some time.

The Availability of Harm Reduction Services

Interview data captured the remarkable upscaling of naloxone provision including postal supplies and supplies along with addition treatment medication (naloxone being the reversal medication for opiate overdose) and injecting equipment provision (IEP), including nimble development of new needle exchange services and home delivery of injecting equipment to people who were shielding. Despite initial worries that pharmacy-based supplies might be affected, participants reported only minimal disruptions to pharmacy provision of naloxone, addiction treatment, and IEP. Some participants had benefitted from a new onsite IEP in a hostel. All participants had an awareness of naloxone and knew where to access a supply.

The provision of Addiction Treatment Services

Several participants spoke of the speed with which they, or people they knew, had been able to commence Opiate Substitution Therapy (OST: e.g. methadone and buprenorphine) treatment since the outbreak, often taking just days to have a prescription in place when previously it could take weeks. Some participants were satisfied that they were still visiting the pharmacy daily and taking their medicine while they were there. There was a view that this not only helped them to resist the temptation of taking larger or more frequent doses, but that it also helped them to resist the pressure to sell their medication on.

“everybody’s getting more, well, well Subutex, aye, people are getting to take more away with them and I don’t think that’s good... some people are picking up like weekly at the time and it’s ridiculous, you know, because it’s, all they do is sell it to get some other fix.”

Other participants were taking home their medication two or three times a week. However, this was not always something they were comfortable doing. Face to face contact with community

practitioners was rare. Most participants spoke of talking to their Community Psychiatric Nurse (CPN) on the phone when their prescriptions needed to be altered. However some had not spoken to their CPN at all since the beginning of the pandemic safety measures.

Impact on Recovery

Most interviewees reported being negatively impacted by the lockdown measures, particularly through the loss of, or reduced access to, social supports. Three participants who were each active within their respective recovery communities pre-lockdown, spoke of relapsing into illicit drug use due to significant reductions in recovery-focused activities.

Impact on Health

The health issues experienced by PWUD are often complex and one condition will often intersect with others, both physically and mentally. A couple of participants believed they had experienced the coronavirus. Others were shielding due to pre-existing health conditions. The majority of participants found access to everyday medical services was much more difficult after the onset of pandemic restrictions. Others felt further restricted by the need to use technology such as phones and the internet to access services, although some found these very useful. A major concern for many was dental care, particularly for those who had their teeth removed and were waiting for dental plates. One participant attributed their increased drug use to helping to cope with tooth pain.

Mental Health

The onset of pandemic restrictions and the rapid changes brought about in services caused disruption to some participants' sense of support and security, which often led to a downturn in mental health and an increase in anxiety. This seemed to be particularly characterised by i) unease about the threat of COVID in general, ii) a sense of isolation due to lack of face to face contact, iii) frustration at the perceived lack of services available to them. Generally, it seemed that those who did not feel that they were coping were those least likely to have access to, or be comfortable with using, communication technology. Conversely those who had access to technology to keep in touch (often those in recovery communities) felt more continuity of support through online groups. One person noted that they had access to wider support:

“that helps me as well, the Zoom meetings, because you can go into a Zoom meeting 24/7 basically, you could be anywhere in the world sort of thing, it doesn't really matter, so it's like talking to somebody next door really, you know, it, you can go into them whenever you feel like, sort of thing, if you feel a wee bit low or you feel a wee bit maybe, an urge or a temptation or anything like that, there's always a Zoom meeting there, and it's open and you're always welcome in, so I've found that quite good as well, I found myself in meetings in Boston and things like that.”

WHAT IMPACT COULD THE FINDINGS HAVE?

This study helps us understand how people who use drugs were affected by changes in the supply of drugs, the availability of harm reduction, treatment and support services, and wider health and wellbeing concerns caused by the social responses to the COVID pandemic. Policy makers should be aware of the need for increased support and the associated resource that might be needed to ensure people still have contact with their support services. Online resources were valued by those who had the skill and resource to use them. Service providers need to be aware of the increased risks to vulnerable PWUD from changes to the drug supply including abundant street drugs such as

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illicit benzodiazepines, reduced quality and shifts to new substances and suppliers. Harm reduction advice should adapt to address these changing risks.

HOW WILL THE OUTCOMES BE DISSEMINATED?

Study findings are being shared via a website (covid-drugs.stir.ac.uk) which encourages PWUD to share their views and experiences to promote a dialogue on emerging impacts. Three academic papers are being prepared which will include an analysis of findings in the theoretical framework of risk environments², and exploration of the Moral Economy. These outputs will be disseminated via the websites and social media accounts of the Drugs Research Network for Scotland, and the research team. Results will also be shared with the Scottish Government's Drug Deaths Task Force.

CONCLUSION

This study found increased risks to PWUD from changes to drug markets and patterns of drug use, plus associated anxieties associated with these factors, increased isolation and concerning COVID. Short term risk from poor quality drugs such as benzodiazepines was apparent through reported overdoses. For some there were health benefits associated with rapid access to addiction treatment and developments in harm reduction services in some areas. Dental health was problematic, especially when causing pain.

RESEARCH TEAM & CONTACT

Catriona Matheson
Tessa Parkes
Joe Schofield
Josh Dumbrell
Tania Browne
Angus Bancroft
Idil Galip

catriona.matheson@stir.ac.uk
t.s.parkes@stir.ac.uk
joe.schofield@stir.ac.uk
j.l.dumbrell@stir.ac.uk
tania.browne@stir.ac.uk
angus.bancroft@ed.ac.uk
l.galip@sms.ed.ac.uk

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ADDITIONAL INFORMATION

Completed November 2020 Funding received: £28,053. Website: <https://covid-drugs.stir.ac.uk/>

References: ¹Crew 2000 COVID 19 Drug Market Survey Summaries <https://www.crew.scot/>

²Rhodes T. Risk Environments and Drug Harms: A Social Science for Harm Reduction Approach

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