

# Impact of Melbourne's second wave of COVID-19 and associated restrictions among people who inject drugs : Preliminary findings from the Illicit Drug Reporting System

**Sarah Eddy, Cristal Hall, Olivia Price, Paul Dietze**  
***Burnet Institute***

## Background

- In response to an alarming second wave of COVID-19 infections, extensive new restrictions were implemented in Melbourne, often referred to as Lockdown 2.0, that ran at various levels from early July until city-wide Stage 4 restrictions (including a curfew and major restrictions on movement) were introduced on the 2<sup>nd</sup> of August. These remained largely intact until late October 2020.
- The Illicit Drug Reporting System (IDRS) is an illicit drug monitoring system which has operated in Australia since 2000, and includes annual interviews with people who inject drugs (PWID) recruited from capital cities [1].
- In order to understand the impact of Lockdown 2.0 a second wave of IDRS interviews was conducted from November 30 until December 22 2020 (n=100), complementing interviews conducted around the time or just after the initial restrictions, often termed Lockdown 1.0 (n=179).
- This output presents key findings from this Round 2 of interviews with comparison against findings from Round 1 interviews as appropriate.

## Method, for both Rounds of data collection

- 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 Melbourne, Victoria for at least 10 of the last 12 months.
- Participants were 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 their 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 (Round 1) or July 2020 (Round 2).
- The study protocol and recruitment methods remained otherwise unchanged. Findings are suppressed where  $\leq 5$  participants report an outcome to protect confidentiality.

## Method cont.

- The Round 2 2020 Victorian IDRS sample characteristics were similar to those recruited in 2019 and in earlier years, being mostly male (59%) with a median age of 44 years (IQR 38-48). One in ten (11%) participants from Round 2 reported participating in Round 1. The Round 2 sample was similar to Round 1 (61% male, mean age 42), aside from median weekly income which was reported at \$450 (IQR=400-500) in Round 2, compared to \$533 in Round 1 (IQR=450-550;  $p<0.001$ ). Drug use characteristics in Round 2 were also consistent with Round 1, with the majority (71%) reporting heroin as the drug of choice (72% in Round 1), as well as the drug injected most in the last month (64%; 70% in Round 1); and 73% reporting weekly or more frequent use of heroin (75% in Round 1).

## Findings

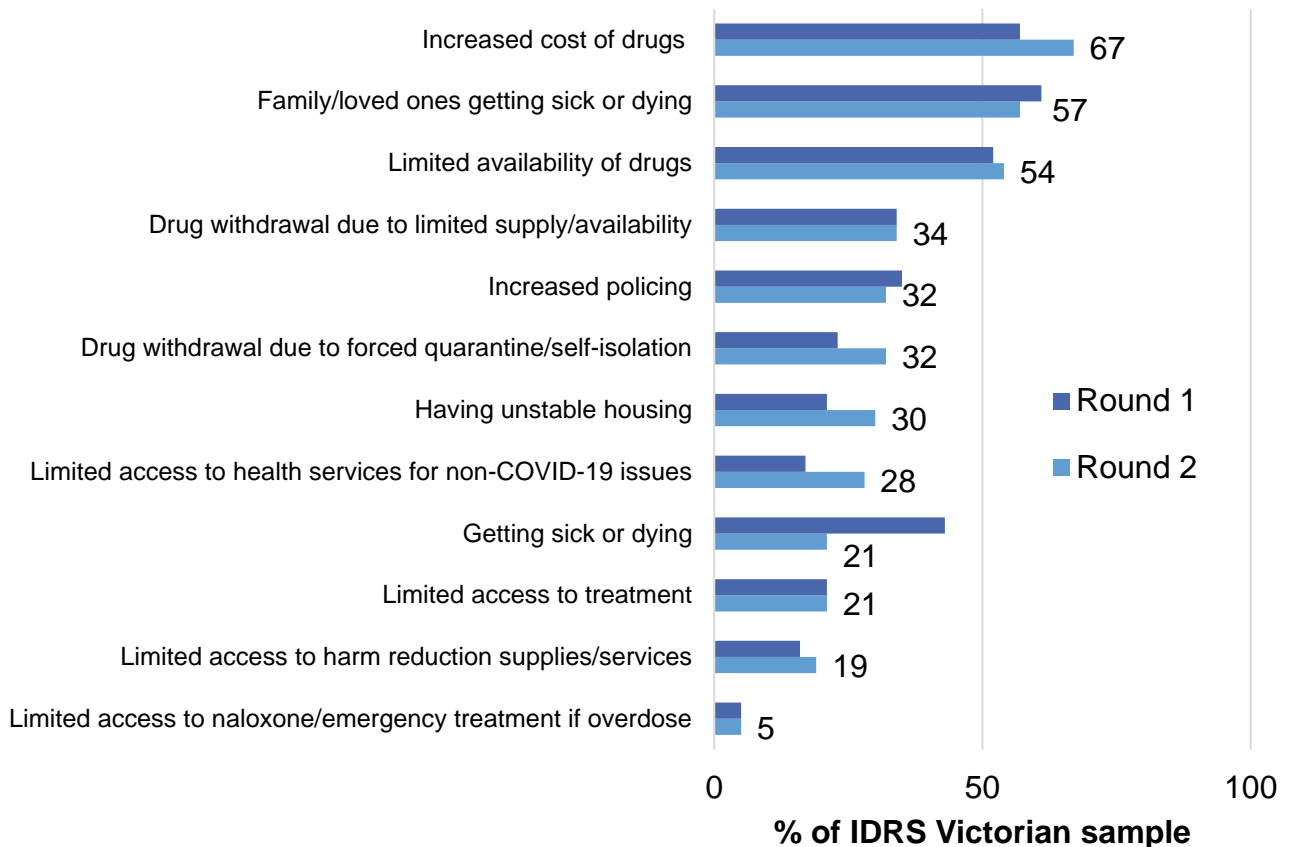
### *Experience of COVID-19 during lockdown 2.0*

- 50% of participants reported that they had been tested for COVID-19, up from 20% in Round 1. As with Round 1, none reported having been diagnosed with COVID-19.
- 17% of participants reported that they were worried about getting COVID-19 at the end of the successful lockdown 2.0, down from 59% interviewed during lockdown 1.0.
- At the time of Round 2 interviews, 88% reported wearing a facemask and 74% reported using hand sanitiser/ washing hands more frequently but only 48% reported they had been social distancing in the past month (down from 87% in Round 1).
- The distribution of concerns related to the COVID-19 pandemic in Figure 1 showed a largely similar pattern across the two rounds of data collection.

### *Social impacts of COVID-19 and associated restrictions in lockdown 2.0*

- 12% of participants reported that they had been given new shelter/short term housing or put up in a hotel since July, compared to 8% in Round 1 (asked about the lockdown 1.0 period, from March 2020).
- Around one-quarter (26%) reported that the income they received in the month prior to interview was more than what they earned in June (i.e., before lockdown 2.0), 21% said less, and 53% said a similar amount.
- When asked about financial difficulties they had experienced in the four weeks prior to interview in Round 2, 62% reported being unable to buy food or going without meals, while 56% reported asking for help from welfare/ community organisations, 55% for help from friends/family, and 41% reported that they could not pay bills on time. All of these figures were higher than those found in Round 1.

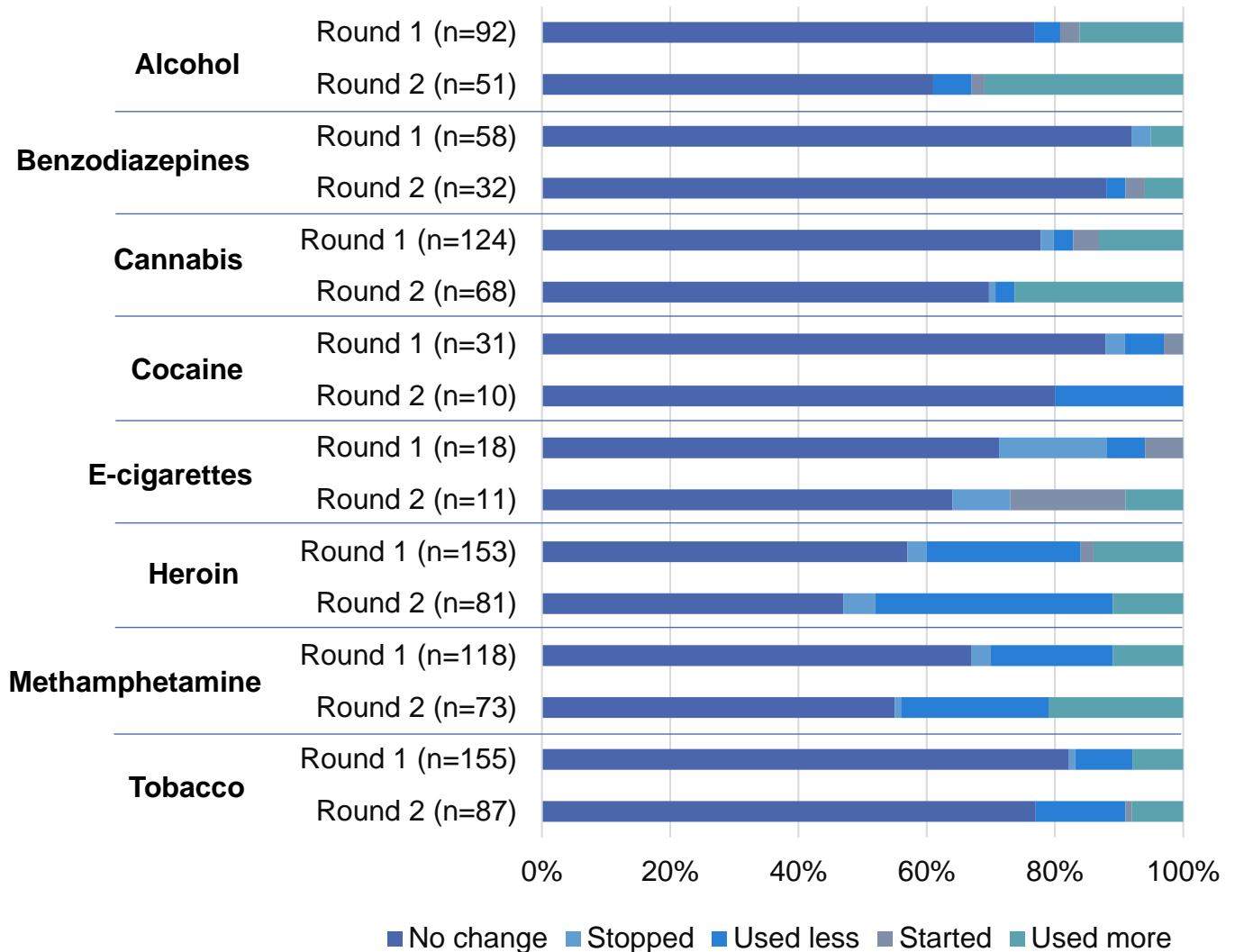
**Figure 1. The percentage of the IDRS Victorian sample endorsing potential concerns related to the COVID-19 pandemic.**



### *Changes in drug use during lockdown 2.0*

- The decline in self-reported frequency of injecting noted in Round 1 continued in Round 2 with 22% reporting a decrease in their injecting frequency in the previous four weeks compared to June (i.e., before lockdown 2.0).
- 12% of Round 2 participants reported that the drug they injected most during the last month was different to the drug injected most in June. Most commonly this change involved a shift from heroin to methamphetamine.
- Figure 2 shows the percentages of participants who reported changing their use of specific drugs since the beginning of March 2020 (Round 1) or since July 2020 (Round 2) as compared to before. As in Round 1, most participants reported no change in Round 2. However, 37% of those who reported recent (i.e. past six months) heroin use and 23% of those who reported recent methamphetamine use, reported using less since the beginning of July 2020. Frequently cited reasons included that the drug was more expensive or less available. Of note, 31% of those who reported recent alcohol use and 26% of those who reported recent cannabis use reported using more since the beginning of July 2020 as compared to before. Participants cited increased boredom and difficulties accessing other drugs.
- 20% of Round 2 participants reported that they injected alone more since the beginning of July 2020 as compared to before.

**Figure 2. Change in drug use since March (Round 1) and July (Round 2) 2020 amongst people who report use in the past six months.**

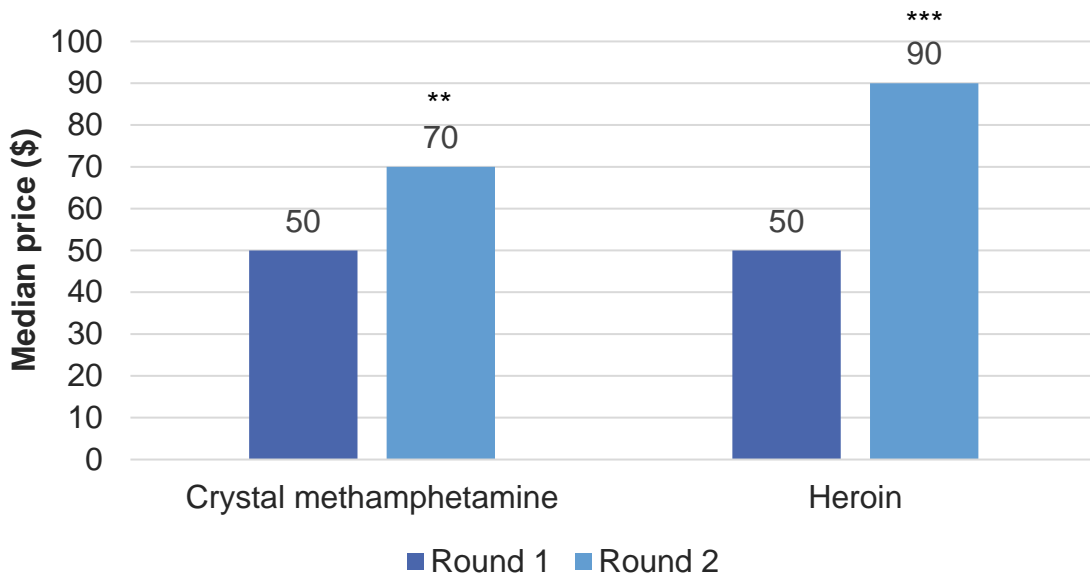


Note. Estimates reflect reports on non-prescribed use for benzodiazepines.

### Changes in drug markets with COVID-19 restrictions

- Heroin and methamphetamine were most commonly reported to have increased in price since the beginning of July compared to before (reported by 69% and 72%, respectively).
- Reported prices of both heroin and methamphetamine increased significantly between Round 1 and Round 2 ( $p < 0.001$  and  $p = 0.007$ , respectively; Figure 3).

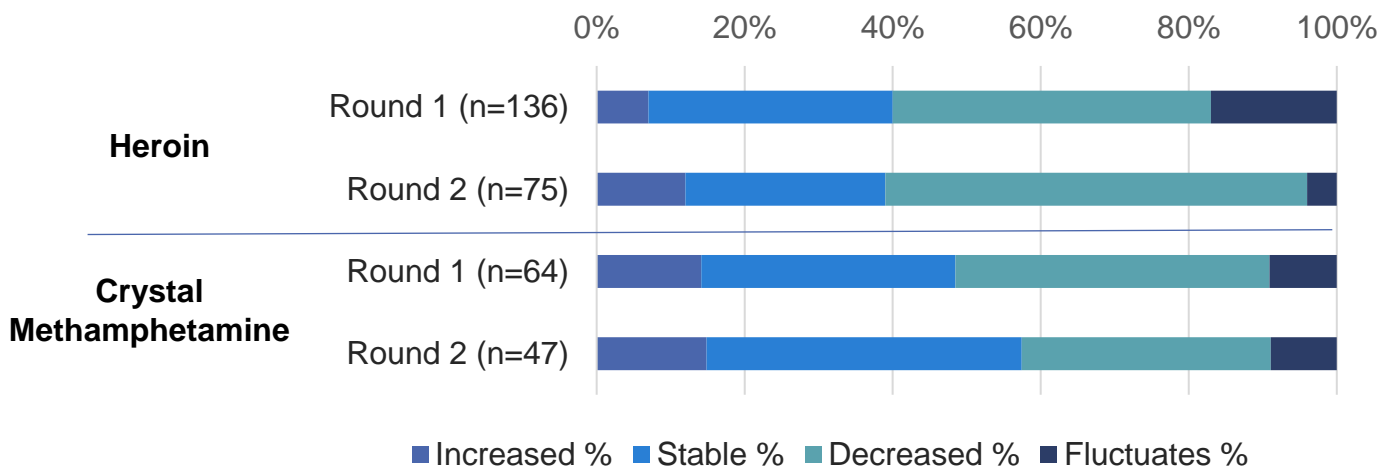
**Figure 3. Median reported price of a point of crystal methamphetamine and heroin for Round 1 and Round 2 data collections.**



\* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for Round 2 versus Round 1.

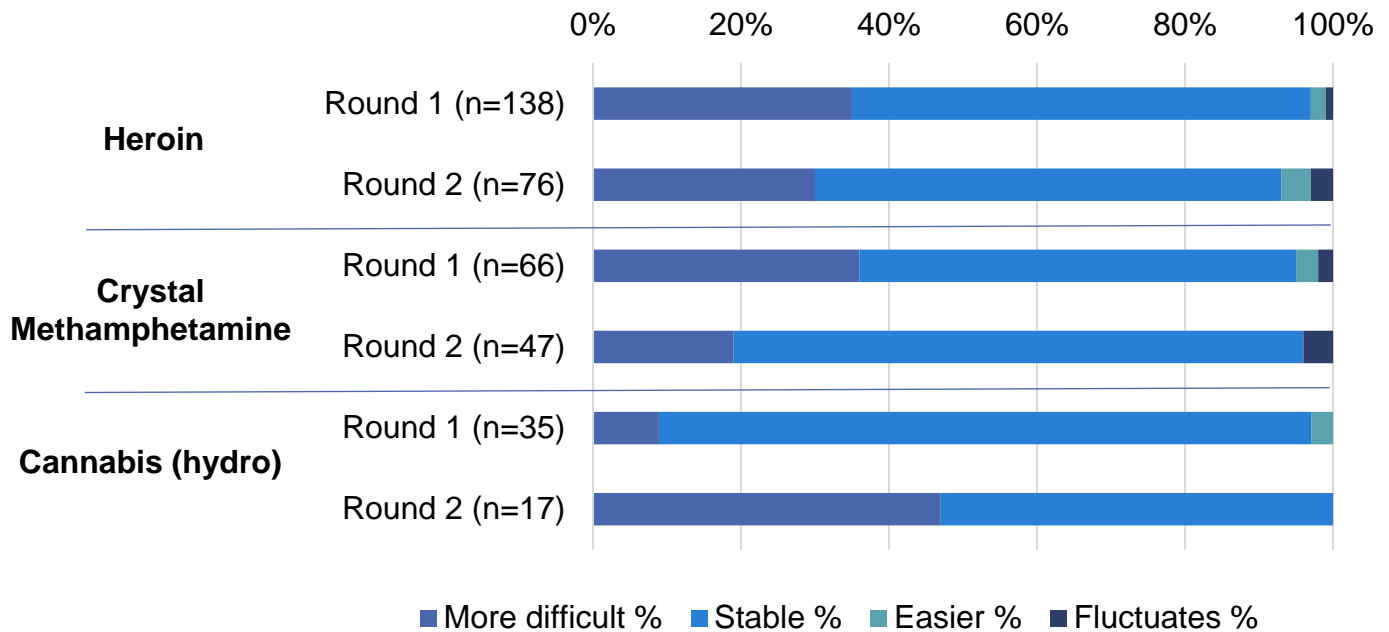
- Patterns of reports of purity of key drugs were largely similar in the two Rounds (Figure 4), but the percentage reporting decreased purity of heroin was higher in Round 2 compared to Round 1, with a majority reporting a reduction in purity since the beginning of July 2020.
- Most participants reported the availability of drugs to be stable (Figure 5). The percentage reporting stable availability of methamphetamine was higher in Round 2 compared to Round 1.

**Figure 4. Change in perceived purity of heroin and crystal methamphetamine since the beginning of March (Round 1) and July (Round 2) 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 (Round 1) and July (Round 2) 2020 compared to before.**

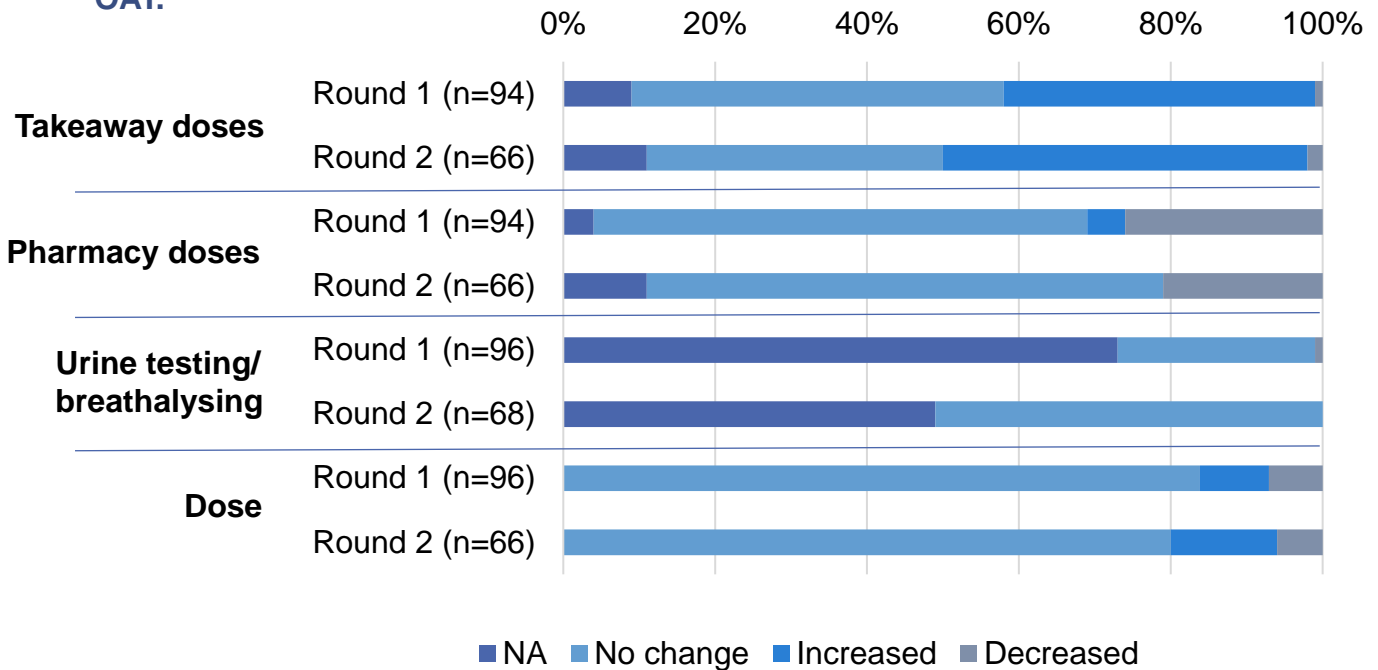


Note. Estimates for non-prescribed oxycodone, morphine, methadone syrup and cannabis (bush) were collected but are not reported here as less than five participants reported on these substance

### Changes in drug treatment and harm reduction service access

- After Lockdown 2.0 Round 2 participants were asked about their use of drug treatment in the past 6 months, with 13% reporting being in drug treatment since July, and 57% before and since, a pattern similar to that found in Round 1.
- Of those in treatment since July, 74% reported any disruption in that period. Most commonly, reported disruptions included appointments via phone (67%) and changed hours of service (18%).
- Of those Round 2 participants who reported being on opioid agonist therapy (OAT) since July (n=69), approximately half (48%) reported an increase in take-away doses, and 21% a decrease in pharmacy doses, but there was no change in urine drug testing reported (Figure 6). Further, among those in OAT since the beginning of July, 9% reported changing their OAT type to buprenorphine depot injections.
- Most Round 1 participants reported that their satisfaction with their drug treatment was the same compared to before March (85%), while 9% said better and 6% said worse. Two-thirds (66%) of Round 2 participants reported their satisfaction with treatment compared to before July was the same, 28% said better and 7% said worse.
- 10% of Round 2 participants reported difficulties accessing needles/syringes since the beginning of July, with 80% reporting re-using their own needles more often as a result.

**Figure 6. Change in aspects of drug treatment since March (Round 1) and July 2020 (Round 2) as compared to before among those reporting recent OAT.**



### Physical and mental health and risks

- Fewer participants reported experiencing an opioid overdose in the previous 12 months in Round 2 (9%) compared to Round 1 (19%,  $p=0.050$ ).
- 29% of Round 2 participants reported accessing take-home naloxone for opioid overdose reversal during the previous 12 months, with very few reporting difficulty accessing the drug.
- 53% of Round 2 participants reported experiencing withdrawal from any drug during the previous 12 months (5% before July, 3% since July and 45% both before and since July), with the pattern very similar to that evident for Round 1.
- When asked about their physical health in the past 4 weeks compared to June (i.e., before lockdown 2.0), 17% reported it as better, 63% reported it as similar, and 20% reported it as worse, a pattern very similar to that found in Round 1.
- When asked about their mental health in the past 4 weeks compared to June, 19% reported it as better, 49% reported it as similar, and 32% reported it as worse, a pattern very similar to that found in Round 1.

### *Recent Crime and COVID-19-related fines*

- 51% of Round 2 participants reported any crime in the past month, a similar pattern to that found in Round 1. Most commonly this was property crime (34%), followed by drug dealing (32%).
- A greater number of participants in Round 2 reported being the victim of a violent crime in the past month (19%) than in Round 1 (10%;  $p=0.054$ ).
- Of those who commented in Round 2 ( $n=72$ ), 14% reported receiving a fine for not following COVID directives during the second lockdown (i.e., stay-at-home, self-isolation, mask wearing, curfew).

### Conclusions

- The IDRS sample recruited after Lockdown 2.0 in Melbourne was similar to samples previously recruited, except for a reduction in reported income. This may be partially explained by the drop in the jobseeker payment in September 2020 from \$1100 to \$800 per fortnight.
- Despite major restrictions on movement and gathering, most participants in Melbourne reported little change in their illicit drug use during Lockdown 2.0, although changes in use varied by drug with change most evident in relation to heroin use. Injecting frequency declined during Lockdown 2.0. Perceptions of illicit drug availability were mostly that it remained stable or became harder to access. Prices of heroin and methamphetamine were shown to increase.
- Most participants rated their mental and physical health as similar compared to before July, and concerns about the impact of COVID itself were reduced compared to Lockdown 1.0. Overdose was reported by few participants.
- Of those in drug treatment, a majority of participants reported disruptions to their drug treatment since July, and most participants reported that their satisfaction with their drug treatment was the same compared to before July.
- Reported engagement in criminal behaviour did not vary over Lockdown 1.0 and Lockdown 2.0, but more than one in ten participants reported receiving a fine for violation of COVID restrictions, which is much higher than reported among the wider population.
- The IDRS interviews were conducted with a sentinel sample of people who inject drugs and results are not representative of injecting drug use more widely.
- It is critical to monitor impacts of COVID-19, particularly among those who report more regular or dependent use of drugs (e.g. through interviews involving the ongoing SuperMIX cohort of people who regularly inject drugs)
- More extensive findings on COVID-19 impacts will be reported in future outputs from the project.



## References

1. Peacock, A., Karlsson, A., Uporova, J., Price, O. Gibbs, D., Swanton, R., Chan, R., Bruno, R., Dietze, P., Lenton, S., Salom, C., Degenhardt, L., & Farrell, M. (2020). 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;
- Cristal Hall, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute Victoria;
- Tanya Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania;
- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Chris Moon, Northern Territory Department of Health.

## Other acknowledgements

- The people who inject drugs who participated in the IDRS survey.
- The agencies that assisted with recruitment and interviewing.
- The IDRS is funded by the Australian Government under the Drug and Alcohol Program.

## Suggested citation

Eddy, S., Hall, C., Price, O. & Dietze, P. (2021). Impact of Melbourne's second wave of COVID-19 and associated restrictions among people who inject drugs : Preliminary findings from the Illicit Drug Reporting System. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.