



PENINGTON  
INSTITUTE

## NSP clients' changing practices during COVID-19 lockdown: A rapid assessment – May 2020

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## About Penington Institute

Penington Institute connects lived experience and research to improve community safety in relation to drugs.

It is too easy to judge people who use drugs.

Legal or illegal, the misuse of any psychoactive substance impacts us all.

At Penington Institute, we think it's far more productive to prevent and tackle drug use in a safe, effective and practical way.

Risky behaviours are part of being human.

Our focus is on making individuals and families safer and healthier, helping communities, frontline services and governments reduce harm, respect human rights and improve the rule of law.

Founded by needle exchange workers and people with lived experience of drug use in 1995 as a peak body, The Association of Needle Exchanges (ANEX) grew into Penington Institute, named in honour of Emeritus Professor David Penington AC, who led Australia's early and world-leading approach to HIV/AIDS.

Like Professor Penington, who remains our Patron to this day, we confront the most important issues and champion innovative evidence-based action to improve people's lives – no matter how challenging our perspective might appear.

A not-for-profit organisation, Penington Institute's research and analysis provides the evidence needed to help us all rethink drug use and create change for the better.

We focus on promoting effective strategies, frontline workforce education and public awareness activities. Our work has a positive impact on people, health and law enforcement systems, the economy and society.

An independent voice of reason on drug policy, we are a straight-talking ally for practical insights, information and evidence-based action for people in need.

## Background

Pennington Institute conducted a snapshot survey over a one week period in May 2020 with people who inject drugs and are clients of NSPs. Clients were asked a range of questions in relation to their experience of COVID-19 and lockdown, including; about their drug use, equipment, support received, their concerns and how they are coping with the changes they may be experiencing due to coronavirus.

## Methodology

12 NSPs (7 in Melbourne and 5 in rural/regional Victoria) participated in a short survey from 12<sup>th</sup> - 19<sup>th</sup> May 2020.

Clients of these 12 NSPs were asked questions ranging from drug use, equipment, support, concerns and how they are coping with the changes they may be experiencing due to coronavirus. The survey was developed in consultation with four NSP staff.

Clients were given the option of completing the survey themselves or for the NSP worker to ask the survey questions and completing the form on their behalf.

## Participants

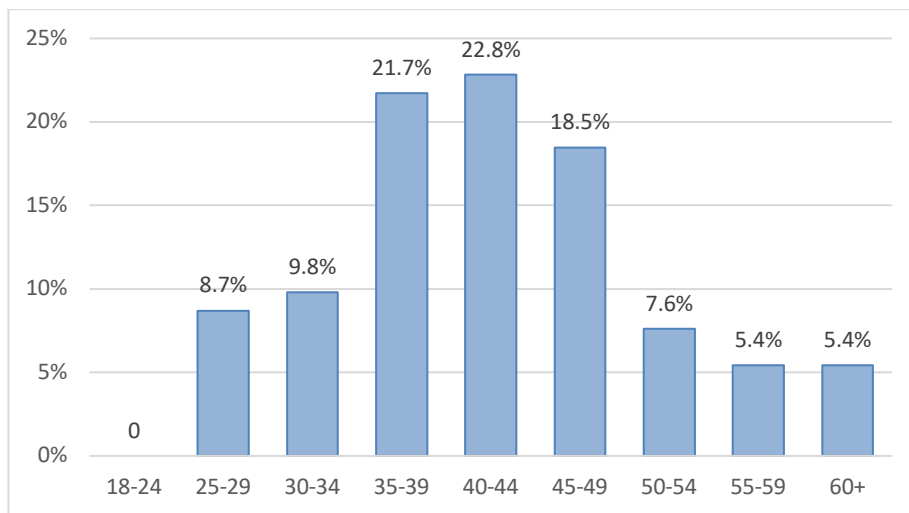
Responses were received from 92 people via the following NSP organisations:

NSP Service	Number
1. Access Health, Salvation Army, St Kilda	14
2. AOD West, cohealth, Footscray	4
3. Ballarat Community Health	1
4. Innerspace, cohealth, Collingwood	10
5. Gateway Health, Wodonga	14
6. Latrobe Community Health Service, Morwell and Moe	11
7. Monash Health Drug & Alcohol Service, Dandenong	5
8. North Richmond Community Health	14
9. Primary Care Connect, Shepparton	2
10. SHARPS, Peninsula Health, Frankston	3
11. Sunraysia Community Health, Mildura	7
12. Foot Patrol, Youth Projects, CBD Melbourne	7
<b>Total</b>	<b>92</b>

Figure 1 shows that respondents' age distribution was generally skewed towards somewhat older age groups, with almost half (44.5%) aged 35 to 44 years and a further quarter (26.1%) aged 45 to 54 years. There were 17 people aged younger than 35 and 10 people aged 55 or over. The mean age is 43, ranging from 26 to 77 years.

35 respondents were from regional/rural Victoria.

**Figure 1: Age distribution of respondents (n = 92)**



## Drug use patterns

### Types of drugs used

Participants were asked about their primary drug of choice, with an open-ended response. Across the 90 people who answered this question, the most common response (55 people) was heroin. The only other drug nominated by more than 10 people was ice/methamphetamine (32 people). There was a wide variety of other drugs mentioned by one or two people, as seen in Table 1.<sup>1</sup>

**Table 1: Types of drugs nominated as main drug (n = 90)**

	Number
Heroin	55
Ice / Methamphetamine	32
Acid	1
Alcohol	2
Buprenorphine	1
Cocaine	2
Marijuana	2
Morphine	1
Opioids	1
Poly drugs	2
Speed	3
Steroids	1
Suboxone	1
Synthetics	1
Unisom	2
Uppers	1
Valium	1

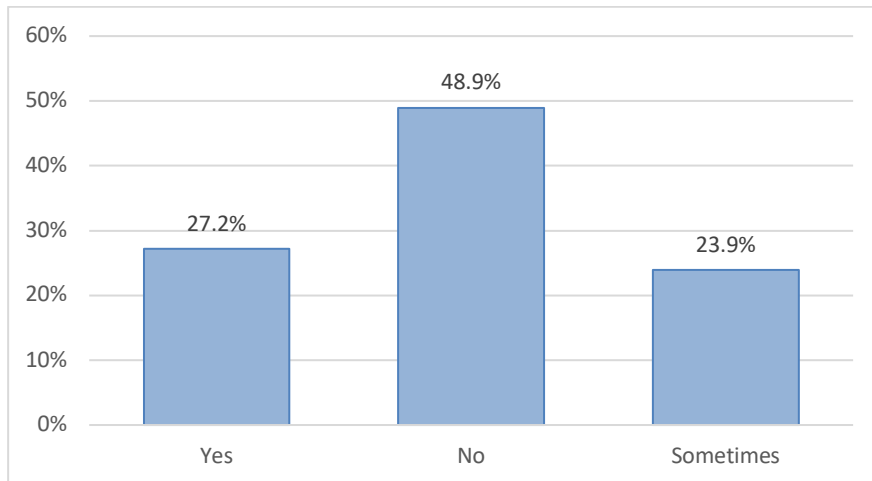
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<sup>1</sup> The numbers in Table 1 do not sum to 90 as some people provided more than one response to this question.

### Changes in drug availability

Participants were asked whether there had been any changes since lockdown began in accessing their drugs. Almost half (49%) reported that there had been no changes, with just over one-quarter (27%) reporting that there had been changes (Figure 2).

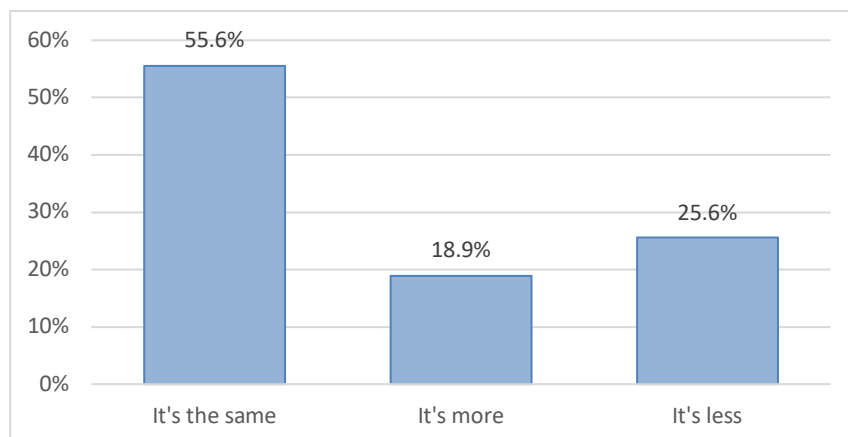
**Figure 2: Changes in drug availability (n = 92)**



### Frequency of drug use

Most survey participants (56%) reported that, since the lockdown began, their frequency of drug use has generally remained about the same. While more than one-quarter (26%) reported using less frequently, almost one in five (19%) said that they are using more frequently than before the lockdown (Figure 3).

**Figure 3: Changes in frequency of drug use (n = 90)**

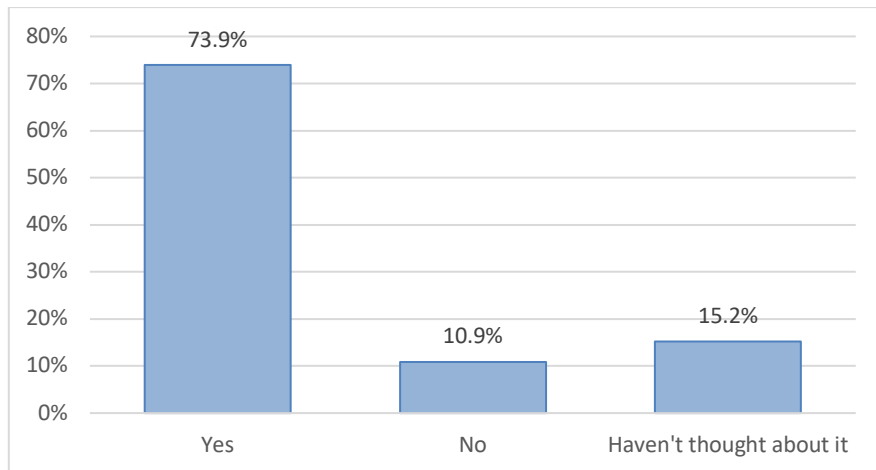


## Access to services

### Health service support

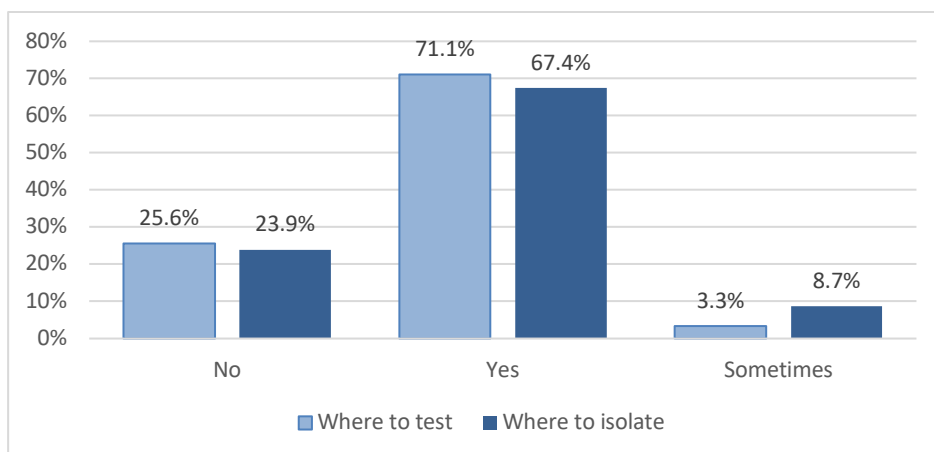
In board terms, it appears that participants are getting the support they need from the health services that they normally use (74%), with only one in ten (11%) reporting that they are not receiving the support they need (Figure 4).

**Figure 4: Access to health service support (n = 92)**



Further, participants appear to be fairly confident in knowing where to go for further health support if needed. In particular, 71% reported that they know where to go or what to do to get tested for coronavirus, while 67% would be able to find somewhere to isolate safely. About one-quarter reported not knowing how or where to be tested (26%) and another quarter reported not having somewhere to self-isolate if needed (24%) (Figure 5).

**Figure 5: Coronavirus-related health service knowledge (n = 92)**



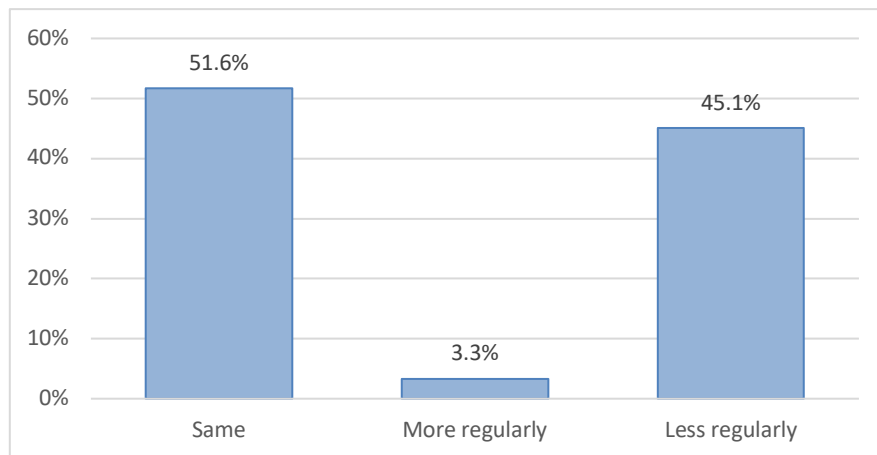
Only three-quarters of participants (77%) reported that they currently have housing; 13% reported they did not currently have housing, while 10% reported being housed 'sometimes'.



## NSP support

For just over half (52%) of the survey participants, the regularity of their visits to NSP services has stayed about the same during the lockdown period. For 45%, however, they have been visiting their NSP less frequently than previously (Figure 6).

**Figure 6: Regularity of visits to NSP (n = 91)**



For the 41 people who reported that they have been visiting the NSP less frequently, the most commonly cited reason (by 19 people) was that they had already stocked up on equipment. Other reasons included concern about the risk of getting the coronavirus (11 people), concern about breaking lockdown rules and being fined (10 people), or the greater police presence making it more difficult to get around (9 people). A further six were worried about being out in public, while two people had a friend picking up equipment for them.<sup>2</sup>

More than half (57%) of participants reported that they had not been stocking up on equipment. Among the 40 people who had been stocking up, the most commonly reported item was syringes (24 people). Among the 50 people who had not stocked up, 19 had not thought about it, but 29 reported unspecified other reasons.

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<sup>2</sup> The numbers here do not sum to 41 as some people provided more than one response to this question.

### Concern about drug use due to lockdown

Many participants expressed concern about their drug use, in the context of all the changes happening due to the coronavirus lockdown. Almost half (46%) reported being concerned, while one-third (35%) were not concerned and a further 20% had not thought about it much.

For the 42 participants who reported that they were feeling concerned about their drug use, the most common concern (mentioned by 26 people) was the cost of drugs, with 17 being worried about the quality or purity of drugs, 16 concerned about accessing their dealer and 15 concerned about accessing their choice of drugs. Others reported concern about being out and about or accessing services. Table 2 shows the various concerns that people reported.<sup>3</sup>

**Table 2: Concerns among people who reported concern about their drug use (n = 42)**

	Number
Concern about drugs	
Cost of drugs	26
Quality or purity of drugs	17
Accessing my drug dealer	16
Accessing my choice of drugs	15
Concern about being out and about	
Worried about being stopped by police when buying or using drugs	21
Being fined for breaking lockdown rules while out buying/using drugs or accessing the NSP	13
Worried about having to be out in public	11
Accessing health services	11

Participants were given the opportunity to express anything else that they were concerned or worried about. Their remarks offer valuable insight into the ways in which people who inject drugs have been affected during this difficult time.

Some participants expressed concerns directly related to coronavirus and the associated lockdown rules. The following are verbatim statements taken from the surveys:

- How do you know you have it?
- Worried on methadone dosing and virus, how to get dose if isolated
- Worried about other people travelling from outside Gippsland [the person's local area]
- Need help for people without money who have lost housing & need to self-isolate
- Other people and their hygiene re: the virus
- Sharing pens
- Unable to undertake sex work due to police presence and fines
- Getting picked up by police while visiting the NSP
- More police on the streets harassing people

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<sup>3</sup> The numbers in Table 2 do not sum to 42 as some people provided more than one response to this question.

Others were concerned about the impact of coronavirus on their drug supply:

- My dealer said supply of meth will run out
- The price for ice has almost tripled, I can't afford it. Quality is also not good
- Drugs cost more
- Can't get hold of unis

Some people expressed broader concerns about health, housing and food:

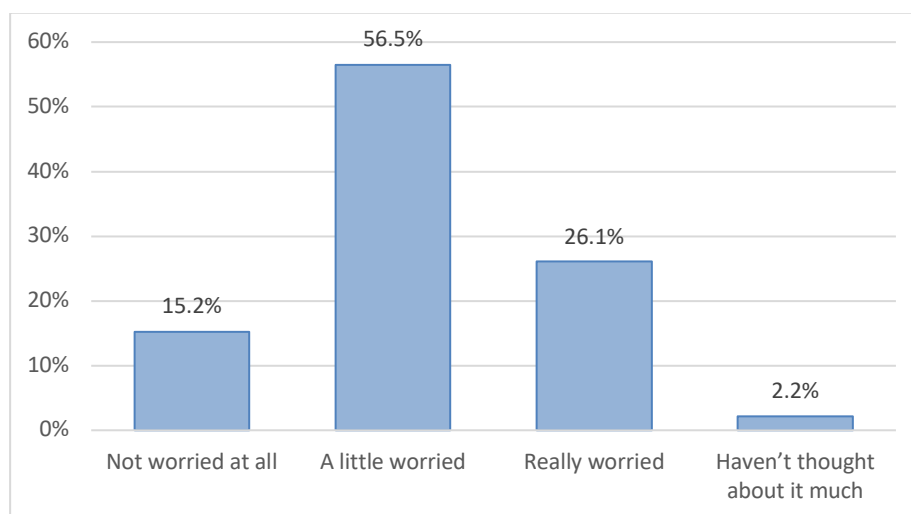
- Housing, rent is hard to pay, landlord isn't friendly
- My HepC flaring up, plus teeth been aching
- Accessing AOD services - detox/rehab
- Monash Health should be able to give some food vouchers

One person was concerned about their housing situation after lockdown ends:

- Me and partner got put up in hotel, it's been so good to have our own place, we will miss it if kicked out

People generally reported moderate levels of worry about the coronavirus: more than half (57%) were a little worried, while 26% were really worried. Only about 15% were not worried at all, and a tiny proportion (2%) hadn't thought about it much (Figure 7).

**Figure 7: Levels of concern (n = 92)**



In this context, participants were asked whether they or anyone they know has thought about going on methadone or suboxone. More than half (53%) had not considered this, while almost one-third (32%) reported that they, their friend, or both of them had thought about going on methadone or suboxone. More than one in eight (15%) reported that they were already on one of these treatments.

## Discussion

As lockdown and social distancing began changing many everyday experiences for all Victorians, people who inject drugs have had to deal with many additional challenges. Some have needed to change their drug taking practices and how they get information and support while for others the disconnection has meant that they are no longer receiving information and support relevant to the changing times.

The survey results show that almost half of these NSP clients, whose drug of choice is heroin or methamphetamine/ice, have changed their drug taking practices, either increasing or decreasing their frequency of use due to COVID-19. This may be related to availability of drugs or due to changes in the strength or quality of the drugs. People may be using more often because, as is the case for many people who don't use drugs, they have more available time, or perhaps they are more worried or anxious than they were before COVID-19. The availability and quality of drugs is expected to continue to be inconsistent in the near future, due to many reasons inclusive of international supply chains and the ability to produce the drug from within Australia.

Increased use presents significant risks as does frequency; particularly if someone is not prepared and supported. These changes brought about by COVID-19 present challenges to individuals using drugs and to workforces such as frontline Needle and Syringe workers who are focused on harm reduction and keeping staff and clients safe. Risks of overdose are heightened from increased consumption and drug substitution choices, while equally dangerous, frequency reduction can in turn lower tolerance thereby increasing vulnerability to an overdose. Messaging to stay at home, to social distance and to stock up on injecting equipment all help to reinforce the practice of drug taking at home, potentially increasing both usage in isolation and the reduction of contact with frontline workforce support and other support networks.

Most people are not venturing out as much as they did before lockdown and people who inject drugs are no different to the broader community in understanding the importance of staying home. Many are choosing to stay away from the NSP, with nearly half stating that they are visiting less regularly. Some have stated that they are concerned about heading out and about to access health services in general. Many people reported reduced connection to both health services and contact with mates. For many clients, the NSP is the primary or in some cases the only health service they visit and as a result it is vital to linking them to needed social and health services. Given the high level of comorbidities and chronic conditions that people who inject drugs live with it is sensible to stay at home, however staying away from health and social services could also negatively impact on the health and wellbeing of people who inject drugs. This is not a young or healthy group of people. The mean age of respondents is 43, ranging from 26 to 77 years. Data from the 2019 Needle Syringe Program National Minimum Data Collection confirms that this is an aging cohort with 21% aged 50+ years.

Three quarters of these NSP clients stated that they are getting the support they need from the health services that they normally use. It is important to note that this subgroup of NSP clients are the ones who are venturing out and also willing to engage with the service and agreeable

to participation in a survey. It is concerning that just over one quarter of respondents stated that they are not getting the support that they need. In addition, 57% indicated that they are 'a little' and 26% are 'really worried' about the coronavirus. They have a variety of concerns ranging from the cost of drugs going up, the quality or purity of their choice of drug and access to their drug of choice, which includes access to their dealer or their drug of choice not being available. Further concerns include, but are not limited to: not being able to work, how to stay safe, staying away from others who might have the virus and how to get their methadone or suboxone if they must self-isolate.

NSP staff have been encouraging people to stock up on equipment and it appears that clients are listening to this advice and not visiting their NSP service as regularly or as often. New protocols have been implemented in many NSPs to help safeguard staff and clients. At some sites, a client's temperature is taken as they enter the building, and new procedures are in place for handing over injecting equipment to reduce likelihood of transmitting the virus. Each new change in procedure or practice serves as a reminder of the risks the virus poses when out in public. Underlying or accompanying the message given by staff to clients to stock up on equipment is the state wide message for all Victorians to stay at home and if out and about then be mindful to practice social distancing. This has meant fewer people on the streets. These NSP clients are concerned that hanging around on the streets during this time may bring further unwanted attention. Many commented that they are concerned about being stopped by police when buying drugs and being fined for breaking lockdown rules.

In terms of the virus specifically, it is concerning that a quarter of these clients don't know where to go, or what to do, to get tested for coronavirus. It is likely that this number could be even higher if we had been able to survey those people who have chosen to stay away from NSPs or other health services and would therefore not have the opportunity to ask for advice or help. Providing details about what to do and where to go is important information that clients need to know.

There is a particularly vulnerable group of NSP clients who don't have anywhere to go if they get sick or need to isolate. Two thirds (67%) of respondents indicated that if they were infected with the coronavirus, they would be able to find somewhere to safely isolate. However, this leaves nearly one third of respondents stating that they would not be able to find somewhere to safely isolate if the need to isolate arose. This worryingly high response rate is supported by almost one quarter of clients saying that they either did not currently have housing, or only sometimes had access to housing.

These changes brought about by the virus are not all negative and present some opportunities. Almost one-third of respondents indicated that they, their friend, or both of them had thought about going on methadone or suboxone during this time. Recent changes present an opportunity for support services to provide information and even to help make a referral for those who are considering going on methadone or suboxone.

## Next steps

Survey results will inform an information and education campaign for people who inject drugs.

Due to the changing environment, practices and availability of drugs, this survey should be repeated on a regular basis. The survey also could be expanded. Future surveys could include additional questions for sub-cohorts, such as, people receiving Medication Assisted Treatment for Opioid Dependence (MATOD) and people experiencing homelessness and drug use.