

# LUCID-B Study: Interim Report 1

22<sup>nd</sup> June 2020

The LUCID-B (Living Under Coronavirus and Injecting Drugs in Bristol) study is a rapid qualitative interview study examining how people living in Bristol who inject drugs are being affected by the COVID-19 pandemic, lockdown, and changes to service delivery.

Working with Bristol Drugs Project (BDP), the researchers from University of Bristol will undertake around 30 in-depth interviews with people who inject drugs (PWID).

This bulletin is being created to keep key local and national stakeholders updated with interim interview findings before a more rigorous analysis takes place, to allow rapid responses in service development and inform further research.

**Total number of interviews: 8**

**Overview of interviewees:**

- 3 female and 5 male
- Mean age: 40 (range 26 – 54)
- 4 housed, 4 in temporary accommodation

**Vocabulary note:** BDP has been providing home delivery of needles and injecting kits to those who would usually access the Needle and Syringe Programme (NSP). This is referred to as “home delivery” throughout the report.

**Interpretation note:** Due to the small number of participants, this sample is unlikely to be reflective of the experiences of the wider population of people injecting drugs in Bristol, or the UK. The reflections below are intended to highlight areas for further consideration and research.

## Key issues identified

### 1. Challenges people who inject drugs are facing due to the COVID-19 pandemic



**Changes to accessing NSP** – Restrictions to movement during the lockdown and initial disruption to Bristol Drugs Project (BDP) mobile NSP meant people had to go to local pharmacies or travel to access the central static NSP. Barriers to accessing equipment initially, including funds for public transport, travel distance and long waits at pharmacies resulted in the re-use of injecting equipment. A few participants report that equipment provided is perceived to be worse quality than before lockdown, and syringes viewed as less sturdy/barbed. Participants were generally pleased with BDP’s NSP delivery service, and when the outreach van attended their area, however some said that the mobile service had stopped, which they were unhappy about.



**Changes to collecting OST prescriptions** – Long queues in pharmacies at the start of lockdown described as off-putting.

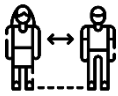


**Information about services** – A couple of participants reported not knowing about BDP services such as home delivery or physical health services. Participants suggested that leaflets about services should be delivered, and pharmacies were discussed as a route to disseminate information. A few participants reported not being

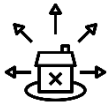
aware of what has replaced the group therapy sessions that they used to attend. Not having access to a telephone was an important barrier to information provision and service access.



**Drug supply** - Some dealers reluctant to meet, won't let people in cars, don't want to be on the streets as they're conspicuous, aren't always at the designated meeting point. Some reports of changes in drug price, with suggestion that £10 bag of heroin now £15-£20, and there are no more 3 for 2 offers on bags. Many people noticing reduced quality of drugs, heroin reported to be weaker.



**Social distancing** – Many participants reported that dealers have started wearing masks/gloves and developing physical distanced measures to exchange cash for drugs (though not all dealers). A few reports of wearing masks to meet dealers, but difficulty distancing if meeting in a public place. Some participants reported using heroin alone to maintain social distancing (previously injected with other people).



**Going out during lockdown restrictions** – A few participants reported that they had to use the once a day exercise time to buy drugs, and sometimes had to go out more than once a day. A few concerned about being stopped by police just for being out, and about conspicuousness.

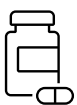


**Health issues** – A few participants reported that re-using equipment at start of lockdown has led to wounds and infections. Some people do not want these treated due to pride, even if they know where to get treatment. Report of reduced GP appointments for regular health care (e.g. dressing changing). Avoidance of healthcare services due to feeling judged (from context of conversation, assumed to be due to drug use). Reports of social isolation and loneliness common: “They say the opposite of addiction is connection but how are you supposed to connect with people when you're not legally allowed to do that.”



**Accommodation** – Hotel living was reported to be stressful and isolating, with anecdotal report of other residents being evicted disobeying rules (smoking, taking drugs, and stealing things from rooms). Food is not considered to be good quality. Difficulty getting in contact with benefits agency and council since lockdown began, thought to be due to them being busy with the pandemic – resulting in financial and housing uncertainty and stress.

## 2. Effects on drug use



**Drug use** – Participants report varied and contrasting effects on drug use. Whereas a few people saw the pandemic as “a blessing in disguise” for reducing/stopping drug use, others reported increased use related to stress and boredom. One participant reported buying in bulk, using heavily for a day and then having to go a few days without. Participants who reduced use gave reasons including lack of availability, drop in quality, and hearing of other people overdosing which they were concerned was due to fentanyl adulteration. One participant reported injecting less each time to

avoid overdose as now injecting alone; another reported injecting more because of the reducing strength of heroin.



**Route of administration** – A few participants reported changing from injecting to smoking for some doses during the day, and alternating methods, due to difficulties accessing injecting equipment.

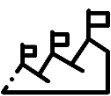


**Face-to-face drug service contact** – Some participants reported finding the phone appointments easier/acceptable, although they miss the face to face communication. Concern about missing shared care worker appointments by phone resulting in script being stopped. Several participants reported missing the drug group therapy sessions and regular informal contact with assertive engagement workers, and a few participants reported finding it more difficult to manage drug use without them. Participants reported missing the opportunity to speak to someone about issues related to drug use and treatment, which may be lacking at pharmacy. Report feeling the loss of regular urine tests by clinical services, which helped to not use drugs. Whilst some online groups (PRISM at BDP) have been set up, there now lacks the informal chat at the start which was viewed as a good way to form connections. One interview highlighted that opportunities may be being missed to identify issues that might be obvious when seeing someone face to face but may not be readily volunteered over the phone.



**OST changes** – Several people found the switch to non-daily pick up of scripts positive, as reduces pharmacy visits and embarrassment (related to perceived stigma). People are now managing their own dose meaning that they are sometimes choosing to reduce their drug use. Some participants reported of instances of script running out so going to buy heroin (“had to break a few rules at the start”).

### 3. Positive points



**Stability** – A few participants reported using the time to live less chaotic lives, and get drug use more stable, as not going out had broken or slowed down the cycle of working-scoring-using.



**Home delivery of injecting equipment (provided by BDP)** – Several participants using this, informed by shared care keyworker, BDP assertive engagement workers or peers. Almost all participants reported feeling very positive of NSP home delivery provided by BDP, and thankful to the staff for providing this. Home delivery of equipment overcomes issues of travelling to access equipment and prevents re-use of equipment. Participants felt that “BDP seem to have gone out of their way to try to accommodate everybody and try and keep everybody safe”. Many participants were keen for this to continue post lockdown, but amongst a few is recognition that this may not be able to continue. Participants suggested prioritising a few people for home delivery in the future.

## Implications: issues relevant to consider at a local/national level



**Information** – Clear provision of harm reduction advice particularly for those experiencing barriers to accessing services in person, those who have switched to using heroin alone, and/or are considering reducing their use during this time. Consider provision of wound care services to address possible rise in injection site injuries and barriers to accessing healthcare. Consider provision of mobile telephones for those most in need to support communication with service providers.



**Signposting** – Use multiple channels for information provision about changes to service provision and signposting including peer networks, shared care keyworkers and pharmacies. Consideration of leaflet delivery to known clients and high-risk groups in emergency accommodation highlighting available services.



**Access** – Consider home delivery of NSP and healthcare services (if not already in place) and review of changes to coverage of outreach services.

### Further details

If you are aware of concerning issues related to how people who inject drugs are being affected by the COVID-19 situation that you believe it would be helpful for us to explore in greater detail during our interviews, please let us know by contacting:

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**We would like to thank you for your interest in the LUCID-B study, and acknowledge the valuable contribution of our participants and the team at Bristol Drugs Project.**

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This report should be cited as:

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