

LUCID-B Study: Interim Report 4

10th August 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 are undertaking up to 30 in-depth interviews with people who inject drugs (PWID).

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

Date range of interviews: 14th July 2020 – 5th August 2020

Number of interviews in this time period: 8

Overview of interviewees:

- 4 female and 4 male
- Mean age: 36 (range 25 – 48)
- 1 temporary accommodation, 7 hostel accommodation (previously street homeless)

Overall number of interviews: 28

Interpretation note: The focus of this report is on the final 8 interviews carried out 14th July – 5th August. Please see previous [Interim Report 1](#), [Interim Report 2](#) and [Interim Report 3](#) for conclusions from preceding interviews.

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.

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

Which

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



Changes to accessing NSP and OST prescriptions – In previous weeks some participants have reported issues accessing pharmacies, including changes to pharmacy hours and queues resulting in being unable to collect OST prescriptions, but have been positive about the move to weekly OST collection.

In the present interviews, a few participants reported pharmacies running out of injecting equipment, limiting the amount of equipment given out, or stopping the provision of needles and syringes. In some cases this led to reuse of needles and syringes. One participant reported having to have their prescription for OST reissued as long queues at the pharmacy prevented them being able to fulfil their prescription.

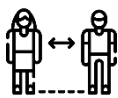


Information about services – During interviews in earlier weeks participants reported difficulties accessing information about services. In the present interviews, some participants reported receiving information on services from workers and noticeboards at hostel accommodation. One participant expressed a desire for more information about the plans for continuation of housing support (following the governments rough sleepers' emergency scheme).



Drug supply – As in previous weeks reports on drug quality were mixed; some reported a drop in quality, whereas others had not noticed changes in quality. In previous weeks a few participants have reported that they anticipate a “drought” of heroin in the near future, and a few participants in the present interviews reported variations in drug availability with challenges sourcing drugs.

In the present interviews a few participants reported that heroin appeared adulterated, with illness and issues with veins attributed to the perceived decrease in heroin quality. One participant reported that they now have to wait for heroin to cool more to avoid clogging up the needle, as a result of reduced quality.



COVID-19 prevention and social distancing measures – In previous weeks some participants discussed difficulties following COVID-19 prevention measures, and highlighted issues social distancing in hostel accommodation.

In the present interviews, participants reiterated the difficulties maintaining social distancing in hostel accommodation, with one participant raising that they consider the other residents in their hostel to be in the same household so social distancing is not required.

As in previous weeks, most participants interviewed report improved hand hygiene and mask wearing as COVID-19 prevention measures. However, there are reports of ambivalence towards catching the illness.

If I get it I get it, if I don't I don't, I aint fussed



Health issues – As in earlier weeks some participants reported wounds due to reuse of injecting equipment, as well as boredom, isolation and exacerbated mental health problems. In the present interviews, some participants reported either personally overdosing or knowing of other's who had recently overdosed. One interviewee reported overdosing on their own, and not being found until they had 'gone blue'.



Accommodation – In previous reports participants reported on issues living in hotels and hostels under the government rough sleepers' emergency scheme (see [Interim Report 2](#)) and on living in substance misuse accommodation (see [Interim Report 3](#)). In the present interviews, the majority of participants were living in hostel accommodation. One participant reported that the Government's rough sleepers emergency scheme had been a blessing, as they couldn't get housing prior to this. Some participants reported receiving more attention from services during this time than previously as a result of now being housed, with a perception that services are providing more attention during the pandemic than they would usually. A few others reported disruption during this time, including being moved to multiple hostels and having their move into supported housing postponed. There was one instance of someone having to inject in public spaces because of a change in their living situation, and others reported being evicted from their accommodation for using drugs.



Money – As in previous weeks the participants have reported on a loss of income (both legal and illegal) as a result of COVID-19, and there have been reports of a perceived increase in violent criminal activity or stealing as well as issues accessing benefit agencies (see [Interim Report 2](#)). The dehumanising experience of begging for money was intensified by the public health guidance to maintain social distancing with participants describing feeling like a 'disease' and the public not wanting to come near them.

One participant has reported that their loss of income from being furloughed has meant they have lost their housing. A few participants report now being on credit with dealers, with one participant reporting this causes additional stress due to the worry of being unable to meet the debt.



Information access – As previously reported, a few participants reported that their internet access is reliant on it being available at their hostel. This can have knock-on effects for their ability to engage with support groups for their drug use, which are now happening online.

Without contact, without a phone or internet, you're out there blind, you can't get help because you need to speak to somebody, you can't speak to somebody because you can't approach them



COVID testing – In previous reports a small number of participants reported having exhibited symptoms and having a test in hospital or at the GP. In present reports, one participant reported experiencing some COVID-like symptoms but not knowing how to get a test.

2. Effects on drug use



Drug use – As in previous weeks, there has been a mixed picture presented regarding effects on frequency and quantity of drug use. In present interviews few participants reported an increase in injecting frequency as a result of boredom, but many reported a reduction due to lack of drug availability. In this set of interviews and earlier interviews there have been reports of changes to the types of drugs people have been using with primary and secondary reports of increased spice use related to difficulties sourcing heroin; one instance of new regular heavy alcohol use ascribed to boredom; and one instance of someone who normally injected dissociative drugs having financial difficulties, which led to them smoking heroin and crack for the first time. We also heard one report of someone sharing a makeshift crack pipe during the pandemic.



Injecting practices – In our previous reports a small number of participants reported that they are more often injecting alone since the pandemic began, and this was again reported by a few of the participants in present interviews. In present interviews there was one report of a participant moving from snorting to injecting (ketamine) as a result of loss of income and the perceived better value for money from injecting.



Face-to-face drug service contact – In previous weeks, there has been a mixed picture presented regarding shared care appointments moving to telephone, with some missing face-to-face interaction and others finding it more convenient. In present interviews, one participant reports that they have not been assigned a shared care worker despite beginning OST during lockdown. One participant reported being unable to begin detox, and another reported that the move to online meetings for support with drug use removes their motivation to attend these meetings sober.



OST changes – In earlier weeks, a few participants reported finding the switch to non-daily pick up of scripts positive as it reduces pharmacy visits and embarrassment (related to perceived stigma).

In the present interviews, a few participants reported starting their OST prescription during the pandemic, and that this has helped them when they can't afford drugs. One participant raised the issue that people who have started OST during lockdown have not started receiving counselling or support for their drug use.

A few participants commented on the switch to a "same-day script", stating that the previous delay of a few weeks before the prescription could start was a barrier to many to beginning OST.

You've got to commit another three weeks of crime to fund your habit

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



Drug use and supply – Reports of potential adulteration to drug supply and resultant health issues need to be explored through pharmacological testing, and national harm reduction advice provided accordingly.

We have had reports of people changing their drug use (e.g. increasing use of alcohol and spice, starting to use heroin). This indicates a need to monitor patterns of drug consumption during times of emergency such as the COVID-19 pandemic, and ensure appropriate harm reduction information and treatment signposting is available.



Changes to NSP and OST – The changes in drug supply resulting from the pandemic may lead to an increase in those on OST. Care should be taken to ensure that the full range of addiction support is provided to these new starters as soon as possible. Evaluation of the effects of same-day scripts in encouraging OST uptake may be warranted. The reports that some pharmacies have withdrawn NSP provision requires urgent attention from local authorities and public health agencies. Sharing crack pipes could increase the risk of coronavirus transmission, but currently legal barriers prevent ensuring crack kits are available.



Drug Consumption Rooms (DCRs) – Some people have started injecting alone due to coronavirus lockdown measures, which increases risks of mortality from overdose or loss of consciousness. Additionally, we have reports of people being removed from accommodation due to drug use, or having to inject in public spaces. The provision of safe injecting spaces where people can use drugs in a medically supervised environment with naloxone on hand, would be one option to potentially reduce public injecting and minimise the risk that people who inject drugs are exposing themselves to during the pandemic. Currently, however, legal barriers in the UK prevent the introduction of DCRs.



Healthcare access – Consider home delivery of NSP and provision of physical healthcare services targeted to PWID (if not already in place) and review of changes to coverage of outreach services.



COVID-19 testing – We continue to hear reports of behaviours that would facilitate the spread of COVID-19, including reports of variable attention to social distancing and lack of awareness of when and where to obtain a test. Clarification on whether those in shared accommodation are classed as one household may be helpful to residents.

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:

Dr Lindsey Hines (LUCID-B Principal Investigator), lindsey.hines@bristol.ac.uk, 0117 3310 111

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This report should be cited as:

Hines, L.A., Kesten, J., Holland, A., Family, H., Scott, J., Linton, M., Ayres, R., Hussey, D., Telfer, M., Wilkinson, J., Hickman, M. & Horwood, J. LUCID-B Study: Interim Report 4, 10th August 2020, University of Bristol.

Previous report available at <https://arc-w.nihr.ac.uk/research/projects/understanding-the-experiences-of-people-who-inject-drugs-during-the-covid-19-pandemic/>:

Hines, L.A., Kesten, J., Holland, A., Family, H., Scott, J., Linton, M., Ayres, R., Hussey, D., Telfer, M., Wilkinson, J., Hickman, M. & Horwood, J. LUCID-B Study: Interim Report 1, 22nd June 2020, University of Bristol.

Hines, L.A., Kesten, J., Holland, A., Family, H., Scott, J., Linton, M., Ayres, R., Hussey, D., Telfer, M., Wilkinson, J., Hickman, M. & Horwood, J. LUCID-B Study: Interim Report 2, 7th July 2020, University of Bristol.

Hines, L.A., Kesten, J., Holland, A., Family, H., Scott, J., Linton, M., Ayres, R., Hussey, D., Telfer, M., Wilkinson, J., Hickman, M. & Horwood, J. LUCID-B Study: Interim Report 3, 27th July 2020, University of Bristol.