

## LUCID-B Study: Interim Report 2

7<sup>th</sup> July 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:** 23<sup>rd</sup> June 2020 – 3<sup>rd</sup> July 2020

**Number of interviews in this time period:** 6

**Overview of interviewees:**

- 1 female and 5 male
- Mean age: 42 (range 32 – 53)
- 1 housed, 5 unhoused/in temporary accommodation

**Overall number of interviews:** 14

**Interpretation note:** The focus of this report is on the 6 interviews carried out 23<sup>rd</sup> June – 3<sup>rd</sup> July. Please see previous [Interim Report 1](#) 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.

## Key issues identified

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



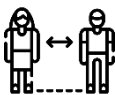
**Changes to accessing NSP and OST prescriptions** – As in previous weeks some participants reported issues accessing pharmacies, including changes to pharmacy hours and queues resulting in being unable to collect OST prescription.



**Information about services** – During interviews in earlier weeks (see [Interim Report 1](#)) participants reported difficulties accessing information about services. In the present interviews, a participant reported being unaware of a BDP run physical health services for PWID, and reported being unclear of current situation regarding detox services.

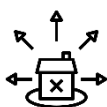


**Drug supply** – Reports on drug quality were mixed; some reported a drop in quality alongside a rise in price, whereas others had not noticed changes in strength, side effects or price. A few participants anticipated a “drought” of heroin in the near future.



**COVID-19 prevention and social distancing measures** – Some participants discussed attempting to socially distance, but found this hard around other people who use drugs and in contexts such as pharmacies. Many participants reported not taking measures against the virus, and not being concerned about the virus.

The majority of participants interviewed during this period report that drug dealers have not made (or have stopped) changes to their practices in terms of social distancing or PPE use, with a report of dealers carrying drugs in their mouth to then pass to buyers. This is in contrast to a more mixed picture presented during interviews in earlier weeks (see [Interim Report 1](#)).



**Going out during lockdown restrictions** – During interviews in earlier weeks (see [Interim Report 1](#)) a few participants reported using their once-a-day exercise time to buy drugs, and concerns about conspicuousness when buying drugs. In present interviews, one participant reported that they had carried on as normal during lockdown.



**Health issues** – During interviews in earlier weeks (see [Interim Report 1](#)) some participants reported wounds due to reuse of injecting equipment, and isolation. In present interviews, a few participants reported being bored and one participant reported issues with physical wounds.



**Accommodation** – Participants living in hostels reported concerns about cleanliness in the hostels, and that they have not noticed a difference in how often they are cleaned.

Those living in hotels under the government scheme to house the homeless reported concerns around being kicked out, with regard to hotels looking for reasons to stop housing homeless people, and with regard to the ongoing use of drugs in hotels despite this being against hotel rules. One person interviewed had to leave the hostel

they had been placed in as their booking had ended, and was back on the streets. Amongst those who have been housed there was a mixture of hope that housing support will continue beyond the lockdown, and cynicism about the likelihood of this happening and the lack of engagement with underlying issues of homelessness.



**Money** – The majority of participants reported issues with money as a result of the pandemic. Those who were previously begging or shoplifting report that these are more challenging options. Some people reported a perceived increase in violent criminal activity or stealing from others as a result. Across these interviews and interviews in previous weeks, a couple of participants have mentioned issues accessing benefit agencies at this time, resulting in financial difficulties.  
*“It’s not the actual addiction it’s affecting at the moment, it’s the actual ways and means they actually collate the money to get the drugs.”*



**Information access** – A few participants reported only having internet access through their hostel, or not owning a smartphone and having no internet access.



**COVID testing** – A small number of participants reported having exhibited symptoms and having a test in hospital or at the GP. One highlights that symptoms of withdrawal are similar to symptoms of COVID-19.

## 2. Effects on drug use



**Drug use** – The majority of participants reported using drugs either less frequently, or in smaller amounts. This was commonly attributed to a lack of money, or not wanting to spend their money on low-quality drugs. This was in contrast to a more mixed picture presented during interviews in earlier weeks (see [Interim Report 1](#)). Across these interviews and interviews in earlier weeks, a couple of participants have reported injecting much larger amounts due to the perceived lower quality of the drug.



**Injecting practices** – A small number of participants reported that they are more often injecting alone since the pandemic began, but are not taking any new harm reduction steps.

Several participants reported not having to reuse injecting equipment, as a result of the BDP scheme to provide doorstep delivery of NSP services. During interviews in earlier weeks (see [Interim Report 1](#)), a few participants reported changing from injecting to smoking due to difficulties accessing injecting equipment.



**Face-to-face drug service contact** – A few participants reported that their shared care worker appointments for monitoring their OST prescription now take place on the phone, and a couple of participants reported finding this a quicker and more straightforward process than the face-to-face meetings. During interviews in earlier weeks (see [Interim Report 1](#) for detail), a few participants reported that they missed the face-to-face interaction now meetings had moved to phone contact.

Across all the interviews conducted to date, a couple of participants have raised the issue that they do not feel comfortable having in-depth discussions about issues relating to their drug use (e.g. physical health issues) during doorstep NSP delivery.



**OST changes** – During interviews in earlier weeks (see [Interim Report 1](#)), several participants reported finding the switch to non-daily pick up of scripts positive, as it reduces pharmacy visits and embarrassment (related to perceived stigma). One participant in present interviews highlighted the increased autonomy from non-daily script collection, and that this facilitated social distancing by reducing trips to pharmacy.

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



**Information** – Targeted messaging to this population relating to social distancing, and the risks of the virus. Clear provision of harm reduction advice to those who have switched to using heroin on their own, and/or are considering reducing their use during this time.



**Housing** – Begin providing guidance to those housed under the government rough sleepers' emergency scheme on intentions towards them when the scheme ends. Provide guidance on routes into housing for those currently housed under this scheme.



**Signposting** – Access to physical healthcare for PWID needs to be supported and clearly signposted, given PWID may no longer be having in-depth conversations with treatment service staff which allow them to raise these issues.

Hotels and hostels used in the government rough sleepers' emergency scheme may provide an opportunity to disseminate information regarding the changes to treatment and detox services available to PWID.

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.



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

Outreach in hotels and hostels used in the government rough sleepers' emergency scheme may provide opportunities to create a confidential, sterile space where PWID can discuss issues.



**Testing** – Given we are seeing reports of behaviours that would facilitate the spread of COVID-19, reports of variable attention to social distancing, and the possibility that symptoms may be misattributed to heroin withdrawal, there is a case for providing wider access to COVID-19 testing for this group.

## 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](mailto:lindsey.hines@bristol.ac.uk), 0117 3310 111

**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.**

**This work is funded by the Elizabeth Blackwell Institute Rapid Response COVID-19 scheme and supported by National Institute for Health Research, Applied Research Collaboration West (NIHR ARC West) and NIHR Health Protection Research Unit (HPRU) in Behavioural Science and Evaluation.**

**This report** should be cited as:

Hines, L.A., Kesten, J., Holland, A., Family, H., Scott, J., Linton, M., Ayres, R., Hussey, J., Telfer, M., Wilkinson, J., Hickman, M. & Horwood, J. LUCID-B Study: Interim Report 2, 7<sup>th</sup> July 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, J., Telfer, M., Wilkinson, J., Hickman, M. & Horwood, J. LUCID-B Study: Interim Report 1, 22nd June 2020, University of Bristol.