FACTORS ASSOCIATED WITH CHANGES IN ILLICIT OPIOID USE DURING THE COVID-19 PANDEMIC AMONG INCARCERATED PEOPLE WHO USE DRUGS IN QUEBEC, CANADA

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Background: People who use drugs (PWUD) have been disproportionately affected by the COVID-19 pandemic, yet the pandemic's effect on opioid consumption patterns among incarcerated PWUD is unknown. We examined reported changes in illicit opioid use and related factors among incarcerated PWUD in Quebec, Canada, during the COVID-19 pandemic.

Methods: We conducted an observational, cross-sectional study in three Quebec provincial prisons. Participants completed self-administered questionnaires on sociodemographic and clinical characteristics. The primary outcome, "changes in illicit opioid consumption", was measured based on participants' responses to the question "Has your consumption of opioid drugs that were not prescribed to you by a medical professional changed since March 2020?". The association of independent variables (age, ethnicity, income, household density, and overdose history) and recent changes (past six months) in opioid consumption were examined using mixed-effects Poisson regression models with robust standard errors. Crude and adjusted risk ratios with 95% confidence intervals (95% CIs) were calculated.

Results: A total of 123 participants (median age 37, 76% White) were included between January 19 and September 15, 2021. The majority (72; 59%) reported a decrease in illicit opioid consumption since March 2020. Individuals over 40 were 11% less likely (95% CI 14-8% vs. 18-39) to report a decrease, while those living with others and with a history of opioid overdose since March 2020 were 30% (95% CI 9-55% vs. living alone) and 9% (95% CI 0-18% vs. not) more likely to report a decrease in illicit opioid consumption since the start of the COVID-19 pandemic, respectively.

Conclusion: We identified possible factors associated with changes in illicit opioid consumption among incarcerated PWUD in Quebec provincial prisons. Irrespective of opioid consumption patterns, increased access to drug treatment programs, harm reduction services, and discharge planning for incarcerated PWUD are recommended to mitigate the harms from opioids or other drugs.

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