Healthcare, drug treatment and harm reduction service access for people who use and inject drugs during the COVID-19 pandemic

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Introduction: In Australia, COVID-19 public health measures in 2020/2021 produced unintended health/social consequences, especially for populations that are typically marginalised. Changes to how healthcare, drug treatment and harm reduction services were provided (including needle/syringe programs and opioid agonist therapy [OAT]), and ‘lockdowns’ that involved curfews, physical density limits and restrictions on travel, impacted people who use/inject drugs; our study aimed to examine these impacts on their lived experience.

Method: We recruited 75 participants (August 2021– April 2022) from two cohort studies of people who inject drugs and/or use methamphetamine, in Victoria, Australia, using ethnographic random-stratified sampling. In-depth interviews focussed on experiences of drug use/treatment and health/wellbeing outcomes since March 2020. Data was thematically analysed using Iterative Categorisation.

Key Findings: Many participants experienced adverse physical/social health consequences related to the reduced capacity of healthcare, harm reduction/drug treatment services, and other COVID-19 public health measures. For many, access to sterile injecting equipment/drug treatment services was reduced, as were social connection opportunities via health services. Contrastingly, many also described positive outcomes via initiatives such as increasing access to unsupervised/take-away OAT dosing and telehealth services, which saved time on travel (especially in regional areas), and increased trust in service providers.

Discussions and Conclusions: Findings provide important understandings of the impacts of COVID-19 public health measures (including some that are ongoing) on healthcare, harm reduction and drug treatment service provision and the lives of people who use/inject drugs. Results can inform solutions for improving health service uptake/engagement for people who use/inject drugs in non-pandemic times.

Disclosure of Interest Statement:
This project received funding (No. 2003255) from the National Health and Medical Research Council (NHMRC). Lisa Maher, Paul Dietze, and Mark Stoové are funded by NHMRC Senior
Research Fellowships, and Margaret Hellard by an NHMRC Investigator Grant. Paul Dietze has received funding from Gilead Sciences and Indivior for work unrelated to this study and was an unpaid member of an advisory board for an intranasal naloxone product. Paul Dietze, Peter Higgs, Margaret Hellard, Joseph Doyle and Mark Stoové have received investigator-initiated research funding from Gilead Sciences for work on hepatitis C unrelated to this work. Peter Higgs, Margaret Hellard, Joseph Doyle and Mark Stoové have received investigator-initiated research funding from Abbvie for work on hepatitis C unrelated to this work. Margaret Hellard Joseph Doyle, and Mark Stoové receive investigator-initiated research funding support from Bristol-Myers Squibb and Merck unrelated to this work. Joseph Doyle and his institution have received consultancies from Gilead, AbbVie and Merck.