

THE COVID-19 PANDEMIC AND PEOPLE WHO INJECT DRUGS IN MONTREAL: A RAPID ASSESSMENT STUDY

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Background:

The COVID-19 pandemic has had disproportionate impacts on vulnerable populations. People who inject drugs (PWID) may be at particularly high risk of experiencing indirect harms of measures to curb viral spread, given high reliance on services and social networks. We aimed to document acute impacts of the pandemic on PWID in Montreal, focusing on changes relevant to hepatitis C virus elimination efforts.

Methods:

Members of an existing cohort of PWID (HEPCO) were invited by telephone to complete a structured rapid assessment questionnaire, in May-June and September-December 2020. The latter round of interviews additionally included people who use drugs newly recruited through community services. In-person interviews were allowed in September-December. Descriptive analyses were restricted to individuals reporting drug injection in the last six months.

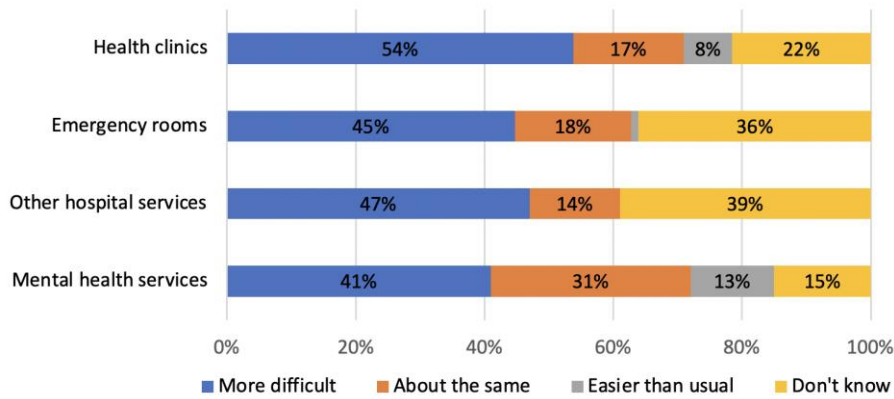
Results:

Of 229 participants, 94 had recently injected drugs and were included in analyses. 71% were male (median age=43, 91% Caucasian). 27% reported changed living conditions since the pandemic was declared a provincial public health emergency. 81% of unstably housed participants reported increased difficulty finding shelter. 63% of participants reported current opioid agonist treatment. 38% had discussed strategies to avoid treatment disruptions with providers. 14% had missed dose(s). A majority of respondents did not attempt to access traditional healthcare services or enrol in addiction treatment during the pandemic. Many perceived increased difficulty in accessing traditional healthcare services (figure). 79% of respondents tried to access needle-syringe programs during the health emergency. Of these, 93% obtained services. 45% tried to access supervised injection sites; 71% gained entry. Access attempts were higher among second-round respondents.

Conclusion:

This snapshot suggests mixed impacts of the COVID-19 pandemic on PWID in Montreal. Although needle-syringe access appeared adequate, limited access to housing and health and harm reduction services may undermine HCV elimination efforts. Drug-related harms will evolve alongside measures to curb COVID-19 spread; continued monitoring is warranted.

Perceived access to services (N=94)



Disclosures of Interest:

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