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Short Communication

Preliminary indications of the burden of COVID-19 among people who inject drugs in England and Northern Ireland and the impact on access to health and harm reduction services

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Abstract

Objective: The aim of the study was to describe the impact of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic on people who inject drugs (PWID) in England, Wales and Northern Ireland.

Study design: This is a cross-sectional Unlinked Anonymous Monitoring (UAM) Survey of PWID.

Methods: People who had ever injected psychoactive drugs were recruited to the UAM Survey by specialist drug/alcohol services in England, Wales and Northern Ireland. From June 2020, in addition to providing a dried blood spot sample and completing the UAM behavioural questionnaire, participants were asked to complete an enhanced coronavirus disease 2019 (COVID-19) questionnaire. Preliminary data are presented to the end of October and were compared with data from the 2019 UAM Survey, where possible.

Results: Between June and October, 288 PWID were recruited from England and Northern Ireland. One in nine (11%; 29/260) PWID reported testing positive for SARS-CoV-2 or experiencing COVID-19 symptoms. Fifteen percent (26/169) reported injecting more frequently in 2020 than in 2019; cocaine injection in the preceding four weeks increased from 17% (242/1456) to 25% (33/130). One in five PWID (19%; 35/188) reported difficulties in accessing HIV and hepatitis testing, and one in four (26%; 47/179) reported difficulties in accessing equipment for safer injecting.

Conclusions: Our preliminary findings suggest that PWID have experienced negative impacts on health, behaviours and access to essential harm reduction, testing and treatment services owing to the COVID-19 pandemic. Continued monitoring through surveillance and research is needed to understand the subsequent impact of COVID-19 on blood-borne virus transmission in this population and on health inequalities.

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People who inject drugs (PWID) are potentially more vulnerable to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and coronavirus disease 2019 (COVID-19) than other groups owing to a high prevalence of underlying health conditions and lifestyle risk factors.1–4 However, research on the extent to which PWID have been affected by the pandemic is limited thus far.

In June 2020, the Unlinked Anonymous Monitoring (UAM) Survey of PWID in England, Wales and Northern Ireland introduced an enhanced questionnaire to understand the impact of the COVID-19 pandemic. The UAM Survey is an annual cross-sectional survey that has been running across England and Wales since 1990 and Northern Ireland since 2002. Methods of the survey have been described elsewhere;5 briefly, people who have ever injected psychoactive drugs are recruited through specialist drug agencies to self-complete an anonymous, unlinked demographic and

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behavioural questionnaire and provide a dried blood spot sample for HIV, hepatitis B virus and hepatitis C virus (HCV) testing.

We describe preliminary data, collected between June and October 2020, on the burden of COVID-19, changes in risk behaviours and access to services among PWID. We also compare PWID recruited to take part in the UAM Survey in 2020 who completed the enhanced COVID-19 questionnaire with PWID recruited in 2019. Pearson chi-squared tests were used to compare differences in proportions (statistical significance, $P < 0.05$). Analyses were conducted using Stata version 15 (StataCorp, College Station, US).

Characteristics of the participants

By the end of October 2020, 288 enhanced COVID-19 questionnaires had been received from 16 of the 137 participating sites from seven of the 11 regions (North East: 117, London: 51, Yorkshire and the Humber: 47, South West: 41, East Midlands: 14, East of England: 9, Northern Ireland: 9); no responses had been received from the remaining four regions. Overall, 32% (91/288) of respondents completing the enhanced questionnaire had reported attending the hospital for symptoms of COVID-19, at any point in 2020. A third (32%; 9/28) of this group reported attending the hospital for these symptoms; of those attending the hospital, 88% (7/8) went to accident and emergency (A&E) and 57% (4/7) were admitted. Of those admitted, half (50%; 2/4) were placed in intensive care (71% [2/28] of those attending the hospital).

Impact on drug use

The majority of PWID completing the enhanced questionnaire reported their frequency of drug injection had remained the same or reduced (85%; 143/169) in 2020 compared with 2019, with only 15% (26) injecting more frequently. More than a quarter reported smoking drugs more frequently (27%; 64/237). However, 23% (50/214) reported being provided with accommodation at either a hotel, hostel or council/housing association property through the pandemic response.

Burden of COVID-19

Overall, 22% (62/279) of respondents completing the enhanced questionnaire reported being tested for SARS-CoV-2 in 2020, with 1.9% (1/52) testing positive, 94% (49) testing negative and 3.8% (2) awaiting their test result at the time of questionnaire completion.

| Characteristics | Participants in the 2020 UAM Survey completing the COVID questionnaire | All participants in the 2019 UAM Survey | P-value* |
|-----------------|-------------------------------------------------|-------------------------------------|--------|
| Gender          | n % 95% CI                                      | n % 95% CI                         |        |
| Men             | 223 78% 72–82%                                 | 2302 71% 69–72%                   | 0.015  |
| Women           | 64 22% 18–28%                                  | 944 29% 28–31%                    |        |
| Median age (years) [IQR] | 41 [34–48]                                   | 41 [35–47]                        | 0.789  |
| Region of birth | United Kingdom 262 92% 88–95%                 | 2903 92% 91–93%                   | 0.916  |
|                  | Abroad 23 8.1% 5.2–12%                        | 261 8.2% 7.3–9.3%                 |        |
|                  | London 51 18% 13–23%                          | 456 14% 13–15%                    | 0.085  |
|                  | Outside London 237 82% 77–87%                 | 2802 86% 85–87%                   |        |
|                  | Never 222 80% 75–85%                          | 2625 86% 84–87%                   | 0.058  |
|                  | Yes, but not in the last year 31 11% 7.8–16%  | 257 8.4% 7.4–9.4%                 |        |
|                  | Yes, in the last year 23 8.3% 5.4–12%         | 180 5.9% 5.1–6.8%                 |        |
| Ever homeless    | No 48 17% 13–22%                              | 779 25% 23–26%                    | <0.001 |
|                  | Yes, but not in the last year 62 22% 17–27%   | 1039 33% 31–35%                   |        |
|                  | Yes, in the last year 170 61% 55–66%          | 1338 42% 41–44%                   |        |
| Recent initiates to injecting drug use | 13 4.7% 2.6–8.0% | 270 8.6% 7.7–9.7% | 0.026 |
| Drugs injected in the last month | 170 62% 56–68% | 2035 65% 63–67% | 0.359 |
| Heroin           | 119 92% 85–96%                                | 1352 93% 91–94%                   | 0.579  |
| Crack            | 64 49% 40–58%                                 | 837 57% 55–60%                    | 0.069  |
| Cocaine          | 33 25% 18–34%                                 | 242 17% 15–19%                    | 0.011  |
| Amphetamine      | 22 17% 11–24%                                 | 157 11% 9.2–12.0%                 | 0.034  |
| Other            | 1 0.76% 0–4.2%                                | 61 4.2% 3.2–5.3%                  | 0.017  |
| Non-injecting drug use in the last month | 107 38% 32–44% | 1330 42% 40–44% | 0.203 |
| Heroin           | 107 38% 32–44%                                | 1330 42% 40–44%                   | 0.203  |
| Crack            | 137 49% 43–55%                                | 1569 50% 48–51%                   | 0.805  |
| Cocaine          | 83 30% 24–33%                                 | 648 21% 19–22%                    | <0.001 |
| Amphetamine      | 40 14% 10–19%                                 | 221 7.0% 6.1–7.9%                 | <0.001 |
| Methamphetamine | 10 3.6% 1.7–6.5%                              | 42 1.3% 0.96–1.8%                 | 0.003  |
| Direct sharing of needles/syringes | 36 28% 20–36% | 294 20% 18–23% | 0.051 |
| Direct and indirect sharing of injecting equipment | 60 46% 37–55% | 532 37% 34–39% | 0.038 |

Data source: Unlinked Anonymous Monitoring Survey of People Who Inject Drugs.

CI = confidence interval; COVID = coronavirus disease; IQR = interquartile range; PWID = people who inject drugs; UAM = Unlinked Anonymous Monitoring.

* Chi-squared test.

† People who reported to have begun injecting in the last three years.

‡ Sharing of needles/syringes among those who had last injected in the four weeks preceding participation in the survey.

§ Sharing of needles/syringes, mixing containers or filters among those who had last injected in the four weeks preceding survey participation.
Discussion

Our findings demonstrate that PWID in England and Northern Ireland are at risk of SARS-CoV-2 infection and hospitalisation owing to COVID-19. One in nine UAM Survey participants in 2020 reported testing positive or experiencing COVID-19 symptoms (fever/change in taste/smell) in May/June 2020, and 12% reported a cough.6 However, both these estimates of COVID-19 symptoms (fever/change in taste/smell) in May/June 2020 is similar to estimates among people who use drugs from Norway; one in nine UAM Survey participants in 2020 (19%; 35/188) reporting difficulties in accessing injecting equipment (30% vs 21%; P < 0.001), amphetamines (14% vs 7.0%; P < 0.001), methamphetamine (3.6% vs 1.3%; P = 0.003) and pregabalin (28% vs 19%; P < 0.001) were also noted (Table 1). Direct sharing of needles, syringes and other injecting paraphernalia among participants who had injected during the last month increased slightly across years (46% vs 37%; P = 0.038) (Table 1); however, this increase was not significant when comparing with 2019 participants recruited from the same centres. Overall, a quarter of respondents (25%; 43/174) reported drinking alcohol more frequently.

Impact on service access

More than a third (35%; 77/220) of the participants completing the enhanced questionnaire reported that drug/alcohol services were more difficult to access in 2020 than in 2019, with one in five (19%; 35/188) reporting difficulties accessing blood-borne virus (BBV) testing. One in four PWID (26%; 47/179) reported difficulty accessing equipment for safely using and/or injecting drugs. There were also difficulties reported in accessing substitute drug treatment (22%; 45/202), other medicines and health care (34%; 72/210) and naloxone (15%; 27/183). More people recruited outside London reported difficulties in accessing injecting equipment (30% [44/149] vs 10% [3/30]; P = 0.027), BBV testing (21% [33/155] vs 6.1% [2/33]; P = 0.041) and naloxone (18% [26/146] vs 2.7% [1/37]; P = 0.021) than those in London. Nine percent (10/106) of the participating PWID indicating a need for HCV treatment reported some form of disruption between June and October 2020, either missed doses or treatment not being available.

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