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The Difference is Research

## Introduction

- The COVID-19 outbreak and subsequent restrictions has resulted in widespread lifestyle change amongst the Australian population, with impacts on mental health and wellbeing.
- Effects include: loss of employment, reduction in income, worry related to infection from disease, resource scarcity, restrictions on travel and social gatherings, and difficulty accessing services.
- In a recent sample of over 13,000 Australians, the prevalence of mental health difficulties (as measured by the PHQ-9, GAD-7 and an optimism scale) had doubled in the first month of the COVID-19 restriction period as compared to population data from 2015 (Fisher et al., 2020).
- The impact of COVID-19 on the mental health of people who regularly use illicit drugs is still unknown, despite evidence of high prevalence of mental health problems amongst this population before the COVID-19 pandemic.

## Aim

- To investigate among people who use illicit drugs
- Perceived changes in mental health since COVID-19 restrictions as compared to before;
  - Help-seeking behaviour; and
  - Barriers to accessing mental health services.

## Methods

- Recruitment was conducted in every capital city of Australia with a sentinel sample of people who regularly use illicit substances. Data was collected from two main populations:
- a) EDRS: Ecstasy and Related Drugs Reporting System (n=805) between April-July 2020 with people who regularly use ecstasy and other stimulants.
- b) IDRS: Illicit Drugs Reporting System (n=884), data collected between June-September 2020 with people who inject drugs (PWID).
- Participants were interviewed over the phone and via videoconference on their drug use, physical and mental health, criminal history, service use patterns, and the impact of COVID-19 and related restrictions

## Results

### Sample Characteristics

	EDRS (n=805)	IDRS (n=884)
<b>Median Age (IQR)</b>	22 (19-27)	44 (38-50)
<b>% Male</b>	62%	60%
<b>% Unemployed</b>	35%	88%

## References

Fisher, J. R., Tran, T. D., Hammargerg, K., Sastry, J., Nguyen, H., Rowe, H., ... & Wong, Z. W. (2020). Mental health of people in Australia in the first month of COVID-19 restrictions: A national survey. *The Medical Journal of Australia*, 1.

## Acknowledgements

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Please contact roanna.chan@unsw.edu.au for more information or questions.

## Results

**41% EDRS & 32% IDRS participants reported their mental health declined during the COVID-19 period**



Figure 1: Perceived changes to Mental Health Pre vs. During COVID-19 period

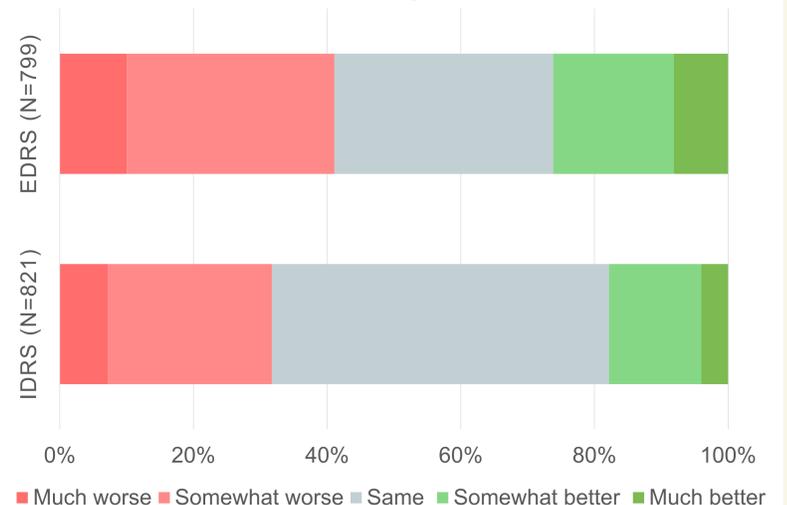


Figure 2: Help-seeking in previous 6 months (of those who reported a mental health problem)

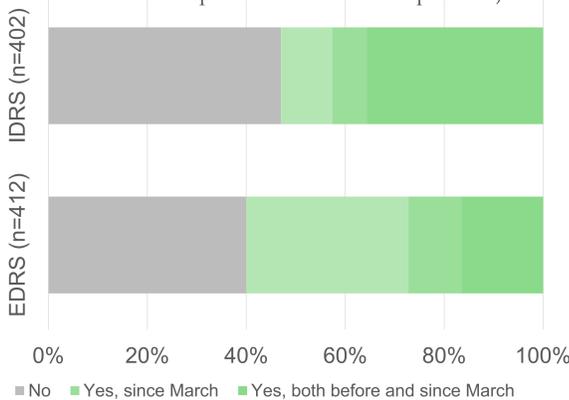


Figure 3: Tried but was unable to seek help in previous 6 months

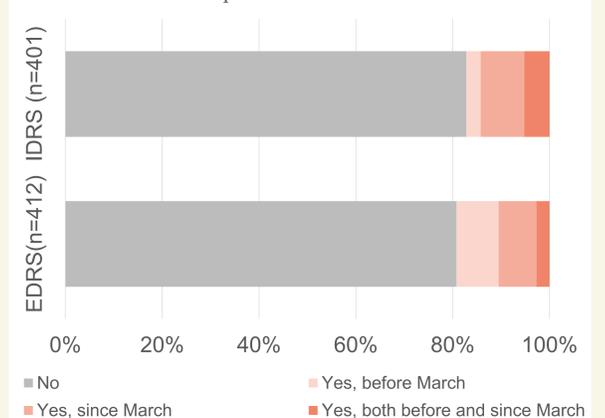
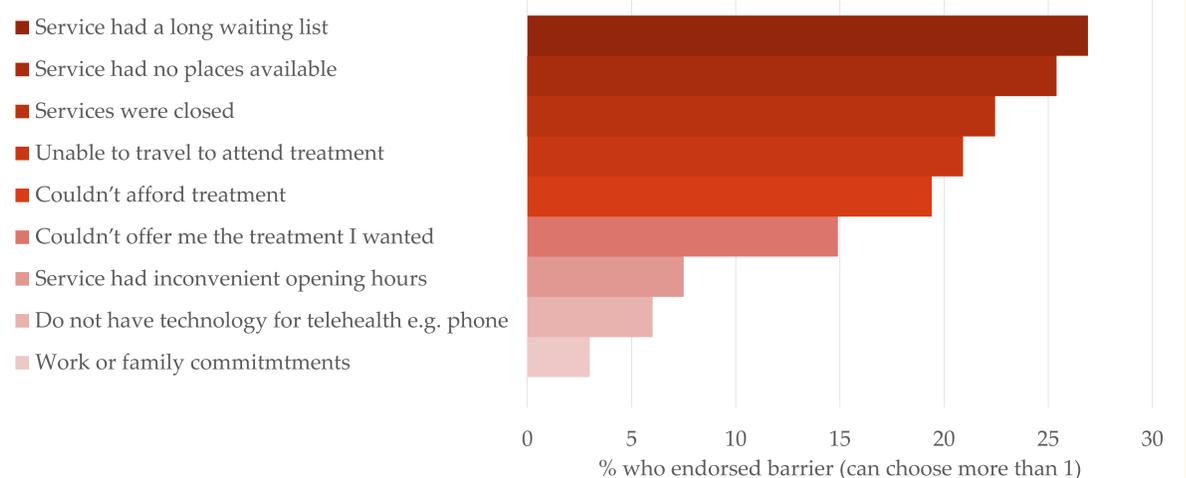


Figure 4: Barriers to Mental Health Treatment (n=67)



## Discussion and Conclusion

- Self-reported mental health in the 4 weeks prior to testing was largely the same or worse than in February 2020 before COVID-19 restrictions, for both EDRS and IDRS cohorts
- Of those who had experienced mental health difficulties in the 6 months prior to testing, less than 1 in 10 reported it had developed since March 2020 and the start of the restrictions. This may be due to the high existing rates of mental health difficulties in this population e.g. 37.3% of all 2020 IDRS participants had a mental health problem both before and since March 2020
- Just over half of all participants who experienced a mental health problem reached out for support, though the majority who tried were able to access it.
- The main barriers to mental health treatment were long waitlists and limited places, indicating scarcity of timely mental health support. This highlights the need to increase the capacity of services for people who use illicit substances.
- Note that this study encompasses a sentinel sample of participants who had access to technology and access to drug treatment services due to nature of data collection and recruitment this year
- This study measured *perceived* changes to mental health rather than symptoms based off a clinical measure
- The IDRS was conducted later than the EDRS and encompasses more of the COVID restriction period, which may have led to adjustment to the COVID-19 restrictions or exacerbated symptoms for a longer period