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The Difference is Research

Introduction

- Alcohol is one of Australia's most socially acceptable legal drugs, with research suggesting that heavy drinking in today's society is normalised (1).
- Alcohol-related harms have increased significantly over time (2), with alcohol consumption being the second leading reason for preventable morbidity and mortality (3).
- COVID-19 restrictions on gatherings and movement have likely had a significant impact on illicit drug supply, particularly given the social nature of drug consumption.
- It has been hypothesised that people who use illicit drugs may substitute legal drugs such as alcohol if they experience difficulties in obtaining illicit drugs.
- Other factors, including social isolation and boredom, may also drive changes in alcohol use.

Aims

- The aims of this study were to evaluate recent alcohol use, including changes in use due to the global COVID-19 pandemic and the reasons for change in alcohol use, amongst two sentinel samples of people who regularly use illicit drugs in Australia.

Methodology

- Data were obtained from the Ecstasy and Related Drugs Reporting System (EDRS; 2003-2020) and the Illicit Drug Reporting System (IDRS; 2000-2020).
- The EDRS is an annual survey of people who regularly consume illicit stimulants (primarily ecstasy) recruited from capital cities, whilst the IDRS consists of an annual survey of people who regularly inject drugs.
- Questions specifically around changes in alcohol use since March 2020 (i.e., since COVID-19 restrictions in Australia) as compared to the period prior were included in the 2020 interviews.

Results

Sample Characteristics:

- Three-fifths of the EDRS sample was male (61%) with a median age of 22 years (IQR=19-27). Sixty per cent of the IDRS sample was male, though with a higher median age of 44 years (IQR=38-50).
- 98% (n=789) of the EDRS sample had used alcohol in the past six months on a median of 45 days (IQR=20-72). This is in contrast to the IDRS sample, where 54% of participants had consumed alcohol in the previous six months on a median of 24 days (IQR=6-96).
- Of those who reported recent alcohol use in the EDRS sample, 4% of participants reported daily use. Conversely, 10% of recent IDRS consumers reported daily use of alcohol.

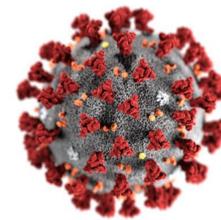
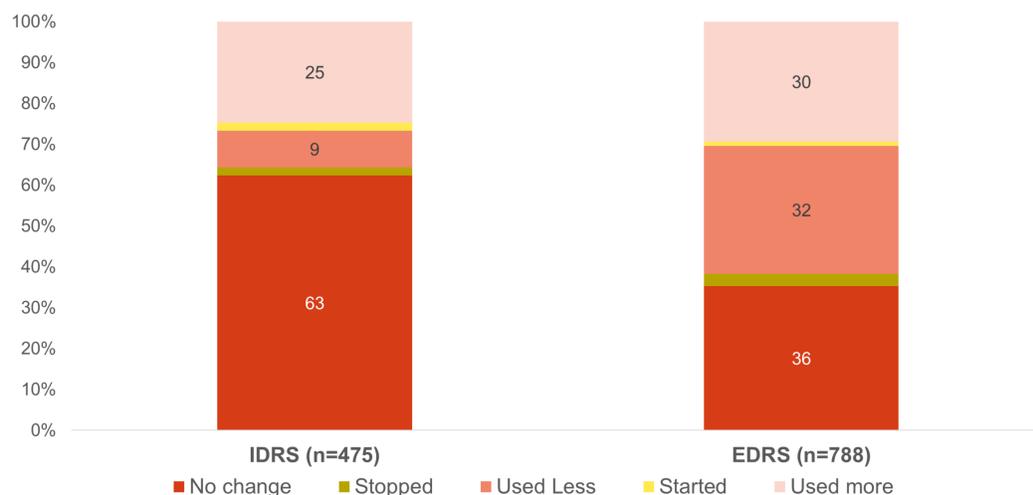


Table 1: Experience of COVID-19 testing, diagnosis and restrictions since March, 2020

	IDRS	EDRS
Tested for COVID-19 (%)	20	9
Diagnosed with COVID-19 (%)	0	0
Home isolation (only leaving home for essential activities) (%)	70	80
Social distancing (%)	89	93
Concerned about contracting COVID-19 (%)	50	32

Figure 1: Changes in alcohol use from the beginning of March, 2020, as compared to before



Top three reasons for stopping/decreasing use of alcohol, among IDRS participants:

- 38% (n=19) 'Worried about effects on my physical health'
- 22% (n=11) 'Fewer opportunities to be with people/go out to drink'
- 20% (n=10) 'Didn't feel like using alcohol'



Top three reasons for stopping/decreasing use of alcohol, among EDRS participants:

- 80% (n=213) 'Fewer opportunities to be with people/go out to drink'
- 16% (n=42) 'Didn't feel like using alcohol'
- 12% (n=33) 'Worried about effects on my physical health'



Top three reasons for starting/increasing use of alcohol, among IDRS participants:

- 38% (n=48) 'Having difficulties accessing other drugs'
- 33% (n=42) 'Boredom'
- 25% (n=31) 'Greater anxiety/depression with COVID-19'



Top three reasons for starting/increasing use of alcohol, among EDRS participants:

- 74% (n=172) 'More bored/less things to occupy time'
- 44% (n=104) 'More time to use alcohol'
- 18% (n=41) 'Spending more time with people with whom I use alcohol'

Results and Conclusions

- Almost the whole EDRS sample and over half the IDRS sample reported alcohol use in the six months preceding interview.
- Whilst the majority of participants who had used alcohol in the past six months reported 'no change' in alcohol consumption for the IDRS (63%), roughly equal numbers reported 'no change' (36%) and 'used less' (31%) in the EDRS sample. Substantial numbers reported an increase in alcohol use for both samples (25% IDRS; 30% EDRS).
- Distinct differences were observed between the two samples as to reasons for stopping/decreasing use of alcohol; whilst almost two-fifths (38%) of the IDRS sample were 'worried about the effects on their physical health', just one-tenth (12%) reported the same reason in the EDRS sample. Large variation was also observed in the percentage of people reporting 'fewer opportunities to be with people' (22% IDRS; 80% EDRS).
- With regards to starting/increasing consumption of alcohol, it was interesting to note that almost two-fifths (38%) of the IDRS sample were 'having difficulties accessing other drugs', and thus turned to alcohol. Variations were also noticed in those reporting alcohol consumption due to 'boredom' (33% IDRS; 74% EDRS).
- Alcohol use behaviours among vulnerable or disadvantaged populations are complex, and likely influenced by multiple factors. Encouraging safer levels of alcohol consumption should be a national health priority and a key focus for health professionals. Furthermore, our findings reinforce the particular need for alcohol and drug support during the COVID-19 pandemic and in the period that follows.

References

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Acknowledgements and more information

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