



# Characteristics of PWID who are in treatment versus not in treatment: COVID-19 related health concerns and behaviours. Findings from the WA Illicit Drug Reporting System 2020

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## Key findings

- People who inject drugs (PWID) that were in treatment were more likely to seek advice from a medical professional to avoid getting COVID-19 than people who were not in treatment.
- There were no significant differences between people who were in treatment versus not in treatment in terms of other health precautions taken to avoid getting COVID-19.
- PWID in treatment were more likely to be concerned about their family members getting sick or dying from COVID-19 than those who were not in treatment.
- There were no significant differences between people who were in treatment versus not in treatment in terms of other health concerns about COVID-19.

## Introduction

The COVID-19 pandemic has likely had a substantial impact on the drug market, illegal drug use behaviour, and delivery of harm reduction and drug treatment services in Australia (1) and around the world (2).

People who inject drugs (PWID) are potentially at higher risk of getting COVID-19 than the general population, due to a variety of factors including their poorer economic status, mental and physical vulnerabilities (3), their high prevalence of comorbidities, unsanitary living conditions, difficulties in adhering to quarantine and social distancing, stigmatisation, and high incarceration rates (4). The disruption in access to drug services during the pandemic might also increase their vulnerability to overdoses and unsafe injecting practices (4). Data based on the 2020 Illicit Drug Reporting System (IDRS) national sample suggests that twelve per cent of participants reported difficulties accessing sterile needles and syringes since COVID-19 (5, 6). Of these participants, half reported reusing their own needles as a consequence (5, 6).

Despite this increased vulnerability to the pandemic, there is currently little information available about the prevalence of COVID-19 morbidity and mortality among PWID (4). Data based on the 2020 IDRS national sample suggest that one-fifth (20%) of participants reported getting tested for COVID-19, but none of the participants reported having been diagnosed with the virus (5, 6).

Similarly, there is currently little information available on the social and health impact of COVID-19 on PWID (7). A recent study conducted among 443 current and former PWID in the United States found that the participants had certain gaps in knowledge regarding routes of transmission and symptoms of COVID-19 (7). However, data collected among the 2020 IDRS national sample found that more than eight out of ten participants (82%) reported engaging in various harm reduction behaviours to reduce getting COVID-19 (6).

PWID in treatment might have different engagement in COVID-19 health precautions compared to those who are not in treatment. Previous research suggests that the stigma associated with drug use might prevent PWID from engaging with healthcare service (8). PWID who are in treatment might therefore be more likely to seek advice from their current health providers to avoid getting COVID-19 than PWID who are not in treatment, as they might be less concerned about being judged and stigmatised. Furthermore, PWID who are in treatment might be directly approached by their health professionals and advised about COVID-19. Being in treatment might therefore potentially serve as a protective factor against COVID-19.

The aim of this bulletin is to examine the differences among a group of PWID who are in treatment versus not in treatment interviewed in Perth, Western Australia (WA) in 2020, on a series of survey questions related to health precautions taken during COVID-19, as well as concerns about getting COVID-19.

## Method

Data were obtained from the 2020 IDRS WA survey. The IDRS is an ongoing illicit drug monitoring system conducted in all states and territories of Australia since 2000. The aim of the IDRS is to monitor the use, market features, and harms of illicit drugs in Australia. The results of the IDRS are not representative of all PWID in the general population, as they are obtained from a non-randomly selected sentinel population of people who regularly inject drugs.

A total sample of 100 PWID were recruited in WA, between June and August, 2020. Participants were recruited mostly through advertisements in NSPs, treatment agencies and via peer referral.

To be eligible, participants had to be at least 18 years of age, have injected at least monthly during the six months preceding the interview, and had to be residing in the capital city in which they were interviewed for at least 10 of the previous 12 months.

In 2020, due to the emergence of COVID-19, to minimise the risk of infection transmission for both the participants and interviewers, the structured interviews were conducted via phone. The interview length was also reduced and adapted to include COVID-19 related items. Topics covered included participants' socio-demographic characteristics, as well as the impact of COVID-19. Participants were reimbursed \$40 for their time via bank transfer, PayID<sup>®</sup> or gift voucher.

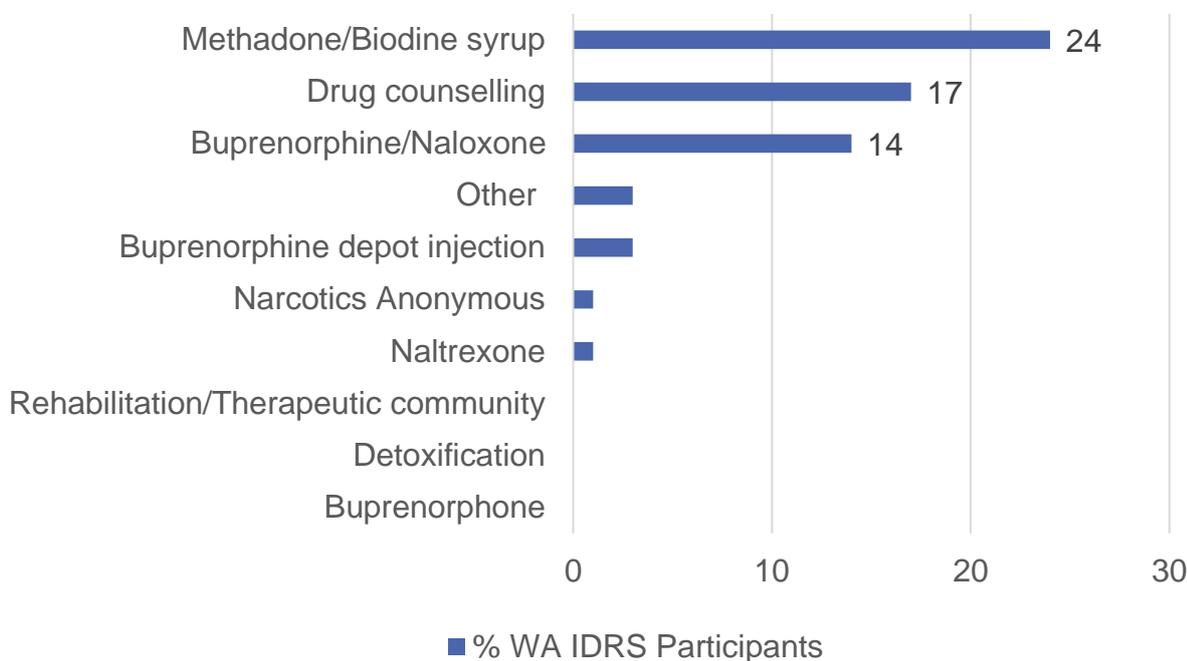
This bulletin examines the differences and similarities among a group of 100 PWID in treatment versus not in treatment interviewed in WA in 2020 on a series of survey questions related to health precautions taken during COVID-19, as well as health concerns about COVID-19. Full details of the [methods for the 2020 annual interviews](#) are available for download.

Descriptive statistics were used to examine the socio-demographic characteristics of the sample. Chi-square tests for independence with Yates Continuity correction, as well as Fisher's exact tests were used to analyse the differences between the PWID who were in treatment versus not in treatment in terms of COVID-19 testing, diagnosis, and health behaviours.

## Results

Among the 100 WA IDRS participants who were interviewed in 2020, slightly less than half of the sample were in treatment at the time of the interview (48%). The majority of those who were in treatment during the interview reported being on Methadone/Biodine syrup (24%), followed by drug counselling (17%), and Buprenorphine-Naloxone (14%) (Figure 1).

**Figure 1: Type of treatment attended among those who were in treatment (n=48).**



Note. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

### Sample socio-demographics characteristics

Table 1 illustrates the socio-demographic characteristics of the 2020 WA IDRS sample who reported being in treatment versus not in treatment. Overall participants were aged 22 to 69 years with a mean age of 43 (SD=10). The majority of participants were male (67%), non-indigenous (80%), identified as heterosexual/straight (87%), and lived in a rental property (44%). Over half the participants had obtained a trade/technical/university qualification (59%). The majority of the sample were unemployed (90%), and on a government pension, allowance or benefit (92%). The median weekly income was \$538 (IQR=\$459-\$594) per week. There were no significant differences between the participants who were in treatment versus those who were not in treatment in terms of their socio-demographic characteristics.

**Table 1: Socio-demographic characteristics of the 2020 WA sample (n=100).**

	Overall	In treatment	Not in treatment	p
	<b>N=100</b>	<b>N=48</b>	<b>N=52</b>	
<b>Mean age (years; SD)</b>	43 (10)	44 (10)	42 (10)	0.311
<b>Kessler Psychological Distress Scale (K10) (total scores; SD)</b>	22 (9)	25 (10)	20 (8)	0.020*
<b>% Male</b>	67	69	65	0.916
<b>% Heterosexual</b>	87	85	89	0.616
<b>% Unemployed</b>	90	90	90	0.689
<b>% Past month government pension, allowance or benefit</b>	92	94	90	0.841
<b>% Rented house/flat</b>	44	46	42	1.000

Note.  $p < 0.05^*$ ;  $p < 0.01^{**}$ ;  $p < 0.001^{***}$

### COVID-19 Testing and Diagnosis

Table 2 illustrates the COVID-19 testing and diagnosis among PWID who were in treatment versus not in treatment. As can be seen, there were no significant differences between PWID who were in treatment versus not in treatment in terms of COVID-19 symptoms ( $X^2(1, N = 100) = 0.202, p = 0.653$ ), testing ( $X^2(1, N = 100) = 0.202, p = 0.653$ ), seeing a doctor about COVID-19 symptoms ( $p = 0.245$ ), and being worried about contracting COVID-19 ( $p = 0.663$ ).

**Table 2. COVID-19 testing and diagnosis among PWID who were in treatment versus not in treatment from the 2020 WA sample.**

	Overall (N=100)	In treatment (N=48)	Not in treatment (N=52)	p
<b>% COVID-19 symptoms (N=100)</b>				
No	86 (n=86)	83 (n=40)	89 (n=46)	0.653
Yes	14 (n=14)	17 (n=8)	12 (n=6)	
<b>% Seen a doctor about COVID-19 symptoms (N=14)</b>				
No	-	-	-	0.245 <sup>a</sup>
Yes	10 (n=10)	88 (n=7)	-	
<b>% Tested for COVID-19 (N=100)</b>				
No	86 (n=86)	83 (n=40)	89 (n=46)	0.653
Yes	14 (n=14)	17 (n=8)	12 (n=6)	
<b>% Worried about contracting COVID-19</b>				
Not at all	51 (n=51)	52 (n=25)	50 (n=26)	0.663 <sup>a</sup>
Slightly	30 (n=30)	27 (n=13)	33 (n=17)	
Moderately	14 (n=14)	13 (n=6)	15 (n=8)	
Very	-	-	-	
Extremely	-	-	-	

Note. <sup>a</sup>Fisher's Exact Test has been applied, as there was a violation of the Chi-Square minimum expected cell frequency assumption.  $p < 0.05^*$ ;  $p < 0.01^{**}$ ;  $p < 0.001^{***}$ . - Values suppressed due to small cell size ( $n \leq 5$  but not 0).

### COVID-19 related health behaviours

Participants were asked about various health precautions they had engaged in, in the four weeks prior to interview (Table 3).

**Table 3: Health precautions taken during the past month among people who were in treatment versus not in treatment from the 2020 WA sample.**

	Overall (N=100)	In treatment (N=48)	Not in treatment (N=52)	p
<b>% Social distancing</b>				
No	8 (n=8)	-	-	1.000 <sup>a</sup>
Yes	92 (n=92)	92 (n=44)	92 (n=48)	
<b>% Home isolation</b>				
No	30 (n=30)	25 (n=12)	35 (n=18)	0.407
Yes	70 (n=70)	75 (n=36)	65 (n=34)	
<b>% Avoid public spaces/ events</b>				
No	52 (n=52)	46 (n=22)	58 (n=30)	0.324
Yes	48 (n=48)	54 (n=26)	42 (n=22)	
<b>% Keeping distance from people</b>				
No	14 (n=14)	-	17 (n=9)	0.482
Yes	86 (n=86)	90 (n=43)	83 (n=43)	
<b>% Avoiding public transport</b>				
No	59 (n=59)	52 (n=25)	65 (n=34)	0.251
Yes	41 (n=41)	48 (n=23)	35 (n=18)	
<b>% Wearing a face mask</b>				
No	66 (n=66)	60 (n=29)	71 (n=37)	0.357
Yes	34 (n=34)	40 (n=19)	29 (n=15)	
<b>% Cancelling personal gatherings</b>				
No	55 (n=55)	52 (n=25)	58 (n=30)	0.717
Yes	45 (n=45)	48 (n=23)	42 (n=22)	
<b>% Changing or cancelling travel plans</b>				
No	70 (n=70)	71 (n=34)	69 (n=36)	1.000
Yes	30 (n=30)	29 (n=14)	31 (n=16)	
<b>% Seeking advice from a medical professional</b>				
No	77 (n=77)	65 (n=31)	89 (n=46)	0.009**
Yes	23 (n=23)	35 (n=17)	12 (n=6)	
<b>% Purchasing additional household supplies</b>				
No	67 (n=67)	67 (n=32)	67 (n=35)	1.000
Yes	33 (n=33)	33 (n=16)	33 (n=17)	
<b>% Keeping children home from school or childcare</b>				
No	86 (n=86)	81 (n=39)	90 (n=47)	0.305
Yes	14 (n=14)	19 (n=9)	-	
<b>% Stopped working at all</b>				
No	98 (n=98)	96 (n=46)	100 (n=52)	0.228 <sup>a</sup>
Yes	-	-	0 (n=0)	
<b>% Working from home</b>				
No	99 (n=99)	100 (n=48)	98 (n=51)	1.000 <sup>a</sup>
Yes	-	0 (n=0)	-	
<b>% Purchasing additional medical supplies</b>				
No	79 (n=79)	73 (n=35)	85 (n=44)	0.234
Yes	21 (n=21)	27 (n=13)	15 (n=8)	
<b>% Using hand sanitiser/ washing my hands more frequently</b>				
No	9 (n=9)	-	14 (n=7)	0.163 <sup>a</sup>
Yes	91 (n=91)	96 (n=46)	87 (n=45)	

Note. <sup>a</sup>Fisher’s Exact Test has been applied, as there was a violation of the Chi-Square minimum expected cell frequency assumption.  $p < 0.05^*$ ;  $p < 0.01^{**}$ ;  $p < 0.001^{***}$ .  
 - Values suppressed due to small cell size ( $n \leq 5$  but not 0).

As can be seen, there was a significant difference between PWID who were in treatment versus not in treatment among the 2020 WA sample in terms of seeking advice from a medical professional ( $X^2(1, N = 100) = 0.674, p=0.009$ ). Specifically, people who were in treatment were more likely to seek advice from a medical professional than people who were not in treatment. No other significant differences were identified.

### ***COVID-19 related health concerns***

Furthermore, participants reported a number of concerns related to the COVID-19 pandemic (Table 4). There was a significant difference between PWID who were in treatment versus not in treatment in terms of their family members getting sick or dying ( $X^2(1, N = 100) = 4.319, p=0.038$ ). Specifically, PWID who were in treatment were more likely to be concerned about their family members getting sick or dying than people who were not in treatment. No other significant differences were identified.

**Table 4: Concerns about the COVID-19 health among PWID who are in treatment versus not in treatment from the 2020 WA sample.**

	Overall (N=100)	In treatment (N=48)	Not in treatment (N=52)	p
% Getting sick or dying				
No	63 (n=63)	54 (n=26)	71 (n=37)	0.121
Yes	37 (n=37)	46 (n=22)	29 (n=15)	
% Family/ loved ones getting sick or dying				
No	43 (n=43)	31 (n=15)	54 (n=28)	0.038*
Yes	57 (n=57)	69 (n=33)	46 (n=24)	
% Increased costs of drugs				
No	21 (n=21)	19 (n=9)	23 (n=12)	0.776
Yes	79 (n=79)	81 (n=39)	77 (n=40)	
% Limited availability of drugs				
No	21 (n=21)	17 (n=8)	25 (n=13)	0.437
Yes	79 (n=79)	83 (n=40)	75 (n=39)	
% Drug withdrawal due to limited supply/ availability				
No	42 (n=42)	38 (n=18)	46 (n=24)	0.501
Yes	58 (n=58)	63 (n=30)	54 (n=28)	
% Drug withdrawal with forced quarantine/ self-isolation				
No	54 (n=54)	56 (n=27)	56 (n=29)	1.000
Yes	44 (n=44)	44 (n=21)	44 (n=23)	
% Limited access to treatment				
No	66 (n=66)	56 (n=27)	75 (n=39)	0.077
Yes	34 (n=34)	44 (n=21)	25 (n=13)	
% Limited access to harm reduction supplies/ services				
No	72 (n=72)	71 (n=34)	73 (n=38)	0.979
Yes	28 (n=28)	29 (n=14)	27 (n=14)	
% Limited access to naloxone and emergency medical treatment if overdose				
No	84 (n=84)	81 (n=39)	87 (n=45)	0.654
Yes	16 (n=16)	19 (n=9)	14 (n=7)	
% Limited access to health services for issues other than COVID-19				
No	73 (n=73)	67 (n=32)	79 (n=41)	0.252
Yes	27 (n=27)	33 (n=16)	21 (n=11)	
% Having unstable housing				
No	63 (n=63)	69 (n=33)	58 (n=30)	0.349
Yes	37 (n=37)	31 (n=15)	42 (n=22)	
% Increased policing				
No	65 (n=65)	65 (n=31)	65 (n=34)	1.000
Yes	35 (n=35)	35 (n=17)	35 (n=18)	

Note.  $p < 0.05^*$ ;  $p < 0.01^{**}$ ;  $p < 0.001^{***}$ .

## Discussion

This bulletin examined the differences and similarities among a group of 100 PWID in treatment versus not in treatment interviewed in Western Australia in 2020 on a series of survey questions related to health precautions taken during COVID-19, as well as health concerns about COVID-19.

Univariate analyses indicated that there were few significant differences between PWID in treatment and those not in treatment in terms of health precautions undertaken in the past month. We did find, however, that PWID in treatment were more likely to seek advice from a medical professional than PWID who were not in treatment.

There are a number of possible explanations for this finding. Previous research suggests that PWID have limited engagement in healthcare services, due to the stigma associated with injecting drug use (8). These stigmatising experiences could prevent them from potentially seeking healthcare in the future (9). Participants who are already in treatment might therefore be more inclined to seek advice from their current medical professional to avoid getting COVID-19 as they might not be fearing of experiencing any type of stigma from their current health professional. In addition, health practitioners might have also directly initiated the conversation about COVID-19 with their patients. A recent scoping review analysing the role of pharmacists during the COVID-19 pandemic found for example that these health professionals played a central role during the COVID-19 pandemic, by providing patient counselling (10).

Univariate analyses also indicated that there was a significant difference between PWID who were in treatment versus not in treatment among the 2020 WA sample in terms of being concerned about their family members getting sick or dying from COVID-19. Indeed, PWID who were in treatment were more likely to be concerned about their family members getting sick or dying from COVID-19 than people who were not in treatment. However, there were no significant differences between PWID who were in treatment versus not in treatment in terms of other health concerns due to COVID-19.

There are a few potential explanations for these results. PWID can have poor social networks (11) and previous research suggests that family members often play a significant role in PWID compliance to treatment programs and other health factors (12). Participants who are already in treatment might potentially be more engaged with their family support network than PWID who are not in treatment. Alternatively, these findings could potentially be explained by the fact that the PWID who were in treatment were more anxious than those who were not in treatment, as their average total scores ( $M=24.5$ ;  $SD=9.83$ ) on the Kessler Psychological Distress Scale (K10) were higher than those who were not in treatment ( $M=20.08$ ;  $SD=8.42$ ;  $t(94)=2.372$ ;  $p=0.020$ ). However the relevance of these factors is purely speculative and more work is needed to understand the factors behind this interesting finding.

Our findings suggest that PWID who are not currently in drug treatment may be less likely to seek information from a health professional regarding COVID-19. While this may be a direct result of the increased contact that those in treatment, particularly OST have with health professions, namely pharmacists and doctors, it may be the case that those not in treatment may benefit from additional tailored efforts to bridge this gap. However our study was purely descriptive and more work is needed including discussing these findings with Peer Organisations representing PWID to explore how these findings fit with the lived experience of members of their community and consider potential policy and practice responses.

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### Participating Researchers and Research Centres

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2020:

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