

Pulse survey during Alert Level Four of addiction services and people who use drugs in New Zealand

Responses received April 8-24, 2020

**AT THE HEART
OF THE MATTER,
NZ DRUG
FOUNDATION.**

Te Tūāpapa Tarukino o Aotearoa

Methodology

Pulse surveys were used to quickly capture what changes were 'top-of-mind' for addiction services and people using alcohol and other drugs during Alert Level 4 of the COVID-19 response.

Two surveys were sent out:

- one to addiction/support services (referred to as service responses).
- one to people who use alcohol or other drugs (referred to as individual responses).

The first section of each survey was structured to identify changes in alcohol and other drug (AoD) use during the COVID-19 Level 4 lockdown. The second section focused on changes to the New Zealand drug market during this time.

Responses from 64 services and 60 individuals were received between the 8th and 24th of April 2020. Seven individual surveys were discarded because respondents reported they did not typically use substances.

Service and individual responses were coded into separate databases from which patterns and themes were analysed.

Researchers and addiction professionals reviewed the methodology and surveys to ensure ethical practice was followed.

An ethical considerations matrix was developed and regular reviews with researchers and addiction professionals ensured that National Ethical Standards were met. This survey was confirmed not to be within the Health and Disability Ethics Committee's scope of review.

Limitations and considerations when interpreting these findings.

The services that responded to this survey ranged in size. Some services based their responses on small numbers of people that they worked with, while others based their responses on large numbers of people. Therefore, this report outlines the proportion of services that responded with common themes, rather than making comment about the experiences of all people who use drugs.

The survey reflects what was top-of-mind for the people responding. While this method quickly collates useful information to help services prepare, the frequency that observations were mentioned in survey responses cannot be assumed to match the proportion of people experiencing that issue.

Most services shifted to online-only support during this period, and therefore their observations are based on clients who they were able to continue engaging with online.

The survey of people who use drugs was mostly responded to by males who were of NZ European/Pākehā ethnicity. Most appeared to view their drug use as recreational and causing few issues for themselves or others.

In this document:

Most refers to themes that were common across responses.

Some refers to themes that were in approximately a quarter of responses.

A few refers to comments that were made three or fewer times by respondents.

People who use drugs refers to people who typically used alcohol and other drugs before Alert Level 4 of the COVID-19 response.

Changes to drug use during Alert Level Four

Services were asked these questions about their clients' drug use during Alert Level Four

- What changes to substance use have clients reported during the self-isolation period? If so, what (types of drugs, amount, frequency etc.)? Please be as detailed as possible.
- If substance use has changed, what reasons are people reporting? (e.g. boredom, anxiety, dependence, availability, finances etc.)
- Are people using different substances differently or in a riskier way? (e.g. reusing or sharing equipment) Please specify.

People who use drugs were asked these questions about their drug use during Alert Level Four

- Please tell us about your drug use while in self-isolation (what you used and why, how much, how often, method of use)
- What has changed about your drug use while in self-isolation? (what you use and why, how much, how often, method of use)
- Has COVID-19/self-isolation made the way you use drugs riskier in any way? If so, please specify: (e.g. reusing or sharing equipment).

The amount of drugs used

Survey respondents told us

Most survey responses indicated that the amount of alcohol and other drugs used had changed during this period.

Most of the services and the individuals who responded to this question reported an increase in substance use, commonly alcohol and cannabis.

Some responses from services indicated they had noticed a decrease in substance use over this time. Many of these were services that work with young people.

Feeling anxious or bored were the most common reasons given for increases in substance use by services.

Some services attributed increases to being dependant or feeling isolated, and a few attributed increases to stress or relapse.

The impact of lockdown conditions was the most common reason given for decreases in use, because drugs were less available, harder to get, and people had to stay home.

“Most of them [clients] said that this is what they needed to stay away from associates and it’s working their favour. A small number of clients [who use alcohol] reported struggling.” – An addiction service provider

Frequency of responses

Change in alcohol and other drug use	From services	From individuals
Increase in alcohol and other drug use	31	30
Alcohol increase	26	9
Cannabis	14	14
Methamphetamine increase	6	2
Decrease in alcohol and other drug use	15	5
Alcohol decrease	4	1
Cannabis decrease	6	4
Methamphetamine decrease	4	-
Other change	7	3
Substitution for another drug when first choice wasn’t available	3	2
No change noticed	7*	16
Don’t know	1	-

* Four residential services reported no change because their clients were unable to use any alcohol or other drugs while staying with them.

Commentary on what this might indicate (based on discussions with the addictions sector)

This variation highlights that many factors influence a person’s choice to use substances or not. A few commented that their region usually sees an increase in cannabis use during this time of year – colloquially known as cannabis harvest season. Some also commented that the increase in alcohol and cannabis may be because those substances may be easier to access, particularly with alcohol being available through online delivery. Some youth services commented that young people may be using fewer substances because they have higher parental supervision and less access to substances through their peers. A few individual respondents used cannabis for medicinal reasons, some of whom were worried about supply during the lockdown.

The methods of using and obtaining drugs

Survey respondents told us

Most survey responses from services and individuals reported that they were not using or obtaining drugs in a riskier way during this time.

A few individual respondents reported that their drug use was less risky, and one shared that they were not currently injecting substances as an example.

“People seem to be more safe” – An addiction service provider

A few responses indicated that riskier activities were occurring, and services reported they had concerns that their clients were drinking alcohol more frequently and in larger amounts during this time.

A few services reported that some of their clients had not abided by lockdown rules and continued to use substances in groups or left their house to obtain or deliver drugs. In addition, three individual respondents reported that their drug use was riskier, with one person stating that they did not stay within their ‘bubble’ to obtain and sell drugs.

Other risks, such as sharing equipment, overdosing, buying from unknown suppliers, and stealing to fund drug use were each mentioned by a few services.

Frequency of responses

Service responses to whether clients are using drugs in a different/riskier way	Frequency
No change*	18
Unaware of changes	13
'Breaking bubble' to obtain drugs**	7
More frequent and heavier drinking	6
Using drugs in groups	4
Overdose	2
Sharing equipment	2
Buying from unknown suppliers	2
Other (including polydrug use, people stuck in high-use households, methamphetamine binges, stealing to fund drug use)	8

*including individual responses not reporting any changes

**including drugs being delivered

Commentary on what this might indicate (based on discussions with the addictions sector)

Some services had noticed that from the start of the lockdown period, their clients were interested in how they could reduce the impact of drug use for themselves and others in their household. One service commented that they were sharing more harm reduction advice than usual.

Some services commented that this affirms to them that many people who use drugs are interested in being well and not harming themselves and others.

Changes in the impact of drug use and support provided during Alert Level Four

Services were asked these questions about their clients' drug use during Alert Level Four

- Have people experienced any negative consequences from substance use during self-isolation? (e.g. withdrawal, overdose, domestic violence, mental health issues, arrest etc.). Please specify.
- Have others in the household been impacted by someone's substance use (e.g. children, partner, flatmates etc.)? If so, how.
- Has there been any changes in the need for specific addiction services/treatment providers (e.g. withdrawal management, OST, residential treatment) and how people can access them?

People who use drugs were asked these questions about their drug use during Alert Level Four

- What negative impacts have you experienced from your drug use during isolation? Please specify (e.g. withdrawal, overdose, domestic violence, mental health issues, arrest).
- Has anyone else in your household been impacted by your drug use (e.g. children, partner)? If so, how?
- Have you reached out for support during the self-isolation period (e.g. friend, addiction service, helpline)? If you did, please tell us about your experience? If not, what stopped you?

Impacts of drug use

Survey respondents told us

About a third of services reported that their clients had experienced mental health consequences, such as depression and anxiety, from substance use during this period.

Suicidal ideation was named by a few services as a consequence of substance use.

Some services reported that their clients had told them that their substance use had led to abusive or aggressive behaviour or domestic violence during this period.

“Domestic violence - emotional violence - children & partners now trapped in locked down environments with no space” – An addictions service provider

Most individuals who responded said their drug use impacted no one.

Although they were asked about negative consequences from substance use, a few services responded that they had noticed some positive impacts from lockdown.

A few services stated that their clients were using this as an opportunity to reduce or stop use and spend time with their children.

Youth services reported supporting their clients with withdrawal more often than adult services.

These services stated that many young people had higher parental supervision and lower access to substances. They noted that this caused tension - irritability, arguments, and unpleasant family environments.

Frequency of responses

Negative consequences from drug use reported by services	Frequency
Mental health (including depression and anxiety)	23
Suicidal ideation	3
Anger or aggressive behaviour	
Domestic violence	15
Abusive/aggressive behaviour	7
Feeling agitated or angry	5
Alcohol and other drug impacts	
Experiencing withdrawal symptoms	18
Relapse	4
Overdose	3
Dependence	2
Legal consequences	
Arrest	6
Imprisonment	1
Other (household tension, potential loss of housing)	13
No (or not aware of) negative impacts	11

Commentary on what this might indicate (based on discussions with the addictions sector)

At the start of Alert Level 4, many services were worried that drug-related harm would worsen over this time. It appears that some consequences, such as aggressive behaviour and negative impacts on mental health were noticed over this time. A few services also noted clients were stuck in unsafe environments. Some services have spoken about seeing unexpected positive outcomes, where they noticed their clients were progressing well due to having less distractions, situations that could be a trigger for use (such as social encounters), and less access to substances. A few services noted that clients who were earlier in their recovery journey or for whom alcohol was their primary substance of concern experienced more negative impacts during this period compared to others.

Changes to support provided

Survey respondents told us

Most services reported that there wasn't any change in service need. Service delivery was largely through virtual one-on-one sessions and phone check-ins.

However, some services identified needing more phone/video services. For clients, having access to a phone, phone credit or the internet could be difficult.

Some services identified withdrawal management as a need during lockdown.

Maintaining engagement with certain clients was difficult for services especially as lockdown continued.

A few services who responded said their clients did not want to engage in online or phone services and were waiting until face-to-face was available again.

"It may be that those clients not answering their phones are the ones who have increased their use." – An addictions service provider

Most individuals did not reach out for support, with a few noting they did not identify their drug use as causing issues.

A few individual respondents reported that they did reach out for support. They reached out to friends or family, and only a small number were in contact with health services.

Frequency of responses

Services responses to the change in the need for specific services	Frequency
No change	23
Need more phone/video services	10
Withdrawal management	10
Easier access/referrals	9
Residential treatment	4
Clients' access to technology	3
Ongoing follow-up and aftercare	2
Other (including whānau support, access to violence prevention, different ways to engage groups - homeless populations, or those that required help with coping or managing cravings but not addiction)	9

Commentary on what this might indicate (based on discussions with the addictions sector)

Most services stayed in touch with clients through phone or video with reduced service offerings (e.g. less group work). Many services commented that the shift to online and phone services was needed, but was challenging and they were worried about some clients who they could not reach.

Some services reported that their engagement with some clients had decreased and referrals to their service had dropped. They were concerned that it would be harder for people to keep connected with peers who were also in recovery.

Services were also concerned that medical detox services were temporarily closed.

Changes to availability of illicit drugs during Alert Level Four

Services and people who use drugs were asked these questions about their clients' drug use during Alert Level Four

- What, if any, changes in availability have you noticed? I.e. drugs more/less difficult to get (please specify which drug/s)
- What, if any, changes in purity/quality have you noticed? (please specify which drug/s)
- What, if any, changes in price have you noticed? I.e. are they more/less expensive, no change? (please specify which drug/s)
- What, if any, changes in the amount people are buying have you noticed? (please specify which drug/s)

Changes to availability of illicit drugs

Survey respondents told us

About a third of services and most individual responses reported that illicit drugs were harder to get or less available.

Methamphetamine and cannabis were the two substances most commonly named by services or individuals as having changes in their availability. However, whether people found it harder, easier, or the same to obtain varied.

Some respondents stated that how they obtained or used illicit drugs had changed to adhere to physical distancing requirements.

Changes reported were getting substances delivered to their house or an agreed location or people who supply not using together with their customers.

Some responded that some people who supply drugs decided to stop doing this during this time. One service attributed this stop to greater police presence and risk of being stopped.

“Some drug doors have closed some are delivering” – An addiction service provider

A few services reported hearing about an increase in price or decrease in purity.

Frequency of responses

Reported availability of illicit drugs during lockdown	From services	From individuals
Harder to get / less available	19	15
Methamphetamine harder to get / less available	6	-
Cannabis harder to get / less available	6	10
More available	8	2
Methamphetamine more available	3	-
Cannabis more available	4	1
No changes	17	-
Methamphetamine still available	4	1
Cannabis still available	4	-
Unsure or nothing reported	15	-

Commentary on what this might indicate (based on discussions with the addictions sector)

It is too soon to identify changes in the drug market. Services who responded early were less likely to have heard that there were changes before responding. In addition, people who stockpiled drugs were less likely to have attempted to buy drugs, and therefore less likely to have noticed changes.

This is an area that will continue to need monitoring.

Who we heard from

Services were asked these questions about their service and clients

- Location of service
- Type of service (e.g. DHB, NGO, AOD, youth, Kaupapa Māori)
- Do you support clients? If so, what types of clients (e.g. gender, age, ethnicity)

People who use drugs were asked these questions about their demographics

- What is your age bracket? (18 – 24, 25 – 30, 31 – 40, 41 – 50, 50+ years)
- What is your gender?
- What is your ethnicity? (Māori, NZ European/Pākehā, Pacific Islander, Asian, Middle Eastern/ Latin American/ African, Other)
- What is your location (area you are self-isolating)?
- Your employment status
- Housing status (living with family/whānau, flat/houseshare, living alone, temporary accommodation, without shelter, other:)

Surveys from 64 services and 53 people who use drugs were analysed

Addiction and support services who responded to the survey

Most services that responded were addictions / AOD services.

The 64 services who responded to the survey are from almost all DHB locations across New Zealand.

Services that work in Canterbury (n=11) and Auckland (n=7) responded most frequently. Most DHB areas had at least two services responding to this survey.

Services that responded supported a range of clients.

Almost all services catered to both men and women, with six stating they had gender-diverse clients.

Most supported adults, with nine specially supporting older adults. Twenty-one services had youth clients, with 13 of these being youth-specific services.

Over two thirds of services had clients with a range of ethnicities. Twenty-one had Māori clients and six had Pacific Island clients.

Types of services provided by the services that responded to the survey

Type of service that responded	Number
Addictions / AOD	44
Non-government organisation	31
Kaupapa Māori	6
DHB	9
Residential	3
Mental health	5
Opioid Substitution Therapy	1
Other	12

People who use drugs who responded to the survey

The 53 individuals* who responded to the survey are from almost all DHB locations across New Zealand.

People were most commonly staying for Alert Level Four in the Auckland (n=16) and Canterbury (n=9) regions.

Individual respondents were a range of ages, but predominantly Pākehā/NZ European and male.

Most people who responded were employed and living with whānau/family.

Thirty-seven individual respondents were employed, nine were unemployed / beneficiaries**, five were students, and two identified as homemakers.

Over half of individual respondents were living with family / whānau, 15 were in a flat / house share, eight were living alone, and one was living in temporary accommodation.

*not including individuals who were excluded

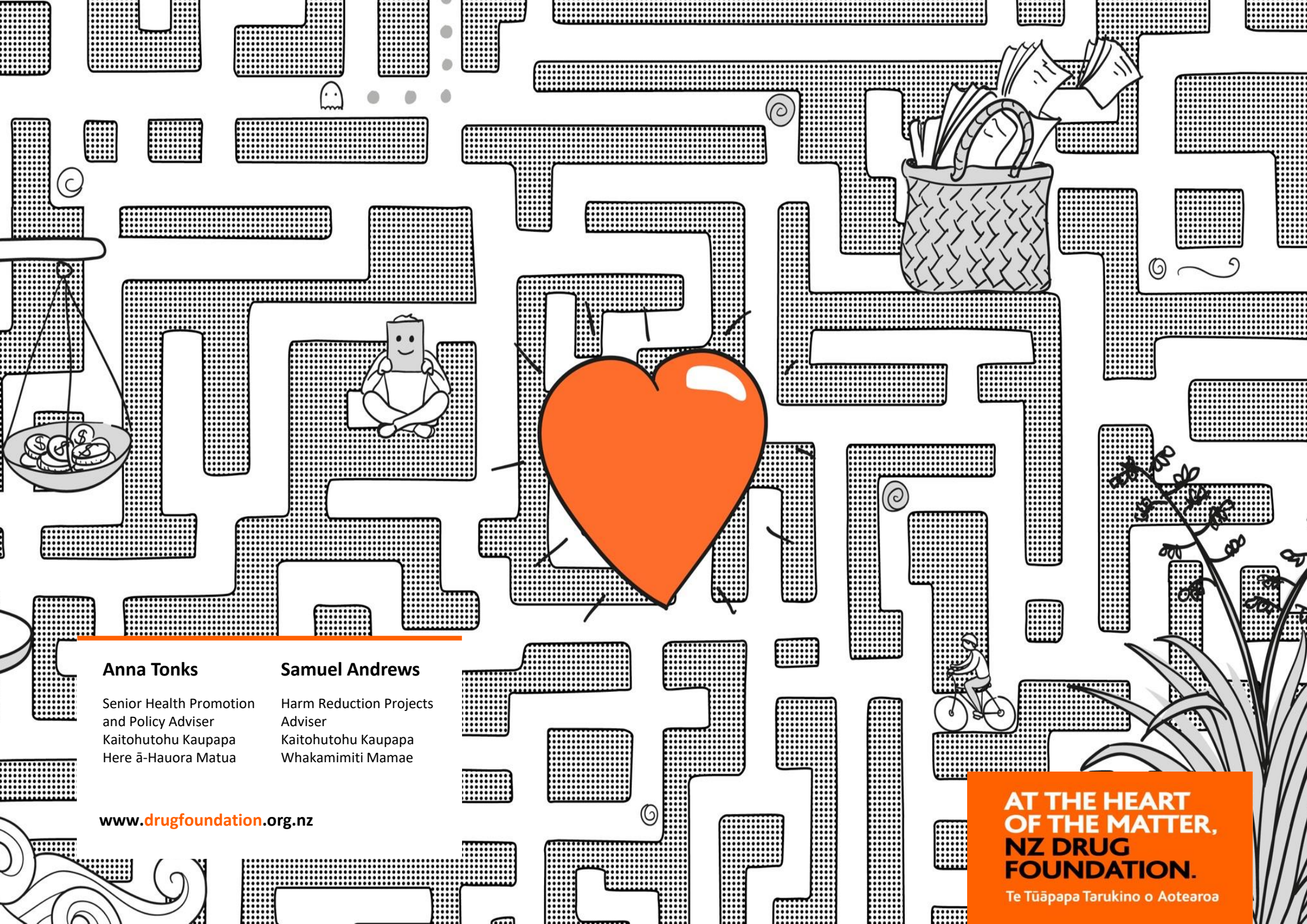
**including those who cannot work for health reasons

This pulse survey aimed to quickly provide information about the impact of Alert Level Four on people who use drugs to inform efforts to prevent and reduce drug harm.

Help us continue to prevent and reduce drug harm by letting us know:

- If you are noticing anything that is not reflected here.
- What you think the survey findings indicate.
- What you suggest needs to happen.

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