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Invisible: An exploratory study of the impact of COVID-19 restrictions on people who use heroin

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Summary

Background. In 2021, 4,859 drug-related deaths were reported in England and Wales, the highest number since 1993, with opioids accounting for half of the deaths. Acknowledging the intersection of the COVID-19 pandemic and the opioid crisis, this qualitative study aimed to understand the impact of the COVID-19 pandemic on people who use heroin (PWUH) by exploring their experiences of health and wellbeing, access to addiction and harm reduction support services, and experiences with the criminal justice system. **Methods.** In-person semi-structured interviews were conducted with four adult PWUHs accessing a residential service in a South London Borough. The data was analysed using reflexive thematic analysis. **Results.** Four themes were developed capturing the multifaceted impact of the COVID-19 pandemic experienced by PWUH: Invisible through the COVID-19 pandemic, Access to services – Still a long way to go, Wellbeing under threat and Crimes not for drugs. **Conclusions.** The COVID-19 pandemic amplified existing systemic issues faced by PWUH, reinforcing alienation, worsening well-being, hindering access to treatment and support and impairing recovery, with identified push factors toward harmful drug use and contact with the criminal justice system. The study illustrates the imperative of leaving no one behind in public health responses during pandemic times.

Key Words: COVID-19 pandemic; heroin use; South London; criminal justice; public health.

1. Introduction

Opioid dependence is among the most stigmatised disorders globally [10, 12, 17, 39]. The voices of people who use illicit opioids remain unheard in many countries [22]. Punitive public perceptions around drug use disorder contribute to harsh sentencing for drug possession and use [14, 15, 20, 24, 34]. People who use illicit opioids are a vulnerable group, largely due to pre-existing or subsequent development of health problems, unhealthy lifestyles, low socio-economic status, inadequate living environment, increased overdose risks, and limited access to services or medication [18, 19, 42].

In 2021, 4,859 drug-related deaths were reported in England and Wales, the highest number since 1993, with opioids accounting for half of the deaths [32]. The surge in drug-related deaths is primarily attributed to a significant rise in heroin-related deaths, which effectively doubled during this period. Likewise, opioid-related hospitalisation rates rose by 48.9% between 2008 to 2018 [21]. The rate of drug poisoning deaths in 2021 was 81.1% higher than in 2012 [32]. The rise in heroin-related deaths and hospitalisation is complex. However, factors such as the

high potency and purity of drugs, increased availability of drugs [18], the ageing population of drug users, related health issues associated with long-term drug use [1], and lack of appropriate treatment provision [3, 4] may explain the rise. Despite these alarming figures of drug-related deaths, people who use opioids including heroin remain a highly untreated group [48] with only one in seven individuals receiving treatment [41]. Opioid use not only isolates users, but endangers mental and physical health, increases violence, and contact with the criminal justice system, and impoverishes communities [41].

Very little is known about the experiences of people who use opioids in the United Kingdom during the COVID-19 pandemic. Two studies that explored the impact of COVID-19 on people who inject drugs in Bristol [26, 30] reported that while there were changes to treatment provision and access, as well as a positive attitude towards the relaxation of Opioid Agonist Treatment guidelines for take-home doses, COVID-19 was challenging to navigate. Challenges included increased isolation, loss of connection, boredom, changes in drug use behaviour (including increased use or abstinence), and financial and access difficulties. We report here on a small study which explored the impact of COVID-19 on people who use heroin (PWUH) in London, United Kingdom.

Aim. Acknowledging the intersection of the COVID-19 pandemic and the opioid crisis, this qualitative study aimed to understand the impact of the COVID-19 pandemic on PWUH by exploring their experiences of health and wellbeing, access to addiction and harm reduction support services, and experiences with the criminal justice system.

2. Methods

2.1. Design of the study

A qualitative study using semi-structured interviews adopted an interpretive paradigm, chosen for its appropriateness in examining context-specific and unique events like the COVID-19 pandemic. The interpretive paradigm enabled an exploration of the pandemic's effects "through the eyes of the people in their lived situations" [44]. Face-to-face semi-structured interviews were used because of their flexible and open-ended format that facilitated an in-depth exploration of participants' experiences [15]. The interview guide was developed based on extant literature. It included questions directly linked to the research question and aims, inquiring about PWUH experiences of mental and physical health during the pandemic, access to addiction and harm reduction support services, and experiences with the criminal justice system during that time.

2.2. Sample

A convenience sampling method was used, selecting participants based on their availability and willingness to participate. The inclusion criteria comprised adults over 18 years old with a history of heroin use living in the South London borough. Exclusion criteria centred on the ability to speak English and the capacity to provide valid informed consent.

2.3. Setting

The research was conducted in a residential service in South London. This facility provides recovery and accommodation services to people who use drugs or alcohol. It offers an experience akin to residential rehabilitation but with fewer constraints. This means that residents were allowed to leave the facility during the day, subject to the various COVID-19 restriction measures imposed during the pandemic. The South London borough is considered deprived, needing more resources and opportunities such as access to training and education, healthcare, employment, and other essential services [7, 8]. It is a densely populated area [33], coupled with the scarcity of resources and a high crime rate [13] that places a significant burden on its residents' lives.

2.4. Procedure

Potential participants were identified by promoting the study through research posters displayed at the chosen site and advertising the study during weekly group meetings. Research participation was voluntary, and no monetary or other forms of compensation were provided. Participants had one week of contemplation before engaging in the study. The lead author conducted semi-structured interviews on average 60 minutes in a private room. This ensured optimal participant confidentiality, anonymity, and privacy. Interviews were audio recorded and transcribed verbatim in Microsoft Word. Transcripts were analysed using NVivo v14.

2.5. Data analysis

Reflexive thematic analysis (RTA) [6] was used to "develop, analyse, and interpret patterns" [6] from the collected data. RTA is a robust method to inform policy development and sensitisation [6]. This was deemed especially useful given the highly stigmatised nature of heroin use.

The analytic process closely adhered to the RTA six-phase recursive process Field [6]: Familiarisation, Coding, Generating Initial Themes, Developing and Reviewing Themes, Refining, Defining, and Naming Themes, and Producing the Report [6].

2.6. Ethics

Ethical approval for this study was granted in 2023 (institutional name redacted for anonymity). Informed consent was obtained from all participants before participation in the study. All participants were debriefed and provided with support materials on completion of the interviews. Participant data was anonymised and the anonymisation key was held securely at the service.

3. Results

Four semi-structured interviews were conducted with male participants, all over 35 years old, who reported poly-substance use with primary use heroin. **Figure 1** provides an overview of participant characteristics.

Four themes were developed which illustrate the multifaceted impact of the COVID-19 pandemic on PWUH: *Invisible through the COVID-19 pandemic*, *Access to services – Still a long way to go*, *Wellbeing under threat*, and *Crimes not for drugs*.

3.1. Invisible through the COVID-19 pandemic

All participants revealed a distinct sense of detachment from the pandemic alongside societal alienation. This meant that participants felt the COVID-19 pandemic had no impact on their lives. Indeed, participants downplayed the impact of the pandemic due to the already profoundly ingrained normalisation of adversity in their everyday lives. When the global crisis arose, they experienced this through the lens of their

existing difficulties, viewing it as just another layer of hardship rather than a distinct and impactful event. Given their pre-existing perceptions around *invisibility* and societal alienation, the pandemic made minimal difference to their experience of usual daily life. For example, Andrew “*was locked up at 23 hours a day anyway. So, it didn’t make no difference*”.

The societal alienation was coupled with a widespread mistrust in government institutions. Participants’ scepticism concerning the system’s actions and intentions lead them to view the pandemic’s impact as irrelevant to their lives, given that they have already been subject to a perpetual crisis: “*And they (Government) were throwing the money at the wrong people. But these people become millionaires out of it. So, it was a money-making thing to me.*” (Andrew). Their frustration with the perceived neglect from the system appeared to amplify their sense of invisibility during the pandemic.

3.2. Access to services – Still a long way to go

Participants’ invisibility was further exacerbated by negative experiences accessing treatment and support for their substance use. These experiences include delays, denial of care, and difficulties in receiving care. Dan hoped to “*have been given priority as being vulnerable, but it didn’t happen. (...) Well, to the services, if you see someone who’s trying to do something about it (drug use), help them rather than turning them away. (...) They make it more difficult. They don’t make it easier. They make it as hard as they can to get help.*” The perception of inadequate access to services in the addiction treatment sector,

Participant group	Age	Gender	Ethnicity	Level of education	Employment status	Substance	Route	Period of using	Time in service	Opioid Agonist Therapy
Andrew	55-64	Male	White English	Secondary school up to 16 years	Unemployed (not seeking work)	Heroin	Smoking	20 years on and off	3 years	Yes Methadone
Dan	55-64	Male	White English	Higher education (A levels)	Unemployed (not seeking work)	Heroin Crack Cannabis Benzodiazepine Ketamine MDMA	Smoking Oral	40 years	2 years	Yes Methadone
Chris	45-54	Male	Prefer not to say	Prefer not to say	Prefer not to say	Heroin Crack LSD Cannabis	Smoking	4 years	2.5 years	Yes Methadone
Joe	35-44	Male	Black	Secondary school up to 16 years	Unemployed (seeking work)	Heroin Crack	Smoking	Prefer not to say	2 months	No

Figure 1. Overview of participant characteristics

appeared to be aggravated by the COVID-19 strain on existing resources and workforce. Andrew noted how *“the turnover staff has been ridiculous. We’ve had like three managers leave. (...) There should be more out there for people, because, okay, we get an hour meeting here a day and then (staff) self-sitting in your (staff’s) office”*. (Andrew). The importance of responsive care, especially during times of crisis, was highlighted as more acute for a neglected group like PWUH, who often experience systemic inequities. Andrew’s statement, *“You’re not getting the right support at all.”* illustrates not only the pandemic’s immediate challenges but also the compounding effects of systemic inequities that hinder access to essential addiction resources and services.

3.3. Crimes not for drugs

Participants observed how COVID-19 had little effect on the availability and accessibility of illicit substances, including heroin on the street:

“I don’t think it impacted the drug world at all really. I don’t think so. Because you’re not going to your supermarket. It was almost as easy as getting water at times. (...) If anything, the legal, like alcohol would have been harder to get than some of the illicit drugs, to be honest with you.” (Joe).

Despite shared accounts of engaging in offending behaviour and engaging with the criminal justice system during COVID-19, all participants appeared to distance themselves away from drug-related criminality. For example, Andrew emphasised how his *“criminal activity wasn’t due to the drugs really”* and Chris had *“never really done anything (crime) for those substances”*. Those who spent time in prison, described facing additional strains due to prison regimes resembling solitary confinement. Participants commented that people became invisible not only because of drug use but forgotten behind bars: *“It’s not been, it’s not been easy at all, you know. It’s 24 hours a day. (...) Officers didn’t know what was going on. So, they couldn’t tell you what was going on. All that energy... you’re beyond the door and you can’t come out.”* (Andrew).

3.4. Wellbeing under threat

Although these PWUH did not perceive a direct impact from the pandemic, this perspective was contradicted by their internal experiences, indicating subtle mental health consequences that developed over time: *“Hell is hell (...) being in that circle of drugs. (...) So, you put a pandemic on top of it.”* (Chris). Dan disclosed that he *“was almost suicidal and went off and got blasted”* and Joe noted how other PWUH have been psychologically impacted: *“You’d have to search to find someone (PWUH) that wasn’t even*

mentally...some sort of mental psychosis, on drugs, or a combination of the two.” Andrew for example indicated how his addiction recovery was deeply affected by pandemic conditions in the service: *“And they (staff) kept me stagnant, doing nothing. And we weren’t no longer locked down at this time (...) I ended up back onto drugs”*.

Family estrangement due to drug use, vulnerability exploited by peers and drug dealers, and being surrounded by other people who had committed crimes, led all participants to lose their sense of self-worth. This was further magnified by social isolation and social disconnection generated by various national lockdowns and strict social distancing rules: *“I felt so dehumanised by the people that were taking advantage of me. I felt like my spirit was broken. I felt literally dead inside”* (Joe). Participants living in this socio-economically constrained and crime-affected environment faced an extra layer of strain in their lives. The pervasive experience of stigma from staff and/or the public became deeply ingrained in participants’ existence: *“They’re (staff) ostracizing us straight away. (...) we’re no different from anybody. People on drugs, they’re not stupid. Just because they take drugs doesn’t necessarily mean they are not intelligent”* (Andrew). Participants perpetuated the same behaviour by stigmatising other PWUH: *“Other drug users will stigmatise other ones. I used to be very critical. Even though I was one myself, I was stigmatising them. (...) They (staff) didn’t know how to treat someone who just caught the Covid (sic). They were treating me like I had AIDS or something.”* (Joe).

4. Discussion

This study provides unique insights into the lives and experiences of four PWUH accessing a residential service in South London during the COVID-19 pandemic. The study whilst small scale highlights amplified systemic invisibility of PWUH during public health crisis. Faced with social exclusion, PWUH in our sample were compelled to engage in various forms of criminal offending due to hostile social environments, and the lack of legitimate means to support their addiction. This invisibility resulted in these PWUH and their networks experiencing sub-optimal access to and engagement in addiction treatment provision.

The study illustrates that PWUH continue to experience discrimination and societal exclusion [9, 27]. This exacerbates the erosion of trust, which underpins a sense of alienation [31]. Participants’ mistrust in societal structures and institutions aligns with a broader trend observed within the general population during the COVID-19 pandemic, where prevailing scepticism has been directed towards governments,

scientists, and healthcare systems [2, 5, 47]. The COVID-19 pandemic and its various restrictions contributed to a heightened sense of alienation of these PWUH within the community [28, 46, 49]. This highlights the need for more inclusive approaches to address the challenges faced by PWUH in the aftermath of the pandemic [38].

The COVID-19 pandemic worsened existing coverage and resource challenges for addiction services in the UK, particularly in deprived areas [36]. Narratives of these PWUH are consistent with existing literature which indicates that drug treatment services and access mechanisms were disrupted during COVID-19 [11, 37]. Furthermore, it accentuated issues such as staff shortages [35] and when needle and syringe programmes were restricted, the risk of harmful behaviours by PWUH on the street was heightened, such as sharing or reutilizing paraphernalia [45]. Implementation of telehealth whilst encouraging during that time, was a particular problem for those in digital poverty [20, 30, 35].

Considering the high rates of comorbidity between psychiatric disorders and substance use [40], the COVID-19 pandemic added significant strain to pre-existing poor mental health in this small group of PWUH. Greater mental health deterioration among people who use drugs during COVID-19 has been documented elsewhere [16, 25, 29]. There are mixed outcomes as to whether the pandemic was an opportunity for recovery from drug use [14, 26, 30], but our participants experienced relapse and increase in drug use because of lockdowns, isolation, and boredom.

Limitations: The findings are confined to four individuals and are not generalisable.

Clinical implications: The study illustrates the need for addiction, harm reduction and public health services to carefully consider those living on the margins during public health crisis and work in a collaborative manner with criminal justice system actors. Diversion to treatment remains a viable harm reducing alternative [23, 43]. Future research should consider co-producing appropriate policies and practice protocols for future pandemics.

5. Conclusions

This small but in-depth qualitative study with a hidden marginalised group of PWUH during the COVID-19 pandemic has illustrated the intersectionality of multifaceted impacts on the wellbeing and mental health of PWUH, their ability to access harm reduction and addiction services and their experiences of navigating the criminal justice system during that time in South London. The pandemic exposed and worsened systemic issues for them, even though they already perceived themselves to be invisible. The persistence of illicit drug availability and ac-

cessibility throughout the pandemic further complicates attempts to adhere to treatment. Targeted public health and wellbeing interventions, harm reduction initiatives, and social support systems in communities should be prioritised by government, alongside broad-based poverty alleviation initiatives.

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Contributors

Daniela-Irina Stadniciuc: Designed the study and wrote the protocol; Managed the literature searches and analyses; Undertook the analysis; Wrote the first draft of the manuscript. Marie-Claire Van Hout: Drafted the paper and revised it critically. Stephanie Kewley: Drafted the paper and revised it critically. Georgina Mathlin: Drafted the paper and revised it critically. All authors have given approval of the submitted paper version.

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Conflict of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Ethics

Authors confirm that the submitted study was conducted according to the WMA Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Subjects. This study does not require ethics committee approval because it was carried out according to a non-interventional protocol. All patients gave their informed consent to the anonymous use of their clinical data for this independent study..

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