

# **Learning from the COVID-19 experience – improved pandemic preparedness to prevent against elevated health and HCV risk among people who use drugs in Australia**

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## **Background:**

People who use drugs (PWUD) experience manifold health and wellbeing risks, connected to disproportionately poor health and social outcomes – including people who inject drugs (PWID) contributing the greatest number of new Viral Hepatitis C (HCV) diagnoses every year. The Australian Injecting and Illicit Drug Users League's (AIVL's) recent 'Pandemic Preparedness Project' (PP Project) reaffirmed exacerbated risks and poorer outcomes experienced by *all* PWUD during the pandemic, and the need for improved service and system preparedness.

## **Methods:**

The PP project used two semi-structured interview outlines to collect input from PWUDs and DUOs spanning service access/delivery challenges, arising impacts and outcomes, and recommendations for better pandemic service/system preparedness. Each cohort's responses were collated and assessed individually and then comparatively using a thematic analysis framework. Evidence-based outcomes and recommendations will inform advocacy to funders, policy makers and services.

## **Results:**

Outcomes revealed manifold exacerbated personal and service level challenges and risk factors experienced by PWUD and DUOs during the COVID-19 pandemic. Commonly raised points across provider and individual responses spanned: rises in personal alcohol and drug use; raised cost and reduced availability and quality of illicit drugs; reduced personal and service mobility; risk of criminalisation due to lockdown restrictions and high visibility when moving about; diminished access to/delivery of frontline harm reduction services and wraparound supports; exacerbated poor outcomes spanning mental health, isolation, housing and financial insecurity etc.

## **Conclusion:**

Findings reinforce the importance of enhanced pandemic preparedness to prevent further exacerbated threats and harms to PWUD, including risk and incidence of HCV. Access to frontline harm reduction services and preventative supports (i.e., sterile equipment, take home naloxone, peer-based advice, HCV screening) are essential to all PWUD; necessitating evidence-based strategies to achieve DUO service continuity across the complete breadth of operations; and service innovation and adaptivity in navigating a constantly evolving service environment.

**Disclosure of Interest Statement:** Please include disclosure of interest statement in your abstract for any contributions received relevant to this work. Please see example below:

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