

“It’s Not What You Know, It’s Who You Know”: The Role of Social Capital for People Receiving Opioid Agonist Treatment Amid Covid-19 Restrictions

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Community Reference Panel

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Nothing to declare

Background

- People receiving opioid agonist treatment (OAT) and people who inject drugs are at higher risk of poor physical and mental health, poverty, and discrimination
- ... all of which may have been exacerbated by the pandemic^{1,2,3}
- Social capital is an important resource, and can assist with improving health outcomes^{4,5}

¹Dietze & Peacock, *Drug Alcohol Rev*, 2020; ²Grebely et al, *IJDP*, 2020; ³Jenkins et al, *J Rural Health*, 2020; ⁴Ehsan et al, *SSM – Pop Health*, 2019; ⁵Rodgers et al, *Soc Sci Med*, 2019

Social Capital

- Informal Networks
- Formal Networks
- Trust and Safety
- Reciprocity
- Agency
- Civic engagement

In what ways did social capital impact people's health and wellbeing during COVID-19 restrictions?

Methods: Qualitative Interviews

- Eligibility: Aged 18+, receiving OAT
- Community Reference Panel reviewed the interview guide prior to data collection and assisted with participant recruitment
- Semi-structured interviews
- Interviews conducted between August and December 2020; conducted via telephone or Zoom
- Participants remunerated \$50 for their time



CHARACTERISTICS	n=40 (%)
Female	22 (55%)
Peer worker	14 (35%)
Recent injecting drug use (Apr 2020)	31 (78%)
Jurisdiction	
ACT	9 (23%)
NSW	4 (10%)
NT	2 (5%)
SA	4 (10%)
QLD	7 (18%)
TAS	0 (0%)
VIC	9 (23%)
WA	5 (13%)

Informal Networks

Informal networks aided decision-making about accessing OAT during the pandemic.

[Whenever you went to get onto Suboxone, how did that happen, did you speak to a doctor or did you go to a clinic?] **I spoke to a few friends and asked about if the program was still the same and that had been a couple of years ago and they told me about it and that it was pretty much the same and so I went to see my doctor and eventually got onto the Suboxone.** (Anita)

Informal Networks

NSP delivery via informal networks

Well, **my partner works at the needle exchange** so she brings them home for me. (Anthony)

I live in a block of units and one of the women that live in the unit **works at the needle exchange**, so that's where I get mine from. (Grace)

I've got **a friend who works for [community organisation], [...]** because my friend works for them, **she can carry [injecting equipment] home for me** and there's an excuse for her to carry them because she works for the company. (Ryan)

Informal Networks

Informal supports important for check-ins

If I'm having a bad day ... **I've got two friends who ring me daily** to make sure and I go "oh you know, come on, what are you ringing me for today?" "To make sure you are not dead" (Erin)

Living with someone improved mental health (for some)

You are more shut in, because you know ... but as long as you've got someone to entertain you, like **I've got my son to be with me**, so no, I won't get depressed as long as I have someone annoying me. **If I was on my own, then I would be more depressed** (Dylan)

Formal Networks / Informal Connections

Absence of service provision significantly impacted those who were already isolated

*[Do you think that COVID has impacted your daily life at all?] Yes. [...] Firstly, socially, I used to go to community meals in the area and however, they do still provide frozen food or a heated meal in a container to take away, **but social, where we would usually sit down together, is gone.** The Church has stopped so **I lost good people** that ... **I'm new to the area**, so I was **unable to tap into services** where I could find good people and also, I've got agoraphobia and it kind of made it easier to have an excuse to stay at home and not get myself out in the public and communicate with people, so it **hasn't been good for my mental health** either. (Hayley)*

Formal (Peer) Networks

Formal peer networks enabled ongoing connections

It's been a really good opportunity for peer network to become more sort of consolidated. Look, I've been so amazed at this group, [...] they've **found the group really helpful during the COVID period**, because they've been able to **speak to their peers** around the country, hear what's happening and just **get some support** and feedback, so it's been **a really good mechanism for workers, that peer network**, even besides the work that we're doing, just for their morale and they're working. (Helen, Peer Worker)

Trust and Safety

Telehealth

I know [my GP] was doing [telehealth] already, but **I prefer to see her face to face** and that way **I can't lie to her**, because she can see on my face when I'm lying, like and then you know because my mental health hasn't been that good lately, you know like I would rather tell her face to face than do it on the phone, so you know like "I want to kill myself", like "I've got this or that", you know like ... (Eve)

Trust and Safety

Deprioritised care

Yeah, there's a lot of restrictions and a lot of times I've had [clinic] appointments and **I've been called up** and they've said, "look, [counsellor] is not in or [staff member] is not in, so **we are cancelling it**". [*And when they cancel an appointment, do they offer another time or it's just ...*] Yeah, yeah, but it's not for another month and it's hard if you [...] it's hard because **you've just got to move your life around for them** and if you ring them, it sometimes takes a day for them to get back. [*So do you feel like they are less responsive now since COVID or has it always been like that?*] Yeah, completely less response. The COVID has just ... it makes it hard for them, like because of all the restrictions that were in place, so **COVID's made a big impact on anyone who receives pharmacotherapy, not just me.** (Connor, Peer Worker)

Trust and Safety

Transparent care

[And whenever the doctor tells you he can't tell you whether the takeaways will continue, can you tell me a bit more about that, does he tell you why he doesn't know?] **He's not aware of what the government's decision** on whether the six [takeaways] will stay or whether they will be allowed to continue to keep giving me six or whether it will go back to the original five a week, but yeah, he said **no matter he'll always let me know** as soon as he knows what to do and **he said he will keep me informed.** (Ryan)

Discussion

- Key considerations for new hybrid world: virtual and face-to-face
- Peer workers can be critical to fostering social capital through lockdowns/restrictions and should be supported to:
 - Deliver essential services (including outreach NSP)
 - Deliver health promotion / health engagement initiatives
 - Mobilise online networks to connect people who use drugs and enable knowledge exchange
 - Identify gaps in service delivery and inform policy change
- Health care providers need to ensure delivery of transparent care in which patients feel safe and that their care is a priority

Thank you!