



## Homeless people's experiences of the illicit drug supply during COVID-19

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Structured Abstract:

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**Purpose** - COVID-19 has affected many industries, and reports indicate that this includes the illicit drug market. Recent research suggests that the homeless are particularly vulnerable during the pandemic, and the UK government has acted to house rough sleepers. Research is scarce regarding homeless people’s experiences of the illicit drug market. This study explores homeless people’s experiences of the drug supply in the UK during COVID-19.

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**Design/methodology/approach** - Eight homeless people who use illicit drugs, residing in hostels for homeless people in Southampton, participated in semi-structured one-on-one telephone-based interviews.

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**Findings** - A thematic analysis revealed five themes: availability of drugs, presence of dealers, quality of drugs, finances, and personal experiences. Participants reported varying experiences of the drug supply, with lockdown measures expressed as the main reason for reduced supplies, as users found it difficult to find dealers and generate income for purchasing drugs.

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**Research limitations/implications** - The results may lack generalisability to the wider population, such as rough sleepers and drug dealers, suggesting a need for further research into people’s experiences of the drug supply during COVID-19. Research in this topic could be more in-depth through use of research methods which are convenient for the homeless population.

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**Practical implications** - Services should invest in harm reduction services and encourage homeless people who use drugs to engage in substitution treatment. Homeless services should provide psychological support for homeless people who use drugs.

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**Social implications** - The changes in homeless people's behaviour following the pandemic may have implications on their interactions with the rest of society (e.g., begging in town centres may reduce). These changes in behaviour may also change the way society can best support homeless people.

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**Originality/value** - The results are partially consistent with other research findings about the illicit drug supply, however also suggest that some individuals experienced minimal change to the illicit drug supply.

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Keywords:

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Coronavirus, Substance use, Homelessness, COVID-19, Illicit drug supply, Addiction

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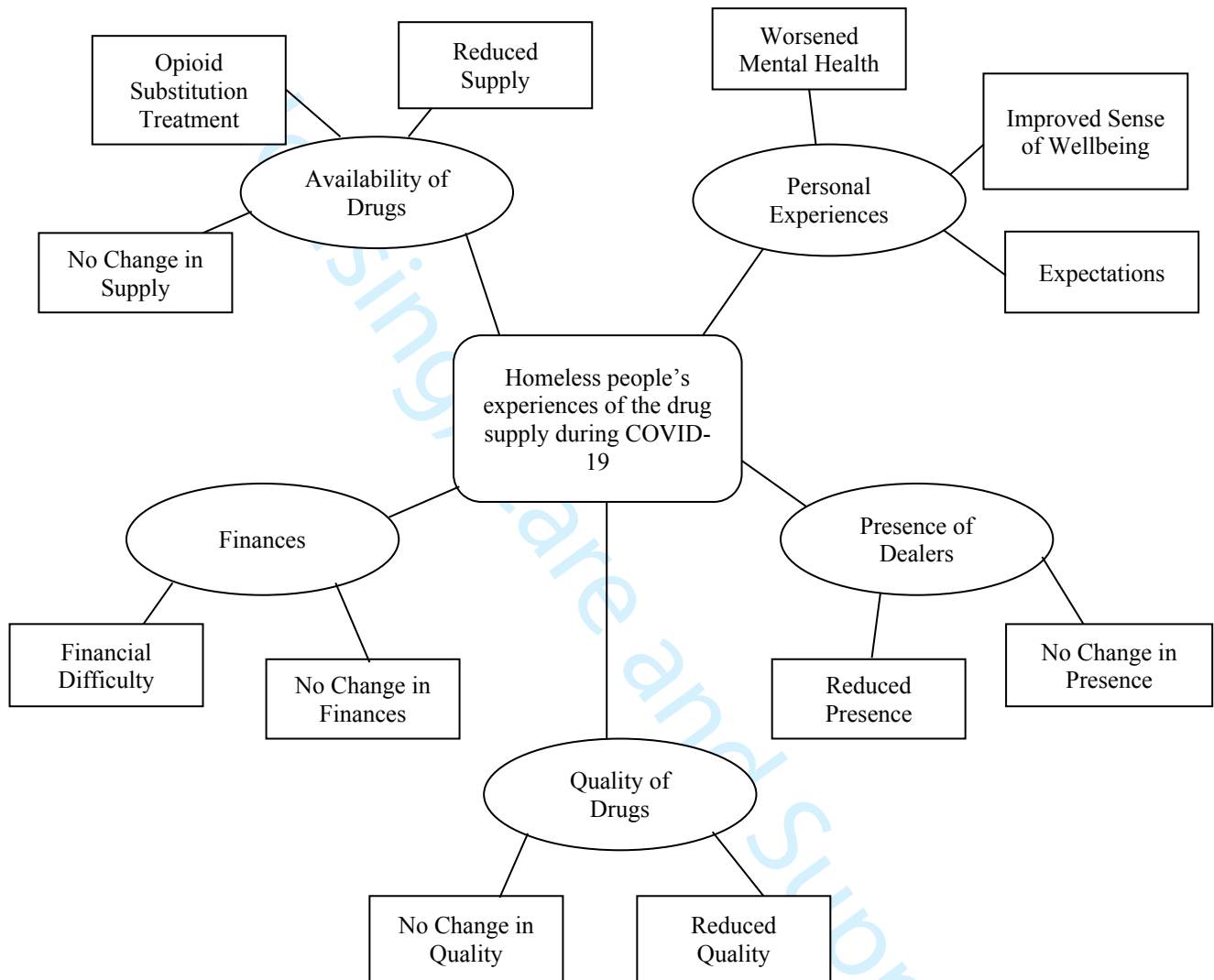
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Research paper

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Running Heads: Experiences of the drug supply during COVID-19



**Figure 1***Thematic Map of Themes and Subthemes*

**Table 1**  
*Demographics of Participants*

Nights sleeping rough in the past 6 months	Tenancies held within the last 2 years	Length of last tenancy (months)	Number of evictions within the last 2 years
40	2	5	2
0	1	1	1
14	1	5	0
0	3	3	0
46	3	<1	1
0	1	12	1
0	3	6	0
0	0	N/A	0

**Table 2***Themes and Subthemes from a Thematic Analysis*

Theme	Subtheme	Example Quotes
Availability of Drugs	Reduced supply	“A lot of people running out of brown quicker” (Lucy)
		“it was mainly with the heroin and the crack really” (John)
	Opioid Substitution Treatment	“I started taking my methadone more” (John)
		“I’m on a script as well so that...does help me” (Daniel)
Presence of Dealers	No Change in Supply	“you could score any time day or night” (Roger)
		“just the same” (Sam)
	Reduced Presence	“They won’t come out because of COVID” (Daniel)
		“they didn’t wanna be out on the streets...it was more obvious to the police that’s what they were doing” (John)
Quality of Drugs	No Change in Presence	“still pretty much the same as it always has been” (John)
		“It’s been the same to get to be fair” (Sophie)
	Reduced Quality	“it was low quality or cut with lots of different things” (David)
		“since COVID it’s gone down” (Lucy)
Finances	No change in Quality	“it hasn’t improved or anything or disimproved” (Daniel)
		“it’s always been the case” (Roger)
	Financial Difficulty	“it was difficult to earn money” (David)
		“everyone was banned from coming out...so it was just hard to get money” (Roger).
Personal Experiences	No Change in Finances	“it stayed the same” (Lucy)
		“everyone else just kept the same price all the way through” (Daniel)
	Worsened Mental Health	“mentally it was really affecting them because they couldn’t get what they needed” (David)
		“obviously it’s hard” (Sophie)
	Improved Sense of Wellbeing	“I’m on script as well so that-that does help me” (Daniel)
		“everybody’s got kind of better for a while...oh he looks a lot cleaner, he looks a lot- but he didn’t have any choice did he?” (David)
	Expectations	“it didn’t really affect it as bad as I thought it was going to” (John)
		“Yeah, of course it’s gonna be yeah” (Daniel)

Introduction

The COVID-19 outbreak has had a significant impact on many organisations and the illicit drug market has not been exempt from its effects. Reports published during the pandemic indicated that border closures and movement restrictions disrupted the supply of illicit drugs, (Chiappini et al., 2020; United Nations Office on Drugs and Crime [UNODC], 2020) increasing wholesale and retail prices (European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], 2020a; UNODC, 2020), affecting the purity of supplies at the consumer level (Ali et al., 2021; EMCDDA, 2020b) and altering the volume of drug consumption in various locations (Been et al., 2021). People who use drugs (PWUD) reported reductions in the availability of drugs, such as heroin, and increased costs of drugs that were available (Bolinski et al., 2022).

Supply fluctuations had implications on PWUD. Some may have switched to alternative substances and engaged in riskier practices (e.g., sharing syringes; UNODC, 2020) and others may have experienced overdoses and reductions in tolerance to drugs (Ali et al., 2021; Vasylyeva et al., 2020). Lockdown restrictions diminished sources of income (e.g. from begging; EMCDDA, 2020a) and changed the manner in which the exchange of drugs for money took place away from face-to-face methods (Barrat & Aldridge, 2020; EMCDDA, 2020a; Gill, 2020; Wong & Krausz, 2021). Otiashvili et al. (2022) found that PWUD reported reduced drug dealer contact, lack of transportation and lack of conventional recreational environment. Research conducted in Bristol with people who inject drugs (PWID) found that, owing to fluctuations in the drug supply resulting from the pandemic, PWID pooled their resources, sourced drugs with others, travelled further for drugs and switched to alternatives (Kesten et al., 2021).

There is, however, relatively little research into homeless people’s experience of the drug supply in the UK during the pandemic. Data collection about drug users’ experiences of

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the drug supply has taken place using web surveys (EMCDDA, 2020a) but would have excluded homeless people with no access to the internet.

Homeless people are a vulnerable population: 78% report having a physical health condition and 44% a mental health diagnosis, contrasting with 37% and 23% respectively of the general population (Crisis, 2020). The Office for National Statistics (ONS, 2020) reported that drug-related deaths among the homeless are higher than in the general population. Reusing injecting equipment, which is increasing amongst homeless users (Health Protection Scotland, 2019), is a good predictor of blood borne viruses. Shortages of heroin, commonly used by homeless people in the UK (Homeless Link, 2019), have resulted in reduced heroin use and an increase in the use of more readily available alternative substances (e.g., synthetic opioids, benzodiazepines, and fentanyl; EMCDDA, 2020a; Volpe et al., 2011). However, disrupted heroin supplies have also resulted in more people attempting to access treatment services which provide opioid substitutes (e.g., methadone, buprenorphine) which are safer than street heroin (EMCDDA, 2020a). Given that drugs are used by some homeless people to cope with their poor mental health, a shortage of drugs is also likely to have a negative impact on users' mental health (Crisis, 2020; Duke, 2019; Gelberg, 1988). This may be exacerbated by the effects of withdrawal from drugs such as heroin.

Drug related deaths are already high amongst the UK homeless population (Advisory Council on the Misuse of Drugs, 2019; ONS, 2020), so an understanding of how changes in the supply of drugs have affected this vulnerable population (Dunlop et al., 2020), would be helpful to inform national policy and health services.

***Current research***

This study aims to examine homeless people's experiences of the drug supply in the UK during COVID-19. The findings will inform services (e.g., drug services, hostels) used by homeless PWUD about the issues faced, with a view to adapting support accordingly to

meet individuals’ needs. The qualitative approach taken provides in-depth insight into individuals’ unique experiences and provides phenomenological information which would otherwise be lacking in quantitative research (Heerde & Hemphill, 2016).

**Method**

**Participants**

Eight participants, five male and three female, ranging in age from 25-57, were recruited from hostels for homeless people in Southampton. Seven participants were recruited from The Society of St James, 10 Southampton Street and one from The Booth Centre, Southampton. The participants were drug users and homeless. See Table 1 for further demographic information. Participants were given a £10 gift voucher as compensation for their time.

**Data Collection**

A qualitative approach, using one-to-one semi-structured telephone interviews, was used to investigate homeless drug users’ experience of the drug supply during COVID-19. Ethical approval was granted by the University of Southampton’s Psychology Ethics Committee. An advertisement and sign-up sheet were displayed at the hostel to recruit participants. Interviews were conducted between April and May 2021 at an agreed time. The interviews were conducted by a single researcher and recorded on a mobile phone and later transcribed. The participation information sheet was read to the participants who were given the opportunity to ask questions. Interviews lasted between 6 and 20 minutes and only proceeded if participants were clearly not under the influence of drugs. After participants gave verbal informed consent, the record button on a recording app on a mobile phone was activated. Participants were questioned about their experiences of the drug supply during



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COVID-19, followed by a debriefing and the opportunity to ask questions. Two pilot interviews were conducted and included in the analysis. No changes to the interview questions were made following the pilot interviews.

The sensitivity of the information provided by participants (illicit drug use) posed an ethical issue. Identifying information, such as names and places, were therefore removed from the interview transcripts.

**Analytic Methods**

Recordings were transcribed, stored on a password protected computer, and deleted once transcribed. An inductive, data-driven thematic analysis was applied to the scripts. Thematic analysis was chosen over other methods of analysing qualitative data because of its flexibility for use within different theoretical frameworks (e.g., an essentialist, constructionist, or contextual method can be used), and can account for a rich account of data (Braun & Clark, 2006). Here, a constructionist method is used by examining how homeless people's experiences were affected by the drug supply during COVID-19.

Each transcript was read twice. Initial codes were generated by highlighting responses which answered the question: What are the experiences of the drug supply for homeless people who use drugs during COVID-19? Themes were identified by grouping together similar codes derived from the transcripts. Subthemes were generated by accumulating codes within a provisional theme with shared similarities. For example, codes such as "more difficult to get drugs" and "reduced drug use" were categorised into the theme "Availability of Drugs".

Yardley's (2000) criteria for good qualitative research were met through demonstrating "Rigour" which "refers to the resulting completeness of the data collection and analysis" (p. 221). This was achieved by using information power to indicate that the eight

participants interviewed provided sufficient information regarding the experiences of the drug supply during COVID-19 (Braun & Clark, 2019). The criterion “Transparency and Coherence” was met by practising reflexivity – being aware of anything that may have influenced data analysis; for example, the researcher’s prior knowledge of substance misuse (see Appendix).

**Results**

Five themes with subthemes resulted from the thematic analysis, regarding the question: What are homeless people’s experiences of the drug supply during COVID-19? These are: availability of drugs, presence of dealers, quality of drugs, finances, and personal experiences. Figure 1 displays a thematic map of the themes and subthemes, and Table 2 displays the themes and subthemes along with quotations from participants. Participants are referred to using pseudonyms.

**Availability of Drugs**

Participants gave mixed reports regarding the supply of drugs: half suggested that there was no change in the supply, the other half reported shortages.

***Reduced Supply***

Some participants discussed a reduced supply of drugs owing to COVID-19 lockdown measures enforced by the government: “it became definitely more difficult to... get the drugs” (John). There were reports of a slightly reduced supply of heroin (street name “brown”) but not of cocaine (street name “white”): “the brown deals aren’t as big anymore the white deals are bigger.” (Lucy). Others, however, reported shortages of both heroin and crack cocaine, the drugs most commonly used by this cohort.

***No Change in Supply***

Despite suggestions of reduced supplies, all participants reported that they were still able to get the drugs they wanted (even if the purity of drugs diminished, see section 3.3.1.).

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Roger, for example, reported that the supply of drugs was a “sort of constant flow really” and said “it was always available”. Three participants mentioned an increased use of drugs, specifically of crack cocaine and heroin, during the national lockdown, some out of boredom, “I was using quite a lot ‘cause obviously I was sat at home being bored” (Michelle).

***Opiate Substitution Treatment (OST)***

Participants reported relying on OST, prescribed by drug services as a safer alternative to street drugs. Daniel, for example, was grateful for his prescription which prevented him from going into withdrawal: “lucky...I get a script, so it does help”.

***Presence of Dealers***

Participants discussed their experiences with drug dealers and how these impacted their ability to “score” (i.e., to purchase drugs). Again, there were mixed accounts regarding the availability of dealers.

***Reduced Presence***

Two participants reported that dealers were hard to find because of government COVID-19 restrictions. They suggested that dealers were mixing less because they did not want to catch COVID-19, and that their scarcity was because of an increased police presence, “they end up getting a risk of getting caught” (Daniel).

***No Change in Dealer Presence***

Contrastingly, most participants reported no change in the process of drug dealing, reporting that they had the same dealer, that deals continued to be face-to-face, or that friends continued to supply them with drugs. There were reports of no change in the availability of drug dealers, “you’ve got so many drug dealers in just parts of the town” (Roger). There was a suggestion that mask wearing during COVID-19 made hiding one’s identity whilst drug dealing easier, as “no one could really see their face anymore” (John). Despite travel

restrictions, John explained that “unfortunately the drug dealers will find their way no matter what”, an idea reiterated by Daniel (see subsection ‘Expectations’.).

**Quality of Drugs**

This theme refers to the purity of drugs and the extent to which they are cut with other substances, reducing their purity. There were conflicting reports regarding drug quality.

***Reduced Quality***

Most participants reported a reduced quality of drugs, with drugs being cut with other substances to increase the volume available for sale. David reported that “a lot of the gear’s been...contaminated, you know been cut with other things”. This suggests that a reduction in quality of drugs reflects a reduced supply, relating to an earlier subtheme.

Participants also suggested that people who use drugs more are more likely to notice reduced quality. David suggested that the placebo effect was responsible for people experiencing no change in the quality of drugs, “they think that they’re cooking up fifty mil and it could be weaker gear, but in their...brains say well I’ve had fifty mil of gear so I must be alright, they forget the placebo effect”. This suggests that some users did not notice any reduction in the quality of drugs due to their belief that the drugs would be effective.

***No Change in Quality***

Two participants (Daniel and Roger) reported no change regarding the quality of drugs and others suggested that there was fluctuation in the quality of drugs, but that this was unrelated to COVID-19. Roger reported, “sometimes it was weaker, sometimes it was stronger”, but that “it’s always been the case”. Thus, the change in quality of drugs was not necessarily connected to the COVID-19 pandemic.

In line with suggestions that less frequent users may not notice changes in quality, Sophie, who reported less use than other participants, appeared to have little knowledge about

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3 drug quality, and answered “no” when asked if she thought the heroin she used was cut with  
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5 other drugs.  
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**Finances**

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10 Participants revealed that that their own personal financial situation, coupled with the  
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12 price of drugs, dictated their ability to access drugs, and some reported that they would spend  
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14 any money which they had on drugs.  
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***Financial Difficulty***

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19 Some participants suggested that prices of drugs increased slightly with the impact of  
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21 COVID-19 in the UK. Michelle explained that whereas previously one could buy three bags  
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23 of heroin or cocaine for £20, with COVID-19 “most people do straight ten’s now”, meaning  
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25 that one bag of heroin or cocaine now costs £10.  
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28 Participants reported that lockdown restrictions reduced their income from begging,  
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30 making it harder to purchase drugs, “it became harder to make the money...because where I  
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32 was out on the streets begging there wasn’t so many people” (John). This suggests that for  
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34 some, the reduced supply of money was the greatest barrier to accessing drugs, rather than  
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36 the drugs not being available in the locality.  
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***No Financial Difficulty***

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41 The majority of participants reported no changes in the price of drugs, “the prices  
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43 have always been the same” (Roger). The three female participants reported fewer issues in  
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45 generating an income. In contrast to the majority of those who mentioned begging, Sophie  
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47 reported no change in the money she earned this way. Additionally, Lucy reported her drug  
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49 use increasing because she was earning money from sex work. This suggests that drugs were  
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51 still available to purchase, as this participant reported increased use during COVID-19.  
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**Personal Experiences**

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Participants discussed mixed experiences and they commonly discussed both positive and negative aspects of COVID-19’s effect on the drug supply. Participants also expressed their expectations of the drug supply.

***Worsened Mental Health***

Participants reported negative experiences such as feelings of hopelessness, uncertainty, and anxiety about the supply, particularly at the start of the pandemic. David described how a reduced supply of drugs reduced drug habits but “caused lots of mental health issues”. With fewer people being outdoors, participants felt more visible to police and more vulnerable to being caught. The majority of participants expressed that COVID-19 has been an ongoing difficult experience, with reports that rough sleepers had a particularly negative experience suffering with poor mental health. John, for example, felt that if he had been rough sleeping he would have experienced worse mental health because of reduced drug availability: “I think if I’d have been out on the streets and stuff, I yeah I would’ve found it, found it quite difficult.”.

***Improved Sense of Wellbeing***

In contrast, some participants discussed how a reduced drug supply helped them to reduce their use, look healthier, and in some cases transition away from drug use: “But in other ways it’s been good ‘cause it has- it has um- cut me down on it.” (Daniel). Participants felt good, both mentally and physically, about abstaining from illicit drugs and only using OST. “Everybody’s got kind of better for a while, because their habit was reduced and that for a while they- oh he looks a lot you know cleaner.” (David). This implies that whilst users were forced to reduce their substance use, there was a beneficial impact on their wellbeing.

***Expectations***

One participant’s expectations about the drug supply were exceeded. He expected the drug supply to worsen as a result of restrictions to transportation and social distancing

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regulations, but was surprised at the accessibility of drugs: “we were all expecting it to...be really difficult...but....it wasn't so difficult” (John).

However, the majority of participants were not surprised about their experience of the availability of drugs. Many who experienced no change in availability implied that this was to be expected. Daniel, for example, stated he did not expect the pandemic to change dealer behaviour: “No, no [laughs]...the dealers are wanting their money.”.

## Discussion

### Summary of findings

This study explores homeless people’s experiences of the drug supply during COVID-19. Although the results do not show a clear consensus regarding whether COVID-19 reduced the supply of drugs, the fact that some participants reported a reduction and others changed their habits suggests there has been a change in the availability of drugs. This change appears to have arisen from a number of factors operating together and not solely from of a lack of drugs in the locality; changes in the way that dealers operated and in the ability of participants to earn money affected the participants’ ability to access supplies. Although some participants reported no change to supplies, this does not necessarily imply the volume of drugs in the locality was unchanged; a reduction in consumption by some users may have increased availability of supply for others.

### *Consistency with Previous Research and Implications*

The above findings corroborate somewhat with previous research about drug supply. A reduced quality of drugs (Wong & Krausz, 2021), increased prices (Barrat & Aldridge, 2020), reduced availability of substances due to reduced dealer presence, and both increased and decreased drug use (Ali et al., 2021) were substantiated by participants in this study. Reports that drug dealers reduced their presence to avoid contracting COVID-19 are supported by Wong and Krausz (2021). Consistent with findings from the EMCDDA (2020a)

and UNODC (2020), participants experienced shortages of heroin. Contrasting with research conducted in America (Ali et al., 2021; Wong & Krausz, 2021), participants did not report an increase in risky substance use behaviours or an increase in overdoses.

***Implications for Services***

Some participants reported a reduction in income suggesting that demand for illicit drugs declined during the pandemic. This has wider implications: a cashless society accelerated with the pandemic (Taskinsoy, 2020). It is possible therefore that homeless PWUD might increasingly struggle to obtain cash through begging. Consequently, users may experience continued difficulty accessing drugs, regardless of supply levels, which may result in greater reliance on OSTs, such as methadone. Thus, reduction in cash supplies may be beneficial for the health of homeless PWUD, as the risk of overdose is reduced if consumption of methadone does not coexist with opioid use (Sordo et al., 2017; World Health Organization, 2009). It was predicted that with a changed supply of drugs, PWUD would switch to alternative illicit substances (e.g., fentanyl; Dietze & Peacock, 2020; UNODC, 2020). However, this study found that users changing substances switched to methadone, prescribed by drug support services, rather than alternative illicit drugs. This implies that services are particularly important to homeless PWUD when there are drug shortages and is consistent with predictions that more people would seek treatment (Khatri & Perrone, 2020). Services should use this opportunity to further invest in harm reduction services (e.g., needle exchanges) which are effective in reaching homeless PWUD (Parkes et al., 2021; Ritter, 2006), and should encourage homeless people who use heroin to engage in OST, which is associated with decreased opioid-related mortality (Laroche et al., 2018).

***Implications for Clinicians***

The findings from this study help clinicians to understand what precipitates behaviours and help clients make changes (Breedvelt, 2016; Haigh et al., 2012; Keats et al.,



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2012) and contribute towards a Psychologically Informed Environment. Given that some participants reported increased drug use due to boredom, clinicians could tailor interventions which help clients address reasons for drug use by, for example, exploring other ways to alleviate boredom.

Participants discussed difficult experiences, particularly a decline in mental health, as a result of changes in the drug supply. The effects of COVID-19 on the supply chain heightened the need for clinical psychologists to work with substance users to address mental health difficulties, such as by engaging in CBT, which is useful for addressing issues relating to homelessness (Maguire, 2006). This study reveals that homeless PWUD would benefit from psychological support during a period of reduced use. The results further suggest that this need is paramount for rough sleepers, whose mental health, during the pandemic, was reported to be declining more than those living in hostels for homeless people.

**Limitations and Further Research**

This study involved interviewing individuals living in a hostel for homeless people. Recruitment was largely conducted through word of mouth, so may have been subject to selection bias. The sample may not be representative of the wider homeless population (Booth, 1999), such as rough sleepers, who participants suggested were experiencing the most difficulty during the pandemic.

This suggests a need for research methods which are convenient for the homeless population. Rosenthal (1991) proposes that “hanging out” at services and establishing rapport with homeless people is an effective research method (p. 109). Future research could employ this methodology to increase rich, in-depth interviews (Parkes et al., 2021).

COVID-19 restrictions prohibited face-to-face interviews, which would have allowed observation of non-verbal behaviours which convey meaning beyond verbal answers (Opdenakker, 2006). Any future research should thus prioritise face-to-face interviews.

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Finally, it was not possible to ascertain fully how the pandemic affected drug supplies by interviewing users only. To gain a fuller understanding of changes to the drug supply, an understanding of the experiences of drug dealers would be helpful.

**Conclusion**

This novel study aimed to explore homeless people’s experiences of the drug supply during COVID-19. Results are partially consistent with findings from previous research which suggested a reduced supply of drugs, but also reveal experiences of minimal change to the drug supply. The findings have implications for services and clinicians working with the homeless population. This research lays theoretical foundations for implementation of harm reduction focussed interventions targeted at homeless PWUD. Future research should examine the experiences of dealers and different subsets of the homeless population.

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## Appendix

### Reflexivity Notes

Questions addressed at different stages of the research process (Patnaik, 2013):

#### **How has my personal history influenced the choice of topic?**

I undertook a Year in Employment in a drug and alcohol support service which sparked my interest in research into drug use in the homeless population.

#### **What are my personal value systems that may influence the process of research?**

Last year I read Johan Hari's book, 'Chasing the Scream' which influenced my views about drug legislation. This shaped my views on how drug users are treated in society, and made me question whether they should be viewed as 'criminals' for using illicit drugs. This had a particular influence on my views regarding ethical issues concerning giving participants £10 vouchers for recompense for their time. My view is that providing participants recompense for their time is a necessary part of recruitment. Some service providers, however, expressed concern about participants potentially selling the vouchers in return for money which they could spend on drugs.

#### **How do my gender, culture and professional background influence my positioning in this topic and my relation with the participants?**

I am a mixed race female, brought up in a middle class family. I have had a very different upbringing from the participants, most of whom are male and white. My knowledge of the lifestyle of homeless people who use drugs was very limited before I worked at the drug and alcohol support service. However, I feel that having worked at the service I gained a widened understanding of the issues facing participants, prior to conducting research in the area of homelessness and substance misuse.

#### **What might be the barriers that my personal history and professional competence can create during data collection?**

Being a university student and someone undertaking research, the participants might have had preconceptions about me and my background that might have hindered their desire to interact with me. My existing knowledge about drug supply issues from working at the drug and alcohol service and from reading literature could also mean that I might formulate questions or interpret answers in a different way from someone with a different background.

#### **How are the emerging data assimilating with my prior knowledge; making me revisit an earlier stance?**

Having listened to a seminar about the changes in the drug supply since COVID-19 and hearing about how some drug dealers hid drugs in an agreed place for customers to collect, I asked a participant if this was his experience when he discussed the transaction of drugs and paid close attention to the participant's response when analysing the transcript.