

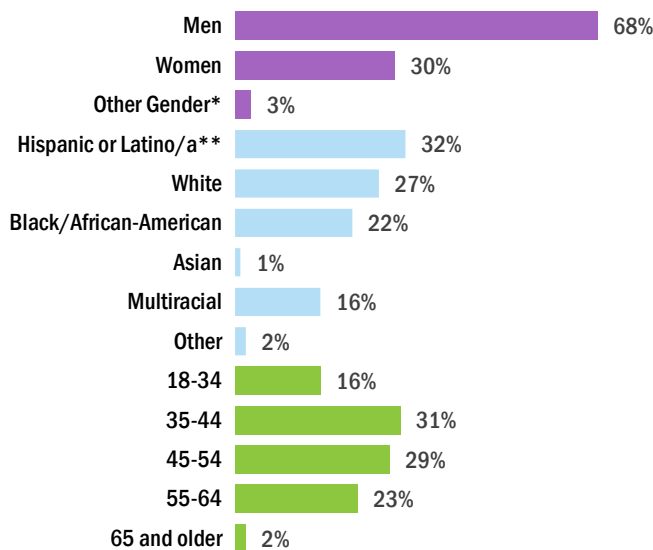
Basic Needs among People Who Use Opioids in New York City during the COVID-19 Pandemic

People who use opioids (PWUO) are impacted by structural oppression and racism in many ways,¹ including the “war on drugs,” which has led to disproportionate incarceration of Black and Brown PWUO, as well as inequitable access to medical treatment.¹ Stigma, previous engagement with the criminal justice system, and prior history of drug use create barriers for PWUO in entering the workforce.² PWUO also face discrimination in healthcare and housing, with COVID-19 further exacerbating marginalization in comparison with the general population. Data from 2020 show that the rate of fatal overdose in New York City (NYC) increased to 30.5 per 100,000 residents from 21.9 in 2019.³ To identify the needs of PWUO at the intersection of the overdose and COVID-19 crises, the NYC Department of Health and Mental Hygiene surveyed a convenience sample of 329 PWUO between June and September 2020 as part of the [Centers for Disease Control and Prevention \(CDC\) Overdose Data to Action \(OD2A\)](#) collaborative agreement. This data brief highlights the pressing financial and housing needs of PWUO surveyed between June and September of 2020 in New York City (NYC).

Characteristics of OD2A survey respondents

- Of the 329 respondents, approximately two-thirds (68%) were men.
- Over half (60%) of respondents were ages 35 to 54 years.
- Just under one-third (32%) identified as ethnically Hispanic or Latino/a, of which almost half (48%) were born in Puerto Rico.
- Nearly two-thirds (61%) of respondents had at least the equivalent of a high school diploma.

Characteristics of respondents to OD2A survey of people who use opioids between June and September 2020, New York City



*Other gender identity includes transgender men, transgender women, gender nonconforming, non-binary and not sure/questioning.

**Black, White, and Asian race categories exclude Latino/a ethnicity.

Source: *Overdose Data to Action (OD2A) Surveillance Survey 2020*

Definitions:

PWUO: People who use opioids

Pre-COVID-19: The 90-day period between December 1st, 2019, and February 29th, 2020, prior to the announcement of the first confirmed case of COVID-19 in New York City.

Since COVID-19: Refers to the time between March 1st, 2020 and the date each respondent was surveyed (between June and September 2020). March 1st is the date the first confirmed case of COVID-19 was identified in New York City.

Race/ethnicity: For the purpose of this publication “Black/African-American,” “White,” “Asian,” and “Hispanic or Latino/a” race and ethnicity categories include respondents who identified as those single categories. “Other” includes people who identified as “Middle Eastern or North African,” “Native Hawaiian or other Pacific Islander,” “American Indian or Alaska Native,” or other racial/ethnic group not listed. “Multiracial” includes any respondents who selected two or more race/ethnicity categories.

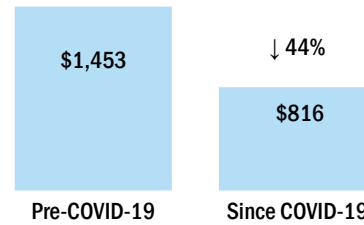
Data Source:

Overdose Data to Action (OD2A) Surveillance Survey 2020: Survey of a convenience sample of 329 PWUO conducted between June and September 2020. Survey recruitment was conducted in venues where PWUO are known to congregate, as well as outside syringe service programs (SSPs) across all five boroughs. Eligible respondents were ages 18 years or older, reported misusing an opioid three or more times in the past 30 days, and had contact with an SSP, outpatient substance use treatment program, homeless shelter, emergency department, hepatitis C treatment program, or COVID-19 isolation hotel in the 12 months before the survey. All participants receiving services at syringe exchanges were screened for eligibility.

People who use opioids experienced a substantial loss of income and struggled to buy food

- Between the start of the COVID-19 pandemic (March 1, 2020) and the time of survey completion (between June and September 2020), respondents reported an estimated decrease of \$637, or 44%, in their average monthly income. About half of respondents (49%) experienced an income decrease of at least 10%.
- The majority (61%) of respondents had not received the first federal CARES Act stimulus check at the time of the survey.
- Six in 10 respondents reported they sometimes, rarely, or never had enough money to buy the food they needed since COVID-19 began.

The average monthly income of respondents to OD2A survey of people who use opioids decreased after the start of COVID-19 Pre-COVID-19 and since COVID-19, New York City, 2020



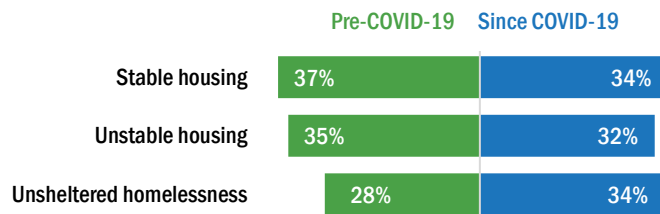
Pre-COVID-19 is before March 1, 2020; Since COVID-19 is from March 1 to when respondent was surveyed between June and September 2020.

Source: Overdose Data to Action (OD2A) Surveillance Survey 2020

Unstable housing and changes in housing status due to COVID-19 were common among people who use opioids

Housing status among respondents to OD2A survey of people who use opioids before and since the start of COVID-19

Pre-COVID-19 and since COVID-19, New York City, 2020



Pre-COVID-19 is before March 1, 2020; Since COVID-19 is from March 1 to when respondent was surveyed between June and September 2020.

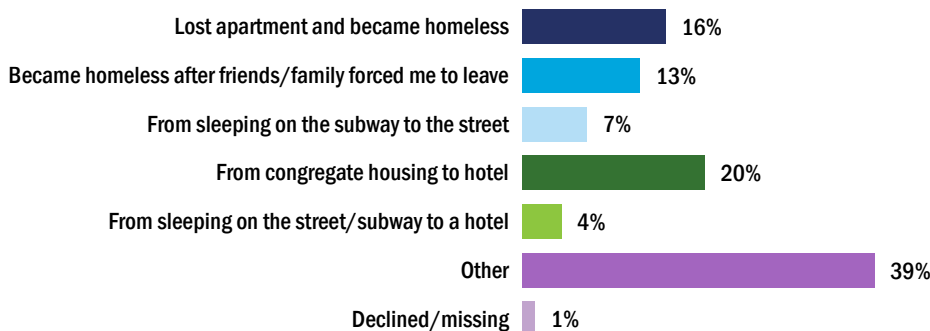
Source: Overdose Data to Action (OD2A) Surveillance Survey 2020

- During the 90 days before the COVID-19 pandemic began, 37% of respondents reported spending most of their nights in a stable housing situation, 35% in unstable housing, and 28% were experiencing unsheltered homelessness. Since the COVID-19 pandemic began, 34% of respondents spent most of their nights in a stable housing situation, 32% in unstable housing, and 34% were experiencing unsheltered homelessness.
- One in ten (10%) of all respondents reported sleeping in an encampment at least once since COVID-19 began.

- One in five (21%) respondents reported their housing situation changed due to the COVID-19 pandemic. Among those whose housing changed, more than one in four (29%) became homeless after losing their apartment or after family or friends they were staying with forced them to leave, and one in five (20%) moved from congregate housing to a hotel.

Among those who experienced housing changes due to COVID-19, more than one in four respondents to OD2A survey of people who use opioids became homeless

Since COVID-19, New York City, 2020



Since COVID-19 is from March 1, 2020, to when respondent was surveyed between June and September 2020.

Source: Overdose Data to Action (OD2A) Surveillance Survey 2020

Definitions:

Unstable housing: Includes housing situations in which a person was temporarily staying with family or friends, staying in a shelter or other congregate setting, or in a COVID-19 isolation hotel as an alternative to a congregate setting.

Unsheltered homelessness: Includes housing situations in which a person was sleeping on the street or another public space, a vehicle, or a bus/train/subway/station.

Encampment: An outdoor space where groups of people sleep.

Many respondents lacked resources necessary to follow recommended COVID-19 prevention measures

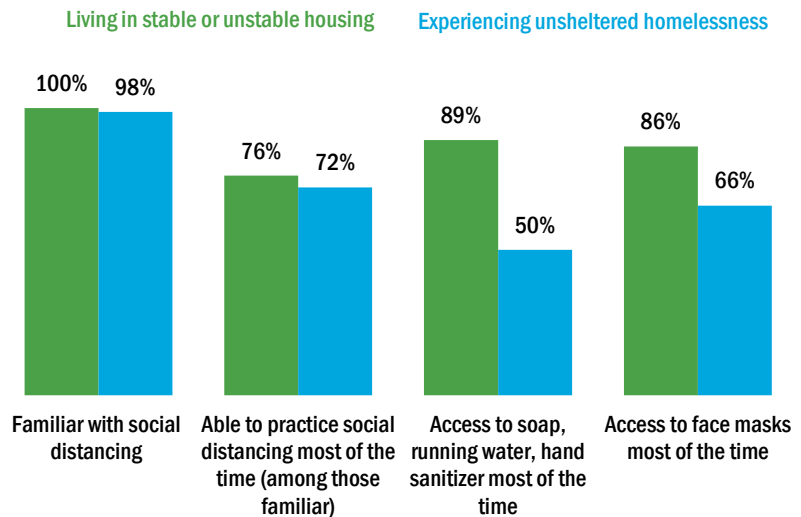
- Nearly one-quarter (24%) of respondents did not have regular access to soap, running water, or hand sanitizer. Respondents experiencing unsheltered homelessness were less likely to have regular access to soap, running water, or hand sanitizer compared with people with any housing (50% vs. 89%, respectively).
- One-fifth of respondents (21%) did not have regular access to face masks. Respondents experiencing unsheltered homelessness were less likely to have regular access to face masks compared with people with any housing (66% vs. 86%, respectively).

Definition:

Regular access to soap and running water or hand sanitizer, regular access to face masks: Respondents had access “most of the time” (versus “never,” “rarely,” or “some of the time”).

Access to COVID-19 prevention resources was higher among respondents with any housing compared with those experiencing unsheltered homelessness among respondents to the OD2A survey of people who use opioids

Since COVID-19, New York City, 2020



Since COVID-19 is from March 1, 2020 to when respondent was surveyed between June and September 2020.

Source: *Overdose Data to Action (OD2A) Surveillance Survey 2020*

Many of the surveyed people who use opioids had inconsistent or no access to a phone

- Access to a telephone or smart phone is important for using telehealth care services or in emergencies, including those involving overdose. One in three (33%) respondents did not have access to their own smart phone since the COVID-19 pandemic began, and one in five (20%) did not have access to their own phone of any kind.
- Among those with access to their own phone, for nearly one in three (29%) it was not regular access (“most of the time”).

Implications

These data highlight a loss of income and lack of resources among the surveyed people who use opioids in NYC during the COVID-19 pandemic. Respondents experienced reduced access to congregate housing, as well as an inability to temporarily shelter with family and friends, and many experienced unsheltered homelessness. At the point surveyed, few respondents had received the federal stimulus check which could have ameliorated the loss of income they experienced. Housing instability was particularly highlighted in these data, a concern given the association between homelessness and negative health outcomes, including increased risk of disease transmission.^{1,4} Many PWUO experiencing unsheltered homelessness did not have regular access to soap, running water, hand sanitizer, or face masks, all primary COVID-19 prevention strategies recommended by the CDC and the NYC Health Department. Supporting access to housing for PWUO regardless of their engagement in behavioral health services may prevent COVID-19 related harms, reducing risk for transmission and severe complications. Housing First⁵ and other low threshold housing models do not require abstinence for participation; people who use drugs are first supported in accessing the safety and security that permanent housing provides, and reduced substance use often follows when this basic need is met.^{5,6}

These data should be interpreted with the following limitation: respondents were recruited using convenience sampling and the findings may not be generalizable to all PWUO in New York City. Despite this limitation, these data highlight the urgent needs of surveyed PWUO between the first and second pandemic waves in NYC. Economic and housing fallout from the pandemic has only continued for PWUO.⁶ Historically, people who use drugs have been harder to reach by public health campaigns.⁷ Further, the increased transmissibility of the predominant Delta and Omicron variants warrants prioritizing this population's need for access to basic resources, housing, and telehealth, needs that have been magnified by the COVID-19 pandemic.⁸

Community-based organizations (CBOs), in collaboration with the public and private sector, have been able to address some of the need for masks and hand sanitizer for COVID-19 prevention. The recent opening of NYC's first overdose prevention center may also serve as an important intervention to both reduce PWUO's risk of fatal and nonfatal overdose and increase their access to healthcare and other resources.⁹ Next steps in supporting resource acquisition could include expanding PWUO's access to public bathrooms for running water and soap, making telephones and public internet more accessible for telehealth, and prioritizing PWUO's need for housing and basic income as part of programmatic services.

Health equity is attainment of the highest level of health and well-being for all people. Not all New Yorkers have the same opportunities to live a healthy life. Achieving health equity requires focused and ongoing efforts to address historical and contemporary injustices such as discrimination based on social position (e.g., class, immigration status) or social identities (e.g., race, gender, sexual orientation). For more information, visit the Centers for Disease Control and Prevention's [Health Equity](#) page.

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The content is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention.

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Epi Data Tables

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Basic Needs among People Who Use Opioids in New York City during the COVID-19 Pandemic

Data Tables

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- Table 2.** Financial attributes of respondents to the Overdose Data to Action (OD2A) Surveillance Survey of people who use opioids, New York City, June to September 2020
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- Table 4.** COVID-19 safety and cellphone access of respondents to the Overdose Data to Action (OD2A) Surveillance Survey of people who use opioids, New York City, June to September 2020

Data Sources

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Table 1. Sample characteristics of respondents to the Overdose Data to Action (OD2A) Surveillance Survey of people who use opioids, New York City, June to September 2020*Source: Overdose Data to Action (OD2A) Surveillance Survey 2020*

	n	Prevalence		Lower 95% Confidence Interval	Upper 95% Confidence Interval
Gender					
Man	222	67.5%	U	62.1%	72.5%
Woman	97	29.5%	U	24.7%	34.8%
Transgender man	1	0.3%		0.0%	2.0%
Transgender woman	6	1.8%		0.7%	4.1%
Gender nonconforming	1	0.3%		0.0%	2.0%
Gender nonbinary	2	0.6%		0.1%	2.4%
Age					
18-34	51	15.5%	U	11.9%	20.0%
35-44	101	30.7%		25.8%	36.0%
45-54	94	28.6%		23.8%	33.8%
55-64	76	23.1%		18.7%	28.1%
65 and older	7	2.1%		0.9%	4.5%
Race/ethnicity					
Hispanic or Latino/x	106	32.2%		27.3%	37.6%
White	89	27.1%		22.4%	32.3%
Black/African-American	72	21.9%		17.6%	26.8%
Asian	2	0.6%		0.1%	2.4%
American Indian or Alaska Native	1	0.3%		0.0%	2.0%
Middle Eastern or North African	1	0.3%		0.0%	2.0%
Native Hawaiian or Pacific Islander	1	0.3%		0.0%	2.0%
Other	4	1.2%		0.4%	3.3%
Multiracial	53	16.1%		12.4%	20.6%
Sexual orientation					
Heterosexual	289	87.8%		83.7%	91.1%
Gay	5	1.5%	U	0.6%	3.7%
Lesbian	5	1.5%	U	0.6%	3.7%
Bisexual	22	6.7%		4.3%	10.1%
Asexual	1	0.3%		0.0%	2.0%
Pansexual	3	0.9%		0.2%	2.9%
Questioning	0	0.0%		0.0%	1.4%
Queer	3	0.9%		0.2%	2.9%
Other	1	0.3%		0.0%	2.0%

Rounding notes:

U When rounding to the nearest whole number, round up.

D When rounding to the nearest whole number, round down.

Table 2. Financial attributes of respondents to the Overdose Data to Action (OD2A) Surveillance Survey of people who use opioids, New York City, June to September 2020*Source: Overdose Data to Action (OD2A) Surveillance Survey 2020*

	n	Average	Lower Range	Upper Range
Average Income				
Pre-COVID-19 (December-February)	310	\$1,453.00	\$0	\$10,000.00
Post-COVID-19 (March-September)	315	\$816.20	\$0	\$10,000.00
	n	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval
Money for food since COVID-19 began				
Most of the time	131	39.8%	34.5%	45.3%
Some of the time	92	28.0%	23.2%	33.2%
Rarely	71	21.6%	17.3%	26.5%
Never	35	10.6%	7.6%	14.6%
Money for home/shelter since COVID-19 began				
Most of the time	111	33.7%	28.7%	39.2%
Some of the time	20	6.1%	3.8%	9.4%
Rarely	15	4.6%	2.7%	7.6%
Never	20	6.1%	3.8%	9.4%
N/A person is homeless	162	49.2%	43.7%	54.8%
Declined	1	0.3%	0.0%	2.0%
Received stimulus check				
Yes	130	39.5%	U 34.2%	45.0%
No	199	60.5%	U 55.0%	65.8%

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Table 3. Housing attributes of respondents to the Overdose Data to Action (OD2A) Surveillance Survey of people who use opioids, New York City, June to September 2020

Source: Overdose Data to Action (OD2A) Surveillance Survey 2020

	n	Prevalence		Lower 95% Confidence Interval	Upper 95% Confidence Interval
Housing for the majority of nights in the 90 days prior to COVID-19					
Stable housing	121	36.8%		31.6%	42.3%
My own room/apartment/home that I rent or own	51	15.5%	U	11.9%	20.0%
My own room/apartment/home that is supported/subsidized housing	26	7.9%		5.3%	11.5%
My own room/apartment/home that is single room occupancy (SRO)	19	5.8%		3.6%	9.0%
Permanently living in a family or friend's home	25	7.6%		5.1%	11.2%
Unstable housing	115	35.0%		29.9%	40.4%
Temporarily staying in family or friend's home	42	12.8%		9.5%	17.0%
Shelter or emergency housing	73	22.2%		17.9%	27.1%
Unsheltered homelessness	93	28.3%		23.5%	33.5%
A vehicle	1	0.3%		0.0%	2.0%
Bus/train/subway station	14	4.3%		2.4%	7.2%
Street or other public place	77	23.4%		19.0%	28.4%
Other	1	0.3%		0.0%	2.0%
Housing for the majority of nights since COVID-19 began					
Stable housing	113	34.3%		29.3%	39.8%
My own room/apartment/home that I rent or own	46	14.0%		10.5%	18.3%
My own room/apartment/home that is supported/subsidized housing	24	7.3%		4.8%	10.8%
My own room/apartment/home that is single room occupancy (SRO)	19	5.8%		3.6%	9.0%
Permanently living in a family or friend's home	24	7.3%		4.8%	10.8%
Unstable housing	105	31.9%		27.0%	37.3%
Temporarily staying in family or friend's home	35	10.6%		7.6%	14.6%
Shelter or emergency housing	49	14.9%		11.3%	19.3%
COVID-19 quarantine hotel	5	1.5%	U	0.6%	3.7%
Hotel as an alternative to a congregate setting	16	4.9%		2.9%	7.9%
Unsheltered homelessness	111	33.7%		28.7%	39.2%
A vehicle	1	0.3%		0.0%	2.0%
Bus/train/subway/station	4	1.2%		0.4%	3.3%
Street or other public place	106	32.2%		27.3%	37.6%
Housing changes since COVID-19					
Yes	70	21.3%		17.1%	26.2%
No	258	78.4%		73.5%	82.7%
Declined/missing	1	0.3%		0.0%	2.0%
How housing changed since COVID-19 (n=70)					
I became homeless	11	15.7%		8.5%	26.8%
From street to hotel	3	4.3%		1.1%	12.8%
From subway to street	5	7.1%		2.7%	16.6%
From congregate housing to hotel	14	20.0%		11.7%	31.6%
Friends/family forced me to leave	9	12.9%		6.4%	23.5%
Other	27	38.6%		27.4%	51.0%
Declined/missing	1	1.4%		0.1%	8.8%
Encampment since COVID-19					
Yes	32	9.7%		6.8%	13.6%
No	296	90.0%		86.1%	92.9%
Declined/missing	1	0.3%		0.0%	2.0%

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Table 4. COVID-19 safety and cellphone access of respondents to the Overdose Data to Action (OD2A) Surveillance Survey of people who use opioids, New York City, June to September 2020*Source: Overdose Data to Action (OD2A) Surveillance Survey 2020*

	n	Prevalence		Lower 95% Confidence Interval	Upper 95% Confidence Interval
Access to soap, running water, and hand sanitizer since COVID-19					
Most of the time	249	75.7%		70.6%	80.1%
Some of the time	55	16.7%		12.9%	21.3%
Rarely	17	5.2%		3.1%	8.3%
Never	8	2.4%		1.1%	4.9%
Access to a face mask since COVID-19					
Most of the time	261	79.3%		74.5%	83.5%
Some of the time	52	15.8%		12.1%	20.3%
Rarely	15	4.6%		2.7%	7.6%
Never	1	0.3%		0.0%	2.0%
Familiar with social distancing					
Yes	326	99.1%		97.1%	99.8%
No	3	0.9%		0.2%	2.9%
Ability to social distance since COVID-19 (n=326)					
Most of the time	246	75.5%	U	70.3%	80.0%
Some of the time	64	19.6%		15.5%	24.5%
Rarely	8	2.5%	U	1.1%	5.0%
Never	8	2.5%	U	1.1%	5.0%
Access to their own phone since COVID-19					
Most of the time	187	56.8%		51.3%	62.3%
Some of the time	50	15.2%		11.6%	19.6%
Rarely	25	7.6%		5.1%	11.2%
Never	67	20.4%		16.2%	25.2%
Access to their own smart phone since COVID-19 (n=262)					
Yes	218	83.2%		78.0%	87.4%
No	43	16.4%		12.3%	21.6%
Missing/declined	1	0.4%		0.0%	2.4%

Chi-squared tests were conducted for respondents' 1) access to soap, running water, and hand sanitizer and 2) access to a face mask ("most of the time" vs. "some of the time," "rarely," or never") by housing status (stable or unstably housed vs. experiencing unsheltered homelessness). Unsheltered homelessness was significantly associated ($p < 0.01$) with lower access to both COVID-19 prevention measures.

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