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Perspectives of COVID vaccines among people who inject drugs

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Information regarding data source and context

Qualitative data was collected as part of a broader, mixed-methods study, *Assessing the impact of COVID on harm reduction services*. Interviews were conducted with harm reduction service users (n=32) between October 2020 and February 2021 across four harm reduction services in New South Wales (NSW): two inner-Sydney services; an outer Sydney metropolitan service; and a needle syringe program (NSP) plus alcohol and other drug (AOD) treatment service both located in a regional NSW town. Except for the latter, all interviews were conducted face-to-face and onsite at participating services. Interviews in the regional town were conducted by phone (n=5) or in public locations (n=7). All were conducted in accordance with COVID-safe guidelines.

Interviews followed a semi-structured schedule, beginning with demographic, drug- and service-use details, before exploring a range of COVID-19 related questions. The latter included questions addressing participants' knowledge of the virus and its transmission, the impact of the pandemic on participants' daily lives (including drug use), strategies participants employed to remain safe, and participants' use of and (changing) access to harm reduction services, including NSP and opioid treatment programs. Reflecting the rapidly evolving nature of Australia's response to the virus, when this study began the matter of a COVID vaccination barely registered in public discourse. Consequently, questions regarding vaccines were only added to the interview schedule for outer metropolitan and regional town participants (n=21).

What people think and feel about vaccines

Participants articulated a range of responses to questions regarding COVID-19 vaccines. Participants supportive of vaccination efforts tended to cite protecting their own health or the health of 'loved ones' as their primary motivation, with little elaboration provided. On the other hand, those reporting vaccine 'hesitancy' or 'refusal' tended to expound in more detail. For some participants, the interview process appeared to function as an opportunity to clarify their position, developing their argument as the interview progressed. This is not surprising given the relative novelty of vaccine-related questions and debate within public discourse at the time of interviewing.

Vaccine benefits: Protect health of self and others

Roughly one third of participants indicated clear support for COVID vaccines per se, including a willingness to be vaccinated themselves. All shared a conviction that vaccines would help protect either their own health or the health of others. Participants cited a range of motivations: for some, their age was the determining factor; for others, a determination not to inadvertently act as a viral 'conduit' to their 'loved ones'; while for others again, their support for vaccines was coupled with a concern to prioritise healthcare workers and the elderly.

*I'll be straight in for a vaccination, yeah. **That's the only way I'm going to feel safe** again walking around without a mask and actually get out my house. (Brendan, 41, outer metro Sydney)*

*Yeah, I reckon I would because **I'm getting older** and like they say, **it's affecting the older people** more than the young people. (Garth, 58, regional NSW)*

***To not be able to be a transmitter**, to not have the virus be able to use me as a conduit to basically kill my loved ones. (Ella, 31, regional NSW)*

***I've got flu vaccinations, so why wouldn't I get the COVID vaccination?** If it's going to save lives, if it saves lives, then why not? (Danielle, 43, outer metro Sydney)*

***I'll get it straight away.** I've got no problem. I would rather the health care workers and hospital people and that should get it all done before and the elderly in aged care ... they should be covered first. (Marlene, 54, outer metro Sydney)*

*I think that **everybody should really**. If it is effective as much as what they say, well, then it's a **great thing** ... as long as the likelihood of getting it from the vaccine isn't going to be a problem. (Eric, 50, outer metro Sydney)*

Vaccine benefits: Only if necessary

Interestingly, some participants indicated that despite their ambivalence they would nonetheless be willing to be vaccinated should vaccines become mandatory (for work, travel, or other reasons). Sue's case (52, outer metro Sydney) is illustrative. Like several other participants, Sue did not think a vaccine was warranted in her case: not because she thought of herself as "invincible", she explained, but rather that there had been no outbreaks in her area of Sydney and that she "stays home enough ... [and] I'm careful". Nonetheless, Sue was eager to emphasise that: "I like to do as I'm told. I'm not a criminal or anything, I like to do the right thing." Were vaccination to become mandatory, it seems Sue's desire 'to do the right thing' would override her reluctance.

*I don't think I need to be [vaccinated], because I'm careful anyway. But **if they suddenly brought it out and said it was compulsory** for everyone to get, then fair enough, **I would get it done**. But until that day. (Sue, 52, outer metro Sydney)*

*I'm more of a one **if it becomes compulsory, sure I'll do it ... if it's required for travel, I'll do it**. (Vincent, 53, regional NSW)*

*At this stage, I would be honest: **if my work said I've got to do it, I would take it**. (Remi, 55, regional NSW)*

*You'd be stupid not to get it. And I think the only way you can get everyone to do it is **"no jab, no pay"**. (Danielle, 43, outer metro Sydney)*

Vaccine safety: Developed too quickly - more time and information needed

The speed with which vaccines have been developed was the most cited concern among participants who were uncertain or 'hesitant', underpinning their fears regarding vaccine efficacy and criticism regarding the lack of relevant information. It is important to note that several participants were keen to emphasise that despite their reservations about COVID vaccines, they were not 'anti-vaxxers'. As Remi (55, regional NSW) explained: "don't get me wrong, I'm not anti-vaccines, I vaccinated [MMR] my boy ..."; or Sue (52, outer metro Sydney): "I remember when my granddaughters were born, I went and had a whooping cough injection [...] to make sure they didn't get it."

*I just want to take a step back. Like I said, I **don't feel like I have all the information** to make proper educated, informed choices, decisions for myself [...] So traditionally it takes a long time for vaccines to be made and tested [yet] **look how quickly this has been done** and they want to release it into the general population. You know, big mistakes have been made. Look at **thalidomide**. (Caroline, 51, regional NSW)*

*I'm not anti it, I just don't think at this stage unless I have to, I would do it. [...] I think **in reality they test these things for years and years and years before they know if it works** and if they've only just made it how do you know what they are doing. (Remi, 55, regional NSW)*

*I would like to see how it affects other people first ... the efficacy of it ... **[I]t's been rushed through so quickly. I mean does it actually work?** [...] Normally these things take a significant amount of time to develop. I heard of people having anaphylactic reactions to it. You look at the University of Queensland who are producing false positives for HIV and things like that. I'm just interested to see what happens further down the track. (Vincent, 53, regional NSW)*

I will let other people do it first before I do it [...] It might be good. Let other people have it first and see what happens with that. (Matt, 43, regional NSW)

Social processes that drive or inhibit vaccination

Inhibitors: Distrust, suspicion, conspiracies

Concerns regarding the inadequate provision of vaccine-related information were also evident among participants who expressed clear opposition to vaccination. For some participants, this was again attributed to the speed of vaccine development: "They don't know what they're doing yet" (Raymond, 55, outer metro Sydney). However, for others, their opposition to vaccines was not simply an expression of distrust directed specifically to the fast-tracked nature of the development process and an accompanying lack of information, but rather reflected a more generalised suspicion or conspiratorial thinking.

*I won't get it. [...] Because I **don't know what they're giving you** [...] Until it's 100% guaranteed like a hep B shot or a hep C shot or something like that, no, I'm not doing it. I'll just stay living in my room [...] To think of giving someone HIV to get rid of COVID. It just doesn't make sense. And you don't know what's in it. **They don't give you a list: this is what we put in that.** There's something about it that just doesn't sit right ... (Raymond, 55, outer metro Sydney)*

*I'm not taking it. [...] I just don't trust the virus or where it comes from. [...] I just think it was released on the population by China and they've mainly done what they wanted to do, because the US is the worst in all the countries that are sort of westernised ... so they've achieved something there that they would have liked. **As for the vaccine**, I know the Chinese aren't making it, but they might already know what you need to put in a vaccine that **could fucking do anything**.* (Travis, 43, regional NSW)

Inhibitors: Absence of virus in community

Participant attitudes towards vaccination were contextualised, tending to reflect the localised absence or presence of COVID-19. While this alone cannot account for the heterogeneity of responses evident among participants, the absence of COVID-19 in both outer metro Sydney and regional NSW was clearly a determining factor among the following participants. Importantly, however, it was not just the absence of virus in their neighbourhoods that informed participants' reluctance to be vaccinated – of not “having to race into anything” (Liz, 50, regional NSW) – but also a sense that they lead lives that did not put them at risk. As Sue (52, outer metro Sydney) explained: “I don't go associating with people who have been gallivanting around the country or the world catching all these diseases ...”

*I mean **if there was an outbreak in Penrith** say, maybe I would think about it then, **but at the moment, no I can't see any point in it**.* (Sue, 52, outer metro Sydney)

***I don't think I need a vaccine**, because I don't think there are many people around this area ... **I've never heard of anybody having it [COVID] here**.* (Kerrie, 52, regional NSW)

*I think we are in a **very fortunate position without having to race into anything** [...] Let it flow out there for a while and then make decisions. I'm not saying that absolutely I wouldn't have the vaccination, but **I wouldn't be racing in to get it**.* (Liz, 50, regional NSW)

***Use [vaccines] for the people who are going to need them**, the ones that go out socialising, the ones that go clubbing, the ones that go overseas or plane trips into other states you know for holidays. You know, give them to the people that have you a thousand people at their wedding, let's all get up dance you know. **I go nowhere, I do nothing, don't like people** [...] Not for me.* (Dana, 57, outer metro Sydney)

*I would give it to someone else that needed it. Someone else more than me. **I don't go out that much. I don't put myself in a high risk** [...] There's only limited doses so I can wait.* (Shaun, 44, outer metro Sydney)

Practical factors

Little data is available regarding the influence of practical factors on participant perspectives regarding vaccines, suggesting that relative to more abstract concerns, participants were less exercised about the practicalities. Not surprisingly, participants tended to prioritise trust and convenience when nominating their preferred places to receive a vaccine. These included, for example, the local AMS, a primary healthcare and NSP service, a public opioid treatment program and a trusted GP. Several participants did mention the importance of providing a cost-free vaccination program. As Taylor (37, regional NSW) succinctly put it, in response to whether she would be willing to be vaccinated: 'Probably. If it was bulk-billed and no side effects.'

Implications and so what?

For messaging:

- » Information explaining the scientific process and rigour of vaccine development
- » Greater detail regarding what is 'in' vaccines and how they work
- » Clarification regarding why vaccines have been developed so quickly, but also safely
- » Reinforce how rapidly the virus could spread to areas currently unaffected, hence highlighting the potential risk to *everyone*;
- » Explain in lay terms the notion of 'herd immunity' and hence the need for everyone to be vaccinated, not only those perceived to be 'at risk' or who are socially active or who wish to resume overseas travel.

For rollout:

- » Consider providing vaccines via services routinely visited and trusted by people who inject drugs, including opioid treatment programs and NSPs
- » Consider the roll of PWID peers in promoting vaccine take-up
- » Understand that some people will be unwilling regardless of the scope and quality of promotional messaging.

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