



GLOBAL DRUG SURVEY

SPECIAL EDITION ON COVID-19

WWW.GLOBALDRUGSURVEY.COM/COVID19

CLOSES ON JUNE 20

EMBARGOED TILL 5pm AEST TUES JUNE 2nd 2020

THIS REPORT IS BASED ON DATA FROM > 40,000 PEOPLE WHO PARTICIPATED IN THE FIRST 3 WEEKS

THIS COUNTRY REPORT INCLUDES ADDITIONAL ANALYSES
ON 1900 PEOPLE FROM AUSTRALIA

SUGGESTED CITATION: GDS SPECIAL EDITION ON COVID-19 INTERIM REPORT AUSTRALIA 02/06/2020
WINSTOCK AR, DAVIES EL, GILCHRIST G, ZHUPARRIS A, FERRIS JA, MAIER LJ, BARRATT MJ

GDS METHODS

Our recruitment strategy is an **example of non-purposive sampling**. It is more likely that individuals will respond to surveys if they see topics or items that are of interest to them, and thus by definition will differ from those who do not participate (response bias).

Don't look to GDS for national estimates. GDS is designed to answer comparison questions that are not dependent on probability samples. The **GDS sample is thus most effectively used to compare population segments**, young vs. old, men vs. women, homo- vs. heterosexual, or highlight behaviors of a specific segment of interest such as people who study, go clubbing, eat vegetarian, report a mental health condition, etc. Given that GDS recruits young people experienced with illicit drug use, we are able to spot emerging drug trends before they enter into the general population. **GDS complements existing drug use information** and provides essential, current data on the patterns of use, harms, health and well-being experienced by people who use drugs in your country.

THE FOUNDER AND CEO OF GDS IS PROFESSOR ADAM R WINSTOCK MD

Adam is a Consultant Addiction Psychiatrist and academic researcher based in London. The views presented here are entirely his own and have no relationship to those of his current employers or affiliate academic organizations. No government, regulatory authority, corporate organization/ entity has influenced the design/ content of the survey or report.

LIMITATIONS

GDS is not a nationally representative sample, but our current project does represent one of the largest studies of drug use conducted during the COVID-19 pandemic. The findings can inform policy, health service development and, most importantly, provide people who use drugs with practical advice on how to keep healthy and minimize the harms associated with the use of psychoactive substances. Findings are preliminary and subject to change on further analyses.

Throughout this report we provide some **country comparisons** on some key areas that may be of interest to our audience. Because the samples we have obtained from different countries vary considerably in size, demographics and drug use, these comparisons have to be treated with caution. The results do not necessarily represent the wider drug using community.

For countries with small numbers the findings need to be treated with more caution. For a full review and critique of or methods please see [Barratt M, Ferris JA, Zadhov R, Palamar J, Maier LJ, & Winstock AR. Moving on from representativeness: testing the utility of the Global Drug Survey. Substance Abuse: Research and Treatment; 11: Epub.](#)

Further detailed reports are available on request for a fee.

SHARING OUR FINDINGS WITH PEOPLE EVERYWHERE

To ensure our findings are accessible and useful to people who use drugs we offer a range of free harm reduction resources such as

- The GDS Highway Code www.globaldrugsurvey.com/brand/the-highway-code/
- The Safer Use Limits www.saferuselimits.co/
- Digital health apps to deliver brief screening and intervention: www.drinksmeter.com and www.onetoomany.co
- Harm reduction and drug education videos available on our YouTube channel www.youtube.com/user/GlobalDrugSurvey

GET FREE APPS AND ADVICE
TO MAKE DRUG USE SAFER



REGARDLESS OF THE LEGAL STATUS
OF THE DRUG

When reporting the results in print, online and on TV we ask all our media partners to place links to these free resources where suitable.

BACKGROUND TO GDS SPECIAL EDITION ON COVID-19

- The Global Drug Survey (GDS) Special Edition on COVID-19 was developed as part of a global effort to better understand the impact of the pandemic on people's lives with a specific focus on the use of alcohol and other drugs, mental health and relationships.
- GDS is non-probability sample and thus our findings are not representative of the wider population. The majority of our participants tend to be young, experienced with the use of illicit drugs, and employed or in education. We have included questions that are relevant to marginalised and vulnerable groups of people who use drugs, yet these groups are largely underrepresented online.
- Because we ask the same questions in the same way across different regions, our data can be used to highlight local variations and to explore how different groups are coping with COVID-19 and related restrictions. The data further allow us to identify relationships between different behaviours and outcomes, for example between changes in drug use and mental health.
- In this report we highlight the most noteworthy preliminary findings halfway through data collection. A complete report based on all data collected until June 20, 2020 follows in July.
- We would like to thank **INPUD** (International Network of People who Use Drugs) for their support in contributing to the funding of this project

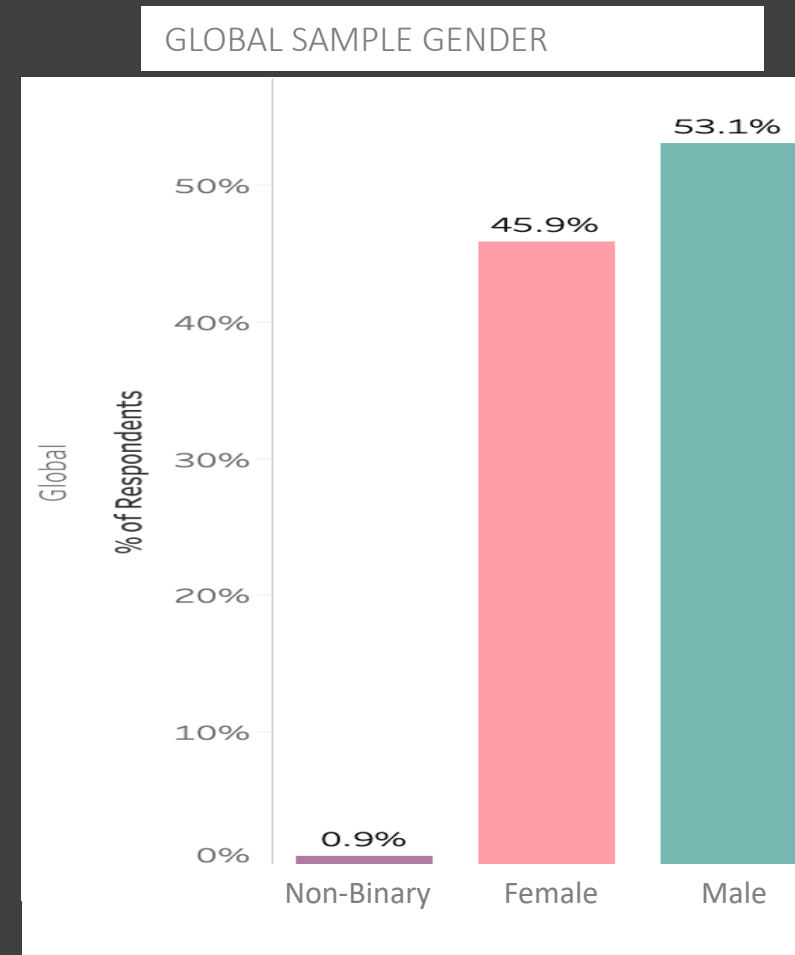
METHODS

- Global Drug Survey (GDS) is the world's largest annual drug survey. It uses an anonymous encrypted survey platform to recruit a large international, cross-sectional non-probability sample. Over 850,000 people have taken part since GDS2012. The group has generated > 60 peer-reviewed publications and multiple research reports for governments and UNODC.
- This additional impact survey examines changes in alcohol and other drug use linked to COVID-19 and related restrictions. Who is using more/less? Why and with what consequences? We also explore stress coping mechanisms and changes in living situation, work, mental health and intimate relationships. We have included specific questions to ensure inclusion of marginalised groups and people in substance use disorder treatment. Between 10-20% of the sample agreed to take part in a follow up study and will receive a survey link every 30 days to monitor changes over time.
- The study was approved by the University College London Research Ethics Committee.
- The survey is available in 9 languages – click [here](#) to take part!

GDS COVID-19 PARTICIPATION RATE (INTERIM REPORT)

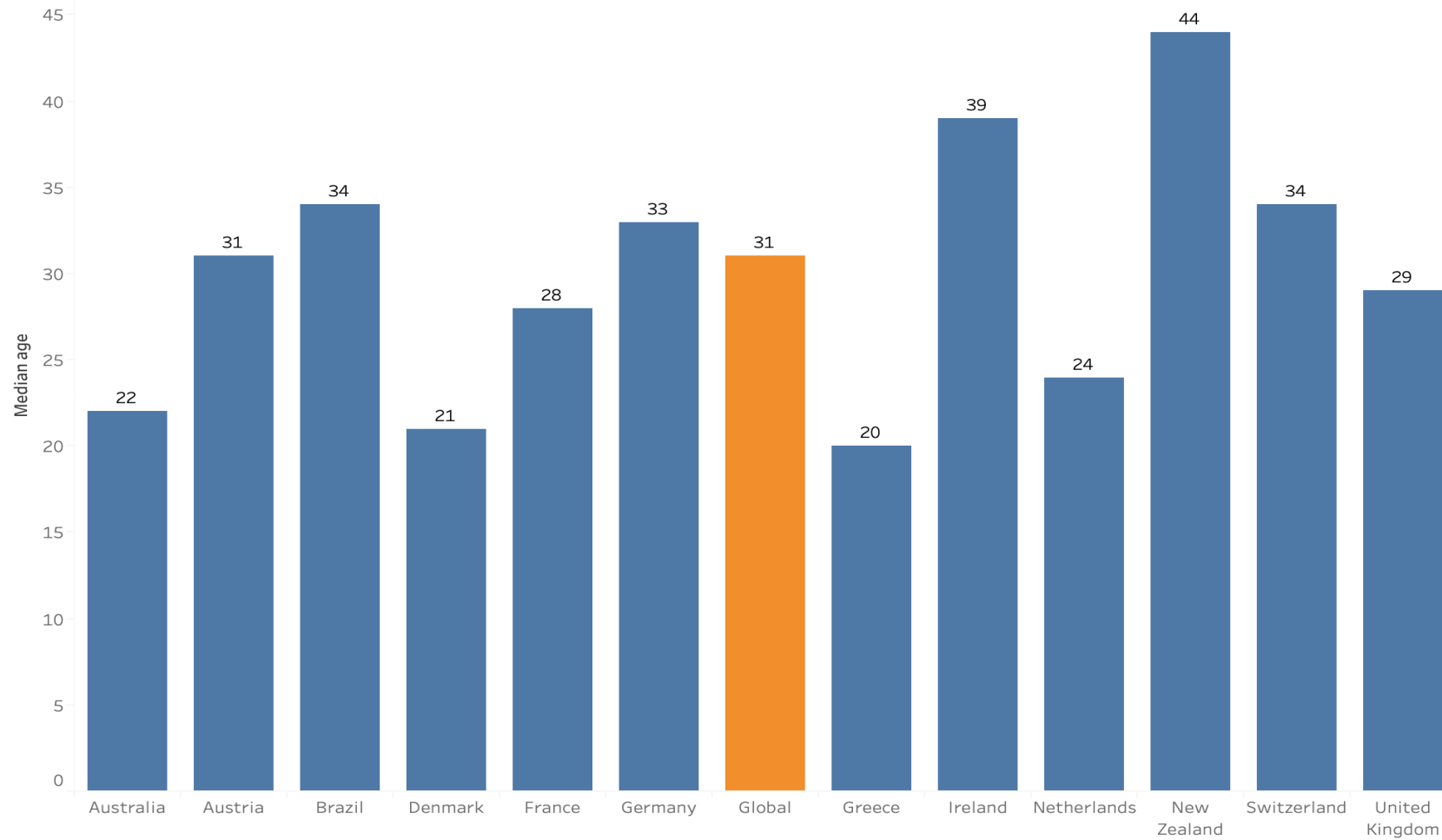
Only countries with $n > 500$ respondents were included in the analysis

- Germany 19,000
- France 6,100
- Netherlands 3,300
- New Zealand 3,000
- Ireland 2,200
- Australia 1,900
- UK 1,300
- Austria 900
- Denmark 700
- Greece 700
- Brazil 600
- Switzerland 500

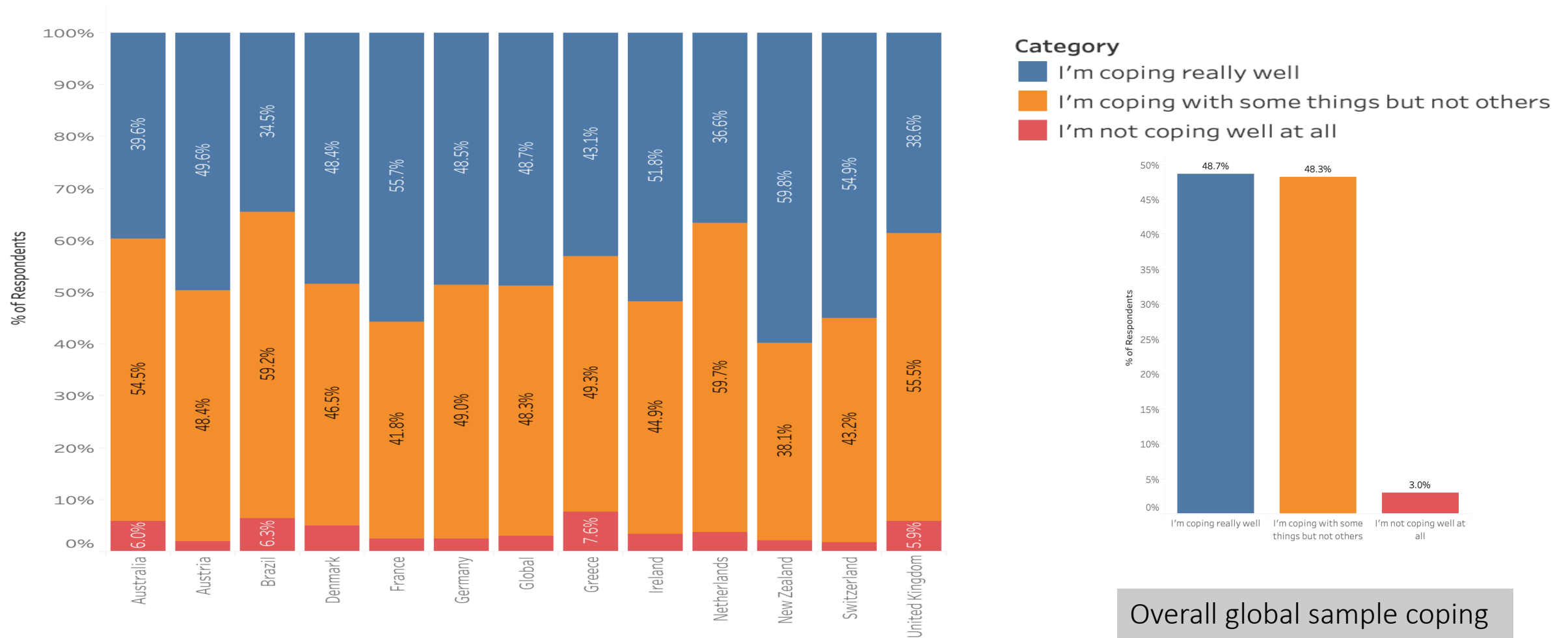


GDS COVID-19 MEDIAN AGE – BY COUNTRY

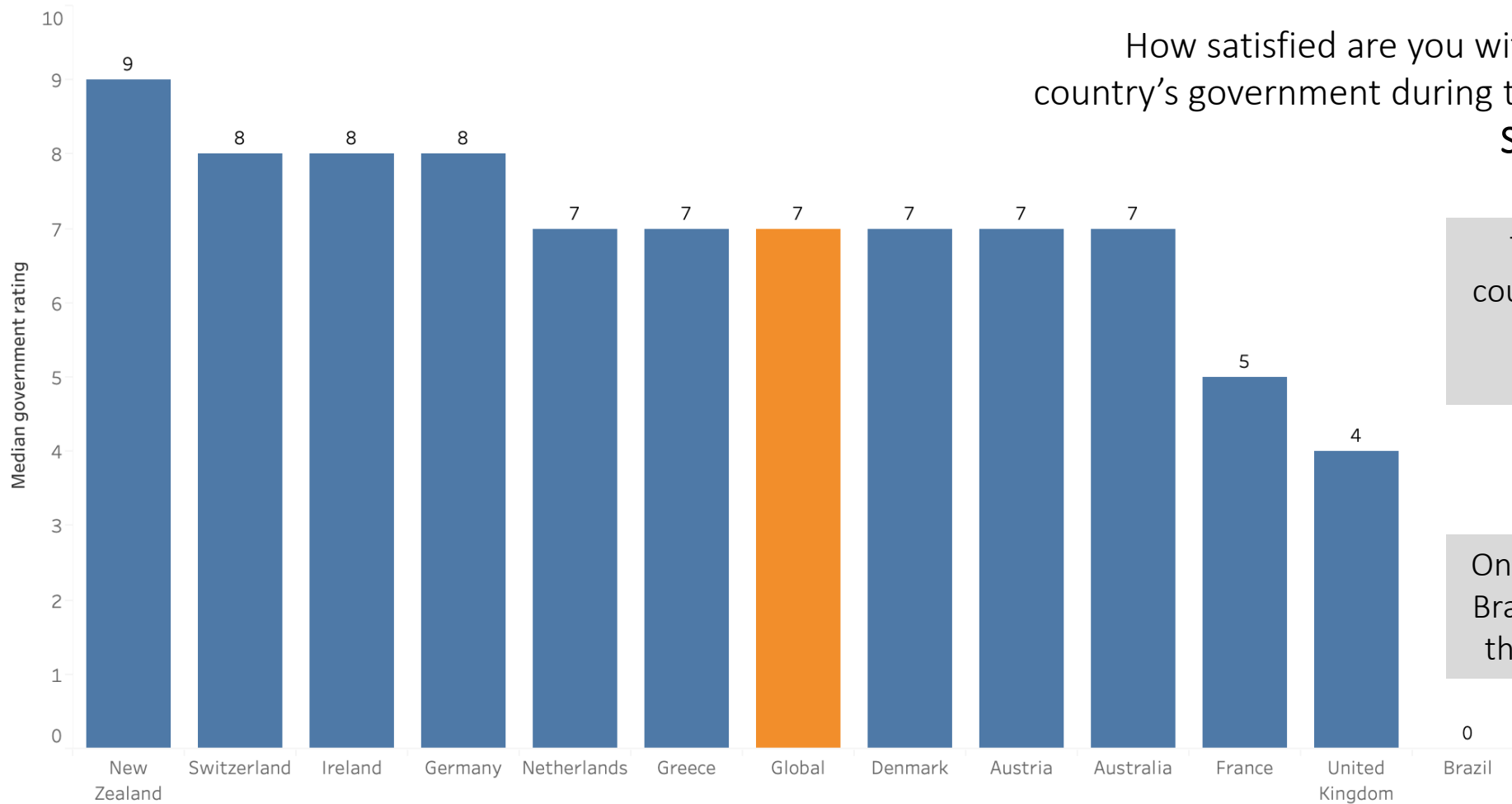
Only countries with n > 500 respondents were included in the analysis



GDS COVID-19 COPING WITH THE PANDEMIC AND RELATED RESTRICTIONS – BY COUNTRY



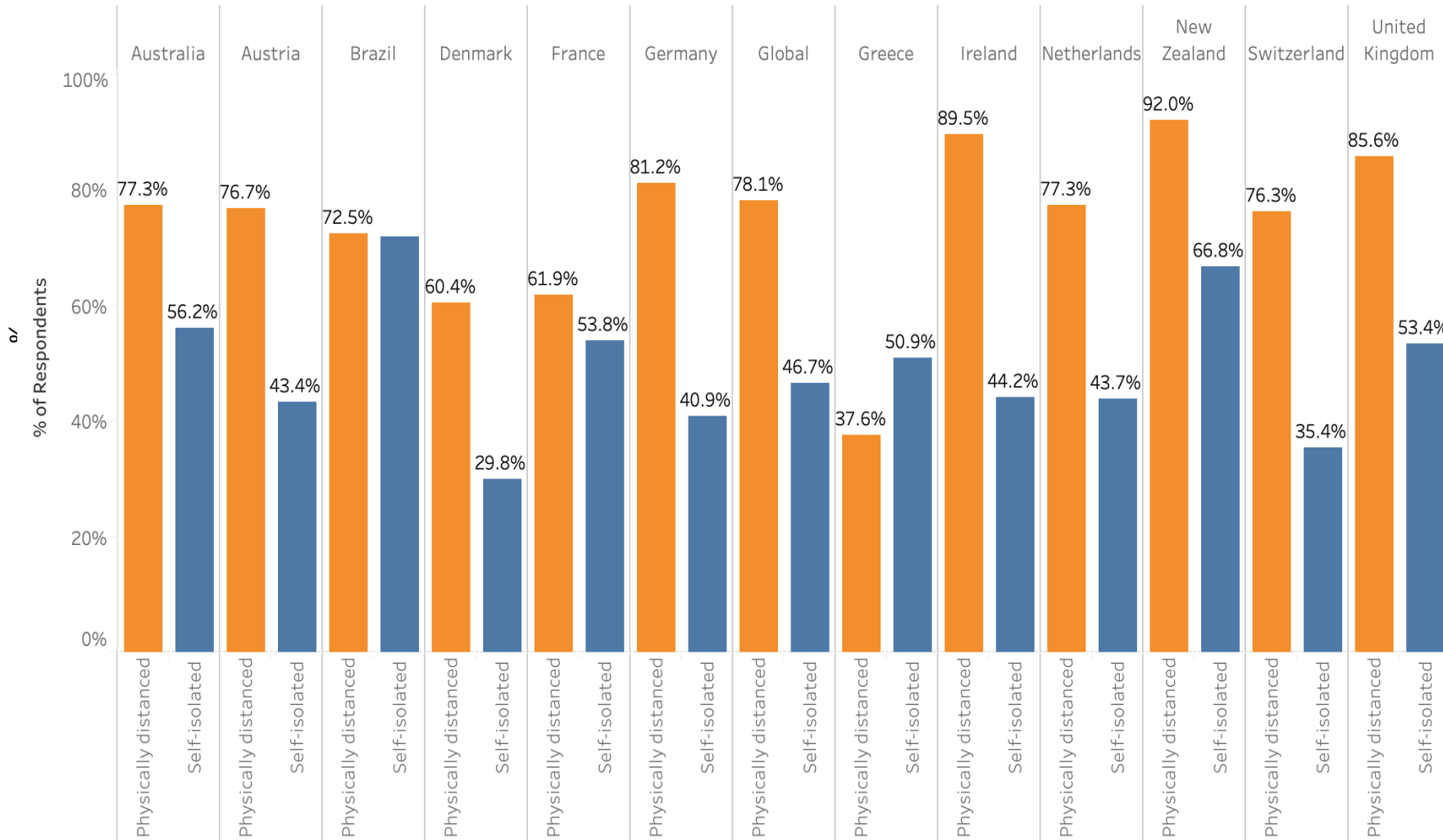
GDS COVID-19 FEDERAL LEADERSHIP SATISFACTION – BY COUNTRY



To account for federated countries, we asked people to refer to the federal government

Only 300 of >600 people from Brazil answered this question: the median rating was ZERO

GDS COVID-19 SELF-ISOLATION & PHYSICAL DISTANCING – BY COUNTRY



In the past 30 days, which of these actions have you taken to prevent infection and/or spread of COVID-19?

- Self-isolated (stayed at home)
- Physical Distancing (kept at least 1.5m distance from people outside my household)

Overall in the global sample, **78.1%** reported physical distancing **46.7%** reported self-isolation

ALCOHOL – GLOBAL

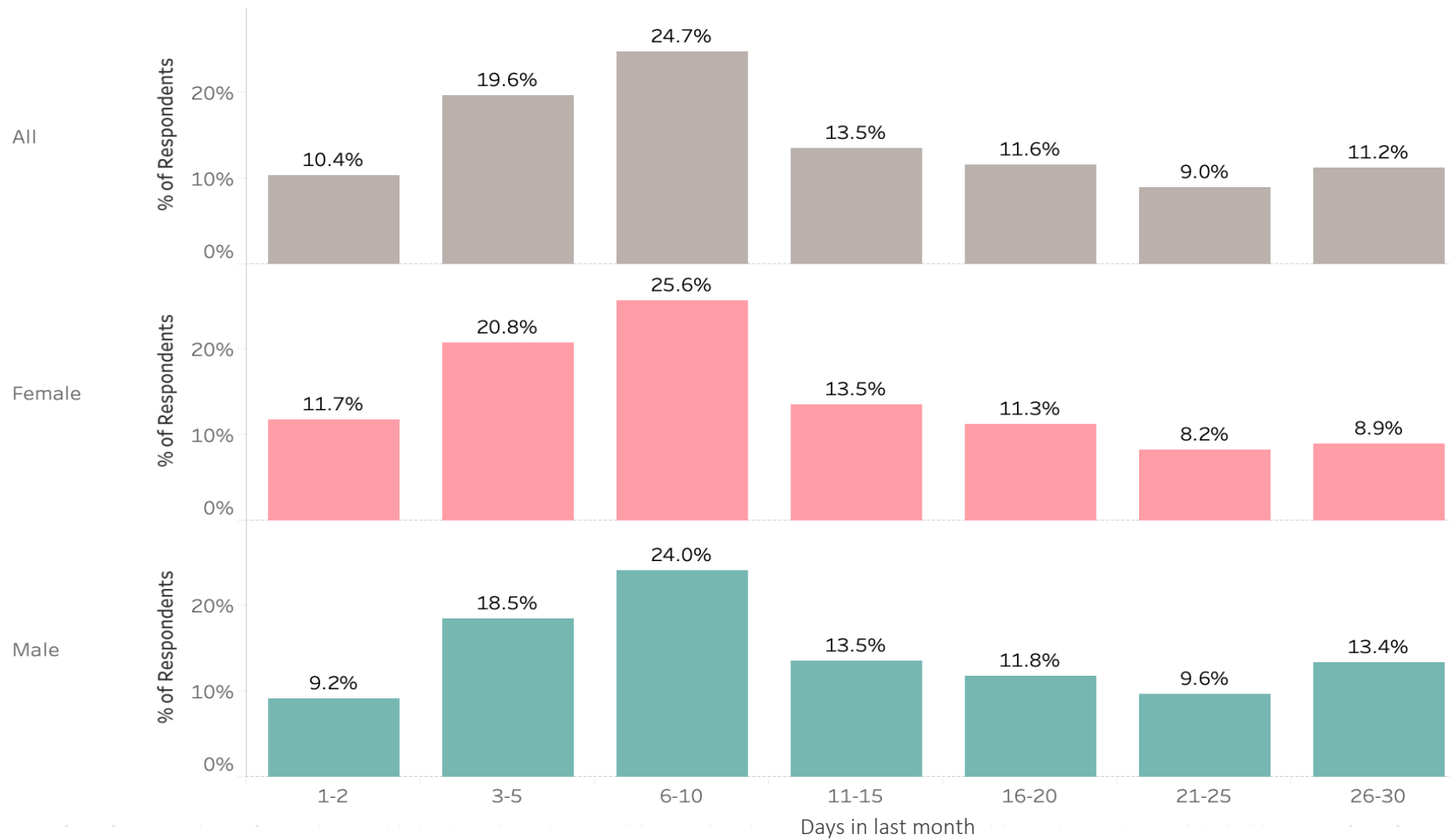
93.8% of the global sample reported drinking alcohol in the last 12 months, 85.4% in the past 30 days.

Data from >40,000 people who had drunk alcohol in the last year was used in these analyses (34,000 had done so in the last 30 days)

- We asked whether people had drunk alcohol in the last 12 months and if so, on how many days in the past 30 days
- We asked Compared to February before the COVID-19 restrictions whether
 - the number of days they had drunk in the last month had changed
 - the number of days on which they had consumed 5 or more* standard drinks (a bottle of beer, single shot of spirits, small glass of wine) had changed
 - they started drinking earlier in the day
- We asked people who reported increased drinking how they explained the increase
- We asked people who reported increased drinking whether they experienced an impact on their health and relationships
- We asked people who reported decreased drinking how they explained it and about the impact it had on them
- We asked people who reported drinking in the last 12 months whether they would like to drink less in the next 30 days

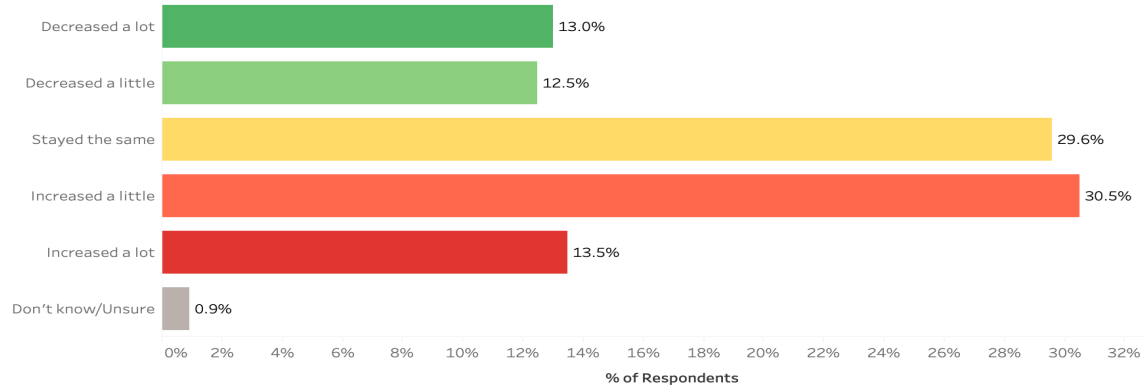
**Drinking > 5 x 10gm standard drinks is a common definition of binge drinking*

GDS COVID-19 ALCOHOL NUMBER OF DRINKING DAYS PAST 30 DAYS – GLOBAL

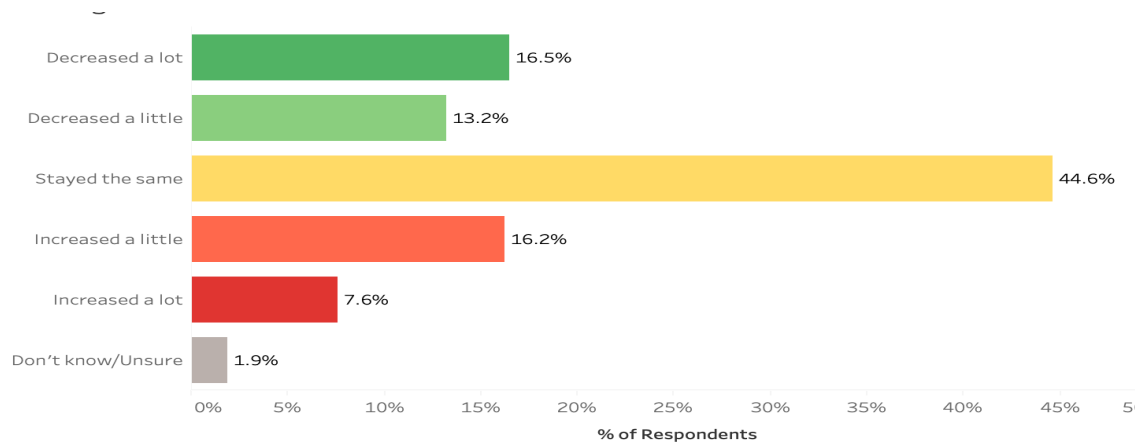


GDS COVID-19 ALCOHOL CHANGES IN DAYS OF USE & BINGE DRINKING – GLOBAL

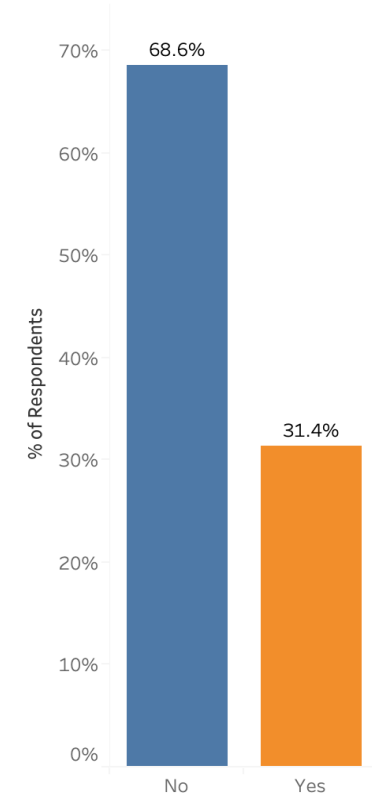
Compared to Feb – before COVID-19 restrictions has the number of days you drink in typical week changed?



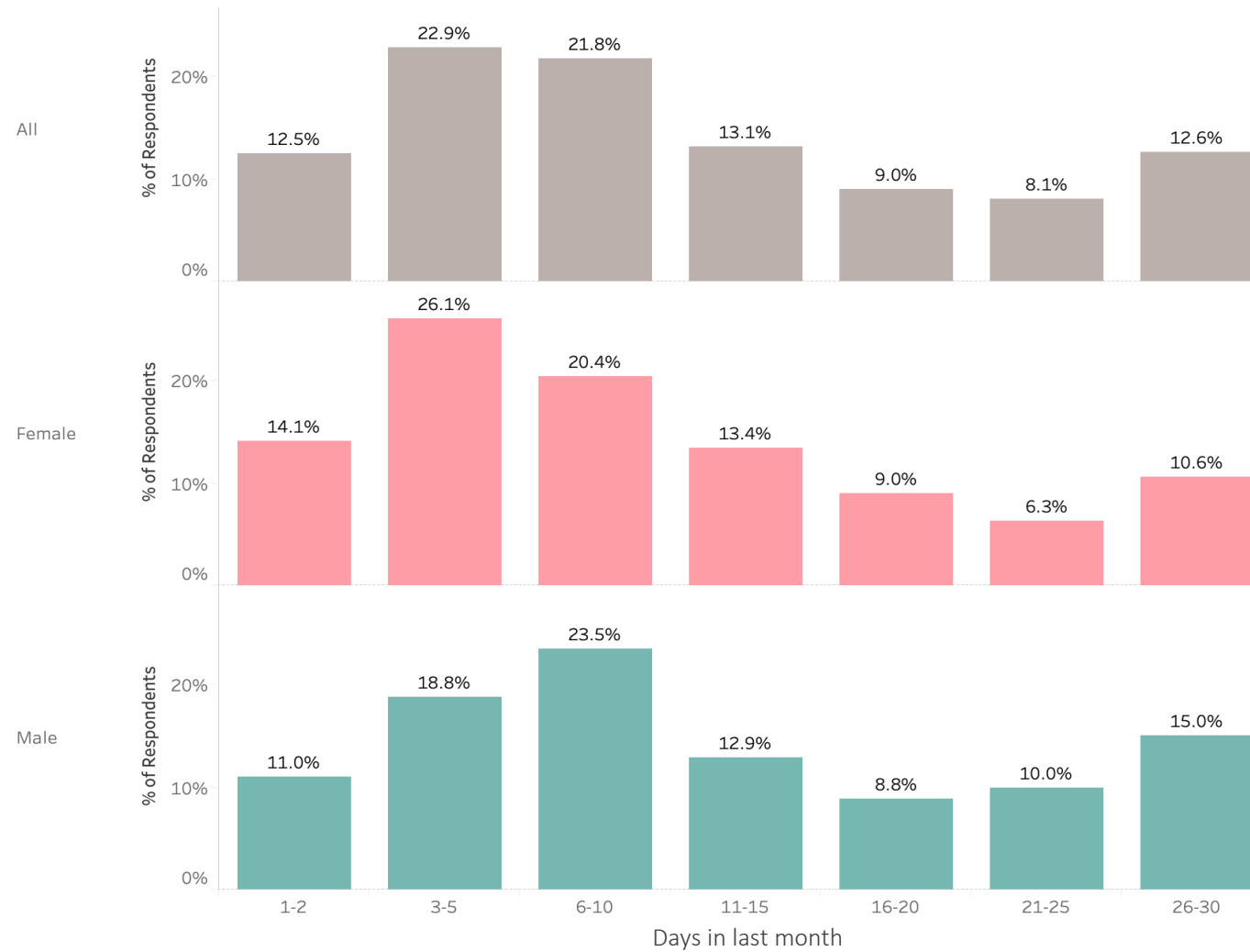
Compared to Feb – before COVID-19 restrictions has the number of days you drink 5 or more drinks on a single occasion changed? Note one std drink = a bottle of beer, small glass of wine or a single measure of spirits



Compared to Feb – before COVID-19 restrictions have you started drinking earlier in the day?

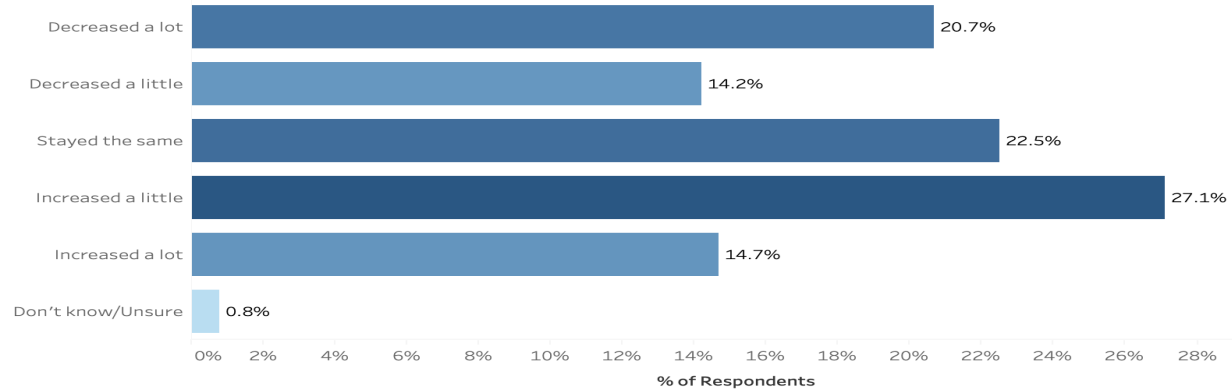


GDS COVID-19 ALCOHOL NUMBER OF DRINKING DAYS PAST 30 DAYS – AUSTRALIA

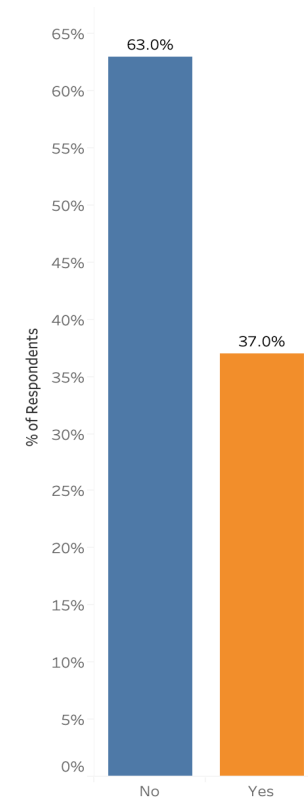


GDS COVID-19 ALCOHOL CHANGES IN DAYS OF USE & BINGE DRINKING – AUSTRALIA

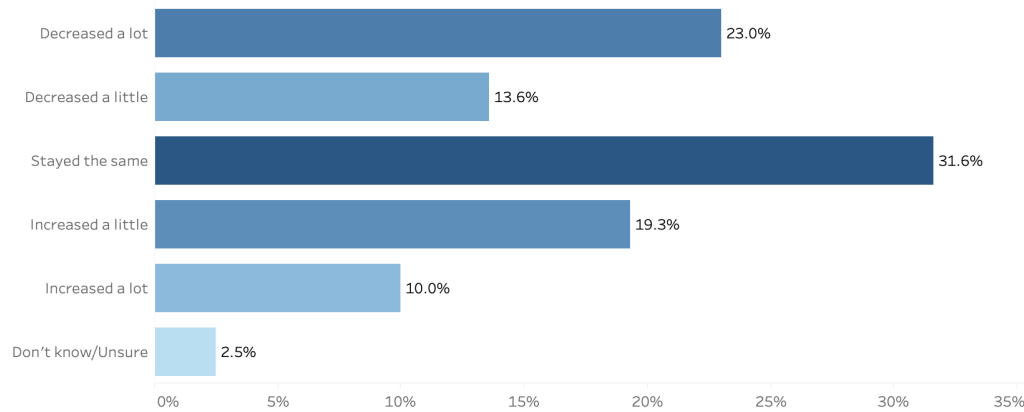
Compared to Feb – before COVID-19 restrictions has the number of days you drink in typical week changed?



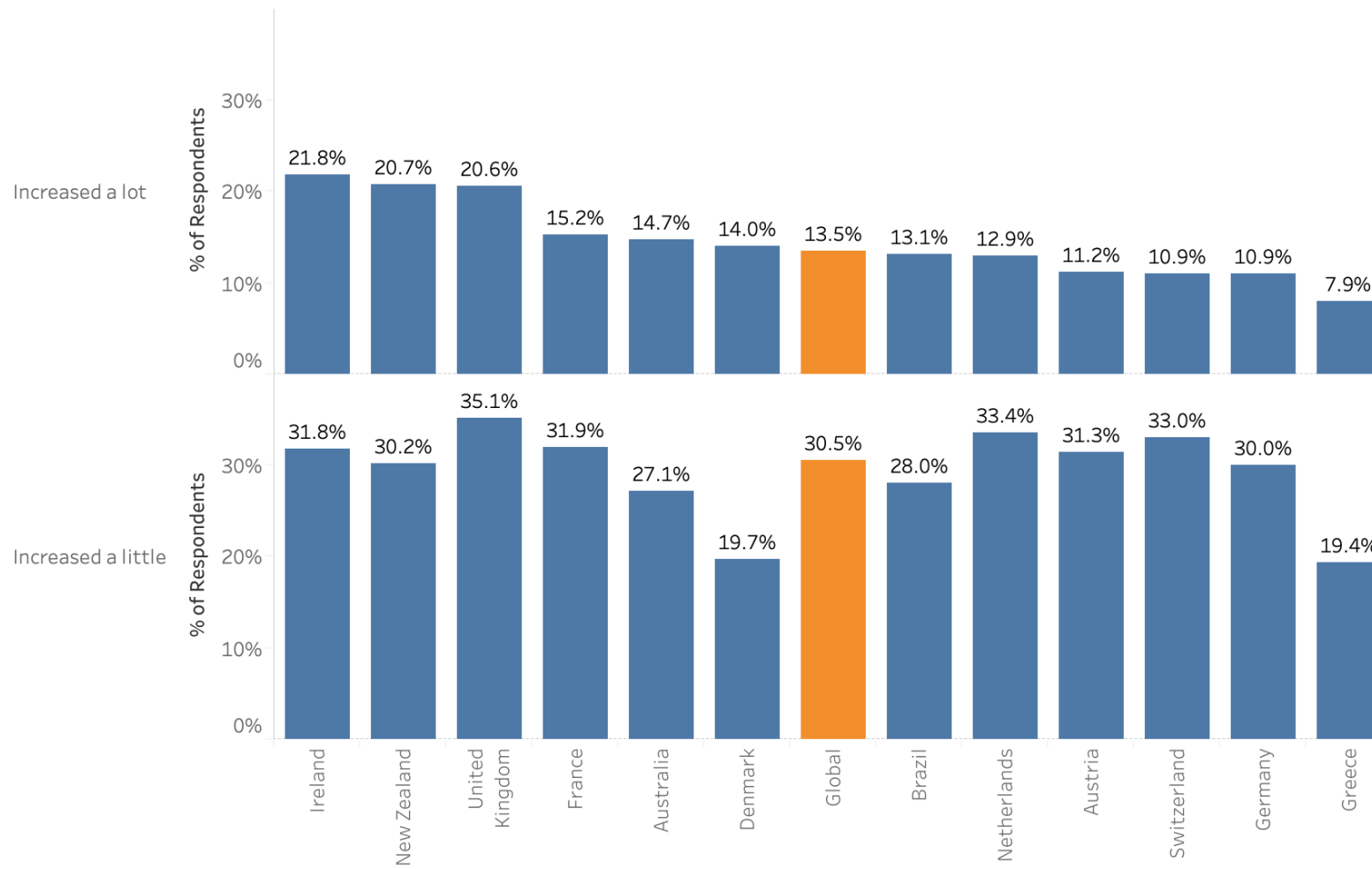
Compared to Feb – before COVID-19 restrictions have you started drinking earlier in the day?



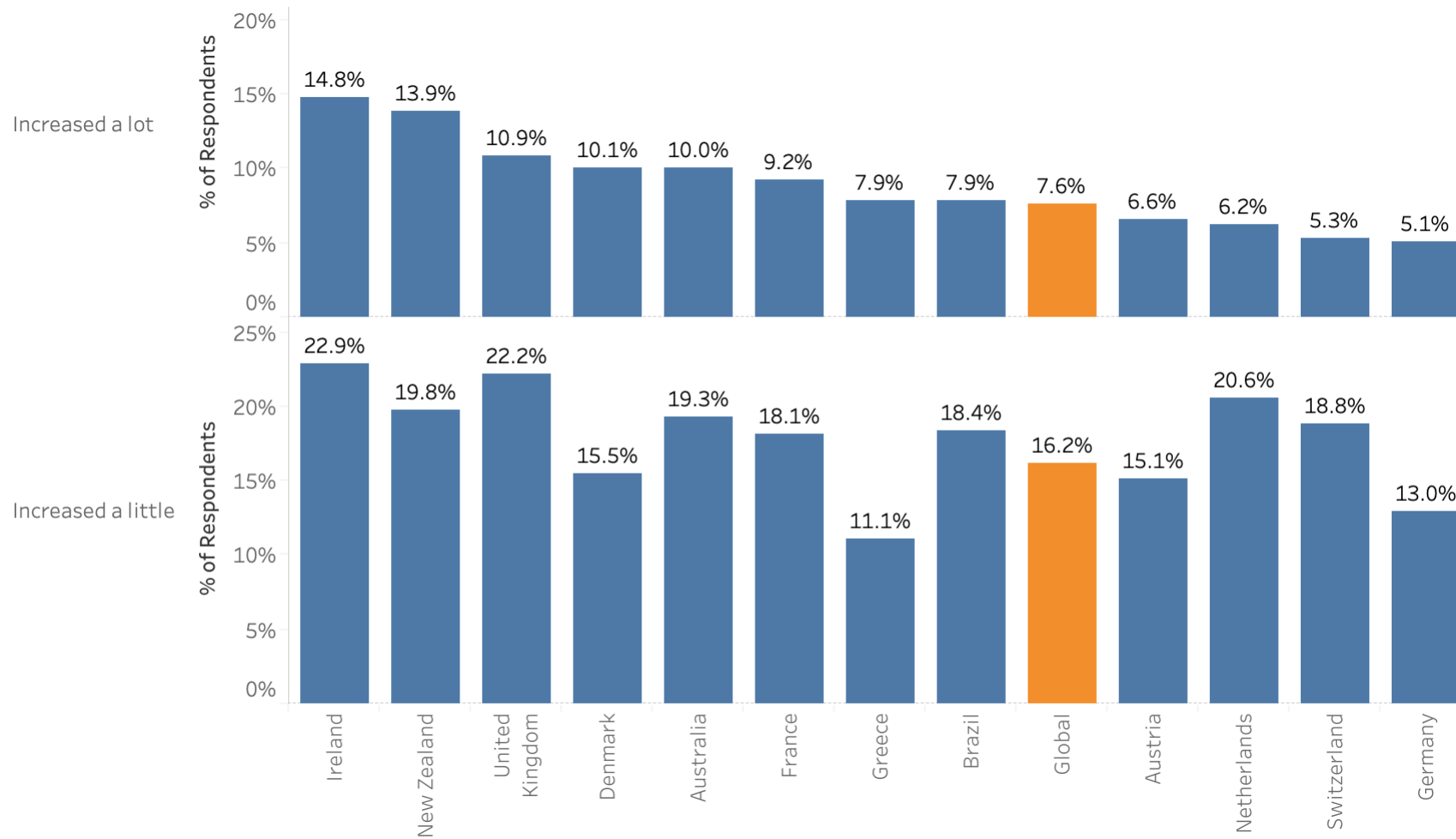
Compared to Feb – before COVID-19 restrictions has the number of days you drink 5 or more drinks on a single occasion changed? Note one std drink = a bottle of beer, small glass of wine or a single measure of spirits



GDS COVID-19 ALCOHOL % INCREASING DRINKING DAYS A BIT & A LOT COUNTRY COMPARISON

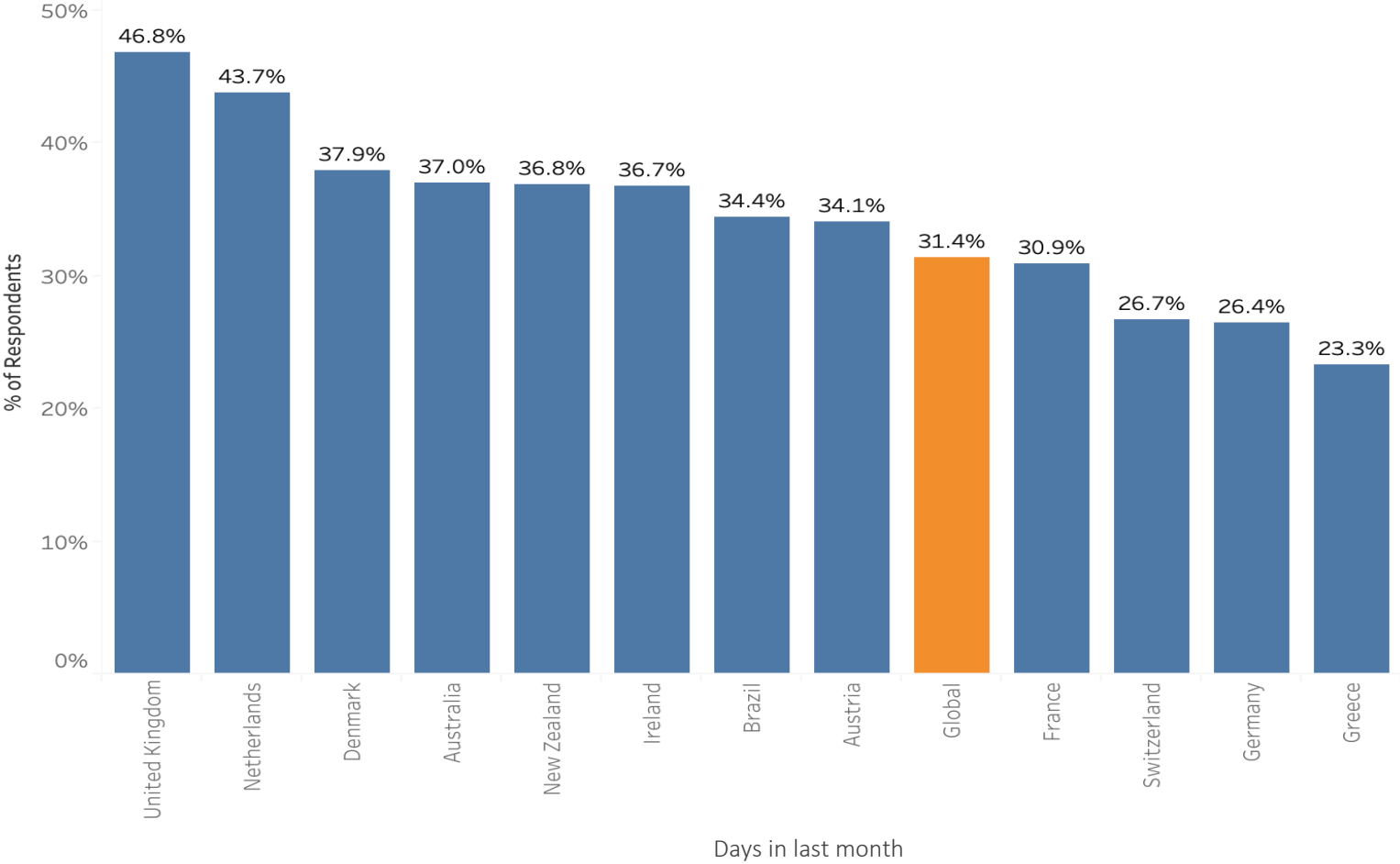


GDS COVID-19 ALCOHOL % INCREASING *BINGE DRINKING DAYS A BIT / A LOT COUNTRY COMPARISON

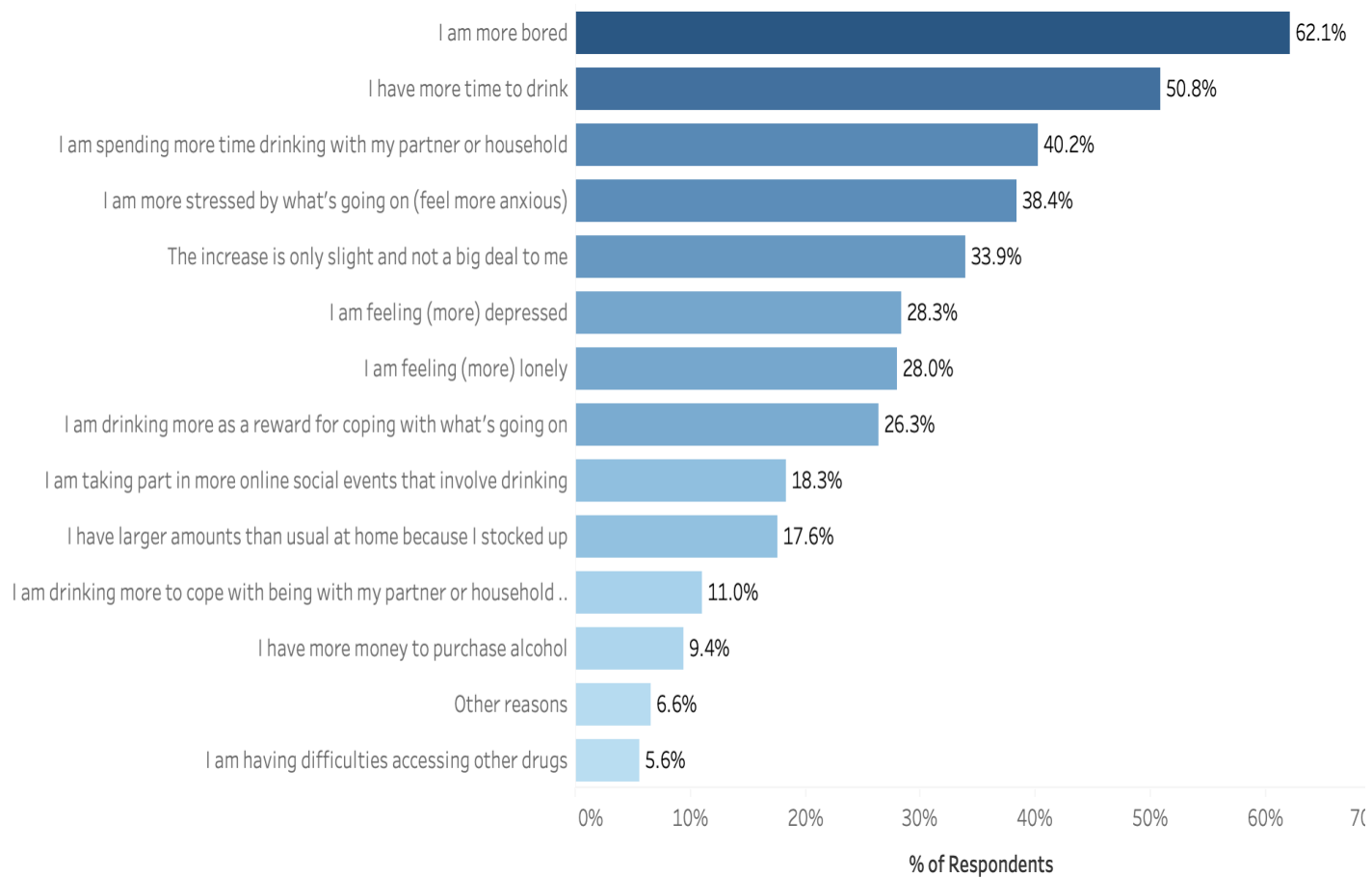


*Consuming 5 or more drinks in a single session

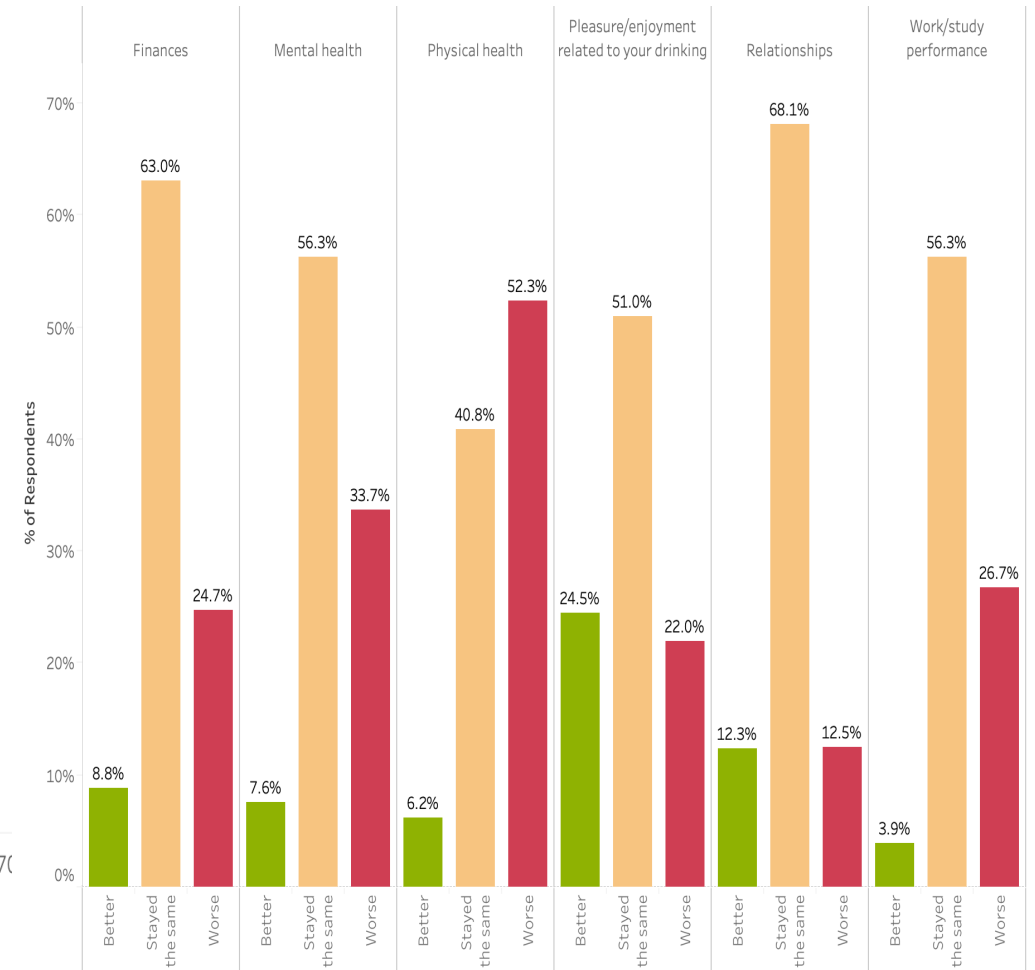
GDS COVID-19 ALCOHOL % REPORTING STARTING DRINKING EARLIER IN THE DAY THAN IN FEB BEFORE COVID RESTRICTIONS. COUNTRY COMPARISON



GDS COVID-19 ALCOHOL REASONS FOR INCREASE & CONSEQUENCES – AUSTRALIA



Reasons for increased frequency / increase in binge drinking

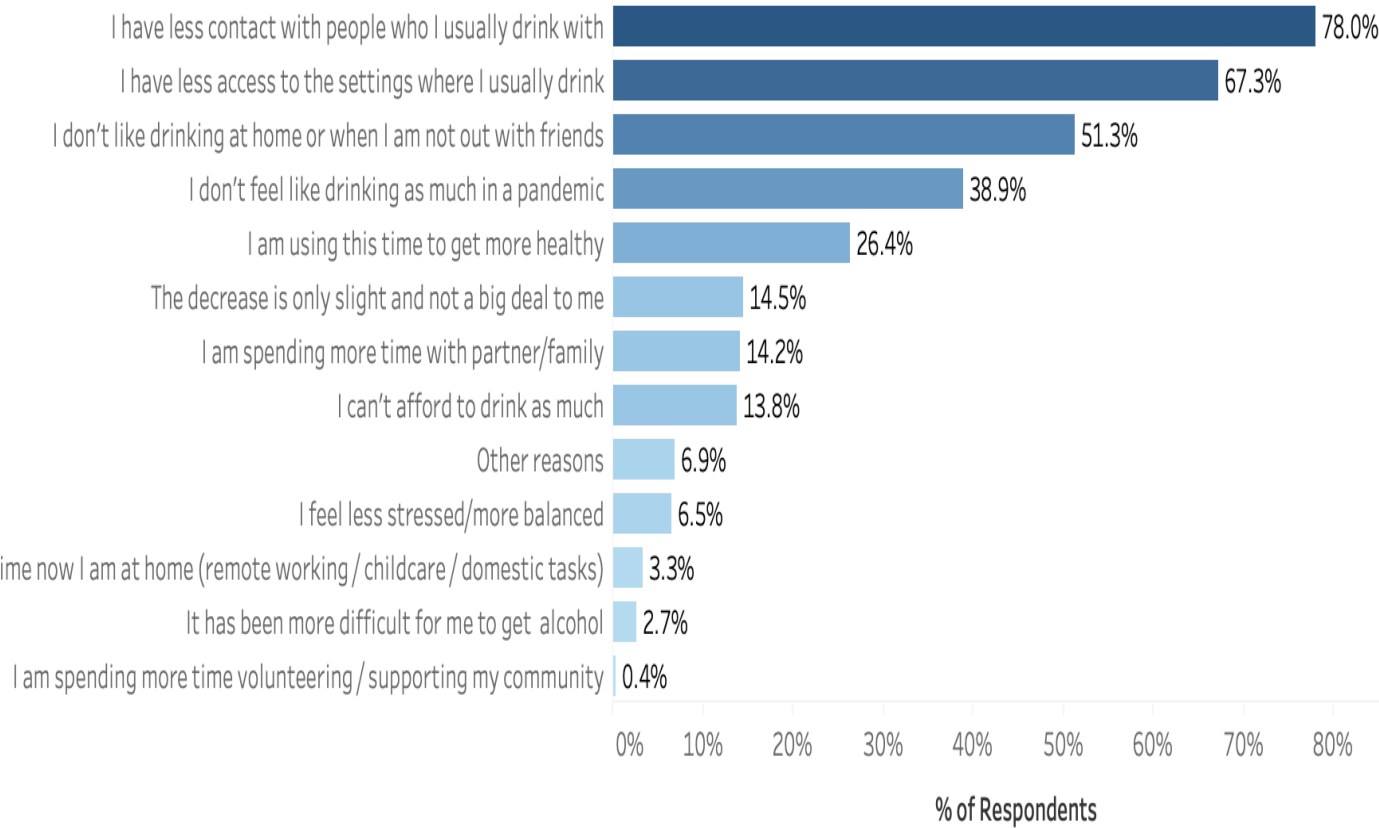


Consequences of increased frequency

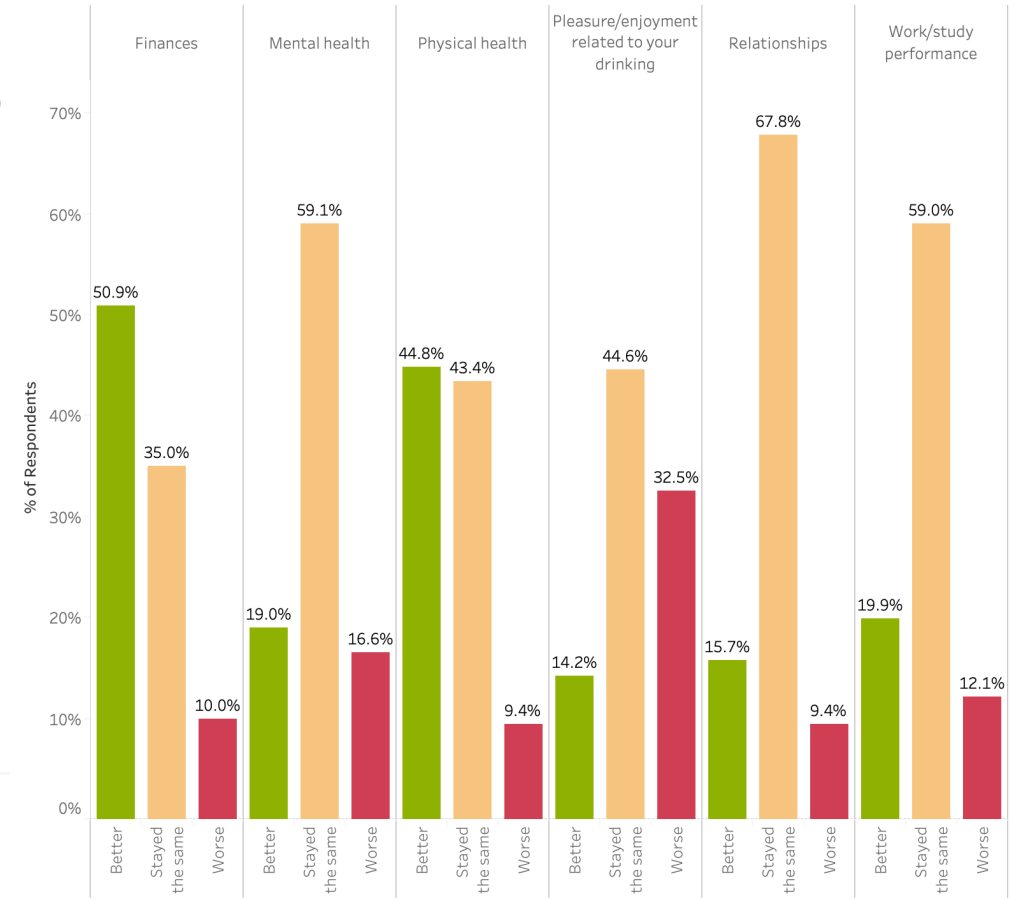
Overall, 42% of Australian participants said they would like to drink less – for advice and support try our free, anonymous app the Drinks Meter on the app stores or at www.drinksmeter.com.au



GDS COVID-19 ALCOHOL REASONS FOR DECREASE & CONSEQUENCES – AUSTRALIA



Reasons for decreased frequency / decrease in binge drinking



Consequences of decreased frequency

Overall, 42% of Australian participants said they would like to drink less – for advice and support try our free, anonymous app the Drinks Meter on the app stores or at www.drinks-meter.com.au



ALCOHOL – COMMENT ON AUSTRALIAN TRENDS



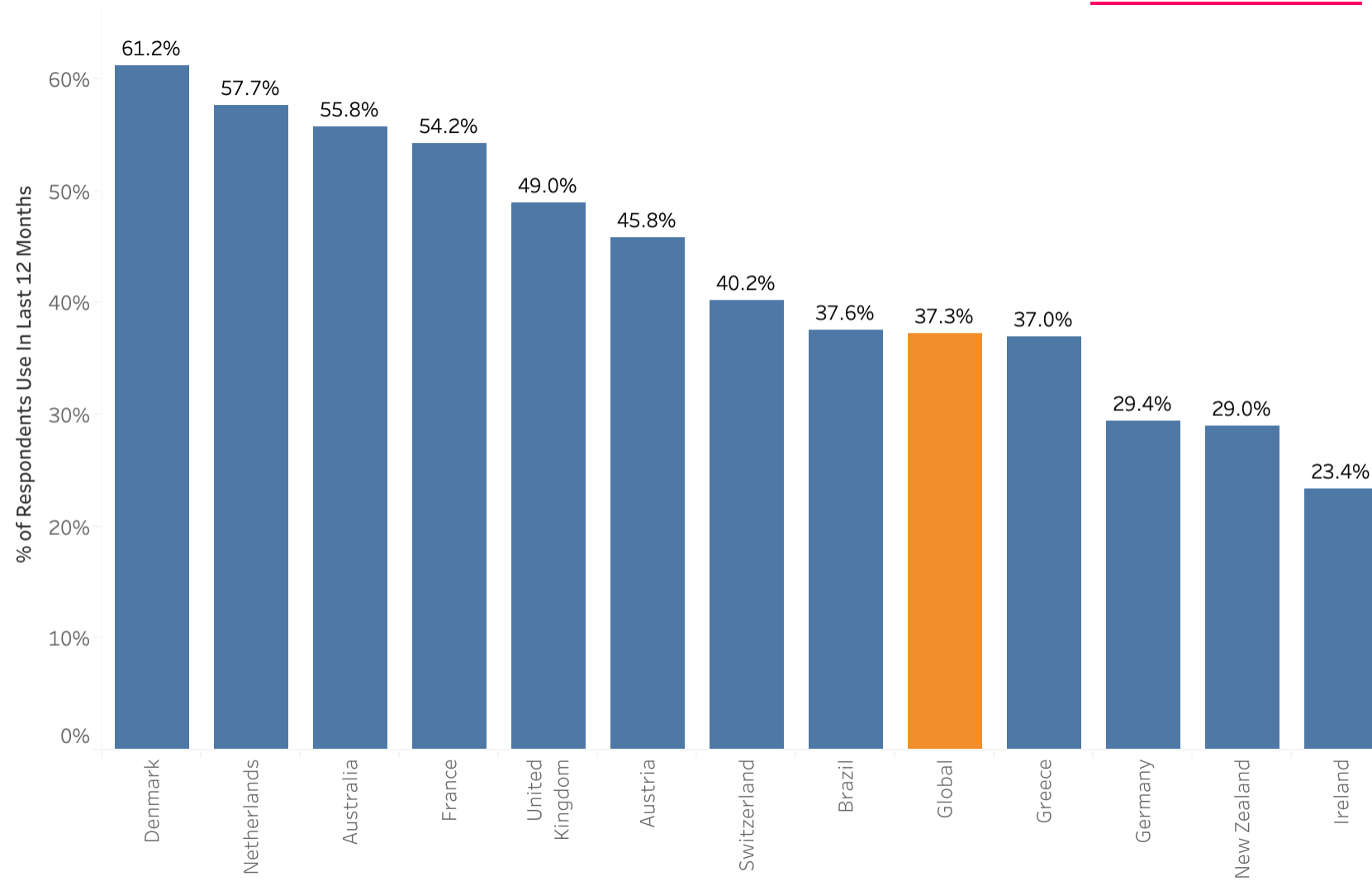
DRINKS METER

- 40% reported having increased their frequency of alcohol use during COVID-19 and almost 30% reported a slight or big increase in binge drinking during COVID-19. However, 30.5% of those reporting an increase in the number of days they drink / binge drinking reported this was only slight & not a big deal to them. So while the frequency of alcohol use may have increased, not all of them drink more when they drink and for a third the increase was deemed a concern to them.
- The main reasons for increased drinking are that people **have more time and feeling bored** more often. About one third of respondents indicated they started drinking earlier than usual which fits into that narrative. Increases due to depression, worry and loneliness were also noted as were drinking more with their partner. One third of people who increased their use reported negative consequences on their physical health and one fifth said that their mental health, work/study performance, and/or pleasure was negatively impacted.
- Over a third of respondents however reported having decreased their frequency of alcohol use during COVID-19 and a similar proportion reporting a reduction in binge drinking. This shows an increasing alcohol consumption is not the norm as often portrayed by social media.
- The main reasons for decreased drinking were **less exposure to people and settings** people usually drink with/in and a quarter cited they were using the time to get healthy. Being better off financially and improvements in physical health were reported by almost half of participants.
- Overall, 42% of participants said they would like to drink less in the next 30 days (please look at our free, anonymous app the Drinks Meter / www.drinks-meter.com.au for feedback and advice on how to cut down).

CANNABIS, MDMA, COCAINE & BENZODIAZEPINES – GLOBAL

- We asked whether people had used cannabis, prescription medications (with/without prescription), or other drugs in the last 12 months and if so, on how many days in the last 30 days.
- In this section, we report on changes in the use of cannabis, MDMA, cocaine and benzodiazepines during COVID-19.
- We asked people who reported increased or decreased substance use how they explained these changes.
- In future reports, we will explore changes in the use of other substances, the reasons for these changes as well as the related consequences.
- The findings in this section are based on 12,000 people reporting the use of cannabis, 5,000 reporting the use of cocaine, 5,000 reporting the use of MDMA and 2,000 reporting the use of benzodiazepines.

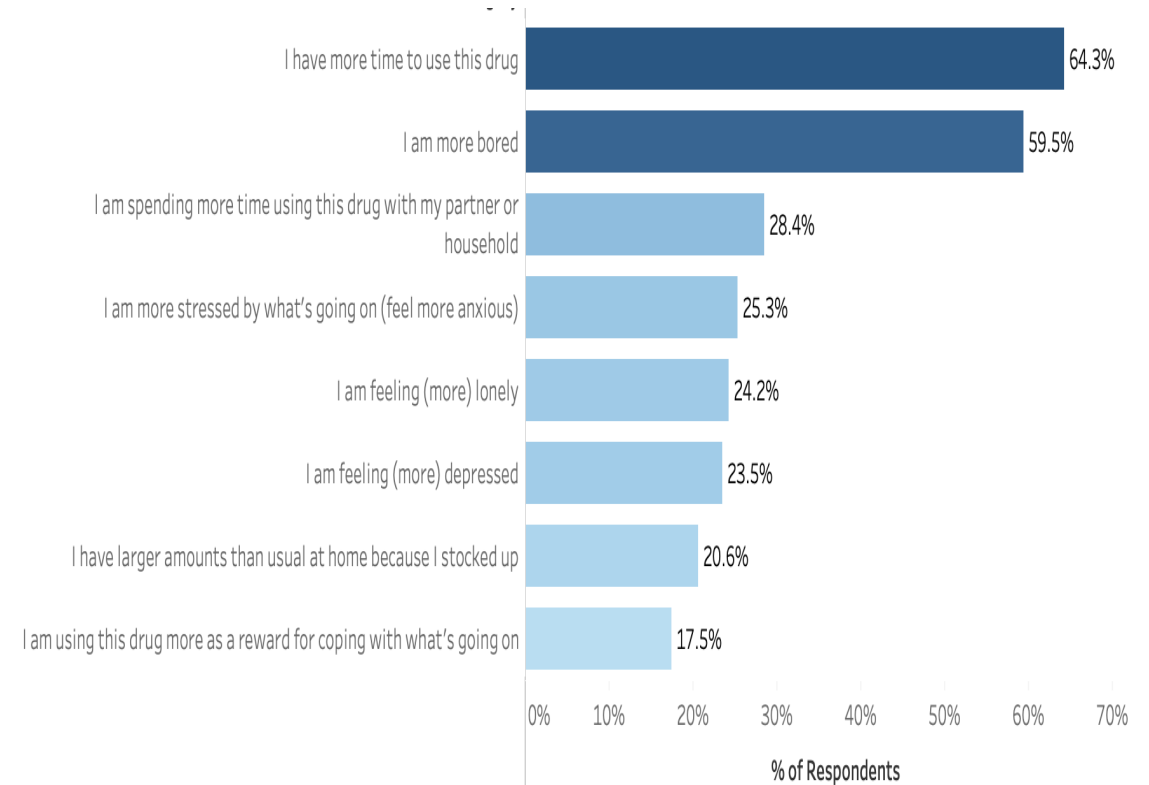
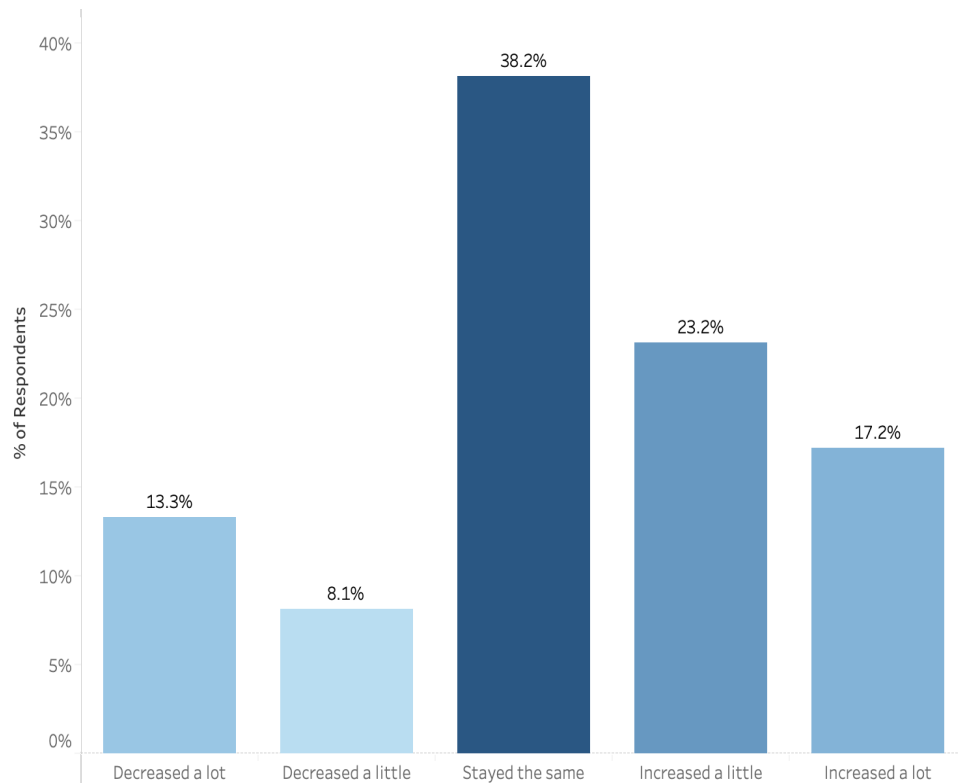
GDS COVID-19 USE OF CANNABIS IN THE LAST 12 MONTHS – BY COUNTRY



GDS COVID-19 USE OF THC CONTAINING CANNABIS PRODUCTS – GLOBAL (n>12,000)

Compared to February—before the COVID-19 restrictions, has the number of days you use THC containing cannabis products in a typical week changed?

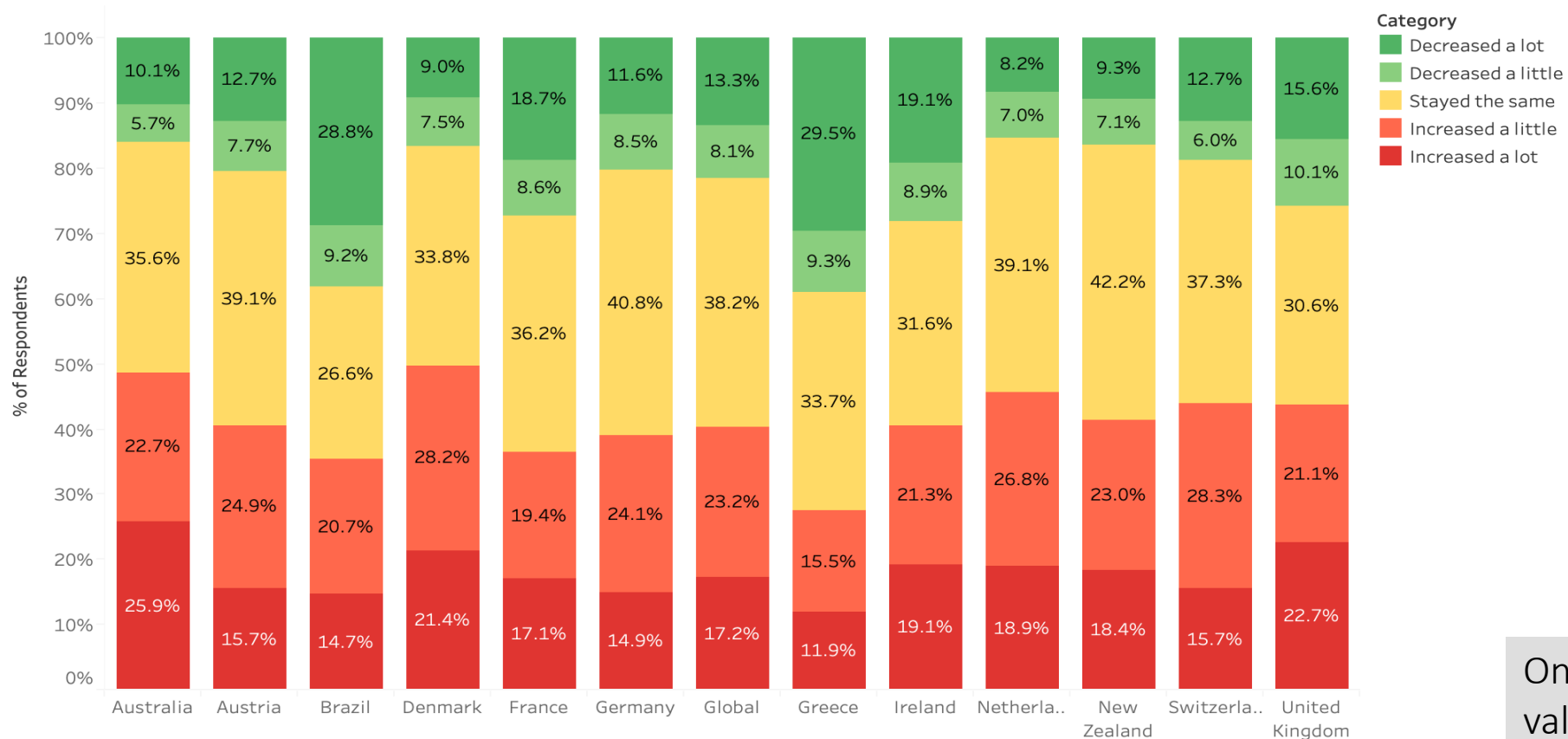
Top 8 reasons for increase (global)



For feedback on your cannabis use and advice on how to cut down and use more safely please visit www.saferuselimits.co

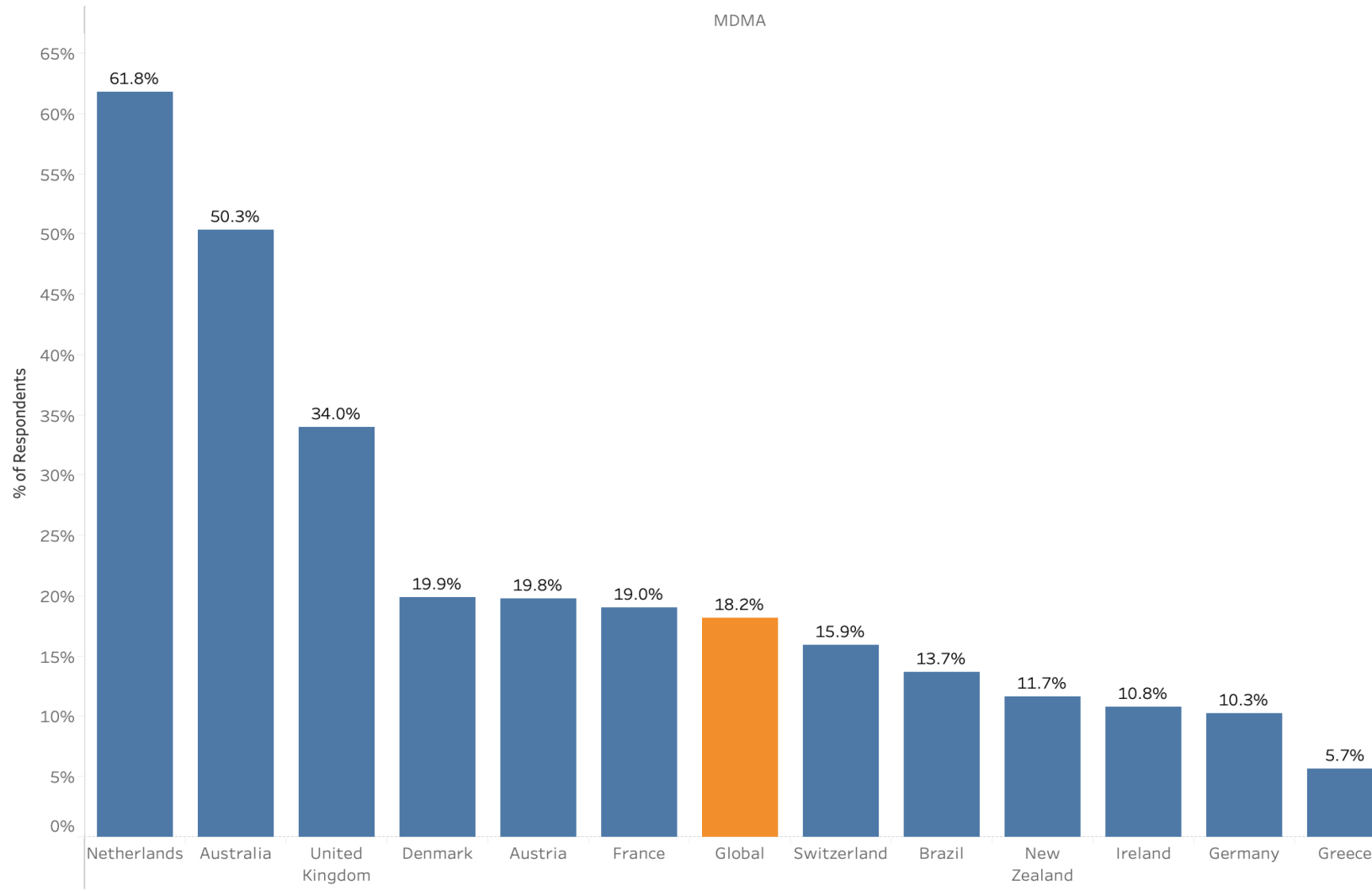
GDS COVID-19 USE OF THC CONTAINING CANNABIS PRODUCTS – BY COUNTRY

Compared to February—before the COVID-19 restrictions, has the number of days you use THC containing cannabis products in a typical week changed?



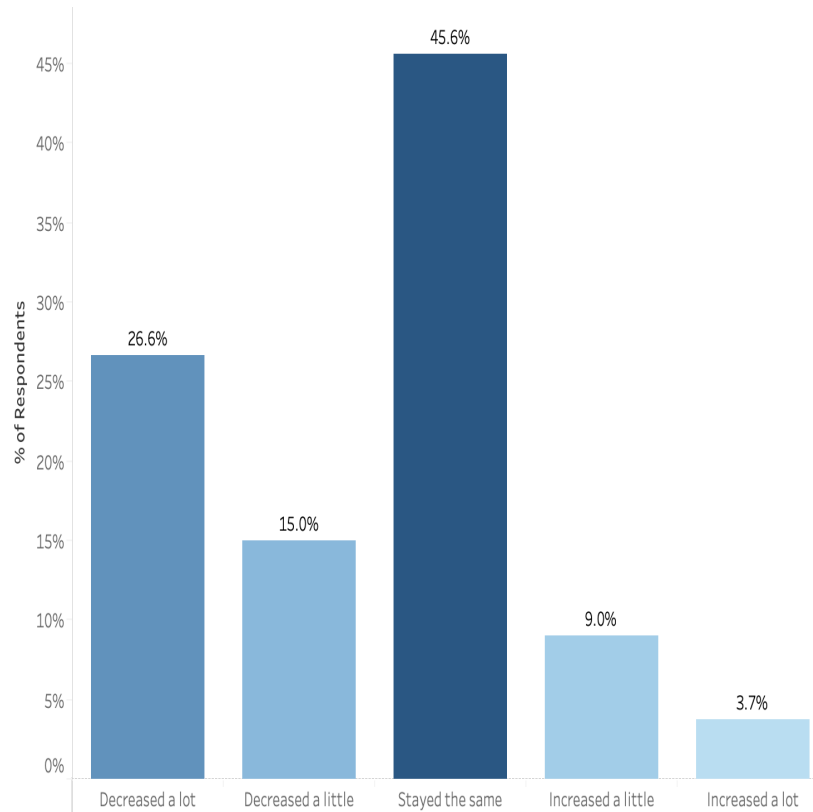
Only countries with n>100 valid responses are included

GDS COVID-19 USE OF MDMA IN THE LAST 12 MONTHS – BY COUNTRY

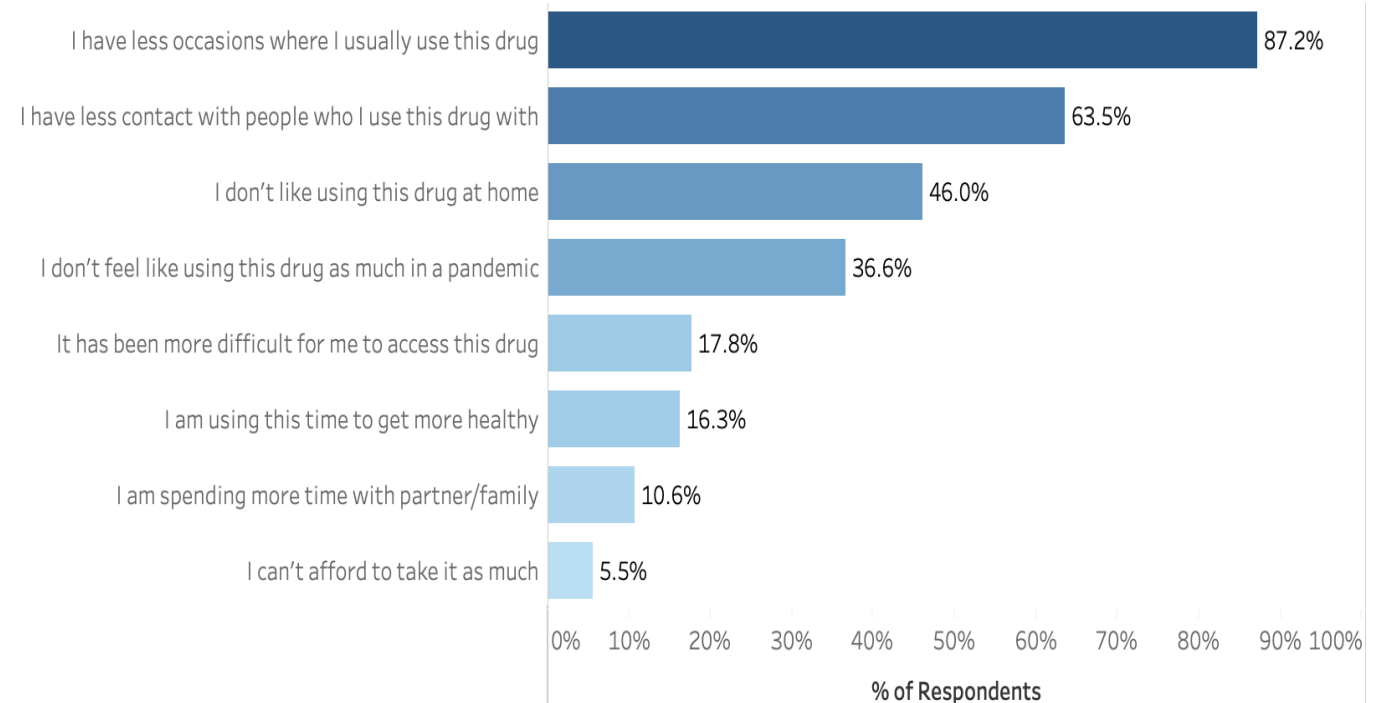


GDS COVID-19 USE OF MDMA – GLOBAL (n>5,000)

Compared to February—before the COVID-19 restrictions, has the number of days you use MDMA in a typical week changed?

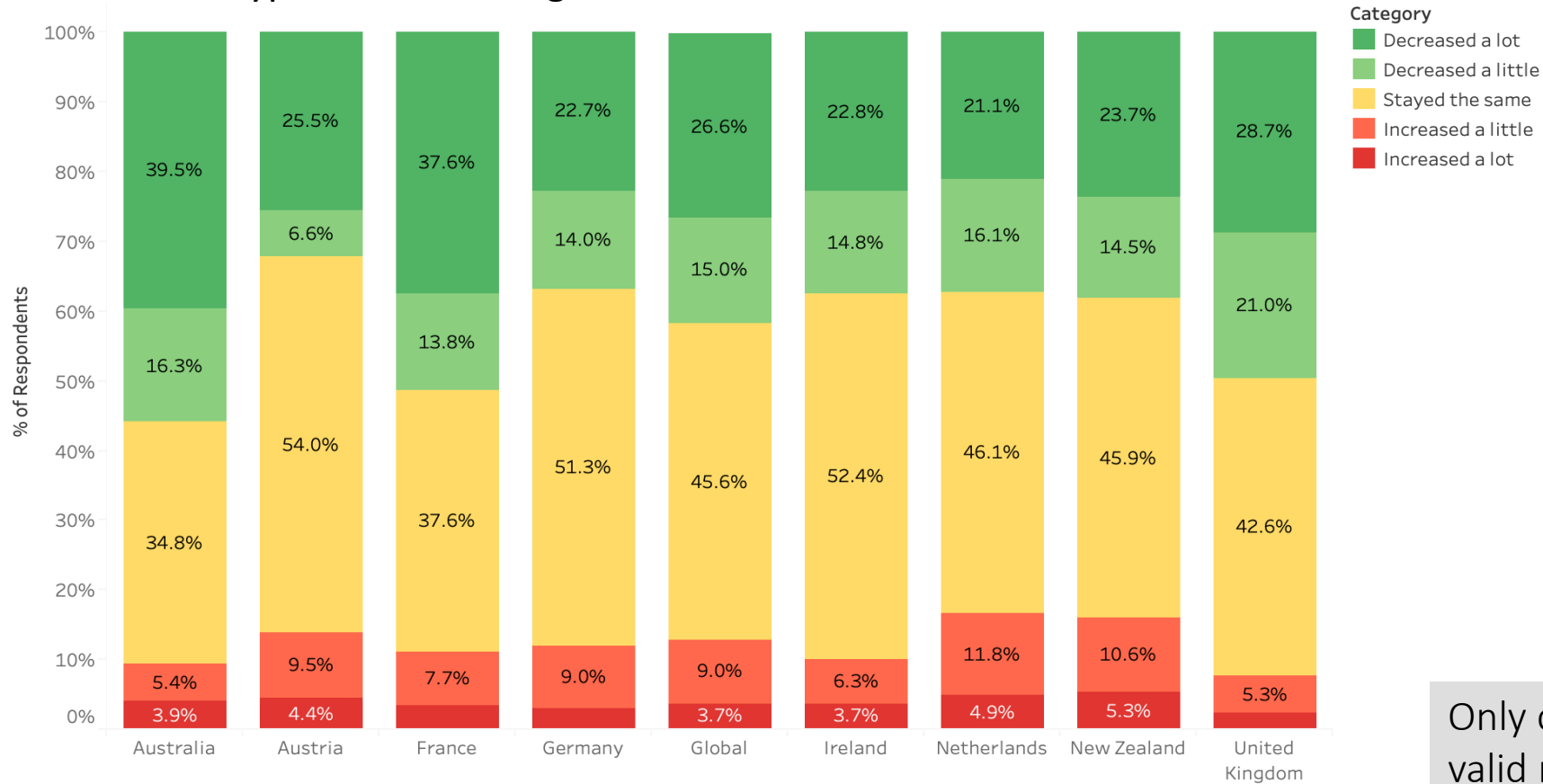


Top 8 reasons for decrease (global)



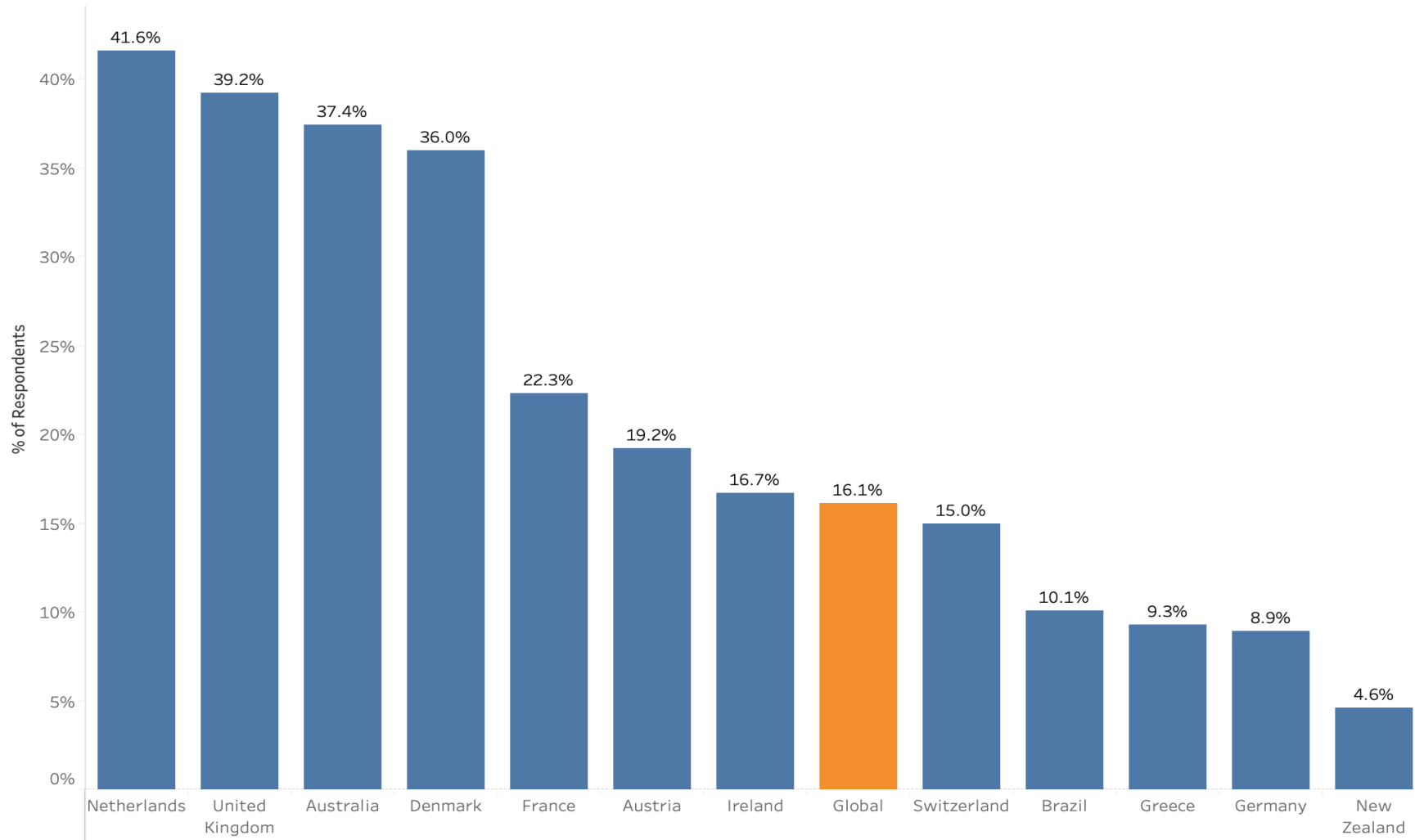
GDS COVID-19 USE OF MDMA – BY COUNTRY

Compared to February—before the COVID-19 restrictions, has the number of days you use MDMA in a typical week changed?



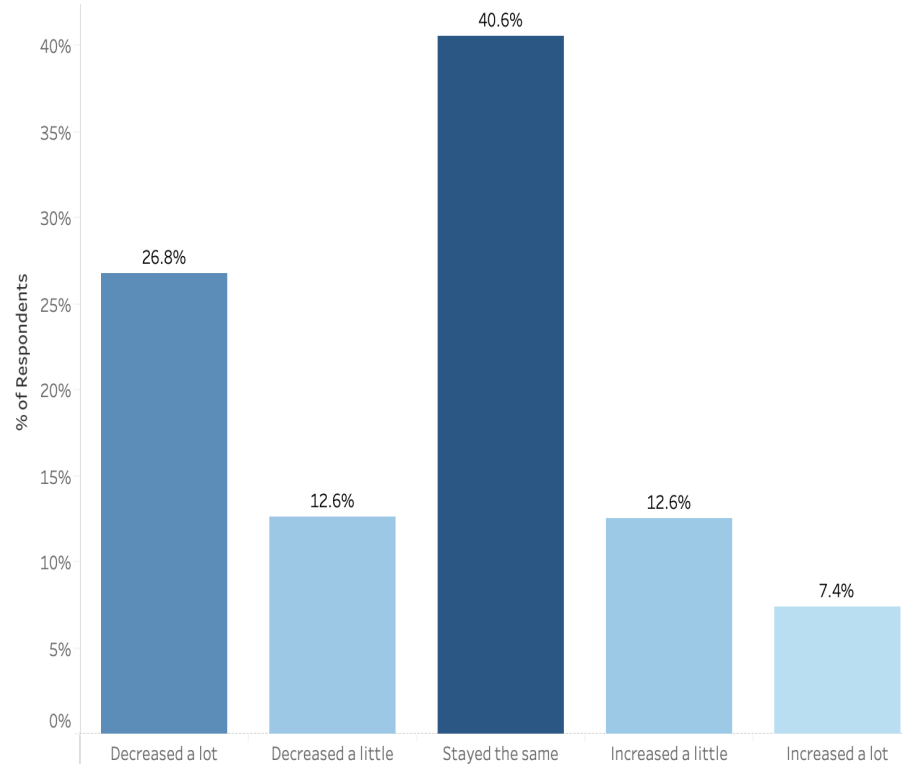
Only countries with n>100 valid responses are included

GDS COVID-19 USE OF COCAINE IN THE LAST 12 MONTHS – BY COUNTRY

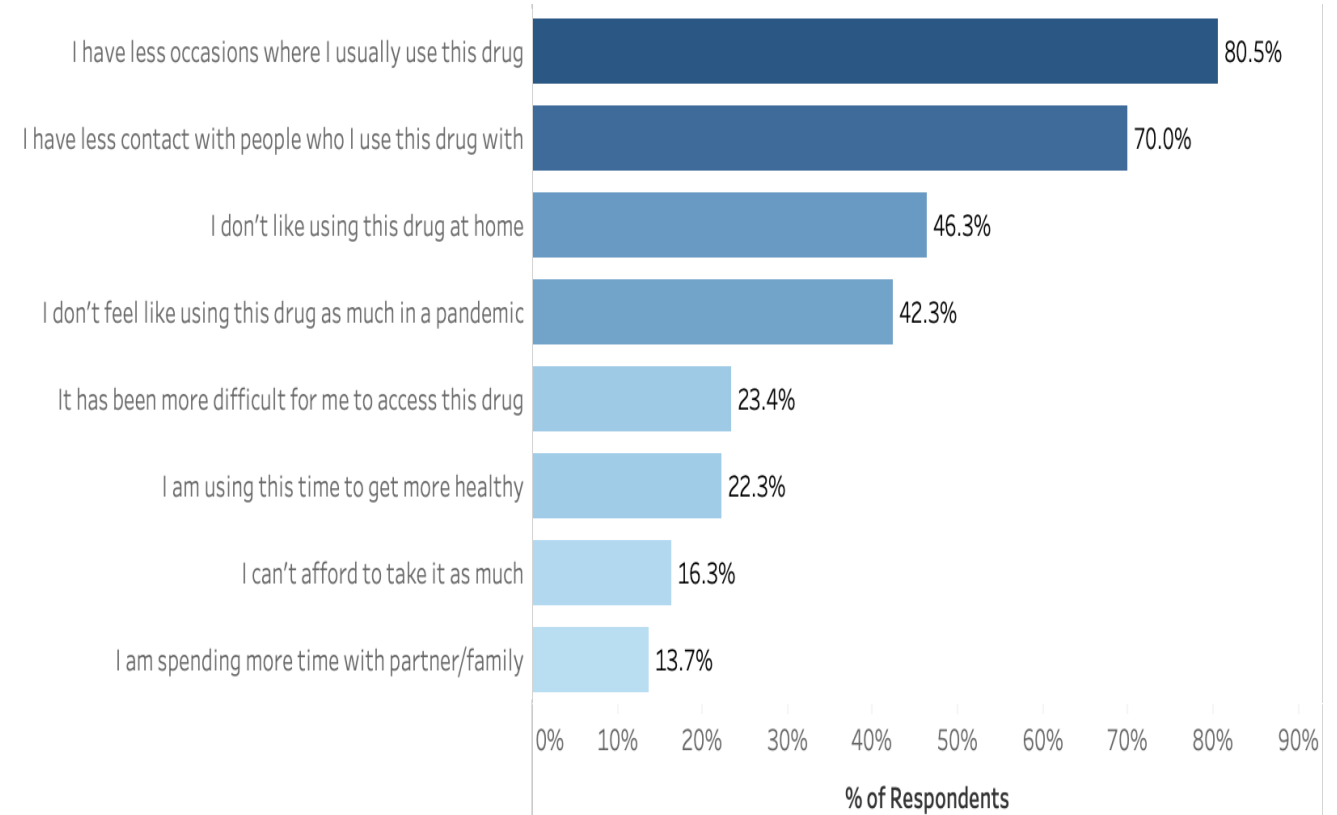


GDS COVID-19 USE OF COCAINE – GLOBAL (n>5,000)

Compared to February—before the COVID-19 restrictions, has the number of days you use cocaine in a typical week changed?

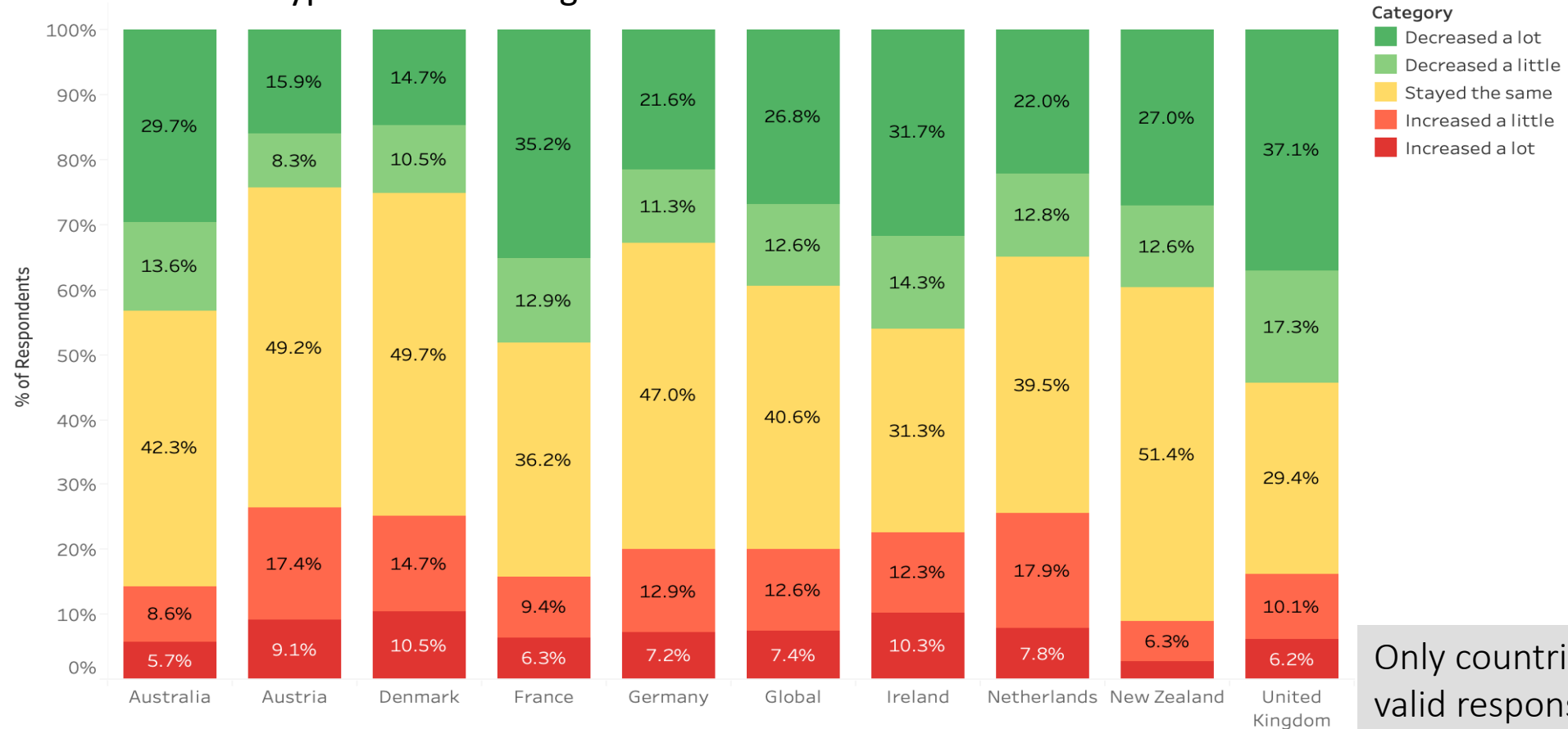


Top 8 reasons for decrease (global)



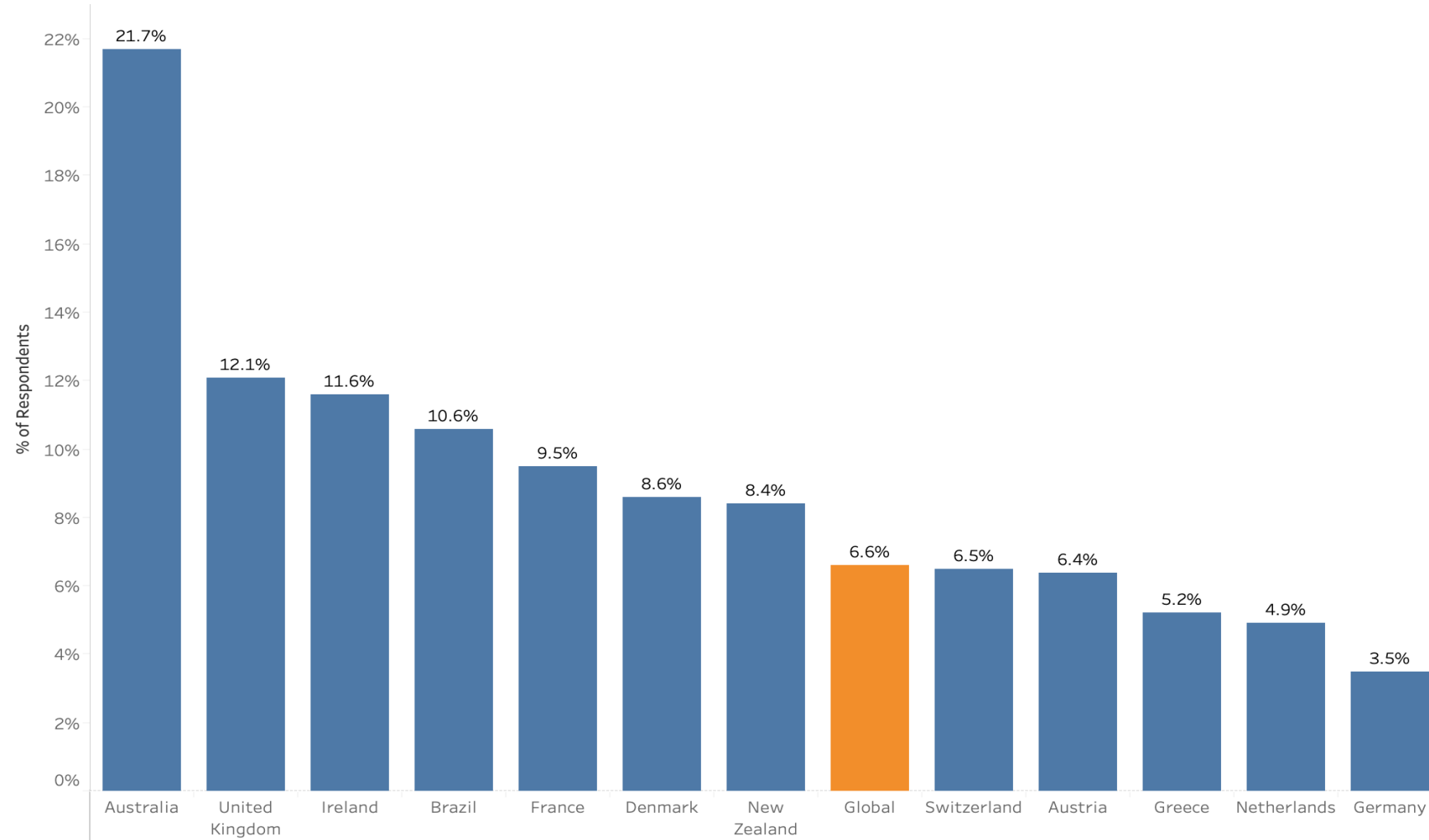
GDS COVID-19 USE OF COCAINE – BY COUNTRY

Compared to February—before the COVID-19 restrictions, has the number of days you use cocaine in a typical week changed?



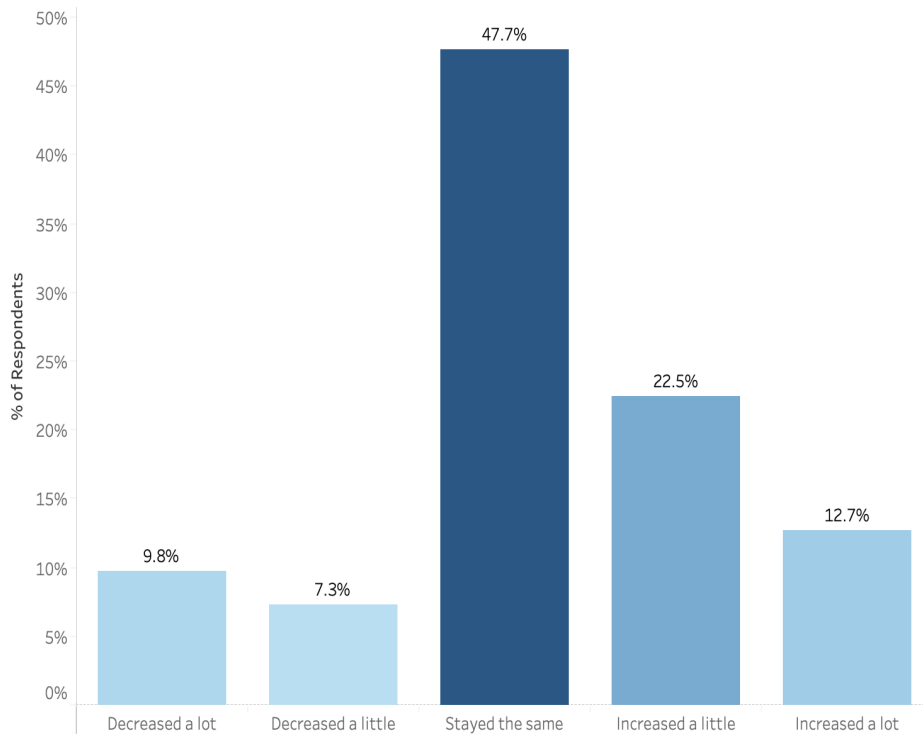
Only countries with n>100 valid responses are included

GDS COVID-19 USE OF BENZODIAZEPINES IN THE LAST 12 MONTHS – BY COUNTRY

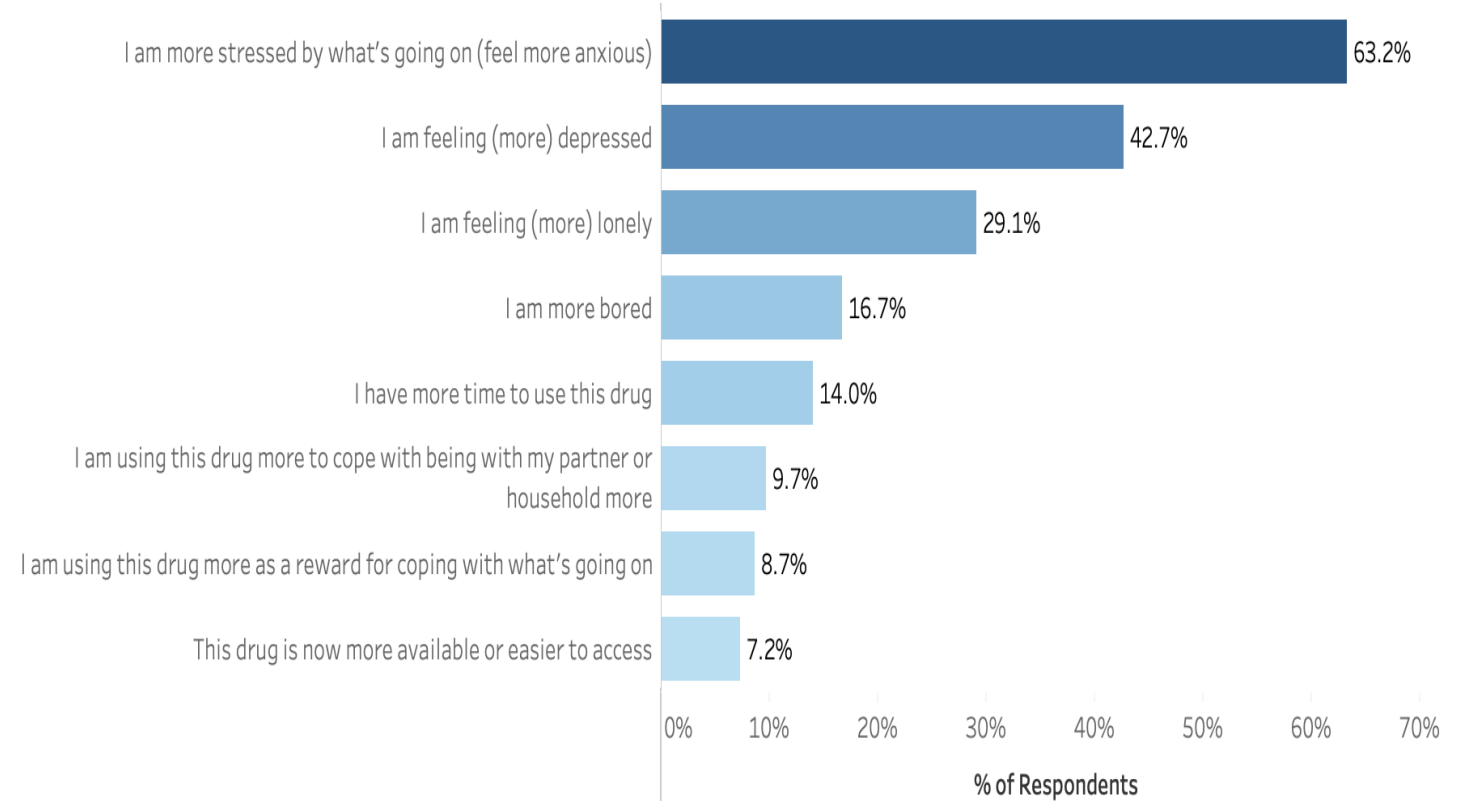


GDS COVID-19 USE OF BENZODIAZEPINES – GLOBAL (n>2000)

Compared to February—before the COVID-19 restrictions, has the number of days you use benzodiazepines in a typical week changed?

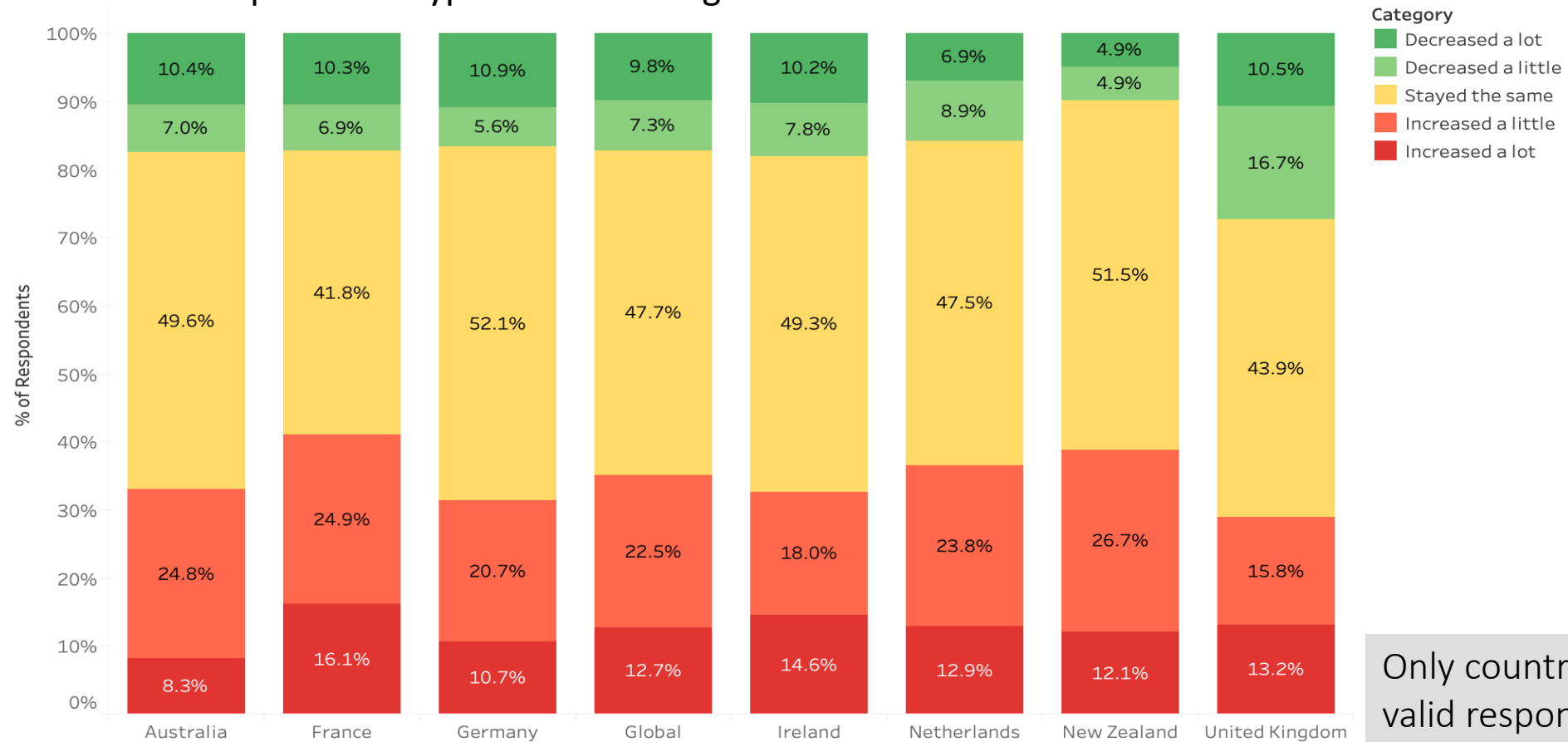


Top 8 reasons for increase (global)



GDS COVID-19 USE OF BENZODIAZEPINES – BY COUNTRY

Compared to February—before the COVID-19 restrictions, has the number of days you use benzodiazepines in a typical week changed?



Only countries with n>100 valid responses are included

OTHER DRUGS – COMMENT ON TRENDS DURING COVID-19

- COVID-19's impact on the ability for drug cartels and dealing networks to import and distribute their products has been huge. From reduced air and sea freight and in some cases reduced access to precursors, it was always likely that after local reserves were depleted, changes in availability were likely to reduce access and impact on price and purity. While in some regions this has been the case, the true impacts of the reduction in supply have been buffered by possibly a parallel reduction in demand. For drugs where use alone is common and local production is available such as cannabis, use has increased, while for stimulant drugs such as cocaine and MDMA, the reduction in social gatherings has been protective. Overall, it seems that drug markets have been pretty robust and GDS predicts that following lockdown, many regions will be flooded by high purity drugs as dealers try to shift unsold stock and distribute stockpiles that had been prepared for the European summer.
- Our findings suggest that changes in drug use by individuals during COVID-19 lockdowns reflect both changes in availability as well as changes in the structure of each person's day, especially where self-isolation removes people from social interaction typically associated with some types of drug use. For drugs like cannabis that many people use regularly regardless of social context, 40% reported an increase in use (compared to 20% reporting a decrease). **Having more time on your hands and being bored** appears to be the main reason, with secondary factors including addressing mood and worries.
- For MDMA and cocaine, the importance of set and setting when using these drugs is evident. Both are typically used within social settings and for most people far less frequently than cannabis or alcohol. Overall, about 40% reported using less during COVID-19. The main reasons were being a direct function of lockdown with **less opportunities to use and less contact with people who they use with**. 40% cited not wanting to use these drugs at home and or during a pandemic. For neither drug was the reduction in use driven by reduced access.
- Increases in benzodiazepine use can be viewed as a coping strategy and their use may compensate for access to other drugs. Their efficacy as a long term strategy for managing anxiety is poor, and misuse and dependence are a real concern, especially given withdrawal is protracted and potentially life-threatening.

INTIMATE PARTNER RELATIONSHIPS

The section on intimate partner relationships summarises research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research programme ([RP-PG-1214-20009](#)). The views expressed in this interim report are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care. Lead researcher Prof Gail Gilchrist

The impact of COVID-19 upon individuals is an obvious issue to explore within a research study like GDS. Less obvious, but just as important is the impact of 'lockdown' on how we function within relationships. Early on in the pandemic there were media reports of increases in divorce applications and calls to those services offering support for domestic violence. How relationships respond to crises will vary, dependent on each's unique circumstances and baseline resilience of each. As the wider impacts of social and physical restrictions evolve, tensions within some relationships may fade to be replaced by common unity and shared concerns, while in others new tensions may arise and others ferment. In this section of our preliminary analyses we start to look at the effects of COVID-19 on intimate partner relationships.

Our non-probability sample is not representative of the wider populations and should not be used as a proxy measure of prevalence of abuse within relationships. It does however give some insight into the scope and nature of abusive behaviours used and experienced by participants in the survey. As we conduct further analyses the nuances of this initial data will become clearer and the links between the use of alcohol and other drugs and mental health explored. Please note because of the sensitive nature of the questions, participants were made aware of the nature of the questions both within the participant information/ consent form and in the description of the section before the questions addressing relationship tensions and abusive behaviours were asked. People were advised not to answer the section if they thought that responding to it may cause additional distress.

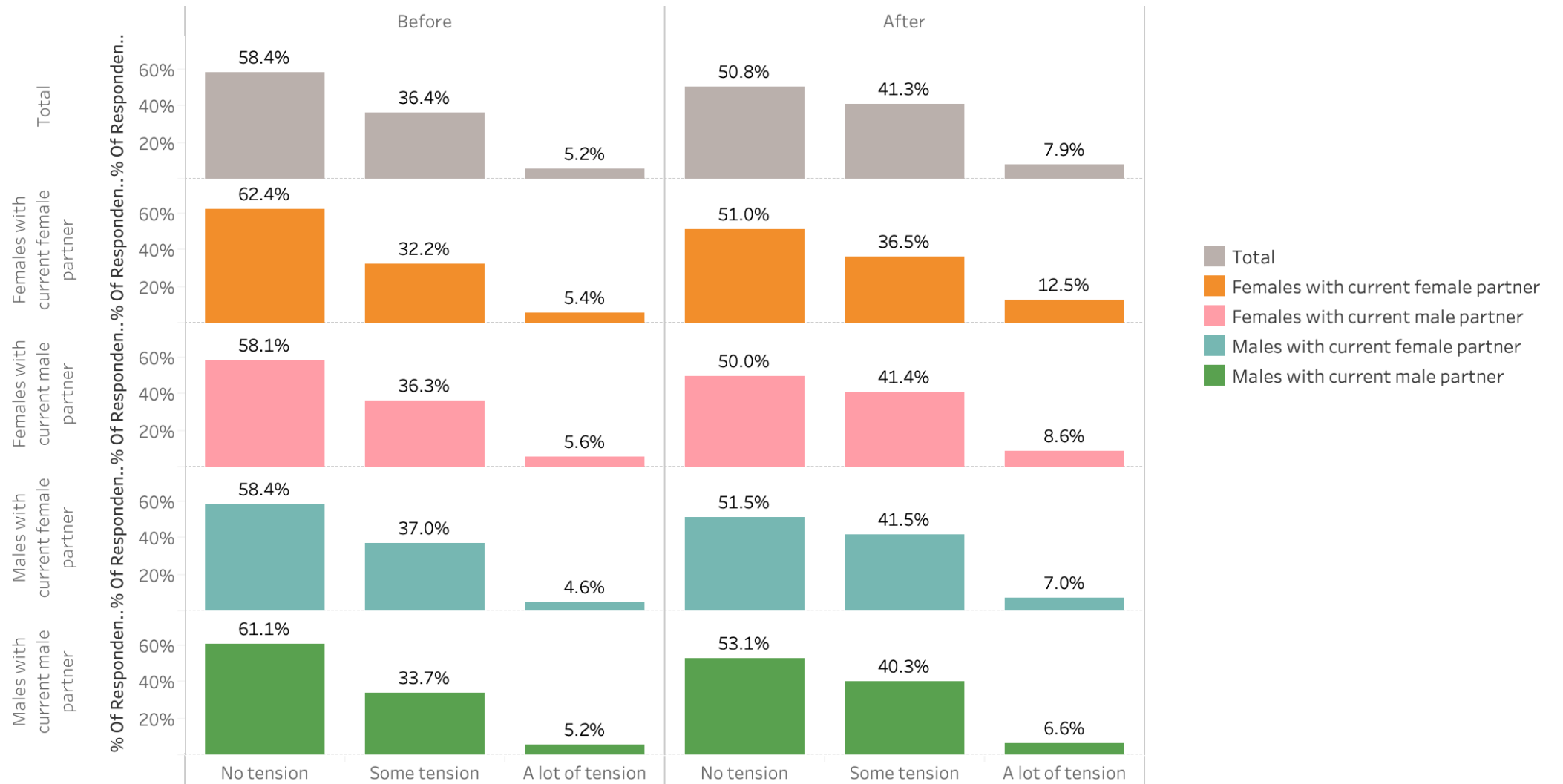
What we asked:

For those in an intimate partner relationship, participants were asked about baseline and subsequent levels of tension within their relationship. We then asked whether they had experienced or used a range of abusive behaviours (for example: being told by/telling a partner they were crazy, stupid or not good enough; being checked up on by/ checking up on a partner by checking phone, text, email or social media without consent; and being hit or bit by/hit or bit a partner etc). Please note these are only preliminary analyses – a more complete picture will be available in early July when we run the first report based on the full baseline sample.

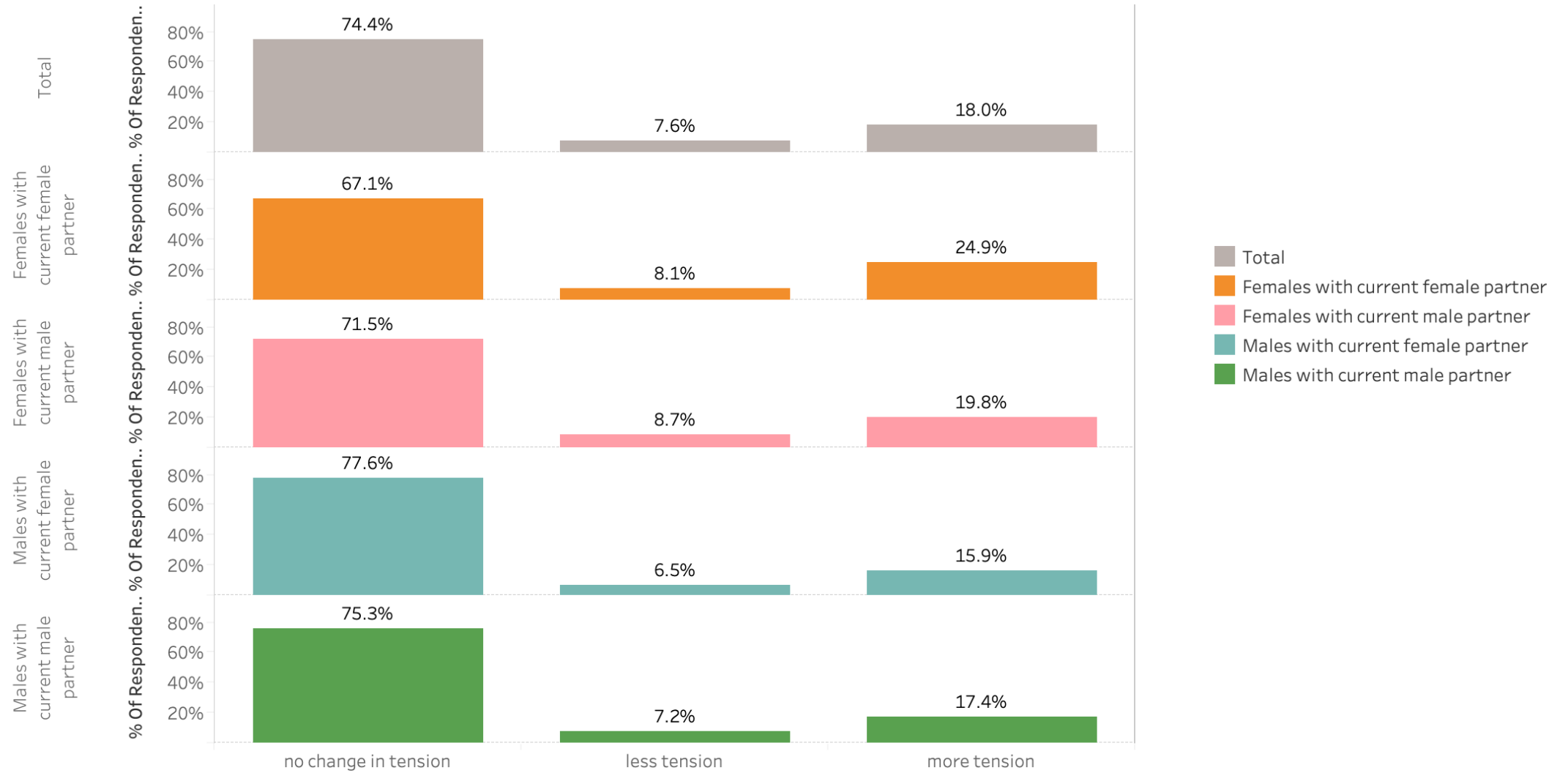
About the sample

65% of participants reported having at least one partner before the onset of lockdown (i.e. February or earlier). 87% of those with an intimate partner chose to complete the section on relationships. Of those who currently had a partner: 47.8% were women with a current male partner (n=10,635); 47.2% were men with a current female partner (n=10,508); 2.8% were men with a current male partner (n=624) and 2.1% were women with a current female partner (n=473). These relationship groups include people with different sexual orientations, but were generated based on the gender of the respondent's current partner.

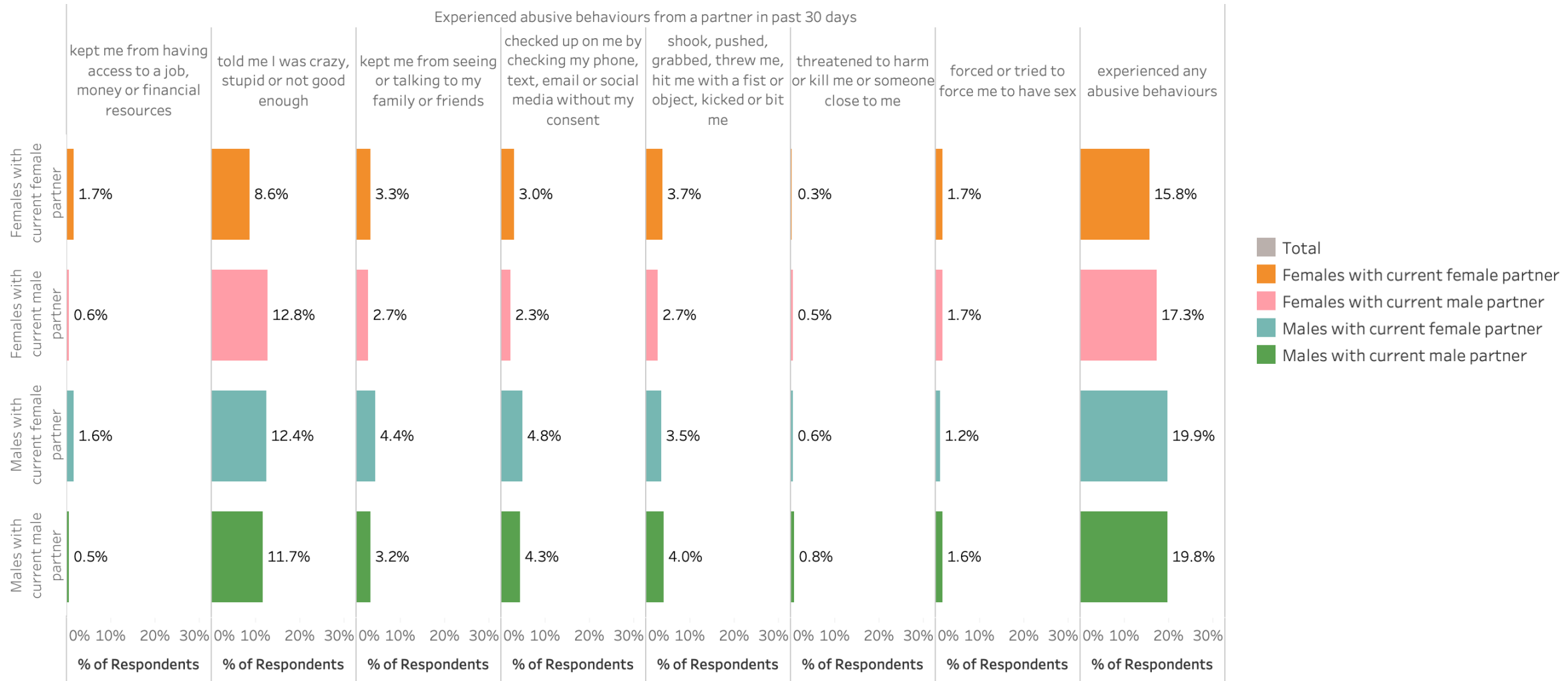
GDS COVID-19 INTIMATE PARTNER RELATIONSHIP TENSION BEFORE AND SINCE COVID-19



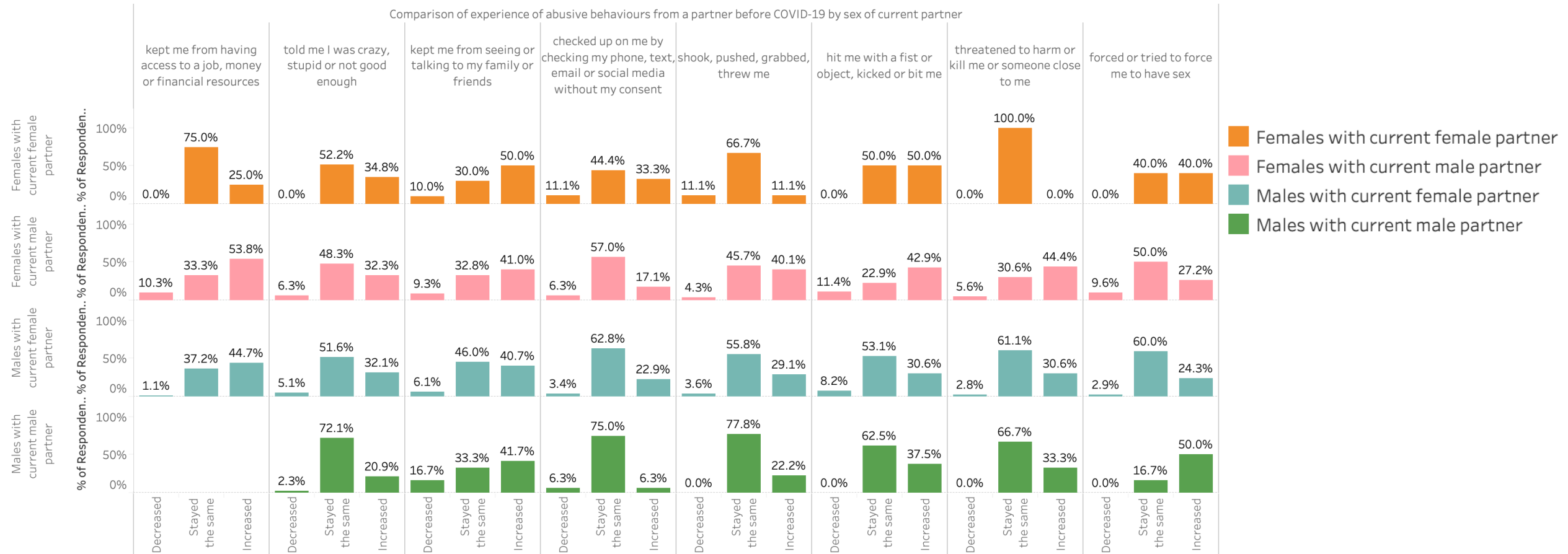
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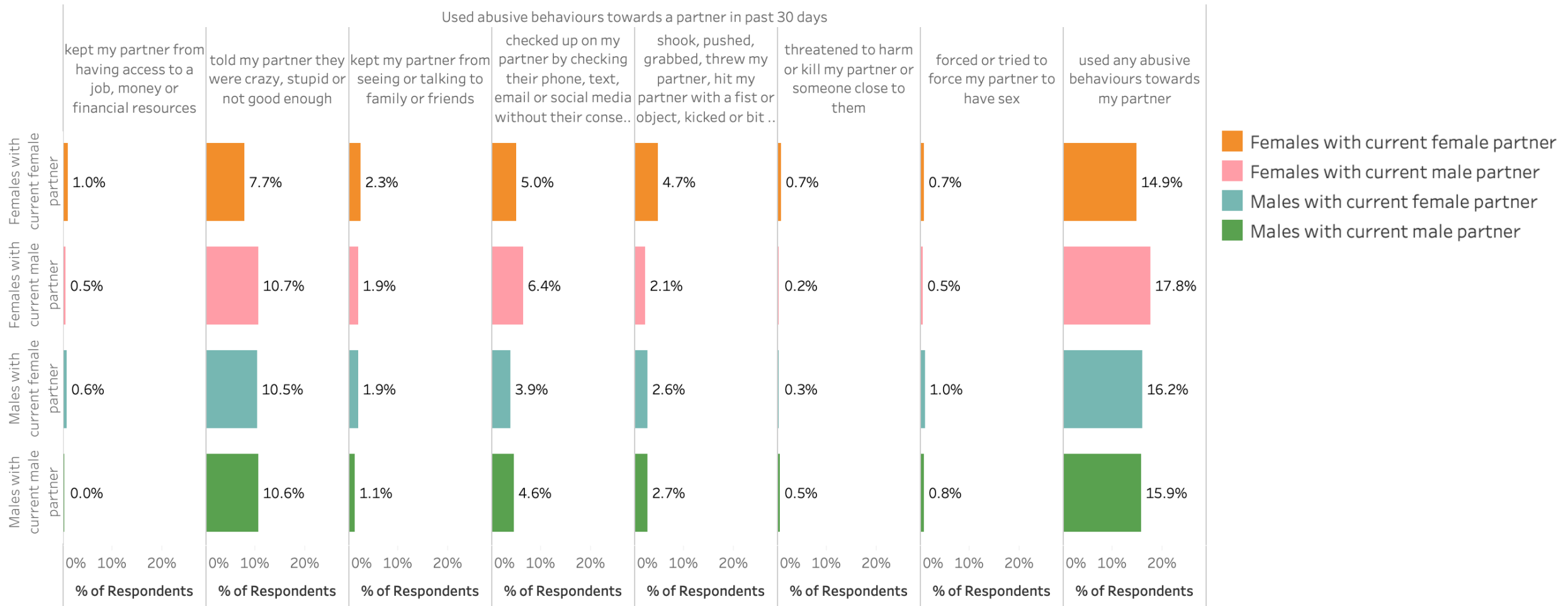
EXPERIENCED ABUSIVE BEHAVIOURS FROM A PARTNER IN LAST 30 DAYS (GLOBAL SAMPLE)



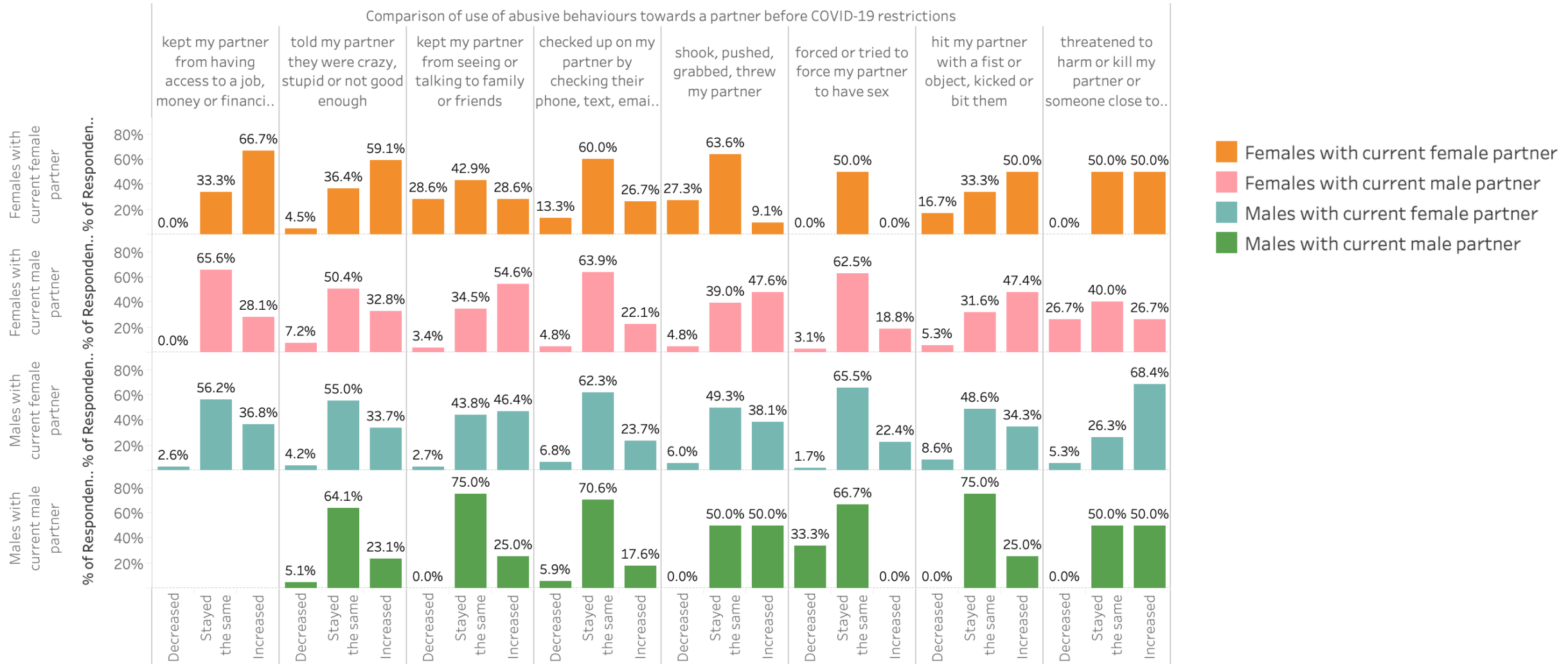
CHANGES IN ABUSIVE BEHAVIOURS EXPERIENCED BEFORE AND AFTER COVID-19 FOR THOSE WHO EXPERIENCED ABUSIVE BEHAVIOURS FROM A PARTNER IN THE PAST 30 DAYS



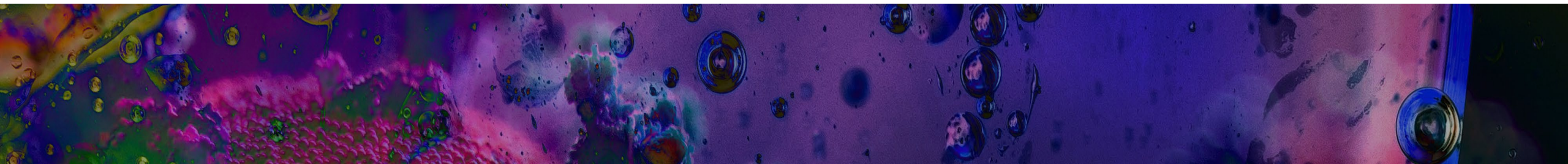
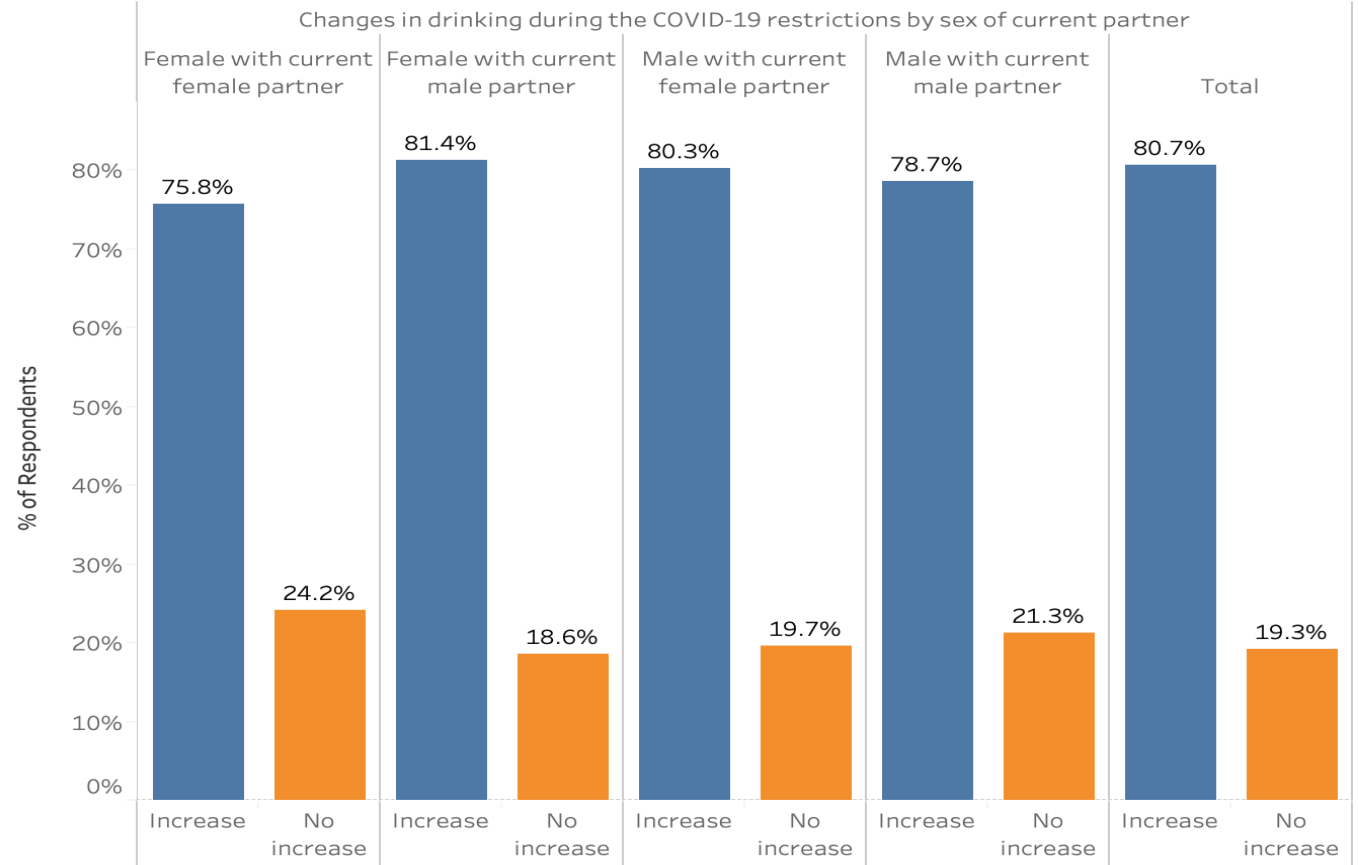
USED ABUSIVE BEHAVIOURS TOWARDS A PARTNER IN THE LAST 30 DAYS (GLOBAL SAMPLE)



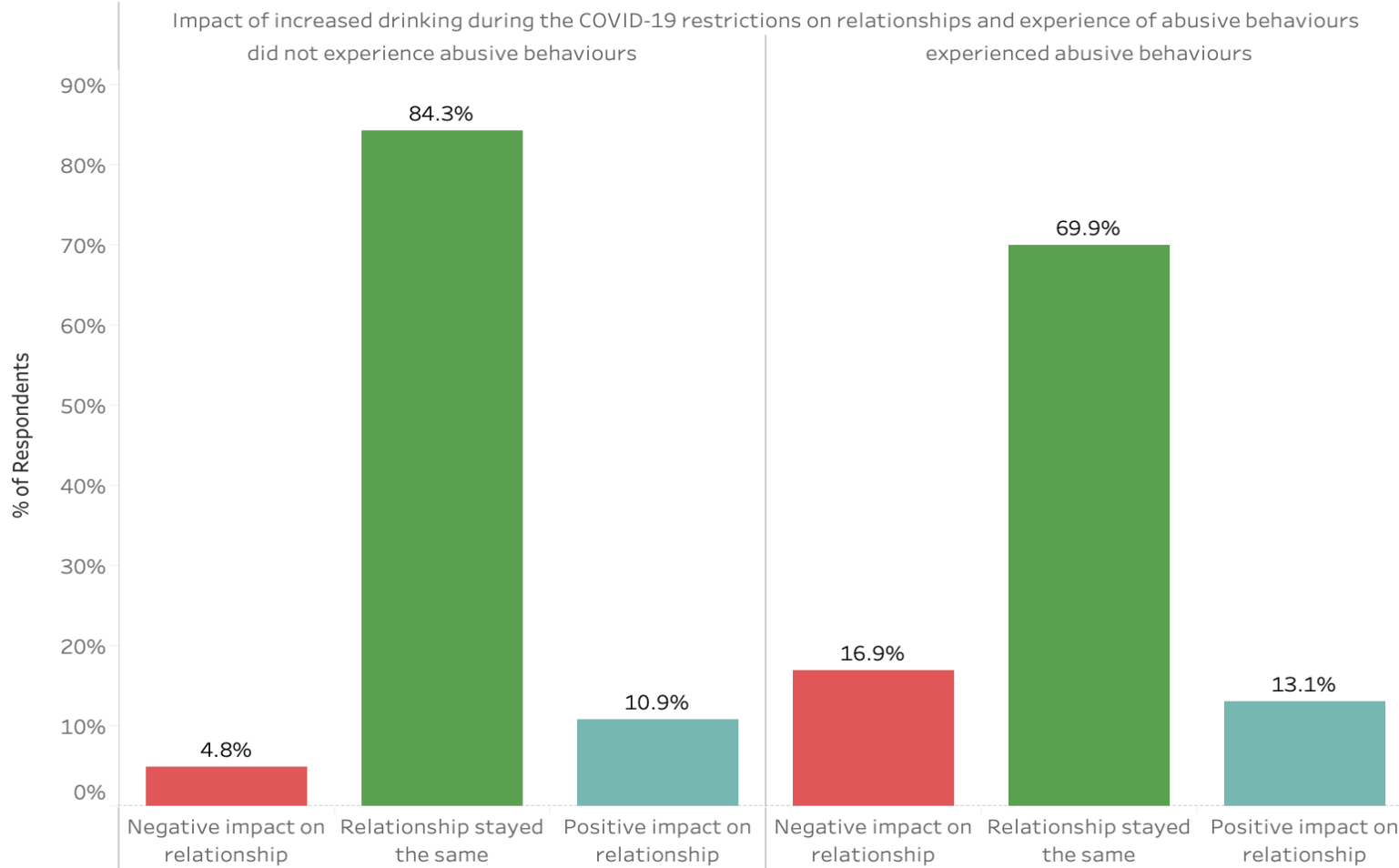
CHANGES IN USE OF ABUSIVE BEHAVIOURS BEFORE AND AFTER COVID-19 FOR THOSE WHO USED ABUSIVE BEHAVIOURS TOWARDS A PARTNER IN THE PAST 30 DAYS



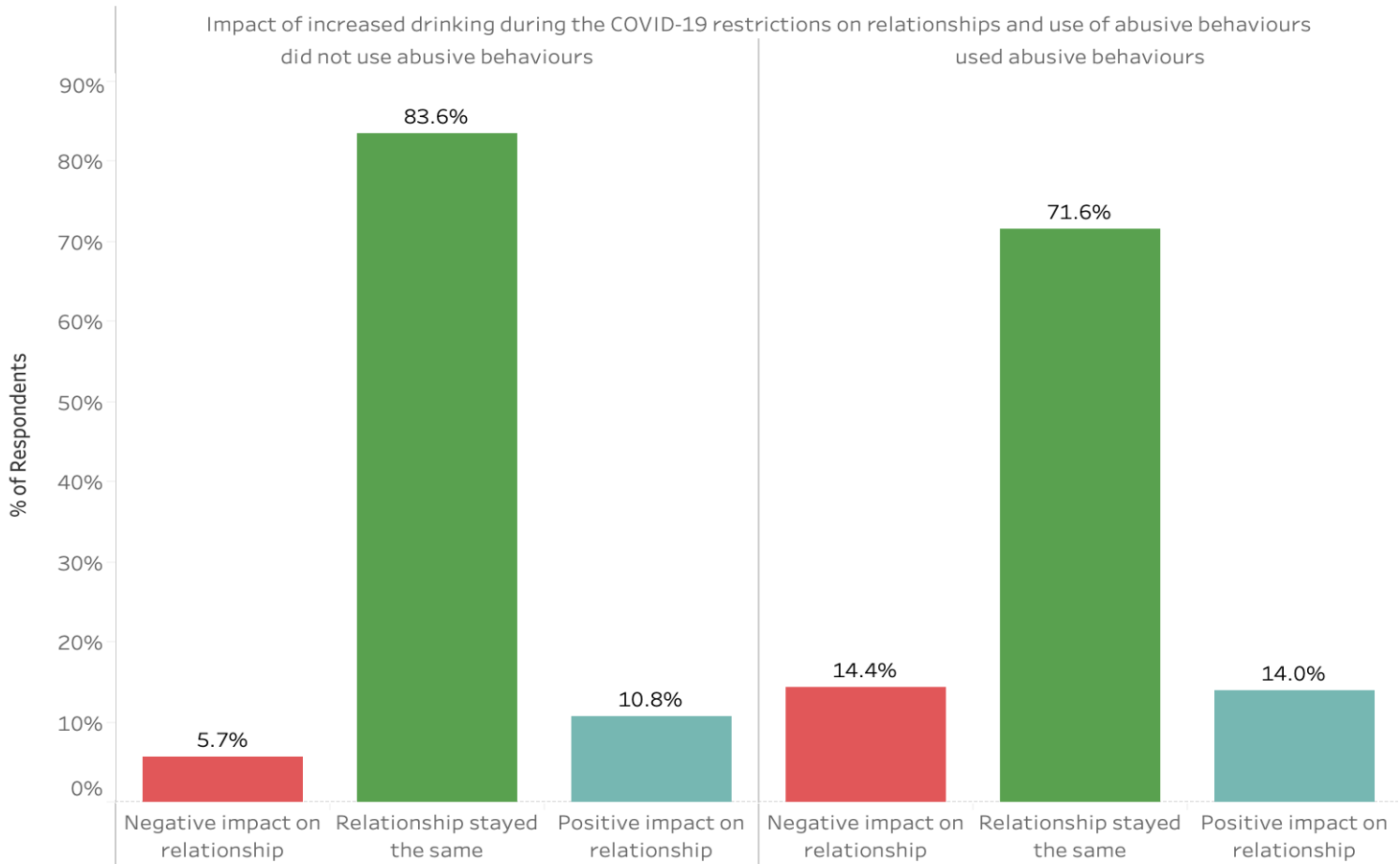
CHANGES IN HOW ALCOHOL IS CONSUMED DURING COVID-19 RESTRICTIONS (IE FREQUENCY OF DRINKING, UNITS CONSUMED AND DAYS WHEN 5 OR MORE UNITS CONSUMED)



IMPACT OF INCREASED DRINKING DURING COVID-19 RESTRICTIONS ON RELATIONSHIPS AND EXPERIENCE OF ABUSIVE BEHAVIOURS FROM A PARTNER



IMPACT OF INCREASED DRINKING DURING COVID-19 RESTRICTIONS ON RELATIONSHIPS AND USE OF ABUSIVE BEHAVIOURS TOWARDS A PARTNER



COMMENT ON CHANGES IN INTIMATE PARTNER RELATIONSHIPS DURING COVID-19

An increase in intimate partner abuse experienced mostly by women has been recorded since the introduction of the structural and social limitations resulting from COVID-19 restrictions – with increases in domestic homicides and calls to helplines for those who experience and those who use abusive behaviours. Where intimate partner abuse already exists, lockdown and social distancing could exacerbate risk factors for abuse including financial stress, mental health problems and substance use. Moreover, the opportunity for relationship conflict and intimate partner abuse during lockdown and social distancing is increased. Increases in divorce rates and in intimate partner abuse have been reported post national disasters. For example, while the biggest risk for intimate partner abuse after hurricane Katrina was a history of such behaviour before the disaster, those who experienced greater direct impact from the disasters (including displacement, housing and food shortages, and other post-event stressors) may have been at increased risk for conflict in their relationships (Schumacher et al., 2012).

Our findings have shown during COVID-19 restrictions compared to before these restrictions were in place:

- That there was an increase in those reporting ‘some’ or ‘a lot’ of tension in their intimate relationships (from 42% to 49%). While most reported no change in the tension in their relationship (74%), 18% reported more tension and 8% reported less tension. Compared to men with current female partners, women with current male partners were almost 1.5 times as likely and women with current female partners were almost twice as likely to report increased tension in their intimate relationships.
- 19% reported experiencing abusive behaviours from a partner and 17% reported using abusive behaviours towards a partner in the past 30 days (during COVID-19 restrictions). Regardless of the gender of the respondent or the gender of their partner, the vast majority of those who had experienced or used abusive behaviours in the past 30 days reported they had experienced or used abuse prior to the COVID-19 restrictions, however for many the receipt or use of these abusive behaviours had increased.
- Those who reported increased tension in their relationship were twice as likely to have experienced abusive behaviours from their partner or used abusive behaviours towards their partner.

COMMENT ON CHANGES IN INTIMATE PARTNER RELATIONSHIPS DURING COVID-19

Unfortunately, our data are unable to take into account the patterns, context, motive (e.g. self-defence compared to maintaining control) or impact of abusive behaviours. We know that women are more likely to be killed and to experience repeated and severe forms of abuse including sexual abuse or injury by a partner than men.

While similar proportions of men (with female or male partners) and women (with male or female partners) report experiencing (16-20%) or using (15-18%) abusive behaviours in the past 30 days (during COVID-19 restrictions) were reported, further exploration of the data is needed to understand any differences in the patterns of these behaviours between groups.

It is acknowledged that some people in the relationship categories used for the interim analysis may report different sexual orientations, but categories were generated based on the gender of the respondent's current partner. There are fewer studies on intimate partner abuse and sexual orientation, but some studies among LGBT+ couples have reported higher rates than among heterosexual couples in the general population. We will be able to explore this further in the full analysis.

The use of alcohol and other drugs is a consistent risk factor for the experience and use of intimate partner abuse, but the psychopharmacological effects of substances (intoxication, withdrawal and craving) are rarely the only explanation for the use of these behaviours. Those who experience abuse may use substances to cope. Analysis of the full baseline data will allow us to examine all potential variables that may help us to better understand why some people use these behaviours.

- 81% of those with partners reported increases in how they used alcohol during the COVID-19 restrictions (i.e. increases in the frequency of days alcohol drunk in the past 30 days, increases in the number of standard drinks or increases in binge drinking (5 or more drinks per drinking occasion)).
- Those who reported that increases in how they used alcohol during the COVID-19 restrictions had negatively impacted on their relationship, were 4 times as likely to have experienced abusive behaviours from a partner and twice as likely to report using abusive behaviours towards a partner in the past 30 days. The odds were highest among women with a current female partner.

This important study will allow us to explore the impact of COVID-19 restrictions on relationships over the longer-term during COVID-19 restrictions and the relaxation of these restrictions.