

Topic: Findings from the 2018 B.C. Harm Reduction Client Survey

Date: December 21, 2018

Background:

- The B.C. Harm Reduction Program administered a survey to harm reduction supply distribution site clients across B.C. annually between 2012 and 2015. Harm reduction sites are found within primary care, public health, not-for-profit and advocacy settings.
- The survey aims to assess regional differences in drug use and inform harm reduction planning and quality improvement.
- The survey was updated and administered in 2018, marking the first such survey since the dramatic rise in overdose deaths due to fentanyl-containing drugs in B.C.
- The focus of this update is to provide a preliminary overview of key results from the survey.

Key Findings:

Proportions reported are based on those who answered each question.

Who answered the survey?

- 486 individuals from 27 harm reduction distribution sites across B.C. were surveyed (Figure 1). Vancouver Coastal Health was purposefully under-sampled to obtain information about drug use outside of the Vancouver area.
- 62% of participants identified as male; 36% as female and 2% as transgender or gender non-conforming.
- Approximately 1 in 4 participants identified as First Nations.

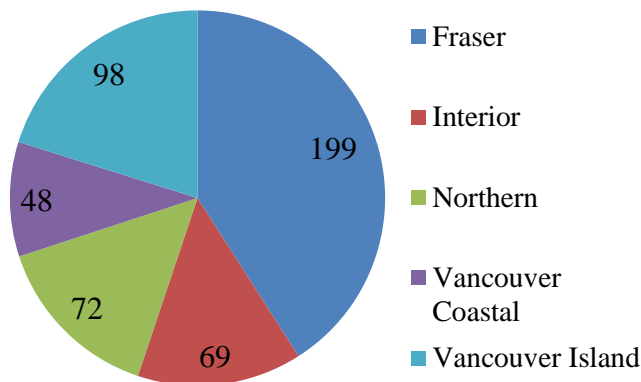


Figure 1: Harm reduction client survey participant breakdown by regional health authority.



Substances reported to be used

- The most commonly reported illicit drugs used in the past week were: crystal meth (69%), heroin (49%), fentanyl (43%), crack (26%), and cocaine (22%). Patterns varied geographically (Figure 2).
- More than half of respondents identified smoking or inhalation as the preferred method of drug use, while 34% preferred injection, and 6% preferred snorting.

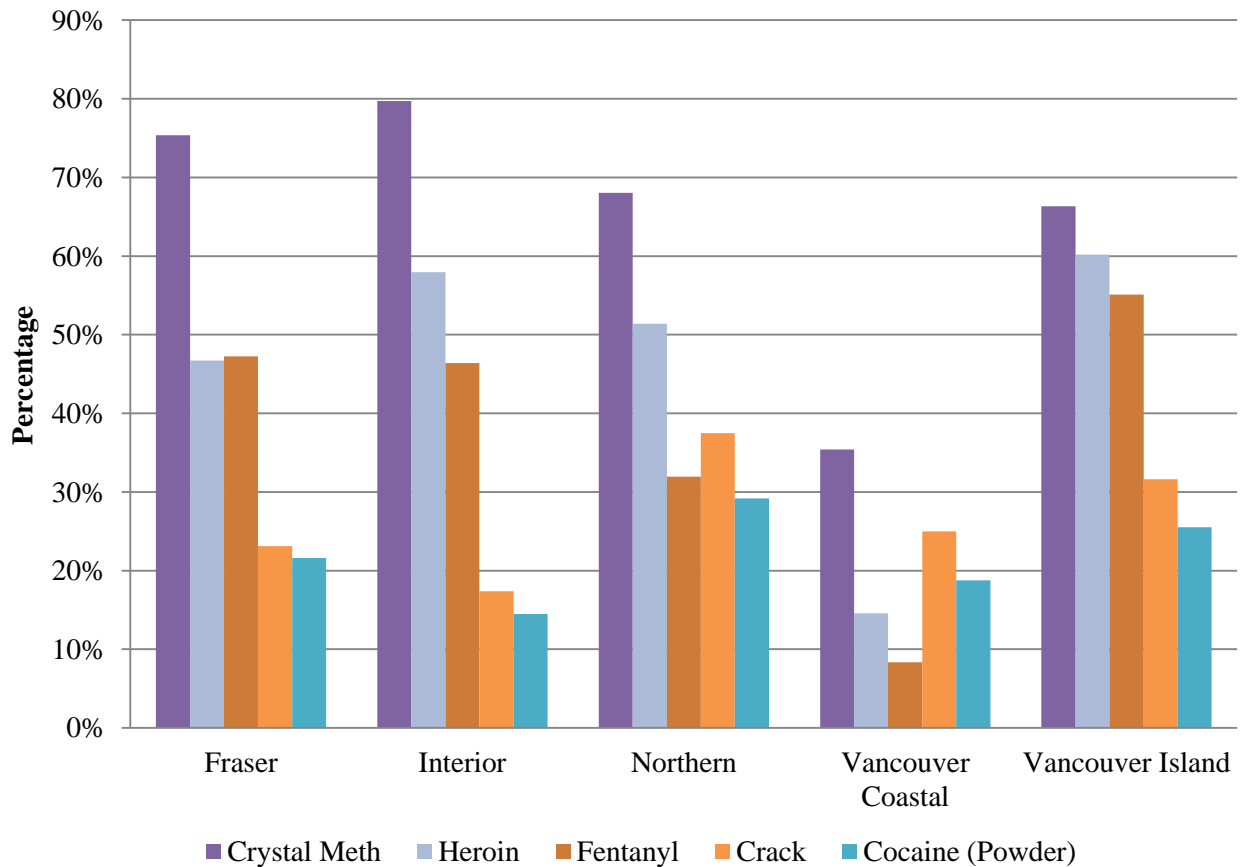


Figure 2: Self-reported past week illicit drug use among harm reduction distribution site clients in BC (n=486).

Overdoses

- Accidental opioid overdose in the past six months was reported by 19% of respondents and accidental stimulant overdose by 15%.
- More than half of participants had witnessed an opioid overdose in the past six months.



Potential harms (sharing equipment and using alone)

- Of the 318 participants that used pipes from harm reduction sites to smoke drugs:
 - 27% used a second-hand pipe
 - 20% injected when they couldn't find unused smoking equipment
- Of the 214 participants that injected drugs in the past month:
 - 24% had trouble getting unused needles
 - 13% had fixed with a rig used by someone else
- About half of participants reported using drugs alone some of the time.
 - Reasons for using drugs alone included:
 - convenience and comfort of using at home;
 - not having anyone else around;
 - not wanting to share drugs; and,
 - not wanting others to know they are using.

Harm reduction and keeping safe

- Approximately two thirds of participants owned a Take Home Naloxone kit, but less than half owned a cell phone.
- Half of those that injected drugs had injected at an Overdose Prevention Services (OPS) site in the past month.
- Of 245 participants that had tried to access opioid agonist therapy (OAT) in the past six months, 1 in 4 reported difficulties including:
 - 38% unable to find a prescribing physician
 - 19% prescription stopped due to positive urine test
 - 19% worry about being stigmatized at the clinic
- Among those that reported discontinuing OAT in the past six months, the primary reason for stopping was difficulty adhering to strict prescription pick-up and appointment times.



Key Messages & Next Steps:

- Smoking or inhalation was the preferred method of drug use for more than half of participants and when unable to find an unused pipe some clients shared or injected instead.
- Compared to previous survey data:
 - Crystal meth use is increasing; reported use in 2018 was three times higher than 2012
 - Intentional fentanyl use has tripled over 3.5 years
- Survey data has identified areas for improvement in harm reduction services and supply distribution and will inform regional and community harm reduction planning.
- Further results will be released as they become available including a comparison of urine drug screens with reported drug use.

Analysis Team:

- | | |
|-----------------------------|------------------------------|
| • Kristi Papamihali (BCCDC) | • Chris Mill |
| • Jane Buxton (BCCDC) | (PHAC/BCCDC/Observatory) |
| • Brittany Graham (BCCDC) | • Margot Kuo (BCCDC) |
| • Alexis Crabtree (BCCDC) | • Mohammad Karamouzian (UBC) |

Acknowledgements:

Special thanks to the regional harm reduction coordinators for their overall input and help to identify harm reduction sites across the province. As well, we are grateful to the specific harm reduction sites and clients for their participation.