

Topic	Hesitance to seek needed services among people who use substances: Evidence from the 2022 Harm Reduction Client Survey (HRCS)
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Key messages

- Concerns related to policing were the most common reasons people were hesitant to access services. Of all respondents (n = 503), 12% indicated that officers learning of their substance use was a barrier to accessing services. Among people who reported experiencing service barriers (n = 238), that equates to 25% (n = 59).
- This finding indicates that there are still negative reactions in the criminal legal system to unregulated substance use, and that these reactions to unregulated substance use function as service barriers.
- Independent of the responses regarding fear of police, parole, or probation learning of substance use, 12% (n = 58) of all respondents experienced fear of police seizing drugs as a service barrier.
- While decriminalization may mitigate some impacts of policies that create service barriers, systemic service barriers, such as police presence and surveillance at service locations, may undermine the positive impacts of decriminalization.

Introduction

Research Questions: How common are different reasons for hesitance to seek services? What sociodemographic factors are associated with experiencing hesitance to access services?

- When people have to weigh the benefits of seeking services against the potential harm they may experience, they may delay seeking the services they need. These potential harms are barriers to accessing needed services.

- It is important to remember that people are not “resistant” to getting the care they need to stay healthy, but are protecting themselves from a different kind of harm.
- Not getting needed services can be harmful to health. Early treatment improves quality of life by reducing the amount of time a person is ill, and the severity of the illness. It is easier and less expensive to treat health concerns early on, and even better to prevent them. Preventative services can help people avoid illness and the need for treatment altogether. Both treatment and prevention can reduce death.
- It is therefore important to understand why people may be hesitant to seek care, and address their concerns, so that people will seek the care they need.
- For results from other decriminalization-related analyses, please see the 2022 section of the [Harm Reduction Client Survey website](#), or the Decriminalization section of the [Harm Reduction Reports website](#).

Study Design and Methods

- The 2022 HRCS was administered at 29 harm reduction sites in BC among adults who reported use of unregulated substances, opioid agonist treatment (OAT), or prescribed safer supply (PSS) in the last 6 months. Data were self-reported and cross-sectional, and collected between November 2022 and mid-January 2023. Participants received a \$15 honorarium for completing the survey. The total sample for the 2022 HRCS was 503 participants. Please see the Appendix for an overview of the Harm Reduction Client Survey methodology.
- Responses were collected from November 2022 to mid-January 2023. Decriminalization was implemented on January 31, 2023, after data collection was complete.
- Participants were asked “In the last six months, have any of the following things made you hesitant to access services you need to be healthy? *Check all that apply.*” Response options included:
 - Worried police, parole, or probation officer would find out I use substances
 - The site is in my red zone/an area that violates my conditions of release
 - Worried I’d be stopped by police and have my drugs taken away
 - Worried about family services being notified that I use substances
 - Worried my health care provider would find out I use substances

- Worried my friends or family would learn I use substances
- Worried my employer would find out I use substances
- Worried I'd be treated badly based on my race or ethnicity
- Worried I'd be treated badly based on my sex
- Worried I'd be treated badly based on my gender
- Worried I'd be treated badly based on my sexual orientation
- Other things that made you think twice about accessing services, describe _____
- None of the above

Findings

- Among all participants (n = 503), 47% reported at least one barrier to services (see Table 1).
- Fear of police learning of substance use or seizing drugs were the most common service barriers reported (12% of respondents, for each reason) (see Table 1).
- Nearly 10% of survey respondents were hesitant to seek services due to fears of racial prejudice and discrimination (see Table 1).
- Concerns about friends and family learning of substance use were also a significant factor in avoiding needed services (11% of respondents) (see Table 1).
- Looking at hesitance to access services across Health Authorities, 57% (n = 59) of participants from Island Health reported hesitance to access services for at least one reason. This is compared to 49% in Vancouver Coastal, 48% in Interior, 46% in Northern, and 37% in Fraser (see Table 2).
- Hesitance to access services for any reason was more prevalent among people who had concerns about losing their housing in the last six months. Among people concerned about losing their housing, 52% (n = 139) experienced hesitance to access services, while 43% (n = 83) of people *not* concerned about losing their housing also experienced hesitance to access services (see Table 2).
- Among age groups, people age 40-49 most commonly reported hesitance to access services (58%, n = 73). This is followed by those age 30-39, age 19-29, and age 50 and over (see Table 2).

Interpretation

- During consultations with the Professionals for the Ethical Engagement of Peers consulting and advisory board, People with Lived and Living Experience of substance use (PWLLE) noted that stigmatizing interactions with health care providers is a significant factor in hesitance to access services. These stigmatizing interactions include the practice of health care providers unnecessarily involving security and police.
- Concerns about police interactions were the most common source of hesitance to seek needed services. Almost 12% of survey participants were concerned about police, parole, or probation learning they use drugs.
 - This indicates that there are still negative reactions in the criminal legal system for unregulated substance use, and that criminal legal system responses to unregulated substance use function as a service barrier. Based on the data, we cannot determine whether these negative reactions are structural (embedded in policy) or enacted systemically by individual providers
 - Decriminalization may mitigate some structural service barriers (e.g., policies), however, systemic service barriers (e.g., police presence and surveillance at service locations) have the potential to undermine the positive impacts of decriminalization.
- People who are known to experience greater levels of marginalization (such as fear of losing shelter) more often reported hesitance seeking needed services.
- Hesitance for any reason was more commonly reported among those aged 40-49. The age groups most affected by hesitance to access services historically have higher rates of unregulated drug poisoning deaths.
 - Among males, this age group saw the highest Illicit Drug Toxicity Death rates until shortly after the COVID-19 pandemic was declared, at which point the 50-59 age group surpassed the 40-49 age group among males. However, frequency of paramedic-attended overdose events is highest among the 30-39 age group.
 - In addition, these groups do not receive emergency health services at the same rate as the 19-39 age group.
- Strategies to mitigate these barriers to service access may include:
 - Reducing or eliminating police presence at service delivery sites, such as witnessed consumption sites and harm reduction distribution sites;
 - Initiatives and policies to support client-centred, non-judgmental service delivery in health and social services, with an emphasis on compassionate, non-stigmatizing care for people who use substances.

Limitations

- The 2022 HRCS is a convenience sample, and therefore is not representative of all people who use substances. Though these findings provide some insight into the baseline characteristics of people most impacted by decriminalization, they do not capture everyone so likely misses some perspectives of decriminalization and law enforcement.
- The survey is cross-sectional and self-reported, so we cannot assess temporality and there may be recall bias among participants.
- In cases where the survey was administered by harm reduction site staff, participants may give answers that are more likely to be perceived as socially acceptable by the survey administrator (social desirability bias).
- Race and ethnicity data, and data on gender diverse people, is not presented here due to small cell sizes and data governance policies. Interpretations and recommendations are therefore limited in scope.

Supporting Information

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Tables

Table 1. Reasons for hesitance to access needed services among People Who Use Substances

Reason for hesitance	Count	Percentage of all participants (n = 503)*
At least one barrier	238	47%
Worried police, parole, or probation officer would find out I use substances	59	12%
The site is in my red zone/an area that violates my conditions of release	19	4%
Worried I'd be stopped by police and have my drugs taken away	58	12%
Worried about family services being notified that I use substances	36	7%
Worried my health care provider would find out I use substances	33	7%
Worried my friends or family would learn I use substances	57	11%
Worried my employer would find out I use substances	34	7%
Worried I'd be treated badly based on my race or ethnicity	49	10%
Worried I'd be treated badly based on my sex	26	5%
Worried I'd be treated badly based on my gender	23	5%
Worried I'd be treated badly based on my sexual orientation	17	3%

*Please note that participants were able to select more than one option therefore the total percentage is more than 100%

Table 2. Sociodemographic distribution of participants who reported at least one reason they experienced hesitance to access services needed for their health

	Experienced Hesitance		Percentage of participants that experienced hesitance
	Yes (count)	No (count)	
Total participants who experienced hesitance to access services	238	265	47%
Health Authority of survey			
Interior	67	72	48%
Fraser	38	64	37%
Vancouver Coastal	26	27	49%
Island	59	45	57%
Northern	48	57	46%
Concerned about losing housing in the last 6 months			
No	83	112	43%
Yes	139	131	52%
Age group			
19-29	30	44	41%
30-39	78	81	50%
40-49	73	54	58%
50 and over	51	79	39%
Gender			
Cis woman	94	85	53%
Cis man	126	167	43%

How to interpret table results:

- Within Fraser Health, 37% (n = 38) of respondents experienced hesitance to access needed services due to at least one barrier
- Among cis-gendered women, 53% (n = 94) experienced hesitance to access needed services due to at least one barrier

Appendix

Methodology for the Harm Reduction Client Survey

- The survey explores sociodemographic, geographic, and substance use characteristics, Prescribed Safer Supply access and preferences, factors associated with implementation of decriminalization, experiences with overdose, and interactions with police.
- Quantitative survey distributed at 29 harm reduction distribution sites in small, medium, and large population centres across the five regional health authorities (Interior: 7 sites, Fraser: 6 sites, Vancouver Coastal: 4 sites, Island: 6 sites, Northern: 6 sites)
- For responses to be included in the survey, participants must indicate that in the past six months they:
 - Are 19 years of age or older and
 - Used an illegal drug (other than cannabis, alcohol, or tobacco), took opioid agonist treatment (OAT), or took prescribed safer supply (PSS)
- Furthermore, responses were excluded after data collection if responses indicated participants:
 - did not use an illegal drugs in the last 30 days and
 - did not indicate receiving substitution treatment in the last six months and
 - did not have any opioid/stimulant substitution treatment preferences and
 - have not injected or smoked/inhaled (excluding tobacco and cannabis) any drug in the last six months
- Depending on the site, participants may complete the survey independently, or site staff may administer the survey
- Each site is allocated a specific number of surveys to complete
- Participants receive an honorarium for their time (\$15) and sites receive an honorarium for each participant (\$5)