

# Harm Reduction & Overdose Services

Focusing on rural BC

In 2019, ANKORS conducted an assessment of community readiness, strengths, and gaps around harm reduction and overdose prevention services in rural under-served communities in British Columbia's interior region.

We collected data from...

**237** service users  
+ **74** service providers

Of service users:



**36%** identified as Indigenous



**37%** were women

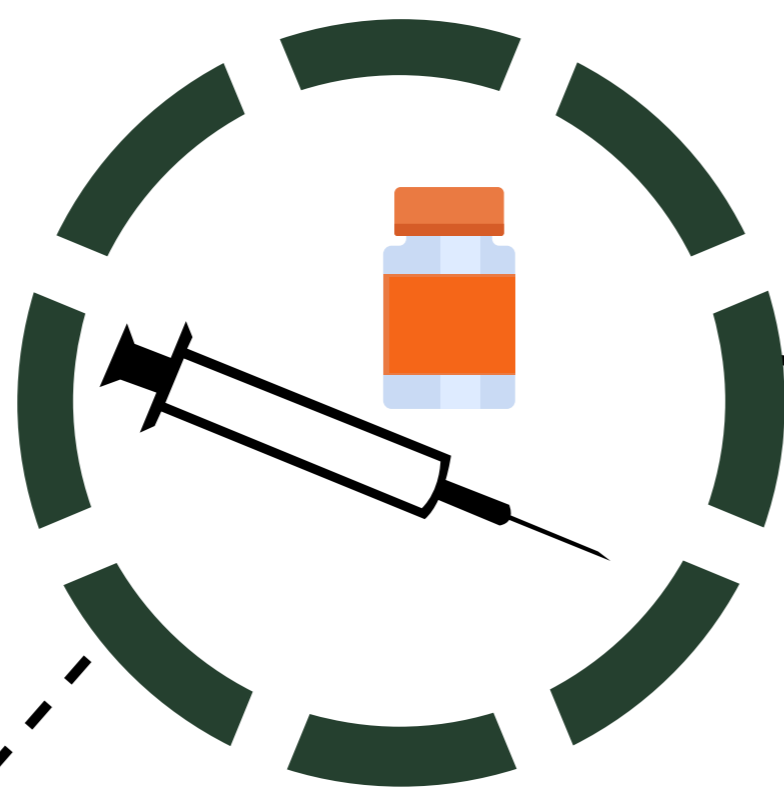
We traveled nearly...

**7000 km**

to collect surveys from 16 communities.

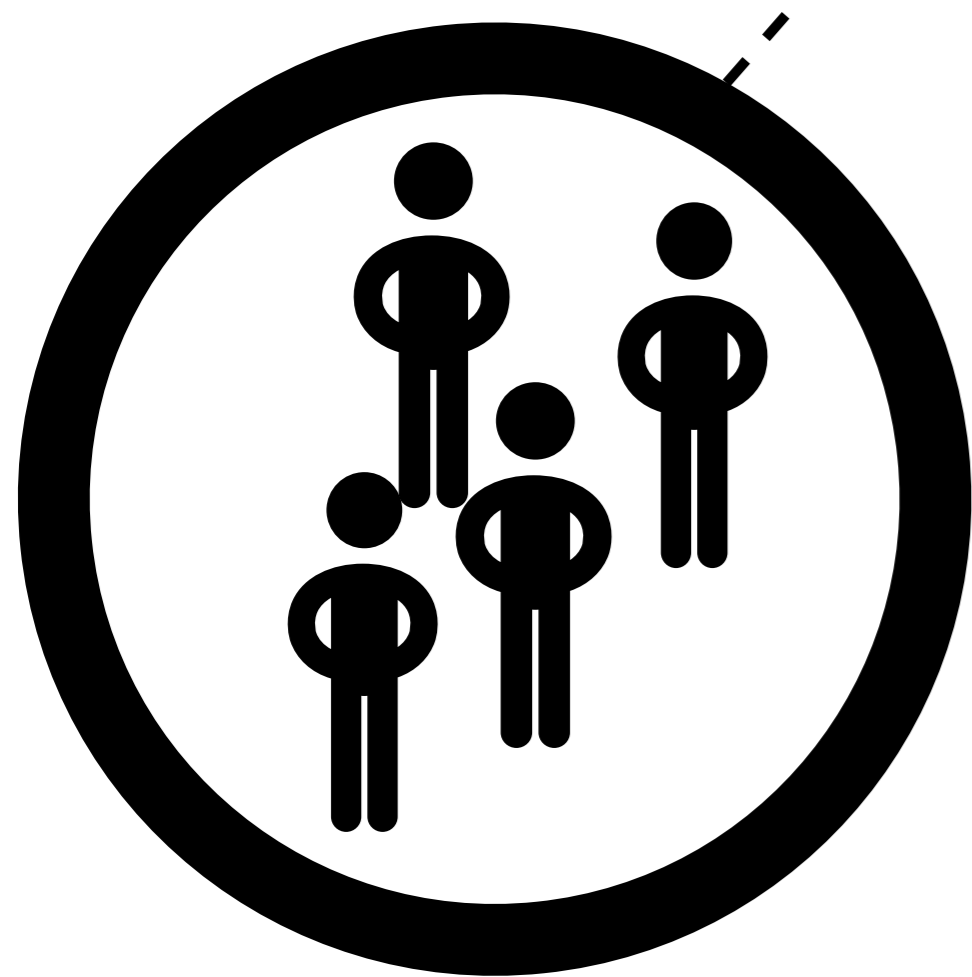
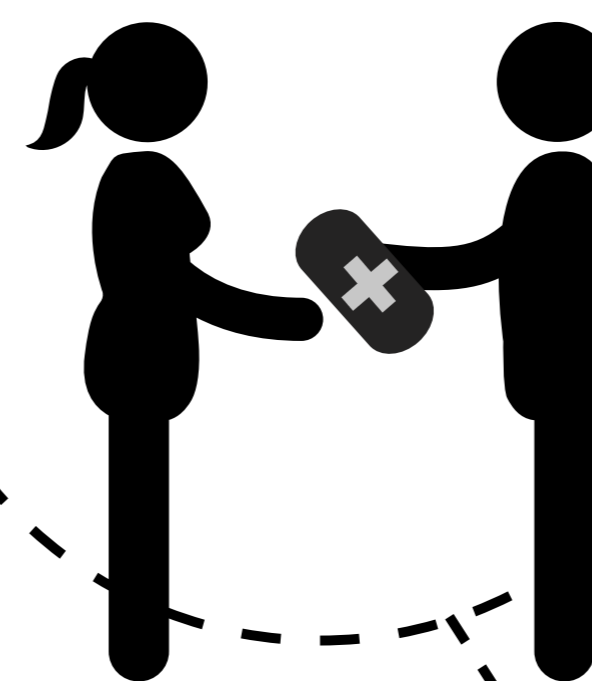
## Harm reduction services are available

Harm reduction was integrated into most services, but availability and access were lower in smaller communities.



## Naloxone training has an impact

58% of service users had accessed Naloxone training and service providers indicated that at least one staff had training. Most peers (86%) who had reversed an overdose for someone else had been trained. Those with Naloxone training reported reversing a median of 6 overdoses; those without training only 1 or 2.



## Collaboration is key

Collaborative committees responding to the overdose crisis are having an impact. Most service providers believed that community efforts have reduced the number of overdose deaths.



## Peers are leaders and they want to expand their role

55% of service users said that they were interested in leadership training or other community involvement.

**Strengths of the current response**

# Opportunities for improvement



## Stigma is a major barrier to service access.

This is especially important at services people access regularly. Things like being "known as a person," not judged, privacy and confidentiality, and accessible hours and locations made people feel welcome.

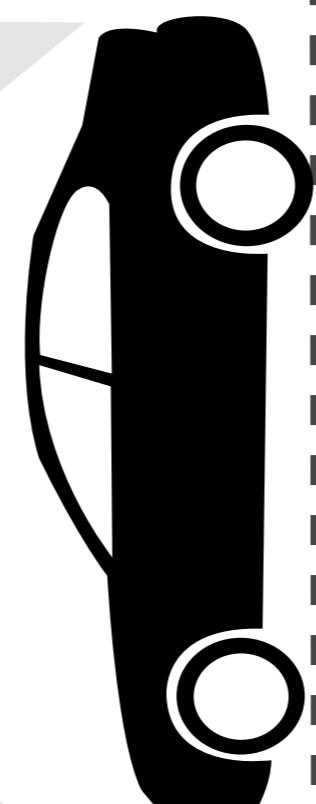


## Opioid Agonist Therapy is often unavailable while incarcerated.

Among 41 people who reported recent incarceration, only 16 (38%) indicated they were provided OAT while in jail or prison. Around 55% of individuals who reported opioid use received OAT while incarcerated. But many people are falling through the cracks: Many weren't offered OAT while incarcerated, and others were not able to access OAT upon their release.

## Travel is still a big consideration.

17% of people travel to another town for services. Compared to non-Indigenous people, Indigenous participants were more likely to get to services walking, biking or on transit.



## Emotional support after overdose isn't available.

Only 25% of service users had ever received formal emotional support after they experienced an overdose. Service providers had better access to grief support, but it varied notably by region: from ~80% in East Kootenay and Kootenay Boundary to 42% in Thompson-Cariboo-Shuswap. Respondents also noted a need for improved supports.



## Overdoses aren't experienced equally.

Indigenous participants were more likely to have overdosed (44% vs 33%), and they reported a higher number of overdoses compared to non-Indigenous participants. Among 92 people reporting having overdosed, those using opioids or opioids+stimulants were more likely to report overdose (55 to 70% vs. 20-30%).



## Questions that remain



- Among those reporting opioid and/or fentanyl use, around 60% also reported stimulant use. This group also tended to face increased challenges overall. **How do we ensure poly substance users' needs are also met in harm reduction?**
- Community collaboration has been a critical component of the response so far. **How can organizations facilitate or support collaboration for Naloxone and overdose response?**
- Different sub-populations and geographical regions are experiencing the overdose crisis in different ways. **How can the response be tailored to meet these individual needs?**

