

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

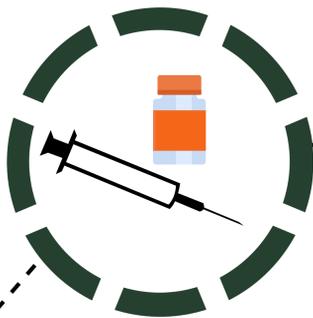
We traveled nearly...

7000 km

to collect surveys from 16 communities.

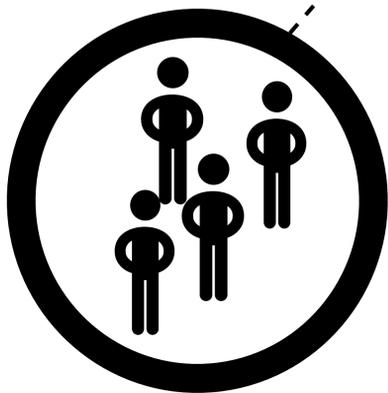
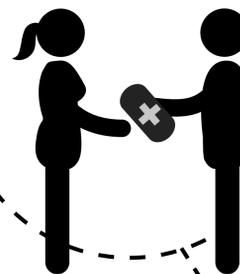
Harm reduction services are available

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?**