Harm reduction & overdose prevention Assessment

Exploring community readiness, strengths & gaps in rural and remote communities of the Interior Health region

FINDINGS FROM SERVICE USERS

EXECUTIVE SUMMARY

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Project team: Cheryl Dowden, Andrea Langlois, and Dr. Melanie Rusch. This project is in compliance with the Interior Health Project Ethics Policy.

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In collaboration with:

Interior Health

Questions or comments?

Please contact ANKORS at:
+1 800-421-2437
101 Baker Street, Nelson,
BC, V1L 4H1
ankorsfrontdesk@gmail.com

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East Kootenays

Staff Lead:
Polly Sutherland

Peer team:
Ashley Lackovic, Chyanne Pan, Nikki Martin, Michelle Shewell

West Kootenays, Thompson, Cariboo, & Okanagan

Staff Lead:
Alex Sherstobitoff

Peer team:
Molly Frost, Al Terbasket (deceased), Mona Rosengren, Randy Rosch, Bernice Morin, Willow Morgan

Practicum students (Selkirk College):
Dayna Ready, Phil Chwachka

Thank you to the service providers and service users who participated in the surveys.

Executive Summary

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Background

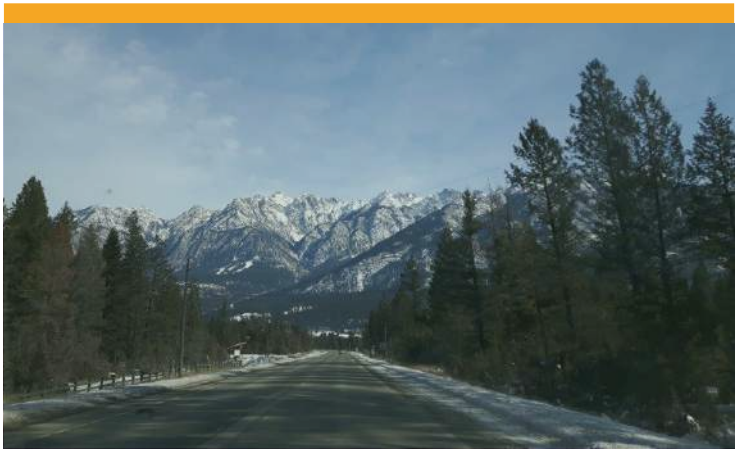
Since 2016 there has been an alarming increase in the number of overdoses happening in Canada. In April 2016, the overdose epidemic was declared a public health emergency in British Columbia. Despite targeted responses overdose rates have remained at high levels, with no end in sight for this crisis. This report outlines the results from a service users survey carried out across 18 rural communities in the Interior Health region of BC. It is part of a quality improvement initiative that seeks to assess community readiness, strengths, and gaps around harm reduction and overdose prevention services in under-served rural communities in BC's interior region. Using a community engagement approach, mixed-method surveys were conducted with service users regarding general demographics and substance use, health and social service use, location and travel distances, strengths of services and challenges faced accessing services, access to harm reduction services, naloxone, and experiences with overdose, and substance use services participants felt were needed in their communities. The report includes both quantitative descriptions and summaries of qualitative information categorized by region, with specific findings by community highlighted where relevant and appropriate.

A total of 237 participants were included in the overall analysis; 11 participants did not include information on their place of residence leaving 226 participants for cross-regional comparisons. Among the 226 participants who provided information on where they lived, 32% were from the East Kootenay Health Service Delivery Area (HSDA), 30% were from the Kootenay Boundary HSDA, 12% were from the Okanagan HSDA, and 26% were from the Thompson-Cariboo-Shuswap HSDA.

Descriptive characteristics

Two-thirds of participants were men, and just over a third of participants were women. Four people (1.7%) identified as non-binary or preferred not to answer. East Kootenay had the highest proportion of women (43%), while the Okanagan had the highest proportion of men (71%). Around 37% of participants identified as indigenous, with a similar proportion of men and women as the overall sample. Thompson-Cariboo-Shuswap had the highest proportion of indigenous participants – nearly double the proportion compared to East Kootenay and Kootenay Boundary (62% versus 29% and 22%). Participants' median age was 40 years (range: 19 to 67). About 20% of participants were under 30 years of age.

Substance Use



THE ANKORS TEAM OUT ON THE ROAD FOR SURVEYS

Half of participants reported use of stimulants, making it the most frequently reported substance after alcohol and marijuana. Just over a third reported use of codeine, and about a third reported use of opioids and/or fentanyl. A higher proportion of participants in the Kootenay Boundary region reported opioid and/or fentanyl use compared to the other regions (44% versus 15-20%). A higher proportion of participants in the East Kootenay region reported use of sedatives (30% versus <15%), and a lower proportion reported use of stimulants (40% versus 55%).

An analysis of patterns of use based on number and type of substances used revealed five main groupings: 1) 20% alcohol and/or marijuana use only; 2) 15% codeine, OxyContin and/or sedative use (with or without alcohol/marijuana); 3) 30% stimulant use (with or without alcohol, marijuana, codeine, OxyContin or sedatives); 4) 14% opioid and/or fentanyl use (with or without any other drugs EXCEPT stimulants), and 5) 20% opioids/fentanyl use and stimulant use. Opioid/fentanyl use was highest in the Kootenay Boundary region, while use of stimulants (without opioid/fentanyl use) was higher in the Okanagan and Thompson-Cariboo-Shuswap regions.

Housing and Transportation

A general housing stability variable was created to look at the combination of type of housing and number of moves in the past year. There was a significant difference in housing stability across regions, with East Kootenay having the highest proportion of stably housed participants (75%), and the Okanagan having the highest proportion of unstably housed participants (57%). A significantly higher proportion of participants less than 30 years of age were categorized as having unstable housing (51% vs 32%).

The majority of respondents reported walking as their main form of transportation (55%). In the East Kootenay region, a significantly higher proportion of participants reported owning a car while in the Okanagan, more participants reported having others who drove them. Indigenous participants were more likely to report walking or biking, while women were more likely to report owning a vehicle or having others who drove them.

INCARCERATION

A total of 41 people (18%) indicated they had been released from jail or prison in the past 6 months; the proportion was similar across regions. A significantly higher proportion of indigenous participants reported being recently incarcerated (24% vs 14%), and a higher proportion of participants less than 30 years of age reported being recently incarcerated (28% vs 15%). Among those using opioids/fentanyl plus stimulants, 39% reported recent incarceration, significantly higher than any other substance use category.

Sixteen (38%) of these participants indicated they had received OAT while incarcerated. When looking only at those who reported opioid/fentanyl use or OAT access elsewhere in the survey, this proportion rose to around 55%.

The majority of participants (85%) reported accessing health or social services upon release, most commonly medical services (doctor/nurse), mental health and substance use services, and OAT. When asked what services participants would like to have been offered upon release, the most common services indicated were emergency housing/shelter and harm reduction supplies.

HEALTH AND SOCIAL SERVICE USE

Among the total sample, the most common health and social services accessed in the past six months included medical services (55%), pharmacy (57%), and Mental Health and Substance Use (43%) services. Emergency housing had been used by around 20% of participants overall.

By region, a higher proportion of participants accessed MHSU services in the Kootenay Boundary region while a lower proportion of participants accessed emergency housing in the East Kootenay region. In general, women reported more service use than men, and younger participants (<30 years of age) were less likely to access medical and pharmacy services. Among indigenous participants, a higher proportion reported accessing Friendship Centres or other indigenous-specific services in the Okanagan and Thompson-Cariboo-Shuswap regions than in the Kootenay regions. Of note, a higher proportion of indigenous participants in the East Kootenay region had not accessed any

SHUSWAP FAMILY CENTRE

services in the past 6 months. Participants who reported use of opioids or opioids plus stimulants reported more services use overall. Emergency housing was more often reported among those reporting use of opioids plus stimulants (30% versus 7-20%), while those reporting use of sedatives, codeine or OxyContin reported higher use of pharmacy (70%).

Around 80% of participants reported ever having been tested for HIV and HCV. There were no significant differences across regions. A lower proportion of men and a lower proportion of younger participants reported testing for both HIV and HCV. Four percent of the participants reported being HIV positive, and 20% reported being HCV positive. Among those who indicated they had not been tested for HIV or HCV, the majority indicated this was because they were not at risk – some indicating they were abstinent and/or did not inject, others indicating they were in a relationship or that they "played safe."

Most participants indicated they accessed services primarily in their hometown (83%). This was highest in East Kootenay (88%) and lowest in the Okanagan (72%). Among the 37 participants (17%) who did not access services in their hometown, 16 did not specify a travel distance, 6 indicated they travelled <40km, 8 indicated they traveled 40 to 80km and 7 indicated they traveled more than 80km. These numbers were small, but proportionately more participants from the Okanagan indicated longer travel distances. Individuals from smaller communities (Grand Forks, Keremeos, Creston, Sparwood) travelled the longest distances for services.

SERVICE STRENGTHS AND CHALLENGES

Participants were asked an open-ended question about where they felt the most welcome and accepted out of the services they had accessed. ANKORS, Mental Health services, Salvation Army, Friendship Centres and Pharmacy were among the top ten service locations mentioned. While a number of participants said they felt welcome at all the services they accessed (N=13, 5%), twice that number indicated they didn't feel accepted anywhere (N=26, 10%). When asked what made them feel welcome at these services, a non-judgmental environment was the most often indicated reason. Likewise, among those who indicated they did not feel welcome, the sense that they were judged was often noted as the reason. Overall, the two things participants identified most often as service strengths were "Staff know me as a person" (61%) and "I don't feel judged for my substance use" (58%). While the top items were similar for indigenous compared to non-indigenous participants, indigenous participants were more likely to select feeling valued as part of the community, feeling less alone, having someone to talk to, and having made friends and connections as the most important element.

Around one-third of participants indicated they had not had any problems accessing services in the past 6 months. Among those who had, medical services were most frequently indicated

(27%), followed by emergency housing (24%). This was similar across regions, although in the Kootenay Boundary region OAT services were also frequently indicated (21%). In the Okanagan, a higher proportion of participants reported having had problems accessing medical, housing, pharmacy and MHSU services. Among indigenous participants, a higher proportion reported having problems accessing Friendship Centres/indigenous-specific services in the Kootenay Boundary region. When asked what made accessing the service difficult or impossible, a lack of available or accessible services was noted by several participants. In particular many referred to a lack of affordable housing, and availability of emergency housing. Availability of substance use treatment, detox, and local methadone doctors was also noted. Related to a lack of local service availability, many participants also noted location, travel and/or transportation as a major challenge. As above, many also spoke of experiences where judgmental attitudes and made service access challenging.

OVERDOSE AND PREVENTION

Harm Reduction

About one quarter of respondents indicated they had no access to harm reduction supplies. This was higher in the Okanagan and Thompson-Cariboo-Shuswap regions. Specifically, fewer participants in the Okanagan reported access to Naloxone (50% vs 67-82% in other regions), although a higher proportion reported access to crystal pipes. Indigenous participants were less likely to report having access to needles, even when restricting to those who reported any injection. In general, women reported less access than men, while younger participants reported more access to Naloxone than older participants.

HARM REDUCTION MATERIALS

ANKORS was the most frequently used location for harm reduction supplies in the Kootenay regions. In the Okanagan, street outreach (69%) and mobile harm reduction (44%) were the most frequently reported locations. In the Thompson-Cariboo-Shuswap, Public Health (39%), Pharmacy (33%) and MHSU (30%) were most frequently reported. Indigenous participants more often reported accessing supplies through street outreach (33% versus 18%).

Participants who reported using opioids and stimulants more often reported access through MHSU services (44%), while those reporting opioid use (without stimulants) more often reported accessing supplies through street outreach (41%). Those reporting use of sedatives, codeine and/or OxyContin more often reported accessing supplies through the pharmacy (45%), and those who reported use of stimulants were spread out, with a similar percentage accessing supplies at most locations.

Among those who reported they did not have access to harm reduction supplies, the majority indicated this was because they did not know where to get supplies. This was highest in the Thompson-Cariboo-Shuswap region (50%) and lowest in the East Kootenay region (25%).

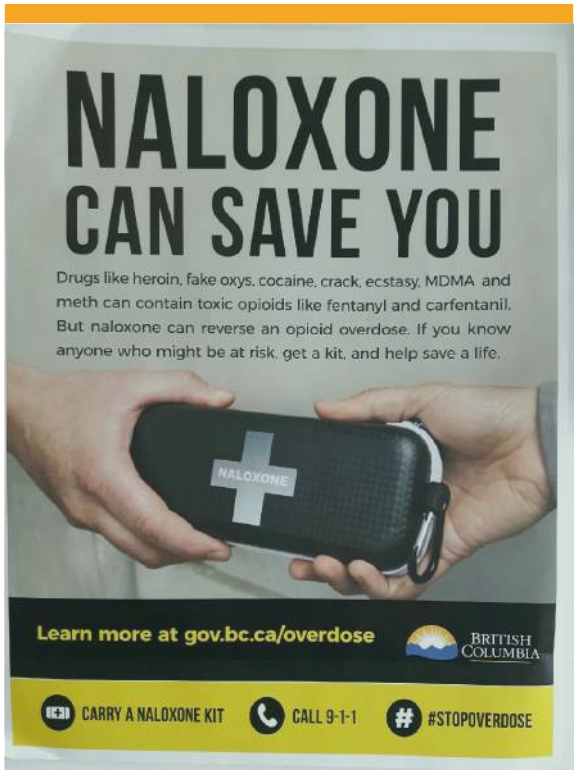
Naloxone and Overdose

A total of 92 participants (40%) reported that they had ever overdosed. Indigenous participants were more likely to report overdose (44% versus 33%), and among those who had overdosed, indigenous participants reported higher numbers of overdose.

Among those that had ever overdosed, about 60% indicated they had accessed emergency services after overdosing. Around 30% reported a positive, supportive experience, 20% reported a negative, judgmental experience and the remainder was neutral, didn't remember, or didn't respond to the question.

About a quarter of participants indicated they had emotional support after overdosing. This was slightly higher among those who accessed emergency services, although the difference was not significant. Of note, when asked what would have been helpful the most common responses had to do with having some form of support – someone to be there, to talk to, to guide them through services.

Of the total sample, around 60% reported having received Naloxone training. This was higher in the Kootenay regions. Women were more likely to report Naloxone training compared to men, and those who reported opioid and stimulant use were



BC GOVERNMENT NALOXONE POSTER

more likely to report training compared to the other substance use categories.

Around one-third of participants reported ever having reversed an overdose. This was significantly different by region, with Kootenay Boundary being the highest (50%), and East Kootenay the lowest (17%). Younger participants were more likely to report reversing an overdose than older participants, as were those who reported opioid use, with or without stimulants.

The majority (86%) of participants who reported reversing an overdose had received Naloxone training; this relationship most likely reflects the appropriate reach of Naloxone training to participants who are more likely to be in a situation to reverse an overdose. Looking only at those who had ever reversed an overdose, the median number of overdoses reversed among those with Naloxone training was significantly higher (Median: 5, 25% had reversed 2 or less, and 25% had reversed 8 or more) compared to those without (Median 1.5, 25% had reversed only 1, 25% had reversed 2.5 or more).

Other overdose risk reduction practices reported by participants included not using alone, or using with friends, starting with small doses, using less or limiting use and carrying naloxone were the practices most often mentioned. A few people from East Kootenay and Kootenay Boundary mentioned getting drugs tested.

SUBSTANCE USE TREATMENT

Opioid Agonist Therapy

Around 26% of participants indicated they were currently being prescribed an opioid agonist therapy (OAT). Most frequently this was methadone treatment (60%), while 11% reported Kadian, 15% reported Suboxone and 11% reported other therapies. Participants in the Kootenay Boundary region (40%) and the Okanagan (30%) more frequently reported being on OAT compared to the other two regions. The majority of participants reported accessing OAT in their home community, with the exception of respondents in the Thompson-Cariboo-Shuswap, where only 20% accessed these services locally.

The most often mentioned strength of OAT services reported was having a treatment that 'works' (no cravings, no withdrawal), and reduces or eliminates other drug use. While most did not feel they would change anything about how they currently accessed OAT, a few mentioned easier access, either with respect to local service or with respect to increased hours for doctors and pharmacy.

Other Substance Use Treatment Services

With respect to other substance use services, individual counselling, detox, and AA/NA were the most frequently reported services accessed. Indigenous participants were more likely to report accessing detox (23% versus 13%) and supportive recovery housing (7% versus 1%), while younger participants were more likely to report accessing psychedelic therapy compared to older participants (16% versus 3%).

Services Needs

When asked what services participants would like to access in the next 6 months, the most common responses were medical (43%), followed by pharmacy (36%) and counselling (35%). Among HCV positive individuals, one third indicated that they wanted to access HCV services in the next six months. Of these, only 3 (~23%) had accessed HCV services in the past 6 months. Indigenous participants were more likely to indicate they would like to access support groups and treatment programs; women were more likely to want to access counselling services, and younger participants were more likely to want access to prescription heroin/ hydromorphone therapy.

With respect to Harm Reduction services, street outreach was most often identified as a service needed in participants' communities. This was true across regions with the exception of East Kootenay, where drug checking was the most often identified service. When asked to describe any harm reduction, health or substance use services that participants would like to see in their community that are not currently available, several participants noted the need for more local harm reduction services, especially in the smaller towns. A few mentioned OPS and safe injection sites, while others mentioned substance use treatments (heroin maintenance, alcohol treatment) and support groups (AA/NA, peer groups, street outreach specifically for those who use methamphetamines).

EDUCATION AND TRAINING

Educational topics most frequently selected were overdose prevention (54%), homelessness survival tactics (44%) and OAT (30%). When participants were asked if they had an interest in leadership training or other community involvement, over half (55%) indicated they were interested. This was highest in Kootenay Boundary and Thompson-Cariboo-Shuswap (65%) and lowest in East Kootenay (40%). Several participants expressed an interest in wanting to help others by getting more involved in the community. Specifically, participants mentioned wanting to help with outreach, with street youth, with programs for homelessness and with programs supporting people to reduce substance use. In addition, several participants talked

about wanting to share their experiences and knowledge with goals of supporting others facing similar challenges, helping educate the community to reduce stigma, and supporting youth prevention programs.

HOPE FOR THE FUTURE

At the end of the survey, participants were asked to express one hope for the future of their health care. The majority of participants indicated their one hope was to stop using and/or "stay clean." Accessibility was also often mentioned with reference to affordable or free services, local access in rural areas, and access to specific services such as substance use treatment, pain management, naloxone kits, and OAT. Many participants talked about supports, including support for accessing medical services and service navigation, more social work support, peer support groups, social and community supports, more follow-up support and more support for the overdose response in general.

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