

Topic	Findings from the 2021 Harm Reduction Client Survey on Witnessed Drug Consumption Services: Overdose Prevention Sites, Supervised Consumption Sites, and Cellphone Applications
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Data source	2021 Harm Reduction Client Survey
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Key messages

- The findings highlight the need to expand access to Overdose Prevention and Supervised Consumption Sites in rural areas, particularly since a higher proportion of people in these communities use substances alone, as well as services for people who smoke or snort substances.
- Additional analyses are needed to understand facilitators and barriers to using cellphone applications, such as BRAVE and Lifeguard, for witnessed consumption services.

Introduction

Research Question: In 2021, what were the characteristics of people who used witnessed consumption services, including an Overdose Prevention Site (OPS), Supervised Consumption Site (SCS), or cellphone applications such as BRAVE and Lifeguard, compared to people who did not?

- In March 2020, following the declaration of the COVID-19 public health emergency, OPS/SCSs were temporarily closed to support physical distancing measures. It took approximately 16 months (July 2021) for OPS/SCS visits to return to levels seen prior to COVID-19 due to factors such as reduced capacity to support physical distancing, decreased staff capacity, and fear of accessing services due to COVID-19. Meanwhile, the rates of drug poisoning events in BC reached and remained at an unprecedented high.
- Using data from the 2021 Harm Reduction Client Survey (HRCS) we examined the socio-demographic and drug consumption characteristics of people who used witnessed consumption services compared

to people who did not use witnessed consumption services in 2021. The purpose of this analysis was to examine who was using these services during a time when witnessed consumption service visits were recovering from the initial stages of the COVID-19 public health emergency.

Study Design and Methods

- The 2021 HRCS was administered at 17 harm reduction sites in BC to people over 19 years who reported using unregulated substances in the last 6 months. Data were self-reported and cross-sectional, and collected between March 2021 and January 2022. Participants received a \$15 honorarium for completing the survey. The total sample for the 2021 HRCS was 537 participants.
- The study samples for this analysis were all participants who responded to the questions about accessing an OPS or SCS in the last 6 months (n=485); issues accessing an OPS/SCS in the last 6 months (n=537); and having heard of the cellphone applications BRAVE or Lifeguard (n=490).
- We generated descriptive statistics (including Chi-square and Fisher's exact tests of association) of socio-demographic and drug consumption characteristics by use of witnessed consumption services. Analyses were conducted in RStudio at $\alpha=0.05$.

Findings

- In the 2021 HRCS, 29% of people used an OPS/SCS in the last 6 months. Among people who did access an OPS/SCS in the last 6 months, a higher proportion¹:
 - Resided in urban areas;
 - Did not experience an opioid or stimulant poisoning in the last 6 months;
 - Used illicit opioids or stimulants in the last 3 days; and
 - Preferred injecting substances ($p<0.05$). See Table 1a.
- The main reasons people reported not accessing an OPS/SCS in the last 6 months were due to:
 - Not needing or wanting to access an OPS/SCS (18%);

¹ There were no differences in these findings after excluding respondents from sites in the Vancouver Coastal Health region (see Appendix). Though no statistical tests were conducted, a higher proportion of respondents from sites located outside of the Vancouver Coastal Health region used drugs alone compared to the sample where people from that region were included.

- Services not being available in the community (10%);
 - The site being too far away (8%); and
 - Not being allowed to smoke or snort drugs at the OPS/SCS (9%). See Table 2.
- There were no differences in the findings between people who used an OPS/SCS and people who used an OPS/SCS and/or an app. Only 5.7% of respondents (n=28) used the BRAVE or Lifeguard applications in the last 6 months (Table 3a and 3b). We could not conduct a separate analysis of factors associated with using these applications because of the small number of people who use them. Among people who had heard of BRAVE and/or Lifeguard but did not use them (78.0%, n=135), the main reasons people reported not using the apps were:
 - Not having a cellphone (33%);
 - Not using opioids (20%); and
 - Not wanting to be monitored while using drugs (15%). See Table 4.

Interpretation

- The findings from this analysis highlight the need for additional witnessed consumption services for people who prefer smoking or inhaling substances, and expansion of services in rural or remote areas. This is consistent with witnessed consumption service needs prior to the COVID-19 public health emergency.
- In 2021, respondents in urban settings used witnessed consumption services more than those in rural settings. Findings showed that sites are not available in many communities, and that existing sites do not always support people to consume substances in the way they prefer, i.e. smoking/snorting. In addition, a higher proportion of respondents from sites outside of the Vancouver Coastal Health region used alone. This finding further emphasizes the need for increased availability of witnessed consumption services that meet the needs of people who use substances across the province, with a focus on rural regions and health authorities with a higher proportion of rural communities.

Limitations

- The 2021 HRCS is a convenience sample therefore does not represent all people accessing witnessed consumption services or experiencing drug poisoning events. Though it provides some insight into a population accessing health care or drug poisoning prevention services, it is not clear how often within the 6-month period respondents used witnessed consumption services.

- The survey is cross-sectional and self-reported so we cannot assess temporality.
- Due to a small number of people using the BRAVE or Lifeguard apps it was not possible to assess the characteristics of people using these services. A large proportion of respondents did not have a cellphone, which may explain why there was a small number of app users.

Supporting Information

Document citation

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Tables and Figures

Table 1. Characteristics of people who used Overdose Prevention Site (OPS) or Supervised Consumption Site (SCS) in the last 6 months compared to people who did not

Characteristic	N	Overall, N = 485 ¹	Used OPS/SCSs in last 6 months		p-value ²
			No, N = 343 ¹	Yes, N = 142 ¹	
Age	472				0.088
19-39		188 (40%)	135 (72%)	53 (28%)	
40-59		235 (50%)	160 (68%)	75 (32%)	
60 and over		49 (10%)	41 (84%)	8 (16%)	
Gender³	480				0.84
Cis woman		172 (36%)	124 (72%)	48 (28%)	
Cis man		296 (62%)	209 (71%)	87 (29%)	
Community size	485				0.026
Urban		386 (80%)	264 (68%)	122 (32%)	
Rural		99 (20%)	79 (80%)	20 (20%)	
Use drugs alone	485				0.86
Ever		416 (86%)	292 (70%)	124 (30%)	
Never		56 (12%)	41 (73%)	15 (27%)	
Stimulant poisoning in last 6 months	459				<0.001
Yes		49 (11%)	23 (47%)	26 (53%)	
No		410 (89%)	300 (73%)	110 (27%)	
Opioid poisoning in last 6 months	452				<0.001
Yes		117 (26%)	68 (58%)	49 (42%)	
No		335 (74%)	254 (76%)	81 (24%)	

Characteristic	N	Overall, N = 485 ¹	Used OPS/SCSs in last 6 months		p-value ²
			No, N = 343 ¹	Yes, N = 142 ¹	
Used illicit opioids or stimulants in last 3 days	485				<0.001
Yes		268 (55%)	166 (62%)	102 (38%)	
No		172 (36%)	137 (80%)	35 (20%)	
Do not use illicit stimulants or opioids		45 (9%)	40 (89%)	5 (11%)	
Preferred method of using drugs	471				<0.001
Injecting		71 (15%)	36 (51%)	35 (49%)	
Smoking/Inhalation		315 (67%)	233 (74%)	82 (26%)	
It depends or no preference		46 (10%)	29 (63%)	17 (37%)	
Other (inc snorting, swallowing)		39 (8%)	34 (87%)	5 (13%)	

¹n (%)

²Pearson's Chi-squared test; Fisher's exact test

³Data for respondents who identified as transgender, gender diverse, or Two-Spirit are not presented as there were fewer than 20 respondents

Table 2. Main reasons it was difficult to access an Overdose Prevention Site (OPS) or Supervised Consumption Site (SCS) in the last 6 months

Reasons people did not use OPS/SCS	N = 537 ¹
I don't need/want to use an OPS/SCS	97 (18%)
Services not available in my community	53 (10%)
Not allowed to smoke/snort drugs there	46 (9%)
Site too far	45 (8%)
Site not open when I needed it	36 (7%)
Site was too busy/chaotic	19 (4%)
Worried about being exposed to COVID-19	9 (2%)
Staff had negative attitude	9 (2%)
Site closed due to COVID-19 pandemic	7 (1%)
Worried about being stigmatized	7 (1%)
Concerned about confidentiality	7 (1%)
Other	23 (4%)
Missing	41 (8%)

¹Column n (%); among all respondents, whether or not indicated using an OPS/SCS in the last 6 months

Table 3a. Proportion of respondents who heard of the Lifeguard or BRAVE app

Heard of Lifeguard or BRAVE app	N = 490 ¹
Yes	173 (35%)
No	317 (65%)

¹Column n (%)

Table 3b. Proportion of respondents who used the Lifeguard or BRAVE app

Used Lifeguard or BRAVE app	N = 163 ¹
Yes	28 (17%)
No	135 (83%)

¹Column n (%); among respondents who heard of Lifeguard or BRAVE applications, but did not use them

Table 4. Main reasons respondents who had heard of the BRAVE or Lifeguard app did not use them

Reasons people did not use apps	N = 135 ¹
I don't have a phone	45 (33%)
I don't use opioids	27 (20%)
I don't want to be monitored while using drugs	20 (15%)
The app is confusing	17 (13%)
I never use alone	9 (7%)
Concerned police will attend	8 (6%)
I don't want emergency health services to be alerted	3 (2%)
Other	21 (15%)
Missing	3 (2%)

¹Column n (%)

Appendix

Characteristics of people who used Overdose Prevention Site (OPS) or Supervised Consumption Site (SCS) in the last 6 months compared to people who did not, excluding Vancouver Coastal Health

Characteristic	N	Overall, N = 417 ¹	Used OPS/SCS in last 6 months		p-value ²
			No, N = 307 ¹	Yes, N = 110 ¹	
Age	405				0.045
19-39		168 (41%)	126 (75%)	42 (25%)	
40-59		199 (49%)	140 (70%)	59 (30%)	
60 and over		38 (9%)	34 (89%)	4 (11%)	
Gender³	413				0.58
Cis woman		153 (37%)	117 (76%)	36 (24%)	
Cis man		254 (62%)	184 (72%)	70 (28%)	
Community size	417				0.052
Urban		338 (81%)	242 (72%)	96 (28%)	
Rural		79 (19%)	65 (82%)	14 (18%)	
Use drugs alone	417				0.48
Ever		361 (87%)	262 (73%)	99 (27%)	
Never		43 (10%)	35 (81%)	8 (19%)	
Stimulant poisoning in last 6 months	394				<0.001
Yes		32 (8%)	15 (47%)	17 (53%)	
No		362 (92%)	273 (75%)	89 (25%)	
Opioid poisoning in last 6 months	387				0.005
Yes		103 (27%)	66 (64%)	37 (36%)	
No		284 (73%)	222 (78%)	62 (22%)	
Used illicit opioids or stimulants in last 3 days	417				0.001
Yes		242 (58%)	162 (67%)	80 (33%)	
No		136 (33%)	111 (82%)	25 (18%)	
Do not use illicit stimulants or opioids		39 (9%)	34 (87%)	5 (13%)	
Preferred method of using drugs	403				<0.001
Injecting		58 (14%)	30 (52%)	28 (48%)	
Smoking/Inhalation		274 (68%)	212 (77%)	62 (23%)	
It depends or no preference		38 (9%)	25 (66%)	13 (34%)	
Other (inc snorting, swallowing)		33 (8%)	29 (88%)	4 (12%)	

¹n (%)

²Pearson's Chi-squared test; Fisher's exact test

³Data for respondents who identified as transgender, gender diverse, or Two-Spirit are not presented as there were fewer than 20 respondents