

# Exploring reasons people use drugs alone – more than stigma or concerns about police



BC Centre for Disease Control  
An agency of the Provincial Health Services Authority

toward  
THE heart.com  
BCCDC HARM REDUCTION SERVICES

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**Jane Buxton**

Email: [Jane.Buxton@bccdc.ca](mailto:Jane.Buxton@bccdc.ca)

Kristi Papamihali, Eric Busto,  
Brittany Graham, Alexis Crabtree,  
Vivian Tsang

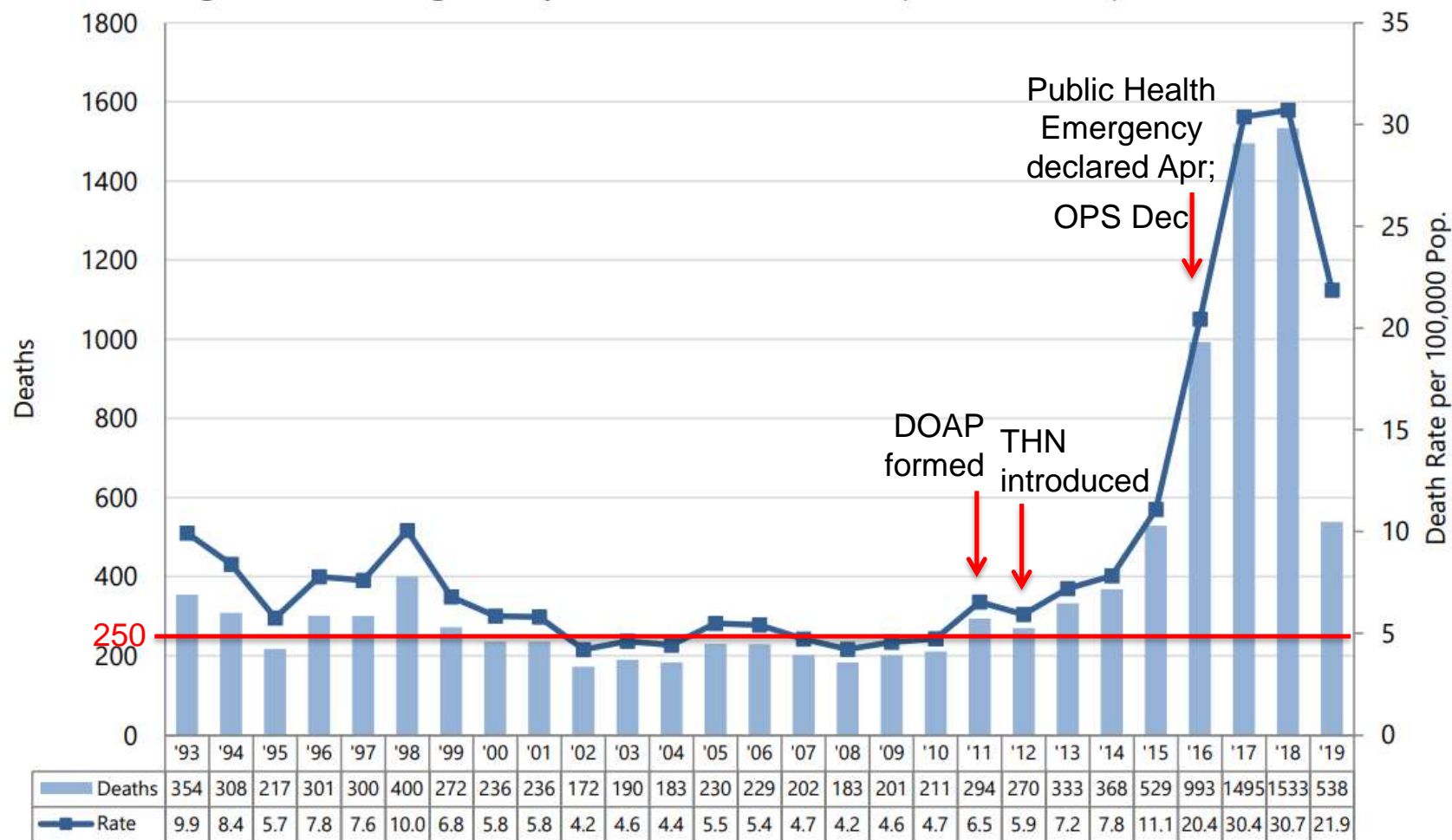
# Outline

- Context
  - Overdose crisis in Canada & BC
  - Deaths among people using drugs alone
  - Concern police attending overdose?
- Prevalence of using drugs alone
  - 2018 Harm Reduction Client Survey
- Reasons for using alone
  - 2018 Harm Reduction Client Survey
  - Qualitative interviews

# Apparent Opioid-related Deaths in Canada



Figure 1: Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population [3-6]

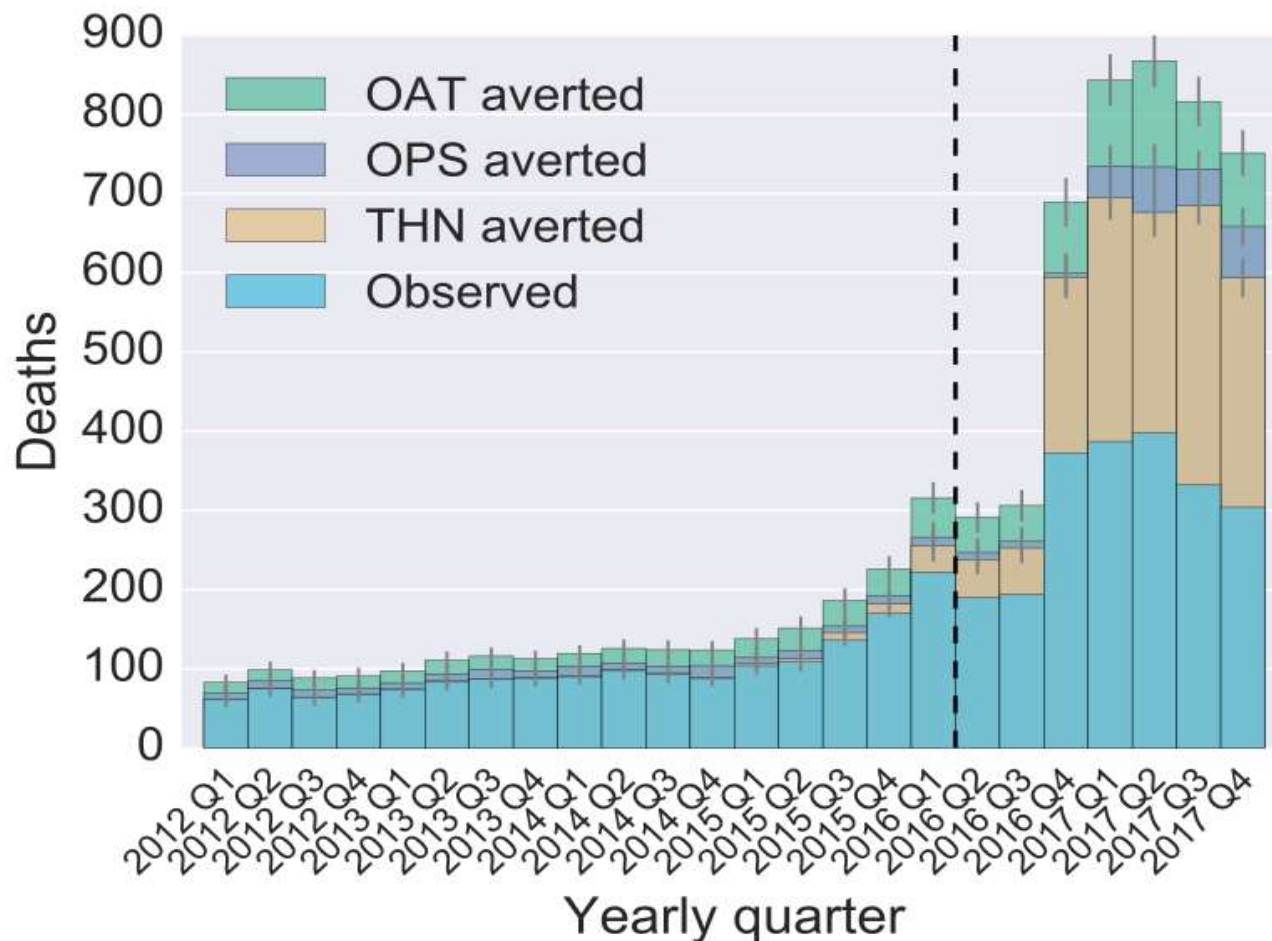


BCCS Aug 16, 2019 (data to Jun. 30, 2019) provisional  
<https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

Mathematical modelling assessed impact of combined interventions of THN, OPS, and OAT on the number of opioid-related deaths averted in BC

Apr 2016-Dec 2017

- **3,030 death events averted by combined interventions (1,580 THN)**



Mike Irvine et al.  
(Addiction, 2019)



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1,670

ACTIVE THN  
DISTRIBUTION  
LOCATIONS IN BC  
INCLUDING:



20

CORRECTIONS  
FACILITIES



86

HOSPITALS &  
EMERGENCY DEPTS.



703

COMMUNITY  
PHARMACIES



152

FIRST NATION SITES

48,868

KITS REPORTED  
AS USED TO  
REVERSE AN  
OVERDOSE

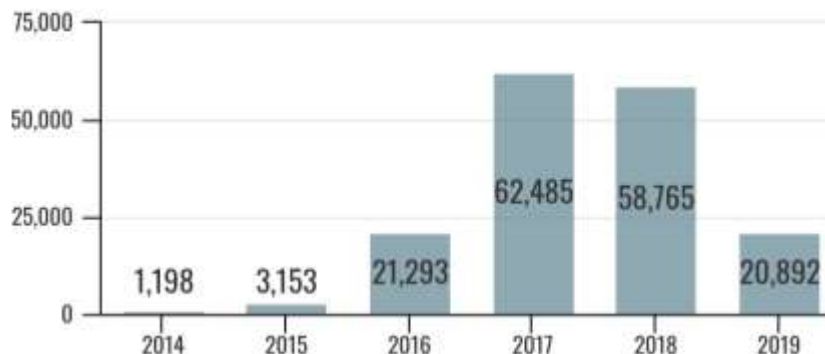
## DISTRIBUTION OF KITS



- Kits for New Participants
- Kits Reported as Used
- Replacements: Stolen, Lost, Expired, Confiscated

## NUMBER OF KITS DISTRIBUTED BY YEAR

Data are derived from a live environment and data from most recent two months are subject to change.  
Distribution data are reasonably complete until May 31st, 2019.



Sep. 15, 2019

# Overdose Prevention Services

Introduced Dec 9 2016 by ministerial order under the Emergency Health Services Act and Health Authority Act

- 33 health authority-funded observed consumption sites (SCS/OPS)
- Jan 2018 to June 2019: 885,400 visits with 5,470 ODs attended
- Other forms OPS; Vancouver has >25 OPS sites in housing settings



Table 3: Illicit Drug Toxicity Deaths by Place of Injury and Health Authority, BC, 2017-2019<sup>[3,4]</sup>

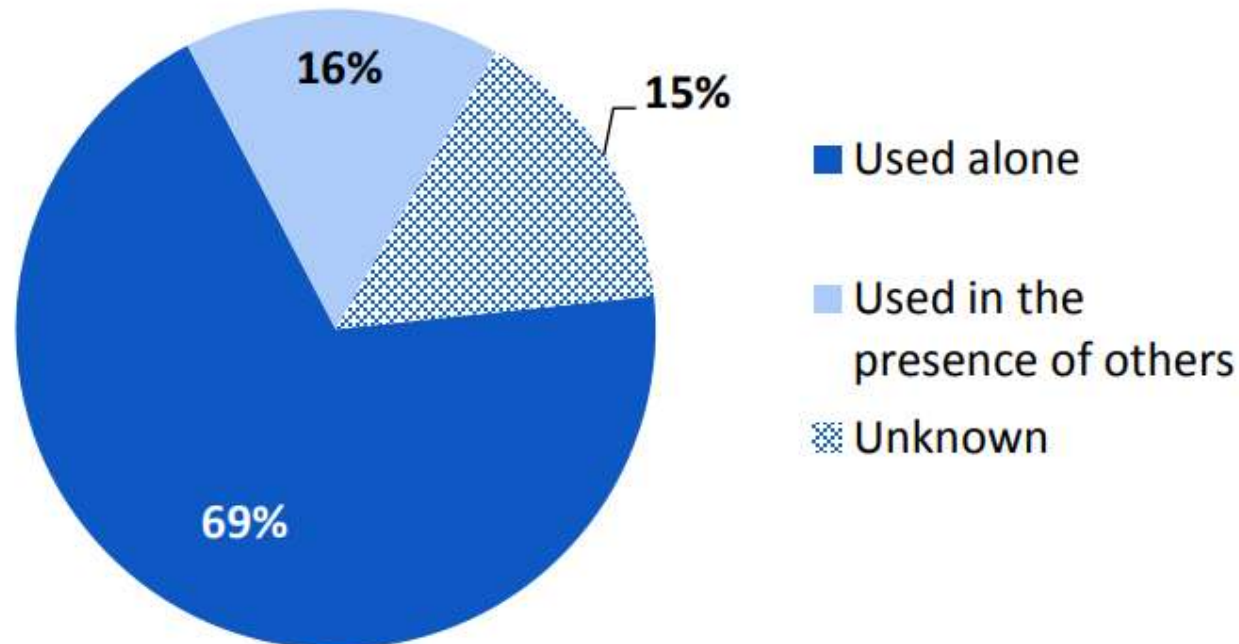
	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
Inside:					
Private Residence	372 (67.6%)	863 (71.9%)	386 (36.6%)	358 (63.3%)	136 (70.1%)
Other Residence	89 (16.2%)	123 (10.2%)	511 (48.4%)	120 (21.2%)	32 (16.5%)
Other Inside	18 (3.3%)	52 (4.3%)	27 (2.6%)	17 (3.0%)	4 (2.1%)
Outside	70 (12.7%)	149 (12.4%)	119 (11.3%)	68 (12.0%)	18 (9.3%)
Unknown	1 (0.2%)	14 (1.2%)	12 (1.1%)	3 (0.5%)	4 (2.1%)
Total	550	1,201	1,055	566	194

- The majority of overdose deaths occur in **private residences**
- In Vancouver more deaths occurred in **other residence** which include:
  - rooming houses, single room occupancy hotels, shelters, social and supportive housing, hotels and motels

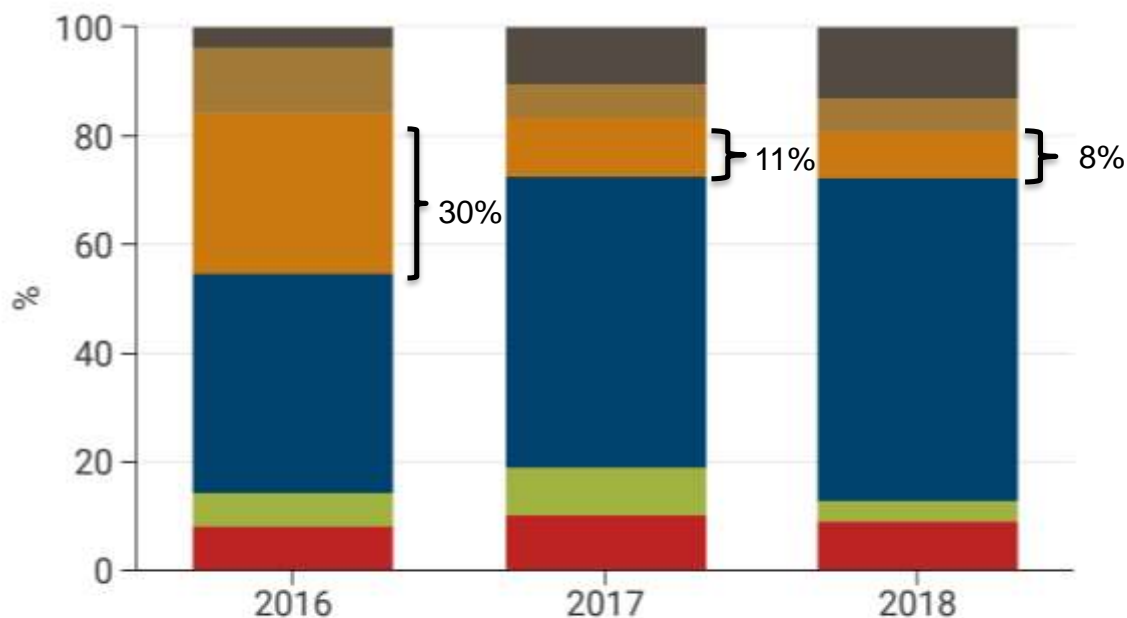


## Illicit drug toxicity deaths 2016-2017 closed cases (n = 872)

**>2/3 reportedly  
used alone**  
i.e. used illicit  
drugs in absence  
of other people  
when consumed



## Reasons for not calling 911 among reported naloxone administration events, Jan. 2016 – Dec. 2018



- No phone/cell service
- Person who OD'd requested no 911
- Thought person would get better/person was OK
- Worried that police would come
- Prefer not to say
- Other

- June 2016 BC Emergency Health Services no longer routinely inform police about an overdose
- May 2017 Good Samaritan Drug Overdose Act introduced

# How often and why do people use drugs alone?

Often suggested **stigma** and **fear of law enforcement** influences people to 'hide' their use and use drugs alone

## Two data sources:

### 2018 BC Harm Reduction Client Survey

- 486 participants completed survey;
- 22 communities across BC
- **76% used alone in past 7 days**
- For more details regarding survey see posters

### Qualitative interviews with PWUD

- N=30;
- **79% used alone in last 7 days**



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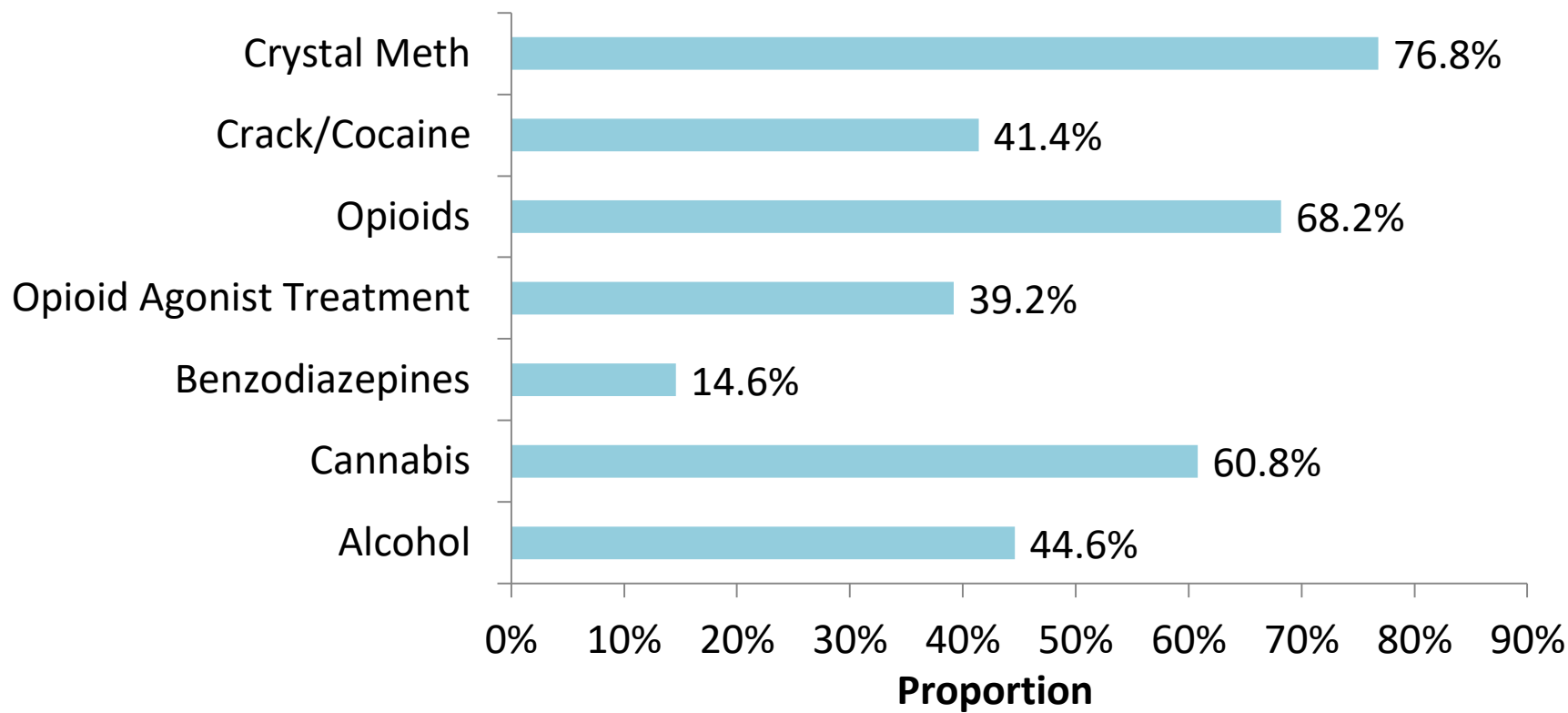
## BC Harm Reduction Client Survey in 2018 – Using drugs alone

- Prevalence of using drugs alone similar across:
  - 5 Health regions; urban or rural areas
  - Genders; age groups
  - Preferred method of use: injection, inhalation/smoking
  
- Among those that used alone, 20% had experienced an opioid overdose in the past 6 months compared to 11% among those who did not use alone ( $p=0.015$ )



## BC Harm Reduction Client Survey in 2018 – Using drugs alone

### Past week drug use among those that used alone



## BC Harm Reduction Client Survey in 2018 – Using drugs alone

Reason for using drugs alone	Participants that used drugs alone (n=314) n (%)
Convenience and comfort	139 (44.3%)
Don't want others to know/stigma	46 (14.6%)
It's safer to be alone	30 (9.6%)
<i>Was alone/ had no one to use with*</i>	37 (11.7%)
<i>Don't want to share/cheaper to use alone*</i>	27 (8.6%)
Other reasons	15 (4.8%)

*\*Reasons identified through thematic analysis of free text responses*

## Qualitative interviews – reasons for using at home

### Convenience and comfort

- Convenient, private and comfortable.
- Can perform preferred activities before, during and after using drugs

### Not bothering others (circumstantial)

*“I only have one person who knows I use... it’s a lot of pressure and responsibility on my friend... I always feel guilty”*

*“When I am alone, I’ll just use. I don’t go searching for someone”*

### Hiding drug-use (from others who use drugs)

*“I’ve established respect because I volunteer in so many places. There’s a lot of people that don’t even know I use, and they’ve known me for 18, 20 years...I’m a private user”*

## Qualitative interview findings

### Limitations of OPS/SCS

*“If it wasn’t for harm reduction sites...there’d be a lot more deaths out here than anything, with the epidemic being as crazy as it is, there needs to be more sites”.*

*“You go to the OPS site and they’re full, so you go to another one and they’re full. And now you have to get back to work and you’re sick and the OPS sites are all full”*

Other reasons given for not using OPS/SCS include:

- Preferring to smoke and not allowed to
- Long wait times and limited time to chill after use before being ushered out
- Feeling unsafe as crowded, outbursts from other clients
- Distance and time to travel to sites

## Discussion

- Opioid deaths are preventable
- 2/3 deaths occur in people who use alone
- 3/4 reported using drugs alone some times every week
- People use drugs alone for a variety of reasons
  - Convenience and comfort of using in private
  - Not wanting to share/have anyone around; Hiding use
  - Long waits at observed consumption sites or prefer to smoke
  - Few concerns re police
- Those using alone more likely to report:
  - illicit drug overdose in past 6/12
  - using more drugs
- The unregulated market drug supply is toxic with fentanyl

**Conclusion:** a safe drug supply is needed so people know what they are taking



## Special thanks to:

- All participating sites and participants
- Regional Harm Reduction Coordinators
- BC Ministry of Health
- MPH students
- Collaborators in Montreal, Edmonton, and CCSA
- VANDU and other PWLE for input on survey questions



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Thank you! 😊



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Contact:  
Jane.Buxton@bccdc.ca