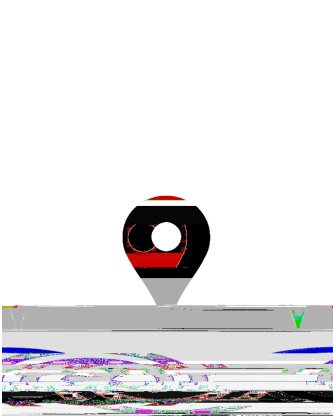


Every Washroom:
De facto cons0u3To





Overview

- Overdose-related calls to Victoria police more than doubled in 2015 from previous years and calls were primarily made from health and social service agency locations.
- Washrooms in non-governmental organizational (NGO) health and social services agencies and shelters are
- The CARBC AOD High Risk Populations Monitoring Study found 43% of those surveyed reported using NGO washrooms as a site to consume drugs in the last year and reported use in local agency washrooms doubled (28% to 58%) between the first and second half of 2015.
- Focus groups with shelter staff identified that “the majority of the staff recognize that kind of every washroom in this city is a de facto supervised consumption site, whether we want that to be the case or not, whether everyone agrees that or not.”
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Introduction

Drug-related overdoses are a concern throughout Canada. By the end of 2015, there were 474 illicit drug-related overdose deaths recorded in BC, which is a 30% increase from the previous year (365 deaths in 2014) (1). Fatalities in BC dramatically increased in early 2016, with 371 overdose deaths in the first six months – a 74% increase over the number of deaths occurring in the same period in 2015 (2). Currently, approximately 61 people per month are dying of an overdose. Between 2011 and 2015 there was an average of 19 illicit drug-related deaths per year in Victoria. However, in the first six months of 2016, there were already 29 illicit drug-related deaths reported by the Coroner (3). By the end of June, Victoria along with Surrey and Vancouver were identified as the top three townships where fatal overdose deaths have occurred in the last nine years (3).

The Province warned that without taking additional steps to combat overdoses, BC could see a total of 600 to 800 overdose deaths in 2016. In April 2016, British Columbia's provincial health officer, Dr. Perry Kendall, declared drug-related overdoses to be a public health emergency (1). In calling the emergency, the Provincial Health Officer and the Minister of Health highlighted that there is currently inadequate reporting of non-fatal overdose incidents including those at which naloxone is administered. A stated objective of the declaration of a public health emergency was to improve information gathering on the locations of non-fatal overdose incidents to help target action including warnings to people who use drugs. In July 2016, the Premier of BC announced a new Joint Task Force on Overdose Response (4) to initiate new actions and scale up existing responses to prevent drug overdoses.

In this report, we provide information on injection drug use and overdose events in Victoria BC, including environmental factors that are contributing to overdoses, in order to inform a much-needed comprehensive harm reduction response to prevent drug-related overdoses and deaths.

Background

Twenty years ago, Vancouver BC faced a set of environmental conditions that were identified as being “a recipe for an epidemic” of HIV infection among people who inject drugs (PWIDs) (5 as cited in, 6). Similarly, Victoria BC is currently facing a set of environmental conditions which have set the stage for an overdose epidemic. Over the course of a year (2014/15) there were 1,725 unique individuals accessing shelters in Victoria (7) and on a single night in 2016, there were at least 1,387 people recorded as experiencing homelessness (8). Half of those experiencing homelessness in 2016 identified facing problems with substance use and (47.8%) reported a need for substance use services. Homelessness, together with the limited implementation of harm reduction services in Victoria and the proliferation of Fentanyl use, are some of the main conditions contributing to the current overdose epidemic. Fentanyl has been a factor in an estimated 60% of recent overdose deaths (3).

As early as 2000, there was a call for expansion of harm reduction services in Victoria in response to concerns related to HIV infection (9). In 2005, the City of Victoria proposed a “comprehensive continuum of harm reduction services” in its report “Fitting the Pieces 481D 9(es)481D 9(es)71(dose ea)4.1(BG) identified as ETepor)-24(t)82.7(“F)26(ittr)10(espon<</MCID c(espc)6(espid(n). I)-1BT /T1i6.4(V)16lemen71(dose ea)4..4(Vsxp

Background continued

Public health officials in Victoria have also encouraged the integration of harm reduction services into the community response to homelessness (16). In 2011, a framework was produced that specifically highlighted the need for needle exchange programs and supervised consumption services as part of implementation of Housing First strategies (17). In 2014, Island Health Authority announced a renewed initiative to “provide better and more coordinated support to reduce the harms associated with substance use for at-risk populations” (18). However, while the program was to include two Health Service Hubs, to date only one is operating at AIDS Vancouver Island (AVI). In 2014/15, AVI's Victoria programs recorded more than 2,000 interactions with people using illicit drugs every month (19). AVI reported that in 2014-2015 trained harm reduction staff responded to 27 overdose events, while in just the first three months of 2016 staff have responded to 21 overdose events. All 48 of these overdoses were reversed through the use of naloxone and no deaths resulted (20). The closure of the needle exchange and having only one of two health service hubs fully operational has contributed to significant pressure on AVI as the primary source of harm reduction supplies and services for people who use drugs in Victoria.

In order to gain an understanding of the scope and magnitude of the overdose crisis in Victoria, we present data from three different sources including the Victoria Police Department's dispatch calls, the CARBC Alcohol and Other Drug (AOD) Monitoring Project's High Risk Populations Monitoring Study and a recent qualitative study on preventing and reducing harms of substance use in homeless shelter programs.



Results

Victoria Police Department: Drug- and overdose-related call data

The Victoria Police Department (VicPD) computer-aided dispatch (CAD) calls indicate an increase in police responses to overdose events in the Victoria and Esquimalt areas between 2011 and 2015. Over the five years between 2011 and 2015 there were a total of 3,765 drug-related police calls and responses and 522 calls responding to overdose incidents in those two areas of the city. The call data show that overdose-related calls to police more than doubled by 2015 while drug-related calls over this five year period have been decreasing.

While there was an average of 85 overdose calls annually in previous years (2011-2014), in 2015 the number of overdose related calls to police more than doubled with 181 overdose calls recorded. At the same time, drug-related calls to police have been decreasing each year from approximately 900 calls in 2011 down to 700 calls in 2015 (Figure 1 & 2).

The most frequent locations of overdose-related calls to police were in areas where health and social service agencies are located, specifically in the vicinities of facilities providing harm reduction, drop-in and shelter services. Approximately one of every four overdose calls (24.5%) with a police response was in the vicinity of the region's largest homeless shelter.

A subsample of 2,533 drug-related call responses that occurred in the Victoria city core was analyzed to identify the location and determine the nature of each call by coding the anonymized remarks section included in the CAD records. These data showed that calls related to injection drug use have increased over the past five years, with 2015 recording almost three times as many injection-related call responses as 2011. In contrast, there appears to be a decrease in call responses involving drug-related calls where there was an unspecified method of administration or where public inhalation was recorded in the police comments. The most noticeable increase in calls related to injection drug use occurred in 2015. In contrast with calls responding to overdoses, calls to police regarding drug consumption, particularly public drug consumption, seem to be dispersed throughout the city core and not necessarily linked to where health and social service agencies are located.

CARBC BC AOD Monitoring Project's High Risk Populations Monitoring Study: Substance Use in Social Service Agency Washrooms

Almost half (43%) of the 80 people interviewed in the Victoria High Risk Populations Monitoring Study survey in 2015 reported using substances in the washroom of a social service agency in the past 12 months. The number of people reporting substance use in agency washrooms nearly doubled between the first and second waves of data collection in 2015 from 11 (28%) to 23 (58%).

The main reasons participants cited for using in agency washrooms over other locations were safety, privacy and access or availability. As one person stated, "it's safer, there's people around if something bad happens" and "staff are there if problems occur." During these interviews it became clear that many participants were using agency washrooms for these reasons.



Discussion

In the midst of a provincial illicit-drug-overdose public-health crisis, people continue to lack safe places where they can inject drugs more safely. In Victoria, nongovernmental organizations that provide harm reduction services within drop-in or shelter settings appear to be operating as de facto consumption sites. People wanting to avoid injecting drugs in public and who are seeking the perceived safety of staff presence





Conclusion

There is a wealth of evidence to support the effectiveness of supervised consumption services in preventing overdose deaths, preventing transmission of blood borne disease and increasing access to referrals and other resources to improve health and safety for people who use drugs.

There are clear regional and provincial priorities.

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