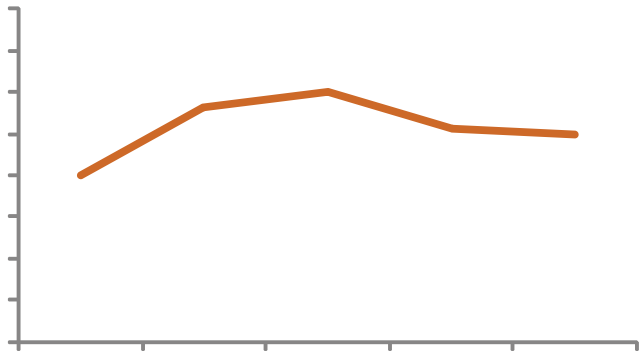




Methods

The AOD Monitoring project began collecting data on high-risk populations in mid-2007 (Duff et al, 2009). The Canadian Adult Sentinel Survey of Illicit Drug Use (CASSIDU) is conducted bi-annually in two waves (Wave 1=Winter/Spring and Wave 2=Summer/Fall), initially with 50 adult injection drug users in each wave in each city and then starting with the second wave of 2009, increasing to 80 participants with an expanded eligibility criteria that now includes participants who are non-injection drug users¹. The 2007 data were from a single wave conducted in the summer and fall as part of a pilot study. By the end of 2009, 464 interviews with active injection drug using participants had been conducted (226 in Vancouver, 238 in Victoria). This group will be the focus of this bulletin.

Eligible participants had lived in BC for at least 6 months, were at least 19 years old, and injected/used drugs at least once a month for the previous 3 months. Participants were sampled using a standardised strategy and survey instrument with recruitment from a variety of street agencies in Victoria and Vancouver. Participants were each given a \$20 honorarium for an interview. S



Impacts of the Closure of the Fixed-Site Needle Exchange: Qualitative data

In early 2009 an open-ended question sheet was added to the surveys in Victoria to assess how the closure of the fixed-site needle exchange had impacted drug use and injection drug users. Common themes emerging from the responses included:

- More open and public drug use.
- An increase in improper disposal of used needles (i.e., on the street).
- More people sharing and re-using syringes.
- More difficult to get clean needles.

Participants often spoke about the inconvenience of finding new needles since the fixed-site needle exchange closed in the summer of 2008. As one participant succinctly stated, "I can't find needles."

Other participants reported similar experiences:

"I've been looking for needles for weeks and haven't found any. It's really frustrating because I need them to inject. Sometimes I see needles on the street but I don't want to take the risk of using them. It's just a mess out there."

"It's hard to find clean needles now. Back when the exchange was open, it was so easy to get a new one every time. Now you have to beg people or look for them on the street. I don't know what to do."

"I've tried to find needles everywhere. Some people have been nice and let me borrow one, but it's not the same as getting a clean one from a proper place. I just feel like I'm in a bad situation and I don't know how to fix it."

"I've been using the same needle for a while now because I can't find any others. It's not ideal, but I have to do what I can to stay safe. It's really annoying when you can't get a new one."

Participants also frequently spoke about re-using needles. One participant, when asked about frequency of re-using needles replied, "I reuse needles because I can't find any other way to get clean ones." Other participants spoke of similar experiences re-using needles when they were unable to find new ones:

"How often do you re-use?" "Every day, because I can't find any clean ones. It's just a matter of how many times you can reuse one before it gets too risky."

"How often do you re-use?" "Whenever I can't find a clean one. I usually reuse the same one for several days if I have to. It's not great, but it's better than nothing."

"Why do you re-use needles?" "Because the needle exchange is closed and I can't get any new ones. I have to reuse what I have, even though I know it's not the best idea. I just don't see any other way to get clean needles."

Needle sharing is of particular concern, and poses serious health consequences for injection drug users. A number of participants reported seeing others around them sharing needles more often since the needle exchange closed:

"I've seen a lot more people sharing needles since the exchange closed. It's a real concern because you know how risky that is. I've seen it happen several times and it's just not good for anyone involved."

"I've noticed that people are more likely to share needles now. It's just because they can't get clean ones anywhere else. It's a desperate situation and people are taking risks they shouldn't be taking."

"I've seen a lot of sharing of needles in the parks and around the street. It's really sad to see because you know the consequences. I wish there was a way to help them get clean needles without having to share."

"I've seen a lot of people who are sharing needles. It's just because they can't find any clean ones. It's a real problem and it's causing a lot of health issues. I hope there's a way to solve this problem soon."

Discussion

The BC AOD Monitoring Project's ongoing surveys of illicit drug users in Victoria and Vancouver indicate shifting and differing rates of injection drug use in both cities. Victoria had significantly lower rates of crystal meth, heroin and marijuana use than Vancouver and significantly higher rates of injection of the prescribed opioids: dilaudid and morphine. Drugs whose use is increasing include methadone and crack in Vancouver and ecstasy in Victoria. These distinct observations in each research site underscore the value of data collection in multiple cities, since results from one jurisdiction cannot be generalized to another jurisdiction.

This study illustrates that drug usage for these injection users is substantially different in Victoria than in Vancouver for the period between 2007 and late 2009. First, the prescribed opiates morphine and dilaudid are significantly more common in Victoria than Vancouver. Illicit use of heroin, crystal meth and marijuana are significantly more common in Vancouver than Victoria.

Some changes were noted after the closure of the fixed site needle exchange in Victoria, June 2008. Although there was a substantial reduction in the number of clean needles distributed in Victoria, daily drug injection increased significantly over time. Conversely, in Vancouver, where clean needles were more accessible, daily drug injection significantly decreased. These results may underscore the importance of educational supports provided by needle exchange personnel that promote healthier lifestyles. The qualitative data collected in early 2009 in Victoria also raise concerns about difficulty accessing clean needles and a tendency to be more likely to re-use or share needles.

