

HOW ARE SUPERVISED CONSUMPTION SITES MEETING THE NEEDS OF PEOPLE WHO USE DRUGS? RESULTS FROM A SURVEY OF CLIENTS IN VANCOUVER, CANADA

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Background

Supervised consumption sites and overdose prevention sites (SCS/OPS) are evidence-based, life-saving services that improve health outcomes and reduce harms among people who use drugs (PWUD). Over the past decade, the rise in unregulated drug poisonings and shifts in primary mode of consumption have been well documented. These critical services have also been increasingly politicized in recent years. With a need to identify how SCS/OPS are meeting the needs of PWUD, we asked:

**How are SCS/OPS reaching diverse populations of PWUD?
How can these services adapt to the changing needs of PWUD?
Is frequent use associated with better health outcomes?**

Methods

Study design: The Health Connect (HC) study launched in January 2024 and one primary component of the study was to investigate engagement in healthcare and harm reduction services. To this end, we utilized a longitudinal survey study design that collected data on client socio-demographics, substance use patterns, as well as engagement with healthcare and harm reduction services.

Data collection: Participating SCS clients (ages 19+) completed an interviewer-administered survey. Survey data included participant socio, demographics, testing behaviours, and assess uptake of DBS testing among participants.

Analysis: We restricted our analytic sample to participants who had a response to the question about frequency of SCS/OPS use. In this analysis, we characterize SCS/OPS use into three mutually exclusive categories: never vs rarely/sometimes vs often/always. Descriptive results are presented, including a comparison of key variables across SCS/OPS use frequency. We modelled factors associated with frequent SCS/OPS use, as well used logistic regression to model the relationship between SCS/OPS use frequency and healthcare access and utilization defined as: 1) seeing a doctor in the previous 12 months; and 2) reporting access to a regular primary care provider).

Results

Table 1: Health Connect participants stratified by frequency of engagement with SCS/OPS

	Never n=55	Rarely/sometimes n=136	Often/always n=106
Age*			
Median (Q1-Q3)	44 (37-52)	40 (35-46)	39 (32-46)
Gender			
Women	24 (44%)	53 (39%)	39 (37%)
Men	28 (51%)	79 (58%)	60 (57%)
NB/Other	<5	<5	7 (7%)
Housing status			
Satisfied	21 (38%)	29 (21%)	29 (27%)
Unsatisfied	33 (60%)	105 (77%)	76 (72%)
Preferred mode of use*			
Smoking	49 (89%)	117 (86%)	71 (67%)
Injecting	<5	16 (12%)	25 (24%)
Other	<5	<5	10 (9%)
Used alone, p3m			
Never/rarely	17 (31%)	39 (29%)	43 (41%)
Sometimes/often/always	38 (69%)	96 (71%)	62 (58%)

*indicates significant difference at p<0.05

Key points:

- We did note that clients who used SCS/OPS often/always were younger and more likely to report injecting as their preferred mode of use.
- Gender, housing status and frequency of using drugs alone did not differ between frequency of SCS/OPS use
- In order to understand more about SCS/OPS experiences, we asked: **Beyond consumption, why do you access SCS/OPS? [top 3 responses]** Harm reduction supplies (72%); Wound care (21%); 2) Drug checking (20%) **What are major barriers to using SCS/OPS? [top 3 responses]** Prefer to use alone (22%); Not enough smoking/inhalation sites (21%); Uncomfortable with other clients (18%)

Results, continued

Table 2: Multivariable analysis modelling factors associated with frequency of SCS/OPS use (adjusted odds ratios (aOR) presented with 95% confidence intervals or CIs), compared to never using

	Rarely/Sometimes aOR (95% CI)	Often/Always aOR (95% CI)
Age, per year increase	0.95 (0.92-0.99)	0.93 (0.89-0.97)
Housing status, unsatisfied	2.27 (1.12-4.61)	1.64 (0.78-3.43)
Preferred mode of use, injecting	2.61 (0.71-9.62)	6.97 (1.9-25.56)
Currently have a primary care provider, yes	1.68 (0.80-3.53)	2.99 (1.32-6.78)
Used alone p3m, sometimes/often/always	1.34 (0.66,2.75)	0.66 (0.31-1.38)

Table 3: Logistic regression modelling the association between SCS/OPS frequency of use and seeing a doctor in the previous year

	Report having a regular primary care provider aOR (95% CI)
Use of SCS frequency, p3m	
Never	Ref
Rarely/sometimes	0.92 (0.39-2.17)
Often/always	1.41 (0.56-3.59)
Age, per year increase	1.03 (0.99-1.07)
Gender, Women, NB, and other	0.96 (0.52-1.80)
Perceived housing status, satisfied	0.86 (0.42-1.77)

Table 4: Logistic regression modelling the association between SCS/OPS frequency of use and reporting access to a regular primary care provider

	Report accessing primary care services in previous year aOR (95% CI)
Use of SCS frequency, p3m	
Never	ref
Rarely/sometimes	1.48 (0.72-3.07)
Often/always	2.71 (1.21-6.06)
Age, per year increase	1.05 (1.02-1.08)
Gender, Women, NB, and other	0.99 (0.57-1.72)
Perceived housing status, satisfied	0.57 (0.30-1.11)

Key points:

- In our regression model, we identified that preferring injecting (vs non-injecting) routes and having a regular primary care provider were associated with greater odds of often or always using SCS/OPS when consuming unregulated drugs.
- We also identified that those who report often/always using SCS/OPS when they consume regulated drugs had a **~2.3 greater odds** of having a regular health care provider. However, there was no association between frequency of SCS/OPS use and seeing a doctor in the previous year.

What did we learn?

- Frequency of use of SCS/OPS does appear to vary significantly by age and preferred mode of consumption being injection (vs other modes)
- There is room for improvement to SCS/OPS service models to maximize impact, such as the inclusion of smoking-specific harm reduction and better engagement with older PWUD
- People who use SCS/OPS more often appear to be more likely to inject (vs smoke or other modes of use) and but did not vary in likelihood of using alone.
- More frequent users of SCS/OPS are also more likely to report having a regular healthcare provider suggesting connection to care builds connection to care!

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