Harm reduction & overdose prevention Assessment

Exploring community readiness, strengths & gaps in rural and remote communities of the Interior Health region

FINDINGS FROM SERVICE USERS

Conducted by
ANKORS

This report was published in January 2020.
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Thank you to the service providers and service users who participated in the surveys.

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Background

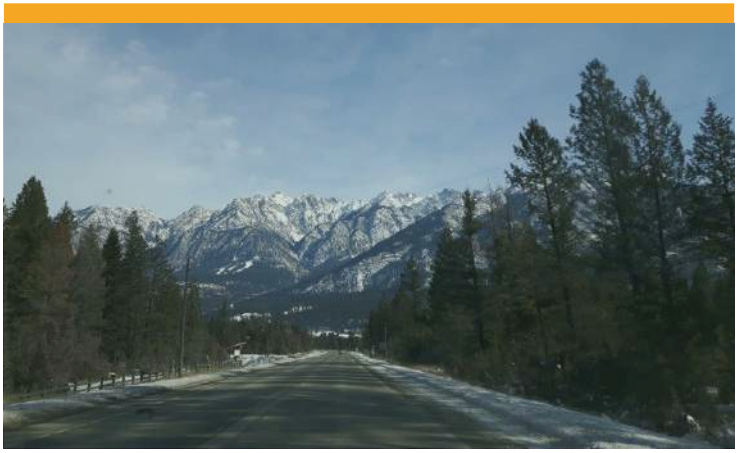
Since 2016 there has been an alarming increase in the number of overdoses happening in Canada. In April 2016, the overdose epidemic was declared a public health emergency in British Columbia. Despite targeted responses overdose rates have remained at high levels, with no end in sight for this crisis. This report outlines the results from a service users survey carried out across 18 rural communities in the Interior Health region of BC. It is part of a quality improvement initiative that seeks to assess community readiness, strengths, and gaps around harm reduction and overdose prevention services in under-served rural communities in BC's interior region. Using a community engagement approach, mixed-method surveys were conducted with service users regarding general demographics and substance use, health and social service use, location and travel distances, strengths of services and challenges faced accessing services, access to harm reduction services, naloxone, and experiences with overdose, and substance use services participants felt were needed in their communities. The report includes both quantitative descriptions and summaries of qualitative information categorized by region, with specific findings by community highlighted where relevant and appropriate.

A total of 237 participants were included in the overall analysis; 11 participants did not include information on their place of residence leaving 226 participants for cross-regional comparisons. Among the 226 participants who provided information on where they lived, 32% were from the East Kootenay Health Service Delivery Area (HSDA), 30% were from the Kootenay Boundary HSDA, 12% were from the Okanagan HSDA, and 26% were from the Thompson-Cariboo-Shuswap HSDA.

Descriptive characteristics

Two-thirds of participants were men, and just over a third of participants were women. Four people (1.7%) identified as non-binary or preferred not to answer. East Kootenay had the highest proportion of women (43%), while the Okanagan had the highest proportion of men (71%). Around 37% of participants identified as indigenous, with a similar proportion of men and women as the overall sample. Thompson-Cariboo-Shuswap had the highest proportion of indigenous participants – nearly double the proportion compared to East Kootenay and Kootenay Boundary (62% versus 29% and 22%). Participants' median age was 40 years (range: 19 to 67). About 20% of participants were under 30 years of age.

Substance Use



THE ANKORS TEAM OUT ON THE ROAD FOR SURVEYS

Half of participants reported use of stimulants, making it the most frequently reported substance after alcohol and marijuana. Just over a third reported use of codeine, and about a third reported use of opioids and/or fentanyl. A higher proportion of participants in the Kootenay Boundary region reported opioid and/or fentanyl use compared to the other regions (44% versus 15-20%). A higher proportion of participants in the East Kootenay region reported use of sedatives (30% versus <15%), and a lower proportion reported use of stimulants (40% versus 55%).

An analysis of patterns of use based on number and type of substances used revealed five main groupings: 1) 20% alcohol and/or marijuana use only; 2) 15% codeine, OxyContin and/or sedative use (with or without alcohol/marijuana); 3) 30% stimulant use (with or without alcohol, marijuana, codeine, OxyContin or sedatives); 4) 14% opioid and/or fentanyl use (with or without any other drugs EXCEPT stimulants), and 5) 20% opioids/fentanyl use and stimulant use. Opioid/fentanyl use was highest in the Kootenay Boundary region, while use of stimulants (without opioid/fentanyl use) was higher in the Okanagan and Thompson-Cariboo-Shuswap regions.

Housing and Transportation

A general housing stability variable was created to look at the combination of type of housing and number of moves in the past year. There was a significant difference in housing stability across regions, with East Kootenay having the highest proportion of stably housed participants (75%), and the Okanagan having the highest proportion of unstably housed participants (57%). A significantly higher proportion of participants less than 30 years of age were categorized as having unstable housing (51% vs 32%).

The majority of respondents reported walking as their main form of transportation (55%). In the East Kootenay region, a significantly higher proportion of participants reported owning a car while in the Okanagan, more participants reported having others who drove them. Indigenous participants were more likely to report walking or biking, while women were more likely to report owning a vehicle or having others who drove them.

INCARCERATION

A total of 41 people (18%) indicated they had been released from jail or prison in the past 6 months; the proportion was similar across regions. A significantly higher proportion of indigenous participants reported being recently incarcerated (24% vs 14%), and a higher proportion of participants less than 30 years of age reported being recently incarcerated (28% vs 15%). Among those using opioids/fentanyl plus stimulants, 39% reported recent incarceration, significantly higher than any other substance use category.

Sixteen (38%) of these participants indicated they had received OAT while incarcerated. When looking only at those who reported opioid/fentanyl use or OAT access elsewhere in the survey, this proportion rose to around 55%.

The majority of participants (85%) reported accessing health or social services upon release, most commonly medical services (doctor/nurse), mental health and substance use services, and OAT. When asked what services participants would like to have been offered upon release, the most common services indicated were emergency housing/shelter and harm reduction supplies.

HEALTH AND SOCIAL SERVICE USE

Among the total sample, the most common health and social services accessed in the past six months included medical services (55%), pharmacy (57%), and Mental Health and Substance Use (43%) services. Emergency housing had been used by around 20% of participants overall.

By region, a higher proportion of participants accessed MHSU services in the Kootenay Boundary region while a lower proportion of participants accessed emergency housing in the East Kootenay region. In general, women reported more service use than men, and younger participants (<30 years of age) were less likely to access medical and pharmacy services. Among indigenous participants, a higher proportion reported accessing Friendship Centres or other indigenous-specific services in the Okanagan and Thompson-Cariboo-Shuswap regions than in the Kootenay regions. Of note, a higher proportion of indigenous participants in the East Kootenay region had not accessed any

SHUSWAP FAMILY CENTRE

services in the past 6 months. Participants who reported use of opioids or opioids plus stimulants reported more services use overall. Emergency housing was more often reported among those reporting use of opioids plus stimulants (30% versus 7-20%), while those reporting use of sedatives, codeine or OxyContin reported higher use of pharmacy (70%).

Around 80% of participants reported ever having been tested for HIV and HCV. There were no significant differences across regions. A lower proportion of men and a lower proportion of younger participants reported testing for both HIV and HCV. Four percent of the participants reported being HIV positive, and 20% reported being HCV positive. Among those who indicated they had not been tested for HIV or HCV, the majority indicated this was because they were not at risk – some indicating they were abstinent and/or did not inject, others indicating they were in a relationship or that they "played safe."

Most participants indicated they accessed services primarily in their hometown (83%). This was highest in East Kootenay (88%) and lowest in the Okanagan (72%). Among the 37 participants (17%) who did not access services in their hometown, 16 did not specify a travel distance, 6 indicated they travelled <40km, 8 indicated they traveled 40 to 80km and 7 indicated they traveled more than 80km. These numbers were small, but proportionately more participants from the Okanagan indicated longer travel distances. Individuals from smaller communities (Grand Forks, Keremeos, Creston, Sparwood) travelled the longest distances for services.

SERVICE STRENGTHS AND CHALLENGES

Participants were asked an open-ended question about where they felt the most welcome and accepted out of the services they had accessed. ANKORS, Mental Health services, Salvation Army, Friendship Centres and Pharmacy were among the top ten service locations mentioned. While a number of participants said they felt welcome at all the services they accessed (N=13, 5%), twice that number indicated they didn't feel accepted anywhere (N=26, 10%). When asked what made them feel welcome at these services, a non-judgmental environment was the most often indicated reason. Likewise, among those who indicated they did not feel welcome, the sense that they were judged was often noted as the reason. Overall, the two things participants identified most often as service strengths were "Staff know me as a person" (61%) and "I don't feel judged for my substance use" (58%). While the top items were similar for indigenous compared to non-indigenous participants, indigenous participants were more likely to select feeling valued as part of the community, feeling less alone, having someone to talk to, and having made friends and connections as the most important element.

Around one-third of participants indicated they had not had any problems accessing services in the past 6 months. Among those who had, medical services were most frequently indicated

(27%), followed by emergency housing (24%). This was similar across regions, although in the Kootenay Boundary region OAT services were also frequently indicated (21%). In the Okanagan, a higher proportion of participants reported having had problems accessing medical, housing, pharmacy and MHSU services. Among indigenous participants, a higher proportion reported having problems accessing Friendship Centres/indigenous-specific services in the Kootenay Boundary region. When asked what made accessing the service difficult or impossible, a lack of available or accessible services was noted by several participants. In particular many referred to a lack of affordable housing, and availability of emergency housing. Availability of substance use treatment, detox, and local methadone doctors was also noted. Related to a lack of local service availability, many participants also noted location, travel and/or transportation as a major challenge. As above, many also spoke of experiences where judgmental attitudes and made service access challenging.

OVERDOSE AND PREVENTION

Harm Reduction

About one quarter of respondents indicated they had no access to harm reduction supplies. This was higher in the Okanagan and Thompson-Cariboo-Shuswap regions. Specifically, fewer participants in the Okanagan reported access to Naloxone (50% vs 67-82% in other regions), although a higher proportion reported access to crystal pipes. Indigenous participants were less likely to report having access to needles, even when restricting to those who reported any injection. In general, women reported less access than men, while younger participants reported more access to Naloxone than older participants.

HARM REDUCTION MATERIALS

ANKORS was the most frequently used location for harm reduction supplies in the Kootenay regions. In the Okanagan, street outreach (69%) and mobile harm reduction (44%) were the most frequently reported locations. In the Thompson-Cariboo-Shuswap, Public Health (39%), Pharmacy (33%) and MHSU (30%) were most frequently reported. Indigenous participants more often reported accessing supplies through street outreach (33% versus 18%).

Participants who reported using opioids and stimulants more often reported access through MHSU services (44%), while those reporting opioid use (without stimulants) more often reported accessing supplies through street outreach (41%). Those reporting use of sedatives, codeine and/or OxyContin more often reported accessing supplies through the pharmacy (45%), and those who reported use of stimulants were spread out, with a similar percentage accessing supplies at most locations.

Among those who reported they did not have access to harm reduction supplies, the majority indicated this was because they did not know where to get supplies. This was highest in the Thompson-Cariboo-Shuswap region (50%) and lowest in the East Kootenay region (25%).

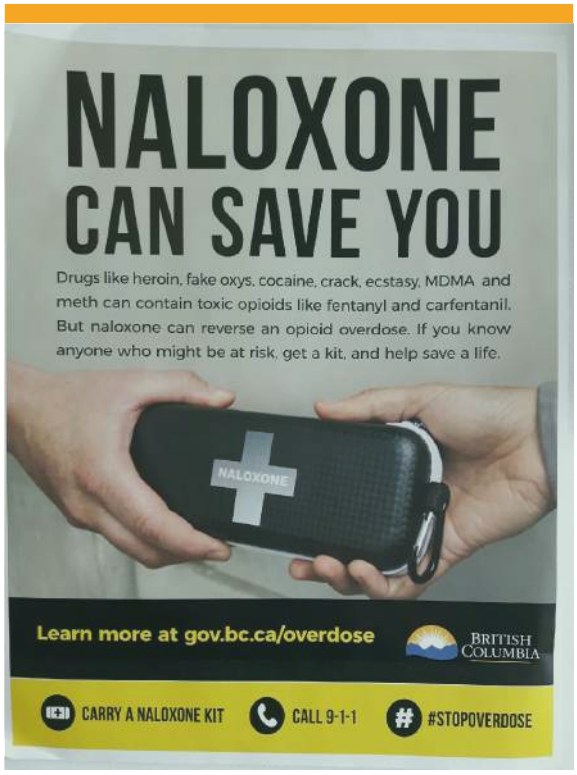
Naloxone and Overdose

A total of 92 participants (40%) reported that they had ever overdosed. Indigenous participants were more likely to report overdose (44% versus 33%), and among those who had overdosed, indigenous participants reported higher numbers of overdose.

Among those that had ever overdosed, about 60% indicated they had accessed emergency services after overdosing. Around 30% reported a positive, supportive experience, 20% reported a negative, judgmental experience and the remainder was neutral, didn't remember, or didn't respond to the question.

About a quarter of participants indicated they had emotional support after overdosing. This was slightly higher among those who accessed emergency services, although the difference was not significant. Of note, when asked what would have been helpful the most common responses had to do with having some form of support – someone to be there, to talk to, to guide them through services.

Of the total sample, around 60% reported having received Naloxone training. This was higher in the Kootenay regions. Women were more likely to report Naloxone training compared to men, and those who reported opioid and stimulant use were



BC GOVERNMENT NALOXONE POSTER

more likely to report training compared to the other substance use categories.

Around one-third of participants reported ever having reversed an overdose. This was significantly different by region, with Kootenay Boundary being the highest (50%), and East Kootenay the lowest (17%). Younger participants were more likely to report reversing an overdose than older participants, as were those who reported opioid use, with or without stimulants.

The majority (86%) of participants who reported reversing an overdose had received Naloxone training; this relationship most likely reflects the appropriate reach of Naloxone training to participants who are more likely to be in a situation to reverse an overdose. Looking only at those who had ever reversed an overdose, the median number of overdoses reversed among those with Naloxone training was significantly higher (Median: 5, 25% had reversed 2 or less, and 25% had reversed 8 or more) compared to those without (Median 1.5, 25% had reversed only 1, 25% had reversed 2.5 or more).

Other overdose risk reduction practices reported by participants included not using alone, or using with friends, starting with small doses, using less or limiting use and carrying naloxone were the practices most often mentioned. A few people from East Kootenay and Kootenay Boundary mentioned getting drugs tested.

SUBSTANCE USE TREATMENT

Opioid Agonist Therapy

Around 26% of participants indicated they were currently being prescribed an opioid agonist therapy (OAT). Most frequently this was methadone treatment (60%), while 11% reported Kadian, 15% reported Suboxone and 11% reported other therapies. Participants in the Kootenay Boundary region (40%) and the Okanagan (30%) more frequently reported being on OAT compared to the other two regions. The majority of participants reported accessing OAT in their home community, with the exception of respondents in the Thompson-Cariboo-Shuswap, where only 20% accessed these services locally.

The most often mentioned strength of OAT services reported was having a treatment that 'works' (no cravings, no withdrawal), and reduces or eliminates other drug use. While most did not feel they would change anything about how they currently accessed OAT, a few mentioned easier access, either with respect to local service or with respect to increased hours for doctors and pharmacy.

Other Substance Use Treatment Services

With respect to other substance use services, individual counselling, detox, and AA/NA were the most frequently reported services accessed. Indigenous participants were more likely to report accessing detox (23% versus 13%) and supportive recovery housing (7% versus 1%), while younger participants were more likely to report accessing psychedelic therapy compared to older participants (16% versus 3%).

Services Needs

When asked what services participants would like to access in the next 6 months, the most common responses were medical (43%), followed by pharmacy (36%) and counselling (35%). Among HCV positive individuals, one third indicated that they wanted to access HCV services in the next six months. Of these, only 3 (~23%) had accessed HCV services in the past 6 months. Indigenous participants were more likely to indicate they would like to access support groups and treatment programs; women were more likely to want to access counselling services, and younger participants were more likely to want access to prescription heroin/ hydromorphone therapy.

With respect to Harm Reduction services, street outreach was most often identified as a service needed in participants' communities. This was true across regions with the exception of East Kootenay, where drug checking was the most often identified service. When asked to describe any harm reduction, health or substance use services that participants would like to see in their community that are not currently available, several participants noted the need for more local harm reduction services, especially in the smaller towns. A few mentioned OPS and safe injection sites, while others mentioned substance use treatments (heroin maintenance, alcohol treatment) and support groups (AA/NA, peer groups, street outreach specifically for those who use methamphetamines).

EDUCATION AND TRAINING

Educational topics most frequently selected were overdose prevention (54%), homelessness survival tactics (44%) and OAT (30%). When participants were asked if they had an interest in leadership training or other community involvement, over half (55%) indicated they were interested. This was highest in Kootenay Boundary and Thompson-Cariboo-Shuswap (65%) and lowest in East Kootenay (40%). Several participants expressed an interest in wanting to help others by getting more involved in the community. Specifically, participants mentioned wanting to help with outreach, with street youth, with programs for homelessness and with programs supporting people to reduce substance use. In addition, several participants talked

about wanting to share their experiences and knowledge with goals of supporting others facing similar challenges, helping educate the community to reduce stigma, and supporting youth prevention programs.

HOPE FOR THE FUTURE

At the end of the survey, participants were asked to express one hope for the future of their health care. The majority of participants indicated their one hope was to stop using and/or "stay clean." Accessibility was also often mentioned with reference to affordable or free services, local access in rural areas, and access to specific services such as substance use treatment, pain management, naloxone kits, and OAT. Many participants talked about supports, including support for accessing medical services and service navigation, more social work support, peer support groups, social and community supports, more follow-up support and more support for the overdose response in general.

SIGN AT THE EAST KOOTENAY ADDICTIONS SERVICES SOCIETY

Background

Background

Since 2016 there has been an alarming increase in the number of overdoses happening in Canada. In April 2016, the overdose epidemic was declared a public health emergency in British Columbia. Despite targeted responses overdose rates have remained at high levels, with no end in sight for this crisis.

In the Interior Health region, overdose mortality, already high in 2016, increased 35% in 2017 to 31.5 per 100,000 and stayed relatively high in 2018 at 31.5 per 100,000. These rates are comparable to the provincial rates, with the Interior Health region ranking 2nd in 2017 and 3rd in 2018 for overdose mortality rates. Ambulance-attended overdose events also rose from 168.9 per 100,000 in 2016 to 220.7 per 100,000 in 2018. Among the four Health Service Delivery Areas within the Interior Health region, the Thompson-Cariboo-Shuswap region had the highest overdose mortality rate in 2018 at 36.6 per 100,000; while the Okanagan was second highest and had the highest increase from 2016, jumping from 20.5 to 40.7 per 100,000 in 2017 and decreasing slightly to 32.5 per 100,000 in 2018. The East Kootenay region saw a decline in overdose mortality from 2016, dropping from 15.6 to 8.4 per 100,00 and 8.3 per 100,000 in 2017 and 2018, respectively. Kootenay Boundary has fluctuated between 14 and 20 per 100,000 over the three-year period. The rates in the first half of 2019 have been lower than previous years (19 per 100,000 for Interior Health); however, while East Kootenay, Okanagan and Thompson-Cariboo-Shuswap all saw declines, the Kootenay Boundary region increased slightly to 23 per 100,000 in this time period.

Within the Interior Health region, the health authority, community organizations, and other officials have been responding and implementing policies, strategies, and services to prevent overdoses and expand harm reduction services. However, rural communities have not been receiving the same amount of attention and support as larger urban centers, and not as much is known about how communities are responding, what services and strategies are being implemented, what strengths exist, or about the needs of people who use drugs and what would make services more accessible.

This report outlines the results from a service users survey carried out across 18 rural communities in the Interior Health region of BC. It is part of Phase 1 of a quality improvement initiative that seeks to assess community readiness, strengths, and gaps around harm reduction and overdose prevention services in under-served rural communities in BC's interior region. The overarching goal is to support communities to scale up and improve services for people who use drugs in order to decrease overdose rates, decrease rates of HIV and HCV infection, reduce stigma, and improve health and wellness of individuals and communities. As the intended purpose of the project was to gather information and inform next steps (i.e. hypothesis generating rather than hypothesis driven), a convenience sampling approach was

used. Results should be interpreted as possible directions of further inquiry rather than as definitive conclusions, and generalization of findings to broader communities may not be possible.

Using a community engagement approach, mixed-method surveys were conducted with service users regarding general demographics and substance use, health and social service use, location and travel distances, strengths of services and challenges faced accessing services, access to harm reduction services, naloxone, and experiences with overdose, and substance use services participants felt were needed in their communities. Posters and handbills were distributed at service organizations and community locations with information about the survey, and word-of-mouth was used to pass information through peer networks.

The report includes both quantitative descriptions and summaries of qualitative information categorized by region, with specific findings by community highlighted where relevant and appropriate. The regions are defined by the Health Service Delivery Areas (IHSDA) within Interior Health: Thompson-Cariboo-Shuswap, Okanagan, Kootenay Boundary and East Kootenay.

This project is in compliance with the Interior Health Project Ethics Policy.

Assessment Results

Descriptive Characteristics

Overall, just under two-thirds of participants were men, and just over a third of participants were women. Four people (1.7%) identified as non-binary or preferred not to answer. East Kootenay had the highest proportion of women (43%), while the Okanagan had the highest proportion of men (71%). Around 37% of participants identified as indigenous, with a similar proportion of men and women as the overall sample. Thompson-Cariboo-Shuswap had the highest proportion of indigenous participants – nearly double the proportion compared to East Kootenay and Kootenay Boundary (62% versus 29% and 22%). Participants' median age was 40 years (range: 19 to 67). About 20% of participants were under 30 years of age.

Figure 1: Gender of participants

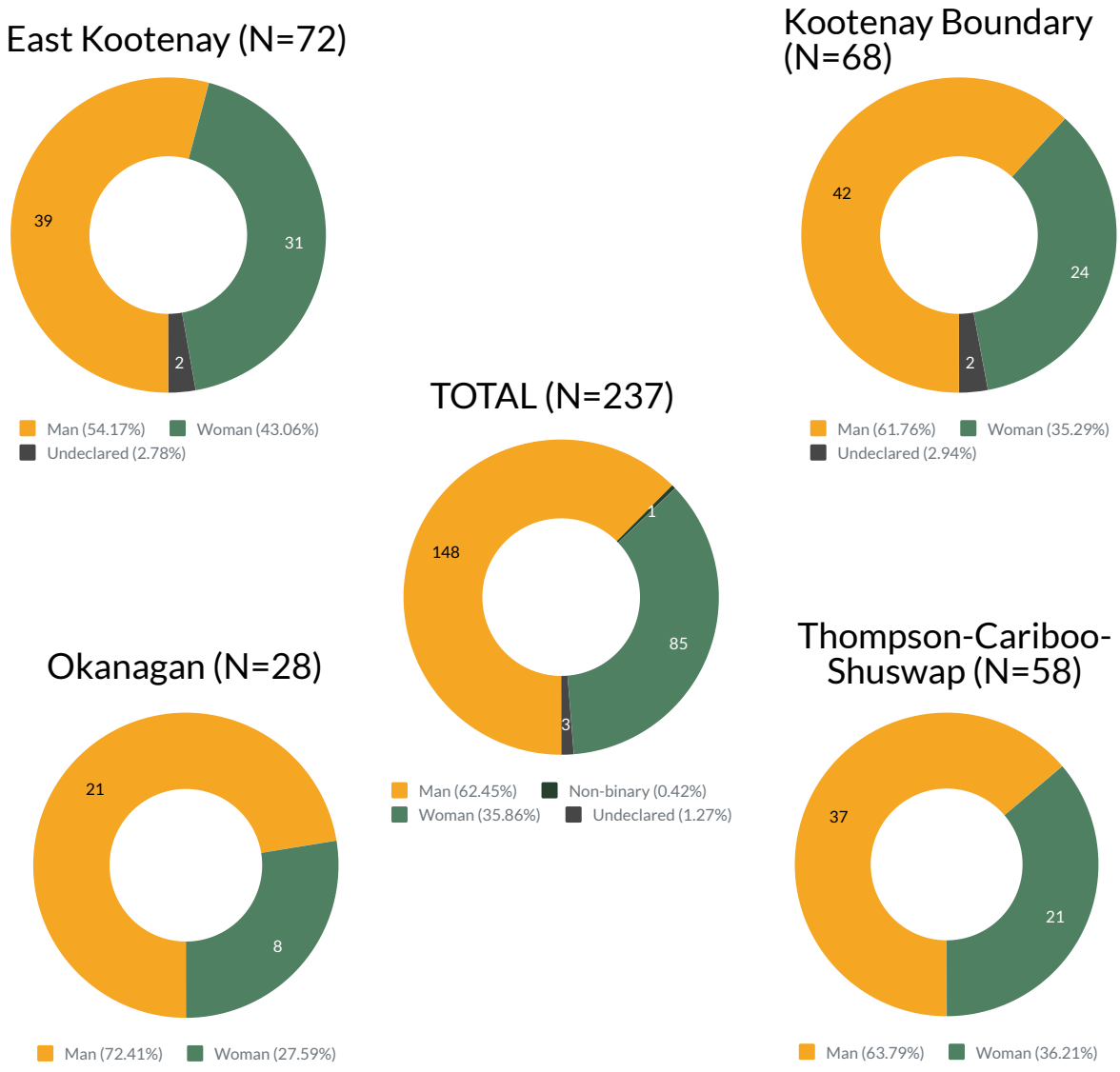


FIGURE 2: INDIGENOUS IDENTITY OF PARTICIPANTS

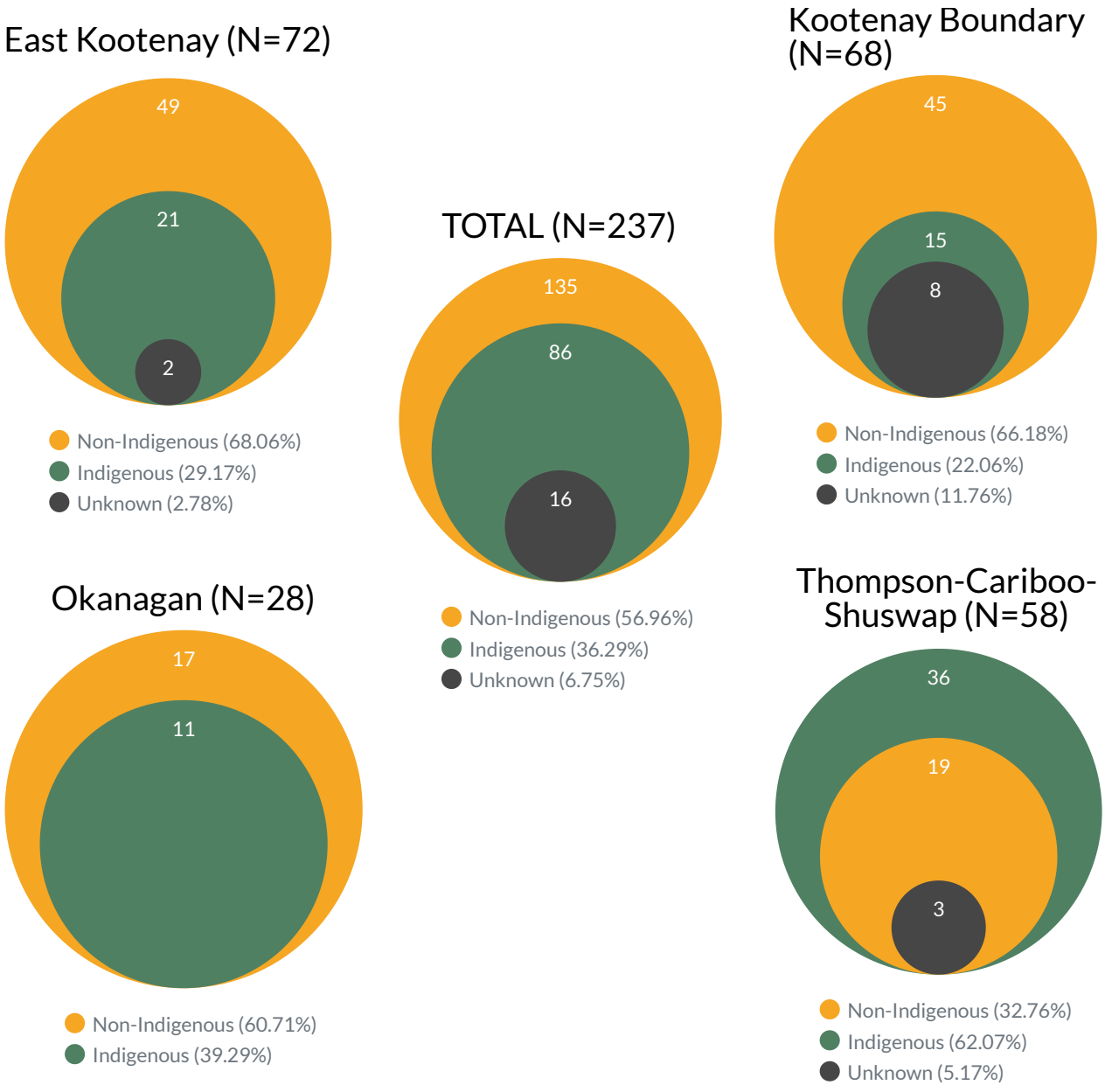


TABLE 1: AGE OF PARTICIPANTS

	Median age (Interquartile range)	**Age <30 years**
East Kootenay (N=72)	37 (30,48)	16 (22%)
Kootenay Boundary (N=68)	42 (33, 54)	12 (18%)
Okanagan (N=28)	48 (37, 58)	5 (18%)
Thompson-Cariboo-Shuswap (N=58)	42 (34, 53)	11 (19%)
Total (N=237)	40 (31, 54)	45 (19%)

TABLE 2: AGE AND GENDER BY INDIGENOUS IDENTITY

	Indigenous (N=86)	Non-indigenous (N=135)	Total (N=237)
Gender			
Man	54 (63%)	83 (61%)	148 (62%)
Woman	30 (35%)	51 (38%)	85 (36%)
Median age* (Interquartile Range)	42 (34, 52)	40 (31, 55)	40 (31, 54)
Age <30 years	16 (19%)	26 (19%)	45 (19%)

Substance Use

Although the survey was meant to be completed by those who had used illicit substances in the past 12 months, a total of 17 participants (7%) did not include information regarding substance use. Six of these participants responded to substance use questions, indicating no use, and also talked about being in recovery in open-text questions. Eleven simply did not respond to any substance use questions (missing data). Six of the 17 participants were retained in the analysis as they indicated they still accessed harm reduction services, OAT and other substance use treatment related services. The remaining eleven participants were excluded from the quantitative analyses.

Half of participants reported use of stimulants, making it the most frequently reported substance after alcohol and marijuana. Just over a third reported use of codeine, and about a third reported use of opioids and/or fentanyl (28% reported opioid use, and 24% reported fentanyl use). A higher proportion of participants in the Kootenay Boundary region reported opioid and/or fentanyl use compared to the other regions (44% versus 15-20%); the Okanagan had the next highest proportion of participants reporting opioid use (30%). A higher proportion of participants in the East Kootenay region reported use of sedatives (30% versus <15%), and a lower proportion reported use of stimulants (40% versus 55%).

An analysis of patterns of use based on number and type of substances used revealed five main groupings which will be used to assess differences in respondents by substance use in the descriptive analyses below. Overall, around 20% of participants reported only alcohol and/or marijuana use; 15% reported using codeine, OxyContin and/or sedatives (with or without alcohol or marijuana); 30% reported using stimulants (with or without alcohol, marijuana, codeine, OxyContin or sedatives); 14% reported using opioids and/or fentanyl (with or without

TABLE 3: SUBSTANCE USE GENERAL SUMMARY

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
Any use					
Alcohol or marijuana	62 (86%)	60 (88%)	26 (92%)	48 (83%)	206 (87%)
Codeine, OxyContin or sedatives	44 (61%)	31 (46%)	16 (57%)	29 (50%)	124 (52%)
Stimulants	29 (40%)	37 (54%)	15 (54%)	32 (55%)	119 (50%)
Opioids or fentanyl	17 (24%)	37 (54%)	9 (32%)	14 (24%)	81 (34%)
Number of substances used (Interquartile range)	3 (2, 4)	3 (2, 5)	3 (2.5, 4)	3 (2, 4)	3 (2, 4)
Frequency of use (excluding alcohol and marijuana) per week					
1 to 2 times (all substances)	44 (61%)	26 (38%)	10 (36%)	34 (59%)	120 (51%)
3 to 5 times (any substances)	9 (13%)	10 (15%)	5 (18%)	10 (18%)	35 (15%)
5 to 10 times (any substance)	5 (7%)	8 (12%)	5 (18%)	2 (3%)	20 (8%)
>10 times (any substance)	9 (13%)	22 (32%)	8 (29%)	11 (19%)	52 (22%)
Any injection	9 (13%)	21 (31%)	6 (21%)	7 (12%)	47 (20%)

TABLE 4: SUBSTANCE USE – DETAILED OVERVIEW OF SUBSTANCES USED, FREQUENCY OF USE AND MODE OF ADMINISTRATION

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
Alcohol					
Any use (%)	55 (76%)	45 (66%)	18 (64%)	44 (76%)	169 (71%)
>10x/week (% of those who use)	7 (13%)	4 (9%)	--	7 (16%)	18 (11%)
Marijuana					
Any use	52 (72%)	50 (74%)	24 (86%)	38 (66%)	172 (73%)
Prescribed	3 (6%)	14 (28%)	--	2 (5%)	21 (12%)
>10x/week	15 (29%)	19 (38%)	9 (38%)	9 (24%)	56 (33%)
Mode of use					
Smoke	38 (73%)	38 (76%)	21 (88%)	34 (89%)	138 (80%)
Oral	7 (13%)	8 (16%)	3 (12%)	2 (5%)	21 (12%)
Inject	--	--	--	--	--
Other	3 (6%)	4 (8%)	--	--	7 (4%)

TABLE 4 CONTINUED: SUBSTANCE USE – DETAILED OVERVIEW OF SUBSTANCES USED, FREQUENCY OF USE AND MODE OF ADMINISTRATION

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
Codeine					
Any use	27 (38%)	21 (31%)	8 (29%)	23 (40%)	83 (35%)
Prescribed	6 (22%)	4 (19%)	--	5 (22%)	15 (18%)
>10 times/week	1 (4%)	4 (19%)	--	1 (4%)	6 (7%)
Mode of use					
Smoke	1 (4%)	2 (10%)	2 (25%)	11 (48%)	17 (20%)
Oral	21 (78%)	10 (48%)	3 (38%)	8 (35%)	43 (52%)
Inject	1 (4%)	4 (19%)	2 (25%)	1 (4%)	9 (11%)
Other	3 (11%)	4 (19%)	1 (13%)	--	9 (11%)
OxyContin					
Any use	15 (21%)	14 (21%)	6 (21%)	7 (12%)	43 (18%)
Prescribed	1 (7%)	2 (14%)	2 (33%)	3 (43%)	8 (19%)
>10 times/week	3 (20%)	2 (14%)	1 (17%)	1 (14%)	7 (16%)
Mode of use					
Smoke	1 (7%)	3 (21%)	--	1 (14%)	5 (12%)
Oral	8 (53%)	3 (21%)	4 (67%)	5 (71%)	20 (47%)
Inject	2 (13%)	4 (29%)	2 (33%)	--	8 (19%)
Other	3 (20%)	2 (14%)	--	--	6 (14%)
Sedatives					
Any use	21 (29%)	9 (13%)	9 (13%)	8 (14%)	47 (20%)
Prescribed	11 (52%)	5 (56%)	6 (67%)	2 (25%)	24 (51%)
>10 times/week	2 (10%)	3 (33%)	1 (11%)	1 (13%)	7 (15%)
Mode of use					
Smoke	1 (5%)	--	--	1 (13%)	2 (4%)
Oral	15 (71%)	7 (78%)	7 (78%)	5 (63%)	34 (72%)
Inject	1 (5%)	1 (11%)	1 (11%)	1 (13%)	4 (9%)
Other	2 (10%)	1 (11%)	--	--	3 (6%)
Stimulants					
Any use	29 (40%)	37 (54%)	15 (54%)	32 (55%)	119 (50%)
Prescribed	4 (14%)	3 (8%)	2 (13%)	--	9 (8%)
>10 times/week	5 (17%)	13 (35%)	7 (47%)	6 (19%)	32 (27%)
Mode of use					
Smoke	6 (21%)	14 (38%)	5 (33%)	21 (66%)	48 (40%)
Oral	8 (28%)	2 (5%)	3 (20%)	3 (9%)	16 (13%)
Inject	5 (17%)	10 (27%)	4 (27%)	3 (9%)	25 (21%)
Other	7 (24%)	11 (30%)	3 (20%)	4 (13%)	26 (22%)

TABLE 4 CONTINUED: SUBSTANCE USE – DETAILED OVERVIEW OF SUBSTANCES USED, FREQUENCY OF USE AND MODE OF ADMINISTRATION

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
Opioids					
Any use	14 (19%)	30 (44%)	8 (29%)	10 (17%)	66 (28%)
Prescribed	3 (22%)	6 (20%)	3 (38%)	2 (20%)	15 (23%)
>10 times/week	3 (21%)	8 (27%)	1 (13%)	2 (20%)	15 (23%)
Mode of use					
Smoke	1 (7%)	4 (13%)	--	2 (20%)	9 (14%)
Oral	4 (29%)	8 (27%)	5 (63%)	2 (20%)	19 (29%)
Inject	5 (36%)	12 (40%)	2 (25%)	4 (40%)	24 (36%)
Other	2 (14%)	5 (17%)	--	1 (10%)	9 (14%)
Fentanyl					
Any use	9 (13%)	30 (44%)	4 (14%)	10 (17%)	56 (24%)
Prescribed	--	1 (3%)	--	--	1 (2%)
>10 times/week	3 (33%)	11 (37%)	1 (25%)	4 (40%)	21 (38%)
Mode of use					
Smoke	3 (33%)	12 (40%)	2 (50%)	4 (40%)	22 (39%)
Oral	--	2 (7%)	1 (25%)	--	3 (5%)
Inject	6 (67%)	13 (43%)	1 (25%)	5 (50%)	27 (48%)
Other	--	2 (7%)	--	--	2 (4%)

any other drugs except stimulants), and 20% reported using opioids/fentanyl along with stimulants. As seen above, opioid/fentanyl use was highest in the Kootenay Boundary region, while use of stimulants (without opioid/fentanyl use) was higher in the Okanagan and Thompson-Cariboo-Shuswap regions.

Table 5 shows the distribution of participants across these substance use categories. There were no significant differences in the distribution of these substance use categories across indigenous compared to non-indigenous participants, although a lower proportion of indigenous people reported using opioids/fentanyl plus stimulants (15% vs 23%), and a higher proportion reported using codeine, OxyContin and/or sedatives (21% vs 13%). Looking at these three substances on their own, regardless of other substance use, women were more likely to report use of sedative (29% versus 19%) while younger participants were more likely to report use of codeine (55% versus 33%) and/or OxyContin (37% versus 15%). Although a higher proportion of indigenous participants reported use of one or more of these three substances (plus or minus alcohol or marijuana) without any additional substance use, they were not more likely to report use of any one of these substances overall. In other words, non-indigenous participants were more likely to report use of these substances along with use of stimulants and/or opioids. Similarly, there was no significant difference across the substance

use categories by gender, although a higher proportion of men reported using opioids/fentanyl plus stimulants (23% vs 15%), and a lower proportion of men reported using codeine, OxyContin and/or sedatives (13% vs 19%). This held true for both indigenous and non-indigenous participants. By age, there was again no significant difference; however, a higher proportion of participants under 30 years of age reported using stimulants (36% vs 28%) and opioids/fentanyl plus stimulants (29% vs 18%) compared to those 30 years of age and older.

TABLE 5: SUBSTANCE USE CATEGORIES

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
Alcohol and/or marijuana (no other substance use)	16 (22%)	12 (18%)	4 (14%)	9 (15%)	43 (18%)
Codeine, OxyContin and/or Sedatives (plus or minus alcohol and/or marijuana)	15 (21%)	3 (4%)	5 (18%)	13 (22%)	36 (15%)
Stimulants (plus or minus alcohol, marijuana, codeine, OxyContin, and/or sedatives)	20 (28%)	16 (24%)	10 (36%)	21 (36%)	71 (30%)
Opioids and/or Fentanyl (plus or minus any other substances, except stimulants)	8 (11%)	16 (24%)	4 (14%)	3 (5%)	33 (14%)
Opioids and/or Fentanyl, and Stimulants (plus or minus any other substances)	9 (13%)	21 (31%)	5 (18%)	11 (19%)	48 (20%)

Housing

With the exception of the Okanagan, the majority of participants reported renting a house or apartment. Overall, around 8% reported owning their own home – this was higher in the East Kootenay region (15%) and the Okanagan (11%). Around 25% reported sleeping rough, squatting, using emergency shelters or staying at a transition house. This was also higher in the Okanagan (54%) and in the Thompson-Cariboo-Shuswap (33%).

Around 45% of participants overall reported being in their current housing situation for more than a year. For the rest, around two-thirds had moved 1 to 3 times in the past year, and one-third had moved more than 3 times in the past year.

A general housing stability variable was created to look at the combination of type of housing and number of moves in the past year. Participants indicating any lack of housing in the past year (squatting, sleeping rough, shelter, transition house), or who had moved more than 3 times in the past year were categorized as having unstable housing. There was a significant difference in housing stability across regions, with East Kootenay having the highest proportion of stably housed participants, and the Okanagan having the highest proportion of unstably housed participants.

There was no significant difference comparing indigenous and non-indigenous participants, or men and women, although a lower proportion of indigenous participants reported owning their own home (6% vs. 11%), and a higher proportion of women were categorized as having stable housing (70% vs. 60%). A significantly higher proportion of participants less than 30 years of age were categorized as having unstable housing (51% vs 32%). When looking at substance use categories, those reporting only alcohol and/or marijuana use were more likely to be categorized as having stable housing (87% vs 46-67%). Excluding this group, there was no significant difference across the other substance use categories, although the lowest proportion of stable housing (46%) was seen among those reporting use of opioids/fentanyl and stimulants.

Transportation

The majority of respondents reported walking as their main form of transportation (55%); 22% reported owning a vehicle, and the remainder biked (8%), used public transit (6%), had others who drove them (5%) or hitchhiked (5%). In the East Kootenay region, a significantly higher proportion of participants reported owning a car compared to the other regions (39% vs 11-17%). In the Okanagan, more participants reported having others who drove them (21% vs 0-8%).

TABLE 6: HOUSING TYPE, NUMBER OF MOVES AND STABLE/UNSTABLE HOUSING

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson -Cariboo-Shuswap (N=58)	Total (N=237)
Own	**11 (15%)**	3 (4%)	3 (11%)	2 (3%)	20 (8%)
Rent	**38 (53%)**	**40 (59%)**	5 (18%)	**26 (45%)**	**114 (48%)**
Squat	2 (3%)	4 (6%)	4 (14%)	2 (3%)	13 (5%)
Friends	5 (7%)	4 (6%)	5 (18%)	2 (3%)	17 (7%)
Family	8 (11%)	5 (7%)	5 (18%)	2 (3%)	20 (8%)
Shared rent	5 (7%)	3 (4%)	1 (4%)	0 (0%)	10 (4%)
Sleep rough	5 (7%)	4 (6%)	**5 (18%)**	0 (0%)	14 (6%)
Emergency shelter	4 (6%)	13 (19%)	**10 (36%)**	**16 (28%)**	44 (19%)
Transition house	1 (1%)	1 (1%)	1 (4%)	0 (0%)	3 (1%)
Other	7 (10%)	6 (9%)	3 (11%)	9 (16%)	25 (11%)
Time in current housing situation					
1-2 months	4 (6%)	8 (12%)	3 (11%)	5 (9%)	21 (9%)
3-6 months	10 (14%)	13 (19%)	4 (14%)	15 (26%)	44 (19%)
7-12 months	10 (14%)	2 (3%)	0 (0%)	5 (9%)	20 (8%)
>1 year	36 (50%)	28 (41%)	17 (61%)	23 (40%)	107 (45%)
Number of moves, past year[1]					
Once	12 (38%)	8 (22%)	3 (27%)	10 (31%)	34 (29%)
2-3 times	6 (19%)	17 (47%)	3 (27%)	15 (47%)	44 (38%)
4-5 times	8 (25%)	8 (22%)	3 (27%)	6 (19%)	25 (22%)
6 or more times	6 (19%)	3 (8%)	2 (18%)	1 (3%)	13 (11%)
Stable Housing	**51 (75%)**	41 (63%)	12 (43%)	35 (63%)	144 (61%)
Owned	**11 (15%)**	3 (4%)	3 (11%)	2 (3%)	20 (8%)
Rented, live with family or other for >1 year	25 (35%)	22 (32%)	7 (25%)	17 (29%)	73 (31%)
Rented, live with family or other, moved <3x past year	15 (21%)	16 (24%)	2 (7%)	16 (28%)	51 (22%)
Unstable Housing	17 (25%)	24 (37%)	**16 (57%)**	21 (37%)	82 (36%)
Not owned, rented or family	7 (10%)	17 (25%)	**15 (54%)**	**19 (33%)**	61 (26%)
Rented, live with family/other and moved more than 3 times	10 (14%)	7 (10%)	1 (4%)	2 (4%)	21 (9%)

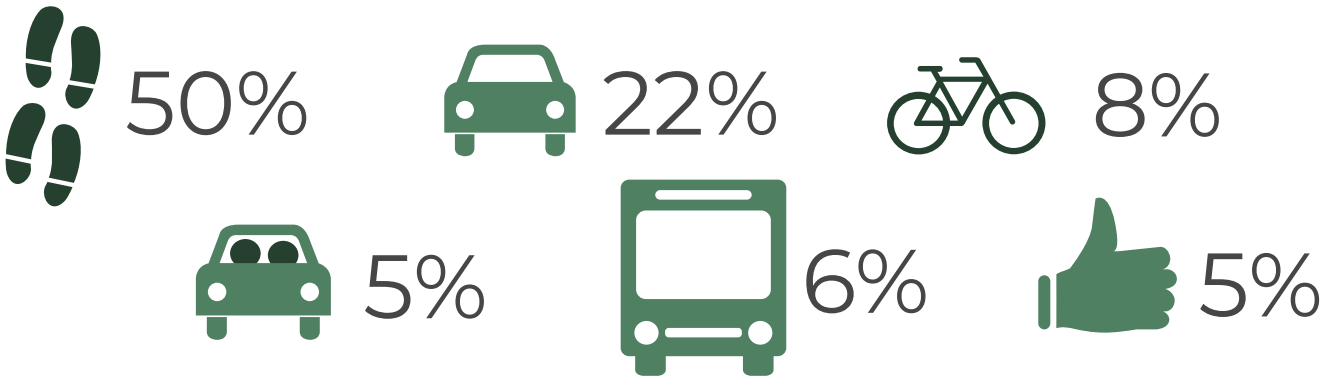
[1] Among those in current housing <1 year

There were significant differences in transportation when comparing indigenous and non-indigenous participants, with more indigenous participants reporting walking (61% vs 45%) and biking (12% vs 5%), and less reporting owning a vehicle (10% vs 32%). Comparing men and women, a significantly higher proportion of women reported owning a vehicle (28% vs 19%) and having others who drove them (10% vs 3%), and a lower proportion reported walking (46% vs 55%) or biking (2% vs 12%). There were no significant differences by age or substance use category, although a lower proportion of participants less than 30 years of age reported owning a vehicle, and a higher proportion reported walking.

TABLE 7: MAIN MODES OF TRANSPORTATION

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
Own vehicle	28 (39%)	8 (12%)	3 (11%)	10 (17%)	51 (22%)
Others drive me	6 (8%)	1 (1%)	6 (21%)	0 (0%)	13 (5%)
Public transit	5 (7%)	5 (7%)	1 (4%)	3 (5%)	14 (6%)
Bicycle	3 (4%)	8 (12%)	5 (18%)	3 (5%)	19 (8%)
Walk	27 (38%)	36 (53%)	12 (43%)	36 (62%)	119 (50%)
Hitchhike	0 (0%)	5 (7%)	1 (4%)	5 (9%)	11 (5%)
Other	1 (1%)	2 (3%)	0 (0%)	0 (0%)	3 (1%)

TRANSPORTATION METHODS FOR ALL RESPONDENTS

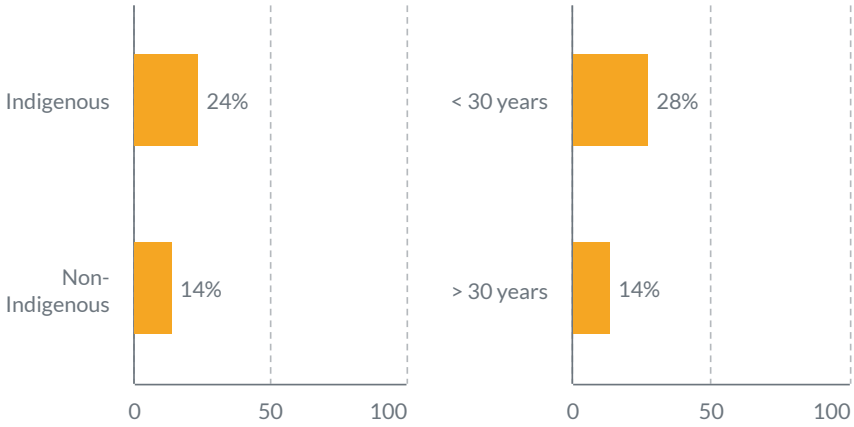


Incarceration

A total of 41 people (18%) indicated they had been released from jail or prison in the past 6 months; the proportion was similar across regions. A significantly higher proportion of indigenous participants reported being recently incarcerated (24% vs 14%), and a higher proportion of participants less than 30 years of age reported being recently incarcerated (28% vs 15%). Among those using opioids/fentanyl plus stimulants, 39% reported recent incarceration, significantly higher than any other substance use category.

18%

total participants released from prison/jail in past 6 months



Among the 41 participants who reported recent incarceration, 16 (38%) indicated they were provided OAT while incarcerated. When combining this with reported substances used in the past 12 months, around 55% of individuals who reported being incarcerated and using opioids also received OAT while in jail or prison. All of the 5 participants in the Okanagan who reported incarceration reported receiving OAT while in jail or prison (note that where a participant resides currently does not necessarily correspond to where they were incarcerated). In addition, although the timing overlaps, it is possible that some participants began using opioids after their incarceration and would not have required OAT while incarcerated. For this reason, percentages by region for recent incarceration, opioid use among those reporting recent incarceration, and OAT provision while incarcerated should be interpreted with caution and not attributed to differences in incarceration systems by region.

Among those who reported recent incarceration, follow-up questions were asked regarding what types of health and social services were accessed upon release, and what other services participants didn't use, but would have liked to have accessed. Given the small sample size and the potential for services to have been accessed in locations other than the current region of residence, these numbers are not broken down by region.

The number of different services accessed upon release ranged from 0 to 6, with the majority (N=20, 49%) accessing one service. Nine participants (22%) reported using 2 services, 6 (15%) reported using 3 to 6 services, and 6 (15%) didn't access any services upon release. The services used more frequently were doctor/nurse, mental health and substance use, and OAT.

When asked what services participants would have liked to have accessed, the number of services indicated ranged from 0 to 12, with the majority (N=17, 41%) indicating one service. Nine participants (22%) indicated 2 services, 13 (32%) indicated 3 to 12 services, and only 2 (5%) didn't indicate any services. The services participants most often indicated they would have liked to be offered on release were housing, harm reduction supplies, mental health and substance use, and doctor/nurse. In some cases, the services that participants indicated they wanted to have offered upon release were also services they had accessed. When looking at services that were desired and NOT accessed, OAT and housing stood out as services that participants would have liked to have offered that they were not able to otherwise access. Some services were not specifically included in both lists and/or were added in the 'other' category by participants, and are not included in the comparison across services accessed and services participants would like to have been offered.

While these numbers are small, the responses suggest that, along with housing needs, there may be a place for provision of easier access to or support for navigation of substance use related services, from harm reduction to in-patient treatment, upon release from incarceration.

TABLE 8: RECENT RELEASE FROM INCARCERATION AND OAT PROVISION WHILE INCARCERATED

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
Incarcerated, past 6 months	12 (17%)	12 (18%)	7 (25%)	7 (12%)	41 (17%)
Opioid use, past 12 months	8 (67%)	11 (92%)	5 (71%)	4 (57%)	29 (71%)
OAT provided	3 (38%)	5 (45%)	5 (100%)	2 (50%)	16 (55%)

Comments regarding incarceration:

- Missed OAT appointments due to arrest, lack of consideration for medical needs – appointments, communication with provider
- [Had a] good experience

Comments regarding access to OAT while incarcerated:

- Excellent access
- Prompt access (much better than experience in Alberta; above and beyond to help with withdrawal
- Had access to methadone

TABLE 9: SERVICES ACCESSED UPON RELEASE FROM INCARCERATION

	Services accessed	Services would like to be offered upon release	Services would like to be offered that were NOT accessed upon release
Doctor or nurse	12 (29%)	9 (22%)	4 (10%)
Hospital emergency room or ambulance	3 (7%)	--	--
Mental health and substance use	11 (27%)	9 (22%)	5 (12%)
Substance use treatment	4 (10%)	5 (12%)	5 (12%)
Harm reduction supplies	--	12 (29%)	--
Opioid Agonist Treatment (OAT)	9 (22%)	8 (20%)	7 (17%)
Prescription heroin or hydromorphone	--	6 (15%)	--
Pain management services	1 (2%)	5 (12%)	4 (10%)
Testing/treatment for HIV or STIs	3 (7%)	3 (7%)	2 (5%)
HCV services or treatment	1 (2%)	6 (15%)	5 (12%)
Emergency housing	7 (17%)	21 (51%)	15 (36%)
Native Friendship Centre or Indigenous specific services	5 (12%)	7 (17%)	2 (5%)
Legal aid	--	7 (17%)	--
Overdose prevention site	--	7 (17%)	--
Other	3 (7%)	1 (2%)	--
No services accessed/ desired	6 (14%)	2 (5%)	--

Health and Social Service Use

Service utilization

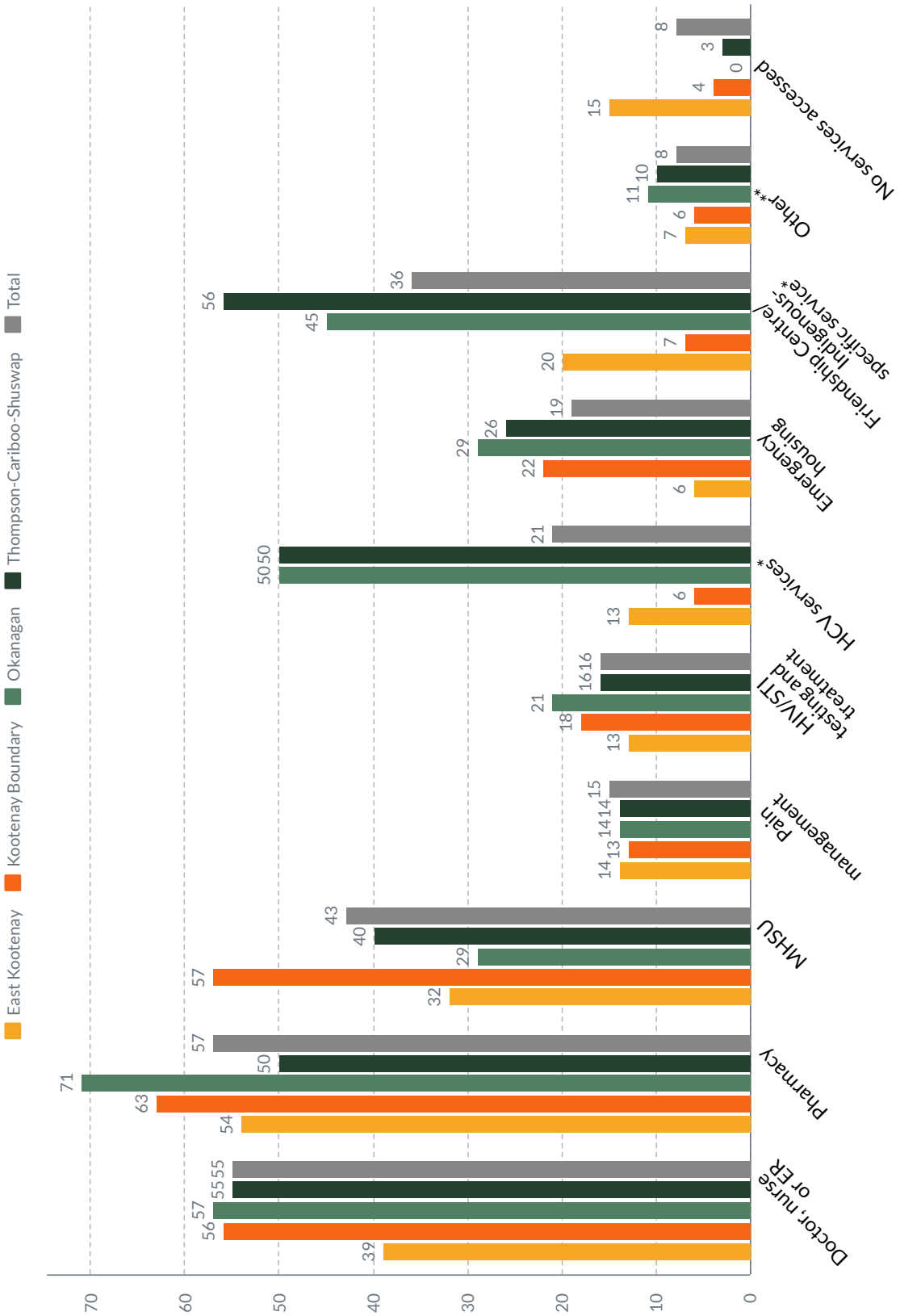
The next set of questions were asked to assess the types of health and social services used by participants, along with the strengths and challenges associated with access and utilization of these services. Participants were first asked what services they had used in the last 6 months. More than half of participants indicated using medical services (55%), and pharmacy (57%), and 43% reported using Mental Health and Substance use services. Among indigenous participants, just over a third (36%) reported using Friendship Centres or other indigenous-specific services. Among HCV positive participants, around 20% reported accessing HCV services. Emergency housing had been used by around 20% of participants overall.

By region, there were some differences noted. A higher proportion of participants indicated accessing MHSU services in the Kootenay Boundary region compared to other regions, and a lower proportion of participants accessed emergency housing in the East Kootenay region. This may be related to the fact that a higher proportion of participants in the East Kootenay region had stable housing. Among indigenous participants, a higher proportion reported accessing Friendship Centres or other indigenous-specific services in the Okanagan and Thompson-Cariboo-Shuswap regions than in the Kootenay regions. Of note, a higher proportion in the East Kootenay region had not accessed any services in the past 6 months. When looking at service access and housing stability, differences in the number of services accessed did not change significantly comparing participants categorized as stably versus unstably housed; however, while around two-thirds of participants who did not report using any services were considered to be stably housed overall, in the East Kootenay region, this increased to 75%.

A higher proportion of women compared to men reported accessing services in general. This included medical services (66% versus 50%), pharmacy (71% versus 51%), MHSU services (48% versus 39%), and HIV/STI testing (24% versus 11%). Emergency housing and pain management had similar utilization among men and women. A lower proportion of participants under 30 years of age reported accessing medical services (42% versus 59%) and pharmacy (49% versus 62%); and a lower proportion of indigenous participants reporting use of pharmacy services (51% versus 66%). Participants who reported use of opioids or opioids plus stimulants reported more services use, including medical (65-70% versus 40-60%), pharmacy (60-70% versus 40-50%), MHSU services (50-60% versus 30-40%), and pain management (27% versus <20%). Emergency housing was more often reported among those reporting use

FIGURE 3: HEALTH OR SOCIAL SERVICES USED IN THE LAST 6 MONTHS

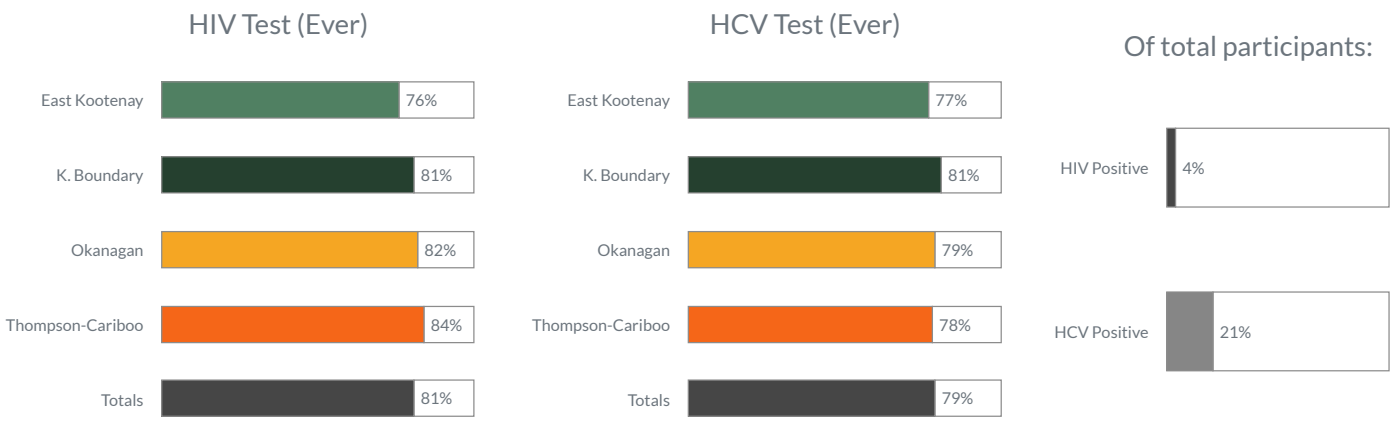
All numbers shown indicate percentages. *Denominators reflect service population (e.g. HCV positive participants for HCV services). **Other includes HR services, Addictions doctor, other community supports, and wound care.



of opioids plus stimulants (30% versus 7-20%). Those reporting use of sedatives, codeine or OxyContin reported higher use of pharmacy (70%).

Overall, around one-third of participants reported using one service in the past 6 months; 18% reported use of 2 services, another 18% reported 3 services, 13% reported 4 services, and 10% reported 5 or more services. Among those accessing only one service, about one third accessed medical services (doctor, nurse, hospital), one quarter accessed MHSU services, one fifth accessed pharmacy and a small proportion reported accessing pain management, emergency housing or Friendship Centres. The East Kootenay region had lower numbers of services used in general, with a higher proportion indicating one or no services (53%) compared to the other regions (32 to 37%). Women reported a higher number of services used than men (Median: 3 versus 2), and participants over 30 years of age reported a higher number of services used than those under 30 years of age (Median 2 versus 1). Among substance use categories, participants reporting use of sedatives, codeine or OxyContin, opioids or opioids plus stimulants reported using a higher number of services on average (Median for all three substance use categories: 3 versus 1 for other substance use categories). There were no differences in the number of services used comparing indigenous and non-indigenous participants.

FIGURE 4: HIV AND HCV TESTING



Testing for HIV and HCV was similar, with around 80% of participants reporting ever being tested. There were no significant differences across regions. A lower proportion of men reported testing for either HIV (75% versus 90%) or HCV (75% versus 85%). Younger participants (<30 years old) were also less likely to report testing for HIV (69% versus 86%) or HCV (58% versus 85%). Four percent of the participants reported being HIV positive, and 20% reported being HCV positive.

Among those who indicated they had not been tested for HIV or HCV, the majority indicated this was because they were not at risk – some indicating they were abstinent and/or did not inject, others indicating they were in a relationship or that they "played safe". Other reasons included a lack of time, not having symptoms or feeling healthy, or simply not feeling the need to be tested. A few participants mentioned other barriers such as stigma, embarrassment, being scared or uncomfortable with testing or having blood drawn, or needing a referral for a family doctor. One participant mentioned a previous negative experience as a barrier to seeking any testing, while others responded that they weren't sure why they had never been tested.

TABLE 10: REASONS FOR NOT ACCESSING HIV OR HCV TESTING SERVICES

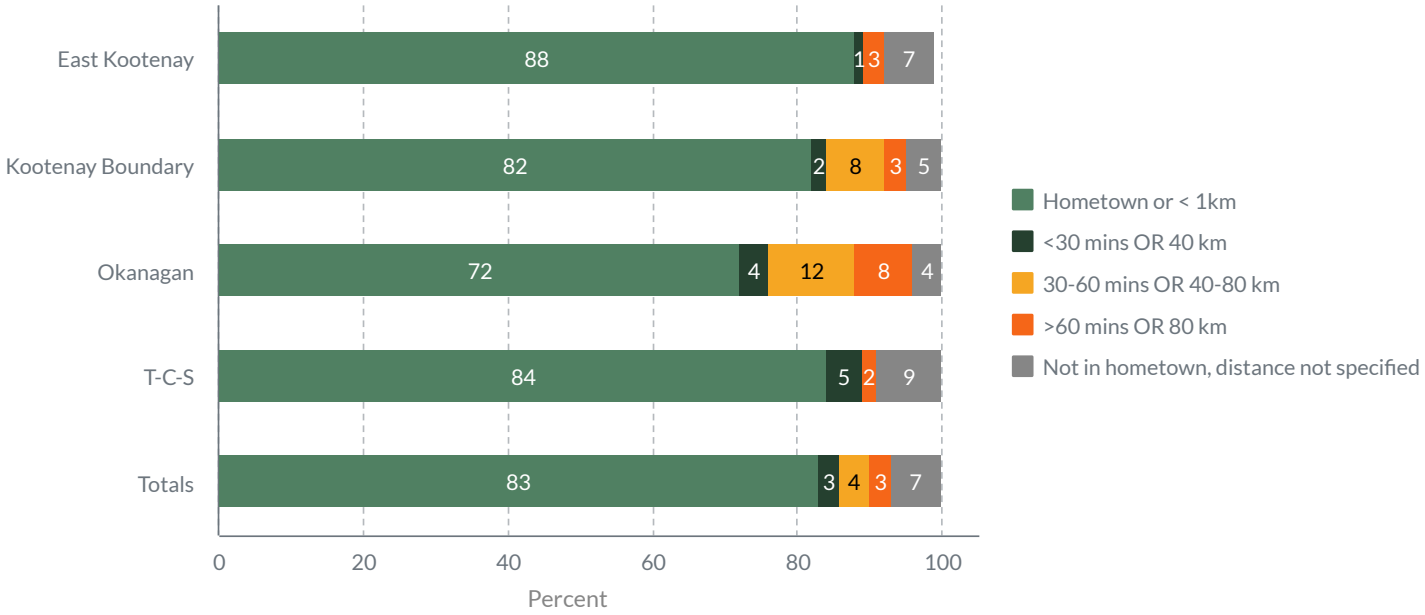
	East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo-Shuswap
Why haven't you been tested for HIV?	Not at risk No symptoms, feel healthy Not comfortable with testing Haven't felt the need	Not at risk Lack of time Not sure Embarrassed Difficult to draw blood	Not at risk Scared Stigma Previous negative experience	Not at risk Lack of time Haven't felt the need Need referral
Why haven't you been tested for HCV?	Not at risk No symptoms, feel healthy Haven't felt the need Lack of time	Not at risk Not sure Lack of time Never thought of it	Not sure Not at risk Scared Previous negative experience	Lack of time Not at risk Haven't felt the need

Service location and travel distances

In order to assess how far participants traveled for services, participants were asked whether they primarily accessed these services in their hometown, and also how far they had to travel to access services. Most participants indicated they accessed services primarily in their hometown (83%). This was highest in East Kootenay (88%) and lowest in the Okanagan (72%). Among the 37 participants (17%) who did not access services in their hometown, 16 did not specify a travel distance, 6 indicated they travelled <40km, 8 indicated they traveled 40 to 80km and 7 indicated they traveled more than 80km. These numbers were small, but proportionately more participants from the Okanagan indicated longer travel distances. Individuals from smaller communities (Grand Forks, Keremeos, Creston, Sparwood) travelled the longest distances for services.

While there was no difference in the proportion of people with access to a vehicle by travel distances, only 9 of the 37 people (24%) who did not access services in their hometown had their own car or someone who drove them. Among the 7 participants traveling more than 80km, 2 indicated no use of services in the past 6 months, one noting in the open text area that there were no services available locally. While these numbers are small, it is notable that 5 of these 7 participants identified as indigenous.

FIGURE 5: SERVICE LOCATIONS AND TRAVEL DISTANCES



Service Strengths & Challenges

Welcoming services

Participants were asked an open-ended question about where they felt the most welcome and accepted out of the services they had accessed. ANKORS, Mental Health services, Salvation Army, Friendship Centres and Pharmacy were among the top ten service locations mentioned. While a number of participants said they felt welcome at all the services they accessed (N=13, 5%), twice that number indicated they didn't feel accepted anywhere (N=26, 10%). Overall, two individuals indicated they had not used any services – both were from the East Kootenay region. Table 11 highlights the services that were indicated and gives a qualitative idea of the frequency each service was mentioned across the regions.

Participants were then asked what it was about the service or services indicated that made them feel welcomed. Table 12 gives an overview of the themes that were most often suggested. Overall, a non-judgmental environment was the most often indicated reason participants felt welcome and accepted. Among those who indicated they did not feel welcome, the sense that they were judged was often noted as the reason. Many respondents simply stated that the people were what made them feel most welcome – in several cases respondents even listed particular staff members or service providers. Places where the staff was friendly, helpful, kind and where respondents felt that the staff actually listened to them and understood where they were coming from were also often mentioned as reasons why a particular service made them feel welcomed and accepted.

Participants' general comments about feeling welcome and accepted:

- Feel judged everywhere
- Health Care system pushes [people who use] out
- Depends who is working
- Used to be the Community Kitchen, but it was closed
- Don't feel accepted outside my community
- My doctor treats me like I'm a pain in the ass
- Most [services/staff] seem compassionate and sincere
- Feel alienated
- Homeless are not welcomed
- All services are corrupt, abuse power

TABLE 11: SERVICE LOCATION WHERE PARTICIPANTS FELT MOST WELCOMED AND ACCEPTED

Where do you feel the most welcome and accepted?	EK	KB	OK	TCS
ANKORS				
Nowhere				
Mental Health				
Salvation Army				
Friendship Centre				
Everywhere				
Pharmacy				
Shelter (including Grand Forks, Lighthouse)				
Doctors (including teleconference doctor in TCS)				
Clinic				
EKASS				
Nurse Practitioner				
Transition house (TCS - Chiwid)				
Church (TCS - Crossroads)				
Food bank/Community Kitchen				
Hospital				
OAT Clinic (10th Street, Penticton, Sparwood Wellness)				
SO Women's Centre, Women's Centre (KB), Women's Contact society (TCS)				
Street Angels				
Williams Lake				
AA/NA				
Access Centre				
Career Development Services				
Community Connections				
Counselling/Psychology				
ER				
Harm reduction services, clinics				
Home health				

*Colour-coding qualitatively reflects the number of respondents who identified a particular effort; light green = one to a few, green = a few to several, dark green = several to many

TABLE 12: SERVICE ELEMENTS THAT MAKE PARTICIPANTS FEEL WELCOME AND ACCEPTED

What is it that makes you feel welcome and/or accepted at this service?

East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo-Shuswap
No judgment	No judgment	Helpful	Friendly
Helpful	The people	Friendly	No judgement
Friendly	Friendly	The people	Helpful
The people	Nice	Listen to me	The people

Participant quotes

Among those who indicated a service where they felt welcome:

The people are very friendly and don't judge people, they try to help the best they can with the resources they have

Because he doesn't treat me like a junky

Quality of people being open and nice

Good people, great advice, excellent programs

Among those who indicated they did not feel welcome anywhere:

None [make me feel welcome]. I feel like I can't trust anyone with no truth

They don't [make me feel welcome]. They all judge.

You are judged, don't feel welcome

Service Strengths

To further assess the strengths of these services, participants were asked to indicate what they liked about the service and what they felt was each services' most important element. A list of options was included, along with an open text area to add in any items not included in the list.

Overall, the two things participants selected most often were "Staff know me as a person" (61%) and "I don't feel judged for my substance use" (58%). These were highly rated across all regions, although in the East Kootenay region, privacy/confidentiality was rated highest. Feeling safe (54%), and feeling comfortable (51%) were also selected by more than half of participants overall. Items that were significantly different across regions were having peers who worked at the service and services where participants felt they had made friends and connections. Both of these items were more frequently endorsed in the Kootenay Boundary and Thompson-Cariboo-Shuswap region. In addition, feeling less alone was less frequently endorsed in the East Kootenay region compared to the other regions.

In general, participants in the East Kootenay region endorsed fewer strengths (Median: 3.5; 25% endorsed 2 or less, and 25% endorsed 7 or more) compared to other regions (East Kootenay – Median: 5; 25% endorsed 2 or less, and 25% endorsed 9 or more); Okanagan – Median: 7.5; 25% endorsed 2 or less, and 25% endorsed 9 or more; Thompson-Cariboo-Shuswap – Median: 5; 25% endorsed 1 or less, and 25% endorsed 12 or more).

Indigenous participants were more likely to select peers working at the services as a strength (33% versus 20%), along with acceptance of cultural practices (28% versus 13%), feeling part of the community (41% versus 30%), having friends and connections (44% versus 29%), and feeling less alone (41% versus 30%). This highlights the importance of community, culture and social support among indigenous participants. Younger participants (<30 years of age) were less likely to select most options with the exception of accessible hours and location, not feeling judged, and feeling less alone, which were endorsed with similar frequency to older participants. While endorsed less frequently, staff knowing them as a person (42%), privacy/confidentiality (40%), feeling safe (36%) and feeling comfortable (36%) were still the most frequently selected items among the younger age group. The lower proportions per item are partly influenced by the fact that younger participants endorsed far fewer items compared to older participants (Under 30 years of age - Median: 2; 25% endorsed 1 or less, 25% endorsed 5 or more; 30 years of age or older – Median: 6; 25% endorsed 2 or less, and 25% endorsed 11 or more). There were no significant differences in the items selected comparing men and women.

Across substance use categories, participants who reported using opioids more often selected "staff knowing me as a person" (80% versus 50-65%), and those using opioids or opioids plus stimulants more often selected "I don't feel judged for my substance use" (70% versus 45-60%).

TABLE 13: SERVICE STRENGTHS – WHAT PARTICIPANTS LIKE BEST ABOUT THE SERVICE(S) WHERE THEY FEEL MOST WELCOMED AND ACCEPTED

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
Accessible hours and location	33 (46%)	31 (46%)	15 (54%)	26 (45%)	110 (46%)
Staff know me as a person	36 (50%)	45 (66%)	20 (71%)	37 (64%)	144 (61%)
I don't feel judged for my substance use	36 (50%)	43 (63%)	18 (64%)	35 (60%)	138 (58%)
My privacy/ confidentiality is protected	38 (53%)	31 (46%)	12 (43%)	29 (50%)	116 (49%)
I feel safe using their services	34 (47%)	39 (57%)	16 (57%)	34 (59%)	128 (54%)
I feel comfortable accessing services there	30 (42%)	38 (56%)	19 (68%)	30 (52%)	122 (51%)
They have peers working there	7 (10%)	24 (35%)	5 (18%)	19 (33%)	59 (25%)
My experience is valued by this service	17 (24%)	28 (41%)	11 (39%)	19 (33%)	80 (34%)
They have helped me with challenges in my life	24 (33%)	27 (40%)	14 (50%)	25 (43%)	94 (40%)
My cultural practices are accepted there	8 (11%)	17 (25%)	4 (14%)	14 (24%)	45 (19%)
I feel part of a community	19 (26%)	24 (35%)	9 (32%)	23 (40%)	81 (34%)
They make me feel valued as part of the community	18 (25%)	24 (35%)	11 (39%)	24 (41%)	81 (34%)
There is someone to talk to when I am upset	23 (32%)	27 (40%)	13 (46%)	25 (43%)	92 (39%)
I have made friends and connections there	17 (24%)	28 (41%)	7 (25%)	26 (45%)	82 (35%)
When I go there I feel less alone	14 (19%)	26 (38%)	11 (39%)	23 (40%)	79 (33%)
Other	1 (1%)	6 (9%)	1 (4%)	1 (2%)	9 (4%)

Using the same list, participants were asked to select the one item they felt was most important. Overall, the top three items most often selected as the most important were "staff knowing me as a person", "I don't feel judged for my substance use" and accessible hours and location. This did vary by region, with being known as a person and privacy/confidentiality topping the list in East Kootenay, having been helped with life challenges and feeling safe making the top three in the Okanagan, and privacy/confidentiality replacing being known as a person in the Thompson-Cariboo-Shuswap region.

There were no significant differences by gender or age. While the top items were similar for indigenous compared to non-indigenous participants, indigenous participants were more likely to select feeling valued as part of the community, feeling less alone, having someone to talk to, and having made friends and connections as the most important element.

Across substance use categories, those who used only alcohol or marijuana and those who used opioids selected being known as person to staff members as the most important element (28% and 24%, respectively). Those who reported using opioids plus stimulants and those who reported using sedatives, codeine or OxyContin most often selected not feeling judged for substance use (29% and 17%, respectively), those who reported using stimulants most often selected privacy/confidentiality (17%).

Service Challenges

To assess the challenges most often faced with accessing services, participants were asked what services they had encountered problems accessing in the past 6 months. Around one-third of participants indicated they had not had any problems accessing services. Among those who had, medical services were most frequently indicated (27%), followed by emergency housing (24%). This was similar across regions, although in the Kootenay Boundary region OAT services were also frequently indicated (21%). In the Okanagan, fewer participants indicated not having any problems (18% vs 33%), and a higher proportion of participants reported having had problems accessing medical, housing, pharmacy and MHSU services; in addition, although numbers were small, among HCV positive participants a higher proportion reported having problems accessing services in the Okanagan compared to other regions. Among indigenous participants, a higher proportion reported having problems accessing Friendship Centres/indigenous-specific services in the Kootenay Boundary region.

Comparing indigenous and non-indigenous participants, indigenous participants less often reported problems accessing OAT. Younger participants (less than 30 years of age) more often reported problems accessing pharmacy (22% versus 12%), OAT (22% versus 11%), and while numbers were very small, all younger HCV positive participants reported having problems accessing services, while only 9% of older HCV positive participants reported problems. There were no differences comparing men and women.

TABLE 14: SERVICE STRENGTHS – MOST IMPORTANT ELEMENT OF SERVICE(S) WHERE PARTICIPANTS FEEL MOST WELCOMED AND ACCEPTED

What is most important?	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson -Cariboo-Shuswap (N=58)	Total (N=237)
Accessible hours and location	10 (14%)	6 (9%)	4 (14%)	10 (17%)	31 (13%)
Staff know me as a person	13 (18%)	14 (21%)	2 (7%)	4 (7%)	36 (15%)
I don't feel judged for my substance use	10 (14%)	10 (15%)	2 (7%)	13 (22%)	37 (16%)
My privacy/confidentiality is protected	13 (18%)	2 (3%)	3 (11%)	6 (10%)	24 (10%)
I feel safe using their services	4 (6%)	5 (7%)	3 (11%)	2 (3%)	15 (6%)
I feel comfortable accessing services there	4 (6%)	5 (7%)	1 (4%)	5 (9%)	15 (6%)
They have peers working there	2 (3%)	1 (1%)	1 (4%)	0 (0%)	5 (2%)
My experience is valued by this service	1 (1%)	2 (3%)	1 (4%)	1 (2%)	5 (2%)
They have helped me with challenges in my life	4 (6%)	5 (7%)	6 (21%)	3 (5%)	18 (8%)
My cultural practices are accepted there	1 (1%)	1 (1%)	0 (0%)	0 (0%)	2 (1%)
I feel part of a community	2 (3%)	1 (1%)	1 (4%)	1 (2%)	5 (2%)
They make me feel valued as part of the community	0 (0%)	1 (1%)	0 (0%)	4 (7%)	7 (3%)
There is someone to talk to when I am upset	2 (3%)	0 (0%)	1 (4%)	2 (3%)	6 (3%)
I have made friends and connections there	0 (0%)	2 (3%)	0 (0%)	3 (5%)	5 (2%)
When I go there I feel less alone	1 (1%)	2 (3%)	1 (4%)	2 (3%)	6 (3%)
Other (all of the above, navigation and support, food and warmth)	--	7 (10%)	1 (4%)	1 (2%)	9 (4%)

Comparing across substance use categories, participants who reported using opioids plus stimulants more often reported problems accessing services. This included medical services (42% versus 15-30%), pharmacy (29% versus 5-15%), MHSU services (29% versus 10-20%), and substance use treatment (17% versus <10%). Those who reported using opioids (but not stimulants) more often reported problems accessing OAT (38% versus 27%) and pain management services (27% versus 7-17%).

Most participants (40%) only indicated one service with which they had encountered problems accessing in the past 6 months. Around 20% indicated 2 or 3 services, and 8% indicated 4 or more. As noted previously, 32% did not report any problems accessing services. There were no differences by indigenous identity, gender or age; however, participants who reported using

TABLE 15: SERVICES THAT PARTICIPANTS HAVE ENCOUNTERED PROBLEMS ACCESSING IN THE PAST 6 MONTHS

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
Doctor, Nurse, or ER	22 (31%)	19 (28%)	9 (32%)	12 (21%)	63 (27%)
Pharmacy	8 (11%)	12 (18%)	6 (21%)	6 (10%)	33 (14%)
MHSU	9 (13%)	11 (16%)	7 (25%)	11 (19%)	40 (17%)
OAT	7 (10%)	14 (21%)	3 (11%)	6 (10%)	32 (14%)
Substance Use Treatment	3 (4%)	8 (12%)	4 (14%)	4 (7%)	20 (8%)
Pain management	10 (14%)	13 (19%)	4 (14%)	5 (9%)	34 (14%)
HIV/STI testing and treatment	2 (3%)	3 (4%)	1 (4%)	0 (0%)	6 (3%)
HCV services*	1 (13%)	3 (18%)	2 (33%)	0 (0%)	6 (15%)
Emergency Housing	13 (18%)	15 (22%)	11 (39%)	12 (21%)	56 (24%)
Native Friendship Centre or Indigenous-specific services*	0 (0%)	5 (33%)	1 (9%)	6 (17%)	13 (15%)
Other	2 (3%)	3 (4%)	2 (7%)	3 (5%)	10 (4%)
None	29 (36%)	22 (32%)	5 (18%)	19 (33%)	76 (32%)

. *Denominators reflect service population (e.g. HCV positive participants for HCV services).

opioids reported having problems accessing a greater number of services. Those who reported using opioids or opioids plus stimulants more often reported having problems accessing 2 or 3 services (30% versus 10-20%), and those who reported using opioids plus stimulants more often indicated having problems accessing 4 or more services (18% versus 6-9%).

Participants who indicated they had had difficulties were asked what made accessing the service difficult or impossible. Overall, a lack of available or accessible services was noted by several participants. In particular many referred to a lack of affordable housing, and availability of emergency housing. Availability of substance use treatment, detox, and local methadone doctors was also noted. Related to a lack of local service availability, many participants also noted location, travel and/or transportation as a major challenge. Aside from these practical challenges, some participants indicated that they felt the service staff or provider was judgmental, unfriendly, did not respect them, take them seriously or listen to them, or were unhelpful and uncaring. A number of participants indicated they did not feel like they had any difficulties or challenges accessing the services they needed.

TABLE 16: ELEMENTS OF SERVICE(S) IDENTIFIED THAT MADE IT DIFFICULT OR IMPOSSIBLE TO ACCESS

In general, what was it that made accessing services there difficult or impossible?

East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo-Shuswap
Nothing – no difficulties accessing services	Judgmental, unfriendly, uncaring	Lack of available or accessible services	Nothing – no difficulties accessing services
Lack of available or accessible services	Lack of available or accessible services	Location/ travel/ transportation	Doctor shortage
Location/ travel/ transportation	Location/ travel/ transportation	Lack of follow-up, continuity of care	Access challenge due to lack of ID, lack of coverage
Appointment availability or flexibility	Nothing – no difficulties accessing services		Lack of available or accessible services

Participant quotes

Among those who indicated they had difficulties accessing services:

I have found them to be very judgmental and unreliable as the staff is always changing

In some cases the people providing the services judge me and are unwilling to treat me as a person deserving of their services and equal treatment

Not much to offer when speaking of housing, cots are huge; quickly puts me in a state of grinding poverty to live indoors

[Affordable housing] needs to stop being ignored and made a priority

Lack of money and no real peer with a vehicle or phone

They're located [in another town]; makes it hard to get there when you need to be [there] due to not having money or a way there half the time

Among those who indicated they did not have any difficulties:

Nothing, everything is good to go

Harm reduction supplies, naloxone and overdose

Harm Reduction Supplies

Participants' reported access to harm reduction supplies are shown in Tables 17 to 20 and Figure 6. Among all respondents, around one quarter indicated they had no access to harm reduction supplies. This was higher in the Okanagan and Thompson-Cariboo-Shuswap regions (38% versus 18-24%). Those indicating they had no access were typically from smaller towns (Keremeos, Enderby, 100 Mile House, Fernie, Elkford, Sparwood); in addition, around 50% of participants in Salmon Arm and 35% of participants from Williams Lake indicated they had no access to harm reduction supplies.

Among those with access, access to specific supplies showed some differences by region. A lower proportion of participants in the Okanagan reported access to Naloxone (50% vs 70-80%), a higher proportion of participants in Kootenay Boundary reported access to foil kits and swabs, and a higher proportion of participants in the Okanagan reported access to crystal pipes. Across all regions, access to Naloxone was lowest in smaller towns (Golden – 40%, Revelstoke – 50%, Keremeos – 50%); in addition, only 50% of respondents with access to supplies in Penticton indicated they had access to Naloxone, and in Kootenay Boundary, access to Naloxone was high in Trail (75%) and Grand Forks (100%), but lower in Castlegar (50%) and Nelson (55%).

There was no significant difference in overall access to harm reduction supplies when comparing indigenous to non-indigenous participants; however, indigenous participants were less likely to report having access to needles (47% versus 66%; 66% versus 82% when restricting to participants who reported any injection), glass stems (46% versus 63%), tourniquets (16% versus 34%), ascorbic acid (14% versus 32%), swabs (26% versus 48%), filters (23% versus 41%) and steri cups/spoons (25% versus 39%). Women were more likely than men to report not having access to harm reduction supplies (34% versus 23%). Among those with access, there were no significant differences in access by type of supply. Among younger participants (less than 30 years of age), there was no difference in overall access to supplies when comparing to older participants; however, younger participants more often reported access to Naloxone (86% versus 68%).

By substance use category, there were no overall differences reported in access to supplies. By type of supply, there were some differences, although it is difficult to say whether in some cases this reflected supplies that were sought (i.e. those that did not inject did not indicate access to needles, but this may only be because they do not seek out needles, not because

TABLE 17: ACCESS TO HARM REDUCTION SUPPLIES BY TYPE OF SUPPLY

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
No access	14 (24%)	12 (18%)	10 (38%)	20 (38%)	56 (26%)
—— Among those with access: ——					
Naloxone	36 (82%)	38 (70%)	8 (50%)	22 (67%)	112 (72%)
Needles/ syringes	24 (55%)	38 (71%)	9 (56%)	15 (45%)	93 (60%)
Glass stems	21 (48%)	35 (65%)	12 (75%)	15 (45%)	89 (57%)
Screens, filters	20 (45%)	28 (52%)	12 (75%)	15 (45%)	80 (51%)
Tourniquets	8 (18%)	17 (31%)	4 (25%)	10 (30%)	42 (27%)
Foil kits	8 (18%)	24 (44%)	4 (25%)	8 (24%)	48 (31%)
Sterile water	19 (43%)	29 (54%)	5 (31%)	14 (42%)	71 (46%)
Ascorbic acid	8 (18%)	16 (30%)	3 (19%)	11 (33%)	40 (26%)
Swabs	12 (27%)	30 (56%)	7 (44%)	11 (33%)	63 (40%)
Condoms	29 (66%)	27 (50%)	12 (75%)	14 (42%)	89 (57%)
Crystal pipes	13 (30%)	23 (43%)	11 (69%)	10 (30%)	61 (39%)
Filters	13 (30%)	21 (39%)	5 (31%)	8 (24%)	51 (33%)
Steri cups or spoons	13 (30%)	23 (43%)	3 (19%)	10 (30%)	52 (33%)
Other	2 (4%)	2 (4%)	2 (13%)	3 (9%)	9 (6%)

they are not available). In general, those reporting stimulant, opioid or opioid plus stimulant use were more likely to report access to specific supplies. There was no difference in reported access to naloxone or condoms.

Participants were asked to indicate where they accessed harm reduction supplies – a list of known resource locations was supplied along with a space to include additional locations. ANKORS was the most frequently indicated location, with 75% of participants in East Kootenay and 57% in Kootenay Boundary reporting this as a location where they accessed supplies. In the Okanagan, street outreach (69%) and mobile harm reduction (44%) were the most frequently reported locations. In the Thompson-Cariboo-Shuswap, Public Health (39%), Pharmacy (33%) and MHSU (30%) were most frequently reported. Around 20 to 25% of

participants indicated they obtained supplies from a friend, although this was lower in the Thompson-Cariboo-Shuswap region (6%). Doctors or nurses, dealers, and Head shops were less frequently reported (range (0 to 15%).

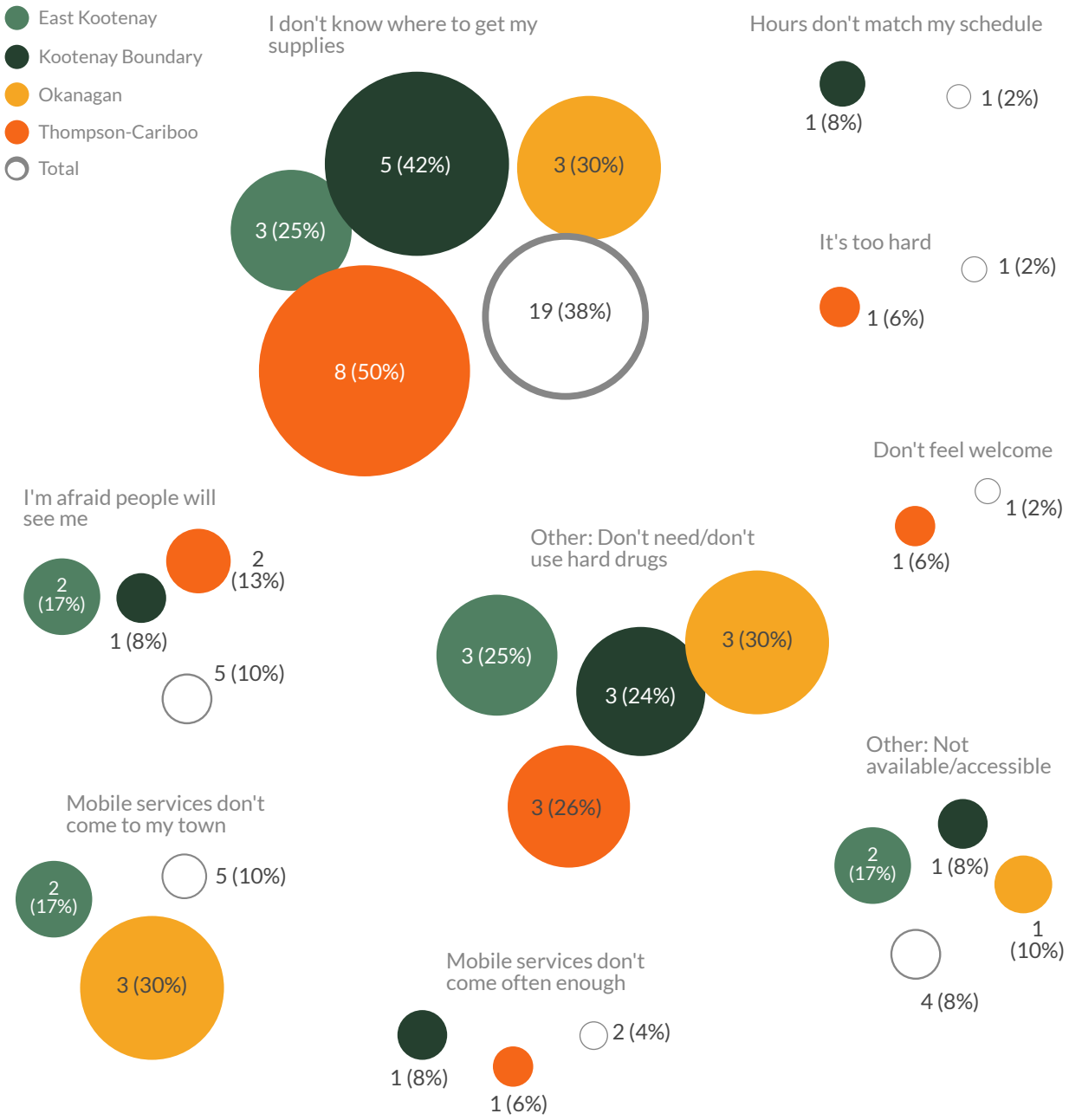
Indigenous participants more often reported accessing supplies through street outreach (33% versus 18%); there were no differences in access locations reported by gender or age. Comparing across substance use categories, participants who reported using opioids plus stimulants more often reported access through MHSU services (44%), while those reporting opioid use (without stimulants) more often reported accessing supplies through street outreach (41%). Those reporting use of sedatives, codeine and/or OxyContin more often reported accessing supplies through the pharmacy (45%), and those reporting use of stimulants were more spread out, with a similar percentage accessing supplies at most locations. Across all substance use categories, ANKORS was frequently selected as an access location; those reporting opioid use more often selected ANKORS compared to other substance use categories (70% versus 30-50%).

TABLE 18: ACCESS TO HARM REDUCTION SUPPLIES - POINTS OF ACCESS

Where do you access supplies?	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
ANKORS (incl. mobile)	33 (75%)	31 (57%)	0 (0%)	1 (3%)	70 (45%)
MHSU	7 (16%)	17 (31%)	4 (25%)	10 (30%)	40 (26%)
Health Unit / Public Health	10 (23%)	6 (11%)	4 (25%)	13 (39%)	34 (22%)
Street outreach	6 (14%)	8 (15%)	11 (69%)	8 (24%)	36 (23%)
Mobile Harm Reduction	2 (5%)	5 (9%)	7 (44%)	0 (0%)	14 (9%)
HR Peers or volunteers	9 (20%)	9 (17%)	5 (31%)	5 (15%)	29 (19%)
Drug store / Pharmacy	6 (14%)	9 (17%)	4 (25%)	11 (33%)	31 (20%)
From a friend	10 (23%)	11 (20%)	4 (25%)	2 (6%)	28 (18%)
Doctor/nurse	3 (7%)	0 (0%)	1 (6%)	5 (15%)	10 (6%)
Dealer	4 (9%)	5 (9%)	1 (6%)	2 (6%)	13 (8%)
Head shop	7 (16%)	1 (2%)	2 (13%)	0 (0%)	13 (8%)

FIGURE 6: BARRIERS TO ACCESSING HARM REDUCTION SUPPLIES

Bubbles are colour-coded according to community. The size of the bubble represents the number (%) of participants from a particular community that responded with the statement.



The reasons participants did not feel they had access to harm reduction supplies are shown in Figure 6. The majority of participants (38%) indicated they did not know where to get supplies. This was highest in the Thompson-Cariboo-Shuswap region (50%) and lowest in the East Kootenay region (25%). When looking at particular communities, the proportion indicating they did not know where to get supplies was typically around 5-15%; exceptions to this were 100 Mile House (33%), Salmon Arm (38%), Elkford (33%), Fruitvale (100%) and Enderby (50%).

The frequency with which participants accessed harm reduction supplies is shown in Table 19. Overall, most participants reported accessing supplies once or twice a month (29%). This varied by region, with more frequent access in Kootenay Boundary and Thompson-Cariboo-Shuswap, and less frequent access in East Kootenay and Okanagan. Daily access was common in the Thompson-Cariboo-Shuswap region (21%); and weekly access was most common in the Kootenay Boundary region (43%). In East Kootenay, accessing supplies only a few times a year was common (32%), while the majority (69%) of participants in the Okanagan access supplies monthly.

TABLE 19: FREQUENCY ACCESSING HARM REDUCTION SUPPLIES

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
Daily	1 (2%)	7 (13%)	0 (0%)	7 (21%)	17 (11%)
A few times a week	2 (5%)	15 (28%)	2 (13%)	5 (15%)	25 (16%)
Once a week	2 (5%)	8 (15%)	2 (13%)	4 (12%)	18 (12%)
Once or twice a month	14 (32%)	11 (20%)	11 (69%)	7 (21%)	45 (29%)
Once every few months	7 (16%)	3 (6%)	1 (6%)	2 (6%)	14 (9%)
Once or twice a year	14 (32%)	2 (4%)	0 (0%)	3 (9%)	20 (13%)
Don't know / Prefer not to answer	3 (7%)	5 (9%)	0 (0%)	4 (12%)	12 (8%)

Participants who reported opioid and opioid plus stimulant use more frequently accessed supplies (20% daily access). Those reporting stimulant use and use of sedatives, codeine or OxyContin more often reported monthly access (40% and 35%, respectively). There were no significant differences in frequency of accessing supplies by indigenous identity, gender or age.

Participants who reported opioid and opioid plus stimulant use more frequently accessed supplies (20% daily access). Those reporting stimulant use and use of sedatives, codeine or OxyContin more often reported monthly access (40% and 35%, respectively). There were no significant differences in frequency of accessing supplies by indigenous identity, gender or age.

Overdose

A total of 92 participants (40%) reported that they had ever overdosed. There were no significant differences across regions, although Kootenay Boundary was highest (49%) and Thompson-Cariboo-Shuswap was lowest (32%). Indigenous participants were more likely to report overdose (44% versus 33%), and among those who had overdosed, indigenous participants reported higher numbers of overdose (Indigenous – Median 2, 25% reported 2 or less, and 25% reported 5 or more; Non-indigenous – Median 2, 25% reported only 1, and 25% reported 3 or more). There were no significant differences in reporting any overdose by gender or age; however, men who had overdosed reported higher numbers of overdose compared to women (Men – Median 3, 25% reported 2 or less, 25% reported 4 or more; Women – Median 2, 25% reported only 1, and 25% reported 3 or more). While one might expect a difference in the number of overdoses reported by age, there was no significant difference, with those under 30 years of age and over 30 years of age both reporting a median of 2 overdoses. Those who reported using opioids or opioids plus stimulants were more likely to report having ever overdosed (55 to 70% versus 20-30%). Around 14% of those who reported having ever overdosed did not report using any substances other than alcohol and/or marijuana, and about one-third of these were currently accessing OAT, indicated previous opioid use.

A total of 49 (57%) respondents indicated they had accessed emergency services (ambulance and/or hospital) after overdosing. Younger participants (less than 30 years of age) were less likely to report accessing emergency services (39% versus 63%). Experiences with emergency services and reasons why these services may not have been accessed are discussed below.

A total of 23 (26%) of respondents indicated they had had follow-up emotional support after overdosing. Those who had reported accessing emergency services more frequently indicated they had emotional support (31% versus 19%), although this difference was not significant. There were no differences in the proportion of respondents indicating emotional support comparing across regions, by indigenous identity, gender, age or substance use category.

Overall, around 60% of participants reported having received Naloxone training. East Kootenay and Kootenay Boundary had higher proportion of participants with training at 73% and 63%, respectively, compared to 43% in the Okanagan and 42% in the Thompson-Cariboo-Shuswap. Women were more likely to be trained in Naloxone use compared to men (69% versus 52%); as were respondents who reported using opioids plus stimulants compared to

other substance use categories (74% versus 50-60%). There were no significant differences by indigenous identity or age; however, indigenous participants in the Okanagan and Thompson-Cariboo-Shuswap regions reported lower levels of training (35%) compared to indigenous participants in the Kootenay regions (70%).

Particular communities with lower levels of Naloxone training (<40% of participants) included Fernie, Golden, Keremeos, Elkford, Enderby and Williams Lake.

Around one-third of participants reported ever having reversed an overdose. This was significantly different by region, with more participants reporting having reversed an overdose in the Kootenay Boundary region (50%), and less reporting this in the East Kootenay region (17%). Although fewer participants reported reversing an overdose in the East Kootenay region, those that did reported doing so more often (Median 7.5 compared to 3-5 in other regions).

TABLE 20: NALOXONE TRAINING AND OVERDOSE REVERSALS

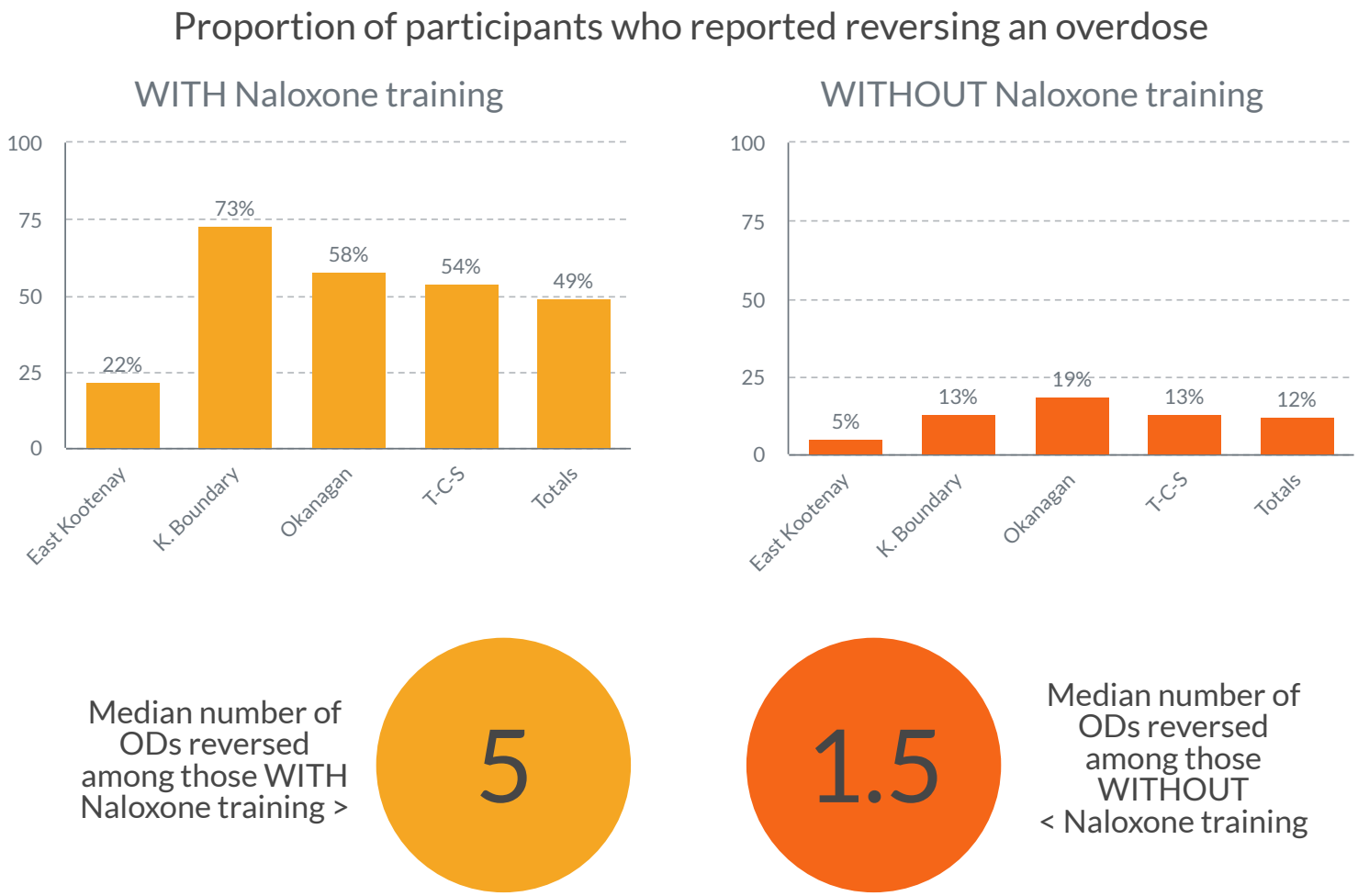
	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
Naloxone training	52 (73%)	41 (63%)	12 (43%)	24 (42%)	136 (59%)
Ever reversed an overdose	12 (17%)	33 (50%)	10 (36%)	17 (30%)	76 (33%)
Median number of ODs reversed	7.5 (5, 10)	4 (2, 8)	3 (1, 4)	5 (2, 6)	4 (2, 8)
Range	1 to 10	1 to 10	1 to 6	1 to 10	1 to 10
Among participants reporting reversing an overdose, proportion who had Naloxone training	11 (92%)	30 (91%)	7 (70%)	13 (76%)	65 (86%)

There were no significant differences in the proportion of participants reporting reversing an overdose by indigenous identity or gender; however, a lower proportion of indigenous participants reported receiving naloxone training while a higher proportion reported ever having reversed an overdose. Younger participants (less than 30 years of age) were more likely to report having reversed an overdose compared to older participants (47% versus 30%). By substance use category, those reporting use of opioids or opioids plus stimulants were more likely to report having reversed an overdose compared to other substance use

categories (50% and 66%, respectively versus 10-30%), and also reported a higher number of reversals (Median 5 and 6.5, respectively, versus 2-4 for other substance use categories).

When looking at Naloxone training and overdose reversal together, there is a significant relationship between having received training and reporting ever having reversed an overdose. The majority (86%) of participants who reported reversing an overdose had received Naloxone training. This was different across regions, with a lower proportion of participants who reported reversing an overdose event having Naloxone training in the Okanagan and Thompson-Cariboo-Shuswap (70% and 76%).

FIGURE 7: NALOXONE TRAINING AND OVERDOSE REVERSALS



Among those with naloxone training, around 50% reported that they had reversed an overdose; among those without training, only 12% reported that they had done so. The timing of the relationship cannot be discerned here – for example, did someone experience reversing an overdose and then seek out Naloxone training, or did they seek out training and then reverse an overdose? Even so, those with training reversed a higher number of overdoses on average, indicating that the training was likely received and put to use in at least some of these cases. The relationship between Naloxone training and overdose reversal most likely reflects the appropriate reach of Naloxone training to participants who are more likely to be in a situation to reverse an overdose. In other words, participants who are exposed to more overdose events were more likely to have received Naloxone training, and more likely to have the opportunity to reverse an overdose. This is further evident as among only those who had ever reversed an overdose, the median number of overdoses reversed among those with Naloxone training was significantly higher (Median: 5, 25% had reversed 2 or less, and 25% had reversed 8 or more) compared to those without (Median 1.5, 25% had reversed only 1, 25% had reversed 2.5 or more). This relationship does not tell us whether Naloxone training, independent of other factors such as exposure to overdose events, increases the likelihood of reversing an overdose. For example, assuming a naloxone kit is present, a person with training and a person without training may be just as likely to reverse an overdose; however, the person with training is potentially more likely to be in a situation where an overdose will occur.

Experiences with Emergency Services

Among the 92 participants who indicated they had ever overdosed, 49 reported that they had accessed ambulance and emergency services, while 37 reported they had not accessed any emergency services. Those that had accessed services were asked what the experience was like; those that had not accessed services were asked why they had not. About a third indicated a positive experience, noting that paramedics and/or hospital staff were friendly, kind, respectful and supportive. Around 20% indicated a negative experience, feeling they

TABLE 21: EXPERIENCES WITH EMERGENCY SERVICES AFTER AN OVERDOSE EVENT

What was your experience like with paramedics and hospital?

East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo-Shuswap
Good, great job	Good, friendly, supportive	Good, positive experience	Good, caring, helpful
Treated poorly, less than human	Don't remember	Judgmental and impatient	Fair, as expected
Don't remember	Treated poorly, less than human	Saved my life	Scary, no emotional support

were judged, treated less than human, and shamed for not "knowing better" than to have an overdose. Around 15% indicated that they didn't know or didn't remember. Around 10% indicated the experience was just okay. A couple of participants responded simply that they were kept alive, one noting the lack of emotional support during a very scary experience.

PARTICIPANT QUOTES ABOUT THEIR EXPERIENCES WITH EMERGENCY SERVICES AFTER AN OVERDOSE:

- "They have always been very kind and supportive to help"
- "They were doing a great job"
- "I was treated with respect"
- "They kept me alive…didn't do much for my fears"
- "Was very confused, hard to recall"
- "Once I was identified as a drug user I was treated very poorly and as though I did not deserve to have survived"
- "..paramedics and doctors were talking bad about me, saying that I should [have] died…."

Among those who reported not accessing ambulance or emergency services, by and large the majority indicated that they did not need the ambulance because they were revived by friends with naloxone. Some participants indicated they were alone, unable to access, or had no one who noticed or cared to call for help. Several participants indicated fear – one specified fear of police intervention, while another indicated fear of receiving more naloxone and feeling sick.

TABLE 22: REASONS FOR NOT ACCESSING EMERGENCY SERVICES AFTER AN OVERDOSE EVENT

When you overdosed, why didn't you access emergency services such as ambulance or hospital?

	East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo-Shuswap
When you overdosed, why didn't you access emergency services such as ambulance or hospital?	Revived	Revived	No need – not serious	Revived
	Scared	Fear		No one took me
	Unable to access			Scared of police

PARTICIPANT QUOTES ABOUT THEIR EXPERIENCES WITH EMERGENCY SERVICES AFTER AN OVERDOSE:

- "I had friends who knew what to do"
- "Because there is fear that more Naloxone will make you feel worse"
- "Was Naloxoned and came back to life"
- "I was brought back from friends with Naloxone"
- "Because no one took me there"
- "Nobody gave a shit or I was alone"

Regardless of whether or not services were accessed, participants who had reported experiencing an overdose were asked what they felt would have been helpful to them afterwards. Support was mentioned by several of the participants, some specifying support from family and friends, others noting that they just wanted someone to be there, someone to believe in them and maybe guide them to other services. Others indicated counselling services would have been helpful, or simply being able to talk about it. Some participants didn't know what would be helpful, while others didn't think there was anything that was needed. A few indicated that more dope, or heroin treatment would have been helpful. Others mentioned basic needs – food, housing, a warm bed, somewhere to rest, smokes, or a ride home.

TABLE 23: SUPPORTS THAT WOULD BE HELPFUL AFTER OVERDOSE EVENT

What would have been helpful after the overdose?

East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo-Shuswap
Support	Nothing	Support	Support
Don't know	Don't know	More time to recover, somewhere to rest	Don't know
Counselling services	Support		
Education, information on after effects, recovery options	More dope, heroin treatment		

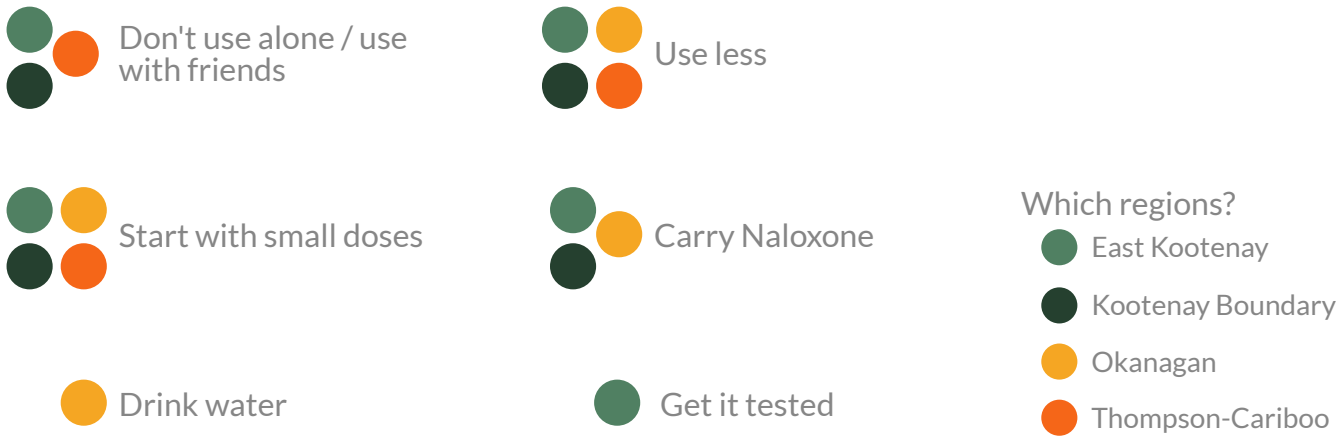
PARTICIPANTS QUOTES ABOUT THINGS THAT WOULD BE HELPFUL AFTER AN OVERDOSE:

- "Nothing I can think of"
- A ride home from the hospital"
- "Being able to sit down somewhere warm"
- "To have family support me, or friends to support me after"
- "Peer leader for trusted guidance"
- "Someone to talk to"
- "Follow-up after the overdose"
- "Knowing more about recovery options in the community"

In order to assess practices already in use, participants were asked to describe anything they did to reduce overdose risk when they use. Not using alone, or using with friends, starting with small doses, using less or limiting use and carrying naloxone were the practices most often mentioned. A few people from East Kootenay and Kootenay Boundary mentioned getting drugs tested. Other practices included knowing the source or only using what you know, knowing limits and not overdoing it, asking others about potency, being informed, not mixing with alcohol or other drugs, mixing with non-opioids, and drinking water.

FIGURE 8: OVERDOSE RISK REDUCTION PRACTICES

Is there anything you do to reduce overdose risk when you use?



Participants were also asked what they thought would be helpful to reduce risk. A number of participants responded that they weren't at risk, in some cases because they don't use opioids, or don't inject; others maintained they had enough tolerance or experience to avoid overdose. Other participants mentioned doing less drugs, either in the sense of finding supports to quit altogether, to cut down on usage, or to have strategies or supports to be able to use smaller amounts less quickly. Other things mentioned included a buddy system, knowledge about what is available to reduce risk, and naloxone. A couple of participants indicated naloxone wasn't readily accessible or available, or that they had poor experiences asking for Naloxone from a service provider. In some cases, participants talked about broader influences that would help reduce substance use and therefore reduce risk of overdose – in one case, finding work was mentioned, while in another the participant simply answered, 'hope'.

TABLE 24: OVERDOSE RISK REDUCTION SUPPORTS

What would be helpful for you to reduce risk?

East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo
Doing less drugs	Not at risk	Don't know	Don't know
Not at risk	Buddy system	Not at risk	Doing less drugs
Knowledge of resources to help reduce risk	Doing less drugs		Peer supervision (to oversee substance use)

PARTICIPANT QUOTES ABOUT WHAT WOULD HELP THEM REDUCE RISK:

- "More knowledge about what is available"
- "Not necessary. I've done tons of drugs only overdosed once so I'm good"
- "Not to use as much and fast"
- "Having a doctor who doesn't judge you when you ask for a Naloxone kit"
- "I don't use substances that you can overdose on (unless it's been put in)"

Access to Opioid Agonist Therapy and Other Treatment Services

Around 26% of participants indicated they were currently being prescribed an opioid agonist therapy (OAT). Most frequently this was methadone treatment (60%), while 11% reported Kadian, 15% reported Suboxone and 11% reported other therapies. Participants in the Kootenay Boundary region (40%) and the Okanagan (30%) more frequently reported being on OAT as compared to participants in the East Kootenay (16%) and Thompson-Cariboo-Shuswap (19%). The majority of participants reported accessing OAT in their home community, with the exception of respondents in the Thompson-Cariboo-Shuswap, where only 20% accessed these services locally. There were no significant differences in those reporting access to OAT by indigenous identity, gender or age.

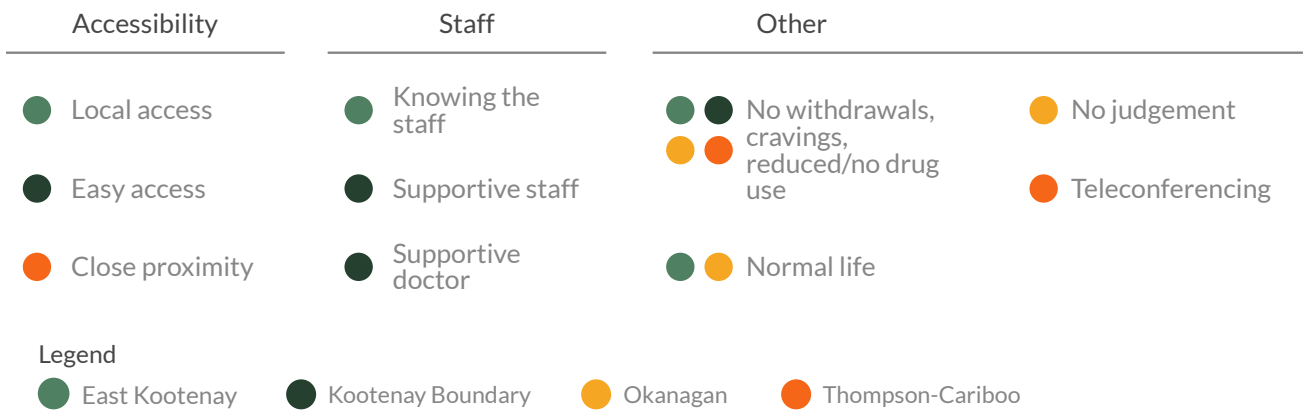
TABLE 25: ACCESS TO OPIOID AGONIST THERAPY

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
Currently prescribed OAT	10 (16%)	25 (40%)	8 (30%)	10 (19%)	56 (26%)
			Among those on OAT:		
OAT accessed in home community	6 (60%)	21 (84%)	6 (75%)	2 (20%)	35 (63%)
Type of OAT:					
Kadian					6 (11%)
Suboxone					8 (15%)
Methadone					33 (60%)
Other					6 (11%)

For those who reported using OAT, the survey asked participants to indicate what has been helpful when accessing these services. Among the strengths of existing services identified, having a treatment that 'works' (no cravings, no withdrawal), and reduces or eliminates other drug use was most often mentioned. Of note, participants on all types of OAT (methadone, suboxone, Kadian) held this view. In relation to this, having a treatment that supports a 'normal life' – for example being able to keep a job – was also mentioned by some participants. With

respect to how services are delivered, participants mentioned location (local access, close proximity to home) – one participant mentioned the use of teleconferencing, having supportive staff (specific OAT clinics, ANKORS and MHSU were all mentioned), having knowledgeable staff, not feeling judged and being able to be honest about drug use, having a safe place to use, and being able to take weekend carries.

FIGURE 9: ELEMENTS OF OAT SERVICES THAT SUPPORT ACCESS



Participants were also asked what, if anything, they would change about how they currently access OAT. Many respondents indicated no change was needed. Others mentioned having easier access, either with respect to local service – two participants specifically mentioned needing to travel and in one case hitchhike a fair distance to the nearest town with an OAT provider – or with respect to hours for doctors and pharmacy. Access to carries was also specifically mentioned. A few indicated services that felt more caring were warranted – some having experienced judgmental or rude staff, stigma or discrimination, while others felt a kindness and honest interactions with staff and service providers would go a long way.

TABLE 26: CHANGES TO OAT SERVICES THAT WOULD IMPROVE ACCESS

Is there anything you would change about how you access your treatment?

East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo-Shuswap
No change	No change	No change	Access to carries
Easier access (local services, hours)	Easier access (local services)	Access to carries	More caring services
More caring services	More caring services		No change

For those who did not indicate they were currently receiving OAT, the survey asked participants why not. By far, the majority indicated that they didn't need it. Of 58 people who said they didn't need it, 5 indicated they were currently using opioids. Other reasons included not looking into it, missing doses/appointments, being cut off from services, not having heard of it, not having local services available, not wanting it or not being ready, and it being too hard or inconvenient. One participant indicated they received hydromorphone from their doctor.

TABLE 27: OAT SERVICES – REASONS FOR NOT ACCESSING

If you are not currently being prescribed OAT, why not?

East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo
Don't need it (14% use opioids)	Don't need it (8% use opioids)	Don't need it (0% use opioids)	Don't need it (6% use opioids)
Haven't looked into it	Miss doses/ appointment	Cut off	Don't know
Never heard of it	No local service	No local services	Cut off
Too hard, inconvenient			Don't want it

Participants were asked what other treatment services they had accessed in the past year. Individual counselling, detox, and AA/NA were the most frequently reported services accessed. There were no significant differences across regions, although participants in the Okanagan more often reported accessing support groups (18% versus 10-12%).

Comparing indigenous and non-indigenous participants, indigenous participants were more likely to report accessing detox (23% versus 13%) and supportive recovery housing (7% versus 1%). Younger participants (less than 30 years of age) were more likely to report accessing psychedelic therapy compared to older participants (16% versus 3%). There were no significant differences by gender.

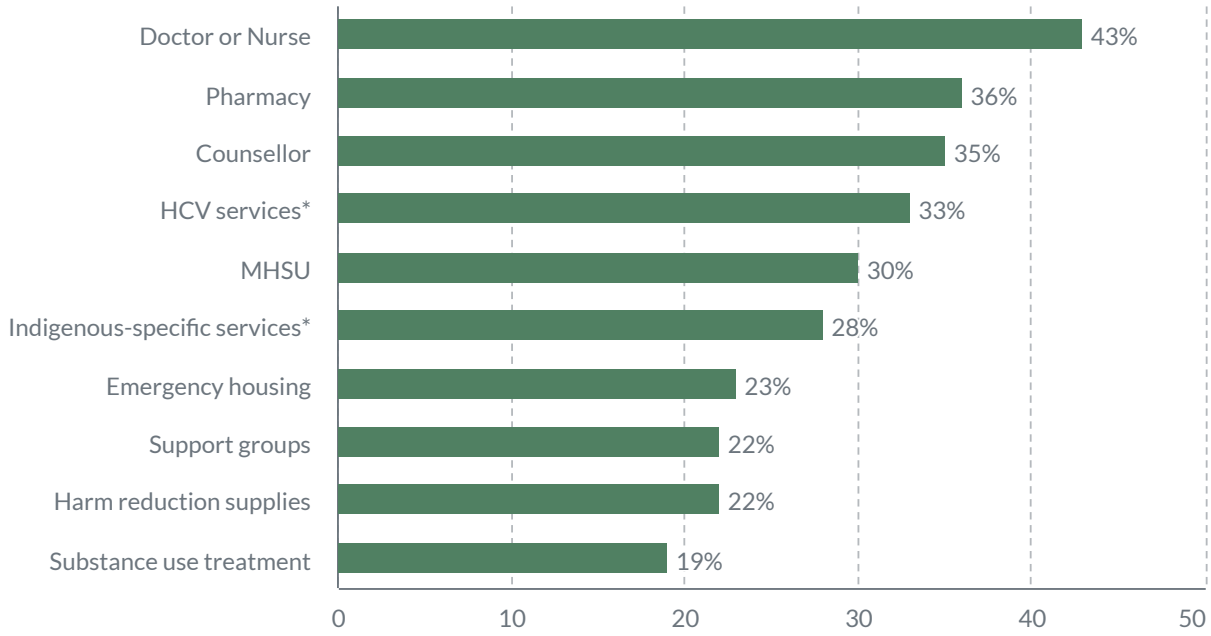
Across substance use categories, those who reported stimulant use were less likely to report accessing detox services (6% versus 20-30%).

Participants were then asked what services they would like to access in the next 6 months. Medical services were most frequently mentioned overall (43%), followed by pharmacy (36%) and counselling (35%). Among HCV positive individuals, one third indicated that they wanted to access HCV services in the next six months. Of these, only 3 (~23%) had accessed HCV services in the past 6 months.

TABLE 28: ACCESS TO OTHER SUBSTANCE USE TREATMENT SERVICES AND SUPPORTS

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo- (N=58)	Total (N=237)
Detox	12 (17%)	10 (15%)	3 (11%)	13 (22%)	41 (17%)
Residential treatment	7 (10%)	4 (6%)	4 (14%)	9 (16%)	25 (11%)
Support recovery housing	5 (7%)	1 (1%)	0 (0%)	2 (3%)	8 (3%)
AA/NA	10 (14%)	12 (18%)	7 (25%)	9 (16%)	38 (16%)
Day treatment	4 (6%)	5 (7%)	0 (0%)	0 (0%)	10 (4%)
Individual counselling	20 (28%)	14 (21%)	7 (25%)	13 (22%)	57 (24%)
Support groups	8 (11%)	8 (12%)	5 (18%)	6 (10%)	30 (13%)
Psychedelic therapy	1 (1%)	7 (10%)	3 (11%)	3 (5%)	15 (6%)
Other (MHSU, Hospital, Public Health, Community supports)	2 (3%)	5 (7%)	3 (11%)	2 (3%)	12 (5%)

FIGURE 10: TOP 10 SERVICES ALL PARTICIPANTS WOULD LIKE TO ACCESS IN THE NEXT 6 MONTHS



. *Denominators reflect service population (e.g. HCV positive participants for HCV services).

TABLE 29: SERVICES PARTICIPANTS WOULD LIKE TO ACCESS IN THE NEXT 6 MONTHS

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
Doctor or Nurse	36 (50%)	24 (35%)	16 (57%)	20 (34%)	102 (43%)
Pharmacy	26 (36%)	25 (37%)	16 (57%)	14 (24%)	86 (36%)
MHSU	13 (18%)	26 (38%)	8 (29%)	17 (29%)	72 (30%)
Counsellor	28 (39%)	23 (34%)	12 (43%)	16 (28%)	83 (35%)
Support groups	12 (17%)	14 (20%)	3 (11%)	20 (34%)	53 (22%)
Substance use treatment	10 (14%)	16 (24%)	6 (21%)	12 (21%)	45 (19%)
OAT	7 (10%)	18 (26%)	7 (25%)	6 (10%)	39 (16%)
Prescription heroin or hydromorphone	11 (15%)	12 (18%)	6 (21%)	4 (7%)	34 (14%)
Pain management	14 (19%)	13 (19%)	3 (11%)	5 (9%)	36 (15%)
HIV/STI testing & treatment	8 (11%)	7 (10%)	4 (14%)	3 (5%)	24 (10%)
HCV services*	1 (13%)	7 (41%)	2 (33%)	2 (50%)	13 (33%)
Harm reduction supplies	19 (26%)	18 (26%)	5 (18%)	8 (14%)	52 (22%)
Emergency housing	13 (18%)	14 (21%)	7 (25%)	18 (31%)	55 (23%)
Native Friendship Centre or Indigenous-specific services*	3 (14%)	4 (27%)	4 (36%)	13 (36%)	24 (28%)
Overdose Prevention Site	8 (11%)	13 (19%)	5 (18%)	3 (5%)	31 (13%)

. *Denominators reflect service population (e.g. HCV positive participants for HCV services).

For medical, pharmacy, MHSU, OAT, pain management, HIV/STI testing and housing services, those who were already accessing services (had reported using services in the past 6 months) were more likely to indicate they wanted to access this service going forward. For example, 58% of those who had accessed medical services (Doctor or Nurse) in the past six months indicated they would like to access these services in the next 6 months compared to only 25% of those who had not accessed these services in the past 6 months. Among those indicating they would like to access OAT services, around 60% were already on OAT, leaving 15 people not currently on OAT indicating they would like this service.

Indigenous participants were less likely to indicate they would like access to pharmacy services (26% versus 45%) and OAT (6% versus 24%), and were more likely to indicate they would like access to support groups (33% versus 17%) and substance use treatment programs (24% versus 15%). Women were more likely than men to indicate they would like to access counselling services (44% versus 30%). Younger participants (less than 30 years of age) were more likely to indicate they would like to access prescription heroin or hydromorphone therapy compared to older participants (22% versus 12%).

By substance use category, participants reporting use of opioids or opioids plus stimulants were more likely to indicate they would like to access MHSU services (40-45% versus 20-25%)

TABLE 30: HARM REDUCTION AND SUBSTANCE USE RELATED SERVICES PARTICIPANTS WOULD LIKE TO SEE IN THEIR COMMUNITIES

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
MHSU	12 (17%)	12 (18%)	9 (32%)	12 (21%)	49 (21%)
Street outreach	12 (17%)	24 (35%)	11 (39%)	21 (36%)	70 (30%)
Substance use treatment	16 (22%)	16 (24%)	9 (32%)	8 (14%)	50 (21%)
Pain management	15 (21%)	16 (24%)	5 (18%)	9 (16%)	50 (21%)
HIV services	2 (3%)	6 (9%)	4 (14%)	3 (5%)	15 (6%)
HCV services	2 (3%)	14 (21%)	6 (21%)	2 (3%)	24 (10%)
AA/NA	8 (11%)	6 (9%)	1 (4%)	8 (14%)	23 (10%)
HIV, HCV and STI testing	2 (3%)	14 (21%)	4 (14%)	4 (7%)	24 (10%)
Drug checking	19 (26%)	17 (25%)	7 (25%)	9 (16%)	54 (23%)
Needle exchange	3 (4%)	17 (25%)	8 (29%)	7 (12%)	36 (15%)
OAT physicians	13 (18%)	17 (25%)	4 (14%)	5 (9%)	39 (16%)
OAT support groups	3 (4%)	13 (19%)	5 (18%)	5 (9%)	26 (11%)
Peer at ER to support post OD care	8 (11%)	17 (25%)	9 (32%)	10 (17%)	44 (19%)
Supervised Injection	12 (17%)	16 (24%)	8 (29%)	9 (16%)	47 (20%)
None identified	19 (25%)	26 (36%)	5 (17%)	12 (20%)	64 (26%)

and Overdose Prevention Sites (20-30% versus <10%); those reporting use of stimulants were least likely to indicate they would like to access counseling services (22% versus 35-50%), and those reporting use of opioids plus stimulants were most likely to indicate they would like to access substance use treatment (40% versus 10-20%) and harm reduction supplies (38% versus 10-20%).

When looking only at those who reported using opioids and/or fentanyl, around 35% indicated they would like to access OAT, around 33% indicated they would like to access prescription heroin, and around 25% indicated they would like access to an OPS. Overall, about 60% of those using opioids and/or fentanyl reported they would like access to one of these services.

TABLE 31: OAT SERVICES – REASONS FOR NOT ACCESSING

Are there any specific harm reduction, health or substance use services that you would like to see in your community that are not there now?

East Kootenay	Kootenay Boundary	Okanagan	Thompson-Cariboo
Local HR services and supplies	Holistic approaches	Basic hygiene	Alcohol treatment
Nothing	Information on available services	Heroin maintenance/ treatment options	OPS
Expanded services (more funding to current services)	Local services	Local services	Peer group (outreach and advocacy)
Heroin maintenance/ treatment options	AA/NA	OPS	Street outreach/ supports for people who use methamphetamine
OPS	Safe Injection site		

Lastly, participants were asked if there were any specific harm reduction or substance use services that they would like to see in their communities that were currently not there. Around one-quarter of participants did not identify any services that they thought were needed. In Kootenay Boundary, Okanagan and Thompson-Cariboo-Shuswap, street outreach was identified by 35 to 40% of participants – this was lower in East Kootenay at only 17%. In East Kootenay, Kootenay Boundary and the Okanagan, drug checking was identified by 25% of participants, while around 16% identified this as a need in the Thompson-Cariboo-Shuswap. Needle exchange was identified by 25-30% of participants in Kootenay Boundary and the

Okanagan, as was peer support at the ER, and supervised injection sites. These were all less frequently identified in East Kootenay and Thompson-Cariboo-Shuswap. HIV, HCV and STI testing and treatment services were also more frequently identified in Kootenay Boundary and the Okanagan.

Indigenous participants were more likely to identify street outreach (37% versus 24%) and AA/NA services (16% versus 7%) compared to non-indigenous participants. Women were more likely than men to identify peer support at the ER as a need (26% versus 15%). There were no significant differences by age. By substances use category, those reporting stimulant use were less likely to identify substance use treatment as a need (11% versus 20-30%), those reporting use of sedatives, codeine and/or OxyContin were more likely to identify a need for HIV services (17% versus <10%), and those reporting use of opioids or opioids plus stimulants were more likely to identify a need for HCV services (15-20% versus 10%). Those reporting use of opioids or opioids plus stimulants were also more likely to identify a need for OAT physicians (25-30% versus 5-15%).

While the number of participants indicating the need for HIV and/or HCV testing and treatment services was low, communities such as Keremeos and Castlegar had a higher proportion of individuals indicating a need for services.

When asked to describe any harm reduction, health or substance use services that participants would like to see in their community that are not currently available, several participants noted the need for more local harm reduction services, especially in the smaller towns. A few mentioned OPS and safe injection sites, while others mentioned substance use treatments (heroin maintenance, alcohol treatment) and support groups (AA/NA, peer groups, street outreach specifically for those who use methamphetamines). Other responses included more options for how treatments are accessed, more holistic approaches, information on services and how to access, knowledgeable staff and service providers (i.e. those that understand substance use). One individual mentioned basic hygiene for people living without a home – somewhere to access a washroom and hot water that wasn't locked up after dark.

Education and Training

The last section of the survey asked participants about educational and training topics that would be beneficial, as well as opportunities for and interest in leadership and community involvement. Educational topics most frequently selected were overdose prevention (54%), homelessness survival tactics (44%) and OAT (30%). Although those who did not have stable housing were much more likely to select homelessness survival tactics as a topic of interest (59% versus 35%), fifty respondents living in what was considered stable housing also indicated this topic would be of interest. About half of these individuals rented or lived with family and had moved 1 to 3 times in the past year, the other half had lived in the same place for more than a year or owned their own home. This highlights that there may be concerns and needs around housing even for those who may appear to be in a somewhat stable living situation. These topics were the top selections an all regions; although general endorsement levels were somewhat lower in East Kootenay and Thompson-Cariboo-Shuswap, perhaps indicated less general interest in education and training. This was also reflected in the number of different topics selected. In the East Kootenay and Thompson-Cariboo-Shuswap, participants selected on average 1.4 and 1.5 topics, respectively compared to 2.3 in the Kootenay Boundary, and 2.7 in the Okanagan.

Indigenous participants were less likely to select OAT as an educational topic (20% versus 38%). Younger participants (less than 30 years of age) were less likely to select HIV and HCV as topics of interest (7-8% versus 18-20%), as well as vein care (11% versus 22%) compared to older participants. There were no differences in topics of interest by gender.

Across substance use categories, there were some differences in topics of interest. OAT and vein care were more often selected by those using opioids or opioids plus stimulants (50% versus 15-20%, and 33-36% versus 10-20%, respectively), and homelessness survival tactics was less often selected by those using stimulants, or alcohol/marijuana (30-40% versus 50-60%). Those reporting opioid or opioid plus stimulant use also endorsed a larger number of topics compared to those in other substance use categories (2.5 on average versus 1.5 on average). This is not overly surprising as the list contained several topics specific to opioid use.
When participants were asked if they had an interest in leadership training or other community involvement, over half (55%) indicated they were interested. Similar to general interest in education topics, this was again slightly lower in the East Kootenay region (40%), but was high in the Thompson-Cariboo-Shuswap (63%). Although there was lots of interest, 20% or less of participants indicated they were aware of any opportunities around leadership training in their community.

Men were more likely than women to express an interest in leadership training/community involvement (60% versus 44%). There were no significant differences by indigenous identity,

TABLE 32: EDUCATION AND TRAINING TOPICS THAT PARTICIPANTS WOULD FIND BENEFICIAL

	East Kootenay (N=72)	Kootenay Boundary (N=68)	Okanagan (N=28)	Thompson-Cariboo-Shuswap (N=58)	Total (N=237)
Overdose prevention	29 (40%)	42 (62%)	20 (71%)	32 (55%)	128 (54%)
Vein care	10 (14%)	18 (26%)	8 (29%)	9 (16%)	47 (20%)
HIV prevention	7 (10%)	13 (19%)	9 (32%)	6 (10%)	37 (16%)
HCV prevention	7 (10%)	18 (26%)	9 (32%)	7 (12%)	43 (18%)
Homelessness survival tactics	23 (32%)	35 (51%)	18 (64%)	22 (38%)	105 (44%)
OAT	22 (31%)	26 (38%)	10 (36%)	10 (17%)	71 (30%)
Other**	1 (1%)	3 (4%)	1 (4%)	3 (5%)	9 (4%)
Interest in leadership training Yes No Don't know	26 (39% 28 (42%) 13 (19%)	43 (65%) 12 (18%) 11 (17%)	14 (52%) 7 (26%) 6 (22%)	33 (63%) 10 (19%) 9 (17%)	121 (55%) 60 (27%) 41 (18%)
Opportunities for leadership training Yes No Not sure/Not aware of any	3 (9%) 7 (22%) 22 (69%)	6 (15%) 11 (28%) 23 (58%)	4 (22%) 4 (22%) 10 (56%)	4 (18%) 7 (32%) 11 (50%)	21 (18%) 29 (25%) 68 (58%)

**Psychedelic crisis training, vitamins, cognitive behavioural therapy, mental health diagnoses – depression, bi-polar, HIV, disability, medical conditions, survival tactics

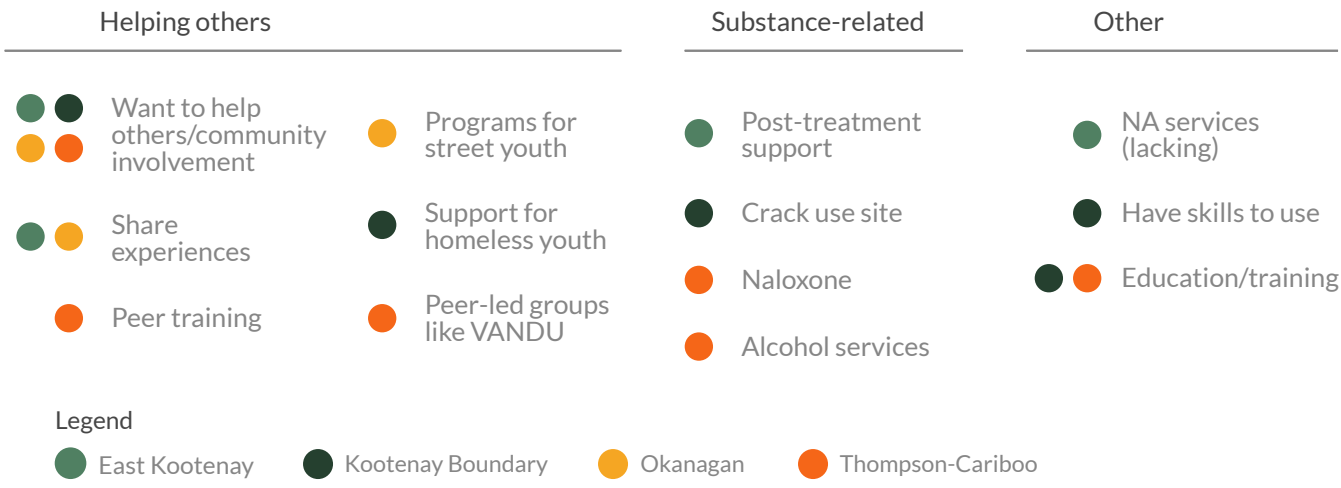
age or substance use category, although a higher proportion of participants reporting opioid use indicated they would like to be involved (70% versus 40-50%), and also more frequently indicated they were aware of training opportunities (28% versus <20%).

Participants were also asked to expand on how or what type of activities they would like to be involved in in their communities. Several participants expressed an interest in wanting to help others by getting more involved in the community. Specifically, participants mentioned wanting to help with outreach, with street youth, with programs for homelessness and with programs supporting people to reduce substance use. In addition, several participants talked about wanting to share their experiences and knowledge with goals of supporting others facing similar challenges, helping educate the community to reduce stigma, and supporting youth prevention programs. Participants also expressed an interest in having opportunities for education and training in areas like community work, substance use, naloxone, training to be

able to teach others harm reduction and safer use, general health and holistic approaches to health, peer training and training to be a counselor. Other participants indicated specific services they would like to be involved in that were missing from their communities including NA groups, support for homeless youth, secondary needle exchange, post-treatment support, peer-led group like VANDU, safe use site for crack, and alcohol services. A few participants indicated they were already involved as leaders in their community, and a few indicated they had leadership or people skills and time to give.

FIGURE 11: INVOLVEMENT IN LEADERSHIP OR COMMUNITY ACTIVITIES

Would you like to be involved in leadership training or activities in your community?



At the end of the survey, participants were asked to express one hope for the future of their health care. The majority of participants indicated their one hope was to stop using and/or "stay clean." Accessibility was also often mentioned with reference to affordable or free services, local access in rural areas, and access to specific services such as substance use treatment, pain management, and naloxone kits. OAT access in particular was mentioned by several participants, with reference to local service availability and availability of carries. Many participants talked about supports, including support for accessing medical services and service navigation, more social work support, peer support groups, social and community supports, more follow-up support and more support for the overdose response in general. A few also mentioned more supportive, caring, empathetic, understanding and compassionate service providers. Several participants also hoped for less stigma and discrimination, and no judgment. Other concrete hopes included housing, more treatment options, legal drugs, more harm reduction, including mobile services, needle exchange and supervised use sites, HCV treatment, pain management, and transportation support to get to services. For other participants, their one hope was more about staying healthy or being healthier, being free from illness, being happy, having hope and living longer.

FIGURE 12: PARTICIPANTS' HOPES FOR THE FUTURE OF THEIR HEALTH AND CARE

If you had one hope for the future of your health care, what would it be?

Larger bubbles indicate that participants mentioned this hope in more communities; smaller bubbles were only mentioned by participants in one community

Conclusions from the Assessment

HEALTH AND SOCIAL SERVICES

Overall, the majority of participants (more than 90%) reported accessing one or more health or social service in the past 6 months. In addition, most participants (83%) indicated that they generally accessed services in their home town. However, this does not mean there were not challenges faced with respect to local availability of specific services. The services most often used were medical (doctor, nurse or hospital), pharmacy and MHSU – services that are more likely to be available in smaller areas. These more highly accessed services could potentially serve as good touch points – locations where information on other services and supports for accessing other services could be made available. Other, more specialized services were less often used. Of note, emergency housing services were repeatedly highlighted as a challenge. Only 20% of the population had accessed emergency housing services, and only one third of those who reported they had no housing had accessed emergency housing services. Further, when asked what services participants faced challenges accessing in the past 6 months, emergency housing was one of the most frequently mentioned – generally, these challenges were related to a lack of local availability or accessibility. In particular, participants who reported being recently incarcerated highlighted emergency housing as a service they would like to be offered or have easier access to upon release.

While a smaller proportion of participants indicated they travelled outside of their hometown for services, very few of these participants indicated they had access to a vehicle or someone to drive them, leaving many with few options other than biking, walking or hitchhiking to get to appointments or to access specific services.

HIV AND HCV TESTING AND SERVICES

The majority of participants (80%) reported having ever had an HIV and/or HCV test. Men and younger participants were less likely to report having been tested. Reasons for not testing were more often related to a perceived lack of risk and/or need for testing rather than due to accessibility issues. While a small proportion (10%) of participants later indicated HIV/HCV/STI testing was a service they would like to see in their community, almost all of these individuals who had previously been tested. Although there may be a need for improved access to testing in smaller communities, having services available would not necessarily be enough to improve testing rates.

HCV services were accessed by about 20% of HCV positive participants, while 15% reported having experienced challenges accessing HCV services. Half of those who experienced challenges had not accessed HCV services in the past 6 months. While these numbers were small, younger participants, and participants in the Okanagan region more often reported challenges accessing HCV services. None of those reporting challenges accessing HCV services responded to the open text question asking what kinds of challenges were faced.

SERVICE STRENGTHS AND CHALLENGES

The strongest theme that arose from discussions on strengths and challenges was around staff and perceptions of judgment. Kind, friendly and/or non-judgmental staff were important strengths of services where participants felt welcomed and accepted, while feeling judged was often mentioned as a challenge, especially among those who reported not accessing any services and those who reported not feeling welcomed or accepted anywhere.

Participants in the East Kootenay region reported less service use overall (15% reported no service access in the past 6 months), and endorsed less service strengths compared to other regions. This region also had less housing instability, and while differences were not significant, a higher proportion of those reporting no service access in the past 6 months were considered to be stably housed (78% compared to 67%).

Indigenous participants more often endorsed service strengths related to culture, community and social connection, highlighting the importance of services that can help to enhance supportive social networks, and that draw on indigenous culture and approaches to health and care. Indigenous participants were also more likely to report accessing services through outreach programs, were more likely to indicate a need for more outreach in their community, and were more likely to report accessing or wanting to access support groups. Around one third of indigenous participants indicated they accessed Friendship Centres or other Indigenous-specific services, while around 15% indicated challenges accessing these services. In general, challenges were related to a lack of local availability and/or transportation.

Younger participants (under 30 years of age) reported a lower number of services used, and endorsed less service strengths overall compared to older participants. They also reported experience challenges accessing more services. In particular, younger participants were more likely to indicate experiencing challenges accessing pharmacy and OAT compared to older participants. The two most frequently endorsed strengths among younger participants were not feeling judged and accessible hours and locations.

When looking across substance use categories, participants reporting opioid and stimulant use reported accessing more services overall, but also reported experiencing more challenges. This group was also more likely to be unstably housed, to have accessed emergency housing in the past 6 months, and to have been recently incarcerated. Among this group, one of the most important strengths endorsed was not feeling judged for substance use.

Those who reported stimulant use (and no opioid use), used less services in general (and less substance use services in particular), endorsed fewer service strengths and reported experiencing challenges accessing services at fewer places. Compared to other substance use categories, those reporting stimulant use were more likely to endorsed privacy and confidentiality as the most important strength.

HARM REDUCTION

Around three quarters of participants reported having access to harm reduction supplies. Lower access was noted in the Okanagan and Thompson-Cariboo-Shuswap regions, particularly in smaller communities. Of note, while participants in the Okanagan reported more use of stimulants and more access to pipes and stems compared to East Kootenay and Kootenay Boundary, only around one third of participants in this region reported smoking stimulants. In the Thompson-Cariboo-Shuswap region, there was also a higher proportion of participants reporting stimulant use, but not similar access to pipes despite the fact that nearly two thirds reported smoking stimulants in this region.

Participants in the East Kootenay region reported less frequent access of harm reduction supplies, which may be related to the types of substances most often used in this region. Participants in this region less often reported use of opioids or stimulants, and more often reported use of only alcohol/marijuana or of sedatives, codeine and/or OxyContin.

Indigenous participants reported less access to needles; while indigenous participants were also less likely to report injection of substances (14% versus 21%), a lower proportion of those reporting injection still reported lack of access to needles. While these numbers were small, this may indicate an important gap in access of particular harm reduction supplies among indigenous participants. Street outreach was the most prevalent point of access for harm reduction supplies among indigenous participants, and was also more often selected as a service that was needed in the community.

Women were less likely to report access to harm reduction supplies in general; while there were no differences by gender with respect to where harm reduction supplies were accessed, there were some differences reasons why supplies were not accessed. These numbers were small and differences were not significant; however, among women, only 30% (compared to 46% of men) reported not accessing supplies because they didn't know where to get them while women more often reported being afraid that people would see them (17% versus 4%). Interestingly, while less likely to access supplies, women were more likely to report having received training in the use of naloxone.

As noted previously, the Okanagan and Thompson-Cariboo-Shuswap had more participants reporting no access to harm reduction compared to the other regions. When looking at this across substance use categories, while numbers are small, 80% of those reporting use of opioids and stimulants in the Okanagan reported no access to harm reduction supplies.
The locations where participants accessed harm reduction supplies varied by substance use. Those who reported use of opioids and stimulants most often reported accessing harm reduction supplies through MHSU services, while those reporting use of opioids (and not stimulants) were more likely to report accessing supplies through outreach services and ANKORS (the highest proportion of participants reporting opioid use were in the Kootenay

Boundary region). Those reporting use of sedatives, OxyContin and/or codeine were more likely to report accessing supplies through pharmacy, and those reporting use of stimulants had no particular access point that was more frequently used than others.

OVERDOSE AND NALOXONE

Around 40% of participants reported ever having an overdose. Indigenous participants were more likely to report ever having overdosed; among those who had overdosed, men and indigenous participants reported higher numbers of overdose. Younger participants had a similar proportion who had ever overdosed and a similar number of overdoses among those who had ever overdosed despite having fewer overall years at risk.

Among those who had ever experienced an overdose, only about one quarter reported receiving any emotional support after the overdose event. This was slightly higher among those who reported accessing emergency services, although still only reaching 33%. Those who had accessed emergency services reported both positive and negative experiences. Those with negative experiences often indicated that, while they were clinically treated, there was little to no emotional or social supports for them post-overdose.

Naloxone training was reported by around 60% of participants, with more training in East Kootenay and Kootenay Boundary compared to the Okanagan and Thompson-Cariboo-Shuswap. In particular, smaller communities often had the lowest amount of training reported. Younger participants were more likely to report access to Naloxone, and had a similar proportion of participants who had received naloxone training compared to older participants, but were less likely to indicate having accessed emergency services (ambulance, hospital) for an overdose. They were however more likely to report having reversed an overdose (47% versus 30%). This perhaps indicates more reliance on naloxone kits and less on emergency services among younger participants.

Not surprisingly, participants reporting use of opioids were also more likely to report receiving naloxone training. Those who reported receiving naloxone training were also more likely to report having reversed an overdose. This is likely related to opportunity and need – those who are at risk of overdose themselves or of witnessing an overdose are more likely to seek out training, and also more likely to have the opportunity to reverse an overdose. This highlights the successful reach of naloxone training into populations most likely to be able to use this training to reverse an overdose.

Strategies to reduce the risk of overdose reflect the current overdose prevention messaging – carry naloxone, don't use alone, start with smaller doses. In regions where testing is available, having drugs tested was also mentioned by several participants.

SUBSTANCE USE SERVICES

Around 25% of participants reported being on Opioid Agonist Therapy (OAT). Among these, around 60% reported accessing these services in their home town. In particular, participants in the Thompson-Cariboo-Shuswap mentioned a lack of local OAT services, although one participant noted being able to access an OAT provider through teleconferencing services. Overall, around 15% of participants indicated experiencing challenges accessing OAT services – this was higher in the Kootenay Boundary region. About half of those who experienced challenges were not currently accessing OAT services. Similarly, about 15% reported wanting to access OAT services, and 15% reporting a need for OAT physicians in their communities.

Among participants who reported recent incarceration, access to OAT during incarceration was varied. One specifically noted missing OAT appointments due to arrest and incarceration, and not being able to access treatment during this time. Around 20% reported accessing OAT services upon release, while another 17% who were not accessing OAT reported they would have liked to have been offered this service upon release. Although these numbers are small, this highlights a missed opportunity for supporting individuals seeking substance use services during/after incarceration.

Indigenous participants were less likely to report wanting to access OAT services or information on OAT, and were more likely to report accessing recovery and detox services, to indicate wanting to access support groups and substance use treatment services, and to express a need for outreach in their community. Younger participants were more likely to report having accessed or wanting to access newer therapies such as psychedelic therapies and prescription heroin or hydromorphone. There was no difference in the proportion accessing OAT by age. Participants reporting use of opioids (with or without stimulants) were more likely to indicate wanting to access MHSU services and substance use treatment services, and were also more likely to report a need for HCV services in their community.

In addition to the services reported as needed in communities by particular groups, drug checking, MHSU services, and pain management services were also reported by participants as services needed and not currently available.

EDUCATION AND TRAINING

Overdose prevention, homelessness survival tactics and OAT were all educational/training subjects of interest for participants. Of note, homelessness survival tactics was a subject of interest regardless of whether participants were considered stably or unstably housed.
Just over half of participants indicated an interest in leadership or community involvement, although far less were aware of opportunities for this in their community. Participants who reported use of opioids, with or without stimulants, were more likely to indicate an interest in, and more likely to know of opportunities for involvement.

APPENDICES

Appendix I: OxyContin use

18% of the participants (43 people) reported use of OxyContin. This was similar across regions with the exception of Thompson-Cariboo-Shuswap where only around 12% reported use of OxyContin. Among those reporting use, about 20% (8 people) reported that it was prescribed (note: this may or may not mean it was prescribed to the individual reporting using the OxyContin). While these numbers are small, a higher proportion of those reporting use of OxyContin reported that it was prescribed in the Okanagan and Thompson-Cariboo-Shuswap. Those who reported use of OxyContin were more likely to be under 30 years of age (37% versus 15%) and more likely to be categorized as having unstable housing (25% versus 15%). Only one respondent under 30 years of age reported use of prescribed OxyContin. None of those reporting OxyContin use in the Thompson-Cariboo-Shuswap region were under 30 years of age. There were no significant differences by gender or indigenous identity.

Overall, about a 20% of those reporting use of OxyContin reported use of pain management services, while a quarter reported challenges accessing pain management services. While there was no difference in the proportion of participants reporting use of pain management services in the past 6 months when comparing by reported use of OxyContin, a significantly higher proportion of respondents reporting challenges accessing pain management services also reported use of OxyContin (33% versus 17%).

Appendix II: Opioid and Fentanyl Use

Substance use

Around one third of participants (N=81, 34%) reported use of opioids and/or fentanyl. The majority reported use of both substances, while 17 people indicated using opioids but not fentanyl, and 10 people indicated using fentanyl but no other opioids. Most also reported the use of other substances, with the majority (64%) indicating use of 3 to 5 substances. Aside from alcohol and marijuana, stimulant use was the most commonly reported additional substance. About 60% reported use of alcohol, 72% reported use of marijuana, 40% reported use of OxyContin, 43% reported use of codeine, 30% reported use of sedatives, and 64% reported use of stimulants. While injection was the most frequently reported mode of use (36% for opioids, 48% for fentanyl), oral ingestion was also commonly reported for opioids (29%) and smoking was commonly reported for fentanyl (39%). Between 20-25% of participants reporting opioid use indicated frequent use (>10 times per week) of this substance; closer to 50% of participants reporting fentanyl use indicated frequent use of this substance.

While differences were not significant, a higher proportion of men reported opioid and/or fentanyl use compared to women (38% versus 30%); a lower proportion of indigenous participants reported opioid and/or fentanyl use compared to non-indigenous participants (28% versus 30%); and a higher proportion of younger participants (<30 years of age) reported opioid and/or fentanyl use compared to older participants (42% versus 33%).

Opioid Agonist Therapy

Almost half (N=35, 47%) of those reporting opioid or fentanyl use indicated they were currently accessing opioid agonist therapy (OAT). In addition, 20 participants who did not report current opioid or fentanyl use indicated they were accessing OAT. Another 15 participants reported that they would like to access OAT in the near future.

Among those accessing OAT, nearly two-thirds accessed this service in their home community, and there was no difference when comparing those reporting current use of opioids/fentanyl and those reporting no current use. Even so, when asked what could improve access to OAT, some participants indicated a lack of local services required them to travel to services, while others indicated hours of operation were sometimes a barrier, and that more flexibility with carries would be useful.

Social determinants

About half of participants (N=39, 51%) reporting opioid and/or fentanyl use were categorized as having unstable housing; this was significantly higher than those not reporting any opioid or fentanyl use (30% unstable housing). While numbers were small and differences were not significant, a lower proportion of those reporting use of opioids and/or fentanyl reported having their own vehicle, and a higher percentage reported hitchhiking as their main mode of transportation. Of the 15 participants who indicated they traveled from than 40km or 30min for services, 10 reported opioid and/or fentanyl use. As noted previously, several participants accessing OAT services indicated that traveling for services outside of their home community was a challenge.

Although numbers were small, those accessing OAT who reported no opioid use were more likely to have stable housing, available transportation, and access to OAT in their home community.

Opioid and stimulant use

Among those who reported opioid and/or fentanyl use, around 60% also reporting stimulant use and this group tended to face increased challenges overall. Unstable housing, use of emergency housing services and recent incarceration were all highest among this group. This group reported accessing a higher number of health and social services over the past 6 months, although they also reported experiencing more challenges accessing those services. Services where this group was more likely to face challenges included medical services, pharmacy, MHSU services, and substance use treatment.

More individuals in this group reported having ever had an overdose (69% versus 55% of those using opioids/fentanyl and 29% of those using stimulants), Despite the additional challenges faced, this group also had the highest proportion of people with naloxone training (74%) and the highest proportion reporting having ever reversed an overdose (66% versus 50% of those using opioids/fentanyl and 21% of those using stimulants).

Overdose and Naloxone

Among the 92 individuals reporting ever having overdosed, the majority (N=51, 56%) reported current use of opioids and/or fentanyl; 33 of these individuals also reported stimulant use. Another 20 (22%) reported use of stimulants (without opioids or fentanyl), while around 25% reported use of other substances. About 14% of those reporting any overdose reported no substance use, or use of only alcohol and/or marijuana; as there was no time frame on the overdose question, participants may have historically used other substances which were related to the overdose event. One third of these reported current access of OAT, indicating previous use of opioids. While those reporting use of opioids plus stimulants had the highest proportion of overdose, those reporting only opioids and/or fentanyl reported a higher number of overdoses (Median: 3, 25% 2 or less, 25% 5 or more) compared to those also using stimulants (Median: 2, 25% 1, 25% 4 or more).

As noted previously, those reporting opioids plus stimulants were more likely to have naloxone training and to report having reversed an overdose; those reporting opioid use without stimulants had the next highest proportion of individuals reporting having reversed an overdose.

Overall, 70% of those reporting use of opioids and/or fentanyl reported having naloxone training and 60% reported having reversed an overdose. This is higher than those who no longer use opioids (as indicated by OAT access but no reported opioid use), with 60% reporting naloxone training and 25% reporting reversing an overdose, and those who did not report use of opioids or access of OAT, with 50% reporting naloxone training and 20% reporting reversing an overdose. The number of overdoses reversed was also higher (Median: 6, 25% 2 or less, 25% 10 or more) compared to those not using opioids and/or fentanyl (Median: 2, 25% only 1, 25% 4 or more). Of note, in the results from the Service Provider report, the average number of overdoses reversed per organization (median ranged from 3 to 5 across regions) was less than the number reversed per person among those reporting use of opioids, highlighting the fact that the majority of overdose reversals are being carried out by peers.

Naloxone training was significantly associated with reversing an overdose – this remained true when looking only at respondents who reported use of opioids and/or fentanyl. While the timing of the relationship is not clear (i.e. someone may have reversed an overdose and then sought out training), those with training reported reversing a median of 6 overdoses, while the few without training who had reversed an overdose only reported doing so 1 or 2 times.

Incarceration

Among those using opioids and/or fentanyl, 31% reported recent incarceration; the majority of these individuals also reported use of stimulants (75%). Among the 41 participants who reported recent incarceration, 16 (38%) indicated they were provided OAT while incarcerated. When combining this with reported substances used in the past 12 months, around 55% of individuals who reported being incarcerated and using opioids also received OAT while in jail or prison. Another 5 individuals were not provided OAT, but indicated they would have liked this service to be offered to them upon release. One individual who had been provided OAT and did not indicate accessing OAT services upon release also indicated wanting this service to be offered upon release, potentially highlighting an important missed opportunity for this individual.

Service Use Challenges

Participants who reported using opioids reported having problems accessing a greater number of services in general. This included medical services (36%), OAT (33%), emergency housing (31%), pharmacy (23%), MHSU services (22%) and pain management services (21%). Those who reported using opioids or opioids plus stimulants more often reported having problems accessing 2 or 3 services (30% versus 10-20%), and those who reported using opioids plus stimulants more often indicated having problems accessing 4 or more services (18% versus 6-9%). Those who reported using opioids (but not stimulants) more often reported problems accessing OAT (38% versus 27%) and pain management services (27% versus 7-17%).

Appendix III: Indigenous Service Users

Just over one-third (36%) of participants identified as indigenous; however, this was not similar across regions. A higher proportion of participants from the Thompson-Cariboo-Shuswap (62%) and Okanagan (39%) regions identified as indigenous, as compared to only 22% from the Kootenay Boundary and 29% from the East Kootenay regions. Similar to non-indigenous participants, around 62% were men and 36% were women, and around 20% were under 30 years of age.

Compared to non-indigenous participants, a higher proportion of indigenous participants reported use of alcohol (86% versus 68%), and a lower proportion reported use of sedatives (15% versus 27%) and opioids (22% versus 37%). When looking across the substance use categories, a lower proportion of indigenous participants reported use of opioids plus stimulants, and a higher proportion reported using only codeine, OxyContin and/or sedatives compared to non-indigenous participants. Note that use of any of these substances on their own, regardless of what other substances were reported, was similar or lower among indigenous participants; however, more non-indigenous participants reporting codeine, OxyContin or sedative use also reported use of stimulants and/or opioids. Similar to non-indigenous participants, women were more likely to report any use of sedatives compared to men; however, non-indigenous women were more likely than indigenous women to report any use of sedatives.

There was no difference in housing stability comparing indigenous and non-indigenous participants; however, indigenous participants were less likely to report owning their own home. Indigenous participants were also less likely to report owning a vehicle, and more likely to report walking, cycling and public transit as main modes of transportation. While numbers were small, most of the individuals (5 of 7) who reported traveling more than 80km or 1 hour for services identified as indigenous.

Indigenous participants were also more likely to report recent incarceration (24% versus 14%). Similar to non-indigenous participants, opioid use was associated with recent incarceration. Among those reporting opioid use, 46% also reported recent incarceration, compared to 15% of those reporting no current use of opioids. While not significant, a higher proportion of indigenous participants who reported use of opioids and being recently incarcerated indicated that OAT was provided during incarceration (55% versus 36%).

In general, indigenous participants reported accessing a similar number of health and social services compared to non-indigenous participants, although a lower proportion of indigenous

participants reported use of pharmacy services. Similar to non-indigenous participants, service strengths identified by indigenous participants included not feeling judged, feeling like staff know you as a person, and feeling safe and comfortable; however, indigenous participants were more likely to also endorse items around peer support, culture, and a sense of community highlighting the importance of services that can help to enhance supportive social networks, and that draw on indigenous culture and approaches to health and care. Indigenous participants were also more likely to report accessing services through outreach programs, were more likely to indicate a need for more outreach in their community, and were more likely to report accessing or wanting to access support groups. Around one third of indigenous participants indicated they accessed Friendship Centres or other Indigenous-specific services, while around 15% indicated challenges accessing these services. As noted above, challenges were often related to a lack of local availability and/or transportation.

Indigenous participants were more likely to report ever having overdosed, and among those who had, reported a higher number of overdoses. There was no significant difference in naloxone training, although a lower proportion of indigenous participants reported training (52% compared to 63%), and there was no difference in the proportion reporting having reversed an overdose

Appendix IV: Service users under 30 years of age

Around 20% of participants indicated they were less than 30 years of age. This was similar across regions. Similar to older participants, around 70% were men and 30% were women, and about 38% identified as indigenous.

Compared to older participants, younger participants reported proportionately more substances use in general. Those under 30 years of age were more likely to report use of codeine (54% versus 33%), OxyContin (37% versus 15%), sedatives (34% versus 19%), stimulants (67% versus 49%), and fentanyl (40% versus 23%). When looking across the substance use categories, a higher proportion of younger participants reported stimulant use (without opioids) and stimulant use plus opioids as compared to older participants.

Younger participants also faced challenges with housing instability, with just over half being categorized as unstably housed. Despite the fact that 36% indicated no housing, only 11% reported accessing emergency housing services in the past 6 months and nearly one quarter indicated they had faced challenges accessing emergency housing in the past 6 months (none of whom were among those who had successfully accessed these services). While a similar proportion of older participants expressed challenges accessing emergency housing services, a higher proportion reported accessing the services despite these challenges.

Younger participants used a lower number of services in general, and reported experiencing more challenges accessing services. In particular, younger participants were more likely to report challenges with pharmacy and OAT services, although there was no difference in the proportion currently accessing OAT. Younger participants were more likely to report having accessed or wanting to access newer therapies such as psychedelic therapies and prescription heroin or hydromorphone.

Despite being younger and perhaps having less time at risk, there was no difference in the proportion of participants reporting ever having overdosed when comparing those under 30 years of age to those over 30 years of age. Younger participants were more likely to report access to Naloxone (86% versus 68%), and had a similar proportion of participants who had received naloxone training compared to older participants, but were less likely to indicate having accessed emergency services (ambulance, hospital) for an overdose. They were however more likely to report having reversed an overdose (47% versus 30%). This perhaps indicates more reliance on naloxone kits and less on emergency services among younger participants.

Appendix V: HCV

Around 80% of participants indicated they had ever had HCV testing, and 20% of these indicated they were HCV positive.

Men were less likely than women to have been tested (75% versus 85%), and younger participants (<30 years of age) were less likely than older participants to have been tested (58% versus 85%). Among those who indicated they had not been tested for HCV, the majority indicated this was because they were not at risk – some indicating they were abstinent and/or did not inject, others indicating they were in a relationship or that they "played safe". Other reasons included being scared, a lack of time, not having symptoms, feeling healthy, and simply not feeling the need to be tested.

Among HCV positive participants, the general number of services used in the past 6 months was slightly higher (Median: 3, 25% only 1, 25% 4 or more compared to Median: 2, 25% only 1, 25% 3 or more among HCV negative participants). HCV positive participants were more likely to access pharmacy services (79%) and emergency housing services (31%) compared to HCV negative participants.

Among HCV positive participants, 21% reported accessing HCV services in the past 6 months, while 15% expressed challenges relating to accessing HCV services. Half of these had accessed services in the past 6 months. While numbers were very small, all of the younger participants who were HCV positive reported challenges accessing HCV services compared to 9% of older HCV positive participants.

Appendix VI: HIV

Around 80% of participants indicated they had ever had HIV testing, and 4% of these indicated they were HIV positive. Around 15% of participants reported accessing HIV/STI testing and treatment services in the past 6 months.

Men were less likely than women to have been tested (75% versus 90%), and younger participants (<30 years of age) were less likely than older participants to have been tested (69% versus 86%). Among those who indicated they had not been tested for HIV or HCV, the majority indicated this was because they were not at risk – some indicating they were abstinent and/or did not inject, others indicating they were in a relationship or that they "played safe". Other reasons included a lack of time, not having symptoms or feeling healthy, or simply not feeling the need to be tested. A few participants mentioned other barriers such as stigma, embarrassment, being scared or uncomfortable with testing or having blood drawn, or needing a referral for a family doctor.

Among HIV positive participants, the general number of services used was similar to other participants. Although numbers were small, a higher proportion reported accessing HIV/STI testing and treatment services (60%), pain management services (42%) and emergency housing services (29%). One individual indicated they had experienced challenges accessing HIV/STI services in the past 6 months.

Appendix VII: Participants by community

East Kootenay		Kootenay Boundary		Okanagan		Thompson-Cariboo-Shuswap	
Cranbrook	32	Castlegar	18	Keremeos	8	100 Mile House	6
Creston	6	Grand Forks	19	Penticton	18	Revelstoke	4
Fernie	5	Nelson	15	Other	2	Salmon Arm	8
Golden	8	Trail	13			Williams Lake	38
Kimberly	12	Other	3			Other	2
Elkford	4						
Other	5						

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