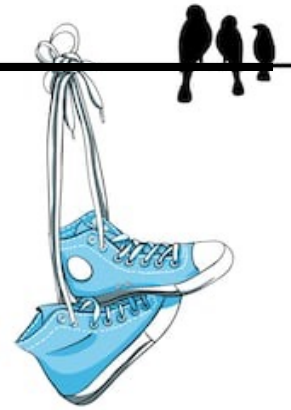

A Snapshot of Substance Use in Inner-city Toronto

Community Harm Reduction Response Team (CHRRT) Project

October 2019

What is the CHRRT Project?

The **Community Harm Reduction Response Teams (CHRRT) project** is a 3-year initiative (April 2018 to March 2021) designed to promote low-threshold, harm reduction services in Toronto neighbourhoods in response to the growing opioid crisis.

Funded by the **Substance Use and Addictions Program (SUAP) of Health Canada**, the project has been designed to mobilize people with lived experience to play leadership roles in community-based harm reduction work.

Ten agencies are partnering to train and employ 20 people with lived experience to become Harm Reduction Support Workers in their communities.

A major component of the project is the mobilization of the community's knowledge about this new model for promoting and resourcing effective community responses to the crisis.

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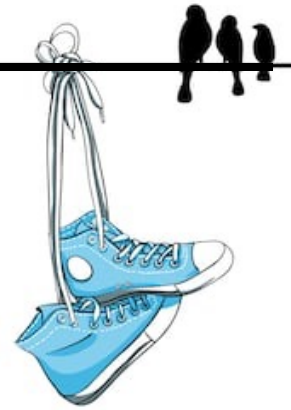
Introduction

- On Friday, September 13th, CHRRT hosted a community BBQ for service users.
- The event was organized in partnership with Black Coalition for AIDS Prevention (CAP), PASAN, and Street Health.
- The BBQ presented an opportunity for the CHRRT evaluation team to implement its first Street Poll.
- The 20 question survey was designed to take a ‘snapshot’ of substance use with a sample of people from across downtown neighbourhoods.
- All guests of the BBQ participated in the survey including an estimated 12 HR support workers.

Objectives of the Survey



1) to explore key issues of substance use and service access in various communities in Toronto;

2) to inform service design and continuous improvement of services

Methodology

- The survey was based on a previous survey designed by Street Health.
- The CHRRT Coordinator and evaluator worked together to revise and update the survey. SH staff reviewed.
- Added new questions about CTS/OPS usage, overdose levels and naloxone use.
- The Program Resource Group (PRG) of peer researchers met to review, test and revise the survey.
- The survey was administered to 60 people at the BBQ with PRG members supporting people to complete it as required.
- Participants received $5 cash for participating in the anonymous survey.

Methodology (cont'd)

Analysis

This presentation will share the findings of the survey in the order of questions asked.

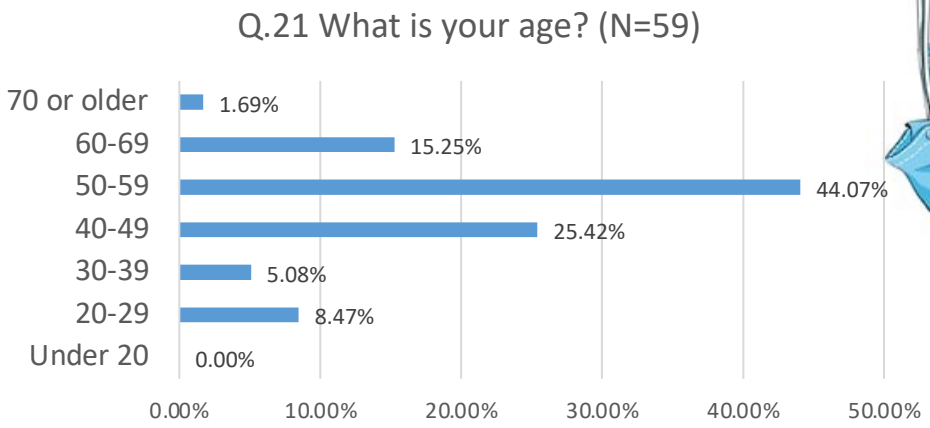
Overall, **59 surveys** were completed.

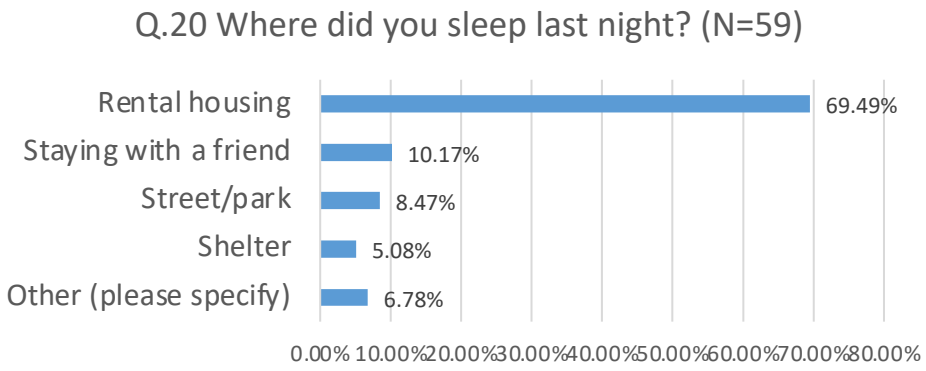
Limitations

- The small survey sample gives us a moment-in-time picture of substance use in the community.
- Some bias: fewer homeless people participating than expected.
- Snapshot sample likely reflects the program populations of PASAN and Maggie's who hosted the BBQ.

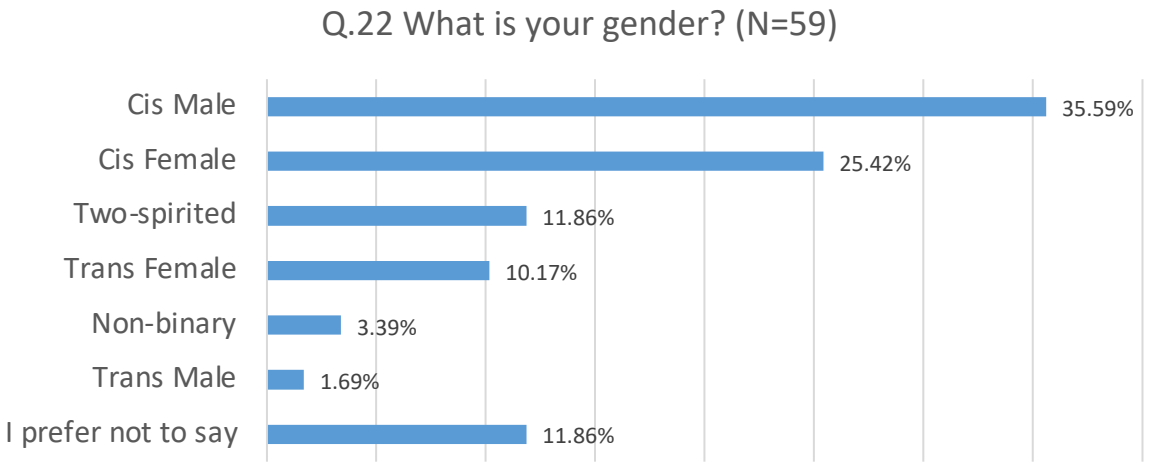
Who participated in the survey?

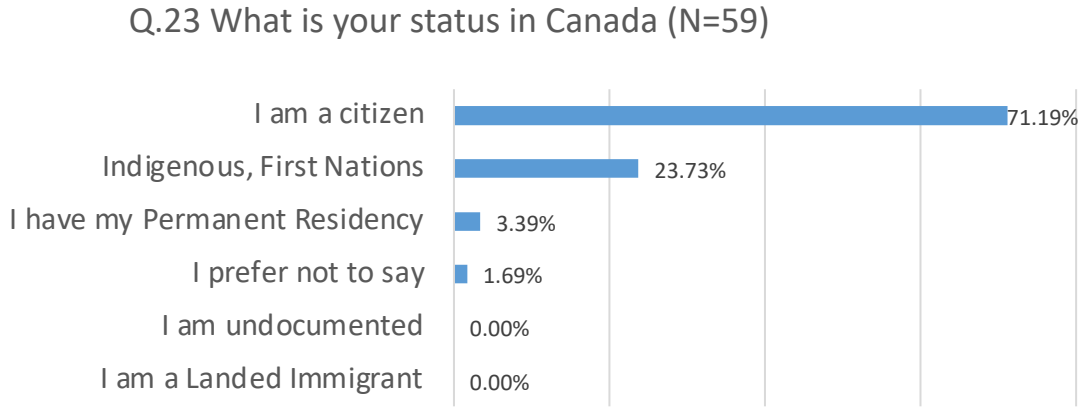
Respondents came from neighbourhoods right across the city





More demographics

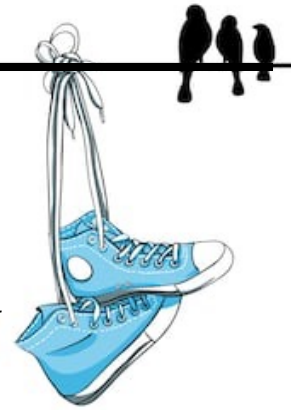




32 (54%) of respondents identified as either status or non-status Indigenous people.

Findings

Profile of use

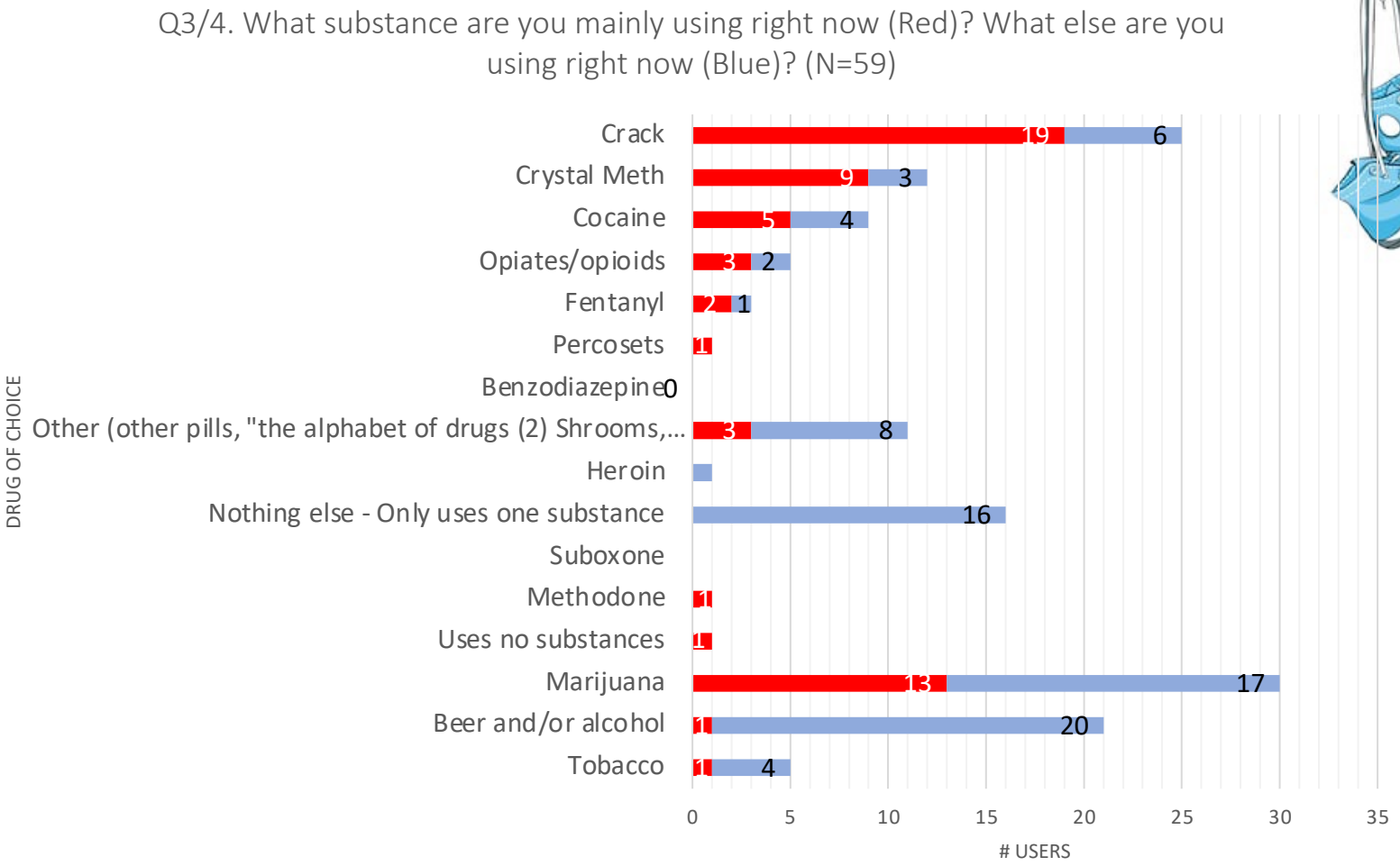


- 11 (20%) only using alcohol and/or marijuana
- 1 does not use any substances
- 46 (79%) of respondents reported using street drugs/ illicit substances
- 6 people reported intentionally using less potent substances in order to reduce harm

Respondent quotes:

- *"I use meth to curb crack, and pot to get off meth"*
- *"I harm reduced myself out of heroin, speed, cocaine, antidepressants and alcohol"*
- *"I am doing smart recovery to try to reduce or stop my using"*

Q3/4. What substance are you mainly using right now (Red)? What else are you using right now (Blue)?



Observations

Patterns of use

- Wide range of drugs used
- Crack is the most popular drug of choice
- It is non-opioids that are most commonly used, but they often can have fentanyl in them
- Surprisingly little use of heroin (supply issue: for a large part heroin is being replaced by fentanyl)

TREND: Increasing use of Crystal Meth in the community:

- Organizations downtown are reporting a rise in the use of Crystal Meth
- Cheaper than Cocaine
- Long-lasting effects
- Effects (depending on dosing): sleep deprivation, mania, anxiety
- Many agencies report increased need to manage unpredictability in service users who use Meth

Some additional analysis of substance of choice

Further Statistical Analysis

- Cross-tabulation tables were constructed to compare demographic variables.
- Due to the very small sample, chi-square tests were not run.
- Not all variables were significant – e.g. There seems to be little or no difference in substance use with regards to housing status.

Gender is a significant determinant of types of substance used

- Crack (53%) is the preferred drug among females with Cocaine (17.6%) being the second choice.
- Crack (31%), Marijuana (26.2%) and Crystal meth (14.3%) are preferred drugs for males.
- Crack (32%), Marijuana (22%) and Crystal meth (13.6%) are preferred by people who are Trans, non-binary and gender queer.

Statistical analysis reveals significant differences

Age

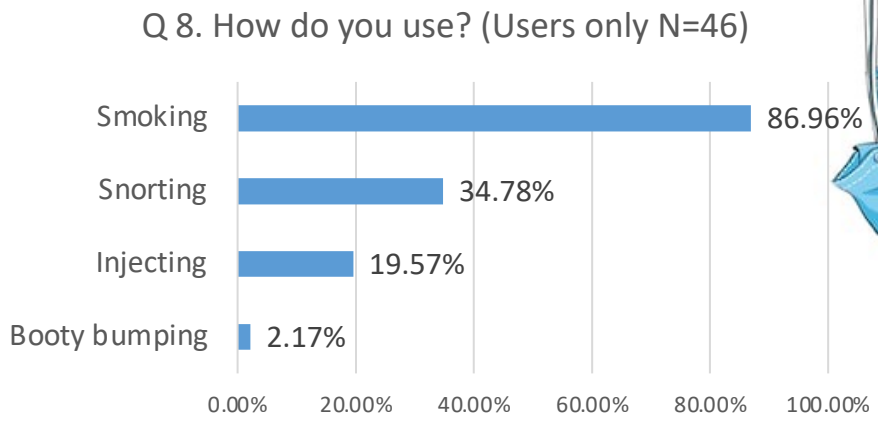
- Younger people (20-39) equally prefer crystal meth (25%), opiates/ opioids (25%), and marijuana (25%)
- Older people (40 -59) prefer crack(31%) and marijuana (26.2%)
- The oldest cohort (60 plus) was similar to the 40-59 group

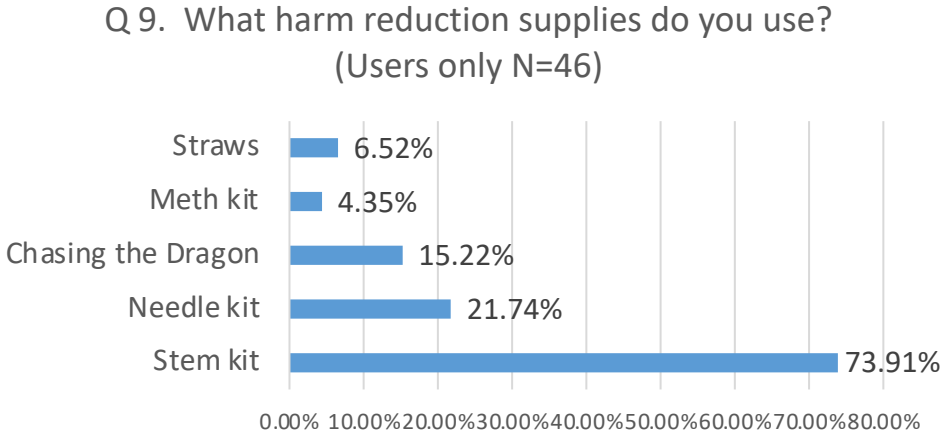
Indigenous people and use

- Indigenous people were more likely to prefer marijuana (37.5%) and crack (34.4%)
- Non-Indigenous people prefer crack (22.7%) and crystal meth (22.7%), perhaps reflecting that many Indigenous survey participants were older.

Looking at Use

(Figure) Box of sharps supply



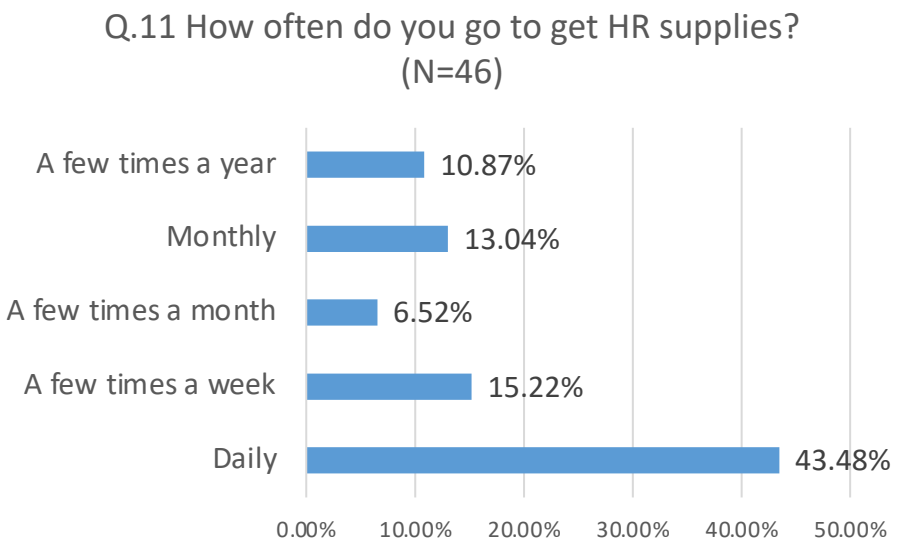


HR Supplies

Comments:

- 44 (96%) said they were satisfied with HR supplies
- People get extra supplies for other users
- Use of supplies tends to vary with substance used
- People wanted more matches, rolling papers, straws, safer sex kits and female condoms
- One asked for substance testing
- 2 suggested double checking that packages are put together properly.
- *Stop breaking open bags!*

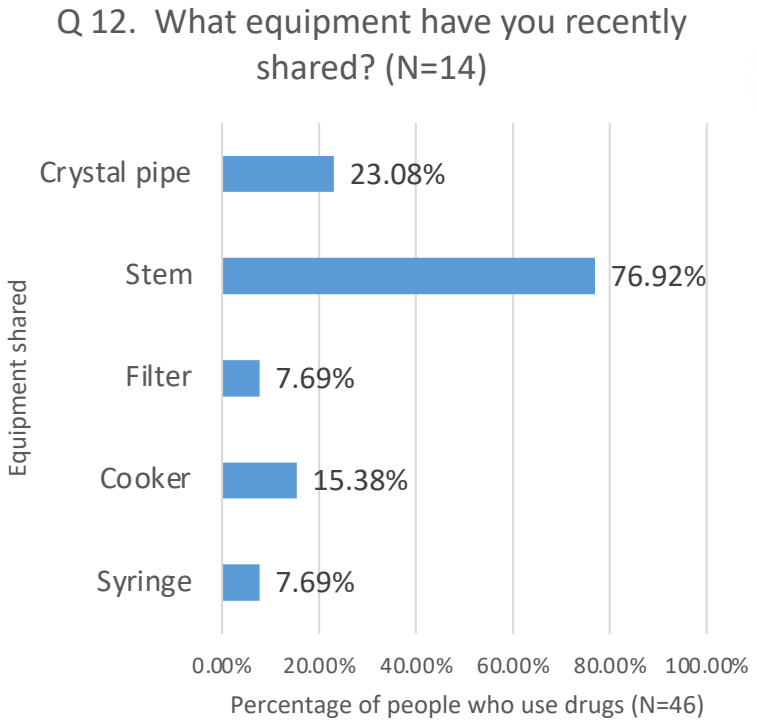
"I've seen the Narcon packages. Thumbs up!" (respondent)



Risks for people using drugs

Sharing equipment

14 (30%) said that they had recently shared equipment



Risks for people using drugs

Using Alone

- 32 (70%) of the "snapshot" respondents said that they use alone
- 3 of those reported that it is only pot that they use alone

People's reasons for using alone:

- Safety (2)
- Stigma (2)
- Peace of mind, serenity, less stress (3)
- Cheaper (2):
- *I make the money, I want to do it myself*
- Convenience (2):
- *Because my partner gets upset when I use*

Toronto Overdose Crisis Data:

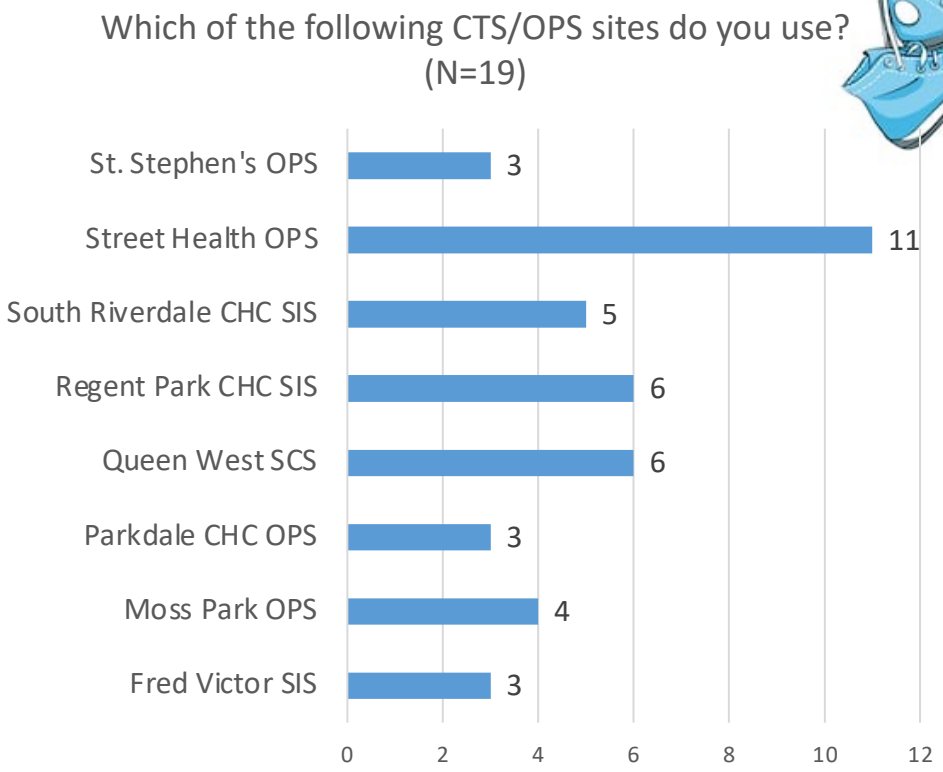
- *Among those who died of an opioid-related overdose, approx. 50% were alone at the time of death.*
- *Almost 60% occurred at the private residence of the deceased person.*

Source: Updated Opioid Overdose Crisis Data, Toronto Drug strategy Implementation pane., July 25, 2019

CTS/OPS Usage

19 (41% of drug users) reported using OPS / CTS sites

Users cannot smoke substances at CTS/OPS sites.



Personal overdoses

- 42 (71%) of respondents reported having overdosed at some point in their life
- Of those reporting the number of overdoses they'd had - average of 2.66 overdoses per person
- One person has had 5 overdoses

Overdose Prevention

- 39 (66%) of respondents had responded to an overdose (including calling 911)
- 22 people reported the numbers of ODs to which they have responded (average of 6 times/person)
- Note: *There were as many as 12 HR Support Workers in the room - something we didn't foresee in the survey design*

Respondent quote:

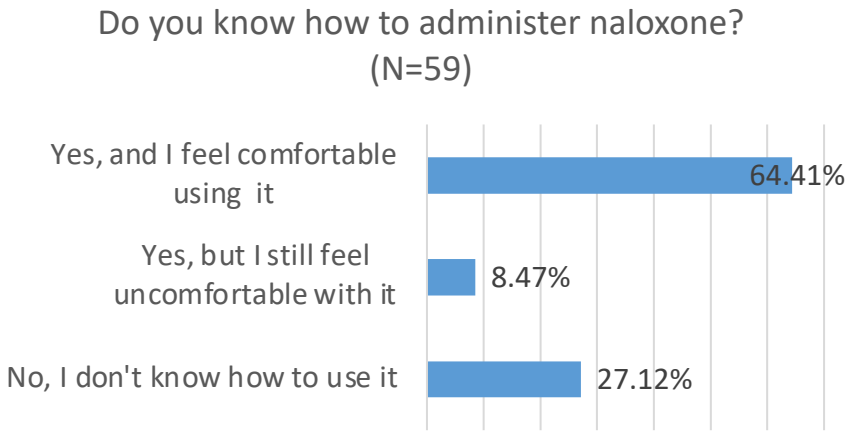
- *"I have responded to 28 overdoses of which 3 people died"*

Overdose Prevention

Almost two thirds of respondents (64.4%) reported feeling comfortable using Naloxone.

Cross-comparison of drug use and overdose revealed:

- People who currently use were significantly more likely to have responded to an overdose (74.5%) than those who don't use (33.3%)
- People who currently use were also more likely to feel comfortable using naloxone (72.3%) compared to non users (33.3%)



Q19. What needs to be done for you to be more safe in your use? (N=36)

This is a qualitative analysis of participants' comments

Systemic responses:

- **More accessible services (8)** – More OPS sites, more outreach, later hours, connecting to more peers, less stigma, more accessible sites, lower threshold language and approaches.
- **Safe drug supply (4)** – Legalize, clean the drugs, find a better supply of pure cocaine
- **Legal help (2)** – Increased funding for legal aid

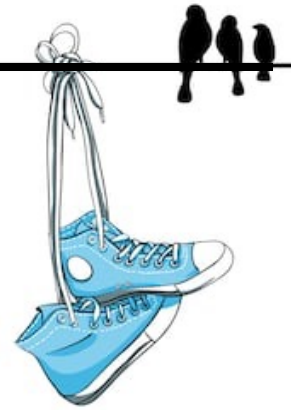
Personal responses:

- **Changing use to be safer (5)** – Smart using, I need to use a clean stem, I just buy from people I know, stopping using, stay with moderation
- **Education (4)** – Education on health impacts, so that I can be motivated to quit [smoking Marijuana]
- **Personal change (3)** – Slow down, new life, Self-awareness

Single comments:

- *Safety = confidentiality*
- *Need to get safe housing*
- *Equality!*
- *Safety deposit box*

Conclusions



- There is a high approval rating of kits, and extensive use of clean supplies.
- High rates of prior overdose
- Many people know how to respond to overdoses – 64% reported feeling comfortable administering Naloxone
- Still some work to do on equipment sharing and using alone.
- This evidences the need for safe supply programs and a regulated drug supply

Questions for further exploration:

- What, why and how do people use alone?

Thank You!

Acknowledgements:

With thanks and gratitude to:

- The CHRRT partners for their support and cooperation with the survey: AIDS Prevention (CAP), PASAN, and Street Health
- The community researchers for great work in a pretty chaotic setting: Debra, Iye, Mitra, Johnny, Peter, and Wade.
- Thank you to Mitra for her work on the PPT and creation of the new running shoe graphic!

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