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Every Washroom:
De facto consumption sites in the epicenter of an overdose public health emergency

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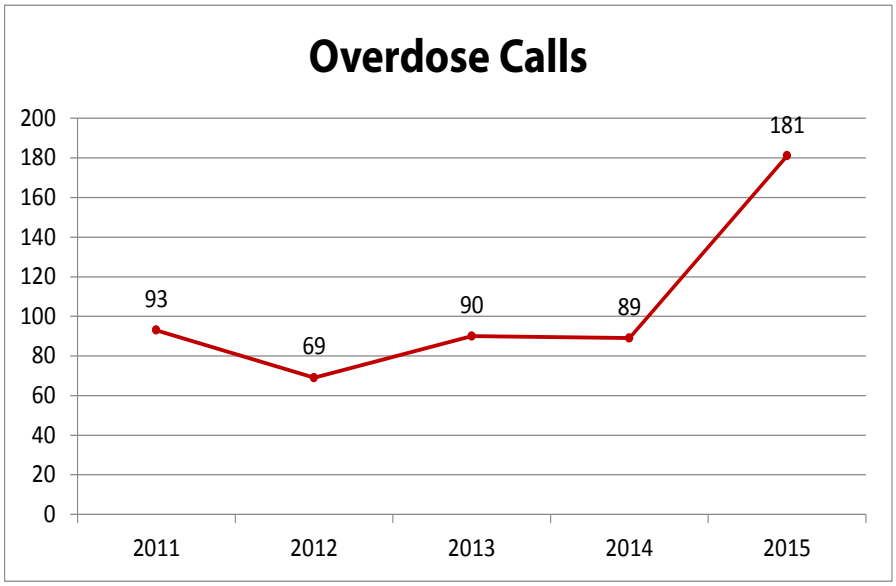
Every Washroom:
De facto consumption sites in the epicenter of an overdose public health emergency

Bruce Wallace, Bernie Pauly, Katrina Barber, Kate Vallance, Jenna Patterson, Tim Stockwell

Overview

- Overdose-related calls to Victoria police more than doubled in 2015 from previous years and calls were primarily made from health and social service agency locations.
- Washrooms in non-governmental organizational (NGO) health and social services agencies and shelters are frequent sites for consumption of drugs, often by injection.
- The CARBC AOD High Risk Populations Monitoring Study found 43% of those surveyed reported using NGO washrooms as a site to consume drugs in the last year and reported use in local agency washrooms doubled (28% to 58%) between the first and second half of 2015.
- Focus groups with shelter staff identified that *"the majority of the staff recognize that kind of every washroom in this city is a de facto supervised consumption site, whether we want that to be the case or not, whether everyone agrees with that or not."*
- In the absence of supervised injection services in Victoria, there is a high frequency of overdose events occurring in shelters requiring staff to respond with administration of naloxone and calling 911, often resulting in traumatic impacts on staff.
- Results indicate that immediate and complete implementation of BC Opioid Overdose Response Strategy, including the establishment of supervised consumption services, is warranted in Victoria.

VicPD overdose-related calls 2011-2015



Introduction

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

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

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

Background

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

As early as 2000, there was a call for expansion of harm reduction services in Victoria in response to concerns related to HIV infection (9). In 2005, the City of Victoria proposed a "comprehensive continuum of harm reduction services" in its report "Fitting the Pieces Together: Towards an Integrated Harm Reduction Response to Illicit Intravenous Drug Use in Victoria, BC"(10). Since at least 2005, harm reduction has been official BC policy and the provincial Ministry of Health has specifically endorsed and supported communities to implement harm reduction strategies (11). In 2007, the Provincial Health Officer, as the head of the expert panel of the City of Victoria Mayor's Task Force on Homelessness encouraged the expansion of harm reduction services including supervised consumption services (12, 13). However, in 2008, Victoria's only fixed site needle exchange was forced to close due to community complaints and efforts to establish a new site were defeated by public opposition. Mobile services replaced fixed needle exchange services alongside efforts to increase secondary distribution. The impacts of the closure included a sharp decline in the numbers of clients reached and numbers of needles distributed as well as the loss of a safe space for people who use drugs (14). Further, needle sharing was found to have increased in Victoria when compared to Vancouver post closure (15).

Background continued

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

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

Methods

Secondary analysis of Victoria Police Department call data

The Victoria Police Department (VicPD) provided anonymized data fields from all computer-aided dispatch (CAD) calls in Victoria and Esquimalt for the five year period from January 1, 2011 to December 31, 2015. A CAD call is a call for service that may or may not have a report filed but where a police response occurred. Our analysis focused on police calls coded as either "Drugs" or "Overdose". Extracted data fields were limited to types of calls or incident reports, the frequency of calls and the location, and did not include fields providing name and identifying information of the persons involved. Calls related to the "city core" were defined by police and included areas such as Downtown, Harris Green, Burnside-Gorge and North Park. Ethical approval for this study was obtained from the University of Victoria Human Research Ethics Board (protocol #15-192). The police data is limited to overdose occurrences where police were called and responded, effectively excluding overdose occurrences where only an ambulance was requested or responded, as well as overdose occurrences where no call to emergency services was made. As a result it is likely that not all overdose events are captured in this dataset.

CARBC's BC Alcohol and Other Drug (AOD) High Risk Populations Monitoring Study

These data are from the High Risk Populations Monitoring Study survey, which forms part of CARBC's BC Alcohol and Other Drug (AOD) Monitoring Project and were collected during two study waves: January to March 2015 and July to August 2015 from adults using substances and accessing street-based settings in Victoria, BC. Face-to-face interviews were conducted with a total of 80 participants at three different downtown Victoria agencies which provide drop-in or shelter services to adults. Specific questions related to substance use in washrooms in social services agencies added to the survey in 2015 were used for this analysis: "Have you used substances in the washroom of a social service agency in Victoria in the past 12 months?" and "If yes, what are the main reasons you usually do this?" Ethical approval for this study was obtained from the University of Victoria Human Research Ethics Board (Protocol #07-153).

Preventing and reducing harms of substance use in homeless shelter programs study

Eight focus groups with a total of 49 participants were conducted from December 2015 to January 2016 as part of development of a study on harm reduction practices within homeless shelter settings. There were four shelter resident focus groups (n=23), two shelter staff focus groups (n=13), and two harm reduction staff focus groups (n=13). One of the shelters is a female-only service while the other, larger shelter, is the primary homeless shelter in the city and serves all genders. Both facilities are designated as low-barrier shelters where individuals do not have to abstain from using alcohol or other substances to receive shelter and other supports and harm reduction supplies are available onsite. Shelter-resident focus-group participants included both those that identified as active in their substance use as well as those that identified as non-using, in recovery or abstaining from substance use. This range provided opportunity for insight into some of the challenges that arise in shelter settings providing services to a diverse using- and non-using population. Ethical approval for this study was obtained from the University of Victoria Human Research Ethics Board (Protocol #15-304).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Results

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

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

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

Figure 1. VicPD overdose-related calls 2011-2015

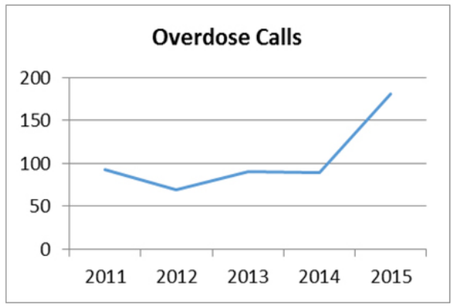
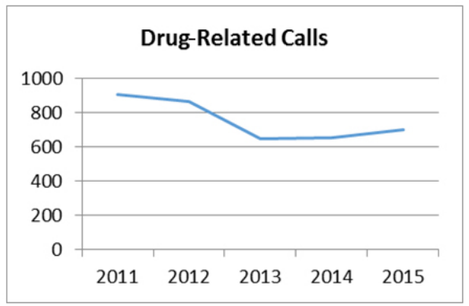


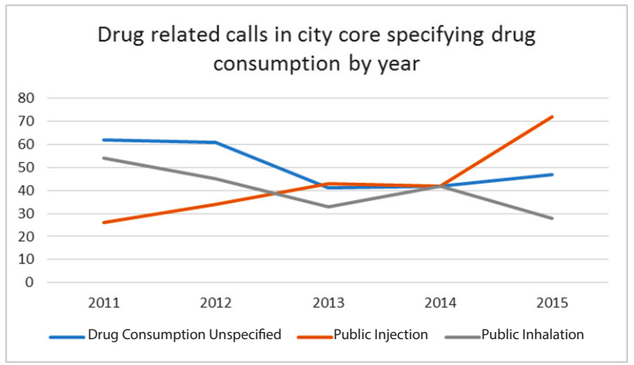
Figure 2. VicPD drug-related calls 2011-2015



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

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

Figure 3. VicPD drug consumption-related calls in city core 2011-15



"there's no one around, and it's private. I don't want to get caught, I don't want the public to see me, and there's no one else to see me. It's private."

"stay out of view of police and children, as a courtesy to community, and they have needle disposals in the bathrooms."

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

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

The main reasons participants cited for using in agency washrooms over other locations were safety, privacy, and access or availability. As one person stated, *"it's safer, there's people around if something bad happens"* and *"staff are there if problems occur."* During these interviews it became clear that *"if something bad happens"* implied concern around risk of overdose. However, participants' perceived sense of increased safety from using substances in agency washrooms is disconcerting as any substance use (especially opioid use) alone in a washroom can increase risks associated with overdoses and disease transmission. While staff at some social service NGOs in Victoria conduct safety checks to ensure clients are not experiencing overdose reactions, this is not common practice at all agencies.

Having a private space, outside of the view of police and other community members was reported as another significant motivating factor in seeking out washrooms in social service agencies. Participants expressed how this privacy protected both their wellbeing and public well-being. One person stated: *"there's no one around, and it's private. I don't want to get caught, I don't want the public to see me, and there's no one else to see me. It's private."* There was frequent concern expressed that young children not be exposed to substance use and agency washrooms allowed participants to *"stay out of view of police and children, as a courtesy to community, and they have needle disposals in the bathrooms."* Convenience combined with a lack of alternatives was another frequent theme and participants expressed that *"it's a convenient place"*, that *"I'm downtown and [have] nowhere else to go"* and that it is preferable *"to use inside rather than outside"*.

Access to additional services as well as harm reduction supplies and non-judgemental staff were also cited as factors for selecting social service agencies as locations to use substances. These agencies are places described as providing *"safety, respect, kindness, no judgement"* and when using in the washroom participants expressed that they were *"not paranoid someone is going to call police, it is safer"*.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Preventing and reducing harms of substance use in homeless shelter programs study

Homeless shelter washrooms have been identified as places where injection drug use is particularly prevalent, which negatively impacts other shelter residents and creates significant challenges for shelter staff. Shelter residents complained about the lack of access to toilets that are continually occupied by people using them as a place to inject drugs. Issues around safety and sanitation were also identified by residents and as one described:

> *"About three or four days ago I went into the washroom and there was a bloody paper towel on the floor and I carefully took a clean paper towel to pick up the bloody paper towel to discard it, then noticed there was another paper towel and inside of it was the needle that the individual had used, and I very carefully with the paper towel, clean paper towel, was able to discard it into the sharps container, however I should not have done that..."*

Shelter staff described the washroom situation as serious challenge and one staff recognized that providing harm reduction supplies without a safe place for use *"leads to safety issues where then you have like people overdosing in the bathroom and not, like not finding them."* Another staff expressed that they are *"maybe turning a bit of a blind eye in the sense that I think the majority of the staff recognize that kind of every washroom in this city is a de facto supervised consumption site, whether we want that to be the case or not, whether everyone agrees with that or not."* As one staff person further warns, *"without actually having anyone being there watching you, it's like a half-assed safe injection site."* Shelter staff conducting periodic safety checks is currently serving as a primary response to washrooms acting as de facto sites for injection drug use. One staff member reminisced that bathroom checks in the past were to ensure residents were not dealing drugs or using drugs in the washrooms whereas now they are mainly checking to see if people are overdosing.

"maybe turning a bit of a blind eye in the sense that I think the majority of the staff recognize that kind of every washroom in this city is a de facto supervised consumption site, whether we want that to be the case or not, whether everyone agrees with that or not."

The increasing rate of illicit drug overdoses occurring in Victoria creates a serious predicament and as a staff person explains, *"though it is against our policies to use in our bathroom and we'll discourage that behavior, when everybody was potentially dying in other places, it was much easier to have them use in here".* Shelter washrooms were repeatedly described as being inadequate and unsafe locations for injection drug use but also a preferable alternative to having people inject alone or in public.

Staff reported that having to respond to overdose events in shelter bathrooms with naloxone meant that it becomes *"your responsibility now and as a shelter worker you are now responsible for administering naloxone and you feel responsible for that person's life or death."* As another staff person describes, *"we've been working with these guys, people who have died, right. We've been working towards goals and things like that, and then suddenly you come to work and find out they're dead."* A shelter staff person went so far as to describe the situation as *"traumatic"* as they are constantly witnessing their *"community hitting the floor and potentially nearly dying on us, a lot, and it probably does leave a lot more trauma within staff than we necessarily recognize or have talked about maybe."* As one shelter staff explains, *"you come into work wondering if you're going to have to try to save someone's life and the emotional impact that has on you and people."*

Discussion

In the midst of a provincial illicit-drug-overdose public-health crisis, people continue to lack safe places where they can inject drugs more safely. In Victoria, nongovernmental organizations that provide harm reduction services within drop-in or shelter settings appear to be operating as de facto consumption sites. People wanting to avoid injecting drugs in public and who are seeking the perceived safety of staff presence and a less judgemental environment are frequently injecting drugs in facility washrooms. As a result, and as evidenced by the police call data, these social service agencies have found themselves at the forefront of the illicit drug overdose crisis and are experiencing unprecedented levels of overdose incidents in their washrooms and in the surrounding areas. Shelter staff are in the position of providing essential health services and responding to overdose events at an alarming frequency armed with minimal expertise and insufficient resources and supports. Managing overdose events and responding to overdoses with administration of naloxone is becoming standard practice for many agency staff despite it being traumatic for them and despite it clearly being an insufficient overall response to the overdose crisis.

To the extent that they are able, these social service agencies and their staff are reducing the number of fatal overdose events in Victoria. These data highlight that while there has been a dramatic surge in overdose deaths in BC, there has also been a dramatic increase in non-fatal overdose events in Victoria, notably within or near the locations of drop-in and shelter facilities. It is also clear that in many cases the first responders attending to the drug-related overdose public health emergency in Victoria are housing, health and social service agency staff. Public injection, including in public washrooms, is more likely when safe facilities and housing are not available for people who inject drugs. This gap in services results in drug use occurring in unsanitary and rushed conditions which can result in unhygienic and unsafe practices (21).

Given the risk involved for both people injecting drugs and service providers alike, these findings support the immediate implementation of existing BC Opioid Overdose Response Strategy recommendations (22) including:

- Continuing to support and expand naloxone
- On the spot drug testing to detect Fentanyl
- Expanding access to supervised consumption services in regions of BC where overdose deaths are a public health concern
- Expanding access to evidence-based withdrawal management and substance use support services, including opioid substitution therapy which reduces opioid overdose risk by almost 90%

It is also paramount that people who use drugs are meaningfully involved in responses to the public health emergency and are able to inform longer-term responses that address the environmental conditions that lead to illicit drug overdoses.

Conclusion

There is a wealth of evidence to support the effectiveness of supervised consumption services in preventing overdose deaths, preventing transmission of blood borne disease and increasing access to referrals and other resources to improve health and safety for people who use drugs. There are clear regional and provincial initiatives that support their implementation. To delay the implementation of supervised consumption services despite the indications of a growing overdose epidemic and widespread reports of washrooms in social service agencies such as drop-in and shelter facilities being used as unofficial and unsupervised injection sites is to ignore the evidence. Meaningful engagement of people who use drugs and the implementation of the BC Overdose Response Strategy recommendations are necessary in order to avoid putting the lives of people injecting drugs at continued risk and potentially doing further harm to service providers who are bearing the brunt of providing emergency overdose responses.

Acknowledgements

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