

Adjusting Safe Consumption Sites to Meet the Needs of People who Consume Drugs Through Inhalation in Central Edmonton

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Background

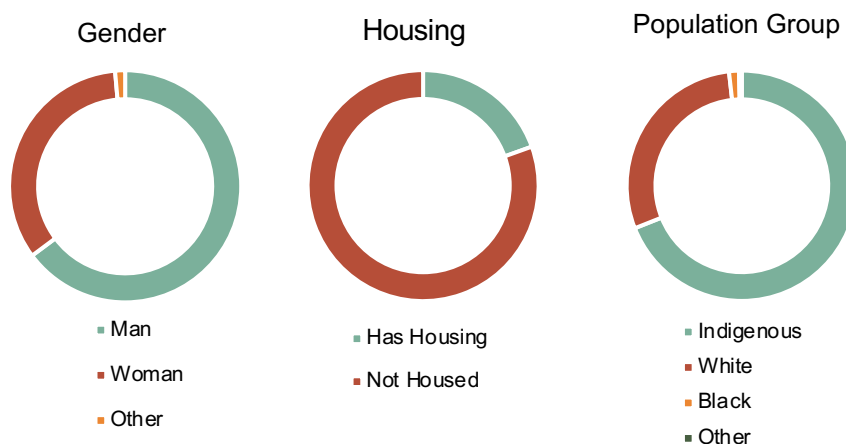
The COVID-19 pandemic and ongoing drug poisoning emergency have dramatically increased morbidity and mortality related to illegal drug use in Edmonton¹. Community agencies are also observing a higher proportion of people who use drugs (PWUD) who consume via inhalation. Despite this, harm reduction services such as supervised consumption sites (SCS), are currently aimed predominantly at those who inject drugs. **The objective of this study was to characterize the substance use patterns of PWUD in Edmonton's inner city and examine the acceptability of consumption via inhalation (smoking) within a SCS.**



Methods

- 503 PWUD, defined as engaging in regular use of currently illegal drugs at least once a month, were recruited from community organizations in central Edmonton to participate in interviewer-administered surveys from April to September 2023
- Survey questions included sociodemographic information, substance use patterns, health status, use of treatment and harm reduction services, and acceptability of emerging services
- Interviewers were trained appropriately to ensure consistency in administration of surveys
- Participants received a \$30 cash honorarium for their time
- Data was analyzed using descriptive statistics (Figures 1-4)

Figure 1: Demographics of Participants, N=503



Results

- 326 participants (64.8%) of participants identified as male and the average age was 44 (Figure 1)
- 404 (80.3%) of participants were unhoused at the time of interview (Figure 1)
- 470 participants (93.4%) reported smoking drugs (Figure 2) while 177 (35.2%) reported using drugs via injection
- Of those that consume via smoking and inhalation, 96/164 (58.5%) preferred smoking
- 308/486 (63.4%) reported being interested in using SCS if consumption via smoking were permitted on site (Figure 3)
- Of participants who have used drugs at a SCS in the last 6 months, 39/122 (32.0%) reported injecting because they were not allowed to smoke there (Figure 4)
- Of participants that had not accessed a SCS, the number one reason cited was that you cannot smoke there (178/331, 53.8%)

Figure 2: Reported Methods of Consuming Drugs, N=503

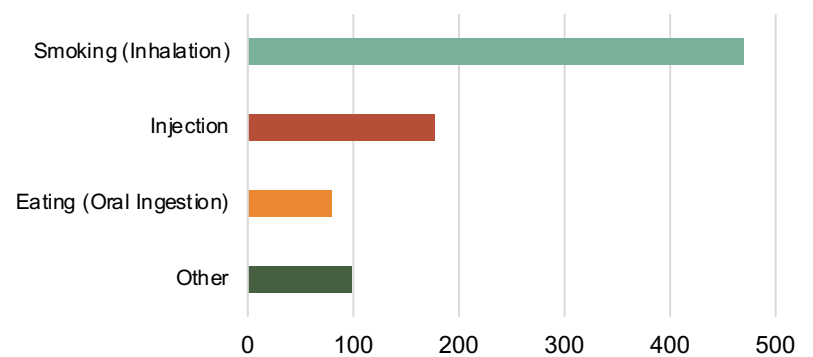


Figure 3: Participants' Interest in Using a SCS for Smoking, n=486

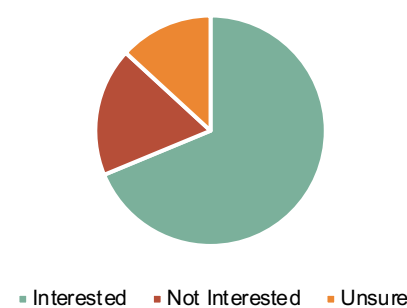
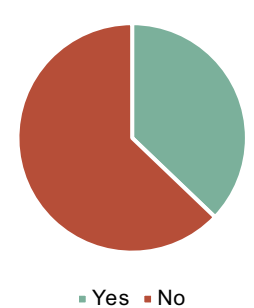


Figure 4: Participants Who Injected Drugs at a SCS Because They Were Not Allowed to Smoke There, n=122



Conclusions

A majority of PWUD from central Edmonton's inner city prefer smoking to injecting, identifying the need to adapt community services to accommodate recent trends. Family physicians can promote harm reduction practices geared towards those who smoke, such as accessing safer smoking supplies and extending similar harm reduction counselling to this group. There is significant interest in accessing a SCS that offers inhalation, where trained staff are present to respond to drug poisonings and make referrals to other social, health, and harm reduction/treatment services. This represents a change in services that would benefit from the advocacy of family physicians and lead to reduced morbidity and mortality related to people who preferentially smoke versus inject drugs.

References

- 1) Government of Alberta. Alberta substance use surveillance system. 2023. Available from: https://healthanalytics.alberta.ca/SASVisualAnalytics/?reportUri=%2Freports%2Freports%2F1bbb695d-14b1-4346-b66e-d401a40f53e6§ionIndex=0&sso_guest=true&reportViewOnly=true&reportContextBar=false&sas-welcome=false
- 2) Gehring ND, Speed KA, Launier K, O'Brien D, Campbell S, Hyshka E. The state of science on including inhalation within supervised consumption services: A scoping review of academic and grey literature. International Journal of Drug Policy. 2022;102:103589.