

Impacts of the COVID-19 pandemic on supervised consumption service engagement and outcomes among people who use drugs in a Canadian setting



Mary Clare Kennedy^{1,2}, Nitasha Puri^{3,4}, Carol Strike⁵ & Thomas Kerr^{1,6}

1. British Columbia Centre on Substance Use, Vancouver, Canada; 2. School of Social Work, University of British Columbia – Okanagan, Kelowna, Canada; 3. Department of Family Practice, Faculty of Medicine, University of British Columbia, Vancouver, Canada; 4. Department of Addiction Medicine and Substance Use Services, Fraser Health, Surrey, Canada; 5. Dalla Lana School of Public Health, University of Toronto, Toronto, Canada; 6. Department of Medicine, University of British Columbia, Vancouver, Canada.

Background

- Although Canada was already experiencing a toxic drug crisis prior to COVID-19, the pandemic intensified it, contributing to a surge in drug toxicity deaths. The national opioid-related death rate increased from 9.9 to 21.5 deaths per 100,000 from 2019 to 2021.
- Evidence suggests that this trend may have been partly explained by compromised access to supervised consumption services (SCS).
- However, little is known about the specific ways in which the COVID-19 pandemic and accompanying response measures shaped utilization and outcomes of SCS among people who use drugs.

Aims

- The present study sought to qualitatively explore the impacts of the COVID-19 pandemic on SCS engagement and outcomes among people who use drugs in a large Canadian city (Surrey, British Columbia).

Methods

- Between November and December 2021, in-depth, semi-structured qualitative interviews were conducted with 22 clients of SafePoint, a federally-sanctioned SCS in Surrey.
- Interviews were facilitated with a topic guide that included questions addressing a range of topics including life experiences during the COVID-19 pandemic; impacts of the pandemic on the street-based drug scene; and experiences with using the SafePoint SCS before and after the emergence of COVID-19.
- Drawing upon Rhodes’ Risk Environment framework, interview data were analyzed thematically using deductive and inductive methods.

Results

- Among the 22 SCS clients included in the study, the mean age was 43 years, and 9 participants identified as women or non-binary. Participant characteristics are shown in Table 1.
- After the onset of COVID-19, drug market disruptions led to a more toxic and unpredictable drug supply, including a rise in opioids containing benzodiazepines. This increased risk of overdose-related harms and experiencing violence, including robbery and assault:

“Benzos have been coming out lately and they’ve been fucking everybody up real bad...Like people smoke them and they lose their life and they don’t know what the hell happened and they end up being robbed. Some of them are like fuckin’ stripped down naked. Girls are getting raped.”
– 35-year-old Indigenous man
- Concurrently, stricter visitor policies in housing buildings alongside closures of shelters and community spaces further amplified risks surrounding drug use:

“There was a lot of people that actually OD’d and stuff like that, because they weren’t allowed visitors... three or four people died at the mods [modular housing buildings] because of that.” – 34-year-old white woman
- Avoidance of harms associated with these dynamics motivated participants to access the Safepoint SCS:

“I’ll mainly go to Safepoint, just in case, you know, in case I do overdose. Because sometimes it’s a benzo overdose and that’s just like a heavy sedated sleep, and they’ll let you sleep there for a couple hours as long as you’re breathing.” – 35-year-old white man

- However, many PWUD experienced barriers in accessing the SafePoint SCS after the onset of COVID-19. To adhere to physical distancing guidelines, SafePoint had to operate at reduced capacity. The site decreased the number of available consumption booths from 7 to 4; limited the pre-consumption waiting area to one client at a time; and discontinued use of post-consumption ‘chill’ space.
- These changes led to long wait times, prompting many participants to use drugs elsewhere – often in settings where they were more vulnerable to harms, including overdose death, violence and criminalization:

“There’s not as many people allowed to go in at once, so you’re waiting, and sometimes – like the other day, I used outside, and I actually overdosed... they saved me, but yeah, it – just things like that, not being able to use like inside, whereas we would be able to before.” – 34-year-old white woman

“Less people are allowed in the facility, and not everybody has the patience to, you know, hang around... [They] just go out to the bush or alley and that’s probably why there’s been a whole lot more deaths.” – 30-year-old white man

- A concurrent rise in benzodiazepine toxicity events at SafePoint compounded these challenges. When clients experienced heavy sedation due to benzodiazepines, staff often extended their stays for monitoring, sometimes for several hours, thereby decreasing client turnover and increasing wait times for others:

“Sometimes you could stand there [in line for SafePoint] for 45 minutes and wait, and sometimes they - some of the staff workers in there just let people sleep. And it’s, like, okay, there’s people waiting outside and it’s raining, like, why don’t you wake these people up? And it’s, like, sometimes they really try hard to wake these people up and they won’t because they’re, well, the Benzos.” – 35-year-old white man

- Some participants expressed frustration with COVID-19 safety protocols at SafePoint – such as symptom screening, masking, and physical distancing rules – and felt that staff enforcement of these measures made the site less welcoming and comfortable. A few participants reported that this discouraged them from using the service:

“You got to keep your mask up. You can’t go near other people. You can’t pass things between each other. You know, stay, stay in your booth all the time. You can’t drink or eat anymore because of COVID... It makes it shitty, man. Like it used to be easier going [to Safepoint]. Now it’s more intense and shit. Like you know, like it’s like, even the staff are on edge.... Just because of all that bullshit I’d rather be somewhere where I’m like with one friend or by myself because then I don’t have to deal with all that bullshit of all these rules and all that crap.” – 52-year-old white man

- However, most participants reported that these protocols were reasonable and did not affect their use of SafePoint:

“There may be rules that exist that would be factors for other people not wanting to go there [to SafePoint] but it’s not a problem for me.”
– 33-year-old white man

Conclusions

- After the onset of COVID-19, a more toxic and unpredictable drug supply, alongside reduced access to housing and community services, heightened need for SCS among people who use drugs.
- However, pandemic-related service adaptations at the SafePoint SCS – particularly capacity limits and extended monitoring of benzodiazepine-exposed clients – created access barriers that drove people to use drugs in less safe contexts.
- Given the critical role of SCS in supporting the health of people who use drugs, efforts are needed to ensure accessibility during public health crises.

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Table 1. Characteristics of study participants (n=22)

Characteristic	n (%)
Age, mean (range)	43 (30–60)
Gender	
Man	13 (59%)
Woman	7 (31%)
Non-binary	2 (19%)
Race, ethnicity, or ancestry*	
White	20 (91%)
Black/Indigenous/people of colour	3 (14%)
Current housing	
House/apartment	8 (36%)
Unsheltered/outside/shelter/unstable housing	14 (64%)
Overdosed in last 30 days	7 (32%)

*Participants could select more than one response.



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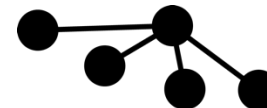
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