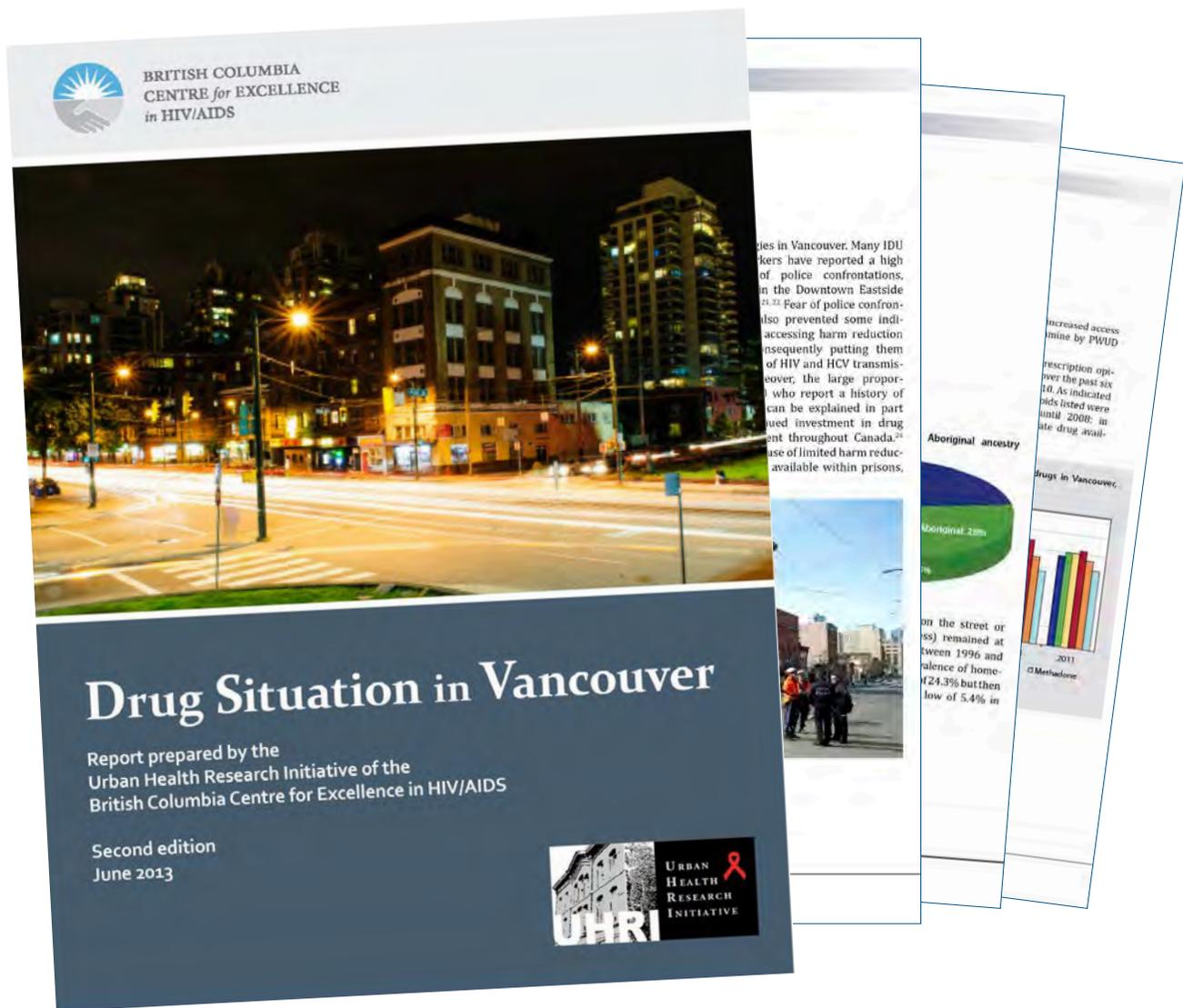


BACKGROUNDER

The drug situation in Vancouver: An overview



The Drug Situation in Vancouver report contains 15 years of data on drug use and behaviours among some of the city's most vulnerable people who use illicit drugs (PWUD), including HIV-positive and HIV-negative individuals, as well as street-involved youth. The report is intended to make data regarding trends in drug use and related behaviours available to stakeholders and to directly inform the City of Vancouver's Four Pillars Drug Strategy, the Province of British Columbia's response to illicit drug use, and the Canadian federal government's National Anti-Drug Strategy, among other policy documents.

Highlights of the report

Drug trends in Vancouver are shifting, with fewer people injecting drugs and more people ceasing their use, a result of the innovative harm reduction and addiction treatment programs that have been implemented.

– Dr. Thomas Kerr

Drug use patterns and injection cessation

- **There has been an overall decline in illicit drug use since 2007.** For example, reports of daily heroin injection have declined and many PWUD have ceased injecting drugs.
- **Between 1996 and 2007 crack cocaine smoking increased steadily.** While use has begun to decline since 2007, it remains the most commonly used drug.
- **Among street-involved youth there is a high prevalence of crystal methamphetamine use.** While there has been a decline in crystal methamphetamine use via smoking, use via injection has doubled since 2010.

Harm reduction and addiction treatment

- **Syringe sharing is on the decline.** There has been a dramatic decrease in syringe borrowing and lending among PWUD, with fewer people reporting difficulty accessing clean syringes.
- **There has been a decreasing number of PWUD reporting difficulty accessing addiction treatment services.** For example, over the past 15 years there has been a steady increase in reports of methadone maintenance therapy use by PWUD.

HIV and HCV incidence

- **HIV and HCV incidence is declining.** Overall, there is a decrease in the number of people newly infected with both HIV and HCV over the past 15 years.

Law enforcement and violence

- **Between 2000 and 2011 drug availability was high and prices remained stable.** For example, a majority of PWUD reported rapid access to crack cocaine and relatively rapid access to both heroin and cocaine.
- **Some “hard” drugs are as or more available than marijuana.** Findings indicate that the availability of drugs such as cocaine, crack cocaine, and crystal methamphetamine is comparable to, and in some cases even greater than, the reported availability of marijuana.
- **Violence remains a problem within the local drug scene.** Many PWUD reported some form of violence, with marked gender differences regarding the types of violence reported. For example, more men reported being attacked with a weapon and being robbed, while more women reported experiencing sexual assault.

What does this mean for Vancouver?

To address the trends described in the Drug Situation in Vancouver report we offer the following observations and recommendations to governments and affiliate agencies at the local, provincial, and federal level:

- 1. Harm reduction services are improving health outcomes among PWUD; Vancouver should continue scaling up these services in a manner that reflects changes in the drug situation.** In light of increasing rates of use of certain drugs, health service providers should consider scaling up appropriate harm reduction services. This includes, but is not limited to, scaling up crack pipe distribution and opening one or more supervised inhalation facilities.
- 2. Addiction treatment plays a key role in reducing illicit drug dependence and HIV risk behaviours, and efforts should be focused on scaling up treatment initiatives.** In addition to reducing drug dependence and improving the health of the individual, research across many settings internationally has shown that PWUD with ready access to drug treatment engage in lower levels of drug use and high-risk drug use behaviours. All levels of government have a role to play in increasing the number, variety, and accessibility of addiction treatment services for people who use stimulants and opioids across the city and for ensuring that qualified addiction medicine specialists exist to support them.
- 3. “Treatment as Prevention” initiatives should be embraced and brought to scale to prevent mortality among people living with HIV and limit further HIV transmission.** It has been well-documented that providing highly active antiretroviral therapy (HAART) to HIV-positive individuals improves individual health outcomes and drastically decreases the likelihood that they will transmit the virus.
- 4. Drug control efforts have failed to achieve their stated objectives and resulting in a range of negative health and social consequences, a full policy reorientation is needed.** Governments at all levels should consider experimenting with alternative approaches to conventional illicit drug policies. Specifically, by placing the supply and distribution of illicit drugs in the hands of government and public health officials, public health approaches have great potential to address both the health and social consequences of illicit drug use. Some examples of public health approaches governments at all levels should consider supporting include, legalizing and strictly regulating adult recreational cannabis use; decriminalizing the use and possession of hard drugs; and increasing medical access to hard drugs for people who are seriously addicted.

