

Examining health needs and drug use in Edmonton's inner city

November 20 2015, by Donna Richardson



Over the years, Shelley Williams has witnessed the negative effects of drug use on the health of Edmontonians.

"The individuals who are most vulnerable are those who have unstable housing or are homeless," explains Williams, executive director of HIV Edmonton and chair of Streetworks Council. And unsafe practices, such as needle sharing, put them at risk of blood-borne infections including

hepatitis C and HIV, and at increased risk of overdose.

Williams has fought for better access to [health](#) services for some of the community's most vulnerable—people who use drugs and live in inner-city Edmonton. She sees supervised injection sites as a means of reducing health risks and linking people who use drugs with a network of vital health services.

She believes in the philosophy of harm reduction. "Harm reduction is often seen as a hot-potato topic," she explains, "but this is a public health issue. It is an issue of safety. We're talking about preventing overdoses and saving lives."

Until recently, there has been limited information about the health and well-being of people who use drugs in Edmonton's inner city, and uncertainty about their needs for [health services](#). But a recent study by Elaine Hyshka, PhD candidate in the University of Alberta's School of Public Health, answers these questions.

Hyshka's study, known as the Edmonton Drug Use and Health Survey, set out to achieve two things. First, it aimed to provide data on the health and service needs of people in inner-city Edmonton. Second, it generated the first systematic estimates of unmet need for substance use services among street-involved people who use drugs.

Working mainly out of Boyle Street Community Services and the Boyle McCauley Health Centre, she spent five months conducting 320 hour-long surveys with participants who use drugs. It is the largest survey of socially marginalized people who use drugs ever completed in Edmonton—and the findings are striking.

Reducing harm, providing help

Over 91 per cent of participants reported using injection drugs, and 26 per cent recently borrowed or lent used syringes. Nearly 47 per cent of participants who reported using injection drugs experienced difficulty getting new syringes, and about 23 per cent had a non-fatal overdose.

According to Hyshka, these numbers are as high as the rates in Vancouver before setting up a supervised injection service in that city. "The city of Vancouver has drastically expanded access to sterile syringes and other harm reduction services, and as a result the rates of needle sharing have come down to less than 10 per cent." (See the [results](#) in Hyshka's article published in the *International Journal of Drug Policy*.)

"We have a high-volume needle exchange in Edmonton that distributes over one million needles each year. But we don't have a 24-hour needle exchange site, and people are having difficulty accessing clean needles at night and on weekends," explains Hyshka.

The study participants also reported high rates of homelessness and unstable housing. Fifty-seven per cent said their current housing situation was unstable.

"The results of the study show a clear link between unstable housing and drug-related risk behaviour," says Hyshka. This can result in many health concerns, including overdose, abscesses, infection and victimization.

The study also showed that most participants saw a need for help with [drug](#) use or mental health problems, but only 14 per cent reported having these needs fully met.

When asked whether they would use a supervised injection service, 91 per cent said they would.

Hyshka points out that safe injection sites provide a supervised, secure

place to inject, as well as access to a host of health and social services. "In other cities with supervised injection sites, providing a safe and non-judgmental space significantly increases the chance the people will seek addiction treatment," she notes. "In Vancouver, there was a 33 per cent increase in the use of detoxification programs."

"This strategy has benefits for communities, too," Hyshka points out. "It takes needles and debris off the street, while supporting the health needs of those who inject drugs."

Williams, who is also co-chair of a group called Access to Medically Supervised Injection Services – Edmonton (AMSISE), says, "The work that Elaine did is essential. It informs us of the need in the community. It gives us the evidence to say that this is a service that would be used and would be beneficial."

"If we don't meet the need, then we continue to operate in a way that forces people to hide it," says Williams. "If we do provide a supervised injection service, it means we are providing safety for all."

"This research shows us that it is time for us to move. It's a much-needed service that is long, long overdue."

More information: Elaine Hyshka et al. Needle exchange and the HIV epidemic in Vancouver: Lessons learned from 15 years of research, *International Journal of Drug Policy* (2012). [DOI: 10.1016/j.drugpo.2012.03.006](https://doi.org/10.1016/j.drugpo.2012.03.006)

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