Evidence Brief

Substance use and supervised consumption services for gay, bisexual, trans and queer men and Two-Spirit and non-binary people

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This evidence brief is in response to the request for written comments by the Office of Legislative and Regulatory Affairs, Controlled Substances Directorate, Controlled Substances and Cannabis Branch, Health Canada on the development of these new regulations for supervised consumption services.

The data presented is from Sex Now, the Community-Based Research Centre's (CBRC) principal community-based research initiative and Canada's largest and longest running survey of gay, bisexual, trans and queer men's and Two-Spirit and non-binary people's (GBT2Q) health. In the recent Sex Now 2019 survey, conducted online prior to the COVID-19 pandemic, over 11,000 GBT2Q people shared their experiences about a variety of topics, addressing two of the three questions posed by Health Canada:

- **What are the impacts of supervised consumption sites or services on people who use drugs, the communities in which these services are located, and the provinces and territories?**
- **What types of supervised consumption services (e.g. drug checking, peer assistance, medication-assisted treatment and safer-supply treatment options) should be included under the proposed new regulations? What evidence exists to support the effectiveness of such services?**

This evidence brief will describe:

1. How patterns of substance use amongst GBT2Q people differ from the general population,
2. How access to supervised consumption services (SCS) and related services is not culturally safe in the context of sexual orientation and/or trans experience, and
3. The need to develop SCS interventions tailored to the experiences of GBT2Q people.

Evidence

Participants in the Sex Now survey were recruited and completed the survey through methods required access to the internet and use of social media or dating sites. People who are street-involved with less technological access and those who are less socially connected would be less likely to have completed the survey. Therefore, the levels of substance use reported are likely under estimates of the general population of GBT2Q people. Substance use is higher amongst GBT2Q people compared with the general population: use of substances other than alcohol, cigarettes or marijuana amongst the general population in the past year was 2% and 3% amongst men in 2013[1]. Participants reported high use within the last 6 months for almost all of the substances we asked about. Substance use that would potentially benefit from access to harm reduction supplies, needle exchange and/or SCS are listed in Table 1. Many of these

[1] Health Canada. "Canadian Tobacco Alcohol and Drugs (CTADS): 2015 Summary." (2017).

Table 1.

Substance use by GBT2Q people, Sex Now 2019

Substance	Use within past 6 months	Use within a sexual context in past 6 months (within the overall sample)	Use within a sexual context in past 6 months (among those who used that substance)
Cocaine	13.6%	5.9%	43.8%
Crystal meth	6.9%	5.9%	86.2%
Ketamine	4.9%	2.5%	51.6%
Tranquilizers	4.7%	0.6%	13.7%
Other opioids	2.9%	0.5%	20.2%
Crack	1.5%	1.0%	65.5%
Non-medical steroids	1.2%	0.4%	32.4%
Fentanyl	0.5%	0.3%	55.2%
Heroin	0.5%	0.3%	66.7%

substances are used within a sexual context at least some of the time, including more than 85% of all participants who used crystal methamphetamine.

Among our participants, 4.7% reported ever injecting substances in their lifetime, with 2.0% injecting within the past 6 months. Amongst participants who reported recent crystal meth use, 59.0% had done so by injection, with 29.3% reporting injecting in the last 6 months. Crystal meth use was almost 2.5 times more common than opioid use amongst GBT2Q.

Within opioid overdose prevention and response efforts, there are disparities in access amongst GBT2Q people. Sex Now data indicated that 1.8% of participants had experienced an opioid overdose within their lifetime to the point of unconsciousness/ stopping breathing, with 0.5% experiencing this in the past 12 months. However, only 0.1% reported having naloxone used on them in the past 6 months. Even more alarming is that 20.4% knew someone who experienced an opioid overdose to the point of unconsciousness/stopping breathing, with 8.9% experiencing that within the past 12 months, yet naloxone use on others in the past 6 months was only 0.9%. Only 2.0% of participants accessed naloxone services in the past year, with the interest in access being slightly higher at 3.6% and confidence in accessing naloxone being 63.5%.Given the high percentage of participants who had people in their networks who had experienced an opioid overdose, there is an opportunity to leverage those networks to provide peer assistance.

Despite higher rates of substance use, only 0.3% of participants reported using SIS/SCS in the past 6 months. Yet, more than 4 times as many participants (1.5%) were interested in accessing SIS/SCS services. Only 52.1% of participants felt confident they could access SIS/SCS services if they needed to use the service.

Needle exchange use (1.3%) and harm reduction supplies (e.g .meth pipes, straws) use (2.4%) was low compared with the number of participants who used substances that could benefit from these services. Two-thirds (63.5%) of participants felt confidence that they could access needle exchange or harm reduction supplies. Some GBT2Q people that use gender-affirming hormones access needle exchange services for intramuscular injection supplies.

Services that participants were interested in accessing which could be offered through SIS/ SCS include: 1) medically assisted addictions treatments (MAAT) with 2.8% interested, only 0.7% accessing, and only 58.4% feeling confident they could access if needed; and 2) drug testing, with 5.6% interested, 1.2% accessing and 61.8% feeling confident in being able to access if needed.

Recommendations

Harm reduction and SIS/SCS service models are oriented towards safer injection and opioid overdose prevention. However, this is not reflective of the substance use patterns of GBT2Q people. Greater access for inhalation/snorting supplies, a greater focus on crystal meth use and programs attentive to sexualized substance use would benefit GBT2Q people.

Clearly, there is interest and need amongst GBT2Q people to access SIS/SCS, but there are barriers that prevent access. Safe spaces for GBT2Q people represent an on-going challenge in harm reduction[2]. Existing harm reduction spaces are not culturally safe in terms of sexual orientation and/or trans experience for GBT2Q people. There are access barriers put up by both healthcare providers and other harm reduction participants.

There is a need to develop tailored interventions for GBT2Q people who use substances in a sexual context[3]. The focus of these interventions should not be solely on reduction of HIV and Sexually Transmitted Blood Borne Infection (STBBI) risk, but broader to include prevention of social harms, mental health support and the social determinants of health[4].

Cultural safety for GBT2Q people is necessary to improve uptake and acceptability of these services, and must be included within healthcare provider training. The CBRC has already made this recommendation in our brief to the House Standing Committee on Health and this recommendation was included in the report *The Health of LGBTQIA2 Communities in Canada*[5].

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[3] Goodyear, Trevor, Caroline Mniszak, Emily Jenkins, Danya Fast, and Rod Knight. ""Am I gonna get in trouble for acknowledging my will to be safe?": Identifying the experiences of young sexual minority men and substance use in the context of an opioid overdose crisis." Harm Reduction Journal 17 (2020): 1-14.

[4] Wilkerson, J. Michael, Syed W. Noor, Ellen D. Breckenridge, Adeniyi A. Adeboye, and BR Simon Rosser. "Substance-use and sexual harm reduction strategies of methamphetamine-using men who have sex with men and inject drugs." AIDS care 27, no. 8 (2015): 1047-1054.

[5] Tomkins, Andrew, Ryan George, and Merav Kliner. "Sexualised drug taking among men who have sex with men: a systematic review." Perspectives in public health 139, no. 1 (2019): 23-33.
https://www.ourcommons.ca/DocumentViewer/en/42-1/HESA/report-28/

ABOUT COMMUNITY-BASED RESEARCH CENTRE

The Community-Based Research Centre (CBRC) promotes the health of gay, bi, trans, Two-Spirit, and queer men (GBT2Q) through research and intervention development.

CBRC's core pillars - community-led research, knowledge exchange, network building, and leadership development - position the organization as a thought leader, transforming ideas into actions that make a difference in our communities.

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CBRC was incorporated in 1999 and is a non-profit charitable organization. Our main office is located in Vancouver, British Columbia, and we also have satellite offices located in Edmonton, Toronto, and Halifax.