

# Vancouver Drug Use Epidemiology June 2005

Vancouver site report for the Canadian Community Epidemiology Network on Drug Use (CCENDU)

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## Overview

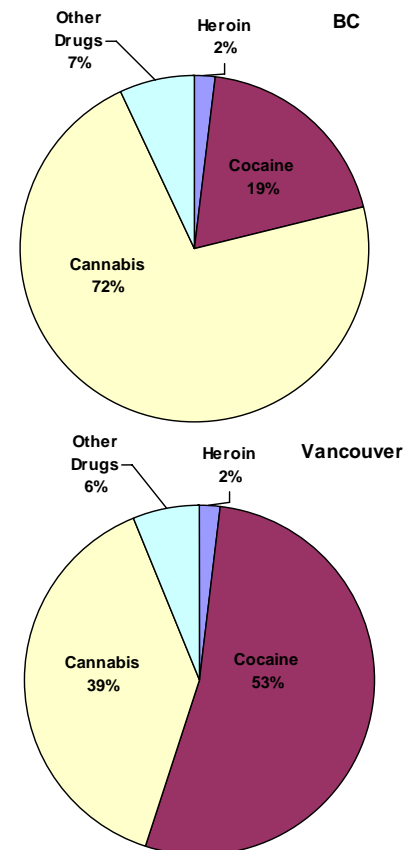
The Canadian Community Epidemiology Network on Drug Use (CCENDU) monitors drug use and its adverse consequences at the community level. Vancouver is one of 12 participating urban sites across Canada. Each site collects, collates and interprets recent data in major drug use areas and six indicator areas- prevalence; treatment; morbidity; HIV/AIDS and hepatitis C; mortality and enforcement to produce a local report.

The Vancouver site committee developed a strategy to disseminate the 2003 Vancouver report. Copies of the report, and a four-page summary were sent to local agencies and organisations, and representatives from each were invited to attend a forum in April 2004. Their suggestions were incorporated into the 6<sup>th</sup> Vancouver site CCENDU 2005 report, which contains the latest information available. The Downtown Eastside (DTES) of Vancouver continues to be the centre of the injection drug epidemic in Vancouver; 4,700 injection drug users (IDUs) were estimated to live in DTES in 2000. Males and Aboriginals are over-represented in DTES; it has a lower life expectancy for both sexes compared to Vancouver overall.

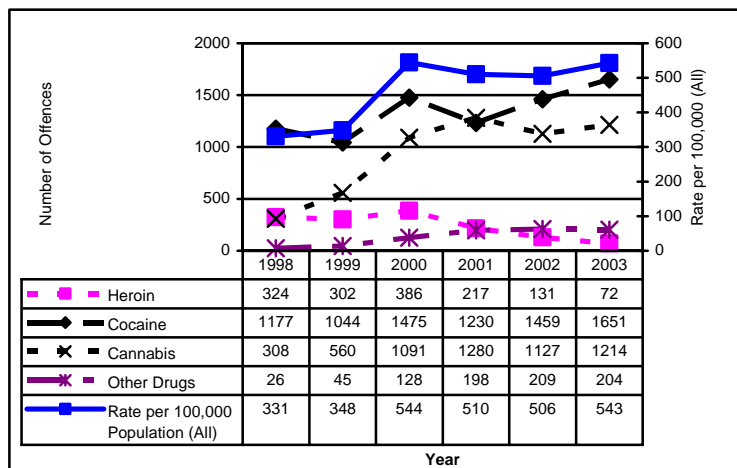
## Crime and Enforcement

Drug offence data is directly influenced by police enforcement practices. Although drug crimes account for only 4.5% of all crime in BC in 2003, illicit drugs are associated with a range of other crimes, including break and enter, car theft, prostitution, and murder.

**Comparison between BC and Vancouver Drug Crime 2003**



## Federal Statute Offences (Drugs) Vancouver Police Department 1998-2003



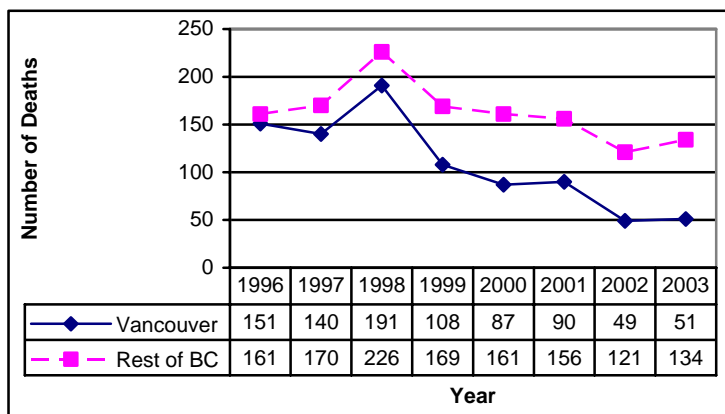
The number and rate of drug crimes in Vancouver and BC increased from 1998 until 2003, except for a slight decline in 2002. Cannabis related offences in Vancouver increased >3 times from 1998 to 2001 but leveled off in 2002/03; offences relating to heroin have decreased each year since 2000. Cocaine accounts for over half of all drug crimes in Vancouver but less than a quarter in BC overall. The number of grow ops dismantled has not dramatically increased since 2002,

however the weight of marijuana seized in 2004 to end of October is almost 20 times that for 2002, and weight of methamphetamine seized has increased 10 fold in the same period.<sup>1</sup>

## Mortality

In 2003 the rate of drug-induced deaths in DTES was more than 6 times the provincial rate. There were 185 illicit drug deaths in BC in 2003, down from a high of 417 in 1998. In 2003 the largest number of deaths occurred in 41-50 age group; 90% were classified as accidental; 11 were determined suicide. In 2001 the rate of drug induced deaths for Status Indian is 3 times non-status in 2001.

## Illicit drug death, Vancouver and Rest of BC, 1996-2003



Source: Office of the Chief Coroner

## Harm Reduction Supply Services

The Harm Reduction Program (previously the Needle Exchange Program) was transferred from the Ministry of Health to BC Centre for Disease Control, April 2003. Distribution of harm reduction supplies continue to increase, the predicted budget for 2004/05 is \$1,750,000 almost double that of 2002. All Vancouver Coastal Health (VCH) Community Health Clinics, the Health Contact Centre and community-based contracted service providers offer needle exchange. The VCH needle exchange program has launched a one-year pilot project to distribute crack pipe mouthpieces.

'*Insite*', the first supervised injection facility pilot program in North America was opened in Vancouver in September 2003. The evaluation will include health and social impacts. Visits increased to an average of 588 visits/day in August 2004. March 10-August 31 2004, 107

overdoses were reported. No deaths have occurred at Insite since it opened. Heroin accounts for a third of all substances injected; cocaine about a quarter; morphine about 10%.<sup>2</sup>

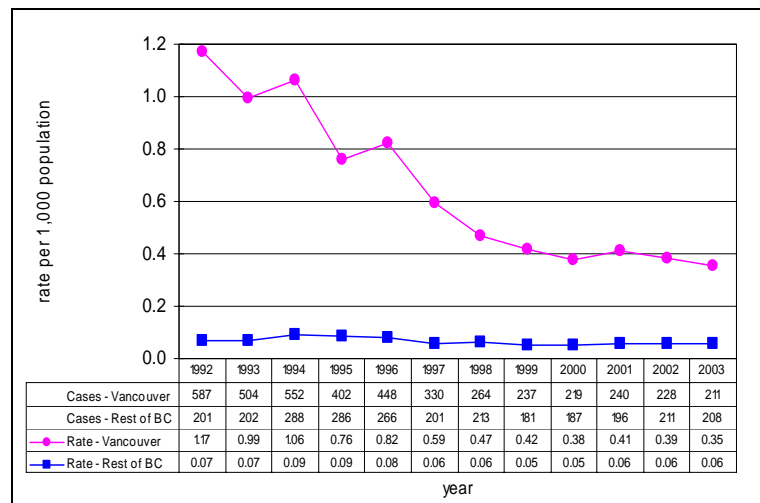
The Vancouver North American Opiate Medication Initiative (*NAOMI*) clinic opened in February 2005. The objective of the trial is to determine whether the provision of injectable pharmaceutical grade heroin (in combination with methadone if desired) is more effective than oral methadone maintenance therapy alone in recruiting, retaining, and benefiting chronic treatment resistant injection opiate users.

VCH continues to integrate and expand addiction services programs; each Community Health Centre has core addiction services teams consisting of a clinical supervisor, adult and youth counselor(s), and prevention worker. Access 1, a telephone based centralised access system of referral and screening service was implemented at VCH in September 2002. It handles up to 1500 calls per week and has reduced waiting times.

### ***HIV/AIDS and hepatitis C***

HIV continues to be a problem in Vancouver. BC has required mandatory reporting of HIV positive tests results since May 2003. The rate of positive HIV testing in Vancouver reached a peak in 1992, and has declined since, while the rate in the rest of BC has remained fairly constant.

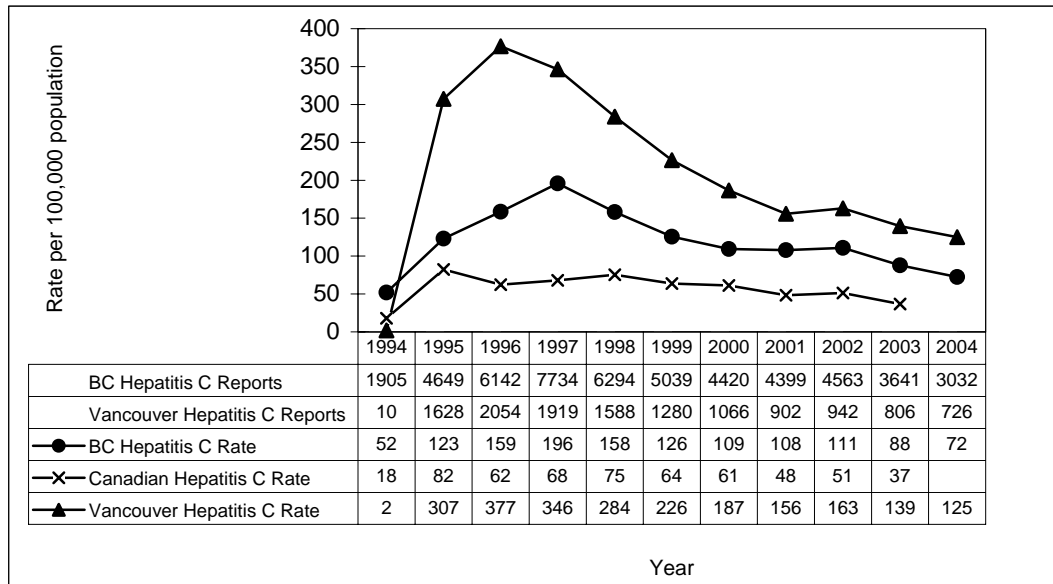
**New HIV infections – Cases and rates per 1,000 population, 1992-2003, Vancouver and rest of BC**



Aboriginal IDUs are becoming HIV positive at twice the rate of non-Aboriginal IDUs.

Injection drug use was the predominant mode of HIV transmission reported in BC from 1994 - 1999; in 2003 men who have sex with men was the predominant mode. A recent study of IDUs in Vancouver identified injecting cocaine as the strongest predictor for acquiring HIV.<sup>3</sup> The prevalence of HIV among IDUs is reported to be from 17% to 31% in different cohorts. The total medical costs of HIV in IDUs in Vancouver DTES has been estimated to be \$215,852,613.

## Hepatitis C rates by year, Vancouver, BC and Canada, 1994-2004



Note: Canadian rates are based on reporting provinces and territories only  
Source: BCCDC

The rate of Hepatitis C infection (HCV) is much higher in Vancouver than BC or Canada. In 2004, 726 cases of HCV were identified in Vancouver. The highest number of cases was in 45-49 age group; males exceeded female in all age groups except 15-19 and 20-24 years. The prevalence of HCV in Vancouver IDUs has been reported from 63% to 92% in different cohorts. Aboriginal ancestry has shown to be an independent risk factor for HCV infection.

HIV and HCV co-infection is a growing concern in BC. Persons with HIV/HCV co-infection generally exhibit a more rapid progression to liver cirrhosis and liver failure than patients with HCV mono-infection. In 479 young (<29 years) IDUs who were part of the Vancouver Injection Drug Use Study cohort 16% were coinfected.<sup>4</sup>

### Specific Reports

Vancouver residents spend >25% more on alcohol per year when compared to BC as a whole. In 2003, there were 83 alcohol related deaths in DTES, which is more than 3 times the provincial rate.<sup>5</sup>

The RCMP Drug Awareness Service (Vancouver) confiscates drugs at rave and the dance scene. In 2004, 95 of 175 samples tested were pure, 46 were Ecstasy, 10 were methamphetamine (MA); however over half of the chemical cocktails contained MA. MA is cheap and readily available. The 2003 BC Adolescent Health Survey (AHS III) reported a slight decline in MA use from 5% in 1998 to 4% among youth attending grade 7-12 school in BC; however the prevalence of use among street-involved youth is reported as 70%. MA related deaths increased from 15 in 2003 to 31 in 2004 and were among all age groups but may reflect increased identification and testing.

The Western Summit on Crystal Methamphetamine was held in Vancouver, November 2004. It brought together stakeholders from health, law enforcement, policy makers, academics and

social service providers. A consensus panel will develop an integrated approach using evidence in the literature and presented by stakeholders at the summit including community groups.

The 2003 AHS III reported an overall decrease use of most illegal drugs since 1998; the proportion of students using each substance in Vancouver is lower than around the province. Nearly half of students surveyed in Vancouver (44%) had ever drunk alcohol, which is lower than overall BC (58%) rate. Marijuana use in Vancouver (24%) remains lower than in Greater Vancouver (28%) and BC overall (37%).

The Canadian Addictions Survey 2004, found lifetime use of cannabis in BC (52%) and other illicit drugs (23%) to be higher than the national average 44.5% and 16.5% respectively. Hallucinogens are the most common illicit drug other than cannabis used in BC with lifetime rate of 16.5% followed by cocaine/crack (16.3%).

## **References**

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3. Tyndall MW, Currie S, Spittal P, Li K, Wood E, O'Shaughnessy MV, Schechter MT. Intensive injection cocaine use as the primary risk factor in the Vancouver HIV-1 epidemic. *AIDS*. 2003 Apr 11;17(6):887-93.
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