

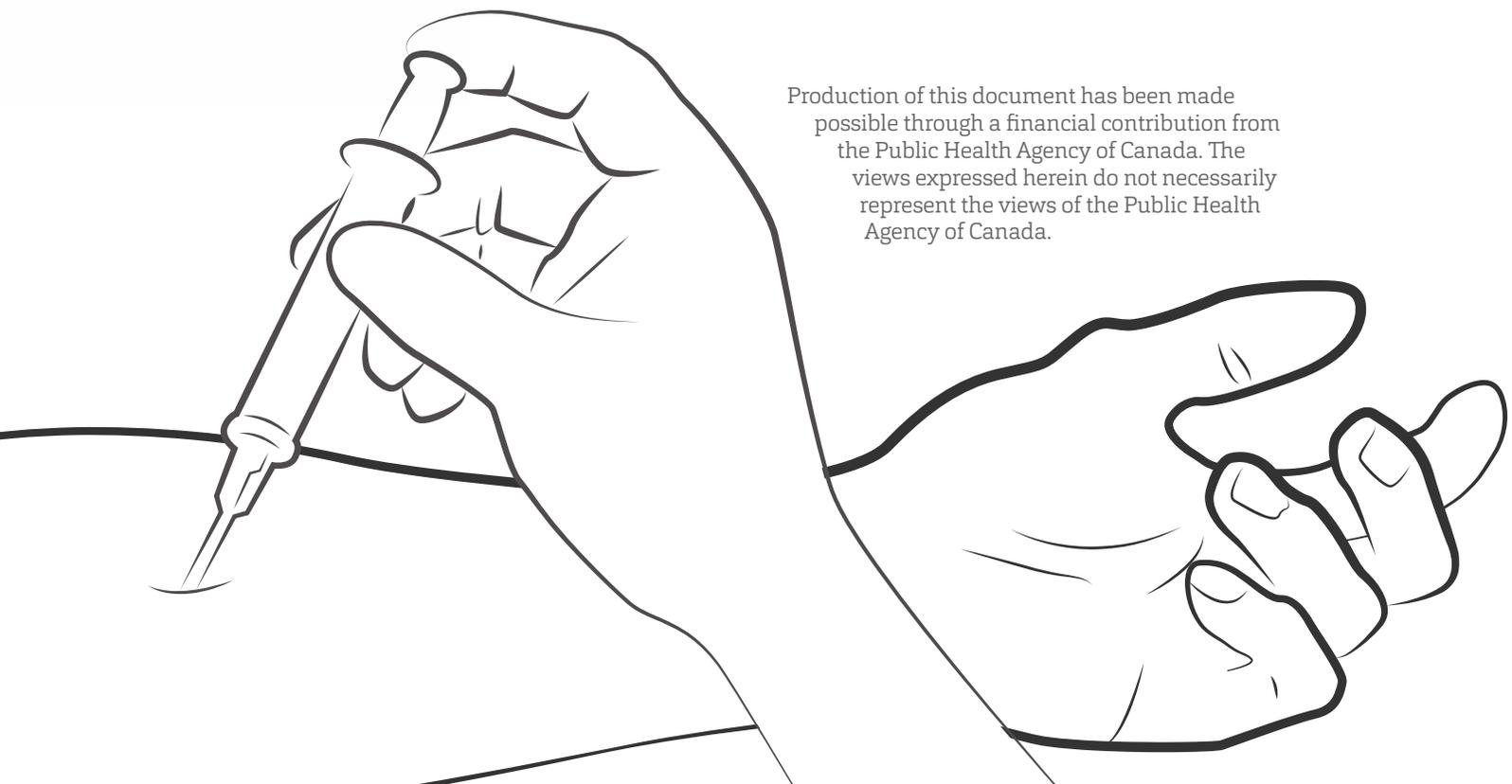
THE TRACKS SURVEY
OF PEOPLE WHO INJECT DRUGS IN CANADA:
New Brunswick site, 2018

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1. OVERVIEW OF THE TRACKS SURVEY OF PEOPLE WHO INJECT DRUGS IN CANADA

The Tracks survey of people who inject drugs in Canada (Tracks survey of PWID) is a behavioural and biological surveillance system coordinated by the Public Health Agency of Canada [PHAC] that monitors the prevalence of HIV and the hepatitis C virus (HCV) as well as the associated risk behaviours among people who inject drugs (PWID) in Canada.

It is a cross-sectional survey that has been carried out every few years, since the pilot survey in 2002-2003, at sentinel sites in Canada. The findings provided in this report are from Phase 4 in New Brunswick, conducted in October/November 2018.

This was the first time that the survey was carried out in the province.

Survey participants were asked to complete an interviewer-administered questionnaire covering demographics, drug use and injecting behaviours, sexual behaviours, HIV and HCV testing and treatment history and use of health services. They were also asked to provide a biological sample (a finger prick blood sample), which was tested for HIV (antibodies) and hepatitis C (antibodies and RNA).

The target population was people who have injected drugs in the six months prior to recruitment, and who met the minimum age of consent as per provincial requirements. In New Brunswick, the age of consent is 16. Participation in the survey was voluntary and confidential.

The reason for doing this survey is that certain risk behaviours, such as the sharing of needles and other injection equipment as well as unprotected sex, are associated with transmission of blood-borne infections including HIV and HCV among people who inject drugs. Survey results can identify trends and can help inform public health responses to HIV and HCV.

In New Brunswick, the survey was carried out under the auspices of the NB STBBI Community Alliance, and was managed by ENSEMBLE Services Greater/Grand Moncton.



1.1 Screening questions

The following qualifications were used to screen individuals for the survey:

- ✓ The respondent had to be age 16 or older;
- ✓ The respondent had to have injected drugs in the past six months;
- ✓ The respondent was able to understand English or French;
- ✓ The respondent appeared capable of understanding the information provided about the survey and was therefore able to provide informed consent;
- ✓ The respondent understood that the survey was voluntary;
- ✓ The respondent agreed to participate.

The respondent was also asked if they agreed to storage and additional testing of their finger prick blood sample in future, although they were not disqualified if their response was negative. Providing a blood sample was optional.



2. KEY FINDINGS

2.1 Demographic characteristics of Phase 4 Tracks Survey of PWID, NB participants, 2018

Table 1: Demographic characteristics of survey participants in New Brunswick

	TOTAL (N = 200)	MALE (N = 130)*	FEMALE (N = 70)*
AGE IN YEARS			
Under 30	19.5% (39)	14% (18)	64% (45)
30-49	61.5% (123)	60% (78)	6% (4)
50 and over	19% (38)	26% (34)	
SEXUAL ORIENTATION			
Heterosexual or straight	86.5% (173)	93% (121)	74% (52)
Gay, lesbian, bisexual, two-spirit or other	13.5% (27)	7% (9)	26% (18)
BORN IN CANADA?			
Yes	96.5% (193)	98% (127)	94% (66)
No	3.5% (7)	2% (3)	6% (4)
SELF-REPORTED ABORIGINAL ETHNICITY (n = 199) (First Nations, Métis or Inuit)			
Yes	14.6% (29)	13% (17)	17% (12)
No or don't know	85.4% (170)	87% (112)	83% (58)
LEVEL OF EDUCATION (n = 199)			
Completed some high school or less	38.2% (76)	36% (47)	41% (29)
Completed high school	36.7% (73)	38% (50)	33% (23)
Completed more than high school	25.1% (50)	25% (32)	26% (18)
EMPLOYMENT STATUS in past year**			
Employed full-time	17.6% (35)	19% (25)	14% (10)
Employed part-time	20% (40)	18% (24)	23% (16)
Unemployed	71% (142)	72% (94)	69% (48)
On social assistance	69.5% (139)	72% (93)	66% (46)
DIFFICULTY MAKING ENDS MEET in last year?			
Yes	92% (184)	92% (119)	93% (65)
No	8% (16)	8% (11)	7% (5)
Proportion who had been INCARCERATED in the 12 months prior to interview			
	29% (58)	29% (38)	29% (20)
Proportion who had ever LIVED IN A CORRECTIONAL FACILITY			
	79% (158)	87% (113)	64% (45)

* Percentages for male/female calculated vertically, i.e., 14% of males (18 out of 130) were under 30.

** Categories not mutually exclusive.

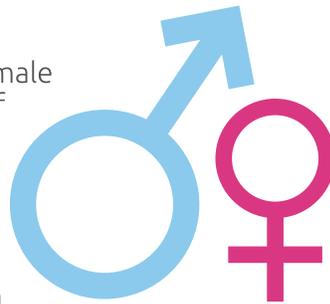
“One conclusion that can be drawn from this data is that people who inject drugs are often precariously housed.”



A total of 200 individuals participated in the Tracks survey in New Brunswick in October and November of 2018. They were interviewed at the Needle Distribution Services [NDS] in Fredericton (53) and Saint John (65), and at the NDS and Salvus Health Clinic in Moncton (82).

This was the first time that this survey has been carried out in the province. New Brunswick was one of 14 sentinel sites across Canada.

A large proportion of participants was male (65%) and the largest proportion of participants was between the ages of 30 and 49 years (61.5%), with a higher proportion of female participants than male participants in the under 30 age group (30% versus 14%) and a smaller proportion of females versus males in the 50 and over age group (6% versus 26%).



counterparts (41% versus 36%).

Almost three-quarters (71%) reported that they were unemployed in the last six months, with similar proportions between genders; 69.5% reported that they had been on social assistance in the last six months. The vast majority (92%) reported that they had had difficulty making ends meet in the past year, with no significant difference between males and females.

(NOTE: In this report, gender analysis is based on sex at birth. Only four people reported that they identify their gender today differently than it was reported at birth.)

A large proportion of survey participants self-reported their sexual identity as heterosexual or straight (86.5%). A greater proportion of females than males self-identified as gay, lesbian, bisexual, two-spirited or other (26% versus 7%).

The vast majority (96.5%) reported that they had been born in Canada.



Asked to identify where they lived in the last six months, 61% (122 people) reported living in their own apartment or house ('stable' housing); 54.5% reported living with a family or friend, which might be considered "couch surfing"; 51.5% reported living in a public place such as a street, park or stairwell; 46.5% reported staying in a shelter or hostel; and 25% reported having lived in a correctional facility such as a jail or prison. One conclusion that can be drawn from this data is that people who inject drugs are often precariously housed.

Some 29% (58 people) reported that they had been in jail in the past 12 months, with representation fairly similar between men and women. Another 50% (100) reported that they had been in jail more than 12 months ago. This means that 79% of respondents had been in jail at some point in their life, with greater representation from men (87%) compared to women (64%). In New Brunswick, research suggests that unstable housing and incarceration present challenges to the prevention and control of HIV and other blood-borne infections among people who inject drugs.

¹ *Aboriginal Peoples in Canada: First Nations People, Métis and Inuit. 2011 National Household Survey (NHS). Social and Aboriginal Statistics, Statistics Canada, September 16, 2013.*

A high proportion of participants (14.5% or 29 people) self-identified as being of Aboriginal ethnicity, well above the proportion of self-identified Aboriginal people among the general New Brunswick population. (Based on data from the National Household Survey, 3.1% of the total NB population self-identified as Aboriginal in 2011.) A slightly greater proportion of women than men self-identified as Aboriginal (17% versus 13%). Of these 29 participants, only five (17%) reported that they live on a reserve most of the time.

Over one-third (38%) of participants reported having less than a high school education, with a slightly higher proportion of female participants reporting a lower level of education as compared to their male



2.2 HIV and hepatitis C virus (HCV) testing, treatment and prevalence

Table 2a. HIV: Testing, care, treatment and prevalence

	TOTAL	MALE (n = 130)*	FEMALE (n = 70)*
Proportion who have NEVER BEEN TESTED FOR HIV (n=189: males (124), females (65))	11% (20)	13% (16)	6% (4)
Proportion who were TESTED FOR HIV IN THE PAST 12 MONTHS [n = 189 : hommes (124), femmes (65)]	56% (105)	47% (58)	72% (47)
Proportion who were TESTED FOR HIV MORE THAN 12 MONTHS AGO (n=189: males (124), females (65))	34% (64)	40% (50)	22% (14)

* Percentages for male/female calculated horizontally, based on number who answered the question.

Results show that the majority of people have been tested for HIV at some point, including 94% of the 61 female participants who answered the question.

Note that 20 (11%) of the 189 survey participants who answered the question have never been tested for HIV.

Very few individuals reported being HIV positive and tested as HIV positive (based on the results of the dried blood spot samples). No one was found to be unaware of their HIV-positive status.

HIV pre-exposure prophylaxis (PrEP) and HIV Post-exposure prophylaxis (PEP) are two drugs that can reduce the risk of HIV. PrEP is taken before sexual activity with a potentially positive partner. Of 194 respondents, only 12% said that they had heard about PrEP; 1% said that they had tried and got PrEP; 1% said that they had tried but were not able to get PrEP; 10% did not try to get the drug.

PEP is taken after a potential exposure to HIV. Thirteen people (7%) reported that they had heard about PEP; 1% said that they had tried and got PEP; 5% did not try to get the drug.

This speaks to the need for more education around the potential preventative importance of these drugs, both on the part of health care providers as well as non-profits.



**Table 2b. Hepatitis C virus (HCV):
Testing, care, treatment and prevalence**

	TOTAL	MALE (n = 130)*	FEMALE (n = 70)*
Proportion who have NEVER BEEN TESTED FOR HCV (n=190: males (122), females (68))	7% (14)	9% (11)	4% (3)
Proportion who were TESTED FOR HCV IN THE PAST 12 MONTHS (n=189: males (124), females (65))	56% (105)	48% (58)	72% (47)
Proportion who were TESTED FOR HCV MORE THAN 12 MONTHS AGO (n=189: males (124), females (65))	34% (64)	40% (50)	21.5 % (14)
Proportion who said that they HAVE BEEN TOLD THAT THEY HAVE HCV (n=181: males (114), females (67))	54% (98)	56% (64)	51% (34)
Proportion who said that they STILL HAVE HCV (n=98: males (64), females (34))	43% (42)	41% (26)	47% (16)
Proportion who said that they CLEARED THE VIRUS spontaneously or with treatment (n=98: males (64), females (34))	43% (42)	45% (29)	38% (13)
Proportion who said that they DON'T KNOW IF THEY STILL HAVE HCV (n=98: males (64), females (34))	15% (15)	16% (10)	15% (5)
Proportion who are CURRENTLY INFECTED WITH HCV , based on DBS, (n = 137)**	48% (66)		
Proportion who reported that they were UNDER THE CARE OF A HEALTH CARE PROVIDER FOR HCV at the time of the interview (among participants who reported being currently infected with HCV) (n=42: males (26), females (16))	43% (18)	35% (9)	56% (9)
Proportion who had ever TAKEN PRESCRIBED DRUGS FOR HCV (among participants who reported being currently infected with HCV) (n=42: males (26), females (16))	19% (8)		

* Percentages for male/female calculated horizontally, based on number who answered the question.

** HCV RNA prevalence

Looking at the data in this table, we note that 89% (169 people) have been tested for the hepatitis C virus (HCV) at some point; 54% reported that they have been told that they have HCV and of these, 42.9% said that they still have HCV; 42.9% said that they cleared the virus either spontaneously or with treatment; 15% said they don't know if they still have HCV.

If we look at the results of the dried blood sample (DBS) taken during the interview, however, 48% were found to be currently infected with HCV, based on laboratory results. Of these, 50.8% said that they were aware of their HCV positive status.

Of those who reported being currently infected with HCV, 43% were under the care of a health care provider for HCV, and very few were taking prescribed drugs for HCV at the time of the interview.

Of those reporting that they have HCV but are not currently taking any HCV medication, 27% said the main reason was that they are drinking or using drugs; 20% said their doctor advised them to delay treatment; and 20% said they only recently started to get HCV medical care.



2.3 Trauma

TABLE 3. Trauma, stigma and abuse

	TOTAL	MALE (n = 130)*	FEMALE (n = 70)*
Proportion who has ever EXPERIENCED STIGMA OR DISCRIMINATION** BECAUSE OF THEIR USE OF DRUGS OR ALCOHOL (n=199: males (129), females (70))	79% (157)	74% (95)	89% (62)
Proportion who has ever EXPERIENCED STIGMA OR DISCRIMINATION BECAUSE OF THEIR RACE OR CULTURAL BACKGROUND (n=199: males (129), females (70))	26% (52)	27% (35)	24% (17)
Proportion who has ever EXPERIENCED STIGMA OR DISCRIMINATION BECAUSE OF THEIR INVOLVEMENT IN SEX WORK (n=197: males (127), females (70))	15% (30)		
Proportion who EXPERIENCED EMOTIONAL, PSYCHOLOGICAL OR VERBAL ABUSE AS A CHILD OR ADOLESCENT (n=198: males (128), females (70))	80% (159)	74% (95)	91% (64)
Proportion who EXPERIENCED PHYSICAL ABUSE AS A CHILD OR ADOLESCENT (n=198: males (128), females (70))	62% (122)	59% (75)	67% (47)
Proportion who EXPERIENCED SEXUAL ABUSE AS A CHILD OR ADOLESCENT (n=197: males (128), females (69))	49% (96)	44% (56)	58% (40)
Proportion who were EMOTIONALLY, PSYCHOLOGICALLY OR VERBALLY ABUSED BY THEIR CURRENT OR PAST SEXUAL PARTNER(S) in the past 12 months (n=199: males (129), females (70))	48% (95)	36% (46)	70% (49)
Proportion who were PHYSICALLY ABUSED BY THEIR CURRENT OR PAST SEXUAL PARTNER(S) in the past 12 months (n=199: males (129), females (70))	32% (63)	21% (27)	51% (36)
Proportion who were SEXUALLY ABUSED BY THEIR CURRENT OR PAST SEXUAL PARTNER(S) in the past 12 months (n=199: males (129), females (70))	9% (18)		

* Percentages for male/female calculated horizontally, based on number who answered the question.

** Defined as avoidance, pity, blame, shame, rejection, verbal abuse or bullying.

Based on the above table, trauma has obviously played a significant role in the lives of survey participants. Eighty per cent reported experiencing emotional, psychological or verbal abuse as a child or adolescent; 62% experienced physical abuse, and almost half (49%) experienced sexual abuse as a child or adolescent. If we look at the breakdown by sex, a higher proportion of women experienced these three types of childhood abuses, compared to men.

TRAUMA



Almost half (48%) have experienced emotional, psychological or verbal abuse by current or past sexual partner(s) in the past year; 32% have faced physical abuse and 9% have faced sexual abuse by current or past sexual partner(s), in the past year. Again, if we look at the breakdown by sex, a significantly higher proportion of women experienced all three of these types of intimate partner abuse, compared to men. Almost all of those sexually abused by a partner were women.

Finally, 79% reported experiencing stigma or discrimination because of their use of drugs or alcohol, including a higher proportion of women (89%). This could mean that greater stigma is attached to women who use drugs compared to their male counterparts.

Despite these findings, 81% (162 people) reported that their mental health was fair to excellent, with only 19% (37) saying their mental health was poor.



2.4 Drug use and injecting behaviours

TABLE 4. Drug use and injecting behaviours

BEHAVIOURS	TOTAL	MALE (N = 130)*	FEMALE (N = 70)*
Proportion who first INJECTED DRUGS BEFORE THE AGE OF 16 YEARS (n=197: males (128), females (69))	13% (26)	14% (18)	12% (8)
MOST COMMONLY REPORTED INJECTION DRUGS USED IN THE 6 MONTHS PRIOR TO INTERVIEW**			
COCAINE (n=198: males (129), females (69))	73% (145)	73% (94)	74% (51)
DILAUDID (n=199: males (129), females (70))	66% (132)	61% (79)	76% (53)
METHAMPHETAMINES (n=198: males (128), females (70))	50% (99)	46% (59)	57% (40)
MORPHINE (n=198: males (128), females (70))	43% (85)	43% (55)	43% (30)
Proportion who had USED A STERILE NEEDLE AND/OR SYRINGE AT LAST INJECTION (n=197: males (128), females (69))	94% (185)	97% (124)	88% (61)
Proportion who had INJECTED WITH A NEEDLE AND/ OR SYRINGE THAT HAD ALREADY BEEN USED BY SOMEONE ELSE in the 6 months prior to the interview (n=193: males (126), females (67))	11% (22)	10% (13)	13% (9)
MOST COMMONLY REPORTED PERSON WITH WHOM PARTICIPANTS INJECTED in the 6 months prior to the interview (n=22)			
REGULAR SEX PARTNER(S) (males (13), females (9))	68% (15)	62% (8)	78% (7)
FRIEND(S) OR PEOPLE THEY KNOW WELL (males (13), females (9))	59% (13)		
PEOPLE THEY DON'T KNOW AT ALL (males (13), females (9))	9% (2)		
Proportion who had INJECTED WITH OTHER USED INJECTION EQUIPMENT , in the 6 months prior to the interview*** (n=195, males (127), females (68))	47% (92)	42% (53)	57% (39)
Proportion who reported USING WATER THAT HAD ALREADY BEEN USED BY AT LEAST ONE OTHER PERSON , in the 6 months prior to the interview*** (n=197: males 128), females (69))	29% (57)	24% (31)	38% (26)
MOST COMMONLY REPORTED LOCATION OF INJECTION in the 6 months prior to interview			
PUBLIC PLACE**** (n=198: males (128), females (70))	67% (132)	69% (88)	63% (44)
FAMILY OR FRIEND'S PLACE (n=197: males (127), females (70))	59% (116)	55% (70)	66% (46)
VEHICLE***** (n=197: males (127), females (70))	57% (113)	49% (62)	73% (51)
OWN APARTMENT OR HOUSE (n=198: males (128), females (70))	49% (97)	45% (57)	57% (40)
Proportion who reported that they had OVERDOSED in the 6 months prior to the interview (n=196: males (127), females (69))	20% (39)	13% (17)	32% (22)

* Percentages for male/female calculated horizontally, based on number who answered the question.

** Categories not mutually exclusive.

*** Other used injection equipment included filters, tourniquets, ties, swabs and acidifiers. A total of 90 people (47%) reported that they had used other injection equipment that had already been used by at least one other person, in the last six months.

**** Public place included street, park or public washroom.

***** Vehicle included car or van.

Some 13% of survey participants had injected drugs before the age of 16. Cocaine is the drug of choice of 73% of survey participants while 66% reported using Dilaudid and 50% used methamphetamines (such as crystal meth). While 94% said they had used a sterile and/or syringe the last time they injected, 11% reported using a used needle and/or syringe in the past six months.

Almost one-third of participants (29% or 57 people) reported that, when they injected, they had used water that had already been used by at least one other person, in the past six months.

Twenty per cent (39 participants) had overdosed in the past six months, including 32% of female participants.

Almost 90% (174 people) reported that they had heard about take-home overdose kits such as Naloxone or Narcan; of these, 92% (137) said such kits were available in their community. This reflects the fact that the NDSs in the province have offered a lot of training. However, only 13% (22) of people who had heard of take-home overdose kits said that they carry an overdose kit.

DRUG USE AND INJECTING BEHAVIOURS



2.5 Sexual activities

TABLE 5. Sexual risk behaviours

BEHAVIOURS	TOTAL	MALE (N = 130)*	FEMALE (N = 70)*
Proportion who had TWO OR MORE SEX PARTNERS in the 6 months prior to interview (n=192: males (124), females (68))	45% (87)	39% (48)	57% (39)
Proportion who NEVER USED A CONDOM DURING VAGINAL SEX WITH A REGULAR SEX PARTNER in the 6 months prior to interview (of those reporting vaginal sex with a regular sex partner) (n=138: males (77), females (61))	66.7 % (92)	67.5 % (52)	65.6 % (40)
Proportion who NEVER USED A CONDOM DURING ANAL SEX WITH A REGULAR SEX PARTNER in the 6 months prior to interview (of those reporting anal sex with a regular sex partner) (n=68: males (38), females (30))	73.5 % (50)	73.7 % (28)	73% (22)
Proportion who NEVER USED A CONDOM DURING ORAL SEX WITH A REGULAR SEX PARTNER in the 6 months prior to interview (of those reporting oral sex with a regular sex partner) (n=133: males (73), females (60))	90% (120)	93% (68)	86.7 % (52)
Proportion who HAD A CASUAL SEX PARTNER in the 6 months prior to interview (n=159: males (95), females (64))	47% (74)	45% (43)	48% (31)
Proportion who NEVER USED A CONDOM DURING VAGINAL SEX WITH A CASUAL SEX PARTNER in the 6 months prior to interview (of those reporting vaginal sex with a casual sex partner) (n=72: males (42), females (30))	37.5 % (27)	45% (19)	26.7 % (8)
Proportion who NEVER USED A CONDOM DURING ANAL SEX WITH A CASUAL SEX PARTNER in the 6 months prior to interview (of those reporting anal sex with a casual sex partner) (n=31: males (20), females (11))	48% (15)		
Proportion who NEVER USED A CONDOM DURING ORAL SEX WITH A CASUAL SEX PARTNER in the 6 months prior to interview (of those reporting oral sex with a casual sex partner) (n=68: males (41), females (27))	70.6 % (48)	83% (34)	52% (14)
Proportion who HAD BEEN GIVEN MONEY, DRUGS, GOODS OR ANYTHING ELSE IN EXCHANGE FOR SEX in the 6 months prior to interview (n=159: males (95), females (64))	26% (41)	9% (9)	50% (32)
Proportion who USED CONDOMS THE LAST TIME THEY WERE GIVEN MONEY, DRUGS, GOODS OR ANYTHING ELSE IN EXCHANGE FOR SEX (n=41: males (9), females (32))	61% (25)		

* Percentages for male/female calculated horizontally, based on number who answered the question.

SEXUAL ACTIVITIES

In the survey, sex partners were categorized as “regular” or “casual.” We did not ask specifically if a sex partner was a client.

This table shows a high rate of non-use of condoms. Two-thirds (66.7%) of those reporting that they had vaginal sex with a regular sex partner in the past six months never used a condom; 73.5% said they never used a condom during anal sex with a regular sex partner and 90% said they never used a condom during oral sex with a regular sex partner.

Of those who had sex with a casual sex partner in the past six months, 37.5% said they never used a condom during vaginal sex; 48% never used a condom during anal sex, and 70.6% never used a condom during oral sex.

Half of females who answered the question said they had been given money or something else in exchange for sex in the past six months; almost three-quarters used condoms.



2.6 Use of health services and prevention services

TABLE 6. Use of health services and avoidance of health care services

	TOTAL	MALE (N = 130)*	FEMALE (N = 70)*
Proportion who reported HAVING A REGULAR HEALTH CARE PROVIDER (n=196: males (126), females (70))	64 % (125)	63 % (79)	66 % (46)
Proportion who reported USE OF THE FOLLOWING HEALTH CARE SERVICES in the 12 months prior to interview:			
CONDOM DISTRIBUTION PROGRAM (n=197: males (127), females (70))	41 % (81)	34 % (43)	54 % (38)
NEEDLE AND SYRINGE DISTRIBUTION PROGRAM (n=197: males (127), females (70))	93 % (184)	92 % (117)	96 % (67)
METHADONE, SUBOXONE OR OTHER OPIOID SUBSTITUTION THERAPY (n=195: males (125), females (70))	58 % (114)	58 % (73)	59 % (41)
TREATMENT SERVICES FOR DRUG OR ALCOHOL USE, LIKE LIVE-IN TREATMENT, GROUP COUNSELLING OR A TRADITIONAL HEALER (n=196: males (126), females (70))	23 % (46)	21 % (27)	27 % (19)
MENTAL HEALTH COUNSELLING (n=196: males (126), females (70))	43 % (84)	39 % (49)	50 % (35)
TRADITIONAL HEALER** (n=29: males (17), females (12))	21 % (6)		
Proportion who have AVOIDED HEALTH CARE SERVICES IN THE 12 MONTHS BEFORE INTERVIEW BECAUSE OF FEAR OF, OR CONCERN ABOUT, STIGMA BY STAFF (n=196: males (126), females (70))	36 % (71)	29 % (37)	49 % (34)
Proportion who have AVOIDED HEALTH CARE SERVICES IN THE 12 MONTHS BEFORE INTERVIEW BECAUSE OF FEAR OR CONCERN THAT SOMEONE MAY LEARN THEY INJECT DRUGS (n=195: males (125), females (70))	30 % (59)	26 % (32)	39 % (27)
Proportion who have AVOIDED HEALTH CARE SERVICES IN THE 12 MONTHS BEFORE INTERVIEW BECAUSE OF FEAR OF, OR CONCERN ABOUT, EXPERIENCED POLICE HARASSMENT OR ARREST (n=196: males (126), females (70))	23 % (46)	19 % (24)	31 % (22)

* Percentages for male/female calculated horizontally, based on number who answered the question.

**Asked among Indigenous respondents only.





SERVICES

This data shows that the vast majority of survey participants (93%) use the Needle Distribution Services in the three cities in New Brunswick. This speaks to the important role that the NDSs play in prevention and/or reduction of the transmission of STBBIs.

Almost 60% of survey participants, both male and female, report that they have used methadone or other opioid substitution therapy in the past year, which means that they have sought help for their opioid addiction at some point but may still be injecting other drugs. There is no supervised injection or consumption site in New Brunswick.

Note that “traditional healer” was included in the “Treatment services” category. The same question was asked again to those reporting Indigenous heritage, of whom 21% said yes.

A significant proportion (36%, including almost 50% of female participants) reported that they have avoided health care services in the past 12 months for fear of, or concern about, stigma by staff. Other reasons included fear that someone may learn they inject drugs (30%) and/or concern about police harassment or arrest (23%).



3. CONCLUSION

People who inject drugs in New Brunswick are still finding themselves (or putting themselves) in situations where they are at relatively high risk of acquiring or transmitting HIV, HCV and/or other STBBIs.

A significant proportion (84.5%) lived in unstable housing, with more than half (51.5%) reporting that they had lived in a public place such as a street, park or stairwell in the past six months. A large proportion had also been incarcerated at some point in their lives. While 94% said they had used a sterile needle and/or syringe the last time they injected, 11% reported using a needle and/or syringe that had already been used by someone else in the past six months. A significant proportion (47%) also reported that they had used other injection equipment, such as water that had already been used by at least one other person, in the past six months.

The data show a high rate of non-use of condoms. Sixty-seven per cent of those reporting that they had vaginal sex with a regular sex partner in the past six months and three-quarters (73.5%) of those reporting that they had anal sex with a

regular sex partner never used a condom; 37.5% and almost half (48%) who had vaginal and anal sex respectively with a casual sex partner in the past six months never used a condom.

Survey participants experienced a high rate of trauma, with 80% reporting psychological or verbal abuse, 61% reporting physical abuse and almost half (48%) reporting sexual abuse as a child or adolescent. A significantly higher proportion of women experienced all three of these types of abuses, compared to males.

A key takeaway from these survey results is that while HIV prevalence was low, nearly half (48%) of those who provided a biological sample were currently infected with HCV, of whom 51% were not aware of their current infection. This speaks to the urgent need for more available and accessible testing for the virus.

3.1 Limitations of survey



Surveys were carried out at the Needle Distribution Services in Moncton, Fredericton and Saint John, as well as a downtown health clinic in Moncton that serves marginalized people. For this reason, the survey was non-random; anyone who met the criteria and was willing was interviewed. Not all people who inject drugs make use of the NDSs. As well, findings are based on self-reported data, and thus it is possible that some risk behaviours were under or over represented.

3.2 Key messages for health care professionals

People who inject drugs experience a lot of stigma and discrimination. A significant proportion (36%, including almost 50% of female participants) reported that they have avoided health care services in the past 12 months for fear of, or concern about, stigma by staff.

Almost 80% (73% of men; 89% of women) say they have experienced stigma or discrimination because of their use of drugs or alcohol. Thirty-seven per cent of women reported that they have experienced stigma or discrimination because of their involvement in sex work.

This speaks to the need for health care professionals to be mindful of the ways in which they talk to and/or treat people who inject drugs because it can discourage people from using their services. They need to offer trauma-informed care. They also need to understand the nature of the injection drug use by their patients. For example, almost half reported that they inject methamphetamines, which includes crystal meth.

A survey of people who use drugs (PWUD) in New Brunswick, carried out for the NB STBBI Community Alliance in the spring of 2018,² identified the dramatic increase in the use of crystal meth as the biggest change in the drug scene in the province in the last two or three years. This drug was described by PWUD as a “very addictive, very dangerous drug” that creates a euphoria that can last for days. Health care providers need to be aware of this potential for volatility, and not impose conditions such as extended periods of wait time in a hospital or doctor waiting room.

Many of the non-profits that serve PWID and also PWUD offer sensitivity training to people in the health care system around issues of harm reduction and trauma-informed care. PWID need to be encouraged and supported to go for testing on a regular basis.

3.3 Key messages for non-profits and health care professionals

Very few people said that they had heard about PrEP or PEP. This speaks to the need for more education around the potential preventative importance of these drugs, both on the part of health care providers as well as non-profits.

Of survey participants, 88% had heard about take-home overdose kits such as Naloxone or Narcan; 79% said such kits were available in their community, but only 13% said they carry an over-dose kit. Again, this speaks to the need for more education about the importance of carrying a kit that can save lives.

² Harm Reduction Survey, Calhoun Research & Development/ Recherche et développement, June 2018.



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