

Stimulant Preference for Safer Supply

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Max Ferguson¹, Jessica Xavier¹, Lisa Liu¹, Ariba Kamal¹, Emma Ackermann^{1,2}, Alissa Greer³, Kurt Lock¹, Jackson Loyal^{1,2}, Phoenix McGreevy,¹ Jane Buxton^{1,2}

¹ BC Centre for Disease Control (BCCDC), Vancouver, BC, Canada

² School of Population and Public Health, University of BC, Vancouver, BC

³ Simon Fraser University, School of Criminology, BC

ACKNOWLEDGEMENTS

- We respectfully acknowledge that this work was conducted across the unceded, ancestral and traditional territories of more than 200 First Nations across what we call British Columbia; and that BCCDC is situated on the territories of the x^wməθk^wəy^əm (Musqueam), skwxwú7mesh (Squamish), and selíłwítulh (Tseil-waututh) nations
- Thousands of devastating and preventable deaths have occurred in British Columbia due to the toxic illicit drug supply; people with lived and living experience of substance use work tirelessly to save the lives and improve the health of people who use drugs
- We are grateful to the peer research assistants many of whom are members of PEEP (Professionals for Ethical Engagement of Peers) who assisted in developing the survey, question guide, and facilitated interviews & focus groups, and assisted in interpretation of findings
- Thanks also to the participants for sharing their valuable experiences, knowledge and insights

CONFLICT OF INTEREST & FUNDING

- The authors declare no conflict of interest
- Many authors were employed by BC Centre for Disease Control when the study occurred
- Funding for data collection and analysis



Quantitative data was obtained from the 2021 Harm Reduction Client Survey, funded by Health Canada *Substance Use and Addiction Program*



Qualitative data was obtained through the Understanding substance use patterns, preferences and needs: Informing safe(r) supply and safer use services (Patterns and Preferences) study funded by BC Ministry of Health *Community Crisis Innovation Fund*

- The funders had no input into the data collection, analysis or interpretation used in this presentation



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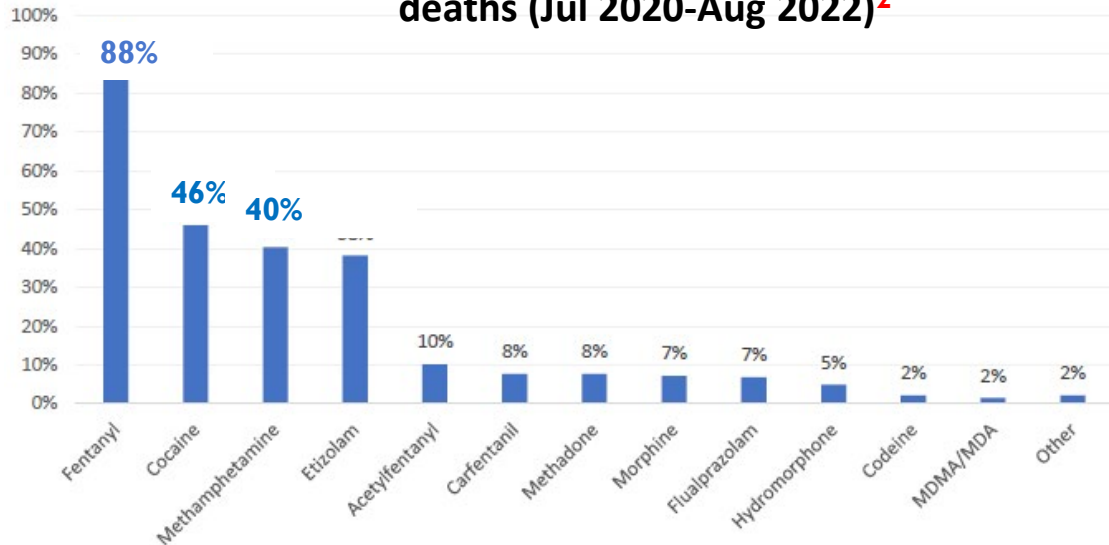


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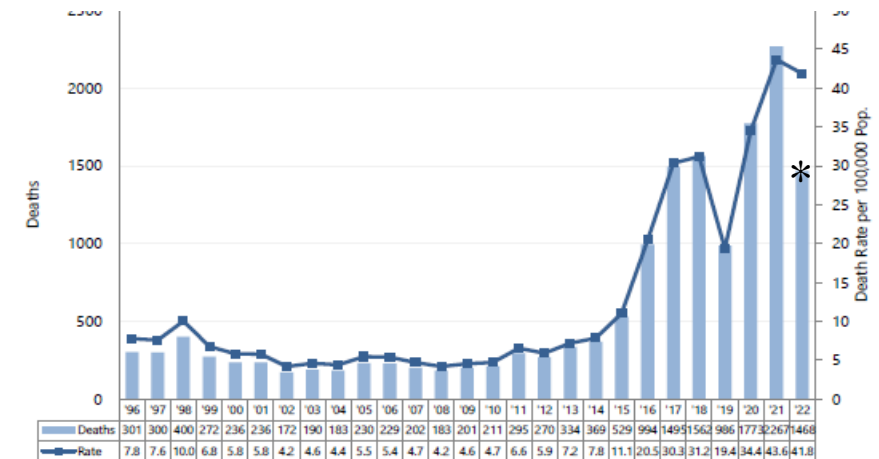
BACKGROUND – BC OVERDOSE DEATHS

1. North America is experiencing an increasingly toxic unregulated (illicit) drug supply and resultant deaths
2. In 2021 the annual illicit drug toxicity deaths in British Columbia (BC) were the highest ever reported (n = 2267)¹
3. Polysubstance use commonly detected in BC decedents

3. Substances detected in expedited toxicology among illicit drug toxicity deaths (Jul 2020-Aug 2022)²



2. Illicit drug toxicity deaths & rate/100,000 population¹



*2022 data are to Aug 31st

BACKGROUND – BC SURVEY DATA



4. In surveys of persons attending harm reduction supply distribution sites, changes in the proportion reporting stimulant use^{3,4}

5. Increase polysubstance: motivation reported for using uppers with downers⁵

- **Self-medication**

- manage mood disorders, ADHD, physical dependence & avoid overdose

- **Availability and preference**

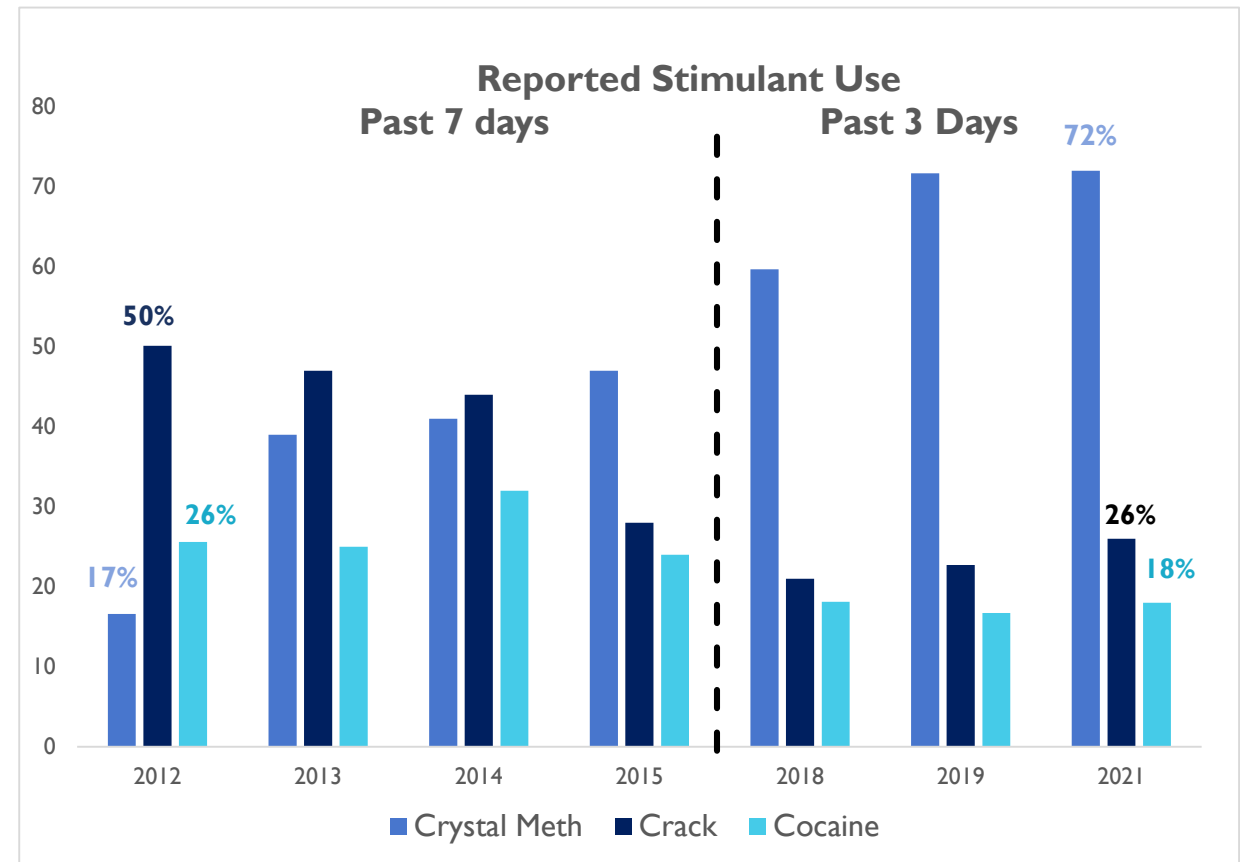
- **Drug effects and properties**

- desire for specific high, to balance & level out

- **Funds and life situation**

- cost, environmental factors

6. Those using only stimulants i.e. opioid naïve high risk OD if stimulants contaminated by opioids in production or distribution e.g. baggies, scales; or use e.g. pipes



STUDY RATIONALE AND AIM

- Safer supply provides people who use drugs with substances of known content as an alternative to the toxic drug supply.
- Pandemic prescribing (risk mitigation guidance)⁶ in BC included stimulants but only oral dextroamphetamine (Dexedrine) and methylphenidate (Ritalin) available
- Methamphetamine use has increased, and polysubstance use is common, but evidence regarding preference for stimulant safe supply is limited

This study aims to:

.. identify, among people who use stimulants, what is their preference for stimulant safer supply and mode of use, and to better understand these preferences

METHODS

Informed by previous surveys, research and input from people who use substances

- I. Quantitative:** cross-sectional survey administered to people who use drugs using harm reduction supply distribution sites across BC in 2021



17 sites



537 participants



330 reported one stimulant safer supply preference

Descriptives & multivariable logistic regression conducted to understand associations

- 2. Qualitative:** one-on-one interviews and focus groups with people who use substances across BC



47 interviews



six focus groups, 40 participants

Out of the 87 participants, **73 reported any stimulant use in past month.**

FINDINGS: PARTICIPANTS



Quantitative n=330; 90% had used stimulants in past 3 days



Qualitative* n= 73; 100% had used stimulants in last month

- 81% also used opioids
- 84% primarily smoked their stimulants
- 8% received stimulant prescription

- In both **quantitative** and **qualitative** arms most participants were
 - Cis men: **62%** and **60%** respectively
 - Age 30-49 years: **54%** and **53%** respectively

* Demographic data missing for a few qualitative participants

FINDINGS: QUANTITATIVE – 2021 HR CLIENT SURVEY

PREFERRED STIMULANT



Among the 330 participants who reported one preferred stimulant safe supply option:

- **58.5%** chose **methamphetamine** (n = 193)
- **25.5%** chose **cocaine** (n=84)
 - **Crack cocaine 13%** (n=43) and **powder cocaine 12.4%** (n=41)
- **Prescribed stimulants 10.9%** (*available in Risk Mitigation Guidance/Pandemic prescribing*)
 - 6.4% dextroamphetamine (Dexedrine) (n=21)
 - 4.5% methylphenidate (Ritalin) (n=15)
- **MDMA (Ecstasy) 4%** (n=12);
- Other 1.5% (n=5)

FINDINGS: ASSOCIATION METHAMPHETAMINE PREFERENCE

N=330: 193 (58.5%) PREFERRED METH; 137 (41.5%) DID NOT PREFER METH



Multivariable model adjusted for: variables below & geographic region, smoked any drug in past 3 days, experience of opioid OD; backwards stepwise selection based on minimizing Akaike Information Criterion

Age: Younger age had higher odds of preferring MA compared to those ≥ 50 y

- those aged ≤ 29 y (AOR: **3.96**, 95% CI [1.4-11.07], p-value: 0.01)

Gender: Cis men had higher odds of preferring MA compared to cis women (AOR: **1.80**, 95% CI [1.05-3.09], p-value: 0.03)

Urbanicity: Accessing harm reduction services in **medium** vs. **large urban population centres** had **4.71x** odds of preferring MA (95% CI [1.34-16.60], p-value: 0.02)

Disability: Those reporting **mental health related disability** had higher odds of preferring MA compared to peers without a MH disability AOR: **1.66** (95% CI: [0.97-2.83], p-value: 0.06)

Frequency of drug use: Compared to those who use a few times/month, higher odds preferring MA

- those who use drugs **every day** (AOR: **17.21**, 95% CI [3.63-81.65], p-value: <0.01)
- those who use **a few times a week** (AOR: **9.43**, 95% CI [1.83-48.66], p-value: 0.01)

QUALITATIVE INTERVIEWS & FOCUS GROUPS (N=73)



Reasons for using/preferring illegal stimulants

REASONS FOR USING/PREFERRING ILLEGAL STIMULANTS: SELF-MEDICATION



Many report self-medicating with stimulants to improve daily functioning, energy and productivity and manage physical, cognitive & mental health-related disabilities (i.e. pain, attention deficit disorder, mental health issues)

'I know because of my illness, I lack energy a lot of times. So when I used to smoke the crystal meth or the crack I would have the energy to do the things I couldn't do normally' (Focus Group 2 Participant, Quesnel)

Of those self-medicating, many report prescribed legal stimulants (e.g. dextroamphetamine, methylphenidate) not comparable to stimulants used from the illegal supply; prescribed options do not provide the effects some seek, including addressing the symptoms associated with their disability.

'I found it [Dexedrine] kept me awake a lot longer and it's really different than the meth. I would prefer the meth ... I definitely don't like the way Dexedrine helps me 'cause it's not even close to the same' (Focus Group 4 Participant, Cranbrook)

REASONS FOR USING/PREFERRING ILLEGAL STIMULANTS: AVAILABILITY AND COST



Some who preferred Dexedrine and Ritalin continued to use illegal stimulants as access to prescribed stimulants was restricted by prescribers e.g. denied due to mental health or other diagnoses

'I was on Dexedrine and Ritalin my whole life, ... They won't put me on back again, but I need it... apparently I'm going schizophrenic because I smoke too much meth. He [prescriber] said no to multiple clients... (Focus Group 2 Participant, Quesnel)

Participants explained, not all stimulants have the same effect and people may experience the same stimulant in different ways; thus stimulants, including meth, cocaine, were sought based on the effects a person required

'When it comes to cocaine I want cocaine right now. I'm sure the government can – I don't want no– prescribed alternative.' (Focus Group 1 Participant, Vancouver)

Current stimulant use may reflect availability and cost, not necessarily preference e.g. cocaine was preferred over meth if the quality was 'what it used to be' and 'affordable'

'I'd do a lot more cocaine than I would do meth. But cocaine is more expensive than meth on the street' (Ariel, Kelowna)

REASONS FOR USING/PREFERRING ILLEGAL STIMULANTS: MODE OF USE



Currently prescribed stimulant alternatives are only offered in oral form. Thus people may inject oral forms or continue to use from the illegal supply.⁶

Some participants primarily or exclusively smoked their substances, some perceived smoking as more social, associated with less stigma, and easier to set up and clean up.

'Like I still smoke even though I don't get high, as a social thing, you know. Everybody else is smoking so—' (Focus Group 6 Participant, Nanaimo)

'Smoking is just a quicker, easier method' (Samuel, Victoria)

Others transitioned to smoking as developed issues with other modes of use (e.g., poor vein health for people who inject their substances or damaged nasal septum for people who snort their substances).

'I ended up having to start smoking because I just fucked up my nose so much that I literally couldn't snort anymore' (Focus Group 6 Participant, Nanaimo)

SUMMARY

- Most (58.5%) participants identified methamphetamine as safe supply stimulant of choice, then cocaine (25.5%)
 - <11% reported preference for the currently prescribed stimulants (Dexedrine/Ritalin)
 - Only 8% received a prescription for stimulants
- Many used stimulants to improve daily functioning and self-medicate their disabilities.
- Prescribed stimulants didn't meet participants' needs so continued use from the illegal market:
 - legal pharmaceutical substitute was ineffective for their needs
 - access to legal pharmaceutical substitute was restricted by prescribers
 - oral formulations did not meet the needs of those who preferred to smoke or inject stimulants
- For those who use stimulants with opioids, stimulants may address effects of current illegal opioids (fentanyl) e.g. extend the period of well-being, cost saving, balance/level out, perceived reduce risk of overdose
 - Thus, with a safer supply of opioids the use of and preferred stimulant may change

POLICY & PRACTICE IMPLICATIONS

Safer supply provides people who use drugs with substances of known content as an alternative to, and to separate them from, the toxic illegal drug supply.

To meet this objective, people who use stimulants must be engaged about stimulant safer supply to ensure it meets their diverse needs, and is appropriate, acceptable and accessible.

Offering oral Dexedrine and Ritalin is not enough!

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