National Report

Findings from the *Survey on the Impact of COVID19 on access to STBBI-related services, including harm reduction services, for people who use drugs or alcohol in Canada*

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Résultats de l'Enquête sur l'incidence de la COVID-19 sur l'accès aux services de santé liés aux ITSS, y compris les services de réduction des méfaits, chez les personnes qui consomment des drogues ou de l'alcool au Canada

To obtain additional information, please contact:
Public Health Agency of Canada Address Locator 0900C2 Ottawa, ON K1A 0K9

Tel.: 613-957-2991
Toll free: 1-866-225-0709
Fax: 613-941-5366
TTY: 1-800-465-7735
E-mail: hc.publications-publications.sc@canada.ca

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The success of this survey and the development of this report was possible because of the collaboration with the Canadian Association of People who Use Drugs (CAPUD). CAPUD established and led a national Expert Working Group comprised of people with lived and/or living experience of drug use; individuals from the African, Caribbean and Black, Indigenous and 2SLGBTQIA+ communities; representatives from community-based organizations offering STBBI-related services, academic institutions and advocacy groups; and community-engaged researchers. The authors gratefully acknowledge the contribution of the participants who completed the survey.

Introduction

Since the start of the COVID-19 pandemic, unprecedented challenges in delivering primary healthcare, including sexually transmitted and blood-borne infections (STBBI) prevention, testing and treatment services as well as harm reduction services, have been reported across the country. These disruptions may have had a greater impact on populations more at risk for human immunodeficiency virus (HIV), hepatitis C, and other STBBI (1). In Canada, these key populations include African, Caribbean and Black (ACB) people, First Nations, Inuit and Métis peoples, and people who use drugs or alcohol (PWUD).

The Public Health Agency of Canada (PHAC) identified the need for priority data to measure the impact of COVID-19 on the health and well-being of Canadians and the delivery of healthcare. To address this priority, in collaboration with community partners, PHAC conducted four national online surveys to gain a better understanding of the impact of COVID-19 on the delivery of and access to STBBI-related services.

The first survey, the *Survey on the Impact of COVID-19 on the delivery of STBBI prevention, testing and treatment including harm reduction services in Canada*, was conducted from November to December 2020 to gather information from service providers about the impact of COVID-19 on their ability to provide STBBI-related services (2). Three separate surveys of key populations were subsequently conducted for ACB people, First Nations, Inuit and Métis peoples, and PWUD. The aim of these population-specific surveys was to explore the impact of COVID-19 on social determinants of health (i.e., mental health and wellness, employment and financial security, food security, domestic violence, and discrimination), substance use, and access to STBBI-related services.

This report presents the descriptive findings of the national *Survey on the Impact of COVID-19 on access to STBBI-related services, including harm reduction services for people who use drugs or alcohol in Canada*, conducted from January 5, 2021 to February 5, 2021.

Methods

Survey design

The *Survey on the Impact of COVID-19 on access to STBBI-related services, including harm reduction services, for people who use drugs or alcohol in Canada* was a cross-sectional, self-administered, online survey. The survey design was based on the rapid assessment trendspotter methodology developed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (3). Conducting the survey online avoided the COVID-19 risk associated with close physical contact that could occur with face-to-face interviews. As well, the online survey method supported data collection from a potentially large number of participants over the planned four-week data collection period.

Community engagement

PHAC collaborated with the Canadian Association of People who Use Drugs (CAPUD) to ensure community engagement in the planning, promotion and recruitment of the survey. CAPUD established and led a national Expert Working Group (EWG) comprised of people with lived and/or living experience of drug use; individuals from the African, Caribbean and Black, Indigenous and 2SLGBTQIA+ communities; representatives from community-based organizations offering STBBI-related services, academic institutions and advocacy groups; and community-engaged researchers.

CAPUD provided input in the development of the questionnaire, developed and implemented a survey as well as a promotional and recruitment strategy, and reviewed survey findings for a PHAC published Data Blog (4).

Questionnaire

Survey questions were developed from questionnaires used in prior surveys by the National *Tracks* Surveillance System (5) and existing online surveys measuring the impact of COVID-19 (6,7,8,9,10,11). Community partners provided input in drafting of the questionnaire to ensure survey questions were relevant, appropriate and population-specific.

In addition to sociodemographic characteristics, the questionnaire collected information on social determinants of health (i.e., mental health and wellness, employment and financial security, food security, domestic violence, and discrimination); substance use; and ability to access STBBI prevention, testing and treatment services, harm reduction services, and substance use and treatment services. With the exception of a few open-ended questions (i.e., participant's age, first three characters of participant's postal code, number of years lived in Canada, and participant comments about their experience during the pandemic), all other questions were closed-ended (i.e., checkboxes).

The questionnaire was available in English and French, and took approximately 10 to 20 minutes to complete. No directly identifying information was captured on the questionnaire.

Eligibility criteria

Participant eligibility criteria included living in Canada at the time of the survey, aged 18 years or older, ability to read English or French, and self-identifying as a person who used drugs including alcohol or cannabis in the 6 months prior to the questionnaire.

Before starting the survey, the participant was provided with information in a question-answer format about the survey, including who can participate, privacy of personal information, how findings will be made available, and an email address if more information about the survey is desired. A weblink to mental health support and resources was provided if the participant found any questions upsetting.

After reading through the information, the participant was presented with the following statement: "By clicking the 'Start Survey' button, you have read and understood the information on this page and consent to participation."

Recruitment

Several steps were taken to promote the survey and recruit participants. PHAC collaborated with CAPUD to promote and distribute the online survey link. With input from EWG members, CAPUD developed a promotional strategy to recruit participants, especially from different age groups and socioeconomic statuses.

Originally, EWG members were planning to conduct on-foot outreach to recruit participants who used drugs, especially youth (aged < 25 years), older adults (aged > 50 years), and unhoused or precariously housed individuals. To protect the health and safety of EWG members during the COVID-19 pandemic, all on-foot outreach was cancelled. Instead, outreach was done through emails and paid social media advertisements.

The survey was widely promoted through paid social media platforms. CAPUD created text and infographics with the survey link for posting to Facebook, Instagram, Twitter, and LinkedIn. Throughout the data collection period, CAPUD routinely posted (i.e., three times a week) to social media. CAPUD also distributed the survey link via weekly emails to their existing contacts and the networks of EWG members.

PHAC contacted just over 800 stakeholders, including provincial and territorial contacts, local public health, and community-based organizations, to distribute the survey link and participate as appropriate. National and regional STBBI organizations, and other government departments were encouraged to promote the survey link to their networks of service providers. Service providers were also encouraged to share the survey link with other known community-based organizations that provide STBBI services and to share with their clients as deemed appropriate. Combined, over 5,000 different organizations and individuals from the general population were emailed through existing government stakeholder contact lists. The survey link was also distributed via PHAC social media channels (i.e., over 175,000 Facebook followers, 500,000 Twitter followers, and 275,000 LinkedIn followers) throughout the data collection period, and social media posts were re-posted by key national stakeholders.

The survey protocol and questionnaire were approved by the Health Canada/PHAC Research Ethics Board. Due to the anonymous nature of this survey and an anticipated low participant burden, financial compensation was not offered for participation in this survey.

Measures

All indicators were measured from the questions asked in the survey. While most indicators can be interpreted directly from the survey questions, some required additional coding for better interpretation. In some cases, categories were collapsed to account for small cell counts or when similar concepts needed to be grouped. Described below are measures that required additional coding.

Substance use

The list of substances used in the questionnaire was derived from a list used by the National *Tracks* Surveillance System, specifically the Tracks people who inject drugs Phase 4 (2017-2019) questionnaire (5).

From a list of substances, including alcohol and cannabis (the Government of Canada legalized its recreational use in October 2018), participants were asked how their consumption for each substance changed since the start of the COVID-19 pandemic. Answer options were “increase”, “decrease”, “no change”, “I do not use this”, and “prefer not to answer.”

A “drugs used” variable was derived separating participants who reported use of only alcohol and/or cannabis from those who reported use of any illegal substances (with or without alcohol and/or cannabis). This measure was used to compare the two groups across some indicators. Illegal substances used by participants included the following:

- Cocaine or crack
- Speed, methamphetamine or crystal meth
- Hallucinogens
- Ecstasy
- Heroin, fentanyl or other non-medical opioids
- Other substances

Food security

From a list of statements related to food access and food security, participants were asked how true each statement was since the start of the COVID-19 pandemic using a scale of “often true”, “sometimes true”, and “never true.” Participants were classified as experiencing food insecurity if they indicated “often true” or “sometimes true” to any of the following statements:

- The food that you or other household members bought just didn't last, and there wasn't any money to get more
- You or other household members couldn't afford to eat balanced meals
- You personally ever ate less than you felt you should because there wasn't enough money to buy food
- Others in your household ate less than you felt they should because there wasn't enough money to buy food
- You or other household members accessed food or meals, at no cost to you, from a community organization

Domestic violence

From a list describing specific acts of domestic violence, participants were asked how their experiences with each of these acts, in the place where they lived, changed since the start of the COVID-19 pandemic. Answer options were "less often", "more often", "no change", "did not experience", "does not apply to me", and "prefer not to answer."

For each act of domestic violence, a variable was derived separating participants who reported experiencing the specific act from those who did not. Participants were classified as experiencing domestic violence if they indicated "less often", "more often" or "no change" to any of the following acts:

- Someone yelled at you or said things to you that made you feel bad about yourself, embarrassed you in front of others, or frightened you
- Someone did things like push, grab, hit, slap, kick, or throw things at you during an argument or because they were angry with you
- Someone was more sexually aggressive towards you
- Someone yelled at someone you live with
- Someone did things like push, grab, hit, slap, kick, or throw things at someone you live with
- Someone controlled how money was spent in your household including limiting your access or withholding funds from you

Discrimination

From a list of attributes possibly related to discrimination, participants were asked for their *self-perception* of change in their experiences of discrimination when accessing healthcare services since the start of the COVID-19 pandemic. Answer options were "increase", "decrease", "no change", and "did not experience."

For each attribute, a variable was derived separating participants who reported experiencing discrimination based on the particular attribute from those who did not. Participants were classified as experiencing discrimination if they indicated "increase", "decrease" or "no change" to any of the following attributes:

- Race or ethnicity or skin colour, including anti-Black racism or anti-Indigenous racism
- Gender
- Sexual orientation
- Use of substances
- Economic status
- Disability
- Age

Access to STBBI-related services

Participants were asked about their access to the following three STBBI-related services:

- STBBI prevention, testing and treatment services (e.g., STBBI testing and treatment, oral HIV pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP), condom and/or dental dam provision, etc.)
- harm reduction services (e.g., needle or syringe distribution, on-site consumption, drug checking, naloxone training and provision, etc.)
- substance use and treatment services (e.g., counselling, opioid substitution treatment (OST), inpatient services, community-based programs and services, etc.)

From a list of specific services for each of the above three STBBI-related services, participants were asked to describe their access to these services since the start of the COVID-19 pandemic. Answer options were "always able to access", "sometimes able to access", "wanted or tried to, but was not able to access", and "did not try to access." Participants were classified as having difficulty accessing a particular service if they reported "sometimes able to access" or "wanted or tried to, but was not able to access."

Analysis

The purpose of this report and the analyses undertaken were exploratory and descriptive in nature. Small cell counts were assessed to determine the risk of identifying individual participants, and were left in when it was determined that there was no risk of re-identification, as per PHAC's *Directive for the Collection, Use and Dissemination of Information Relating to Public Health (PHAC, 2013, unpublished document)*. Where data in the table contain small cell counts, the results should be interpreted with caution. All descriptive statistics were computed with SAS Enterprise Guide 7.1.

For each survey question, participants who responded with answer options "prefer not to answer", "don't know", "refused" (i.e., did not answer a question and proceeded to next question), or "not stated" (i.e., question not answered because session timed out or exited survey before completion) were excluded from analyses of the question except where otherwise indicated.

Results

Sociodemographic characteristics

A total of 1,034 eligible individuals participated in the survey from January 5 to February 5, 2021. More than one-third (39.7%) of participants were living in Ontario with smaller proportions living in British Columbia (14.2%), Quebec (12.2%), Nova Scotia (9.4%), Alberta (7.3%), Manitoba (4.5%), New Brunswick (4.0%), Saskatchewan (3.8%), Newfoundland and Labrador (3.0%), Prince Edward Island (0.7%), and the Territories (1.4%) (Table 1).

Among all participants, the average age was 40.5 years, ranging from 18 to 84 years. The largest proportion were between the ages of 25 to 39 years (43.4%), followed by those aged 40 to 54 years (28.8%) then those aged 55 years or older (17.6%) and younger than 25 years (10.2%).

Nearly two-thirds (61.2%) identified their gender as cisgender female, 32.6% as cisgender male, 4.2% as transmasculine (i.e., those assigned female at birth who identified with either male or a non-binary gender), and 2.0% as transfeminine (i.e., those assigned male at birth who identified with either female or a non-binary gender). Almost three-quarters (70.2%) reported their sexual orientation

as heterosexual or straight and smaller proportions identified as bisexual (13.7%), gay or lesbian (7.8%), Two-spirit (1.1%), other (5.0%), or don't know (2.1%).

A large proportion identified as White (85.0%) and smaller proportions identified as Indigenous (8.5%), Black (2.9%) or South Asian (2.3%). Among participants who self-identified as Indigenous, 59.8% identified as First Nations, 32.2% as Métis, and 11.5% as another unspecified Indigenous subgroup.

Most (89.4%) were Canadian citizens born in Canada with a small proportion (8.2%) born outside of Canada. Of those born outside of Canada, the median (with interquartile ranges or IQR) number of years lived in Canada was 26 (30 to 50) years.

Among all participants, most (86.2%) had more than a high school education, 7.9% completed high school, and 6.0% had less than a high school education.

Since the start of the pandemic, most (91.5%) were living in stable housing (i.e., living in their own apartment or house, or in a family or friend's place). A small proportion (8.5%) reported living in precarious or inadequate housing (i.e., living in multiple residences or couch surfing, a hotel or motel room, rooming or boarding house, shelter or hostel, transition or halfway house, psychiatric institution or drug treatment facility, public place, or correctional facility).

As noted, participants were separated into one of two groups based on the substances they used: those who used only alcohol and/or cannabis (i.e., "legal" drugs) and those who used illegal drugs (with or without alcohol and/or cannabis). Some sociodemographic characteristics varied between these two groups. Compared to participants who used only alcohol and/or cannabis, there appears to be higher proportions of participants who used illegal drugs who: were between the ages of 25 to 39 years (51.0% vs. 34.6%); were cisgender male (36.3% vs. 29.4%); identified as bisexual (18.5% vs. 10.2%); and reported living in precarious or inadequate housing (14.2% vs. 4.2%).

Table 1. Sociodemographic characteristics of participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

Characteristic	All participants			Used only alcohol and/or cannabis			Used illegal drugs		
	n	Total[a]	%	n	Total	%	n	Total	%
Province or Territory where participant lives									
British Columbia	146	1032	14.2	56	451	12.4	66	393	16.8
Alberta	75	1032	7.3	39	451	8.7	27	393	6.9
Saskatchewan	39	1032	3.8	20	451	4.4	12	393	3.1
Manitoba	46	1032	4.5	14	451	3.1	19	393	4.8
Ontario	410	1032	39.7	184	451	40.8	159	393	40.5
Quebec	126	1032	12.2	54	451	12.0	45	393	11.5
New Brunswick	41	1032	4.0	18	451	4.0	15	393	3.8

Table 1. Sociodemographic characteristics of participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021 (continued)*

Characteristic	All participants			Used only alcohol and/or cannabis			Used illegal drugs		
	n	Total[a]	%	n	Total	%	n	Total	%
Nova Scotia	97	1032	9.4	44	451	9.8	34	393	8.7
Prince Edward Island	7	1032	0.7	3	451	0.7	3	393	0.8
Newfoundland and Labrador	31	1032	3.0	16	451	3.6	9	393	2.3
Territories[b]	14	1032	1.4	3	451	0.7	4	393	1.0
Age group									
Younger than 25 years	105	1034	10.2	35	451	7.8	40	394	10.2
25 to 39 years	449	1034	43.4	156	451	34.6	201	394	51.0
40 to 54 years	298	1034	28.8	151	451	33.5	105	394	26.7
55 years or older	182	1034	17.6	109	451	24.2	48	394	12.2
Gender identity[c,d]									
Cisgender female	622	1016	61.2	305	449	67.9	201	383	52.5
Cisgender male	331	1016	32.6	132	449	29.4	139	383	36.3
Transfeminine[e]	20	1016	2.0	3	449	0.7	16	383	4.2
Transmasculine[f]	43	1016	4.2	9	449	2.0	27	383	7.1
Sexual orientation[g]									
Heterosexual or straight	726	1034	70.2	367	451	81.4	222	394	56.4
Bisexual	142	1034	13.7	46	451	10.2	73	394	18.5
Gay or lesbian	81	1034	7.8	23	451	5.1	43	394	10.9
Two-spirit	11	1034	1.1	0	451	0.0	11	394	2.8
Other	52	1034	5.0	10	451	2.2	35	394	8.9
Don't know	22	1034	2.1	5	451	1.1	10	394	2.5
Race or racial background[h]									
White	879	1034	85.0	395	451	87.6	327	394	83.0
Indigenous	88	1034	8.5	28	451	6.2	44	394	11.2
Black	30	1034	2.9	8	451	1.8	14	394	3.6
South Asian	24	1034	2.3	16	451	3.6	<5	394	-
Middle Eastern	15	1034	1.5	7	451	1.6	5	394	1.3
Latino	13	1034	1.3	6	451	1.3	5	394	1.3
East Asian	10	1034	1.0	<5	451	-	<5	394	-
Southeast Asian	9	1034	0.9	<5	451	-	<5	394	-
Other race unspecified	31	1034	3.0	8	451	1.8	18	394	4.6

Table 1. Sociodemographic characteristics of participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021 (continued)*

Indigenous subgroup[i]									
First Nations	52	87	59.8	20	28	71.4	23	43	53.5
Métis	28	87	32.2	8	28	28.6	15	43	34.9
Inuit	<5	87	-	0	28	0.0	0	43	0.0
Other Indigenous subgroup[j]	10	87	11.5	0	28	0.0	8	43	18.6
Citizenship status									
Canadian citizen, born in Canada	923	1032	89.4	396	451	87.8	359	393	91.4
Canadian citizen, not born in Canada	85	1032	8.2	43	451	9.5	26	393	6.6
Landed immigrant or permanent resident	17	1032	1.7	8	451	1.8	6	393	1.5
Convention refugee or temporary resident[k,l]	7	1032	0.7	4	451	0.9	2	393	0.5
Education, highest level									
Less than high school	61	1019	6.0	17	445	3.8	34	389	8.7
Completed high school	80	1019	7.9	28	445	6.3	36	389	9.3
More than high school	878	1019	86.2	400	445	89.9	319	389	82.0
Housing status[m]									
Stable housing[n]	946	1034	91.5	432	451	95.8	338	394	85.8
Precarious or inadequate housing[o]	88	1034	8.5	19	451	4.2	56	394	14.2

Abbreviations: STBBI, sexually transmitted and blood-borne infection; -, indicates data was suppressed due to small cell counts.

Note: The sum of the percentages may not equal 100% due to rounding, unless stated otherwise.

a Total represents total counts for the corresponding indicator excluding "Don't know", "Prefer not to answer", "Refused", and "Not stated" values, unless stated otherwise.

b Includes Nunavut, Yukon and Northwest Territories.

c The Multidimensional Sex/Gender Measure was used to measure gender identity.

d Bauer GR, Braimoh J, Scheim AI, Dharma C. Transgender-inclusive measures of sex/gender for population surveys: mixed-methods evaluation and recommendations. PLoS One [Internet]. 2017 May; 12(5). Available from: https://doi.org/10.1371/journal.pone.0178043

e Transfeminine included those assigned male at birth who identified with either female or a non-binary gender.

f Transmasculine included those assigned female a birth who identified with either male or a non-binary gender.

g Total represents total counts for this indicator excluding "Prefer not to answer", "Refused" and "Not stated" values.

h The proportions for race or racial background do not add up to 100% as they were not mutually exclusive; participants could report more than one type of race or racial background. Race or racial background included: Black (e.g., African, Caribbean, Black descent); East Asian (e.g., Chinese, Korean, Japanese, Taiwanese descent); Indigenous (e.g., First Nations, Inuit, Métis); Latino (e.g., Latin American, Hispanic descent); Middle Eastern (e.g., Arab, Persian, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish); South Asian (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean); Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese descent); or White (e.g., European descent).

i This indicator was measured among participants who self-identified as First Nations, Inuit or Métis. The proportions for Indigenous subgroup do not add up to 100% as they were not mutually exclusive; participants could report more than one type of Indigenous subgroup.

j This included other unspecified Indigenous subgroups.

k For the answer option "convention refugee or protected person", participants were provided with the following additional information: "i.e., you have been formally approved as a refugee."

l For the answer option "temporary resident", participants were provided with the following additional information: "e.g., student, temporary worker, visitor, super visa (parent and grandparent)."

m This indicator measured the participant's living situation since the start of the COVID-19 pandemic. Participants could report more than one type of living situation.

n Participants were classified as living in stable housing if they were only living in their own apartment or house, or in a relative's or friend's place.

o Participants were classified as living in precarious or inadequate housing if they indicated living in any of the following situations: living in multiple residences or couch surfing; a hotel or motel room; rooming or boarding house; shelter or hostel; transition or halfway house; psychiatric institution or drug treatment facility; public place; or correctional facility.

Social determinants of health

For indicators measuring social determinants of health, a comparison between the groups of participants who reported use of only alcohol and/or cannabis and those who reported use of illegal drugs yielded similar results, thus only the overall results (i.e., among all participants) are presented.

Mental health and wellness

At the time of the survey, nearly one-quarter (23.7%) of participants reported their mental health was excellent or very good, 29.8% reported good, 30.3% reported fair, and 16.3% reported poor mental health (Figure 2). When asked how their mental health had changed since the start of the pandemic, 59.8% reported their mental health was worse.

Since the start of the pandemic, among participants who accessed, considered accessing or wanted to access mental health and wellness services, 65.6% indicated they were "not always able" (i.e., not able or sometimes not able) to access such services.

A pattern of worsening mental health was observed among participants who reported poor mental health at the time of the survey (Figure 1). Among participants who reported their mental health was excellent or very good at the time of the survey, 32.2% felt their mental health was worse since the start of the pandemic and more notably, among those who reported poor mental health at the time of the survey, 84.5% felt their mental health had worsened since the start of the pandemic.

Table 2. Mental health and wellness of participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

Indicator	n	Total[a]	%
Mental health at the time of the survey			
Excellent or very good	245	1034	23.7
Good	308	1034	29.8
Fair	313	1034	30.3
Poor	168	1034	16.3
Change in mental health since the start of the COVID-19 pandemic			
Better	94	1033	9.1
About the same	321	1033	31.1
Worse	618	1033	59.8
Accessed, considered accessing or wanted to access mental health and wellness services[b] since the start of the COVID-19 pandemic			
Yes	600	1029	58.3
No	429	1029	41.7
Not always able to access mental health and wellness services[c]	392	598	65.6

Abbreviations: STBBI, sexually transmitted and blood-borne infection.

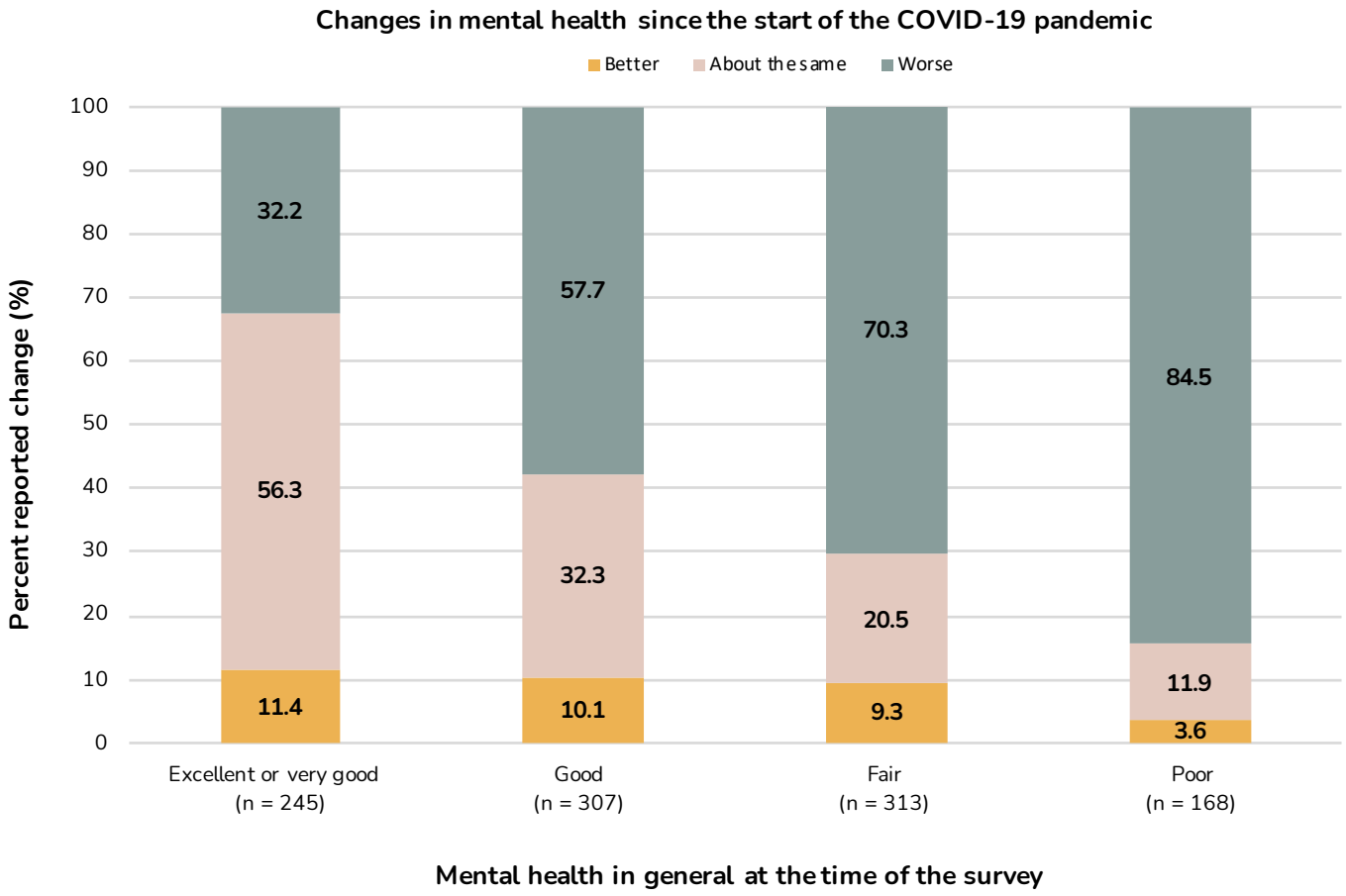
Note: The sum of the percentages may not equal 100% due to rounding, unless stated otherwise.

a Total represents total counts for the corresponding indicator excluding "Don't know", "Prefer not to answer", "Refused", and "Not stated" values, unless stated otherwise.

b This included mental health care providers, community supports, faith-based and spiritual care supports, etc.

c This indicator was measured among participants who accessed, considered accessing or wanted to access mental health and wellness services.

Figure 1. Changes in mental health among participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*



Employment and financial security

Before the COVID-19 pandemic, over one-half (58.9%) of participants were working full time, 17.4% were working part time, and 11.4% were either a full or part time student (Table 3). Smaller proportions were not working due to a disability (7.0%), volunteering (6.4%), unemployed (6.2%), retired (6.0%), looking after children or other family members (3.5%), or had other unspecified work (3.7%). Participants could report more than one work situation.

Since the start of the pandemic, while 51.7% of participants indicated there was little to no change to their work situation, 18.2% had stopped working and 14.1% had their hours and/or pay reduced. Main reasons for these changes were related to the COVID-19 pandemic and included business closures or layoffs (46.9%) and personal circumstances (25.8%) (e.g., personal safety, own or household member's exposure, self-isolation after recent travel, or taking care of children due to school and/or daycare closures).

Regarding the impact of the pandemic on the ability to pay bills for essential needs (e.g., rent, mortgage payments, utilities, or groceries), 44.3% of participants reported there was no impact or it was too soon to tell, 20.7% indicated a moderate impact, and 15.1% reported a major impact.

Since the start of the pandemic, nearly one-third (31.8%) of participants applied to and received employment or emergency response benefits. The Canada Emergency Response Benefit (64.9%) and regular employment insurance benefits (30.4%) were the most commonly received benefits. Participants could report more than one benefit received.

Table 3. Employment and financial security of participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

Indicator	n	Total[a]	%
Work situation before the COVID-19 pandemic[b]			
Employed or self-employed full time	594	1009	58.9
Employed or self-employed part time	176	1009	17.4
Full or part time student	115	1009	11.4
Not working due to a disability	71	1009	7.0
Volunteering	65	1009	6.4
Unemployed	63	1009	6.2
Retired	60	1009	6.0
Looking after children or other family members	35	1009	3.5
Other	37	1009	3.7
Change in work situation since the start of the COVID-19 pandemic			
Little to no change	518	1002	51.7
Had to stop working	182	1002	18.2
Increased hours and/or pay	161	1002	16.1
Reduced hours and/or pay	141	1002	14.1
Main reason for limited or stopped work[c] during the COVID-19 pandemic			
Business closure or layoff related to the COVID-19 pandemic	151	322	46.9
Personal circumstances related to the COVID-19 pandemic[d]	83	322	25.8
Unplanned absence not related to the COVID-19 pandemic[e]	41	322	12.7
Planned absence not related to the COVID-19 pandemic[f]	7	322	2.2
Other unspecified reason	40	322	12.4
Impact of the COVID-19 pandemic on ability to pay bills[g]			
Major impact	150	997	15.1
Moderate impact	206	997	20.7
Minor impact	199	997	20.0
No impact or too soon to tell	442	997	44.3
Employment or emergency response benefits received since the start of the COVID-19 pandemic			
Applied and received benefits	313	985	31.8
Did not apply for any benefits	365	985	37.1
Did not qualify for any benefits	307	985	31.2
Type of employment or emergency response benefits received since the start of the COVID-19 pandemic[h]			
Canada Emergency Response Benefit (CERB)[i]	203	313	64.9
Regular Employment Insurance benefits	95	313	30.4
Canada Emergency Student Benefit (CESB)[j]	40	313	12.8
Sickness	31	313	9.9
Other Employment Insurance benefit	14	313	4.5
Other[k]	12	313	3.8

Abbreviations: STBBI, sexually transmitted and blood-borne infection.

Note: The sum of the percentages may not equal 100% due to rounding, unless stated otherwise.

a Total represents total counts for the corresponding indicator excluding "Don't know", "Prefer not to answer", "Refused", and "Not stated" values, unless stated otherwise.

b The proportions for work situation do not add up to 100% as they were not mutually exclusive; participants could report more than one type of work situation.

c This indicator was measured among participants who indicated they had reduced their hours and/or pay or had to stop working.

d Personal circumstances related to COVID-19 included: personal safety; own or household member's exposure; self-isolation after recent travel; or taking care of children due to school and/or daycare closures.

e An unplanned absence not related to COVID-19 included: illness or disability other than COVID-19; caring for children or elder relative for non-COVID-19 reasons; or labour dispute (strike or lockout).

Table 3. Employment and financial security of participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021 (continued)*

f A planned absence not related to COVID-19 included: vacation; work schedule; maternity or parental leave; or seasonal job or business.

g Bills referred to those for essential needs, such as rent or mortgage payments, utilities, and groceries.

h This indicator was measured among participants who applied for employment or emergency response benefits. The proportions for benefits do not add up to 100% as they were not mutually exclusive; participants could report more than one type of benefit.

i The Canada Emergency Response Benefit (CERB) provided financial support to employed and self-employed Canadians who were directly affected by COVID-19 between March 15 and September 26, 2020.

j The Canada Emergency Student Benefit (CESB) provided financial support to post-secondary students, and recent post-secondary and high school graduates who were unable to find work due to COVID-19 between May 10 and August 29, 2020.

k Other included caregiving or compassionate care and work-sharing.

Food security

Since the start of the COVID-19 pandemic, under one-half (42.1%) of participants reported they experienced food insecurity (Figure 4). Participants' experiences of food insecurity included: couldn't afford balanced meals (34.4%), food didn't last in the household and participants didn't have money to get more (31.4%), participants (28.2%) or other household members (20.7%) ate less because there was not enough money to buy food, and participants accessed food from a community organization (17.6%).

Table 4. Food security among participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

Indicator Since the start of the COVID-19 pandemic	n	Total[a]	%
Experienced food insecurity[b]			
Yes	399	947	42.1
No	548	947	57.9
Experiences of food insecurity[b]			
Couldn't afford balanced meals	326	948	34.4
Food didn't last and no money to get more	297	948	31.4
Personally ate less because not enough money to buy food	267	946	28.2
Other household members ate less because not enough money to buy food	196	948	20.7
Accessed food (at no cost) from a community organization	167	948	17.6

Abbreviations: STBBI, sexually transmitted and blood-borne infection.

Note: The sum of the percentages may not equal 100% due to rounding, unless stated otherwise.

a Total represents total counts for the corresponding indicator excluding "Don't know", "Prefer not to answer", "Refused", and "Not stated" values, unless stated otherwise.

b Derived variable, for further details see section Measures-food security.

Food insecurity was highest among participants not working due to a disability (78.3%), those looking after children or other family members (71.0%), and those who were unemployed (67.9%) (Figure 2).

A pattern of greater food insecurity was observed among participants who reported changes to their work situation since the start of the pandemic. Food insecurity was highest among those who reported reduced hours and/or pay (66.4%) and those who had to stop working (63.4%) (Figure 3).

Figure 2. Food insecurity by employment status among participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

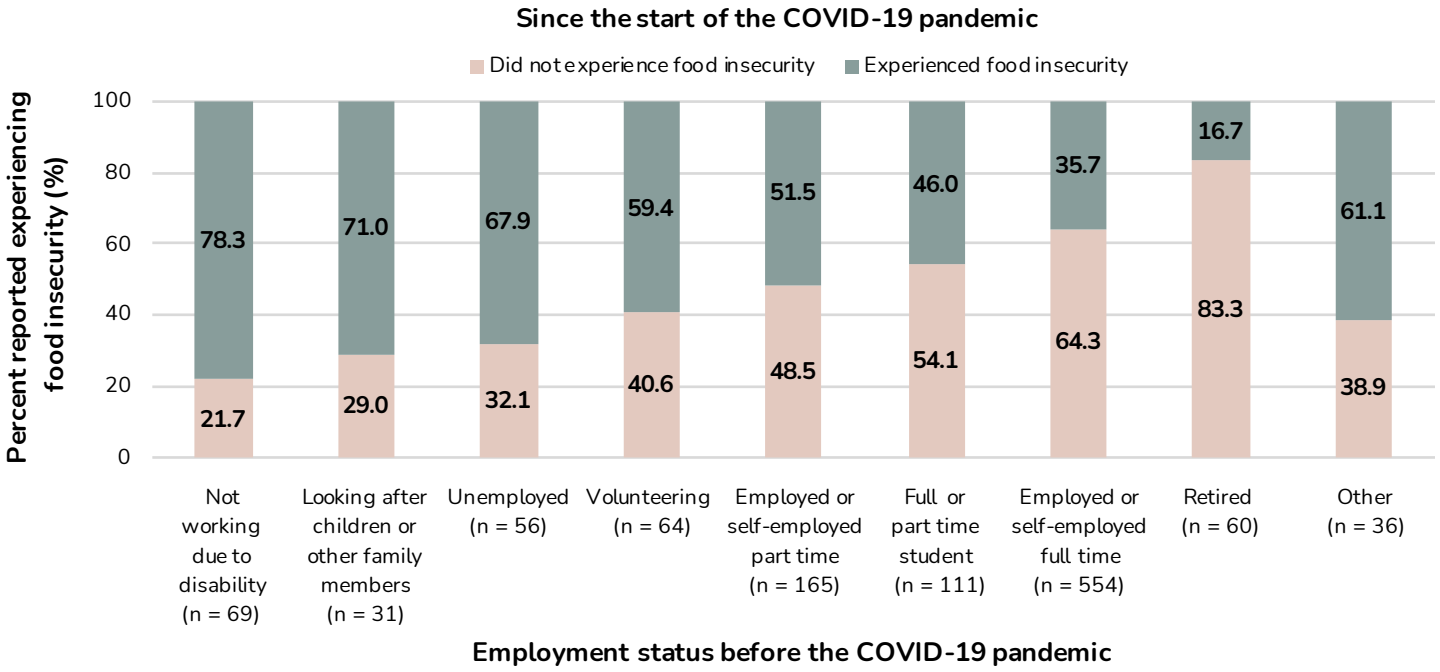
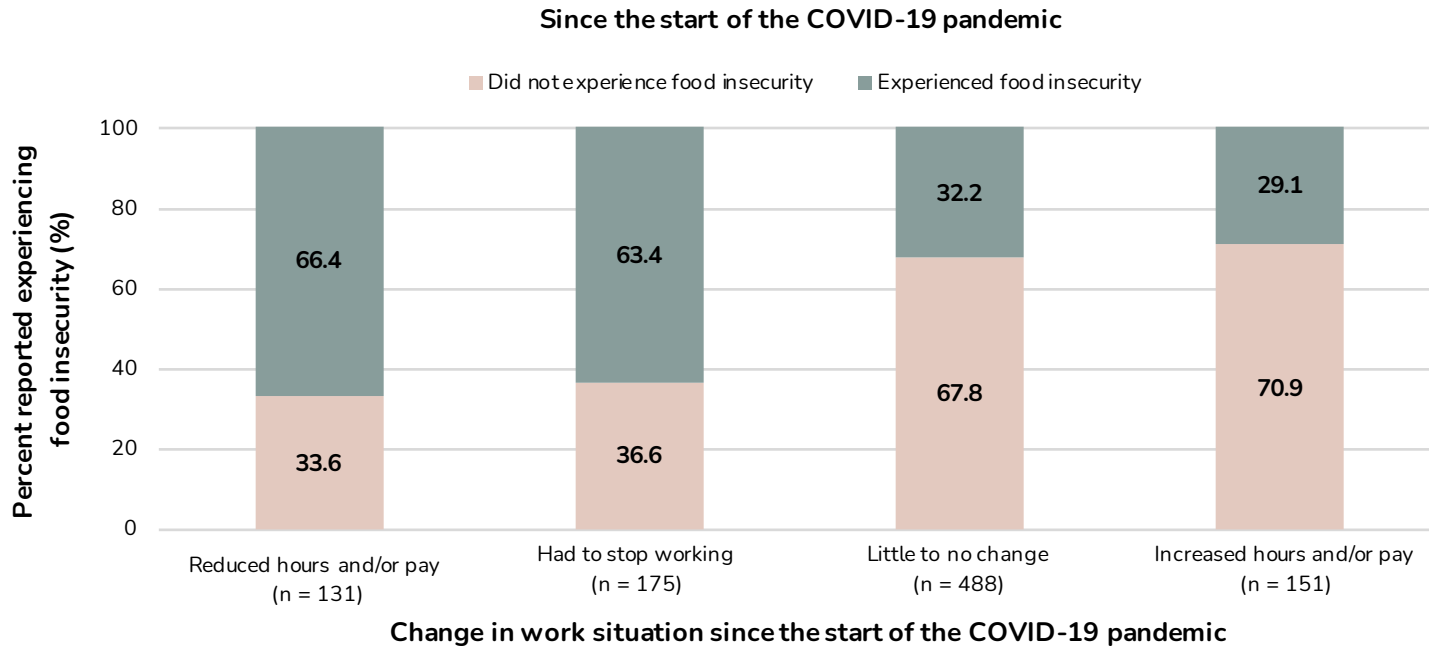


Figure 3. Food insecurity by changes in work situation among participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*



Domestic violence

More than two-thirds (69.9%) of participants were living with family since the start of the pandemic (Figure 5). One-fifth (19.8%) were living alone while 9.2% were living with a roommate(s) or friend(s), and 1.1% were living in a shelter or were homeless.

In the year before the pandemic, most (67.8%) participants reported feeling very safe where they lived, 26.8% reported feeling somewhat safe, and 5.4% reported feeling not safe.

Table 5. Living arrangements and feelings of safety in the home among participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

Indicator	n	Total[a]	%
Living arrangement since the start of the COVID-19 pandemic			
Living with family	653	934	69.9
Living alone	185	934	19.8
Living with roommate(s) or friend(s)	86	934	9.2
Living in a shelter or homeless	10	934	1.1
Feelings of safety where participant lived in the year before the COVID-19 pandemic			
Felt very safe	632	932	67.8
Felt somewhat safe	250	932	26.8
Did not feel safe	50	932	5.4

Abbreviations: STBBI, sexually transmitted and blood-borne infection.

Note: The sum of the percentages may not equal 100% due to rounding, unless stated otherwise.

a Total represents total counts for the corresponding indicator excluding "Don't know", "Prefer not to answer", "Refused", and "Not stated" values, unless stated otherwise.

Feeling safe where they lived since the start of the pandemic varied depending on the level of safety participants felt before the pandemic (Figure 4). Among participants who felt very safe in their home before the pandemic, 19.3% felt less safe since the start of the pandemic while 76.4% felt no change in their safety. Among participants who felt somewhat safe before the pandemic, over one-third (35.6%) felt less safe and 55.2% felt the same since the start of the pandemic. Among participants who did not feel safe before the pandemic, one-half (50.0%) felt less safe, 22.0% felt the same, and 28.0% felt safer since the start of the pandemic.

Among those who experienced any act of domestic violence (Figure 6), participants were asked how their experiences had changed since the start of the pandemic (Figure 5). Since the start of the pandemic, participants reported the largest increase in verbal abuse directed towards them (62.7%), followed by verbal abuse directed at someone else in the household (56.5%), physical abuse directed at them (39.3%), physical abuse directed at someone else in the household (35.0%), financial abuse (34.3%), and sexual aggression (32.5%).

Figure 4: Changes in feelings of safety in the home among participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

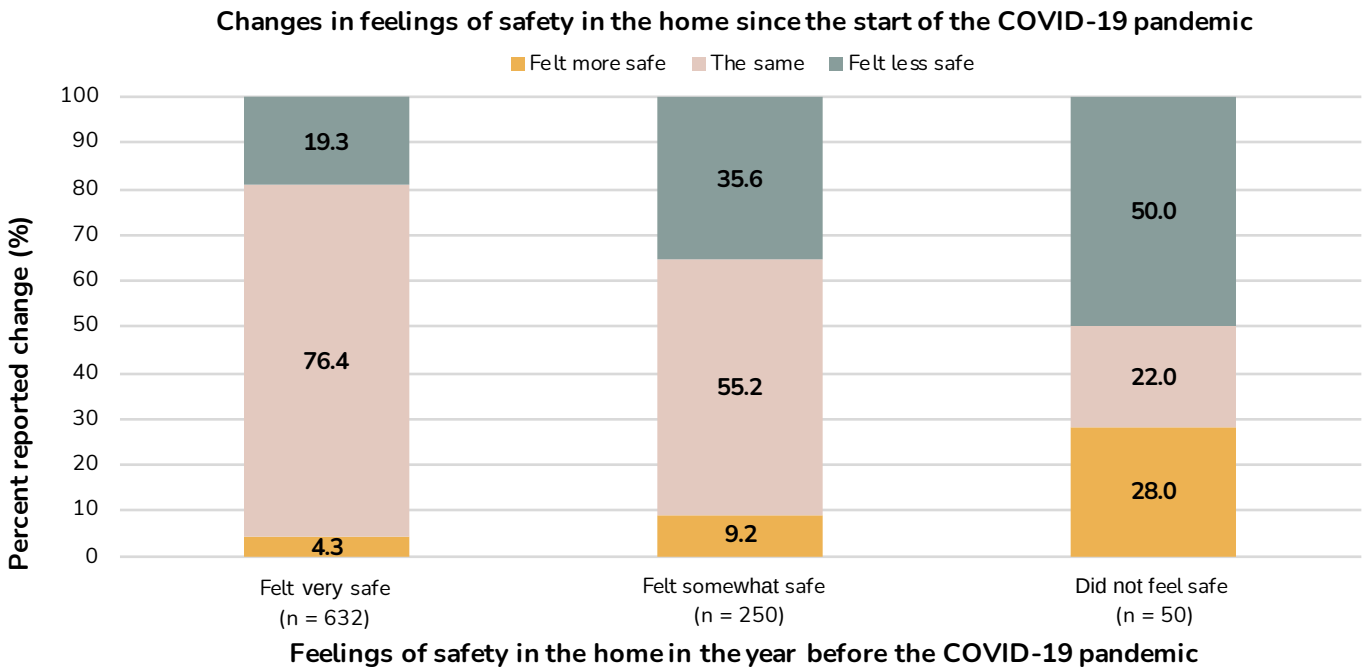


Table 6. Experiences of domestic violence among participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

Indicator Since the start of the COVID-19 pandemic	n	Total[a]	%
Experienced verbal abuse[b,c]			
Yes	475	804	59.1
No	329	804	40.9
Experienced verbal abuse directed at someone else in household[b,d]			
Yes	455	753	60.4
No	298	753	39.6
Experienced physical abuse[b,e]			
Yes	219	751	29.2
No	532	751	70.8

Indicator Since the start of the COVID-19 pandemic	n	Total[a]	%
Experienced physical abuse directed at someone else in household[b,f]			
Yes	177	695	25.5
No	518	695	74.5
Experienced financial abuse[b,g]			
Yes	242	709	34.1
No	467	709	65.9
Experienced sexual aggression[b,h]			
Yes	228	721	31.6
No	493	721	68.4

Table 6. Experiences of domestic violence among participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021 (continued)*

Abbreviations: STBBI, sexually transmitted and blood-borne infection.

Note: The sum of the percentages may not equal 100% due to rounding, unless stated otherwise.

a Total represents total counts for the corresponding indicator excluding "Don't know", "Prefer not to answer", "Refused", and "Not stated" values, unless stated otherwise.

b Derived variable, for further details, see section Measures-domestic violence.

c Included participants who provided a valid answer to "Since the start of the COVID-19 pandemic, how often did someone yell at you or said things to you that made you feel bad about yourself, embarrassed you in front of others, or frightened you?"

d Included participants who provided a valid answer to "Since the start of the COVID-19 pandemic, how often did someone yell at someone you live with?"

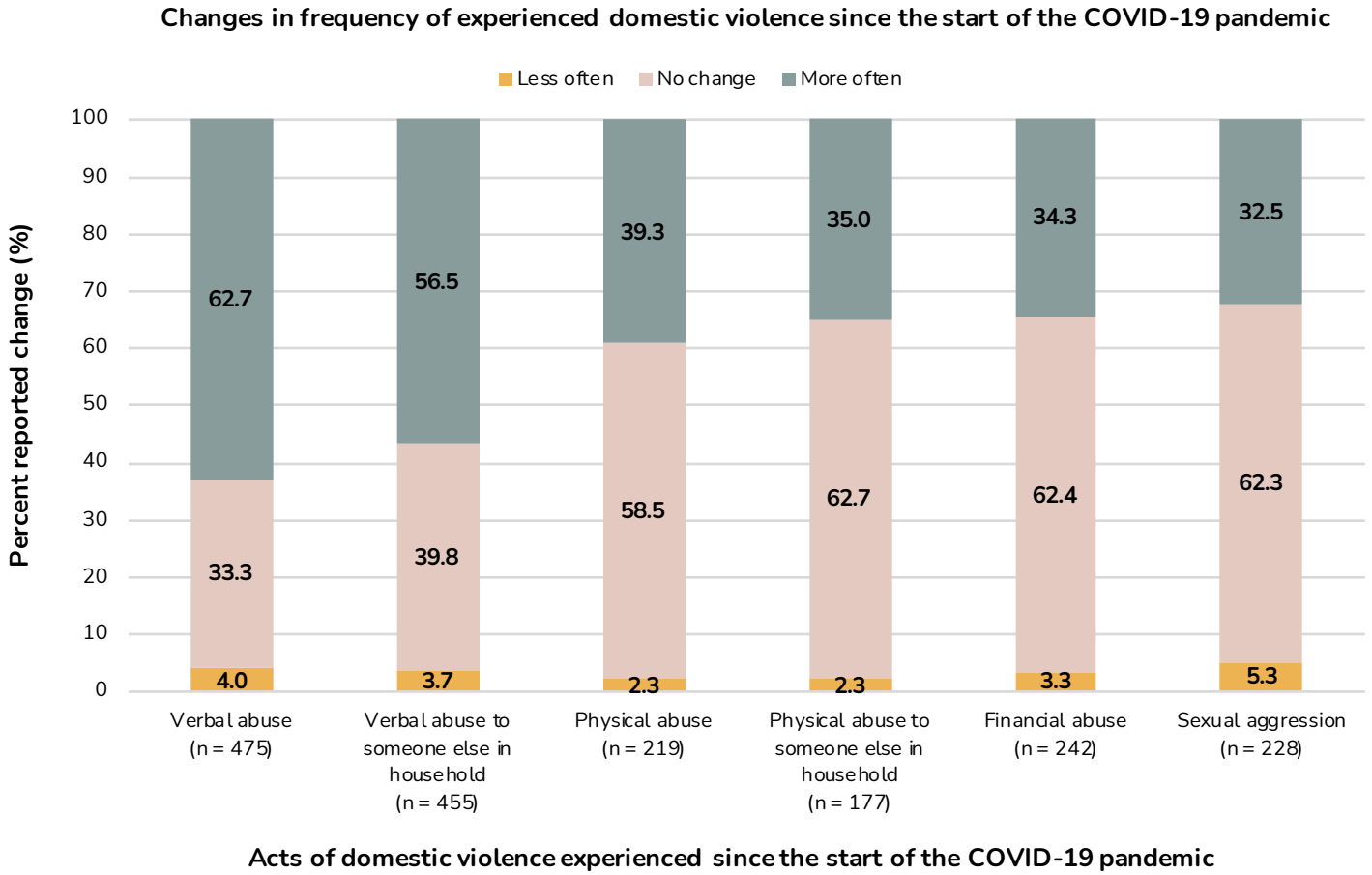
e Included participants who provided a valid answer to "Since the start of the COVID-19 pandemic, how often did someone do things like push, grab, hit, slap, kick, or throw things at you during an argument or because they were angry with you?"

f Included participants who provided a valid answer to "Since the start of the COVID-19 pandemic, how often did someone do things like push, grab, hit, slap, kick, or throw things at someone you live with?"

g Included participants who provided a valid answer to "Since the start of the COVID-19 pandemic, how often did someone control how money was spent in your household including limiting your access or withholding funds from you?"

h Included participants who provided a valid answer to "Since the start of the COVID-19 pandemic, how often did someone be more sexually aggressive towards you?"

Figure 5: Changes in frequency of experienced domestic violence among participants who experienced domestic violence in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*



Discrimination

In the year before the pandemic, one-third (33.3%) of participants reported experiencing discrimination when accessing healthcare services while two-thirds (66.7%) reported "never" experiencing such discrimination (Table 7).

Experiences of discrimination when accessing healthcare services during the pandemic varied depending on these experiences before the pandemic (Figure 6). Participants who often experienced discrimination before the pandemic reported the largest increase (59.7%) in these experiences since the start of pandemic. Increased experiences of discrimination during the pandemic was reported by 36.0% of participants who sometimes experienced discrimination, 18.8% of those who rarely experienced discrimination, and 4.4% of those who never experienced discrimination in the year before the pandemic.

Table 7. Experiences of discrimination when accessing healthcare services among participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

Indicator In the year before the start of the COVID-19 pandemic	n	Total[a]	%
Experienced discrimination[b,c]			
None	520	780	66.7
Any	260	780	33.3
Frequency of experienced discrimination[b,c]			
Often	61	780	7.8
Sometimes	127	780	16.3
Rarely	72	780	9.2
Never	520	780	66.7

Abbreviations: STBBI, sexually transmitted and blood-borne infection.

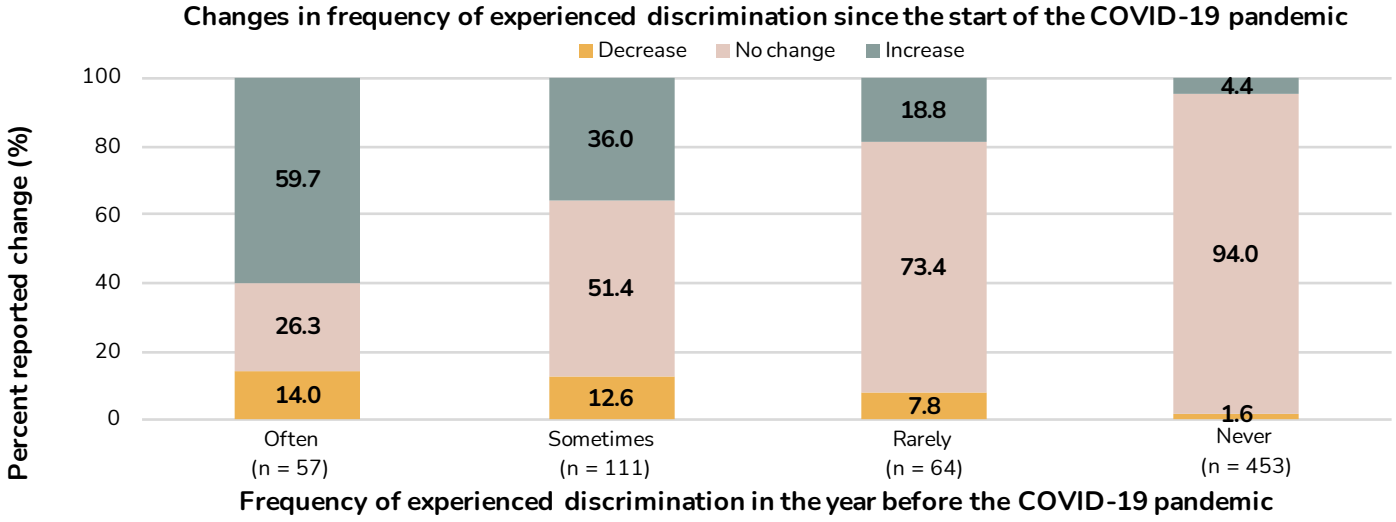
Note: The sum of the percentages may not equal 100% due to rounding, unless stated otherwise.

a Total represents total counts for the corresponding indicator excluding "Don't know", "Prefer not to answer", "Refused", and "Not stated" values, unless stated otherwise.

b Experienced discrimination included discrimination based on participant's race, ethnicity or skin colour (including anti-Black racism, anti-Indigenous racism), gender, sexual orientation, use of substances, economic status, disability, age, or other identity.

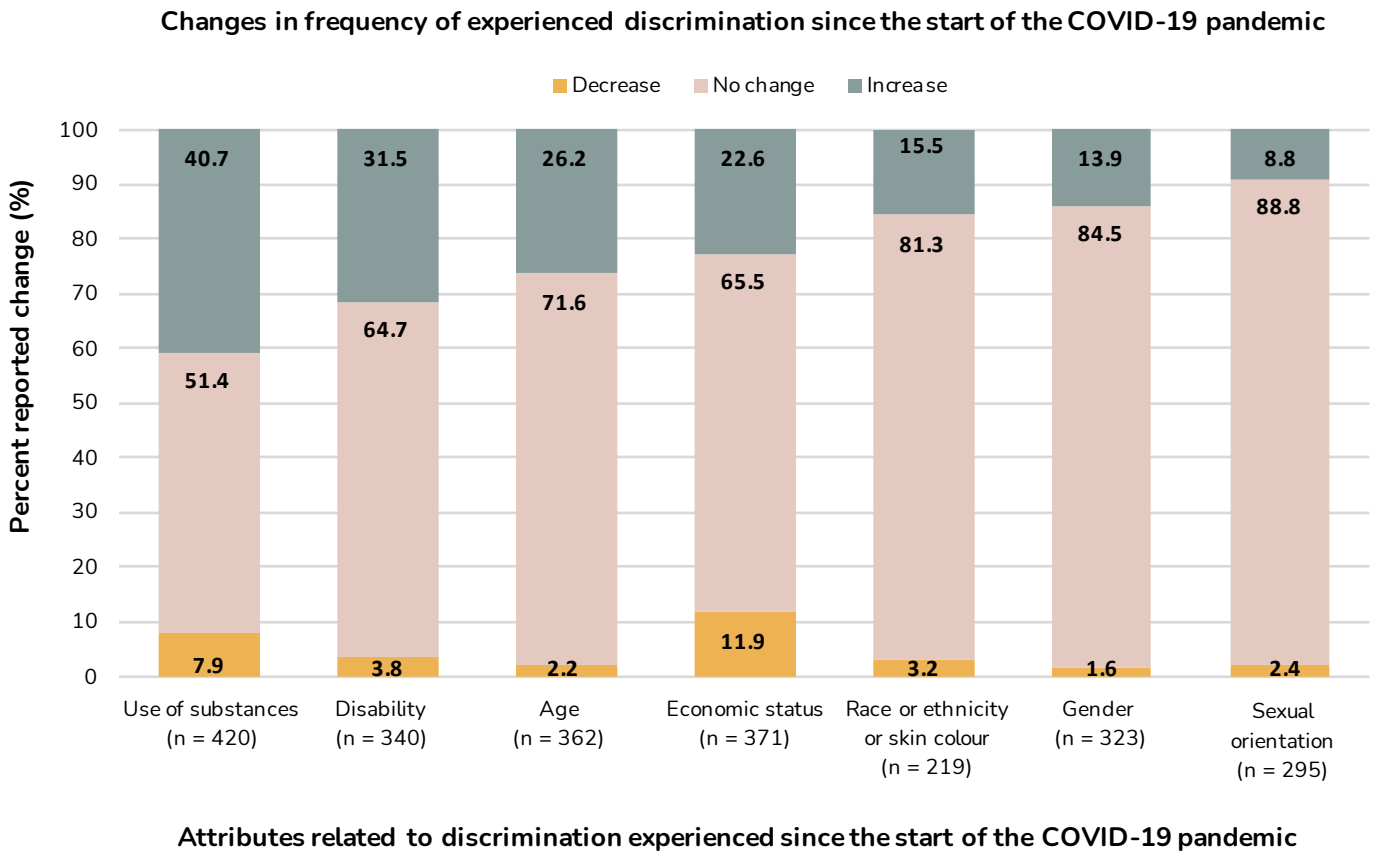
c This indicator was measured among participants who accessed healthcare services in the year before the start of the COVID-19 pandemic.

Figure 6. Changes in frequency of experienced discrimination when accessing healthcare services among participants who experienced discrimination in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*



Among participants who experienced discrimination since the start of the pandemic, most reported no change in their experiences of discrimination based on substance use, disability, age, economic status, race, gender, or sexual orientation (Figure 7). Many reported experiencing an increase in discrimination related to their substance use (40.7%), disability (31.5%), age (26.2%), economic status (22.6%), race/ethnicity/skin colour (15.5%), gender (13.9%), and sexual orientation (8.8%) when accessing healthcare services since the start of the pandemic. Participants could report more than one attribute related to their experienced discrimination.

Figure 7. Changes in frequency of experienced discrimination when accessing healthcare services by attributes among participants who experienced discrimination in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*



Substance use

Since the start of the pandemic, most (88.6%) participants consumed alcohol and two-thirds (67.5%) used cannabis (Table 8).

As noted, participants were separated into two groups based on the substances they used. Just over one-half (53.4%) reported the use of only alcohol and/or cannabis (i.e., "legal" drugs) and 46.6% reported the use of "illegal" drugs (with or without alcohol and/or cannabis).

Among participants who used only alcohol and/or cannabis, 43.7% used only alcohol, 6.7% used only cannabis, and 49.7% used both alcohol and cannabis.

Of the participants who used illegal drugs, most used alcohol (83.8%) and cannabis (80.6%) in addition to their use of hallucinogens (51.9%); cocaine or crack (39.8%); speed, methamphetamine or crystal meth (32.3%); ecstasy (31.2%); and heroin, fentanyl or other non-medical opioids (27.9%). Almost two-thirds (62.5%) of those who used illegal drugs reported the use of other substances.

Table 8. Substance use among participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

Indicator Since the start of the COVID-19 pandemic	All participants			Used only alcohol and/or cannabis			Used illegal drugs		
	n	Total[a]	%	n	Total	%	n	Total	%
Substances used[b]									
Alcohol	751	848	88.6	421	450	93.6	330	394	83.8
Cannabis	570	844	67.5	254	449	56.6	316	392	80.6
Used only alcohol and/or cannabis[b,c]	451	845	53.4						
Alcohol only				197	451	43.7			
Cannabis only				30	451	6.7			
Both alcohol and cannabis				224	451	49.7			
Used illegal substances[b,c,d]	394	845	46.6						
Hallucinogens	203	834	24.3				203	391	51.9
Cocaine or crack	156	840	18.6				156	392	39.8
Speed, methamphetamine or crystal meth	126	838	15.0				126	390	32.3
Ecstasy	122	840	14.5				122	391	31.2
Heroin, fentanyl or other non-medical opioids	109	840	13.0				109	391	27.9
Other substances	242	833	29.1				242	387	62.5

Abbreviations: STBBI, sexually transmitted and blood-borne infection.

Note: The sum of the percentages may not equal 100% due to rounding, unless stated otherwise.

a Total represents total counts for the corresponding indicator excluding "Don't know", "Prefer not to answer", "Refused", and "Not stated" values, unless stated otherwise.

b The proportions for substances used do not add up to 100% as they were not mutually exclusive; participants could report more than one type of substance.

c Derived variable, for further details, see section Measures-substance use.

d This includes any illegal substances with or without alcohol and/or cannabis.

Changes in substance use

Participants reported increased use of all substances since the start of the pandemic.

Among participants who used only alcohol and/or cannabis, 56.3% reported increased use of alcohol and 57.1% reported increased use of cannabis since the start of the pandemic (Table 9).

Among participants who used illegal drugs, almost two-thirds (64.9%) reported increased use of cannabis since the start of the pandemic, followed by increased use of heroin, fentanyl or other non-medical opioids (56.9%); alcohol (56.7%); speed, methamphetamine or crystal meth (52.4%); cocaine or crack (44.9%); hallucinogens (42.9%); and ecstasy (27.1%) (Figure 8). Almost one-half (48.4%) of those who used illegal drugs reported increased use of other substances since the start of the pandemic.

Table 9. Changes in substance use among participants who used only alcohol and/or cannabis in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

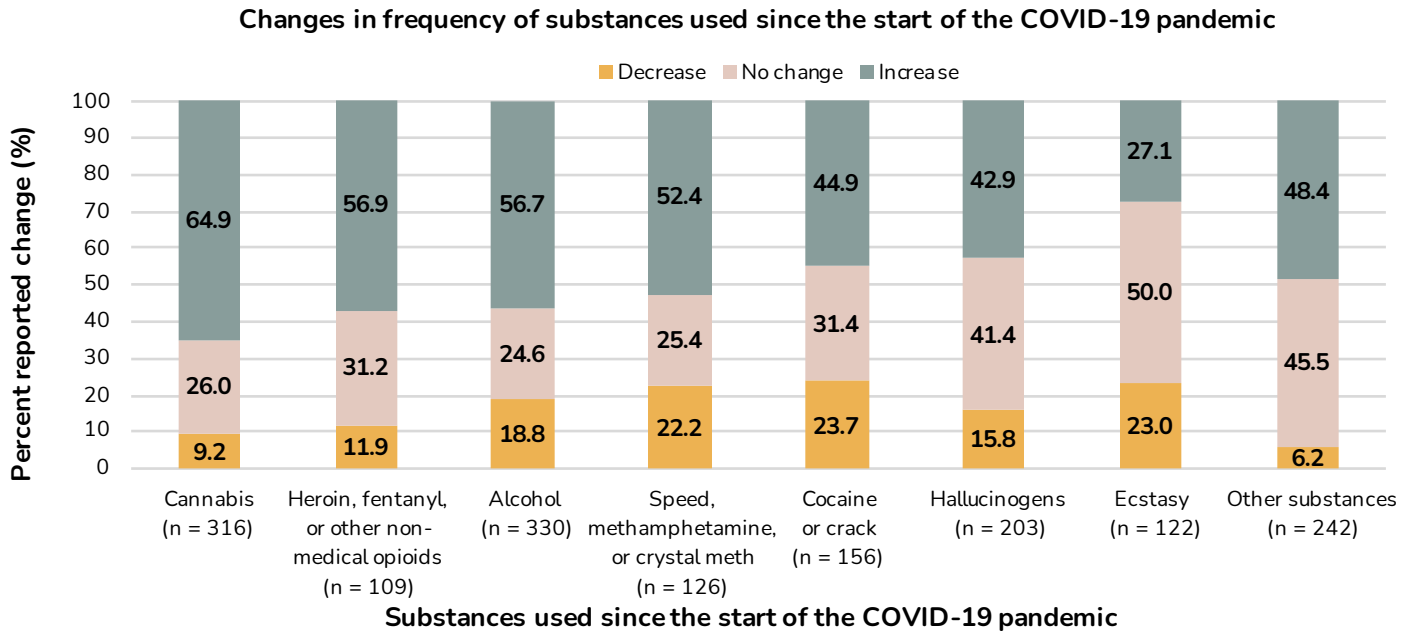
Indicator Since the start of the COVID-19 pandemic	n	Total[a]	%
Participants who used only alcohol and/or cannabis	451	845	53.4
Change in frequency of alcohol use			
Decrease	57	421	13.5
No change	127	421	30.2
Increase	237	421	56.3
Change in frequency of cannabis use			
Decrease	18	254	7.1
No change	91	254	35.8
Increase	145	254	57.1

Abbreviations: STBBI, sexually transmitted and blood-borne infection.

Note: The sum of the percentages may not equal 100% due to rounding, unless stated otherwise.

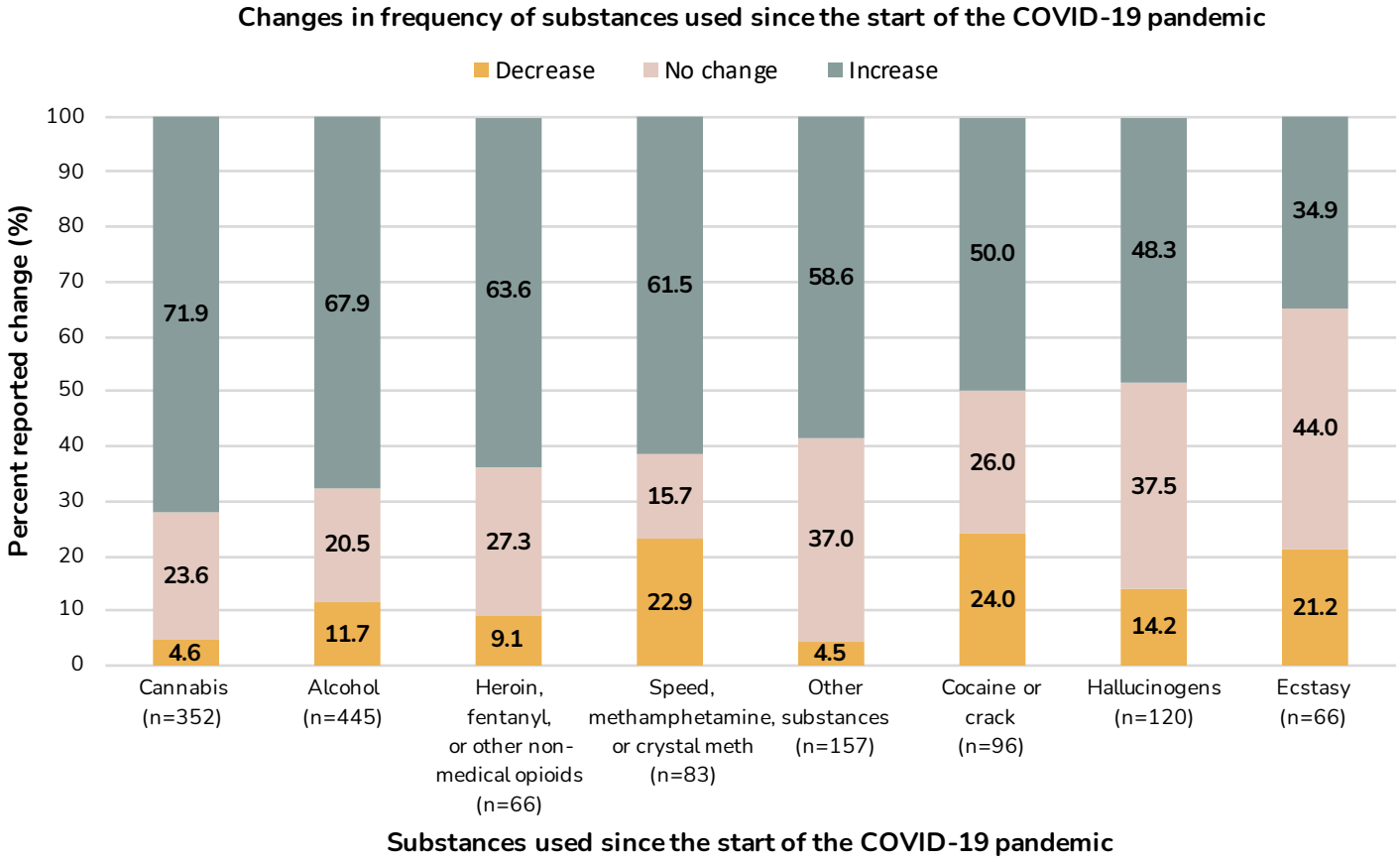
a Total represents total counts for the corresponding indicator excluding "Don't know", "Prefer not to answer", "Refused", and "Not stated" values, unless stated otherwise.

Figure 8: Changes in frequency of substances used among participants who used illegal drugs in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*



A pattern of increased substance use was observed among participants who reported worsening mental health since the start of the pandemic (Figure 9). More than two-thirds of participants with worsening mental reported increased use of cannabis (71.9%) and alcohol (67.9%), followed by increased use of heroin, fentanyl or other non-medical opioids (63.6%); speed, methamphetamine or crystal meth (61.5%); cocaine or crack (50.0%); hallucinogens (48.3%); and ecstasy (34.9%). Over one-half (58.6%) of those with worsening mental health reported increased use of other substances since the start of the pandemic.

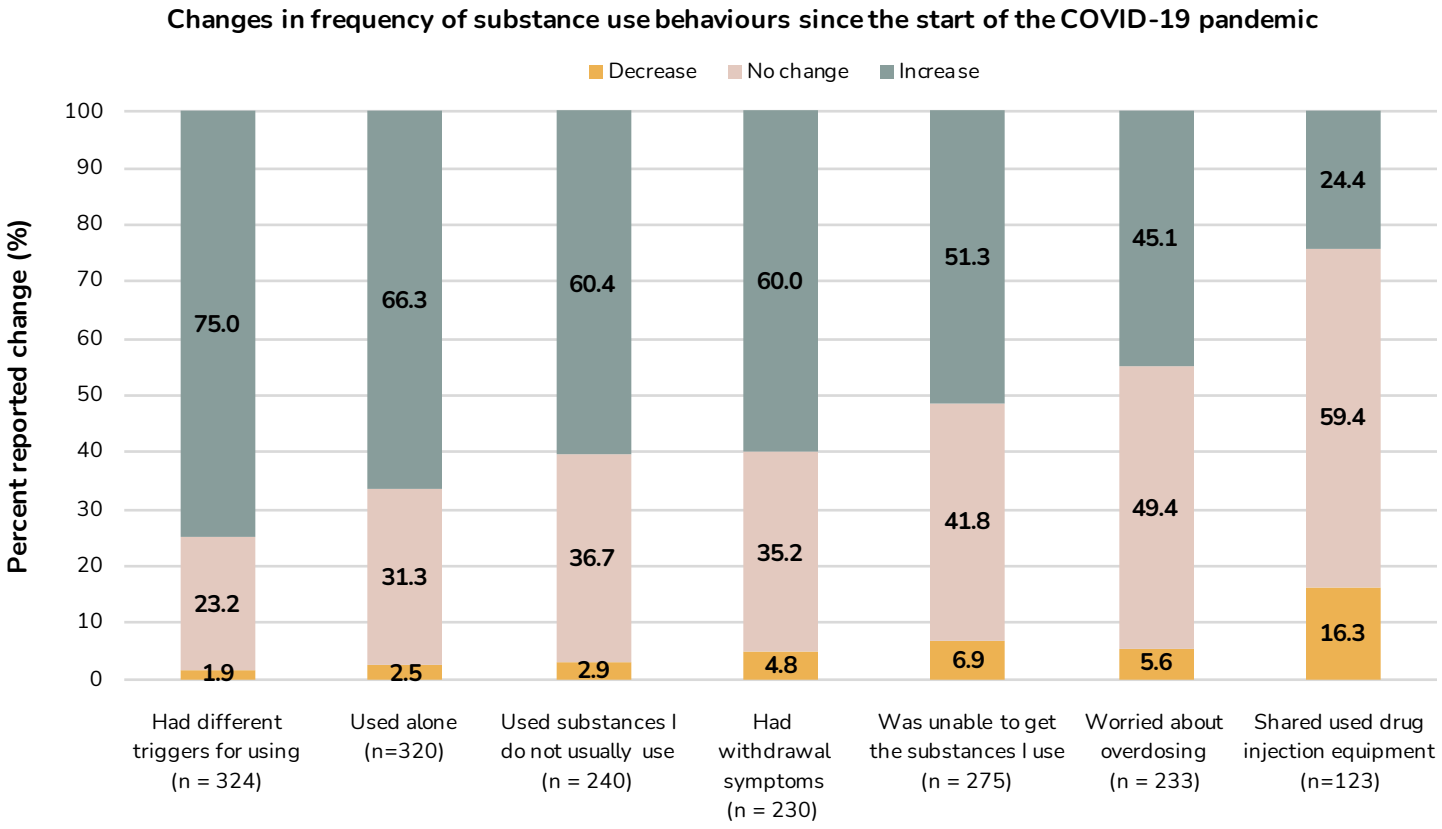
Figure 9. Changes in frequency of substances used among participants with worsening mental health since the start of the pandemic in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*



Changes in substance use behaviours

Since the start of the pandemic, many participants reported changes in their substance use behaviours (Figure 10). Among those who used illegal drugs, three-quarters (75.0%) reported an increase in having different triggers for using, 66.3% reported an increase in using alone, and 60.4% indicated an increase use of substances not usually used. Over one-half (60%) reported an increase in withdrawal symptoms, 51.3% reported an increase in not being able to get the substances they used, and 45.1% indicated an increase in their worry about overdosing. Almost one-quarter (24.4%) reported an increase in sharing used drug injection equipment (e.g., needles or syringes, pipes, tourniquets, swabs, and cookers) while 16.3% reported a decrease in sharing since the start of the pandemic.

Figure 10. Changes in substance use behaviours among participants who used illegal drugs in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*



Access to STBBI-related services

For indicators measuring access to STBBI prevention, testing and treatment services, the proportions reporting difficulties accessing each of these services were similar between all participants and those who used illegal drugs. Since cell counts for participants who used only alcohol and/or cannabis were small, the results are presented among all participants and among those who used illegal drugs, allowing comparisons of indicators measuring access to harm reduction services as well as substance use and treatment services.

STBBI prevention, testing and treatment services

Among all participants, 17.7% accessed or considered accessing STBBI prevention, testing and treatment services since the start of the pandemic (Table 10). Among those who accessed or considered accessing STBBI services, difficulties (i.e., only sometimes able to access or not able to access) were reported in accessing Indigenous health or healing services (88.0%), referrals to mental health counselling services (80.9%), community services (76.8%), interpreter and/or peer health service navigators (75.9%), and STBBI information and education (66.1%). Difficulties were also reported in accessing testing services, specifically HIV testing (49.5%), hepatitis C testing (48.4%), and other STI testing (57.3%). Participants could report more than one STBBI service accessed.

Table 10. Access to STBBI prevention, testing and treatment services among participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

Indicator Since the start of the COVID-19 pandemic	All participants			Used illegal drugs		
	n	Total[a]	%	n	Total	%
Accessed, considered accessing or wanted to access STBBI prevention, testing and treatment services						
Yes	147	829	17.7	101	385	26.2
No	682	829	82.3	284	385	73.8
Difficulty in accessing STBBI prevention, testing and treatment services[b,c]						
Indigenous health or healing services	22	25	88.0	19	22	86.4
Mental health counselling referral	76	94	80.9	56	68	82.4
Community services (e.g., peer support services)	53	69	76.8	43	54	79.6
Interpreter and/or peer health service navigator	22	29	75.9	17	22	77.3
STBBI information and education including outreach events (e.g., health fairs, festivals, community events)	41	62	66.1	29	44	65.9
Pre and post HIV test counselling	21	36	58.3	18	32	56.3
Other sexually transmitted infection (STI) testing	67	117	57.3	45	82	54.9
HIV testing	48	97	49.5	36	76	47.4
HCV testing	44	91	48.4	32	70	45.7
Resources about safer sex (postcard, pamphlets)	33	80	41.3	27	59	45.8
PrEP and/or PEP	21	51	41.2	17	39	43.6
Condom and/or dental dam	34	89	38.2	29	67	43.3

Abbreviations: STBBI, sexually transmitted and blood-borne infection; HIV, human immunodeficiency virus; HCV, hepatitis C virus; PrEP, pre-exposure prophylaxis; PEP, post-exposure prophylaxis.

Note: The sum of the percentages may not equal 100% due to rounding, unless stated otherwise.

a Total represents total counts for the corresponding indicator excluding "Don't know", "Prefer not to answer", "Refused", and "Not stated" values, unless stated otherwise.

b Derived variable, for further details, see section Measures-access to STBBI-related services.

c This indicator was measured among participants who reported accessing, considered accessing or wanted to access STBBI prevention, testing, and treatment services since the start of the COVID-19 pandemic. The differences in the denominators for each service is due to the differing number of participants who tried to access these services. The proportions for access to STBBI prevention, testing, and treatment services do not add up to 100% as they were not mutually exclusive; participants could report more than one type of STBBI prevention, testing, and treatment service.

Support and treatment for people living with HIV and/or hepatitis C

Among all participants, 4.8% reported they were currently living with HIV, of whom most (92.3%) were linked to an HIV care provider or clinic in the year before the pandemic (Table 11). Among those linked to HIV care, one-half (50.0%) experienced challenges accessing this care since the start of the pandemic.

Among all participants, 5.8% reported ever being told they have hepatitis C, of whom 17.4% indicated they currently have hepatitis C (Table 11). All who currently have hepatitis C reported they did not experience any challenges accessing care for hepatitis C since the start of the pandemic.

Table 11. Self-reported HIV and hepatitis C infection and access to care among participants in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

Indicator	n	Total[a]	%
Self-reported HIV and access to HIV care			
Currently living with HIV	39	817	4.8
Linked to HIV care the year before the COVID-19 pandemic	36	39	92.3
Experienced challenges accessing HIV care since the start of the COVID-19 pandemic	18	36	50.0
Self-reported hepatitis C and access to hepatitis C care			
Ever been told to have hepatitis C	47	813	5.8
Currently have hepatitis C[b]	8	46	17.4
Linked to hepatitis C care the year before the COVID-19 pandemic	<5	8	-
Experienced challenges accessing hepatitis C care since the start of the COVID-19 pandemic[c]	0	8	0.0

Abbreviations: STBBI, sexually transmitted and blood-borne infection; HIV, human immunodeficiency virus; -, indicates data was suppressed due to small cell counts.

Note: The sum of the percentages may not equal 100% due to rounding, unless stated otherwise.

a Total represents total counts for the corresponding indicator excluding "Don't know", "Prefer not to answer", "Refused", and "Not stated" values, unless stated otherwise.

b This indicator was measured among participants who reported having ever been told to have hepatitis C.

c This indicator was measured among those who reported currently have hepatitis C.

Harm reduction services

Among participants who used illegal drugs, 39.0% accessed or considered accessing harm reduction services since the start of the pandemic (Table 12). Among those who used illegal drugs and accessed or considered accessing harm reduction services, difficulties were reported in accessing drug consumption rooms (85.2%), drug checking services (83.5%), drop-in centres for people who use drugs (83.1%), community services (78.8%), and outreach services (77.0%). Participants could report more than one harm reduction service accessed.

Table 12. Access to harm reduction services among participants who used illegal drugs in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

Indicator	Used illegal drugs		
Since the start of the COVID-19 pandemic	n	Total[a]	%
Accessed, considered accessing or wanted to access harm reduction services[b]			
Yes	152	390	39.0
No	238	390	61.0
Difficulty in accessing harm reduction services[b,c,d]			
Drug consumption rooms	46	54	85.2
Drug checking services	71	85	83.5
Drop-in centres for people who use drugs	64	77	83.1
Community services (e.g., peer support services)	67	85	78.8
Outreach services	67	87	77.0
Delivery service for safe drug supplies	51	73	69.9
Needle and syringe distribution programs	47	82	57.3
Naloxone training	46	93	49.5
Safer drug use educational resources	43	91	47.3

Abbreviations: STBBI, sexually transmitted and blood-borne infection.

Note: The sum of the percentages may not equal 100% due to rounding, unless stated otherwise.

a Total represents total counts for the corresponding indicator excluding "Don't know", "Prefer not to answer", "Refused", and "Not stated" values, unless stated otherwise.

b This indicator was measured among participants who used illegal drugs.

c Derived variable, for further details, see section Measures-access to STBBI-related services.

d This indicator was measured among participants who used illegal drugs who reported accessing, considered accessing or wanted to access harm reduction services since the start of the COVID-19 pandemic. The differences in the denominators for each service is due to the differing number of participants who tried to access these services. The proportions for access to harm reduction services do not add up to 100% as they were not mutually exclusive; participants could report on more than one type of harm reduction service.

Substance use and treatment services

Among participants who used illegal drugs, 30.0% accessed or considered accessing substance use and treatment services since the start of the pandemic (Table 13). Among those who used illegal drugs and accessed or considered accessing substance use and treatment services, difficulties were reported in accessing drug treatment in therapeutic communities (86.5%), psychiatric hospitals (85.7%), and outpatient mental health care centres (82.5%). Difficulties were also reported in accessing opioid substitution treatment (OST) provided by family physicians or nurse practitioners (81.8%). Participants could report more than one substance use and treatment service accessed.

Table 13. Access to substance use and treatment services among participants who used illegal drugs in the *Survey of the Impact of COVID-19 on access to STBBI-related services, including harm reduction services in Canada, 2021*

Indicator Since the start of the COVID-19 pandemic	Used illegal drugs		
	n	Total[a]	%
Accessed, considered accessing or wanted to access substance-related treatment services[b]			
Yes	116	387	30.0
No	271	387	70.0
Difficulty in accessing substance-related treatment services[b,c,d]			
Drug treatment in non-hospital based residential settings (therapeutic communities)	32	37	86.5
Drug treatment in hospital-based residential settings (psychiatric hospitals)	24	28	85.7
Drug treatment in outpatient mental health care centres	33	40	82.5
OST in non-specialized outpatient treatment centres (e.g., provided by a family doctor or nurse practitioner)	36	44	81.8
Outpatient counselling and psychosocial treatment	62	77	80.5
Indigenous health or healing services	11	14	78.6
Drug treatment in primary healthcare settings (e.g., provided by a family doctor or nurse practitioner)	34	45	75.6
Community support services (e.g., peer support services, linkage to safe injection sites and treatment)	42	56	75.0
Overdose prevention and response	28	39	71.8
OST in specialized outpatient treatment centres	28	42	66.7

Abbreviations: STBBI, sexually transmitted blood-borne infection; OST, opioid substitution treatment.

Note: The sum of the percentages may not equal 100% due to rounding, unless stated otherwise.

a Total represents total counts for the corresponding indicator excluding "Don't know", "Prefer not to answer", "Refused", and "Not stated" values, unless stated otherwise.

b This indicator was measured among participants who used illegal drugs.

c Derived variable, for further details, see section Measures-access to STBBI-related services.

d This indicator was measured among participants who used illegal drugs who reported accessing, considered accessing or wanted to access substance-related treatment services since the start of the COVID-19-pandemic. The differences in the denominators for each service is due to the differing number of participants who tried to access these services. The proportions for access to substance-related treatment services do not add up to 100% as they were not mutually exclusive; participants could report on more than one type of substance-related treatment service.

Barriers to access of STBBI-related services

Since the start of the pandemic, among all participants, the most frequently reported reasons as to why they were not able to access STBBI prevention, testing and treatment services, harm reduction services, and substance use and treatment services, included the following:

- Reduced hours of operation or the service was closed
- Difficulty getting an appointment
- Difficulty getting a referral
- Difficulty contacting a doctor or nurse to get information or advice
- Difficulty accessing the service because of COVID-19 related public health measures
- Fear of, or concern about exposure to someone with COVID-19
- Fear of, concern about or experienced stigma, discrimination or violence

Discussion

Findings from this national *Survey on the Impact of COVID-19 on access to STBBI-related services, including harm reduction services, for people who use drugs or alcohol in Canada* highlight the negative impacts of the COVID-19 pandemic on access to STBBI-related services, social determinants of health, and substance use.

At the time of this survey (January 5 to February 5, 2021), Canada was at the tail end of the second wave of the COVID-19 pandemic that began in late August 2020 and peaked nationally in January 2021. Many restrictions, including business, workplace and school closures, limits on social gatherings, and cancellation of public events, were eased by end of summer of 2020 (12). The second wave was characterized by increased community transmission related to workplace outbreaks and social gatherings, especially among the younger age groups (12). Areas and populations (i.e., the Territories, Prairie provinces, some Indigenous communities, and younger Canadians) not greatly affected in the first wave were impacted in the second wave (12). Vaccination efforts began in December 2020 and focused on residents in long term care facilities and healthcare workers. Since vaccines were still not widely available in early February 2021, public health measures (e.g., case management and contact tracing, school and business closures, and stay-at-home orders) and individual prevention practices (e.g., masking, physical distancing and hand hygiene) continued to be the primary means to manage the pandemic. International border measures, restricting non-essential travel and business activities, also remained in place.

Impact of COVID-19 on access to STBBI-related services

> ***"During the pandemic, the use of some health services noticeably decreased. This may be driven both by fewer people seeking care as well as a decrease in the number and types of services available."***
>
> Chief Public Health Officer of Canada's Annual Report 2021, page 25 (12)

Since the start of the pandemic, less than one-fifth (18%) of all participants of this survey (PWUD participants) accessed or considered accessing STBBI prevention, testing and treatment services while two-thirds (66%) of STBBI service providers experienced a decrease in demand for their services (2). PWUD participants reported difficulties

accessing community support (e.g., Indigenous health or healing services, referrals to mental health counselling, and peer support services) and testing (i.e., STI, HIV and hepatitis C) services. Many PWUD participants living with HIV and linked to HIV care before the pandemic reported challenges accessing this care since the start of the pandemic.

Over one-third (39%) of PWUD participants who used illegal drugs accessed or considered accessing harm reduction services while nearly one-half (45%) of harm reduction service providers experienced a decreased demand for their services since the start of the pandemic (2). PWUD participants who used illegal drugs reported difficulties accessing harm reduction services, especially drug consumption rooms, drug checking services, and drop-in centres for people who use drugs.

Almost one-third (30%) of PWUD participants who used illegal drugs accessed or considered accessing substance use and treatment services while over one-third (39%) of substance use and treatment service providers experienced a decreased demand for their services since the start of the pandemic (2). PWUD participants who used illegal drugs had difficulty accessing services, including drug treatment in non-hospital and hospital-based residential settings, and in outpatient mental health care centres. Of note, while overall emergency department visits and hospitalizations for most conditions declined during the pandemic, from October 2020 to June 2021, emergency department visits increased for harms related to both cannabis (14%) and opioids (36%) and similarly, hospitalizations increased for cannabis (14%) and opioids (30%) (13).

Most of the difficult to access services reported by PWUD participants were also the services where service providers reported the need to stop or reduce services at some point during the pandemic (2). These closures and service reductions affected the delivery of and access to STBBI-related services, and may have contributed to the access barriers (e.g., reduced hours of operation, difficulty getting an appointment or a referral) reported by PWUD participants. Other access barriers reported by PWUD participants included concern about exposure to someone with COVID-19 and experiences of stigma, discrimination or violence.

Since the start of the pandemic, STBBI-related service providers who experienced challenges in delivering services pivoted to develop new service delivery models. New approaches to service delivery were reported from across Canada. These approaches included mobile outreach for HIV, hepatitis C and other STI testing services; delivery of harm reduction by outreach, including mobile vehicle and home delivery; and self-serve pick-up and drop-off of harm reduction supplies at service windows or curbside depots (2).

Impact of COVID-19 on social determinants of health

"While the pandemic affects all Canadians, we did not all have access to the same resources and choices before or during the pandemic, leading to different health, social and economic impacts."

Chief Public Health Officer of Canada's Annual Report 2020, page 19 (1)

Discrimination

Discrimination often prevents people from accessing the resources they need to be healthy, including STBBI-related services. Just prior to the start of the second wave of the pandemic, one-quarter (28%) of Canadians who participated in a Statistics Canada crowdsourced survey (August 2020) reported they had experienced discrimination since the start of the pandemic (14). One-third (33%) of PWUD participants experienced discrimination when accessing healthcare services in the year before the pandemic with many reporting an increase in these experiences since the start of the pandemic. Many reported experiencing an increase in discrimination based on their substance use since the start of the pandemic.

Employment and financial security

The COVID-19 pandemic has greatly affected the financial security of Canadians. Employment declined in January 2021 to its lowest level since August 2020. Declines were concentrated in part-time work among youth aged 15 to 24 years in the retail trade sectors (15). The unemployment rate rose to 9.4% in January 2021 (15). Despite three-quarters (76%) of PWUD participants working full or part time, many reported the pandemic had an impact on their ability to pay bills. To compensate for these financial losses, one-third (32%) of PWUD participants applied and received COVID-19 related income support transfers implemented by the federal and provincial/territorial governments. The Canada Emergency Response Benefit (CERB) and employment insurance benefits were the most common supports reported.

Food insecurity

In the fall of 2020, during the second wave of the COVID-19 pandemic, about one-in-ten (9.6%) Canadians reported they experienced food insecurity in their household because of financial hardships (16). In comparison, four-in-ten (42%) PWUD participants reported experiencing food insecurity in early 2021. Food insecurity was highest among PWUD participants who had stopped working or worked reduced hours and/or had reduced pay since the start of the pandemic.

Domestic violence

At the time of this survey, physical distancing measures were still recommended since vaccines were prioritized for older Canadians. Social isolation, loss of employment and reduced income are factors known to increase the risk of domestic violence (17). One-third (32%) of Canadians who participated in a Statistics Canada survey (March to April 2020) reported that they were very or extremely concerned about family stress from confinement (18). About one-in-ten (8%) Canadians reported that they were very or extremely concerned about the possibility of violence in the home (19). In this survey, PWUD participants who did not feel safe in their home before the pandemic, reported the greatest increase in feeling less safe since the start of the pandemic. Indeed, PWUD participants who experienced domestic violence since the start of the pandemic reported experiencing an increase (ranging from 32% to 63%) across all acts of domestic violence, including verbal, physical, financial, and sexual abuse.

Mental health

Impacts of the pandemic such as increased social isolation and domestic violence, reduced income, and food insecurity, may negatively affect the mental health and well-being of Canadians. According to the Canadian Community Health Survey (January to February 2021), four-in-ten (39%) Canadians reported their perceived mental health was somewhat worse or much worse compared to before the pandemic (20). Six-in-ten (60%) PWUD participants in this survey reported their mental health had worsened since the start of the pandemic. Worsening mental health was reported most among

PWUD participants who also endorsed having poor mental health at the time of the survey. Among PWUD participants who accessed or considered accessing mental health and wellness services since the start of the pandemic, many (66%) reported they were not always able to access such services. Of note, service providers also encountered challenges in their ability to refer clients to mental health services (2).

During the pandemic, it appears that PWUD participants reported higher rates of experienced discrimination, food insecurity, domestic violence, and worsening mental health when compared to results from surveys of the general population.

Impact of COVID-19 on substance use

"The stress and uncertainty of the pandemic, including its associated social and economic upheavals, altered the substance use patterns of many Canadians."

Chief Public Health Officer of Canada's Annual Report 2021, page 28 (12)

Substance use

According to a Statistics Canada survey (January 25 to 31, 2021), nearly one-quarter (24%) of Canadians reported an increase in their alcohol consumption and more than one-third (34%) reported an increase in their cannabis consumption during the pandemic (21). Since the start of the pandemic, among PWUD participants who used only alcohol and/or cannabis, more than one-half reported increased use of alcohol (56%) and cannabis (57%). Similarly, among PWUD participants who used illegal drugs, more than one-half reported increased use of alcohol (57%) and almost two-thirds (65%) reported increased use of cannabis since the start of the pandemic.

The negative relationship between substance use and mental health is well established (22,23,24). In a Statistics Canada survey (March 29 to April 3, 2020), Canadians who rated their mental health as fair or poor during the pandemic, also reported increases in their use of alcohol (28%) and cannabis (17%) (22). Among PWUD participants who reported worsening mental health since the start of the pandemic, many reported increased use of alcohol (68%) and cannabis (72%).

Substance use behaviours

International border restrictions during the pandemic disrupted substance supply chains in Canada (25). In May 2020, the Canadian Community Epidemiology Network on Drug Use (CCENDU) issued an alert about the impact of public health measures on the illegal drug supply in Canada (26). The alert warned of the following: a decreased or change in the availability of different drugs; increased prices or drugs sold at the same price but more diluted; people using drugs that are not from their regular source; and an increase in people using drugs alone in an attempt to adhere to physical distancing measures. From this survey, PWUD participants who used illegal drugs since the start of the pandemic also reported increases in triggers for using, using alone, using substances not usually used, withdrawal symptoms, and worries about overdosing and their ability to access usual substances. These disruptions to the drug supply, in combination with other public health measures and the closures or reductions of STBBI-related services (i.e., STBBI prevention, testing and treatment services; harm reduction services; and substance use and treatment services) at some point during the pandemic, may have increased the risks associated with substance use.

Strengths and Limitations

An anonymous online survey was used to limit COVID-19 risks and meet the need to reach a large number of participants over a short data collection period. Therefore, survey participants represent a convenience sample of PWUD with access to a computer/internet. As such, results should not be generalized to all people who use drugs or alcohol in Canada. Similar caution should be used in interpreting results for the small sample of participants living with HIV who reported experiencing challenges accessing HIV care since the start of the pandemic.

The possible selection bias introduced by the online nature of the survey meant that information from participants without access to a computer/internet is lacking, possibly leading to underestimates related to financial and food insecurity, precarious or inadequate housing, and mental health. In addition, the survey findings are based on self-reported data and subject to response biases such as social desirability; however, the anonymous nature of the survey likely minimized these biases.

Given the cross-sectional study design, it is not possible to make any attributions regarding COVID-19 as the "cause" of findings summarized in this report. The study was purposefully designed to gather information about participants' "perceived" experiences across social determinants of health, substance use, and access to STBBI-related services, including harm reduction and substance use and treatment services.

Despite these limitations, the survey findings nonetheless provide a descriptive snapshot of the impact of the COVID-19 pandemic on access to STBBI-related services by people who use drugs or alcohol in Canada.

Conclusion

> ***"This pandemic has demonstrated that inequities in our society place some populations – and ultimately, all Canadians at risk. No one is protected from the risk of COVID-19 until everyone is protected."***
>
> Chief Public Health Officer of Canada's Annual Report 2020, page 38 (1)

The COVID-19 pandemic has not affected Canadians equally. Findings from this survey underscore the disproportionate impact of the pandemic on social determinants of health, especially among those who experienced poorer health and socioeconomic circumstances before the pandemic. Survey findings substantiate how the pandemic may have placed people who use drugs or alcohol at greater risk of poorer health and well-being because of their increased experiences of discrimination, employment or income loss, increased food insecurity, increased experiences of domestic violence, increased substance use, and more risky substance use behaviours during the pandemic.

In Canada, it is understood that STBBI disproportionately affect key populations, including people who use drugs (27). Since the start of the pandemic, difficulties in accessing STBBI-related services coupled with further declines in the social determinants of health, especially in key populations, may ultimately affect Canada's progress in achieving global STBBI targets as outlined in the Pan-Canadian STBBI Framework for Action (27,28).

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