Gender differences in using harm reduction services among individuals experiencing absolute homelessness in Edmonton, Canada

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Introduction

Harm reduction programs are at the core of Canada’s response to the overdose crisis. Past literature has shown gender differences in accessing and using available services. To better understand the impact of gender on taking harm reduction measures and accessing services among homeless populations, this study analyses the utilization of naloxone kits and harm reduction services, namely clean needle exchange, within a sample of 107 males and 43 females experiencing absolute homelessness in Edmonton, Canada.

Study Methods

Individuals experiencing absolute homelessness were recruited by convenience sampling from Edmonton’s inner city, adjoining parkland areas, river valley and Boyle Street Community Services. A cross-sectional survey including 57 single, multi-item, and brief qualitative measures was completed, divided into five sections: (1) basic demographic information, (2) living situation, (3) substance use, (4) physical and mental health status, and (5) health service utilization and unmet care needs.

Analysis

• Fisher’s exact test was used to determine gender differences on measures of living situation and health service utilization

• All statistical analysis was completed using the R Foundation for Statistical Computing through RStudio Version 1.2.5042.

Results

Significantly more females had owned a kit (p=0.012), used a kit in the past 6 months (p=0.002), and had used harm reduction services (p=0.044) than did males.

The majority of females were living with a partner or immediate family member compared to males, who were mostly living alone (p=0.001). Amongst females, unstable housing was significantly associated with owning a naloxone kit (p=0.016) and living with a partner was significantly associated with using a naloxone kit (p=0.007).

Amongst males, living alone was significantly associated with owning (p=0.007) and using (p=0.002) a naloxone kit, and living in parklands as opposed to shelters (p=0.002) was significantly associated with owning a naloxone kit.

Similarly, males who lived in the streets, as opposed to shelters, were significantly more likely to receive harm reduction services (p=0.014).

Conclusions

Based on the current results, differences in naloxone kit ownership and use of harm reduction services may be a consequence of this population’s living situations. Further analysis on the drug use patterns among this population and how it relates to their use of services is underway. Understanding such differences among individuals experiencing absolute homelessness is necessary to better cater services to specific individual needs.

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We have no conflicts of interest to declare.