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A qualitative study on spatial inequities and access to syringe  
distribution in Vancouver, BC

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# “If I’ve been waiting two hours to get high then...I’m a little ticked”: A qualitative study on spatial inequities and access to syringe distribution in Vancouver, BC

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## BACKGROUND

Vancouver, Canada is considered an international leader in harm reduction. While other cities still struggle to implement syringe exchange programs due to ongoing discrimination towards people who inject drugs (PWID), Vancouver has a city-wide syringe distribution policy which facilitates access to unlimited syringes and related injection equipment for PWID. Despite this policy being ‘city-wide’, these supplies are nonetheless more abundant in the Downtown Eastside (DTES) – a neighbourhood with the highest concentration of services for PWID compared to any other part of the city. Through this study, we sought to understand how PWID both living within and outside of the DTES experience differing levels of spatial access to syringe distribution services in Vancouver.

## METHODS

Between January and March 2020, researchers conducted qualitative interviews with 34 People Who Use Drugs enrolled in two prospective cohorts. Participants were eligible to participate in this study if they were residents of Vancouver and had used illicit drugs in the past 30 days. Interviews were audio-recorded, transcribed, and coded. Important themes were identified using inductive and deductive approaches.

## RESULTS

Study participants described different experiences related to spatial proximity to the DTES and syringe access, and identified three key themes:

**1. Participants who lived in the DTES tended to have more access to syringes than those who did not live in the area, through social housing and harm reduction facilities located close to where they live.**

*I just get them mostly from my building, you can take as much as you want, like I usually take a big box of syringes and I put it in my room and I then I just take a whole bunch every day from it (Chelsea)*

Some described how syringe access was facilitated by the convenience of living close to critical harm reduction organizations, such as the Vancouver Area Network of Drug Users (VANDU), an advocacy group in the DTES led by people who use(d) drugs.

*[VANDU is] half a block from where I live, it’s very convenient. I pass by it every time I go to the store. I can just go in and get a handful of everything. I don’t have to get a box, it’s just convenience. (Kirby)*

**2. Participants who did not live in the DTES described having to make trips to the area in order to acquire or dispose syringes, in addition to limited access in their own neighbourhoods.** One participant discussed purposely keeping away from the DTES unless required, in order to avoid being ‘triggered’.

*I don’t like to come down to the [Downtown] Eastside if I don’t have to, because it is a trigger for me... That addict is still there and so I don’t like to put myself in a...slippery situation where it could potentially lead to danger, that’s why I just come down here once every couple of weeks to dispose of [syringes]. (Sarah)*

Another participant who lived outside the DTES alluded to the need for harm reduction locations in her community to be more accessible (e.g. hours/days of operation).

*Their hours are just 9 to 4. Maybe that’s the only disadvantage because previously there used to be a places within walking distance and they’d be open till like, I don’t know, 6, 8 at night and weekends. (Tori)*

**3. While some participants who lived outside of the DTES described accessing syringes through mobile delivery vans, they expressed dissatisfaction with long delivery times.**

*The van is getting really slow. If somebody needs to use right now, they’re heroin sick or whatever, and the van, they call the van and the van’s like oh, I’ll be there in... sometimes 20 minutes is too long, right. But I’ve called them and they’ve been like oh, I’ll be there within an hour and a half. Hour and a half. I can get downtown to one of the hotels and back home with a half an hour...if I’ve been waiting two hours to get high then I’m a little ticked. (Valerie)*

*Two hours, three hours, unbelievable. So I don’t utilize that [source] as much unless I’m absolutely in a desperate state and I don’t have a clean needle, and then I’ll wait, but nobody likes to wait. (Mackenzie)*

Participant demographics (n=34)	n
Age	
30-39	5
40-49	9
50-59	14
60-69	4
Unknown	2
Ethnicity	
Métis	1
White	18
Indigenous	14
Mixed race	1
Gender	
Woman	13
Man	19
Two Spirit	2
HIV status	
Living with HIV	16
Not living with HIV	18

## DISCUSSION

The current study enhances knowledge around spatial inequities in relation to harm reduction service delivery in Vancouver, where syringe access is embedded in policy as ‘city-wide’. These findings emphasize the importance of making syringe distribution services more spatially equitable for PWID living in areas outside of the DTES.