

## Ready Access to Illicit Drugs among Youth and Adult Users

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**Background:** Current drug-control strategies in Canada focus funding and resources predominantly on drug law enforcement, often at the expense of preventive, treatment, and harm reduction efforts. This study aimed to examine the availability of the most commonly used substances in Vancouver, Canada after the implementation of such strategies.

**Methods:** Using data from two large cohorts of drug-using youth and adults in Vancouver from the calendar year 2007, we assessed perceived availability of heroin, crack, cocaine, crystal methamphetamine, and marijuana.

**Results:** Compared to youth ( $n = 330$ ), a greater proportion of adults ( $n = 1,160$ ) reported immediate access (ie, within 10 minutes) to heroin (81.0% vs. 55.9%,  $p < .001$ ), crack (90.4% vs. 69.3%,  $p < .001$ ), and cocaine (83.7% vs. 61.1%,  $p < .001$ ). Conversely, larger proportions of youth reported immediate access to crystal methamphetamine (62.8% vs. 39.4%,  $p < .001$ ) and marijuana (88.4% vs. 73.2%,  $p < .001$ ) compared to adult users.

**Conclusions:** Regardless of differences in illicit drug availability by age, all drugs are readily accessed in Vancouver despite drug law enforcement efforts. This includes drugs that are frequently injected and place users at risk of human immunodeficiency virus (HIV) infection and transmission of other blood-borne disease. (*Am J Addict* 2012;21:488–490)

such as human immunodeficiency virus (HIV) through injection<sup>1</sup>—to broader psychological, social, and legal consequences.<sup>2</sup> Perhaps most vulnerable to the fallout of drug use are children and adolescents, for whom drug use may interfere with normal development, educational attainment, and healthy integration into society.<sup>3</sup> In the most extreme of cases, adolescent drug dependence is linked to homelessness, poor educational attainment, poverty, and sex trade involvement, a series of problems often persisting into adulthood.<sup>4</sup>

In recent years, multiple jurisdictions in North America have preferentially addressed the problem of drug use by bolstering drug law enforcement.<sup>5,6</sup> Indeed, Canada's National Anti-Drug Strategy was renewed in 2007 with a strong emphasis on enforcement strategies.<sup>7</sup> These efforts rely primarily on preventing the importation of internationally supplied drugs and precursors (eg, heroin, cocaine, and pseudoephedrine), uncovering suppliers of domestically produced drugs (eg, marijuana, ecstasy, and methamphetamine), and aggressively arresting drug users and drug distributors.<sup>8</sup> Evaluating these strategies remains important, because their implementation and expansion may divert funding away from drug treatment and harm reduction interventions, which are strongly supported in a growing body of scientific evidence.<sup>9</sup> Street-based law enforcement practices may also drive users into hidden environments and away from healthcare services.<sup>10</sup>

As a first step in examining current drug control policy, it is reasonable to consider the degree to which illicit drugs are accessible by drug users. Policymakers may otherwise rely predominantly on drug seizure and arrest data to assess the impact of drug law enforcement on drug markets, rather than simultaneously considering the experience of active drug users, who constitute a difficult-to-study population. This study examined the reported availability of commonly used illicit drugs—heroin, crack, cocaine, crystal methamphetamine, and marijuana—among drug users.

### INTRODUCTION

The repercussions of illicit drug use are manifold and far-reaching, ranging from direct medical harm—most notably including the transmission of blood-borne illnesses

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## METHODS

We drew data from two ongoing community-recruited cohorts based in Vancouver, British Columbia. The first cohort, the At Risk Youth Study (ARYS), consists of young people of age 14–26 years who have used an illicit drug other than or in addition to marijuana in the 30-day period before enrolment.<sup>11</sup> The second, the Vancouver Injection Drug Use Study (VIDUS), consists of adult drug users of age  $\geq 16$  years who have injected during the month before enrolment.<sup>12</sup> Extensive street-based and recruitment methods and snowball sampling are used in an effort to derive representative samples for ARYS and VIDUS.

In both studies, participants are administered a baseline survey at enrolment and semi-annually thereafter. In baseline and follow-up surveys, participants are asked, “How difficult would it be for you to get the following drugs right now in the area where you typically obtain your drugs?” We focused our analysis on the proportion that answered that they could “score within 10 minutes,” and limited the range of drugs considered to those most commonly used: heroin, crack, cocaine, crystal methamphetamine, and marijuana.

To minimize the effect of change in trends in drug availability with time, we considered only responses provided during the calendar year 2007. If a participant responded to two surveys during the calendar year 2007, only the results of the first were included.

## RESULTS

During the calendar year 2007, 1,160 VIDUS participants and 330 ARYS participants provided data for the present analysis. Males represented 748 (64.5%) and 221 (67.0%) of the VIDUS and ARYS cohorts, respectively ( $p = .403$  for chi square test for difference). Mean age (standard deviation) among VIDUS participants was 41.8 (8.7) years and among ARYS participants was 21.7 (2.8) years. Overall, 624 of all participants (41.9%) reported that they had been homeless in the 6 months preceding interview. ARYS participants were more likely to engage in weekly alcohol use than VIDUS participants (48.2% vs. 22.4%;  $p < .001$  for chi square test of difference).

Figure 1 shows the number of users reporting being able to locate a drug within 10 minutes. Almost all drugs were reported easily obtained by a majority of participants, with VIDUS participants reporting readier access to heroin, crack, and cocaine than ARYS participants, and ARYS participants reporting more rapid access to crystal methamphetamine and marijuana than VIDUS participants.

## DISCUSSION

Our findings indicate that Vancouver’s most commonly used illicit drugs—heroin, crack, cocaine, crystal metham-

phetamine, and marijuana—are readily available in an extremely short time to those who seek them. Perhaps most concerning is the ready availability of drugs that are injected (eg, heroin, cocaine, crystal methamphetamine).

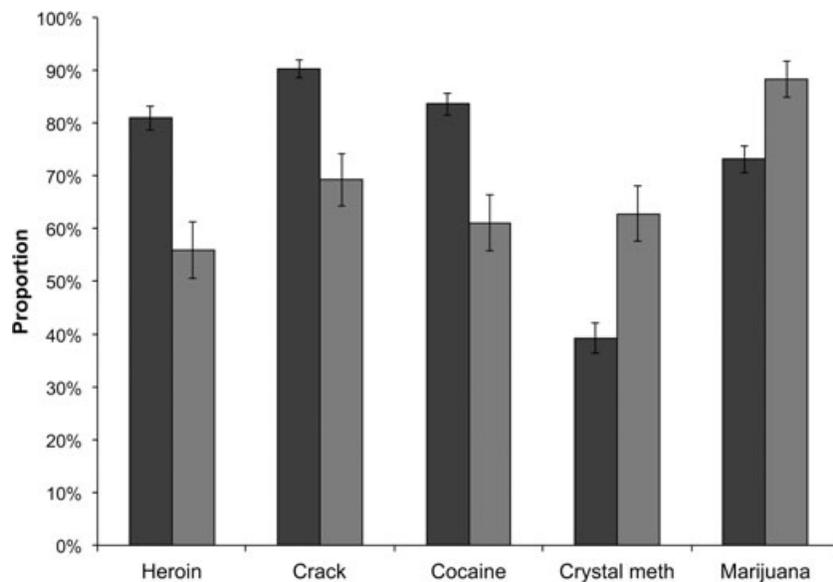
Some have argued that drug control policy that focuses on law enforcement may have limited effectiveness in reducing drug availability.<sup>9,13</sup> In this vein, the City of Vancouver has espoused a four-pillared approach to drug addiction<sup>14</sup> that includes substantial funding for law enforcement, and much smaller amounts for prevention, treatment, and harm reduction.<sup>6,15</sup> Our study, unfortunately, is limited by its inability to fully delineate the causal link between current drug policies in Vancouver and drug availability. Nevertheless, in the face of widespread availability of street drugs in our study, further research will inevitably be needed to determine whether current policy is ultimately effective, both in Vancouver and elsewhere internationally, in reducing the supply of drugs.<sup>16</sup>

An additional important limitation of our study is that both samples employed street-based outreach and required recent drug use in their inclusion criteria. Therefore, both studies selected for participants who had a history of locating illicit drugs; these same drugs may not be as readily accessible to other youth and adults, making our findings less generalizable to all locations (eg, rural regions) in North America.

Relatively free and easy access to illicit drugs persists among urban drug users in Vancouver and elsewhere in North America.<sup>10</sup> Particularly concerning is the ready availability of all studied illicit drugs to the youth in our study. Drug-using youth remain at once understudied and underserved, but represent an important target population for interventions to reduce drug use early in the course of addiction. Future efforts to reduce access to drugs for users of all ages will inevitably play an important role in curbing the individual- and societal-level harms of drug dependence.

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**FIGURE 1.** Proportion of VIDUS (dark shading,  $n = 1,160$ ) and ARYS (light shading,  $n = 330$ ) substance users reporting being able to obtain a drug within 10 minutes in Vancouver, Canada, during calendar year 2007. (Error bars represent 95% confidence intervals.)

### Declaration of Interest

Dr. Montaner has received educational grants from, served as an ad hoc advisor to, or spoken at various events sponsored by Abbott Laboratories, Agouron Pharmaceuticals Inc., Boehringer Ingelheim Pharmaceuticals Inc., Borean Pharma AS, Bristol-Myers Squibb, DuPont Pharma, Gilead Sciences, GlaxoSmithKline, Hoffmann-La Roche, Immune Response Corporation, In-cyte, Janssen-Ortho Inc., Kucera Pharmaceutical Company, Merck Frosst Laboratories, Pfizer Canada Inc., Sanofi Pasteur, Shire Biochem Inc., Tibotec Pharmaceuticals Ltd., and Trimeris Inc.

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this paper.

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