Food as Harm Reduction: The intersection of food security, food access and harm reduction services for people living with HIV who use drugs

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BACKGROUND

The Food as Harm Reduction (FaHR) study explores the role food provision plays in reducing the harms associated with illicit drug use among a cohort living in Vancouver, BC.

Specific goals of the project are:

1. to determine how and when access to food (or lack thereof) impacts the health and well-being of People Living with HIV/AIDS (PLHIV) who use drugs (PWUD);
2. document how PLHIV who use drugs navigate their environment in order to access food and harm reduction resources; and
3. highlight the importance of safe and supportive food sites as a means of reducing the nutritional harms of drug use.

METHODOLOGY

Study methodology entailed a survey of 60 PLHIV who also use illicit drugs (30 Dr. Peter Center participants, 30 non-participants) and mapping combined with qualitative interviews. The Survey of Food Security, Quality, Access and Health (FSQAH) comprised a number of modules designed to investigate the relationship between food access and security, drug use and various health outcomes. In the second phase of the research, we asked 20 individuals who had completed the FSQAH survey to participate in mapping and a qualitative interview (10 Dr. Peter Centre participants and 10 non-participants).

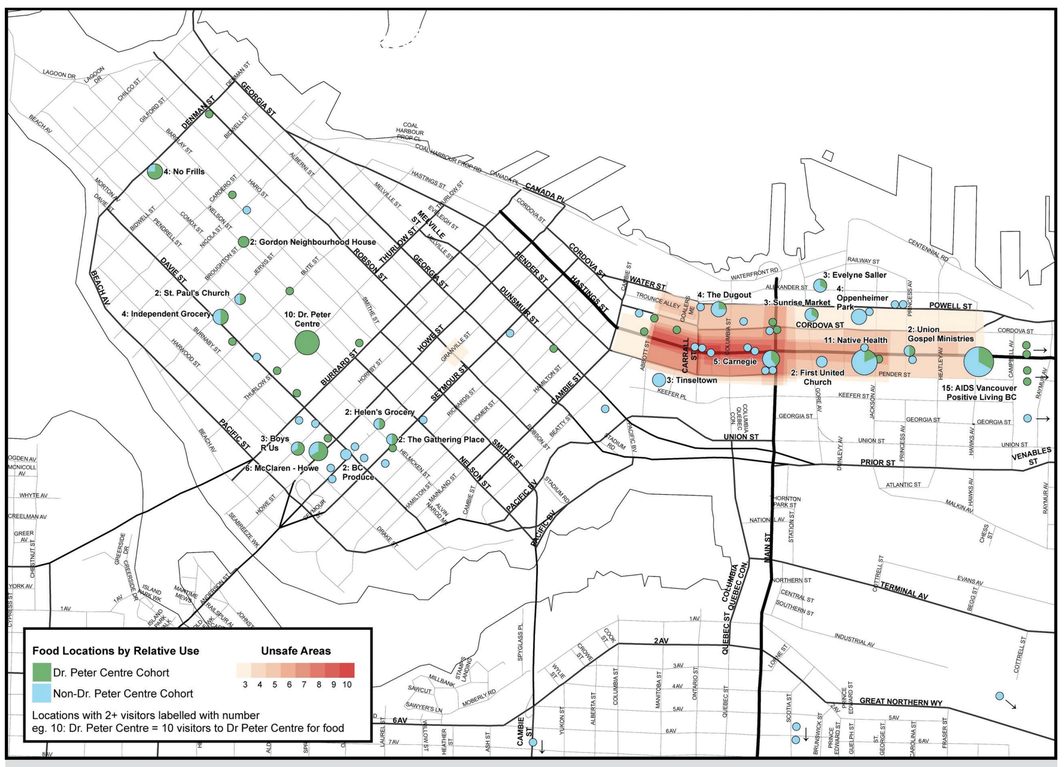
In the Service Access Mapping (SAM) component of the study, we asked participants to indicate their daily routines including where they accessed food and harm reduction programs. We asked whether they felt safe in these spaces and whether they had to pass through any areas that they considered unsafe to access food, harm reduction or other resources. The results are maps of individual's daily routines as well as analytic maps showing areas that are safe, unsafe, which food resources people use most heavily and the daily pathways they use to get there.

The average age of survey participants was 50 (range 31 to 62). The majority (88%) of respondents identified as male. Half identified as Caucasian, 33% Aboriginal, 13% multiracial (primarily Aboriginal and Caucasian) and 3% as Other (all other ethnicities were collapsed into the Other category to maintain anonymity). All survey participants had low incomes, with 95% receiving social assistance through disability benefits, averaging CAD $1150 per month. The majority of participants (56%) lived in supportive or subsidized apartment, 35% resided in a Single Room Occupancy Hotel, and 8% reported having no fixed address at the time of the survey. Methamphetamines (33%) and crack/cocaine (28%) were the drugs of choice among respondents, followed by opioids (23%), and other drugs (15%) including benzodiazepines and cannabis. SAM participations did not vary significantly from these demographics.

RESULTS

The FSQAH found that 88% of respondents experienced some level of food insecurity. One contributing factor is drug use. Seventy percent said that in the past 12 months, they did not eat enough because of drug use. Additionally, 77% of all respondents said drug use did affect their diet, including what they ate (64%), how well they ate (62%), when they ate (60%) and where they ate (40%). All respondents used some form of food assistance, either a food bank program (91%), and/or a free or low-cost meal program (81%) and/or a community kitchen program (30%). The most commonly used programs were the Dr. Peter Centre, the Positive Outlook Program (POP) at Native Health, and the AIDS Vancouver food bank.

The SAM indicated that participants did feel that drug use affected their diet. However, food resources, such as the Dr. Peter Centre, the POP at Native Health and the food bank at AIDS Vancouver were critical sites for accessing nutrition and other needed services. In particular, the Dr. Peter Centre and POP were anchors in participants' daily routines, often being utilized for breakfast and lunch. Continued support for these and other programs serving PLHIV who use drugs are critical for maintaining their health and well-being.



Map 1 displays the location and frequency of use for all food resources (including meal programs, food banks, and grocery stores) mentioned in the 20 SAM interviews. These are mapped in relation to spaces that participants identified as being unsafe. The most frequently used sites were the DPC, POP, and the AIDS Vancouver food bank – all food programs specifically designed for PLHIV. Several of the most frequently used food sites are located in areas that some respondents felt were unsafe, in particular the Downtown Eastside, where a number of important food programs for PLHIV are located.

Map by Eric Pledger

CONCLUSION

Despite the numerous food resources in Vancouver, PLHIV who use drugs still experience very high rates of food insecurity. This may be partially due to drug use which can serve as a barrier to accessing food because of loss of appetite, stigma and lack of money to purchase food. The frequency of drug use affects the extent to which these issues result in negative health outcomes. At the same time, many participants in our study were aware of the nutritional harms of drug use and took steps to mitigate these effects. Keeping to a schedule or routine in terms of food access was one way in which they did this. Others used nutritional supplements or ate small meals. Services like those provided through the Dr. Peter Centre and the Positive Outlook Program at Native Health Vancouver serve as important food resources and social anchors for PLHIV who use drugs, providing food, harm reduction and social support. They also serve as safe spaces where people feel supported.

RECOMMENDATIONS EMERGING FROM THE STUDY

1. Support and enhance daily meal programs for PLHIV who use drugs in spaces where they feel safe and supported including meals on weekends and evenings.
2. Nutritional standards are critical for PLHIV who use drugs. Fruit and vegetables in forms that are nutritionally adequate and appropriate in texture for people with dental and other issues should be provided.
3. Respondents liked being able to choose what they ate and wanted to have their preferences taken into account. Home cooking, or meals served with care and attention were most appreciated.

QUOTES FROM SERVICE ACCESS MAPPING

Drug Use and Diet

"When I'm using I tend not to eat. You're so high and you're where you are. You don't want to go out and get it [food]. You're paranoid or whatnot, so yeah, if you've got nothing in your fridge I usually … would just take a sleeping pill and wait till the next day. And then, that way, everything is back to normal." —**Carlton**

Safe Spaces

"Just knowing that I have a place to come to where it will be safe for me, rather than just wandering the streets. At least I can come here and watch some TV; just get away from the outdoors. The people that work here, I like. They're very understanding." —**Maurice**

Dr. PeterAIDS FOUNDATION

We have no conflicts of interest to declare.