



I-TRACK I-TRACK I-TRACK

Enhanced Surveillance of Risk Behaviours among Injecting Drug Users in Canada



PHASE I REPORT
August 2006

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Public Health Agency of Canada

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Surveillance and Risk Assessment Division
Centre for Infectious Disease Prevention and Control
Public Health Agency of Canada

Information to Readers

The Surveillance and Risk Assessment Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada, together with its collaborators is pleased to present the report on Phase I of the I-Track Enhanced Surveillance of Risk Behaviours among people who inject drugs (IDU) in Canada, conducted between 2003 and 2005.

Phase I of the surveillance system was undertaken in Edmonton, Regina, Sudbury, Toronto, Victoria, and Winnipeg and was linked with a separate study (by the SurvUDI group) at sites in Ottawa and in the province of Quebec. This report presents the findings of the surveys undertaken between 2003 and 2005 at selected sites.

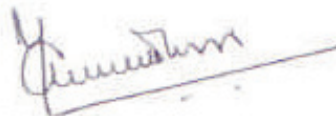
The findings have been presented for all the participating sites and as an average of all sites. For the purpose of presenting results, the Quebec site refers to selected sites in Quebec and Ottawa, as the data for Quebec and Ottawa come from the ongoing study of the SurvUDI cohort.

One of the key components of the new Federal Initiative to Address HIV/AIDS in Canada is knowledge development, which will enhance our understanding of the HIV epidemic and inform the development of policies, programs, and interventions, such as new prevention technologies and therapies. Knowledge development emphasizes improving population-specific surveillance, including epidemiologic, socio-behavioural, ethnographic, and community-based research. I-Track will provide important information to those engaged in developing policies and programs for HIV prevention and control among IDU. The national surveillance system for monitoring of risk behaviours in IDU populations has been established in Canada with the active collaboration of local and provincial health authorities, researchers, and community-based organizations. Special thanks must be given to the study participants themselves without whose cooperation this study would not have been possible.

Phase II of the study is currently ongoing, and efforts are being made to recruit additional sites. Further rounds of the survey will help us to better assess trends in the prevalence of HIV and hepatitis C and risk behaviours among people who inject drugs.



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Executive Summary

Introduction

One of the key components of the new *Federal Initiative to Address HIV/AIDS in Canada* is knowledge development, which will enhance our understanding of the HIV epidemic and inform the development of policies, programs, and interventions, such as new prevention technologies and therapies. The knowledge development component emphasizes the improvement of population-specific surveillance, including epidemiologic, socio-behavioural, ethnographic, and community-based research. The Surveillance and Risk Assessment Division, Centre for Infectious Disease Prevention and Control, has established I-Track, which is an enhanced surveillance system to track risk behaviours associated with HIV and hepatitis C virus (HCV) in people who inject drugs (IDU) in urban and semi-urban centres across Canada. It forms a part of the second-generation HIV surveillance as advocated by the World Health Organization and the Joint United Nations Programme on HIV/AIDS. Through this system, national and, to a certain extent, provincial and local trends in injecting and sexual risk behaviours among IDU can be assessed. Behavioural trend data obtained through the system will provide important information that can be triangulated with other data sources to assess the effects of prevention efforts and policies at the local, provincial, and national levels.

The surveillance system is being established in collaboration with local and provincial health departments, community-based organizations, and researchers. Within the Public Health Agency of Canada (PHAC), internal collaborations involve the Community Acquired Infections Division, the National HIV and Retrovirology Laboratory, and the HIV/AIDS Policy, Coordination and Programs Division.

Objectives

The objectives of national surveillance of HIV/HCV-associated risk behaviours among IDU in Canada are to describe changing patterns in drug injecting practices, HIV- and HCV-testing behaviours, and sexual behaviours among IDU. Depending on the availability of testing technologies, there are additional objectives:

- To describe changing patterns in the prevalence and incidence of HIV infections among IDU at the national and local level.
- To describe changing patterns in the prevalence and incidence of HCV infections among IDU at the national and local level.

The specimens collected under I-Track would also help in the study of HCV genotypes circulating in Canada.

Phase I of I-Track

In collaboration with provincial, regional, and local health authorities, community stakeholders, and researchers, PHAC has established a surveillance system of IDU, I-Track, at sentinel sites across Canada to track HIV- and hepatitis C-associated risk. First, a pilot study of the I-Track

surveillance system was undertaken between October 2002 and August 2003 in Victoria, Regina, Sudbury, Toronto, and in Quebec and Ottawa through linkages made with SurvUDI. Since then, Phase I of the I-Track study was completed between October 2003 and May 2005 with the addition of Edmonton and Winnipeg.

This report presents the findings of the surveys undertaken between 2003 and 2005 at selected sites.

Results of the Phase I study

There were 3031 participants, recruited from seven sites: Edmonton (276), Quebec (including Ottawa) (1591), Regina (250), Sudbury (150), Toronto (260), Victoria (254), and Winnipeg (250) in 2003-2005. The biological surveillance was undertaken through collection of dried blood specimens at all sites except in Quebec and Ottawa, where oral fluid specimen was collected. In the results and discussion, the results referred to as being from Quebec are the findings of surveys undertaken in Quebec and Ottawa.

Recruitment: Recruitment was mainly carried out at the needle exchange program (NEP) centres or their mobile and outreach services and through word-of-mouth. At some sites, promotion of the survey was done through flyers and posters that were displayed at prominent sites being frequented by IDU.

Demographics of the study population: The study population comprised 2092 (65.0%) males, 903 (34.1%) females, and 18 (0.7%) transgender males (information on gender was missing for 18 participants). The mean age of the study population was 36.7 years, and was higher for males (37.8 years) than females (34.5 years). Nearly all (99%) of the study population was living in the city of recruitment. In terms of level of education, three-quarters of them had achieved high school or less. Nearly 42% of the study participants identified themselves as Aboriginal, and the majority of them were recruited from Regina, Edmonton, and Winnipeg, where 87%, 70%, and 70% respectively reported themselves as Aboriginal. Over half of the study population reported having stable housing (living in their own house or apartment or parent's/relative's house). Among the study participants 26% reported living in shelters and 27% on the street in the previous 6 months.

Drug use: Nearly a quarter of the study population (26.0%) reported injecting drugs every day, and 23.1% injected drugs once in a while, not every week. Among males one-quarter (25.5%) and among females nearly one-third (29.9%) had started to inject by the age of 16 years. The commonly injected drugs included cocaine, used by 77.5% of IDU, morphine (non-prescribed) by 45.9%, Dilaudid by 32.9%, crack by 31.9%, and heroin by 27.6%. The drugs injected varied by city: for example, in Regina, the majority of IDU reported Ritalin alone (or in combination with Talwin) as the most commonly injected drug, whereas in Victoria it was cocaine. In Toronto, Edmonton, and Winnipeg, a large proportion of IDU reported injecting crack most often, but its use was limited in other cities. People reported injecting mostly in their home (65.1%), but over a half (50.7%) reported injecting in public places also.

Seroprevalence of HIV and hepatitis C: The seroprevalence of HIV (average of seven sites) among study participants was 13.2% and varied by city: Edmonton 23.8%, Quebec (including Ottawa) 17.3%, Regina 2.9%, Toronto 7.6%, Sudbury 12.2%, Victoria 15.4%, and Winnipeg 13.1%. The seroprevalence of hepatitis C was 65.7% (average of seven sites) and varied by city: Edmonton 65.8%, Quebec (including Ottawa) 64.7%, Regina 63.7%, Toronto 67.1%, Sudbury 68.5%, Victoria 68.5%, and Winnipeg 61.8%. The HIV/HCV co-infection rate among the study participants was found to be 11.7% (average of seven sites).

Sharing of needles and injecting equipment: When asked about sharing needles and other injecting equipment such as cookers, water, cotton, filters etc. within the 6 months before participating in the study, 14.5% of the study population reported borrowing needles for injection. Needles were mostly borrowed from a close friend or from regular sex partners. In terms of other injection equipment, 30.9% of the study population had borrowed cookers, water, cotton, filters etc., mostly from a close friend or regular sex partners. Almost a third of the study participants (32.0%) reported passing on injecting equipment that they had used to others, and in comparison 18.2% of participants reported passing used needles to someone else.

Sexual behaviours: A significant proportion of the study population (20.0% of males and 11.5% of females reported not having had a sexual partner of the opposite sex) across the seven sites reported engaging in some kind of sexual activity during the preceding 6 months. Nearly one-third (32.1%) of female IDU reported having male client sex partners, 2.8% of the males had female client sex partners, and 6.2% of the males reported having had a male sexual partner within 6 months before the study. Condom use during penetrative sex was higher than during oral sex. Condom use during penetrative and oral sex was more infrequent with regular sex partners than with casual or client sex partners.

Testing behaviours: In terms of HIV/ HCV testing, 88.0% and 85.2% of the study population who responded to this question reported that they had ever been tested for HIV and HCV respectively. The proportions varied by site, over 90% of the study population in Toronto, Edmonton, and Quebec reporting that they had been tested for HIV, as compared with Regina, where only 80.0% reported ever having been tested. The proportion of those who reported having ever been tested for HCV was similar at all sites. When asked about testing for HIV in the 6 months before the study, overall 39.9% reported being tested in that period; the proportions varied at each site.

Conclusions

The results of the study indicate that the prevalence of HIV and HCV remains unacceptably high in IDU populations in Canada. Although the risky behaviours have shown a decline in the two phases of the I-Track survey, the possibility for the spread of HIV and HCV in these populations of IDU still exists. Ongoing monitoring of risk behaviours in IDU populations in urban and semi-urban locales is essential for program planning and evaluation, and I-Track is able to provide such information at the national and local levels. Given the rapidly changing and varied drug culture in different cities, prevention measures must be tailored to reflect these differences within each community. Services should be directed to those IDU whose test results are negative for HIV and HCV to help them remain negative, and to IDU whose results are positive for these

two infections to provide them with the care and counselling needed to avoid further transmission of HIV and HCV.

Phase II of the survey has been completed in Victoria, Sudbury, and Kingston and is ongoing in Quebec and Ottawa. Efforts are under way to recruit additional sites to the surveillance system.

Introduction

The need for behavioural surveillance among people who inject drugs in Canada

The Federal Initiative to Address HIV/AIDS in Canada commits the federal government to develop discrete approaches addressing the epidemic for eight specific target populations: people living with HIV/AIDS, gay men, people who inject drugs (IDU), Aboriginal people, prison inmates, youth, women and people from countries where HIV is endemic. One of the key components of the new Federal Initiative is knowledge development, which will enhance our understanding of the HIV epidemic and inform the development of policies, programs, and interventions, such as new prevention technologies and therapies. The knowledge development component emphasizes the improvement of population-specific surveillance, including epidemiologic, socio-behavioural, ethnographic, and community-based research. It advocates the establishment of sentinel surveillance programs for vulnerable populations, including those with co-infections and sexually transmitted infections, as appropriate. This is in line with the “Second Generation HIV Surveillance” being advocated by WHO and UNAIDS.¹ Second-generation surveillance emphasizes the importance of using behavioural data in addition to routine surveillance data to help explain changes in HIV incidence and prevalence, and as an early warning system for HIV spread. In addition, since behaviour change is the goal of most prevention programs, second-generation surveillance supports more extensive use of behavioural information to inform program design and to help evaluate programs.

In collaboration with provincial, regional and local health authorities, community stakeholders and researchers, PHAC has established a surveillance system of IDU, I-Track, at sentinel sites across Canada to track HIV- and hepatitis C-associated risk. First, a pilot study of the I-Track surveillance system was undertaken between October 2002 and August 2003 in Victoria, Regina, Sudbury, Toronto, and in Quebec and Ottawa through linkages made with the SurvUDI. Since then, Phase I of the I-Track study was completed between October 2003 and May 2005 with the addition of Edmonton and Winnipeg.

Background to IDU and HIV/HCV

IDU are at risk of acquiring HIV and other blood-borne infections, such as hepatitis C virus (HCV), through contaminated needles and unsafe sex practices. The current national HIV estimates indicate that the proportion of new infections among IDU had decreased to 14% of all new infections in 2005 (350-650 of a total of 2,300-4,500 new infections).² A similar trend has occurred in the adult positive HIV tests reported to the Centre for Infectious Disease Prevention and Control (CIDPC), Public Health Agency of Canada (PHAC). Surveillance data as of December 31, 2005, indicate that in 2005, 19.5% of adult positive HIV tests reported to CIDPC were attributed to IDU, down from a peak of just over 33% in 1996 and 1997.³ Although the number of new HIV infections among IDU appears to be decreasing somewhat, the issue of HIV among IDU in Canada continues to be a serious problem that requires ongoing attention.

HIV prevalence at participating sites under I-Track (2002-2003) was quite variable, ranging from a low of 1.2% in Regina in 2002-2003 to a high of 19.6% at sites under SurvUDI (2003-2004).⁴ Available research indicates that HIV incidence and prevalence remain unacceptably

high among Canadian IDU. HIV incidence in the ongoing SurvUDI study of people who inject drugs decreased from 5.1 per 100 person-years (PY) in 1995 to a range of 2.3–3.3 per 100 PY during 2001-04.⁵ Results from the Vancouver Injection Drug User Study (VIDUS) showed that HIV incidence was 1.5 per 100 PY in 2000, down from 10.3 in 1997 and 3.2 in 1999.⁶ Ongoing monitoring of the extent of HIV infection and trends in its spread among IDU from a variety of jurisdictions in Canada is needed given the worrisome levels of HIV infection that have been documented for this population.

The overall HCV prevalence rate for the I-Track study population in 2002-03 was 63.8% (average of four sites).⁷ The highest HCV prevalence rate was observed in Victoria at 79.3%, followed by Regina at 61.5%, Sudbury at 60.2%, and Toronto at 54.3%.⁷ Given the paucity of data on the extent of HCV among IDU, there is an urgent need to track HCV infection and trends in its spread among IDU from both large and small centres in Canada.

The pilot phase of I-Track^{4,7} and other studies in Canada^{5,8,9} have documented relatively high levels of needle sharing and multi-person use of other drug injecting paraphernalia, highlighting that the conditions exist for the spread of blood-borne viruses among networks of IDU. Ongoing monitoring of risk behaviours in IDU populations in urban and semi-urban locales would serve as an early warning system for HIV spread and would provide continuous data for prevention programming and evaluation.

Development of a system for surveillance of risk behaviours among IDU in Canada

Although several ongoing regional studies (VIDUS in Vancouver, SurvUDI in Quebec and Ottawa) collect risk behaviour data on IDU and a number of one-time cross-sectional surveys on risk-taking among IDU have been conducted (e.g. Regina Seroprevalence Study, RARE project Victoria, eastern project Cape Breton, Prince Albert seroprevalence study, etc.), it is challenging, if not impossible, to compare levels of risk behaviour between data sets. A national surveillance system that would track comparable HIV- and HCV-associated risk behaviour in IDU populations in urban and semi-urban centres across Canada would provide critical information for those involved in planning and evaluating the response to HIV/HCV among IDU. Through such a system, national and, to a certain extent, provincial and local trends in injecting and sexual risk behaviours could be assessed. Data on behavioural trends would also enhance existing national HIV/AIDS surveillance data and national incidence and prevalence estimates in monitoring the course of the HIV (and HCV) epidemic among IDU.

The development of a system for enhanced surveillance of risk behaviours among IDU in Canada (I-Track) that would contribute to achieving the above-mentioned benefits was proposed and developed by CIDPC. Partnerships were formed between PHAC, researchers, provincial/local health authorities, and community-based organizations in Victoria, Edmonton, Regina, Winnipeg, Sudbury, and Toronto. In addition, linkages were developed with the ongoing SurvUDI study to implement the studies in Quebec and Ottawa. The selection of the sites to be included in the survey was a result of discussions among all stakeholders, including provincial and local governments, and was guided by HIV prevalence and incidence in different cities and the need to study the populations of IDU. The initial questionnaire was modified after a pilot phase and in consultation with the partners.

Objectives of surveillance of risk behaviours among IDU populations across Canada

The objectives of national surveillance of HIV/HCV-associated risk behaviours among IDU are as follows:

- To describe the changing patterns in drug injecting practices among IDU at the national and regional level
- To describe the changing patterns in HIV- and HCV-testing behaviour among IDU at the national and regional level
- To describe changing patterns in sexual risk behaviours among IDU at the national and regional level
- To describe changing patterns in the prevalence of HIV infections among IDU at the national and regional level
- To describe changing patterns in the prevalence of hepatitis C (HCV) infections among IDU at the national and regional level

Depending on the availability of valid tests, such as the detuned assay, additional objectives may include assessment of the incidence of HIV at the national and regional level. The specimens collected under I-Track would also help in the study of HCV genotypes circulating in Canada.

This report presents the findings of the surveys undertaken between 2003 and 2005 at selected sites.

Methods

Survey design

The design was a cross-sectional survey of people who inject drugs (IDU) in participating sentinel sites across Canada. The SurvUDI group has been conducting a cohort study among IDU at selected sites in Quebec and Ottawa since 1996, and the sample in Quebec and Ottawa was drawn from this cohort. For those IDU in the SurvUDI cohort who participated more than once during the period of recruitment, the information collected during their last participation has been included in the report.

Eligibility criteria

In order to be considered eligible to participate in the survey the person had to meet the following criteria:

- had injected drugs for non-therapeutic purposes in the previous 6 months;
- met the age limit of consent for research studies in the province where the survey was being conducted;*
- appeared, in the interviewer's judgment, to be capable of giving informed consent;
- was able to understand either English or French; and
- had not already participated in the current survey round.

*The age of consent was lowered to 14 years, as per the Health Canada Research Ethics Board submission, to study the people who start to inject at less than 16 years of age.

Sample size

There were 3031 participants, recruited from seven sites (Edmonton, Quebec [including Ottawa], Regina, Sudbury, Toronto, Victoria, and Winnipeg) in 2003-2005. Table 1 shows the number of participants recruited and the period of recruitment at each site.

Table 1. Period of recruitment and number of participants in different sites

Site	Number of participants	Recruitment period	
		From	To
Edmonton	276	April 24, 2005	June 28, 2005
Quebec incl. Ottawa	1,591	March 1, 2004	May 31, 2005
Regina	250	March 14, 2005	April 12, 2005
Sudbury	150	August 4, 2004	August 26, 2004
Toronto*	260	July 13, 2004	September 28, 2004
Victoria	254	October 25, 2003	November 19, 2003
Winnipeg	250	February 22, 2005	April 14, 2005

* In addition to IDU, 188 people who reported using crack through a non-injecting route but had not injected in the previous 6 months were also recruited; however this report does not include these individuals.

Survey staff and training

Site coordinators and interviewers were hired or assigned for survey implementation at each participating centre. The site coordinators and interviewers had experience in working with IDU populations, and at some sites they were former IDU. Recruitment site visits were conducted by CIDPC personnel and coordinators and interviewers were trained in all aspects of the survey protocol, including ethics, questionnaire administration, universal precautions, dried blood specimen (DBS) collection technique, IDU culture/language, and debriefing session content, and recruitment site visits were conducted. Site-specific safety and security issues were discussed with interviewers.

Sampling and recruitment

Sampling and recruitment strategies were guided by the constraints of time, budget, and access to populations. A venue-based sampling through needle-exchange program (NEP) sites offered a suitable opportunity for recruitment because of high reported rates of NEP use by IDU in Canada. Distinctive posters and/or business cards that advertised the survey were displayed at these sites. In many communities, NEPs had several modes of services delivery, including fixed, mobile, and street outreach components. Many NEPs had also partnered with other community-based agencies to conduct satellite needle exchange, and therefore recruitment occurred in all of these settings. To further broaden participation beyond NEP attendees, recruitment was conducted, where feasible, through other community-based agencies that serve an IDU clientele. Posters and leaflets were distributed at strategic locations frequently visited by IDU and at health and social services agencies, although their use varied by site. In sites such as Regina, Winnipeg, and Edmonton, potential participants were asked to 'phone and arrange an appointment for participation in the study, and interviews were carried out at one fixed place. At other centres such as Toronto, the study team conducted the survey in the field and at multiple sites apart from one fixed site.

Recruitment was mainly carried out through invitation and participation. Several different strategies were used to recruit IDU. Staff involved in needle-exchange services promoted the survey to their clients and directly solicited IDU clients attending local needle-exchange sites to participate in the study; participants also reported learning about the survey through their peers. Staff at participating community-based agencies that serve an IDU clientele were asked to promote the survey throughout the recruitment period. If appropriate, these promotional materials were displayed in other public venues identified by local stakeholders who work with the IDU population. The use of promotional material was not required in Sudbury and Toronto, where word of mouth was the prime mode of recruitment. Participants were paid \$20 (\$10 in Quebec and Ottawa) upon completion of the questionnaire and specimen collection in recognition of their time and effort.

Data collection

Two methods of data collection were employed:

- face-to-face interviews with people who inject drugs
- anonymous HIV and hepatitis C testing using DBS (oral fluid specimen in Quebec and Ottawa)

Interview staff and/or NEP staff screened potential candidates as to their eligibility for participation in the survey. Candidates were given a survey information sheet outlining what the survey entailed, which emphasized the confidential and voluntary aspects of the survey. Those candidates who were interested and eligible for participation were interviewed immediately when possible or were provided with an appointment time and date for administration of the survey. The interviewer administered the questionnaire.

The questionnaire was developed in consultation with the expert advisory group, which had been established before the pilot survey. It was later revised in consultation with the investigators from participating sites, who reviewed it at various stages of its development and provided feedback on its face validity and potential biases, and the usefulness of the questions posed.

The questionnaire comprised a total of 45-65 questions, depending on the site. Each participating site had the option of adding more questions to the survey. Local survey teams were asked to contribute any questions that they had developed and used in each survey round to a bank of questions managed by the surveillance system coordinator at CIDPC. Survey teams at all sentinel centres have access to these questions and are able to incorporate them into their annual surveys if appropriate. This will enhance the comparability of any additional questions that are used across annual surveys by collaborating centres.

HIV and hepatitis C testing: biological sample collection

After completion of the interview and debriefing, consenting participants provided a finger-prick blood sample that was collected on a cotton-fibre based paper product designed for the collection of body fluids. The quality of the sample was improved by selecting a fingertip on the non-dominant hand, which was not callused. The area was cleaned with an alcohol swab, and a microlancet was then used to puncture the swabbed area. The sample card was filled by blood-flow, and the puncture site was covered with a Band-Aid.

Filter papers were labeled by the interviewer with a unique study code that corresponded to the code on the completed questionnaire. After standard procedures for diagnostic specimens had been conducted, DBS cards were shipped to the National HIV and Retrovirology Laboratories in Ottawa for testing. DBS cards were tested for HIV using enzyme immuno-assay (EIA), and the results of reactive samples were confirmed with Western Blot.

HCV testing was performed with an Ortho HCV Version 3 EIA.

In the province of Quebec and in Ottawa, oral fluid specimen was collected and tested for HIV and HCV using EIA.

Results

Socio-demographic characteristics of participants

Age distribution of participants (Table 2)

The table shows the number of participants by site and age group. The majority of study participants were in the 30-39 age group (41.2%). However, there were differences between participating centres. In Quebec, nearly one-third (31.2%) were in the 20-29 age group, whereas in Toronto there was a higher proportion in the 40-49 and 50+ age groups. This difference may have been due to older males participating in Toronto.

Table 2. Age distribution of participants

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
<20 Years	n	3	77	8	4	4	4	11	111
	%	1.1	4.8	3.2	2.7	1.5	1.6	4.4	2.8
20-29 Years	n	34	497	68	28	41	60	58	786
	%	12.3	31.2	27.2	18.7	15.8	23.6	23.2	25.0
30-39 Years	n	118	470	92	58	76	88	96	998
	%	42.8	29.5	36.8	38.7	29.2	34.7	38.4	41.2
40-49 Years	n	92	433	62	47	92	84	70	880
	%	33.3	27.2	24.8	31.3	35.4	33.1	28.0	34.4
50 Years or more	n	28	96	18	13	46	17	15	233
	%	10.1	6.0	7.2	8.7	17.7	6.7	6.0	9.8
Missing	n	1	18	2	0	1	1	0	23
	%	0.4	1.1	0.8	0.0	0.4	0.4	0.0	0.4
Total	n	276	1591	250	150	260	254	250	3031
Mean and median age of participants									
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	All participants
Mean		39.6	35.5	37.0	38.0	41.8	36.8	36.0	37.8
Median age of male		39.0	35.0	38.0	38.5	42.0	38.0	37.0	
Mean		36.3	31.3	32.3	35.9	36.0	35.4	34.6	34.5
Median age of female		36.0	30.0	31.0	35.5	36.0	36.0	36.0	
Mean		38.6	34.4	34.8	37.3	39.9	36.4	35.3	36.7
Median age of all participants		38.0	34.0	34.0	38.0	40.0	37.0	37.0	

Sex distribution of participants (Table 3)

A total number of 3031 participants were recruited into the study at seven sites. The study population consisted of 65.0% males, 34.1% females, and 0.7% transgender males. The proportions of males by site were 68.1% in Edmonton, 73.9% in Quebec, 54.4% in Regina, 64.0% in Sudbury, 67.7% in Toronto, 73.2% in Victoria, and 54.0% in Winnipeg.

Table 3. Sex distribution of participants

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Female	n	85	392	114	54	81	67	110	903
	%	30.8	24.6	45.6	36.0	31.2	26.4	44.0	34.1
Male	n	188	1175	136	96	176	186	135	2092
	%	68.1	73.9	54.4	64.0	67.7	73.2	54.0	65.0
Transgender Male	n	3	7	0	0	3	0	5	18
	%	1.1	0.4	0.0	0.0	1.2	0.0	2.0	0.7
Missing	n	0	17	0	0	0	1	0	18
	%	0.0	1.1	0.0	0.0	0.0	0.4	0.0	0.2
Total	n	276	1591	250	150	260	254	250	3031
	%	9.1	52.5	8.3	5.0	8.6	8.4	8.3	100

Current residence of participants (Table 4)

The majority of participants (98.6%) were residents of the city in which they were recruited. The highest number of participants residing in the city of recruitment was in Toronto (99.6%), followed by Edmonton (99.3%), Victoria (99.2%), Winnipeg (98.4%), Regina (98.0%), and Sudbury (97.3%). Data for Quebec were unavailable.

Table 4. Residence of participants

Local Resident		CENTRE						Total, average %
		Edmonton	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	274	245	146	259	252	246	1422
	%	99.3	98.0	97.3	99.6	99.2	98.4	98.6
No	n	1	4	4	1	1	4	15
	%	0.4	1.6	2.7	0.4	0.4	1.6	1.2
Missing	n	1	1	0	0	1	0	3
	%	0.4	0.4	0.0	0.0	0.4	0.0	0.2
Total	n	276	250	150	260	254	250	1440

Residence in the 6 months prior to recruitment (Table 5)

The majority of the participants (77.0%) had lived in the city of recruitment within the previous 6 months, and 22.3% reported living elsewhere during the same time period. The highest proportion of participants who had resided in the city of recruitment in the previous 6 months was in Toronto (83.1%). In comparison, in Victoria most participants reported living elsewhere during the previous 6 months (27.2%).

Table 5. Residence in 6 months prior to recruitment

Resident elsewhere		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	60	429	60	34	44	69	42	738
	%	21.7	27	24	22.7	16.9	27.2	16.8	22.3
No	n	212	1150	189	115	216	183	206	2271
	%	76.8	72.3	75.6	76.7	83.1	72.1	82.4	77.0
Missing	n	4	12	1	1	0	2	2	22
	%	1.5	0.8	0.4	0.7	0.0	0.8	0.8	0.7
Total	n	276	1591	250	150	260	254	250	3031
	%	9.1	52.3	8.3	5.0	8.6	8.4	8.3	100

Nature of housing of participants (housing at the time of recruitment) (Table 6)

In terms of current type of residence, Regina had the highest percentage of people living in stable housing (own apartment/house of parent(s)/relative's house) at 85.6%, followed by Sudbury at 73.3%, Winnipeg at 63.6%, Quebec at 60.0%, Victoria at 45.3%, Toronto at 43.1%, and Edmonton at 40.2%. In Edmonton, Toronto, and Victoria a large majority of participants reported living in unstable housing.

Table 6. Nature of housing of participants at the time of recruitment

Housing		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Stable housing	n	111	954	214	110	112	115	159	1775
	%	40.2	60.0	85.6	73.3	43.1	45.3	63.6	58.7
Unstable housing	n	159	621	28	40	148	136	88	1220
	%	57.6	39	11.2	26.7	56.9	53.5	35.2	40.0
Missing	n	6	16	8	0	0	3	3	36
	%	2.2	1.0	3.2	0.0	0.0	1.2	1.2	1.3
Total	n	276	1591	250	150	260	254	250	3031
	%	9.1	52.5	8.25	5.0	8.6	8.4	8.3	100

Places where participants lived in the previous 6 months (Table 7)

The table shows where participants reported living in the previous 6 months. Almost three-quarters (average 71.3%) reported having their own apartment or house, though the proportion varied by site, from 53.1% in Toronto to 90.4% in Regina. Slightly more than one-quarter reported living at a friend's place (average 28.0%), a shelter or hostel (average 25.8%), and/or on the street (average 27.4%). Note that study participants may have reported multiple places where they had lived in the previous 6 months.

Table 7. Places where participants lived in the previous 6 months

		CENTRE							Average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Friend's place	n	118	391	28	40	64	83	84	808
	%	42.8	24.6	11.2	26.7	24.6	32.7	33.6	28.0
Hotel/motel room	n	99	259	12	19	19	75	51	534
	%	35.9	16.3	4.8	12.7	7.3	29.5	20.4	18.1
Jail/prison/ corrections	n	57	233	23	20	29	40	39	441
	%	20.7	14.6	9.2	13.3	11.2	15.7	15.6	14.3
Other relative's house	n	42	86	31	11	8	14	46	238
	%	15.2	5.4	12.4	7.3	3.1	5.5	18.4	9.6
Own apartment/ house	n	176	1168	226	124	138	172	170	2174
	%	63.8	73.4	90.4	82.7	53.1	67.7	68.0	71.3
Parent's house	n	30	206	32	19	16	22	59	384
	%	10.9	12.9	12.8	12.7	6.2	8.7	23.6	12.5
Recovery house/ psychiatric institutions	n	45	191	13	18	15	20	14	316
	%	16.3	12.0	5.2	12.0	5.8	7.9	5.6	9.3
Rooming/boarding house	n	78	241	8	17	51	60	46	501
	%	28.3	15.1	3.2	11.3	19.6	23.6	18.4	17.1
Shelter/hostel	n	167	408	7	18	77	92	34	803
	%	60.5	25.6	2.8	12.0	29.6	36.2	13.6	25.8
Squats	n	24	90	3	4	21	32	11	185
	%	8.7	5.7	1.2	2.7	8.1	12.6	4.4	6.2
Street	n	126	406	12	26	88	119	44	821
	%	45.7	25.5	4.8	17.3	33.8	46.9	17.6	27.4
Transition house	n	10	26	3	5	1	7	7	59
	%	3.6	1.6	1.2	3.3	0.4	2.8	2.8	2.2
Others	n	5	36	4	3	17	10	3	73
	%	1.8	2.3	1.6	2.0	6.5	3.9	1.2	2.8
Missing	n	1	1	1	0	0	2	0	5
	%	0.4	0.1	0.4	0.0	0.0	0.8	0.0	0.2

Educational level of participants (Table 8)

The table shows the educational levels of participants. On average, 76.4% of participants had some high school education or less. The highest number of participants reporting higher education levels (more than high school) were in Toronto, at 32.7%, followed by Quebec at 27.3%, Victoria at 27.2%, Sudbury at 26.0%, Winnipeg at 19.2%, Edmonton at 15.6%, and Regina at 12.0%. The highest proportion of participants with high school education or less were in Regina, at 87.2%, Edmonton at 84.4%, Winnipeg at 80.4%, Sudbury at 72.7%, Victoria at 72.1%, Quebec at 71.2%, and Toronto at 66.9%.

Table 8. Education level of participants

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
High school or less	n	233	1132	218	109	174	183	201	2250
	%	84.4	71.2	87.2	72.7	66.9	72.1	80.4	76.4
More than high school	n	43	435	30	39	85	69	48	749
	%	15.6	27.3	12.0	26	32.7	27.2	19.2	22.9
Missing	n	0	24	2	2	1	2	1	32
	%	0.0	1.5	0.8	1.3	0.4	0.8	0.4	0.7
Total	n	276	1591	250	150	260	254	250	3031
	%	9.1	52.5	8.3	5.0	8.6	8.4	8.3	100

Ethnic background of participants (Table 9)

With respect to ethnic background, a large proportion of study participants identified themselves as Aboriginal (average 41.9%), and an average of 27.5% identified themselves as Canadian. Other groups (Eastern European, Asian, etc) were reported by an average of 29.8% of participants. The site with the largest proportion of Aboriginal persons was Regina, with 87.2%, followed by Edmonton with 70.3%, and Winnipeg with 69.6%. Conversely, in Sudbury there were only 27.3% of Aboriginal participants, followed by Victoria with 20.5%, Toronto with 13.1% and Quebec with 5.5%. In Quebec, a large proportion chose to identify themselves as Canadians.

Table 9. Ethnicity background of participants

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Aboriginal	n	194	88	218	41	34	52	174	801
	%	70.3	5.5	87.2	27.3	13.1	20.5	69.6	41.9
Canadian	n	76	1023	16	48	53	35	70	1321
	%	27.5	64.3	6.4	32.0	20.4	13.8	28.0	27.5
Others	n	6	450	12	61	172	165	3	869
	%	2.2	28.3	4.8	40.7	66.2	65.0	1.2	29.8
Missing	n	0	30	4	0	1	2	3	40
	%	0.0	1.9	1.6	0.0	0.4	0.8	1.2	0.8
Total	n	276	1591	250	150	260	254	250	3031
	%	9.1	52.5	8.3	5.0	8.6	8.4	8.3	100

Use of any needle-exchange program (NEP) services (Table 10)

The table shows the reported usage of any NEP, by site. On average, 84.7% of participants responded “yes” for having used any NEP services, and an average of 14.7% responded “no”. Quebec showed the highest number of participants reporting usage of any NEP services (93.8%), followed by Toronto at 92.3%, Victoria at 88.2%, Regina at 86.0%, Sudbury at 83.3%, Edmonton at 81.9%, and Winnipeg at 67.2%. Winnipeg had the highest number of participants who responded “no” for usage of any NEP services, at 32.0%.

Table 10. Use of any needle exchange program services

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	226	1493	215	125	240	224	168	2691
	%	81.9	93.8	86.0	83.3	92.3	88.2	67.2	84.7
No	n	43	97	34	25	20	29	80	328
	%	15.6	6.1	13.6	16.7	7.7	11.4	32.0	14.7
Missing	n	7	1	1	0	0	1	2	12
	%	2.5	0.1	0.4	0.0	0.0	0.4	0.8	0.6
Total	n	276	1591	250	150	260	254	250	3031
	%	9.1	52.5	8.3	5.0	8.6	8.4	8.3	100

Use of services at recruitment NEP site (Table 11)

The table shows that, on average, 46.4% of participants reported usage of services at the NEP where they were recruited, and an average of 37.6% reported not having used the recruitment site’s services. Rates of reported usage varied notably by site because of different recruitment strategies, Victoria (83.9%), Toronto (83.5%), and Sudbury (76.0%) having the highest rates and Regina (33.6%), Edmonton (27.9%), and Winnipeg (20.0%) having the lowest. Data for Quebec were not applicable for this question as the recruitment was carried out at multiple sites. In Edmonton, Winnipeg, and Victoria, the recruitment was also carried out at places other than NEP.

Table 11. Use of services at recruitment NEP site

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	77	1	84	114	217	213	50	756
	%	27.9	0.1	33.6	76.0	83.5	83.9	20.0	46.4
No	n	172	0	165	36	43	40	197	653
	%	62.3	0.0	66.0	24.0	16.5	15.8	78.8	37.6
Not Applicable	n	0	1587	0	0	0	0	0	1587
	%	0.0	99.8	0.0	0.0	0.0	0.0	0.0	14.3
Missing, Refused	n	27	3	1	0	0	1	3	35
	%	9.8	0.2	0.4	0.0	0.0	0.4	1.2	1.7
Total	n	276	1591	250	150	260	254	250	3031
	%	9.1	52.5	8.3	5.0	8.6	8.4	8.3	100

Drug use behaviours

Male IDU: age of initiation into injecting drugs (Table 12)

The age of initiation of drug injection was greater than 16 years for 74.2% males, on average, and an average of 25.5% of males started injecting at 16 years of age or younger. By site, the proportion of males initiating drug injection at 16 years of age or younger ranged from 16.7% in Sudbury to 38.1% in Toronto, and for males older than 16 the range was from 61.9% in Toronto to 83.3% in Sudbury.

Table 12. Male IDU: age of initiation into injecting drugs

		CENTRE							Total average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
≤ 16 years	n	50	276	38	16	67	40	33	520
	%	26.6	23.5	27.9	16.7	38.1	21.5	24.4	25.5
> 16 years	n	137	897	98	80	109	145	101	1567
	%	72.9	76.3	72.1	83.3	61.9	78.0	74.8	74.2
Missing	n	1	2	0	0	0	1	1	5
	%	0.5	0.2	0.0	0.0	0.0	0.5	0.7	0.3
Total	n	188	1175	136	96	176	186	135	2092
	%	9.0	56.2	6.5	4.6	8.4	8.9	6.5	100

Female IDU: age of initiation into injecting drugs (Table 13)

The age of initiation for drug injection was greater than 16 years for 70.0% females on average, and an average of 29.9% of females started injecting at 16 years of age or younger. By site, the proportion of females initiating drug injection at 16 years of age or younger ranged from 24.7% in Edmonton to 37.0% in Toronto, and for females older than 16 the range was 63.0% in Toronto to 75.3% in Edmonton.

Table 13. Female IDU: age of initiation into injecting drugs

		CENTRE							Total average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
≤ 16 years	n	21	124	42	14	30	18	29	278
	%	24.7	31.6	36.8	25.9	37.0	26.9	26.4	29.9
> 16 years	n	64	266	72	40	51	49	81	623
	%	75.3	67.9	63.2	74.1	63.0	73.1	73.6	70.0
Missing	n	0	2	0	0	0	0	0	2
	%	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.1
Total	n	85	392	114	54	81	67	110	903
	%	9.4	43.4	12.6	6.0	9.0	7.4	12.2	100

Drugs injected in the previous 6 months (Table 14)

This table shows the range of drugs injected in the preceding 6 months. By far the most common injected drug, reported by an average of 77.5% study participants, was cocaine (range 58.4%-92.5%). Just under half of study participants (45.9% on average) reported injecting non-prescribed morphine; slightly less than a third reported injecting crack and Dilaudid (31.9% and 32.9% on average, respectively). Just over one-quarter of study participants reported injecting heroin (27.6%). Note that study participants may have reported multiple drugs injected in the previous 6 months.

Table 14. Drugs injected in the previous 6 months

		CENTRE						Total average %	
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria		Winnipeg
Alcohol	n	0	6	0	0	1	3	2	12
	%	0.0	0.4	0.0	0.0	0.4	1.2	0.8	0.4
Amphetamines	n	97	42	16	20	24	36	4	238
	%	35.1	2.6	6.4	13.3	9.2	14.2	1.6	11.8
Barbiturates	n	34	15	23	14	3	19	3	111
	%	12.3	0.9	9.2	9.3	1.2	7.5	1.2	5.9
Benzodiazepines	n	30	45	50	9	9	21	18	182
	%	10.9	2.8	20.0	6.0	3.5	8.3	7.2	8.4
Cocaine	n	201	1378	189	123	193	235	146	2465
	%	72.8	86.6	75.6	82.0	74.2	92.5	58.4	77.5
Codeine	n	0	7	1	0	0	2	3	13
	%	0.0	0.4	0.4	0.0	0.0	0.8	1.2	0.4
Crack	n	147	212	28	52	151	29	103	722
	%	53.3	13.3	11.2	34.7	58.1	11.4	41.2	31.9
Demerol	n	1	9	6	0	4	0	12	32
	%	0.4	0.6	2.4	0.0	1.5	0.0	4.8	1.4
Dilaudid	n	72	439	50	92	105	102	37	897
	%	26.1	27.6	20.0	61.3	40.4	40.2	14.8	32.9
Ecstasy	n	1	10	0	0	5	0	0	16
	%	0.4	0.6	0.0	0.0	1.9	0.0	0.0	0.4
Fentanyl	n	0	0	1	35	7	0	7	50
	%	0.0	0.0	0.4	23.3	2.7	0.0	2.8	4.2
Heroin	n	56	507	12	31	127	147	22	902
	%	20.3	31.9	4.8	20.7	48.8	57.9	8.8	27.6
Heroin+Cocaine (Speedballs)	n	22	166	9	37	46	86	9	375
	%	8.0	10.4	3.6	24.7	17.7	33.9	3.6	14.5
Methadone (non-prescribed)	n	40	35	12	3	10	11	15	126
	%	14.5	2.2	4.8	2.0	3.8	4.3	6.0	5.4
Methadone (prescribed)	n	6	11	9	3	4	17	6	56
	%	2.2	0.7	3.6	2.0	1.5	6.7	2.4	2.7
Methamphetamine (Crystal Meth)	n	77	24	19	10	17	67	34	248
	%	27.9	1.5	7.6	6.7	6.5	26.4	13.6	12.9

Table 14. Drugs injected in the previous 6 months (continued)

		CENTRE							Total average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Morphine (non-prescribed)	n	171	320	128	96	118	100	99	1032
	%	62.0	20.1	51.2	64.0	45.4	39.4	39.6	45.9
Morphine (prescribed)	n	22	86	23	20	6	26	15	198
	%	8.0	5.4	9.2	13.3	2.3	10.2	6.0	7.8
Oxycodone	n	5	106	11	88	102	1	22	335
	%	1.8	6.7	4.4	58.7	39.2	0.4	8.8	17.1
PCP (angel dust)	n	6	34	3	1	5	8	1	58
	%	2.2	2.1	1.2	0.7	1.9	3.1	0.4	1.7
Ritalin alone	n	15	23	167	19	12	7	25	268
	%	5.4	1.4	66.8	12.7	4.6	2.8	10.0	14.8
Steroids hormones	n	3	3	3	3	2	6	2	22
	%	1.1	0.2	1.2	2.0	0.8	2.4	0.8	1.2
Talwin and Ritalin	n	65	11	153	10	6	5	116	366
	%	23.6	0.7	61.2	6.7	2.3	2.0	46.4	20.4
Combination	n	0	5	3	1	3	0	10	22
	%	0.0	0.3	1.2	0.7	1.2	0.0	4.0	1.0
Others	n	0	30	3	0	6	1	13	53
	%	0.0	1.9	1.2	0.0	2.3	0.4	5.2	1.6
Missing	n	0	5	0	0	1	1	1	8
	%	0.0	0.3	0.0	0.0	0.4	0.4	0.4	0.2

Drug most commonly injected in the previous 6 months (Table 15)

The participants were asked which of the drugs taken by injection they had used most often in the previous 6 months. The table shows that cocaine was reported by an average of almost half of the participants who reported injecting any drug. Although an average of 45.0% reported cocaine as the most commonly injected drug, the rate varied by site, from 25.8% in Toronto to 70.1% in Victoria. Other than cocaine, a broad range of responses were reported from all sites.

Table 15. Drug most commonly injected in the previous 6 months

		CENTRE							Total average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Amphetamines	n	15	5	0	3	6	1	0	30
	%	5.4	0.3	0.0	2.0	2.3	0.4	0.0	1.5
Beige/Brown Heroin	n	0	41	0	0	0	0	0	41
	%	0.0	2.6	0.0	0.0	0.0	0.0	0.0	0.4
Cocaine	n	101	1060	89	82	67	178	65	1642
	%	36.6	66.6	35.6	54.7	25.8	70.1	26.0	45.0
Crack	n	36	69	1	2	63	1	36	208
	%	13.0	4.3	0.4	1.3	24.2	0.4	14.4	8.3
Dilaudid	n	3	83	3	16	17	6	1	129
	%	1.1	5.2	1.2	10.7	6.5	2.4	0.4	3.9
Heroin	n	10	145	0	0	43	34	4	236
	%	3.6	9.1	0.0	0.0	16.5	13.4	1.6	6.3
Heroin + Cocaine	n	2	12	0	3	3	6	1	27
	%	0.7	0.8	0.0	2.0	1.2	2.4	0.4	1.1
Methamphetamine	n	13	2	0	1	1	12	16	45
	%	4.7	0.1	0.0	0.7	0.4	4.7	6.4	2.4
Morphine (non-prescribed)	n	73	94	32	26	29	9	36	299
	%	26.4	5.9	12.8	17.3	11.2	3.5	14.4	13.1
Morphine (prescribed)	n	11	43	4	3	2	3	11	77
	%	4.0	2.7	1.6	2.0	0.8	1.2	4.4	2.4
Oxycodone	n	3	14	0	12	23	0	0	52
	%	1.1	0.9	0.0	8.0	8.8	0.0	0.0	2.7
Ritalin alone	n	1	1	59	0	1	0	1	63
	%	0.4	0.1	23.6	0.0	0.4	0.0	0.4	3.5
Talwin and Ritalin	n	16	0	56	0	0	0	81	153
	%	5.8	0.0	22.4	0.0	0.0	0.0	32.4	8.7
Combination	n	0	2	0	0	2	0	5	9
	%	0.0	0.1	0.0	0.0	0.8	0.0	2.0	0.4
Others	n	8	11	7	2	3	3	3	37
	%	2.9	0.7	2.8	1.3	1.2	1.2	1.2	1.6
Missing	n	1	14	0	0	0	1	0	16
	%	0.4	0.9	0.0	0.0	0.0	0.4	0.0	0.2

Drug most commonly injected in the previous 1 month (Table 16)

The table shows the most common drug that participants reported injecting in the previous 1 month. Cocaine, on average (41.6%), was the most commonly reported injected drug, though the results varied by site, ranging from 19.2% in Winnipeg to 71.5% in Victoria. A broad range of other drugs were reported across all sites.

Table 16. Drug most commonly injected in the previous 1 month

Drug		CENTRE						Total average %	
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria		Winnipeg
Amphetamines	n	12	2	0	1	6	1	0	22
	%	5.0	0.1	0.0	0.9	2.6	0.4	0.0	1.3
Cocaine	n	62	916	82	57	62	168	40	1387
	%	25.7	63.8	34.2	50.4	26.6	71.5	19.2	41.6
Crack	n	31	77	2	2	57	2	33	204
	%	12.9	5.4	0.8	1.8	24.5	0.9	15.9	8.9
Dilaudid	n	3	84	1	13	15	6	2	124
	%	1.2	5.8	0.4	11.5	6.4	2.6	1.0	4.1
Heroin	n	7	157	0	0	37	30	1	232
	%	2.9	10.9	0.0	0.0	15.9	12.8	0.5	6.1
Heroin + Cocaine	n	2	9	0	0	2	5	1	19
	%	0.8	0.6	0.0	0.0	0.9	2.1	0.5	0.7
Methamphetamine	n	13	1	0	0	1	8	13	36
	%	5.4	0.1	0.0	0.0	0.4	3.4	6.3	2.2
Morphine (non-prescribed)	n	78	93	30	18	26	10	31	286
	%	32.4	6.5	12.5	15.9	11.2	4.3	14.9	13.9
Morphine (prescribed)	n	11	35	2	1	2	3	9	63
	%	4.6	2.4	0.8	0.9	0.9	1.3	4.3	2.2
Oxycodone	n	2	13	0	13	16	0	1	45
	%	0.8	0.9	0.0	11.5	6.9	0.0	0.5	2.9
Ritalin alone	n	1	0	60	1	1	0	1	4
	%	0.4	0.0	25.0	0.9	0.4	0.0	0.5	3.9
Talwin and Ritalin	n	13	0	55	0	0	0	71	139
	%	5.4	0.0	22.9	0.0	0.0	0.0	34.1	8.9
Combination	n	0	2	0	0	2	0	4	8
	%	0.0	0.1	0.0	0.0	0.9	0.0	1.9	0.4
Others	n	7	11	8	2	3	2	4	37
	%	2.9	0.8	3.3	1.8	1.3	0.9	1.9	1.8
Missing	n	1	39	0	5	3	0	2	50
	%	0.4	2.7	0.0	4.4	1.3	0.0	1.0	1.4
Did not inject	n	35	155	10	37	27	19	42	325
	%	12.7	9.7	4.0	24.7	10.4	7.5	16.8	12.3

Drugs taken by a non-injecting route in the previous 6 months (Table 17)

As with drugs injected in the previous 6 months, a broad range of drugs were reported to have been consumed by a non-injecting route across all sites. On average, three-quarters of the study participants had consumed alcohol and marijuana in the previous 6 months, two-thirds had used crack, and about half had used benzodiazepines, cocaine, and Tylenol with codeine. A broad range of drug usage was reported by all sites. Note that study participants may have reported multiple drugs consumed by a non-injecting route in the previous 6 months.

Table 17. Drugs taken by a non-injecting route in the previous 6 months

Drug		CENTRE							Total average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Acid (LSD)	n	13	134	7	3	24	17	22	220
	%	4.7	8.4	2.8	2.0	9.2	6.7	8.8	6.1
Alcohol	n	216	1269	171	106	214	180	214	2370
	%	78.3	79.8	68.4	70.7	82.3	70.9	85.6	76.6
Amphetamines	n	109	362	20	19	66	47	17	640
	%	39.5	22.8	8.0	12.7	25.4	18.5	6.8	19.1
Barbiturates	n	41	79	28	22	49	9	94	322
	%	14.9	5.0	11.2	14.7	18.8	3.5	37.6	15.1
Benzodiazepines	n	178	599	100	66	157	87	157	1344
	%	64.5	37.6	40.0	44.0	60.4	34.3	62.8	49.1
Cocaine	n	187	829	77	96	177	161	119	1646
	%	67.8	52.1	30.8	64.0	68.1	63.4	47.6	56.2
Crack	n	231	980	80	82	231	155	187	1946
	%	83.7	61.6	32.0	54.7	88.8	61.0	74.8	65.2
Demerol	n	43	122	34	13	44	24	21	301
	%	15.6	7.7	13.6	8.7	16.9	9.4	8.4	11.5
Dilaudid	n	67	389	31	49	104	61	18	719
	%	24.3	24.5	12.4	32.7	40.0	24.0	7.2	23.6
Ecstasy	n	29	347	18	18	95	31	20	558
	%	10.5	21.8	7.2	12.0	36.5	12.2	8.0	15.5
Fentanyl	n	4	0	9	19	2	0	5	39
	%	1.4	0.0	3.6	12.7	0.8	0.0	2.0	2.9
Heroin	n	29	215	3	17	99	71	16	450
	%	10.5	13.5	1.2	11.3	38.1	28.0	6.4	15.6
Ketamine	n	0	91	0	0	3	0	0	94
	%	0.0	5.7	0.0	0.0	1.2	0.0	0.0	1.0
Marijuana	n	203	1222	164	108	209	192	198	2296
	%	73.6	76.8	65.6	72.0	80.4	75.6	79.2	74.7
Methadone	n	72	4	45	59	96	68	62	406
	%	26.1	0.3	18.0	39.3	36.9	26.8	24.8	24.6
Methadone (non-prescribed)	n	0	173	0	0	0	0	0	173
	%	0.0	10.9	0.0	0.0	0.0	0.0	0.0	1.6

Table 17. Drug taken by non-injecting route in the previous 6 months (continued)

Drug		CENTRE						Total average %	
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria		Winnipeg
Methadone (prescribed)	n	0	221	0	0	0	0	0	221
	%	0.0	13.9	0.0	0.0	0.0	0.0	0.0	2.0
Methamphetamine (Crystal Meth)	n	103	106	33	7	41	71	51	412
	%	37.3	6.7	13.2	4.7	15.8	28.0	20.4	18.0
Morphine (non-prescribed)	n	133	276	42	51	125	65	69	761
	%	48.2	17.3	16.8	34.0	48.1	25.6	27.6	31.1
Morphine prescribed	n	22	95	11	6	7	21	13	175
	%	8.0	6.0	4.4	4.0	2.7	8.3	5.2	5.5
Mushrooms	n	57	255	19	21	49	38	49	488
	%	20.7	16.0	7.6	14.0	18.8	15.0	19.6	16.0
Oxycodone	n	113	222	35	74	141	21	34	640
	%	40.9	14.0	14.0	49.3	54.2	8.3	13.6	27.8
PCP	n	0	363	0	0	5	0	2	370
	%	0.0	22.8	0.0	0.0	1.9	0.0	0.8	3.6
Ritalin	n	1	90	6	0	7	2	3	109
	%	0.4	5.7	2.4	0.0	2.7	0.8	1.2	1.9
Solvents	n	32	29	3	4	4	10	49	131
	%	11.6	1.8	1.2	2.7	1.5	3.9	19.6	6.1
Talwin & Ritalin	n	32	26	15	2	5	2	2	84
	%	11.6	1.6	6.0	1.3	1.9	0.8	0.8	3.4
Tylenol with codeine	n	200	331	138	74	141	122	151	1157
	%	72.5	20.8	55.2	49.3	54.2	48.0	60.4	51.5
Combination	n	0	0	0	0	2	0	0	2
	%	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.1
Others	n	0	0	1	2	1	10	0	14
	%	0.0	0.0	0.4	1.3	0.4	3.9	0.0	0.9
Nothing	n	0	52	12	4	3	8	0	79
	%	0.0	3.3	4.8	2.7	1.2	3.1	0.0	2.1
Missing	n	2	0	0	1	1	1	0	5
	%	0.7	0.0	0.0	0.7	0.4	0.4	0.0	0.3

Drug most commonly taken by a non-injecting route in the previous 6 months (Table 18)

The participants were also asked which of the drugs taken by the non-injecting route they had used most often in the previous 6 months. The table indicates that alcohol (16.7%), crack (18.4%), and marijuana (16.8%) were reported to be the most commonly used drug.

Table 18. Drug most commonly taken by a non-injecting route in the previous 6 months

		CENTRE							Total Average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Alcohol	n	52	329	62	15	17	49	42	566
	%	18.8	20.7	24.8	10.0	6.5	19.3	16.8	16.7
Amphetamines	n	4	4	0	0	3	0	0	11
	%	1.5	0.3	0.0	0.0	1.2	0.0	0.0	0.4
Barbiturates	n	2	1	8	0	1	0	3	15
	%	0.7	0.1	3.2	0.0	0.4	0.0	1.2	0.8
Benzodiazepines	n	9	59	16	12	10	8	24	138
	%	3.3	3.7	6.4	8.0	3.9	3.2	9.6	5.4
Cocaine	n	22	147	14	20	12	41	3	259
	%	8.0	9.2	5.6	13.3	4.6	16.1	1.2	8.3
Crack	n	60	286	10	10	112	33	56	567
	%	21.7	18.0	4.0	6.7	43.1	13.0	22.4	18.4
Dilaudid	n	1	34	2	3	6	6	0	52
	%	0.4	2.1	0.8	2.0	2.3	2.4	0.0	1.4
Heroin	n	0	14	0	1	14	9	0	38
	%	0.0	0.9	0.0	0.7	5.4	3.5	0.0	1.5
Marijuana	n	25	388	61	19	25	56	39	613
	%	9.1	24.4	24.4	12.7	9.6	22.1	15.6	16.8
Methadone	n	9	4	19	24	8	16	10	90
	%	3.3	0.3	7.6	16.0	3.1	6.3	4.0	5.8
Methadone (prescribed)	n	0	90	0	0	0	0	0	90
	%	0.0	5.7	0.0	0.0	0.0	0.0	0.0	0.8
Methamphetamine	n	7	2	1	1	1	12	9	33
	%	2.5	0.1	0.4	0.7	0.4	4.7	3.6	1.8
Morphine non-prescribed	n	21	26	4	10	10	3	3	77
	%	7.6	1.6	1.6	6.7	3.9	1.2	1.2	3.4
Morphine prescribed	n	7	24	1	2	0	1	3	38
	%	2.5	1.5	0.4	1.3	0.0	0.4	1.2	1.1
Oxycodone	n	7	21	0	19	26	2	1	76
	%	2.5	1.3	0.0	12.7	10.0	0.8	0.4	4.0
PCP	n	0	48	0	0	0	0	0	48
	%	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.4
Tylenol with codeine	n	36	14	27	2	5	5	15	104
	%	13.0	0.9	10.8	1.3	1.9	2.0	6.0	5.1
Others	n	9	40	8	7	5	2	24	95
	%	3.3	2.5	3.2	4.7	1.9	0.8	9.6	3.7
Missing	n	5	60	17	5	5	11	18	121
	%	1.8	3.8	6.8	3.3	1.9	4.3	7.2	4.2

Places where injecting took place in the previous 6 months (Table 19)

The table shows the places where injecting took place in the previous 6 months as reported by the study participants. The most frequently reported location was in the respondent's own home, as reported by nearly two-thirds of study participants (average 65.1%). Approximately half of all respondents reported injecting at a friend's place (average 56.4%) and/or in a public place (average 50.7%). Note that study participants may have reported multiple places where they had injected in the previous 6 months.

Table 19. Places where injecting took place in the previous 6 months

Place where injected		CENTRE							Total Average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Friend's Place	n	173	711	125	87	145	165	147	1553
	%	62.7	44.7	50.0	58.0	55.8	65.0	58.8	56.4
Hotel/Motel Room	n	128	428	47	45	30	120	81	879
	%	46.4	26.9	18.8	30.0	11.5	47.2	32.4	30.5
Jail/prison/corrections	n	2	31	5	6	6	17	3	70
	%	0.7	1.9	2.0	4.0	2.3	6.7	1.2	2.7
Own home	n	146	1031	196	110	151	167	156	1957
	%	52.9	64.8	78.4	73.3	58.1	65.7	62.4	65.1
Parent's/Relative's house	n	39	140	73	16	15	30	60	373
	%	14.1	8.8	29.2	10.7	5.8	11.8	24.0	14.9
Psychiatric institutions/ Detox centres	n	7	25	3	5	5	7	4	56
	%	2.5	1.6	1.2	3.3	1.9	2.8	1.6	2.1
Public places	n	182	846	58	68	156	172	99	1581
	%	65.9	53.2	23.2	45.3	60.0	67.7	39.6	50.7
Rooming/Boarding/ Shelter/Drop-ins	n	132	268	23	29	52	85	67	656
	%	47.8	16.8	9.2	19.3	20.0	33.5	26.8	24.8
Vehicle	n	1	109	1	7	5	5	2	130
	%	0.4	6.9	0.4	4.7	1.9	2.0	0.8	2.4
Others	n	2	21	3	3	9	2	17	57
	%	0.7	1.3	1.2	2.0	3.5	0.8	6.8	2.3
Missing	n	0	21	3	0	0	9	1	34
	%	0.0	1.3	1.2	0.0	0.0	3.5	0.4	0.9

Places where injected most often in the previous 6 months (Table 20)

This table shows places where injecting took place in the previous 6 months as reported by the study participants. The most frequently reported place where injecting to place was in the respondent's own home, as reported by nearly two-thirds of study participants (average 65.1%). Approximately half of all respondents reported injecting at a friend's place (average 56.4%) and/or in a public place (average 50.7%). Note that study participants may have reported multiple places injected in the previous 6 months.

Table 20. Place where injected most often in the previous 6 months

		CENTRE							Total Average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Friend's Place	n	68	217	44	29	48	31	68	505
	%	24.6	13.6	17.6	19.3	18.5	12.2	27.2	19.0
Hotel/ Motel Room	n	8	47	1	5	0	4	19	84
	%	2.9	3	0.4	3.3	0	1.6	7.6	2.7
Own home	n	110	816	161	94	126	111	122	1540
	%	39.9	51.3	64.4	62.7	48.5	43.7	48.8	51.3
Parent's/ Relative's house	n	6	20	20	2	2	3	14	67
	%	2.2	1.3	8	1.3	0.8	1.2	5.6	2.9
Public places	n	70	358	3	12	64	85	14	606
	%	25.4	22.5	1.2	8	24.6	33.5	5.6	17.3
Rooming/Boarding/ Shelter	n	11	75	2	7	17	8	6	126
	%	4	4.7	0.8	4.7	6.5	3.2	2.4	3.8
Others	n	0	25	2	1	2	3	6	39
	%	0	1.6	0.8	0.7	0.8	1.2	2.4	1.1
Missing	n	3	33	17	0	1	9	1	64
	%	1.1	2.1	6.8	0	0.4	3.5	0.4	2.0
Total		276	1591	250	150	260	254	250	3031

Proportion of participants who reported smoking in the previous 6 months (Table 21)

This table shows the proportion of people who reported smoking in the previous 6 months. Overall, 94.5% of participants reported smoking and was similar in all sites with highest proportion in Sudbury at 96.7%.

Table 21. Proportion who reported smoking in the previous 6 months

		CENTRE							Total Average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	260	1507	234	145	251	243	225	2865
	%	94.2	94.7	93.6	96.7	96.5	95.7	90.0	94.5
No	n	16	64	16	5	9	11	25	146
	%	5.8	4.0	6.4	3.3	3.5	4.3	10.0	5.3
Missing	n	0	20	0	0	0	0	0	20
	%	0.0	1.3	0.0	0.0	0.0	0.0	0.0	0.2
Total		276	1591	250	150	260	254	250	3031

Frequency of injection in the previous 1 month (Table 22)

This table shows the frequency of injection in the previous 1 month. Nearly 80% of the participants had injected in the previous 1 month and the proportion varied in each city. In Sudbury, nearly a quarter of them (24.7%) had not injected in the previous 1 month. Just over a quarter (26.0%) reported injecting every day, and this proportion was highest in Victoria (36.6%).

Table 22. Frequency of injection in the previous 1 month

		CENTRE							Total Average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Did not inject	n	35	155	10	37	27	19	42	325
	%	12.7	9.7	4.0	24.7	10.4	7.5	16.8	12.3
Every day	n	59	472	77	32	71	93	37	841
	%	21.4	29.7	30.8	21.3	27.3	36.6	14.8	26.0
Once in a while, not every week	n	89	369	43	30	54	58	64	707
	%	32.3	23.2	17.2	20.0	20.8	22.8	25.6	23.1
Regularly, once or twice a week	n	46	288	55	32	58	47	56	582
	%	16.7	18.1	22.0	21.3	22.3	18.5	22.4	20.2
Regularly, three or more times per week	n	47	291	65	19	50	37	50	559
	%	17.0	18.3	26.0	12.7	19.2	14.6	20.0	18.3
Missing	n	0	16	0	0	0	0	1	17
	%	0.0	1.0	0.0	0.0	0.0	0.0	0.4	0.2
Total		276	1591	250	150	260	254	250	3031

Number of times injected in a day among those who reported injecting every day (Table 23)

This table shows the number of times the respondents injected daily. Although it depends on the type of drug injected, on an average, more than half of them (56.7%) injected 2-5 times a day. Winnipeg reported the most injections, 29.7% of respondents reporting more than 10 injections per day.

Table 23. Number of times injected a day among those who injected every day

		CENTRE							Total Average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Once	n	6	28	11	5	7	7	0	64
	%	10.2	5.9	14.3	15.6	9.9	7.5	0	9.1
Two to five times	n	36	250	41	17	55	39	21	459
	%	61	53	53.3	53.1	77.5	41.9	56.8	56.7
Six to ten times	n	12	101	21	4	4	26	5	173
	%	20.3	21.4	27.3	12.5	5.6	28	13.5	18.4
More than ten times	n	2	84	4	6	5	21	11	133
	%	3.4	17.8	5.2	18.8	7	22.6	29.7	14.9
Missing	n	3	9	0	0	0	0	0	12
	%	5.1	1.9	0	0	0	0	0	1.0
Total		59	472	77	32	71	93	37	841

People with whom the participants reported injecting in the previous 6 months (Table 24)

The table shows that, on average, slightly more than half of all study participants injected with close friends in the previous 6 months, ranging from 52.5% in Quebec to 63.0% in Victoria. Study participants also frequently reported injecting alone as well as with others, though the rates varied by site, from 10.6% in Quebec to 57.9% in Victoria (average 41.5%). Notably, an average of 16.9% of participants reported injecting only alone, ranging from 8.8% in Winnipeg to 24.0% in Sudbury.

Table 24. Partners with whom the participants reported injecting in the previous 6 months

Partner with whom drugs were injected		CENTRE							Total Average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Close friend(s)	n	162	835	144	79	158	160	151	57.9
	%	58.7	52.5	57.6	52.7	60.8	63.0	60.4	
Family	n	31	47	92	10	5	21	53	12.7
	%	11.2	3.0	36.8	6.7	1.9	8.3	21.2	
People I don't know at all	n	19	277	16	19	18	51	28	11.7
	%	6.9	17.4	6.4	12.7	6.9	20.1	11.2	
People I don't know well	n	33	554	25	30	27	95	68	21.7
	%	12.0	34.8	10.0	20.0	10.4	37.4	27.2	
Regular sex partner(s)	n	71	426	121	45	75	65	99	32.1
	%	25.7	26.8	48.4	30.0	28.8	25.6	39.6	
No one*	n	88	168	103	67	145	147	121	41.5
	%	31.9	10.6	41.2	44.7	55.8	57.9	48.4	
Missing	n	1	4	1	0	0	3	0	0.3
	%	0.4	0.3	0.4	0.0	0.0	1.2	0.0	
Always Alone**	n	47	319	26	36	62	36	22	16.9
	%	17.0	20.1	10.4	24.0	23.8	14.2	8.8	

* Indicates those who injected sometime alone and with others too

** Proportion of the total who reported injecting only alone

People with whom the participants reported injecting most often (Table 25)

The table shows the most common injecting partners by site. On average 37.2% reported injecting most often with close friends or family in the previous month, while on average 22.5% injected most often with their regular sex partners. Site-specific differences were In Toronto, 55.0% participants reported injecting alone more often, while at other sites injecting alone varied from 44.7% in Sudbury to 16.4% in Regina.

Table 25. People with whom the participants reported injecting most often

		CENTRE						Total Average %	
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria		Winnipeg
Close friend(s)	n	117	579	62	39	74	78	79	1028
	%	42.4	36.4	24.8	26.0	28.5	30.7	31.6	31.5
Family	n	17	17	40	4	1	8	26	113
	%	6.2	1.1	16	2.7	0.4	3.2	10.4	5.7
Regular sex partner	n	55	285	100	33	40	44	63	620
	%	19.9	17.9	40.0	22.0	15.4	17.3	25.2	22.5
People I don't know at all	n	1	35	1	2	1	1	1	42
	%	0.4	2.2	0.4	1.3	0.4	0.4	0.4	0.8
People I don't know well	n	13	224	2	5	1	20	15	280
	%	4.7	14.1	0.8	3.3	0.4	7.9	6.0	5.3
No one	n	71	416	41	67	143	99	61	898
	%	25.7	26.2	16.4	44.7	55.0	39.0	24.4	33.1
Missing, refused	n	2	35	4	0	0	4	5	50
	%	0.72	2.2	1.6	0.0	0.0	1.6	2.0	1.1
Total	n	276	1591	250	150	260	254	250	3031
	%	9.1	52.5	8.3	5.0	8.6	8.4	8.3	100

Borrowing and passing used needles/syringes

Borrowing needles/syringes for injection in the previous 6 months (Table 26)

Almost 15% of study participants, on average, reported injecting with used needles/syringes in the previous 6 months. By site, the proportion for this behaviour ranged from 8.7% in Edmonton to 26.7% in Quebec.

Table 26. Borrowing needles/syringes for injection in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	24	425	23	18	39	48	27	604
	%	8.7	26.7	9.2	12.0	15.0	18.9	10.8	14.5
No	n	242	1144	226	131	220	202	218	2383
	%	87.7	71.9	90.4	87.3	84.6	79.5	87.2	84.1
Not found	n	0	2	0	0	0	1	0	3
	%	0.0	0.1	0.0	0.0	0.0	0.4	0.0	0.1
Don't know/refused	n	10	20	1	1	1	3	5	41
	%	3.6	1.3	0.4	0.7	0.4	1.2	2.0	1.1
Total	n	276	1591	250	150	260	254	250	3031
	%	9.1	52.5	8.3	5.0	8.6	8.4	8.3	100

People from whom needles/syringes were borrowed in the previous 6 months (Table 27)

The table shows that, as with borrowed injecting equipment, study participants borrowed needles/syringes most commonly, on average, from close friends (average 38.6%, range 17.4% to 56.3%) and from regular sex partners (average 44.6%, range 33.2% to 56.5%).

Table 27. People from whom needles/syringes were borrowed in the previous 6 months

Person from whom needles/syringes were borrowed		CENTRE							Total Average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Close friend(s)	n	8	155	4	8	19	27	9	230
	%	33.3	36.5	17.4	44.4	48.7	56.3	33.3	38.6
Family	n	3	8	5	0	0	5	1	22
	%	12.5	1.9	21.7	0.0	0.0	10.4	3.7	7.2
People I don't know at all	n	3	60	0	2	3	5	0	73
	%	12.5	14.1	0.0	11.1	7.7	10.4	0.0	8.0
People I don't know well	n	3	125	0	4	2	14	4	152
	%	12.5	29.4	0.0	22.2	5.1	29.2	14.8	16.2
Regular sex partner(s)	n	90	141	13	8	19	21	13	305
	%	37.5	33.2	56.5	44.4	48.7	43.8	48.1	44.6
Missing	n	2	17	3	2	0	0	1	25
	%	8.3	4.0	13.0	11.1	0.0	0.0	3.7	5.7

People from whom the participants reported borrowing needles most often (Table 28)

The table shows the most common person from whom needles were borrowed. Participants reported borrowing mostly from their regular sex partners (average 39.5%) and from friends and family (average 39.3%). On average almost 15% of people who borrowed needles reported borrowing from people whom they did not know well or at all.

Table 28. People from whom participants reported borrowing needles most often

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Close friend(s)	n	9	138	4	6	16	20	8	201
	%	37.5	32.5	17.4	33.3	41.0	41.7	29.6	33.3
Family	n	3	6	5	0	0	3	0	17
	%	12.5	1.4	21.7	0.0	0.0	6.3	0.0	6.0
Regular sex partner(s)	n	7	124	10	7	18	18	14	198
	%	29.2	29.2	43.5	38.9	46.2	37.5	51.9	39.5
People I don't know at all	n	2	35	0	0	2	1	0	40
	%	8.3	8.2	0.0	0.0	5.13	2.1	0.0	3.4
People I don't know well	n	2	95	0	3	2	6	4	112
	%	8.3	22.4	0.0	16.7	5.1	12.5	14.8	11.4
No one	n	0	1	0	0	0	0	0	1
	%	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0
Don't know, missing, refused	n	1	26	4	2	1	0	1	35
	%	4.2	6.1	17.4	11.1	2.6	0.0	3.7	6.4
Total	n	24	425	23	18	39	48	27	604
	%	4.0	70.4	3.8	3.0	6.5	8.0	4.5	100

Frequency of borrowing used needles/syringes in the previous 6 months (Table 29)

This table shows the frequency of borrowing needles in the previous 6 months. Most participants (62.7%) reported borrowing used needles occasionally/once and 3.8% of participants reported that they always used borrowed needles.

Table 29. Frequency of borrowing needles/syringes in the previous 6 months

		CENTRE							Total
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	1	13	1	0	2	1	2	20
	%	4.2	3.1	4.4	0	5.1	2.1	7.4	3.8
Occasionally/Once	n	18	117	14	15	27	34	14	239
	%	75	27.5	60.9	83.3	69.2	70.8	51.9	62.7
Sometimes/Usually	n	4	286	7	3	10	10	10	330
	%	16.7	67.3	30.4	16.7	25.6	20.8	37	30.6
Missing	n	1	9	1	0	0	3	1	15
	%	4.2	2.1	4.4	0	0	6.3	3.7	3.0
Total	n	24	425	23	18	39	48	27	604

Proportion of injections carried out by used needles/syringes in the previous 1 month (Table 30)

This table shows the proportion of injections carried out by used needles in the previous month among those who reported borrowing used needles. More than half of them (57.6%) reported that less than half of the injections were carried out by used needles.

Table 30. Proportion of injections carried out by used needles/syringes in the previous 1 month

		CENTRE							Total
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
All	n	0	5	1	0	2	0	1	9
	%	0	1.3	4.4	0	5.4	0	4.4	2.2
Did not borrow	n	4	146	7	2	8	6	3	176
	%	20	37.1	30.4	14.3	21.6	12.5	13	21.3
Half or more	n	1	26	3	2	5	7	3	47
	%	5	6.6	13	14.3	13.5	14.6	13	11.4
Less than half	n	13	84	11	10	22	35	15	190
	%	65	21.3	47.8	71.4	59.5	72.9	65.2	57.6
Missing	n	2	133	1	0	0	0	1	137
	%	10	33.8	4.4	0	0	0	4.4	7.5
Total		20	394	23	14	37	48	23	559

Passing needles in the previous 6 months (Table 31)

The table shows that, on average, 18.2% of participants reported lending used needles to someone else in the previous 6 months. By site, the range was 10.0% in Regina to 31.1% in Victoria.

Table 31. Lending needles in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	35	348	25	26	52	79	36	601
	%	12.7	21.9	10.0	17.3	20.0	31.1	14.4	18.2
No	n	228	1218	220	118	204	170	185	2343
	%	82.6	76.6	88.0	78.7	78.5	66.9	74.0	77.9
Don't know/missing	n	13	25	5	6	4	5	29	87
	%	4.7	1.6	2.0	4.0	1.5	2.0	11.6	3.9
Total	n	276	1591	250	150	260	254	250	3031
	%	9.1	52.5	8.3	5.0	8.6	8.4	8.3	100

Frequency of passing used needles/syringes in the previous 6 months (Table 32)

This table reports the frequency of passing needles/syringes in the previous 6 months. Half (50.3%) of participants reported having occasionally passed used needles in the previous 6 months. An average of 24.5% of participants reported sometimes passing used needles in the previous 6 months.

Table 32. Frequency of passing used needles/syringes in the previous 6 months

		CENTRE							Total
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	1	14	1	0	2	0	1	19
	%	2.9	4	4	0	3.9	0	2.8	2.5
Occasionally/Once	n	24	93	18	0	37	46	20	238
	%	68.6	26.7	72	0	71.2	58.2	55.6	50.3
Sometimes	n	7	241	2	0	8	22	11	291
	%	20	69.3	8	0	15.4	27.9	30.6	24.5
Usually	n	1	0	4	0	5	5	2	17
	%	2.9	0	16	0	9.6	6.3	5.6	5.8
Missing	n	2	0	0	26	0	6	2	36
	%	5.7	0	0	100	0	7.6	5.6	17.0
Total		35	348	25	26	52	79	36	601

Proportion of used needles/ syringes lent to others in the previous 1 month (Table 33)

This table shows the proportions of used needles lent to others in the previous 1 month. An average of 54.9% of participants reported less than half of their used needles were passed on to others and 21.7% of participants did not pass used needles in the previous 1 month.

Table 33. Proportion of used needles/ syringes lent to others in the previous 1 month

		CENTRE							Total
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
All	n	0	4	1	0	2	0	0	7
	%	0	1.2	4	0	4.1	0	0	1.3
Did not pass	n	6	10	6	8	9	15	8	62
	%	19.4	3	24	42.1	18.4	19	25.8	21.7
Half or more	n	3	9	4	0	7	13	3	39
	%	9.7	2.7	16	0	14.3	16.5	9.7	9.8
Less than half	n	22	22	14	11	31	51	20	171
	%	71	6.7	56	57.9	63.3	64.6	64.5	54.9
Missing	n	0	286	0	0	0	0	0	286
	%	0	86.4	0	0	0	0	0	12.3
Total		31	331	25	19	49	79	31	565

Borrowing and passing used injecting equipment (water, filter, and cooker)

Borrowing other injecting equipment for injection in the previous 6 months (Table 34)

About one-third (30.9%) of participants reported injecting with other used equipment in the previous 6 months. This proportion ranged from 28.5% in Quebec to 40.8% in Regina.

Table 34. Borrowing other injecting equipment for injection in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	87	453	102	49	61	78	72	902
	%	31.5	28.5	40.8	32.7	23.5	30.7	28.8	30.9
No	n	183	1119	146	100	199	171	170	2088
	%	66.3	70.3	58.4	66.7	76.5	67.3	68.0	67.7
Don't know/missing	n	6	19	2	1	0	5	8	41
	%	2.2	1.2	0.8	0.7	0.0	2.0	3.2	1.4
Total	n	276	1591	250	150	260	254	250	3031
	%	9.1	52.5	8.3	5.0	8.6	8.4	8.3	100

People from whom equipment was borrowed in the previous 6 months (Table 35)

The table shows that approximately half of all participants who reported borrowing injecting equipment had received the equipment from close friends. Further, approximately one-third had received equipment from their regular sex partner.

Table 35. People from whom equipment was borrowed in the previous 6 months

Person from whom equipment was borrowed		CENTRE							Average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Close friend(s)	n	47	214	37	29	36	49	39	451
	%	54.0	47.2	36.3	59.2	59.0	62.8	54.2	53.2
Family	n	8	13	36	3	0	4	14	78
	%	9.2	2.9	35.3	6.1	0.0	5.1	19.4	11.2
People I don't know at all	n	6	46	1	3	3	7	1	67
	%	6.9	10.2	1.0	6.1	4.9	9.0	1.4	5.6
People I don't know well	n	15	136	4	7	5	23	12	202
	%	17.2	30.0	3.9	14.3	8.2	29.5	16.7	17.1
Regular sex partner(s)	n	22	138	52	17	22	21	26	298
	%	25.3	30.5	51.0	34.7	36.1	26.9	36.1	34.4
Missing	n	2	9	3	0	1	0	1	16
	%	2.3	2.0	2.9	0.0	1.6	0.0	1.4	1.5

People from whom participants reported borrowing other equipment most often (Table 36)

The table shows the most common person from whom other injection equipment was borrowed. Participants reported borrowing mostly from their close friends and family (average 53.6%) and from regular sex partners (average, 29.7%). Almost 15% of people who borrowed other injection equipment reported borrowing from people whom they did not know well or at all.

Table 36. People from whom participants reported borrowing other equipment most often

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Close friend(s)	n	44	185	30	26	32	45	31	393
	%	50.6	40.8	29.4	53.1	52.5	57.7	43.1	46.7
Family	n	7	2	20	2	0	3	9	43
	%	8.1	0.4	19.6	4.1	0.0	3.9	12.5	6.9
Regular sex partner(s)	n	18	129	47	14	21	14	23	266
	%	20.7	28.5	46.1	28.6	34.4	18.0	31.9	29.7
People I don't know at all	n	4	24	0	0	3	2	0	33
	%	4.6	5.3	0.0	0.0	4.9	2.6	0.0	2.5
People I don't know well	n	12	94	2	5	4	12	9	138
	%	13.8	20.8	2.0	10.2	6.6	15.4	12.5	11.6
No one	n	2	0	0	0	0	0	0	2
	%	2.3	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Don't know, missing	n	0	19	3	2	1	2	0	27
	%	0.0	4.2	2.9	4.1	1.64	2.6	0.0	2.2
Total	n	87	453	102	49	61	78	72	902
	%	9.7	50.2	11.3	5.4	6.8	8.7	8.0	100

Frequency of borrowing used injecting equipment in the previous 6 months (Table 37)

This table shows that 15.7% of participants (among the participants who reported borrowing) reported always borrowing other injecting equipment in the previous 6 months, and the proportion was highest in Regina (37.3%).

Table 37. Frequency of borrowing other injecting equipment in the previous 6 months

		CENTRE							Total
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	15	67	38	2	9	3	13	147
	%	17.2	14.8	37.3	4.1	14.8	3.9	18.1	15.7
Inconsistently	n	70	370	64	47	50	74	57	732
	%	80.5	81.7	62.8	95.9	82.0	94.9	79.2	82.4
Missing	n	2	16	0	0	2	1	2	23
	%	2.3	3.5	0	0	3.3	1.3	2.8	1.9
Total		87	453	102	49	61	78	72	902

Proportion of injections carried out by used equipment in the previous 1 month (Table 38)

This table shows the proportion of injections carried out by used equipment in the previous 1 month among those who reported borrowing used equipment in the previous 6 months. An average of 43.6% of participants reported that less than half of injections were carried out by used equipment, and 19.7% reported that half or more were carried out by used equipment. Nearly 20.0% of them had not borrowed in the previous 1 month.

Table 38. Proportion of injections carried out by used equipment in the previous 1 month

		CENTRE							Total
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
All	n	6	24	27	1	6	2	8	74
	%	7.9	5.7	26.5	2.6	11.1	2.7	12.9	9.9
Did not borrow	n	16	128	14	8	8	12	12	198
	%	21.1	30.6	13.7	20.5	14.8	16.2	19.4	19.5
Half or more	n	16	44	29	7	6	18	15	135
	%	21.1	10.5	28.4	18	11.1	24.3	24.2	19.7
Less than half	n	34	79	30	23	32	42	23	263
	%	44.7	18.9	29.4	59	59.3	56.8	37.1	43.6
Missing	n	4	144	2	0	2	0	4	156
	%	5.3	34.4	2	0	3.7	0	6.5	7.4
Total		76	419	102	39	54	74	62	826

Lending used injection equipment in the previous 6 months (Table 39)

Around one-third of participants (average 32%) reported lending used injection equipment to someone else in the previous 6 months. By site, the proportion ranged from 23.4% in Quebec to 46.8% in Regina.

Table 39. Lending injection equipment in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	81	373	117	53	64	94	69	851
	%	29.4	23.4	46.8	35.3	24.6	37.0	27.6	32.0
No	n	182	1195	129	94	194	156	157	2107
	%	65.9	75.1	51.6	62.7	74.6	61.4	62.8	64.9
Don't know/missing	n	13	23	4	3	2	4	24	73
	%	4.7	1.5	1.6	2.0	0.8	1.6	9.6	3.1
Total	n	276	1591	250	150	260	254	250	3031
	%	9.1	52.5	8.3	5.0	8.6	8.4	8.3	100

Frequency of passing used injecting equipment in the previous 6 months (Table 40)

This table shows the frequency of passing used injecting equipment in the previous 6 months among those who reported passing used equipment to others during that time.. An average of 83.8% of participants reported inconsistently passing used injecting equipment. An average of 14.7% reported always passing used equipment in the previous 6 months, and the proportion was highest in Regina (33.3%).

Table 40. Frequency of passing used injecting equipment in the previous 6 months

		CENTRE							Total
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	18	55	39	2	9	3	8	134
	%	22.2	14.8	33.3	3.8	14.1	3.2	11.6	14.7
Inconsistently	n	62	305	76	51	55	91	58	698
	%	76.5	81.8	65	96.2	85.9	96.8	84.1	83.8
Missing	n	1	13	2	0	0	0	3	19
	%	1.2	3.5	1.7	0	0	0	4.4	1.5
Total		81	373	117	53	64	94	69	851

Proportion of used injecting equipment lent to others in the previous 1 month (Table 41)

This table shows the proportion of used injecting equipment lent to others in the previous month among those who reported passing used equipment to others in last 6 months. An average of 44.8% of participants reported lending less than half of their used injection equipment to others. Nearly 10% reported that they passed all of their used equipment to others, and the proportion was highest in Regina (19.8%).

Table 41. Proportion of used injecting equipment lent to others in the previous 1 month

		CENTRE							Total
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
All	n	12	8	23	1	7	2	7	60
	%	16.4	2.3	19.8	2.3	12.1	2.3	11.7	9.6
Did not pass	n	5	14	8	10	7	10	10	64
	%	6.9	4	6.9	23.3	12.1	11.2	16.7	11.6
Half or more	n	17	5	42	7	7	20	19	117
	%	23.3	1.4	36.2	16.3	12.1	22.5	31.7	20.5
Less than half	n	37	14	40	25	37	57	23	233
	%	50.7	4	34.5	58.1	63.8	64	38.3	44.8
Missing	n	2	306	3	0	0	0	1	312
	%	2.7	88.2	2.6	0	0	0	1.7	13.6
Total		73	347	116	43	58	89	60	786

Sexual behaviours

Males: number of female sex partners in the previous 6 months (Table 42)

The largest proportion of male participants (average 41.6%) reported having had one female sex partner (includes getting and giving oral sex, vaginal and/or anal sex) within the previous 6 months. On average 28.5% reported having had 2-5 female sex partners in that period. On average, 20.0% had had no female sex partners in the previous 6 months, and 8.0% had had 6-20 female sex partners in the same period. The proportions ranged from 30.1% in Victoria to 54.1% in Winnipeg for one female sex partner, 25.2% in Winnipeg to 31.7% in Victoria for 2-5 female sex partners, 3.7% in Winnipeg to 10.4% in Sudbury for 6-20 female sex partners, and 0.9% in Quebec to 2.2% in Regina for 21 or more female sex partners. The range for no female sex partners was from 10.3% in Regina to 25.8% in Victoria.

Table 42. Males: number of female sex partners in the previous 6 months

Number of partners		CENTRE						Total, average %	
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria		Winnipeg
1	n	71	395	72	43	67	56	73	777
	%	37.8	33.6	52.9	44.8	38.1	30.1	54.1	41.6
2-5	n	57	322	36	27	53	59	34	588
	%	30.3	27.4	26.5	28.1	30.1	31.7	25.2	28.5
6-20	n	18	73	10	10	15	19	5	150
	%	9.6	6.2	7.4	10.4	8.5	10.2	3.7	8.0
21 or more	n	3	10	3	1	2	2	2	23
	%	1.6	0.9	2.2	1.0	1.1	1.2	1.5	1.4
Don't know	n	2	0	0	1	0	0	0	3
	%	1.2	0.0	0.0	1.0	0.0	0.0	0.0	0.3
None	n	37	375	14	14	39	48	21	548
	%	19.7	31.9	10.3	14.6	22.2	25.8	15.6	20.0
Refused	n	0	0	1	0	0	2	0	3
	%	0.0	0.0	0.7	0.0	0.0	1.1	0.0	0.3
Total	n	188	1175	136	96	176	186	135	2092
	%	9.0	56.2	6.5	4.6	8.4	8.9	6.5	100

Males: regular female sex partners in the previous 6 months (Table 43)

This table shows the number of male participants reporting regular female sex partners in the previous 6 months by site. Nearly two-thirds of the participants (average 65.8%) reported having had a regular female sex partner in the previous 6 months. By site, the proportion of males who reported having had a regular female sex partner ranged from 50.0% in Victoria to 84.4% in Regina.

Table 43. Males: regular female sex partner in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	102	483	103	56	80	69	80	973
	%	67.6	60.4	86.0	68.3	58.4	50.0	70.2	65.8
No	n	49	317	18	26	57	67	34	568
	%	32.5	39.6	14.0	31.7	41.6	48.6	29.8	34.0
Missing/refused	n	0	0	0	0	0	2	0	2
	%	0.0	0.0	0.0	0.0	0.0	1.5	0.0	0.2
Total	n	151	800	121	82	137	138	114	1543
	%	9.8	51.8	7.9	5.3	8.9	8.9	7.4	100

Males: condom use with regular female sex partners during vaginal sex in the previous 6 months (Table 44)

This table shows the frequency of reported condom use by male participants with their regular female sex partners by site. An average of 57.6% had never used condoms during vaginal sex, and an average of 26.1% reported having always used condoms. By site, the proportion of males who reported never having used condoms ranged from 47.1% in Edmonton to 60.0% in Winnipeg. The range of those who had always used condoms was 14.4% in Regina to 33.3% in Edmonton. Occasional condom use was reported by an average of 5.4%, sometimes using condoms was reported by 6.2% on average, and usually using condoms by 4.0% on average.

Table 44. Males: condom use with regular female sex partners during vaginal sex in the previous 6 months

		CENTRE						Total, average %	
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria		Winnipeg
Always	n	34	132	15	15	25	15	21	257
	%	33.3	27.4	14.4	28.3	31.3	21.4	26.3	26.1
Usually	n	11	0	2	1	5	4	1	24
	%	10.8	0.0	1.9	1.9	6.3	5.7	1.3	4.0
Sometimes	n	6	98	3	2	0	4	4	117
	%	5.9	20.4	2.9	3.8	0.0	5.7	5.0	6.2
Occasionally	n	3	0	12	4	2	4	6	31
	%	2.9	0.0	11.5	7.6	2.5	5.7	7.5	5.4
Never	n	48	250	71	31	47	41	48	536
	%	47.1	52.0	68.3	58.5	58.8	58.6	60.0	57.6
Refused	c	0	1	1	0	1	2	0	5
	%	0.0	0.2	1.0	0.0	1.3	2.9	0.0	0.8
Total	n	102	481	104	53	80	70	80	970
	%	10.5	49.6	10.7	5.5	8.3	7.2	8.3	100

Males: condom use with regular female sex partners during oral sex in the previous 6 months (Table 45)

Among male participants with regular female sex partners, an average of 15.1% reported having always used condoms during oral sex in the previous 6 months, and 75.6%, on average, reported never having used condoms during oral sex. The proportion reporting always having used condoms was higher during vaginal sex (average 26.1%) than during oral sex (average 15.1%) in the same period. An average of 57.6% of male participants reported never having used condoms with regular female sex partners during vaginal sex, whereas an average of 75.6% had never used condoms during oral sex in the same period.

Table 45. Males: condom use with regular female sex partners during oral sex in the previous 6 months

		CENTRE						Total, average %	
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria		Winnipeg
Always	n	15	56	11	7	18	9	5	121
	%	20.6	12.4	15.9	14.0	23.4	12.7	6.9	15.1
Usually	n	6	0	0	0	1	2	0	9
	%	8.2	0.0	0.0	0.0	1.3	2.8	0.0	1.8
Sometimes	n	3	24	3	1	3	3	0	37
	%	4.1	5.3	4.4	2.0	3.9	4.2	0.0	3.4
Occasionally	n	1	0	6	2	0	4	0	13
	%	1.4	0.0	8.7	4.0	0.0	5.6	0.0	2.8
Never	n	47	368	47	40	55	51	66	674
	%	64.4	81.4	68.1	80.0	71.4	71.8	91.7	75.6
Don't know/missing	n	1	4	1	0	0	2	1	9
	%	1.4	0.9	1.5	0.0	0.0	2.8	1.4	1.1
Total	n	73	452	69	50	77	71	72	864
	%	8.5	52.3	8.0	5.8	8.9	8.2	8.3	100

Males: condom use with regular female sex partners during anal sex in the previous 6 months (Table 46)

Among male participants with regular female sex partners, an average of 20.9% reported always having used condoms during anal sex in the previous 6 months, as compared with 26.1% during vaginal sex and 15.1% during oral sex. An average of 68.1% reported never having used condoms during anal sex, as compared with 57.6% during vaginal sex and 75.6% during oral sex.

Table 46. Males: condom use with regular female sex partners during anal sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	5	43	2	2	6	7	2	67
	%	26.3	25.3	13.3	25.0	26.1	18.0	12.5	20.9
Usually	n	1	0	0	1	0	1	0	3
	%	5.3	0.0	0.0	12.5	0.0	2.6	0.0	2.9
Sometimes	n	0	11	0	0	0	0	0	11
	%	0.0	6.5	0.0	0.0	0.0	0.0	0.0	0.9
Occasionally	n	0	0	1	0	0	2	0	3
	%	0.0	0.0	6.7	0.0	0.0	5.1	0.0	1.7
Never	n	12	102	10	5	17	27	13	186
	%	63.2	60.0	66.7	62.5	73.9	69.2	81.3	68.1
Don't know/missing	n	1	14	2	0	0	2	1	20
	%	5.3	8.3	13.4	0.0	0.0	5.1	6.3	5.5
Total	n	19	170	15	8	23	39	16	290
	%	6.6	58.6	5.2	2.8	7.9	13.5	5.5	100

Males: casual female sex partners in the previous 6 months (Table 47)

Of male study participants, an average of 48.4% reported having had casual female sex partners in the previous 6 months. By site, the proportion of males who reported having had casual female sex partners ranged from 29.5% in Regina to 63.8% in Victoria.

Table 47. Males: casual female sex partners in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	78	434	36	42	67	88	45	790
	%	51.7	54.3	29.5	51.2	48.9	63.8	39.5	48.4
No	n	73	366	85	40	70	48	69	751
	%	48.3	45.8	69.7	48.8	51.1	34.8	60.5	51.3
Missing	n	0	0	1	0	0	2	0	3
	%	0.0	0.0	0.8	0.0	0.0	1.5	0.0	0.3
Total	n	151	800	122	82	137	138	114	1544
	%	9.8	51.8	7.9	5.3	8.9	8.9	7.4	100

Males: condom use with casual female sex partners during vaginal sex in the previous 6 months (Table 48)

This table shows the frequency of condom use during vaginal sex by male participants with their casual female sex partners by site. An average of 54.1% reported always having used condoms and 23.4% never having used condoms. The range for reporting always having used condoms was 44.8% in Victoria to 62.7% in Edmonton and for never having used condoms was 14.1% in Toronto to 29.7% in Sudbury.

Table 48. Males: condom use with casual female sex partners during vaginal sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	47	224	22	17	35	39	26	410
	%	62.7	53.5	59.5	46.0	54.7	44.8	57.8	54.1
Usually	n	6	0	3	33	9	12	4	37
	%	8.0	0.0	8.1	8.1	14.1	13.8	8.9	8.7
Sometimes	n	5	86	3	2	5	8	3	112
	%	6.7	20.5	8.1	5.4	7.8	9.2	6.7	9.2
Occasionally	n	2	0	0	4	6	4	1	17
	%	2.7	0.0	0.0	10.8	9.4	4.6	2.2	4.2
Never	n	15	109	9	11	9	22	11	184
	%	20.0	26.0	24.3	29.7	14.1	25.3	24.4	23.4
Missing/refused	n	0	1	1	0	0	2	0	4
	%	0.0	0.2	2.7	0.0	0.0	2.3	0.0	0.7
Total	n	75	419	37	37	64	87	45	764
	%	9.8	54.8	4.8	4.8	8.4	11.4	5.9	100

Males: condom use with casual female sex partners during oral sex in the previous 6 months (Table 49)

This table shows the frequency of condom use by male participants with their casual female sex partners during oral sex by site. An average of 35.1% of male participants reported always having used condoms with their casual female sex partners, and 47.1% reported never having used condoms. There was a notable difference in condom use by site. While in Winnipeg 72.2% of male participants reported never using condoms, in Regina only 17.7% reported the same. This could be a result of fewer responses in Regina.

Table 49. Males: condom use with casual female sex partners during oral sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	21	85	10	12	23	21	9	181
	%	43.8	22.1	58.8	34.3	37.1	24.4	25	35.1
Usually	n	4	0	1	1	4	12	0	22
	%	8.3	0.0	5.9	2.9	6.5	14.0	0.0	5.4
Sometimes	n	2	51	1	3	5	3	1	66
	%	4.2	13.3	5.9	8.6	8.1	3.5	2.8	6.6
Occasionally	n	1	0	0	1	4	9	0	15
	%	2.1	0.0	0.0	2.9	6.5	10.5	0.0	3.1
Never	n	20	244	3	17	26	38	26	374
	%	41.7	63.5	17.7	48.6	41.9	44.2	72.2	47.1
Missing/Refused	n	0	4	2	1	0	3	0	10
	%	0.0	1.0	11.8	2.9	0.0	4.3	0.0	2.9
Total	n	48	384	17	35	62	86	36	668
	%	7.2	57.5	2.5	5.2	9.3	12.9	5.4	100

Males: condom use with casual female sex partners during anal sex in the previous 6 months (Table 50)

This table shows the frequency of condom use by male participants during anal sex with their casual female sex partners in the previous 6 months by site. On average, 52.6% of male participants reported always using condoms during anal sex, and 25.7% reported never using condoms. Responses varied noticeably by site, which is likely due to low number of respondents.

Table 50. Males: condom use with casual female sex partners during anal sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	5	61	4	0	13	24	4	111
	%	50.0	51.7	66.7	0.0	86.7	46.2	66.7	52.6
Usually	n	1	0	1	0	1	5	0	8
	%	10.0	0.0	16.7	0.0	6.7	9.6	0.0	6.1
Sometimes	n	0	17	0	1	1	3	0	22
	%	0.0	14.4	0.0	25	6.7	5.8	0.0	7.4
Occasionally	n	0	0	0	1	0	1	0	2
	%	0.0	0.0	0.0	25.0	0.0	1.9	0.0	3.8
Never	n	4	28	0	2	0	17	2	53
	%	40.0	23.7	0.0	50.0	0.0	32.7	33.3	25.7
Missing	n	0	12	1	0	0	2	0	15
	%	0.0	10.2	16.7	0.0	0.0	3.9	0.0	4.4
Total	n	10	118	6	4	15	52	6	211
	%	4.7	55.9	2.8	1.9	7.1	24.6	2.8	100

Males: female client sex partners in the previous 6 months (Table 51)

This table shows the frequency of female client sex partners in the previous 6 months reported by male participants. Overall, 96.9% male participants were not paid for sex by a female in the previous 6 months and 2.8% were. By site, the range reporting client female sex partner was 0% in Winnipeg to 7.3% in Sudbury in the previous 6 months.

Table 51. Males: female client sex partners in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	4	16	2	6	4	4	0	36
	%	2.7	2.0	1.6	7.3	2.9	2.9	0.0	2.8
No	n	147	784	119	76	133	132	114	1505
	%	97.4	98.0	97.5	92.7	97.1	95.7	100.0	96.9
Missing	n	0	0	1	0	0	2	0	3
	%	0.0	0.0	0.8	0.0	0.0	1.5	0.0	0.3
Total	n	151	800	122	82	137	138	114	1544
	%	9.8	51.8	7.9	5.3	8.9	8.9	7.4	100

Males: condom use with female client sex partners during vaginal sex in the previous 6 months (Table 52)

An average of 60.5% male participants paid by female client sex partners reported always having used condoms during vaginal sex in the previous 6 months, and 11.4% reported never having used condoms. There were differences by site. In Sudbury and Toronto 100% of male participants reported always using condoms; in Quebec 73.3%, in Regina 66.7%, in Victoria 50%, and in Edmonton 33.3% of male participants reported always using a condom. The difference could be due to the low number of responses (no responses from Winnipeg).

Table 52. Males: condom use with female client sex partners during vaginal sex in the previous 6 months

		CENTRE						Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	
Always	n	1	11	2	6	3	3	26
	%	33.3	73.3	66.7	100	100	50	60.5
Sometimes	n	0	2	0	0	0	1	3
	%	0.0	13.3	0.0	0.0	0.0	16.7	4.3
Never	n	2	2	0	0	0	0	4
	%	66.7	13.3	0.0	0.0	0.0	0.0	11.4
Missing	n	0	0	1	0	0	2	3
	%	0.0	0.0	33.3	0.0	0.0	33.3	9.5
Total	n	3	15	3	6	3	6	36
	%	8.3	41.7	8.3	16.7	8.3	16.7	100

Males: condom use with female client sex partners during oral sex in the previous 6 months (Table 53)

An average of 40.4% of male participants with female client sex partners reported always having used condoms during oral sex in the previous 6 months, and 30.5% reported never having used condoms. The proportion of those always using condoms ranged from 25% in Edmonton to 75% in Toronto, and for never using condoms from 0% in Regina to 75% in Edmonton. The difference could be due to fewer responses (no responses from Winnipeg).

Table 53. Males: condom use with female client sex partners during oral sex in the previous 6 months

		CENTRE						Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	
Always	n	1	6	1	2	3	3	16
	%	25	42.9	50.0	40.0	75.0	50.0	40.4
Sometimes	n	0	0	0	1	0	0	1
	%	0.0	0.0	0.0	20.0	0.0	0.0	2.9
Never	n	3	8	0	2	1	1	15
	%	75.0	57.1	0.0	40.0	25.0	16.7	30.5
Missing	n	0	0	1	0	0	2	3
	%	0.0	0.0	50.0	0.0	0.0	33.3	11.9
Total	n	4	14	2	5	4	6	35
	%	11.4	40.0	5.7	14.3	11.4	17.1	100

Males: clients of female sex partners in the previous 6 months (Table 54)

The table shows the number of male participants by site who reported having been clients of female sex partners. The majority (average 91.7%) said that they had not paid for sex in the previous 6 months, in comparison to 8% who reported that they had paid for sex. The proportion of positive responders ranged from 0% in Regina to 23.4% in Toronto.

Table 54. Males: clients of female sex partners in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	8	62	0	6	32	11	5	124
	%	5.3	7.8	0.0	7.3	23.4	8.0	4.4	8.0
No	n	143	738	121	76	105	125	109	1417
	%	94.7	92.3	99.2	92.7	76.6	90.6	95.6	91.7
Missing	n	0	0	1	0	0	2	0	3
	%	0.0	0.0	0.8	0.0	0.0	1.5	0.0	0.3
Total	n	151	800	122	82	137	138	114	1544
	%	9.8	51.8	7.9	5.3	8.9	8.9	7.4	100

Males: condom use with paid female sex partners during vaginal sex in the previous 6 months (Table 55)

The table shows reported condom use during vaginal sex in the previous 6 months for male participants who had been clients of female sex partners. The majority (average 65%) reported always having used condoms, in comparison with 8.8% who reported never having used condoms. The proportion who had never done so ranged from 0% in Edmonton, Regina, Victoria, and Winnipeg to 33.3% in Sudbury.

Table 55. Males: condom use with paid female sex partners during vaginal sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	6	44	0	4	14	6	5	79
	%	100.0	78.6	0.0	66.7	50	60	100	65.0
Usually	n	0	0	0	0	3	0	0	3
	%	0.0	0.0	0.0	0.0	10.7	0.0	0.0	1.5
Sometimes	n	0	8	0	0	2	0	0	10
	%	0.0	14.3	0.0	0.0	7.1	0.0	0.0	3.1
Occasionally	n	0	0	0	0	3	2	0	5
	%	0.0	0.0	0.0	0.0	10.7	20.0	0.0	4.4
Never	n	0	4	0	2	6	0	0	12
	%	0.0	7.1	0.0	33.3	21.4	0.0	0.0	8.8
Missing	n	0	0	1	0	0	2	0	3
	%	0.0	0.0	100.0	0.0	0.0	20.0	0.0	17.1
Total	n	6	56	1	6	28	10	5	112
	%	5.4	50	0.9	5.4	25	8.9	4.5	100

Males: condom use with paid female sex partners during oral sex in the previous 6 months (Table 56)

The table shows reported condom use by male clients of female sex partners during oral sex in the previous 6 months. The majority (average 47.6%) had always used condoms, and 20.3% reported never having used condoms. The proportion of those reporting never having used condoms ranged from 0% in Regina and Winnipeg to 50% in Toronto.

Table 56. Males: condom use with paid female sex partners during oral sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	5	33	0	2	11	3	2	56
	%	62.5	56.9	0.0	50.0	36.7	27.2	100.0	47.6
Usually	n	1	0	0	0	1	0	0	2
	%	12.5	0.0	0.0	0.0	3.3	0.0	0.0	2.3
Sometimes	n	0	11	0	1	1	1	0	14
	%	0.0	19.0	0.0	25.0	3.3	9.1	0.0	8.1
Occasionally	n	0	0	0	0	2	3	0	5
	%	0.0	0.0	0.0	0.0	6.7	27.3	0.0	4.8
Never	n	2	14	0	1	15	2	0	34
	%	25.0	24.1	0.0	25.0	50.0	18.2	0.0	20.3
Missing	n	0	0	1	0	0	2	0	3
	%	0.0	0.0	100.0	0.0	0.0	18.2	0.0	16.9
Total	n	8	58	1	4	30	11	2	114
	%	7.0	50.9	0.9	3.5	26.3	9.7	1.8	100

Females: number of male sex partners in the previous 6 months (Table 57)

Over one-third of female participants (average 39.3%) reported having had one male sex partner (includes getting and giving oral sex, vaginal, and/ or anal sex) within the previous 6 months. An average of 26.4% reported having had 2-5 male sex partners in the same period. A further 11.5% had had no male sex partners, and 9.6% had had 6-20. The proportion of those reporting one male sex partner ranged from 26.9% in Victoria to 58.2% in Winnipeg; for 2-5 male sex partners the range was 22.2% in Quebec to 29.9% in Victoria, for 6-20 it was 3.7% in Sudbury to 16.4% in Victoria, and for 21 or more it was 4.6% in Winnipeg to 20.7% in Quebec. The proportion reporting no male sex partners in the previous 6 months ranged from 6.4% in Winnipeg to 16.7% in Sudbury.

Table 57. Females: number of male sex partners in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
1	n	29	119	54	23	29	18	64	336
	%	34.1	30.4	47.4	42.6	35.8	26.9	58.2	39.3
2-5	n	25	87	33	13	20	20	28	226
	%	29.4	22.2	29.0	24.1	24.7	29.9	25.5	26.4
6-20	n	6	54	8	2	11	11	6	98
	%	7.1	13.8	7.0	3.7	13.6	16.4	5.5	9.6
21 or more	n	14	81	6	6	12	7	5	131
	%	16.5	20.7	5.3	11.1	14.8	10.5	4.6	11.9
None	n	11	46	12	9	7	9	7	101
	%	12.9	11.7	10.5	16.7	8.6	13.4	6.4	11.5
Don't Know	n	0	3	0	1	0	2	0	6
	%	0.0	0.8	0.0	1.9	0.0	3.0	0.0	0.8
Missing	n	0	2	1	0	2	0	0	5
	%	0.0	0.6	0.9	0.0	2.5	0.0	0.0	0.25
Total	n	85	392	114	54	81	67	110	903
	%	9.4	43.4	12.6	6.0	9.0	7.4	12.2	100.0

Females: regular male sex partners in the previous 6 months (Table 58)

This table shows the number of female participants reporting regular male sex partners in the previous 6 months. Most of the participants (average 76.6%) reported having had a regular male sex partner in the previous 6 months. By site, the proportion reporting a regular male sex partner ranged from 67.2% in Victoria to 88.1% in Regina.

Table 58. Females: regular male sex partners in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	56	257	89	33	52	39	88	614
	%	75.7	74.5	88.1	75.0	70.3	67.2	85.4	76.6
No	n	18	85	11	11	20	19	15	179
	%	24.3	24.6	10.9	25.0	27.0	32.8	14.6	22.7
Don't Know	n	0	1	0	0	0	0	0	1
	%	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Missing	n	0	2	1	0	2	0	0	5
	%	0.5	0.6	1.0	0.0	2.7	0.0	0.0	0.7
Total	n	74	345	101	44	74	58	103	799
	%	9.3	43.2	12.6	5.5	9.3	7.3	12.9	100

Females: condom use with regular male sex partners during vaginal sex in the previous 6 months (Table 59)

The table shows the frequency of reported condom use by female participants during vaginal sex with their regular male sex partners. An average of 63.5% had never used condoms during vaginal sex, and 20.8% reported always having used condoms. By site, the proportion of females who reported never having used condoms ranged from 50% in Victoria to 71.6% in Winnipeg. The range of those reporting always having used condoms was 15.6% in Regina to 28.1% in Sudbury.

Table 59. Females: condom use with regular male sex partners during vaginal sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	9	54	14	9	12	9	16	123
	%	16.7	21.0	15.6	28.1	22.2	23.7	18.2	20.8
Usually	n	4	0	3	1	2	1	1	12
	%	7.4	0.0	3.3	3.1	3.7	2.6	1.1	3.0
Sometimes	n	4	51	5	0	0	3	5	68
	%	7.4	19.8	5.6	0.0	0.0	7.9	5.7	6.6
Occasionally	n	2	0	5	0	5	6	3	21
	%	3.7	0.0	5.6	0.0	9.3	15.8	3.4	5.4
Never	n	35	149	63	22	33	19	63	384
	%	64.8	58.0	70.0	68.8	61.1	50.0	71.6	63.5
Missing	n	0	3	0	0	2	0	0	5
	%	0.0	1.2	0.0	0.0	3.7	0.0	0.0	0.7
Total	n	54	257	90	32	54	38	88	613
	%	8.8	41.9	14.7	5.2	8.8	6.2	14.4	100

Females: condom use with regular male sex partners during oral sex in the previous 6 months (Table 60)

Among female participants with regular male sex partners, an average of 12.8% reported always having used condoms during oral sex in the previous 6 months, and 77.5% reported never having done so. By site, the proportion of female participants reporting never having used condoms ranged from 66.7% in Victoria to 89.7% in Winnipeg.

Table 60. Females: Condom use with regular male sex partners during oral sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	6	21	10	3	8	7	6	61
	%	12.5	8.3	14.9	11.1	15.4	19.4	7.7	12.8
Usually	n	4	0	3	0	1	1	0	9
	%	8.3	0.0	4.5	0.0	1.9	2.8	0.0	2.5
Sometimes	n	1	21	4	1	0	2	2	31
	%	2.1	8.3	6.0	3.7	0.0	5.6	2.6	4.0
Occasionally	n	1	0	3	0	1	2	0	7
	%	2.1	0.0	4.5	0.0	1.9	5.6	0.0	2.0
Never	n	36	203	46	23	40	24	70	442
	%	75.0	80.6	68.7	85.2	76.9	66.7	89.7	77.5
Missing	n	0	7	1	0	2	0	0	10
	%	0.0	2.8	1.5	0.0	3.9	0.0	0.0	1.2
Total	n	48	252	67	27	52	36	78	560
	%	8.6	45	12.0	4.8	9.3	6.4	13.9	100

Females: condom use with regular male sex partners during anal sex in the previous 6 months (Table 61)

Among female participants with regular male sex partners, an average of 21.7% reported always having used condoms during anal sex in the previous 6 months, and 63.1% reported never having done so. The proportion of females reporting never having used condoms ranged from 25% in Sudbury to 91.7% in Winnipeg. The large variation could be due to the different numbers of participants at each site. The proportion always having used condoms with regular male sex partners was 20.8% for vaginal sex, 12.8% for oral sex, and 21.7% for anal sex. Never having used condoms during vaginal sex was reported by 63.5% of female participants, during oral sex by 77.5%, and during anal sex by 63.1%.

Table 61. Females: condom use with regular male sex partners during anal sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	3	8	4	3	2	1	1	22
	%	17.7	8.5	18.2	75.0	18.2	6.3	8.3	21.7
Usually	n	0	0	1	0	0	1	0	2
	%	0.0	0.0	4.6	0.0	0.0	6.3	0.0	1.6
Sometimes	n	0	5	1	0	0	1	0	7
	%	0.0	5.3	4.6	0.0	0.0	6.3	0.0	2.3
Occasionally	n	2	0	0	0	2	2	0	6
	%	11.8	0.0	0.0	0.0	18.2	12.5	0.0	6.1
Never	n	12	68	15	1	5	11	11	123
	%	70.6	72.3	68.2	25.0	45.5	68.8	91.7	63.1
Missing	n	0	13	1	0	2	0	0	16
	%	0.0	13.8	4.6	0.0	18.2	0.0	0.0	5.2
Total	n	17	94	22	4	11	16	12	176
	%	9.7	53.4	12.5	2.3	6.3	9.1	6.8	100

Females: casual male sex partners in the previous 6 months (Table 62)

An average of 31.9% of female participants reported having had casual male sex partners in the previous 6 months. By site, the proportion ranged from 23.3% in Winnipeg to 39.7% in Victoria.

Table 62. Females: casual male sex partners in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	25	121	24	16	23	23	24	256
	%	33.8	35.1	23.8	36.4	31.1	39.7	23.3	31.9
No	n	49	221	77	28	49	34	79	537
	%	66.2	64.1	76.2	63.6	66.2	58.6	76.7	67.4
Missing	n	0	3	0	0	2	1	0	6
	%	0.0	35.1	0.0	0.0	31.1	39.7	0.0	15.1
Total	n	74	345	101	44	74	58	103	799
	%	9.3	43.2	12.6	5.5	9.3	7.3	12.9	100

Females: condom use with casual male sex partners during vaginal sex in the previous 6 months (Table 63)

This table shows the frequency of condom use during vaginal sex by female participants with their casual male sex partners. An average of 49.7% of female participants reported always having used condoms during vaginal sex, and 29.4% had never condoms. The proportion always having used condoms ranged from 32% in Edmonton to 68% in Toronto, and for never having used condoms from 12.0% in Toronto to 37.5% in Sudbury.

Table 63. Females: condom use with casual male sex partners during vaginal sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	8	57	15	9	17	9	11	126
	%	32.0	46.0	62.5	56.3	68.0	37.5	45.8	49.7
Usually	n	3	0	1	1	1	1	1	8
	%	12.0	0.0	4.2	6.3	4.0	4.2	4.2	5.0
Sometimes	n	4	38	0	0	1	0	2	45
	%	16.0	30.7	0.0	0.0	4.0	0.0	8.3	8.4
Occasionally	n	0	0	0	0	1	5	1	7
	%	0.0	0.0	0.0	0.0	4.0	20.9	4.2	4.2
Never	n	9	25	8	6	3	8	8	67
	%	36.0	20.2	33.3	37.5	12.0	33.3	33.3	29.4
Missing	n	1	4	0	0	2	1	1	9
	%	4.0	3.2	0.0	0.0	8.0	4.2	4.2	3.4
Total	n	25	124	24	16	25	24	24	262
	%	9.5	47.3	9.2	6.1	9.5	9.2	9.2	100

Females: condom use with casual male sex partners during oral sex in the previous 6 months (Table 64)

This table shows the frequency of condom use by female participants with casual male sex partners during oral sex in the previous 6 months. An average of 31.8% of female participants reported always having used condoms, and 45.5% reported never having done so. Rates differed by site: they ranged from 26.7% in Regina to 66.7% in Winnipeg of participants never having used condoms (which could be a result of fewer responses in Regina).

Table 64. Females: condom use with casual male sex partners during oral sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	3	33	8	3	11	7	4	69
	%	17.7	29.0	53.3	23.1	45.8	31.8	22.2	31.8
Usually	n	3	0	0	0	0	0	0	3
	%	17.7	0.0	0.0	0.0	0.0	0.0	0.0	2.5
Sometimes	n	4	24	2	2	2	1	1	36
	%	23.5	21.1	13.3	15.4	8.3	4.6	5.6	13.1
Occasionally	n	0	0	1	0	1	2	1	5
	%	0.0	0.0	6.7	0.0	4.2	9.1	5.6	3.7
Never	n	6	51	4	8	8	11	12	100
	%	35.3	44.7	26.7	61.5	33.3	50.0	66.7	45.5
Missing	n	1	6	0	0	2	1	0	10
	%	5.9	5.3	0.0	0.0	8.3	4.6	0.0	3.4
Total	n	17	114	15	13	24	22	18	223
	%	7.6	51.1	6.7	5.8	10.8	9.9	8.1	100

Females: condom use with casual male sex partners during anal sex in the previous 6 months (Table 65)

This table shows the frequency of condom use by female participants with casual male sex partners during anal sex in the previous 6 months. An average of 43.9% reported always using condoms, while 19.9% reported never using condoms. The differences by site could be due to different numbers of female respondents.

Table 65. Females: condom use with casual male sex partners during anal sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	1	8	2	1	2	3	0	17
	%	16.7	24.2	100.0	100.0	33.3	33.3	0.0	43.9
Occasionally	n	0	0	0	0	0	1	0	1
	%	0.0	0.0	0.0	0.0	0.0	11.1	0.0	1.6
Sometimes	n	1	4	0	0	1	1	0	7
	%	16.7	12.1	0.0	0.0	16.7	11.1	0.0	8.1
Never	n	3	13	0	0	1	3	0	20
	%	50.0	39.4	0.0	0.0	16.7	33.3	0.0	19.9
Missing	n	1	8	0	0	2	1	1	13
	%	66.7	24.2	0.0	0.0	33.3	11.1	100.0	33.6
Total	n	6	33	2	1	6	9	1	58
	%	10.3	56.9	3.5	1.7	10.3	15.5	1.7	100

Females: male client sex partners in the previous 6 months (Table 66)

This table shows the frequency of having male client sex partners in the previous 6 months reported by female participants. An average of 67.2% had not had a male client sex partner, and 32.1% reported that they had. By site, the range of those reporting male clients was 15.5% in Winnipeg to 50% in Victoria.

Table 66. Females: male client sex partners in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	26	132	26	12	24	29	16	265
	%	35.1	38.3	25.7	27.3	32.4	50.0	15.5	32.1
No	n	48	210	75	32	48	28	87	528
	%	64.9	60.9	74.3	72.7	64.9	48.3	84.5	67.2
Missing	n	0	3	0	0	2	1	0	6
	%	0.0	0.9	0.0	0.0	2.7	1.7	0.0	0.8
Total	n	74	345	101	44	74	58	103	799
	%	9.3	43.2	12.6	5.5	9.3	7.3	12.9	100

Females: condom use with male client sex partners during vaginal sex in the previous 6 months (Table 67)

Among female participants with male client sex partners, an average of 79.6% reported always having used condoms during vaginal sex, and 5.7% had never used condoms. The range for never having used condoms was 0% in Edmonton and Regina to 13.3% in Winnipeg. (In Edmonton and Regina this was due to there being no responses from these sites.)

Table 67. Females: condom use with male client sex partners during vaginal sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	21	100	23	8	18	19	12	201
	%	84.0	81.3	92.0	80.0	69.2	70.4	80.0	79.6
Usually	n	2	0	1	1	3	3	1	11
	%	8.0	0.0	4.0	10.0	11.5	11.1	6.7	7.3
Sometimes	n	1	17	0	0	1	1	0	20
	%	4.0	13.8	0.0	0.0	3.9	3.7	0.0	3.6
Occasionally	n	1	0	0	0	0	1	0	2
	%	4.0	0.0	0.0	0.0	0.0	3.7	0.0	1.1
Never	n	0	2	0	1	2	2	2	9
	%	0.0	1.6	0.0	10.0	7.7	7.4	13.3	5.7
Missing	n	0	4	1	0	2	1	0	8
	%	0.0	3.3	4.0	0.0	7.7	3.7	0.0	2.7
Total	n	25	123	25	10	26	27	15	251
	%	10.0	49	10.0	4.0	10.4	10.8	6.0	100

Females: condom use with male client sex partners during oral sex in the previous 6 months (Table 68)

An average of 65.6% of female participants reported always having used condoms with male clients during oral sex in the previous 6 months, and 11% reported never having done so. The proportion always having used condoms ranged from 53.3% in Winnipeg to 90.5% in Regina, and the proportion never having used them was 4% in Toronto to 17.2% in Victoria.

Table 68. Females: condom use with male client sex partners during oral sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	14	70	19	7	17	19	8	154
	%	58.3	53.4	90.5	70.0	68.0	65.5	53.3	65.6
Usually	n	3	0	1	0	4	3	1	12
	%	12.5	0.0	4.8	0.0	16.0	10.3	6.7	7.2
Sometimes	n	2	44	0	1	0	1	4	52
	%	8.3	33.6	0.0	10.0	0.0	3.5	26.7	11.7
Occasionally	n	1	0	0	1	1	0	0	3
	%	4.2	0.0	0.0	10.0	4.0	0.0	0.0	2.6
Never	n	4	14	1	1	1	5	2	28
	%	16.7	10.7	4.8	10.0	4.0	17.2	13.3	11.0
Missing	n	0	3	0	0	2	1	0	6
	%	0.0	2.3	0.0	0.0	8.0	3.5	0.0	2.0
Total	n	24	131	21	10	25	29	15	255
	%	9.4	51.4	8.2	3.9	9.8	11.4	5.9	100

Females: condom use with male client sex partners during anal sex in the previous 6 months (Table 69)

Among female participants with male clients, an average of 76.7% reported always having used condoms during anal sex in the previous 6 months, and 2.0% reported never having done so. There was a low number of responses, making a comparison by site difficult.

Table 69. Females: condom use with male client sex partners during anal sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	6	25	5	1	4	5	2	48
	%	75.0	71.4	83.3	100.0	44.4	62.5	100	76.7
Usually	n	1	0	0	0	2	1	0	4
	%	12.5	0.0	0.0	0.0	22.2	12.5	0.0	6.7
Sometimes	n	1	2	0	0	0	1	0	4
	%	12.5	5.7	0.0	0.0	0.0	12.5	0.0	4.4
Never	n	0	1	0	0	1	0	0	2
	%	0.0	2.9	0.0	0.0	11.1	0.0	0.0	2.0
Missing	n	0	7	1	0	2	1	0	11
	%	0.0	20.0	16.7	0.0	22.2	12.5	0.0	10.2
Total	n	8	35	6	1	9	8	2	69
	%	11.6	50.7	8.7	1.5	13.0	11.6	2.9	100

Males: number of male sex partners in the previous 6 months (Table 70)

This table shows the number of male sex partners in the previous 6 months reported by male participants. Most (average 93.5%) reported having had no male sex partners, 2.7% reported having had one male sex partner, and 2.4% reported having had 2-5 male sex partners. By site, the proportion for one male sex partner ranged from 1.1% in Toronto to 4.8% in Quebec, and for 2-5 male sex partners it ranged from 1.5% in Regina and Winnipeg to 3.8% in Quebec.

Table 70. Males: number of male sex partners in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
1	n	3	56	2	4	2	5	4	76
	%	1.6	4.8	1.5	4.2	1.1	2.7	3.0	2.7
2-5	n	4	45	2	3	4	4	2	64
	%	2.1	3.8	1.5	3.1	2.3	2.2	1.5	2.4
6-20	n	1	21	0	0	2	0	1	25
	%	0.5	1.8	0.0	0.0	1.1	0.0	0.7	0.6
21 or more	n	0	24	0	0	3	0	0	27
	%	0.0	2.0	0.0	0.0	1.7	0.0	0.0	0.5
None	n	180	1025	131	89	165	175	128	1893
	%	95.7	87.2	96.3	92.7	93.8	94.1	94.8	93.5
Missing	n	0	4	1	0	0	2	0	7
	%	0.0	0.4	0.7	0.0	0.0	1.1	0.0	0.3
Total	n	188	1175	136	96	176	186	135	2092
	%	9.0	56.2	6.5	4.6	8.4	8.9	6.5	100

Males: regular male sex partners in the previous 6 months (Table 71)

The table shows the number of male participants (among those who reported having a male sexual partner) reporting a regular male sex partner in the previous 6 months by site. The highest proportion of respondents (average 53.6%) reported having had no regular male sex partners. By site, the proportion of males who reported having had a regular male sex partner ranged from 9.1% in Victoria to 75.0% in Regina. The number in Quebec who responded to this question represented 75.6% of all responses.

Table 71. Males: regular male sex partners in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	4	43	3	4	3	1	4	62
	%	50.0	28.9	75.0	57.1	27.3	9.1	57.1	43.5
No	n	4	103	1	3	8	8	3	130
	%	50	69.1	25	42.9	72.7	72.7	42.9	53.6
Missing	n	0	3	0	0	0	2	0	5
	%	0.0	2.0	0.0	0.0	0.0	18.2	0.0	2.9
Total	n	8	149	4	7	11	11	7	197
	%	4.1	75.6	2.0	3.6	5.6	5.6	3.6	100

Males: condom use with regular male sex partners during oral sex in the previous 6 months (Table 72)

Among male participants with regular male sex partners in the previous 6 months, an average of 13.2% reported always having used condoms during oral sex, and 59.8% reported never having done so. By site, the proportion of males who had never used condoms ranged from 25% in Winnipeg to 100% in Toronto. Quebec represented 71.0% of all responses.

Table 72. Males: condom use with regular male sex partners during oral sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	0	4	0	1	0	0	2	7
	%	0.0	9.1	0.0	33.3	0.0	0.0	50.0	13.2
Usually	n	0	0	1	0	0	0	0	1
	%	0.0	0.0	50.0	0.0	0.0	0.0	0.0	7.1
Sometimes	n	0	3	0	0	0	0	0	3
	%	0.0	6.8	0.0	0.0	0.0	0.0	0.0	1.0
Occasionally	n	1	0	0	0	0	0	1	2
	%	33.3	0.0	0.0	0.0	0.0	0.0	25.0	8.3
Never	n	2	34	1	2	3	1	1	44
	%	66.7	77.3	50.0	66.7	100.0	33.3	25.0	59.8
Missing	n	0	3	0	0	0	2	0	5
	%	0.0	6.8	0.0	0.0	0.0	66.7	0.0	10.5
Total	n	3	44	2	3	3	3	4	62
	%	4.8	71.0	3.2	4.8	4.8	4.8	6.5	100

Males: condom use with regular male sex partners during anal sex in the previous 6 months (Table 73)

Among male participants with regular male sex partners in the previous 6 months, an average of 38.9% reported always having used condoms during anal sex, as compared with 13.2% who always used condoms during oral sex. The proportion of males reporting never having used condoms during anal sex was 48.2% with a range of 25% (in Winnipeg) to 100% (in Toronto). In comparison, 59.8% reported never having used condoms during oral sex.

Table 73. Males: condom use with regular male sex partners during anal sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	1	10	2	1	0	0	3	17
	%	50.0	30.3	66.7	50.0	0.0	0.0	75.0	38.9
Sometimes	n	0	5	0	0	0	0	0	5
	%	0.0	15.2	0.0	0.0	0.0	0.0	0.0	2.2
Never	n	1	15	1	1	2	1	1	22
	%	50.0	45.5	33.3	50.0	100.0	33.3	25.0	48.2
Missing	n	0	3	0	0	0	2	0	5
	%	0.0	9.1	0.0	0.0	0.0	66.7	0.0	10.8
Total	n	2	33	3	2	2	3	4	49
	%	4.1	67.4	6.1	4.1	4.1	6.1	8.2	100

Males: casual male sex partners in the previous 6 months (Table 74)

An average of 48.6% of male participants (among those who reported having a male sexual partner) reported having had casual male sex partners in the previous 6 months. By site, the proportion ranged from 42.9% in Sudbury and Winnipeg to 63.6% in Toronto.

Table 74. Males: Casual male sex partners in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Yes	n	4	68	2	3	7	5	3	92
	%	50.0	45.6	50.0	42.9	63.6	45.5	42.9	48.6
No	n	4	78	2	4	4	4	4	100
	%	50.0	52.4	50.0	57.1	36.4	36.4	57.1	48.5
Missing	n	0	3	0	0	0	2	0	5
	%	0.0	2.0	0.0	0.0	0.0	18.2	0.0	2.9
Total	n	8	149	4	7	11	11	7	197
	%	4.1	75.6	2.0	3.6	5.6	5.6	3.6	100

Males: condom use with casual male sex partners during oral sex in the previous 6 months (Table 75)

The table shows the frequency of condom use by male participants with their casual male sex partners during oral sex in the previous 6 months. Always having used condoms was reported by 51.2% of male participants, and 41.6% reported never having used them.

Table 75. Males: condom use with casual male sex partners during oral sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	2	11	2	2	3	3	1	24
	%	50.0	15.7	100.0	66.7	42.9	50.0	33.3	51.2
Sometimes	n	0	9	0	0	0	0	0	9
	%	0.0	12.9	0.0	0.0	0.0	0.0	0.0	1.8
Never	n	2	47	0	1	4	1	2	57
	%	50.0	67.1	0.0	33.3	57.1	16.7	66.7	41.6
Missing	n	0	3	0	0	0	2	0	5
	%	0.0	4.3	0.0	0.0	0.0	33.3	0.0	5.4
Total	n	4	70	2	3	7	6	3	95
	%	4.2	73.7	2.1	3.2	7.4	6.3	3.2	100

Males: condom use with casual male sex partners during anal sex in the previous 6 months (Table 76)

This table shows the frequency of condom use by male participants during anal sex with their casual male sex partners in the previous 6 months. Male participants who reported always having used condoms averaged 60.5% and 23.6% reported never having used condoms.

Table 76. Males: condom use with casual male sex partners during anal sex in the previous 6 months

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Always	n	2	18	2	2	4	2	1	31
	%	66.7	50.0	100.0	66.7	57.1	50.0	33.3	60.5
Sometimes	n	0	4	0	0	0	0	1	5
	%	0.0	11.1	0.0	0.0	0.0	0.0	33.3	6.3
Never	n	1	8	0	1	3	0	1	14
	%	33.3	22.2	0.0	33.3	42.9	0.0	33.3	23.6
Missing	n	0	6	0	0	0	2	0	8
	%	0.0	16.7	0.0	0.0	0.0	50.0	0.0	9.5
Total	n	3	36	2	3	7	4	3	58
	%	5.2	62.1	3.5	5.2	12.1	6.9	5.2	100

HIV and hepatitis C testing

Results of HIV testing (Table 77)

This table shows that 13.2% of all participants were HIV positive. By site, the proportion of participants tested for HIV ranged from 2.9% in Regina to 23.8% in Edmonton.

Table 77. Results of HIV testing

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Positive	n	65	273	7	18	19	36	28	446
	%	23.8	17.3	2.9	12.2	7.6	15.4	13.1	13.2
Negative	n	208	1305	231	129	230	198	186	2487
	%	76.2	82.7	97.1	87.8	92.4	84.6	86.9	86.8
Total	n	273	1578	238	147	249	234	214	2933
	%	9.3	53.8	8.1	5.0	8.5	8.0	7.3	100

Results of HCV testing (Table 78)

This table shows that two-thirds of all participants were HCV positive. By site, the proportion of participants who tested positive ranged from 61.8% in Winnipeg to 68.5% in Sudbury and Victoria. In Toronto, 61% could not be tested for HCV because of insufficient sample.

Table 78. Results of HCV testing

		CENTRE							Total, average %
		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	
Positive	n	181	1021	151	100	102	161	136	1852
	%	65.8	64.7	63.7	68.5	67.1	68.5	61.8	65.7
Negative	n	94	556	86	46	50	74	84	990
	%	34.2	35.3	36.3	31.5	32.9	31.5	38.2	34.3
Total	n	275	1577	237	146	152	235	220	2842
	%	9.7	55.5	8.3	5.1	5.4	8.3	7.7	100

Proportion aware of their positive HIV status (Table 79)

This table shows that the majority of HIV-positive participants were aware of their HIV status, the proportion ranging from 57.1% in Regina (low number of HIV positive cases) to 86.2% in Edmonton. However, a considerable number of HIV-positive participants considered themselves to be negative, the proportion ranging from 9.2% in Edmonton to 42.9% in Regina.

Table 79. Proportion aware of their positive HIV status

Knowledge of status	Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	Average %
N (HIV positive by laboratory test)	65	273	7	18	19	36	28	
Knew they were positive	86.2	76.9	57.1	72.2	63.2	72.2	78.6	72.3
Considered themselves negative	9.2	15.0	42.9	22.2	31.6	22.2	14.3	22.5
Unknown	3.1	8.1	0.0	5.6	5.3	5.6	7.1	5.0
Missing	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.2

Proportion aware of their negative HIV status (Table 80)

This table shows that the majority of HIV-negative participants were aware of their HIV status, the proportion ranging from 71.4% in Regina to 89.1% in Toronto. Very few considered themselves to be positive, ranging from none in Regina and Victoria to 3.4% in Edmonton.

Table 80. Proportion aware of their negative HIV status

Knowledge of status	Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	Average %
N (HIV negative by laboratory test)	208	1305	231	129	230	198	186	
Knew they were negative	79.8	78.0	71.4	83.0	89.1	79.3	81.7	80.3
Considered themselves positive	3.4	1.3	0.0	1.6	1.3	0.0	1.1	1.2
Unknown	16.8	20.3	26.4	15.5	9.6	20.7	16.7	18.0
Missing	0.0	0.4	2.2	0.0	0.0	0.0	0.5	0.4

Proportion aware of their positive HCV status (Table 81)

This table shows that the majority of HCV-positive participants were aware of their HCV status, the proportion ranging from 66.9% in Regina to 82.9% in Edmonton. It is notable, however, that about 1 in 10, on average, were unaware that they were HCV positive, the percentage ranging from 8.3% in Edmonton to 14.6% in Regina.

Table 81. Proportion aware of their positive HCV status

Knowledge of status	Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	Average %
N (HCV positive by laboratory test)	181	1021	151	100	102	161	136	
Knew they were positive %	82.9	70.4	66.9	71.0	78.4	79.5	80.9	75.7
Considered themselves negative %	8.3	17.6	18.5	10.0	12.8	8.7	8.1	12.0
Unknown %	8.3	11.8	14.6	11.0	8.8	11.8	11.0	11.0
Missing %	0.6	0.2	0.0	8.0	0.0	0.0	0.0	1.3

Proportion aware of their negative HCV status (Table 82)

This table shows that, on average, just over half of HCV-negative participants were aware of their HCV status, the proportion ranging from 38.0% in Toronto to 48.8% in Winnipeg. It is noteworthy, however, that nearly 1 in 10 (8.6%) of HCV-negative participants, on average, considered themselves HCV positive.

Table 82. Proportion aware of their negative HCV status

Knowledge of status	Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	Average %
N (HCV negative by laboratory test)	94	556	86	46	50	74	84	
Knew they were negative %	59.6	55.6	55.8	60.9	68.0	54.1	48.8	57.5
Considered themselves positive %	12.8	11.0	5.8	4.4	10.0	4.1	11.9	8.6
Unknown %	27.7	33.5	38.4	34.8	22.0	41.9	38.1	33.8
Missing %	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.2

Proportion infected with either HIV or HCV or both (Table 83)

This table shows that, on average, just over 1 in 10 (11.7%) of the study participants were infected with both HIV and HCV. There was a broad range, however, by site, from lows of 2.5% and 3.3% in Regina and Toronto, respectively, to 15.4% and 22.7% in Victoria and Edmonton, respectively. On average, one-third of study participants were not infected with either HIV or HCV. The proportions shown here may not be reflective of overall HIV and HCV prevalence, for which the corresponding figures are shown in Tables 77 and 78. This is because the total number of participants on which Table 83 is based represents those who had been tested for both HIV and HCV, but in some cases (in Toronto) there was insufficient dried blood sample to test for HCV as well as HIV.

Table 83. Proportion infected with either HIV or HCV or both

		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	Average %
Both HIV and HCV	%	22.7	15.7	2.5	12.3	3.3	15.4	10.3	11.7
Only HIV	%	1.1	1.7	0.4	0.0	2.0	0.0	2.8	1.1
Only HCV	%	42.9	49.1	61.2	56.2	63.6	53.0	51.4	53.9
None	%	33.3	33.6	35.9	31.5	31.1	31.6	35.5	33.2

Proportion reporting ever been tested for HIV (Table 84)

This table shows that, on average, 88% of participants had ever been tested for HIV, and 10.6% reported never having been tested for HIV. The highest proportion of participants who had been tested for HIV was from Toronto.

Table 84. Proportion reporting ever been tested for HIV

		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	Total
Yes	n	253	1436	200	135	239	218	215	2696
	%	91.7	90.3	80.0	90.0	91.9	85.8	86.0	88.0
No	n	17	144	46	15	16	27	34	299
	%	6.2	9.1	18.4	10.0	6.2	10.6	13.6	10.6
Don't know	n	6	11	3	0	4	8	1	33
	%	2.2	0.7	1.2	0.0	1.5	3.2	0.4	1.3
Missing	n	0	0	1	0	1	1	0	3
	%	0.0	0.0	0.4	0.0	0.4	0.4	0.0	0.2
Total		276	1591	250	150	260	254	250	3031

Interval since last HIV test (Table 85)

This table shows the interval since participants were last tested for HIV. Nearly 40% had been tested within the 6 months before the survey; by site, this varied from 32.5% in Regina to 49.1% in Victoria. Overall, 55.8% of participants reported having been tested within the previous 12 months. The numbers shown here represent those participants who tested HIV positive and do not reflect the testing pattern of people who considered themselves to be HIV negative.

Table 85. Interval since last HIV test among those who reported ever being tested

Time of last HIV test		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	Total
Within 6 months	n	99	656	65	53	86	107	81	1147
	%	39.1	45.7	32.5	39.3	36.0	49.1	37.7	39.9
Between six & twelve months	n	27	237	40	21	37	37	34	433
	%	10.7	16.5	20.0	15.6	15.5	17.0	15.8	15.9
Between one & two years	n	26	178	38	21	44	39	38	384
	%	10.3	12.4	19.0	15.6	18.4	17.9	17.7	15.9
More than two years	n	95	292	32	37	56	33	45	590
	%	37.6	20.3	16.0	27.4	23.4	15.1	20.9	23.0
Missing	n	6	73	25	3	16	2	17	142
	%	2.4	5.1	12.5	2.2	6.7	0.9	7.9	5.4
Total		253	1436	200	135	239	218	215	2696

Proportion under the care of a doctor for HIV (Table 86)

This table shows the proportion of participants under the care of a doctor for HIV (defined as one or more visits to a doctor in relation to HIV in the previous 6 months) among those who knew their HIV-positive status. A large proportion of participants (82.3%) reported being under the care of a doctor; the highest proportion was in Winnipeg, at 90.3%, whereas in Victoria nearly a quarter were not under the care of a doctor.

Table 86. Proportion under the care of a doctor for HIV

		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	Total
Yes	n	57	198	4	12	12	20	28	331
	%	87.7	86.5	80.0	80.0	80.0	71.4	90.3	82.3
No	n	8	30	1	3	3	8	2	55
	%	12.3	13.1	20.0	20.0	20.0	28.6	6.5	17.2
Missing	n	0	1	0	0	0	0	1	2
	%	0.0	0.4	0.0	0.0	0.0	0.0	3.2	0.5
Total		65	229	5	15	15	28	31	388

Proportion taking medication for HIV (Table 87)

This table shows the proportion of participants taking medication for HIV. More than half (58.4%) reported taking medication for HIV, the proportion ranging from 45.6% in Edmonton to 83.3% in Sudbury.

Table 87. Proportion taking medication for HIV

		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	Total
Yes	n	26	114	2	10	7	10	18	187
	%	45.6	57.6	50.0	83.3	58.3	50.0	64.3	58.4
No	n	31	83	2	2	5	10	10	143
	%	54.4	41.9	50.0	16.7	41.7	50.0	35.7	41.5
Refused	n	0	1	0	0	0	0	0	1
	%	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.1
Total		57	198	4	12	12	20	28	331

Proportion reporting ever been tested for HCV (Table 88)

This table shows that, on average, 85.2% of participants had ever been tested for HCV, and 12.7% had never been tested. The proportion was similar in all participating sites.

Table 88. Proportion reporting ever been tested for HCV

		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	Total
Yes	n	244	1378	204	132	229	212	201	2600
	%	88.4	86.6	81.6	88.0	88.1	83.5	80.4	85.2
No	n	24	188	41	17	22	34	47	373
	%	8.7	11.8	16.4	11.3	8.5	13.4	18.8	12.7
Don't know	n	8	25	4	1	8	7	2	55
	%	2.9	1.6	1.6	0.7	3.1	2.8	0.8	1.9
Missing	n	0	0	1	0	1	1	0	3
	%	0.0	0.0	0.4	0.0	0.4	0.4	0.0	0.2
Total		276	1591	250	150	260	254	250	3031

Interval since last HCV Test (Table 89)

This table shows the interval since participants were last tested for HCV. One-third were tested within the 6 months before the survey, the proportion ranging from 19.3% in Edmonton to 44.8% in Victoria. Overall, 46.8% of participants reported having been tested in the previous 12 months. The numbers shown here are based on those who tested HCV positive and do not reflect the testing pattern of people who considered themselves HCV negative.

Table 89. Interval since last HCV Test among those who reported having been tested

Time of last HIV Test		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	Total
Within six months	n	47	488	62	53	61	95	77	883
	%	19.3	35.4	30.4	40.2	26.6	44.8	38.3	33.6
Between six & twelve months	n	14	206	39	17	29	33	23	361
	%	5.7	15.0	19.1	12.9	12.7	15.6	11.4	13.2
Between one & two years	n	23	178	32	18	37	34	22	344
	%	9.4	12.9	15.7	13.6	16.2	16.0	11.0	13.5
More than two years	n	137	414	33	43	92	40	27	786
	%	56.2	30.0	16.2	32.6	40.2	18.9	13.4	29.6
Missing	n	23	92	38	1	10	10	52	226
	%	9.4	6.7	18.6	0.8	4.4	4.7	25.9	10.1
Total		244	1378	204	132	229	212	201	2600

Proportion under the care of a doctor for HCV (Table 90)

This table shows the proportion of participants under the care of a doctor for HCV (defined as one or more visits to a doctor in relation to HCV in the previous 6 months) among those who knew their HCV-positive status. More than half of them (51.5%) reported being under the care of a doctor.

Table 90. Proportion under the care of a doctor for HCV

		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	Total
Yes	n	88	385	47	41	70	78	68	777
	%	54.0	49.0	43.1	54.7	49.7	56.1	54.0	51.5
No	n	74	392	62	34	69	60	58	749
	%	45.4	49.9	56.9	45.3	48.9	43.2	46.0	48.0
Don't know	n	0	4	0	0	0	0	0	4
	%	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.1
Missing	n	1	4	0	0	2	1	0	8
	%	0.6	0.5	0.0	0.0	1.4	0.7	0.0	0.5
Total		163	785	109	75	141	139	126	1538

Proportion taking medication for HCV (Table 91)

This table shows the proportion of participants taking medication for HCV. A very small proportion of them (7.3%) were taking medication for HCV, the proportion ranging from 2.9% in Toronto to 12.8% in Regina.

Table 91. Proportion taking medication for HCV

		Edmonton	Quebec	Regina	Sudbury	Toronto	Victoria	Winnipeg	Total
Yes	n	4	18	6	5	2	5	5	45
	%	4.6	4.7	12.8	12.2	2.9	6.4	7.4	7.3
No	n	84	367	41	36	68	73	63	732
	%	95.5	95.3	87.2	87.8	97.1	93.6	92.7	92.7
Total		88	385	47	41	70	78	68	777

Discussion

Representativeness of the study population

Because of the non-probabilistic nature of the study sample, it is difficult to assess how well the sample is representative of the clients attending the needle-exchange program (NEP) and the IDU population in the city of recruitment. However, efforts were made to recruit the IDU from diverse settings, such as places where they socialize, and health and social service agencies providing services to this population. One of the limitations of recruiting participants from the NEP centres is that the ability to generalize the results to the population of IDU is limited, since the characteristics of the clients using NEPs may differ from those of IDU who do not use them or of indirect users (who obtain needles and other equipment from NEP sites through their contacts).

The study population was recruited mainly at NEP sites, but 14.7% of the study participants had not used the services of NEPs. This group represents the population that is likely to be missed when sampling is carried out only at NEP sites. These data will be triangulated in the future with the information collected in other surveys, such as the Canadian Addiction Survey, to assess how representative the sample is. A general feeling of the local study teams was that youth and female commercial sex workers were underrepresented in the survey and that cocaine users were more likely to participate because of the greater number of needles exchanged and their more frequent visits. Because of the complex interrelation of these characteristics, it is difficult to measure the extent and direction of the sampling bias, although it appears that the sample from NEPs is likely to overestimate the HIV prevalence because of age and use of cocaine. Although our study sample contained a proportion of IDU who were not clients of NEPs, it is likely that these participants were not representative of the IDU population of non-users of NEPs in each centre.

Demographics

Almost two-thirds of the study participants were male, and half of participants were 36 years of age or younger; over one-third (42%) identified themselves as being of Aboriginal ethnic background, and nearly a quarter chose to identify themselves as Canadian. Site-specific differences in reported ethnicity were observed, a higher proportion of Aboriginals being found in Regina (87%), Edmonton (70%) and Winnipeg (69%), whereas in Quebec nearly two-thirds (64.3%) chose to identify themselves as Canadian and only 5.5% reported being Aboriginal. The age range of the participants in the survey was 14-73 years with 3.1% of the participants aged 16 years or less. Sex differences were observed in age: male participants were older than their female counterparts at all sites. Quebec (including Ottawa) reported the youngest female population (mean age 31.3 years). Male participants were considerably older in Toronto (mean age 41.8 years) than at other sites.

Slightly over three-quarters of the participants (76%) had a high school level of education or less at the time of the survey. For the purpose of analysis, stable housing was defined as living in one's own home/apartment or in a parent's house. Over one-third (40.0%) reported living in unstable housing at the time of the survey, although the proportion varied in different cities, Edmonton, Toronto, and Victoria reporting low proportions of participants living in stable housing. In the 6 months before the survey, the majority of participants had lived in their own

apartment/house (71%), nearly 15% had been in correctional facilities, and a quarter (27%) had lived on the street. While nearly all of the participants (98.6%) were residents of the cities where the survey was done (not including data from Quebec), the data suggest that IDU are relatively mobile, as nearly a quarter (22%) of the study population reporting having lived elsewhere during the 6-month period before the study. IDU in Victoria, Quebec, and Regina were the most mobile, almost one-quarter of participants reporting having lived elsewhere in the preceding 6 months. The results show a high degree of geographic mobility of IDU across Canada and thereby a potential for spread of HIV infection within different cities. The characteristics of the IDU population in participating sentinel centres are generally comparable to those reported in studies conducted in some of these and neighbouring centres in the past.^{5,7}

Drug use pattern

The drugs commonly injected were cocaine (78% of IDU) followed by non-prescribed morphine (46%), and heroin was reported by 28%. Comparison of the cities that participated in the pilot and Phase I parts of the survey shows that heroin use appears to have gone down, from 42.8% in 2002-03 to 33.5% in 2003-05. The pattern of drugs injected showed marked variation among sites. While cocaine and heroin were the drugs injected by the majority of IDU in Quebec, Toronto, and Victoria, most of the IDU in Sudbury used cocaine, oxycodone, and Dilaudid. In Regina, IDU reported injecting Talwin alone or in combination with Ritalin most often, similar to the findings of the pilot phase of I-Track.⁷ A higher proportion of IDU injected crack in Toronto, Edmonton, and Winnipeg, and its use was found to be limited at other sites. Oxycodone was injected by a higher proportion of IDU in Toronto and Sudbury. Over three-quarters of the study participants reported use of alcohol and marijuana through a non-injecting route. In Toronto, Edmonton, and Winnipeg, more than three-quarters of participants reported using crack through a non-injecting route, results similar to those observed in a 1998 study by Millson et al.¹⁰ Cocaine was the most frequently injected drug in the 6 months before the survey (45%) and in the 1 month before the survey (42%), followed by non-prescribed morphine (13% and 14%, respectively).

Compared with the pilot phase of the survey (2002-03), there was no difference in the proportion of IDU reporting cocaine and crack as the most commonly injected drug, but the use of heroin and amphetamines has gone down. The use of heroin by a non-injecting route has similarly decreased, but the proportion using crack by a non-injecting route increased in Toronto and Sudbury. A higher proportion of IDU reported injecting cocaine most often as compared with during the pilot phase, and fewer reported heroin as the most commonly injected drug.

These results reflect the need to develop site-specific programs taking into consideration the rapidly changing drug culture within any community.

Sharing of needles and other injecting equipment

Most of the study participants (83%) injected in the company of other persons, the most common injecting partners including close friends and family, and sex partners. Nearly a quarter reported injecting with people they did not know well, and this proportion was higher in Victoria, Quebec, and Winnipeg than in other cities. In Regina and Winnipeg, a higher proportion of participants reported injecting with family members as compared with other cities. Only 17% of the study

population reported always injecting alone, mostly in Toronto and Sudbury. The proportion of IDU who reported injecting with used needles in the preceding 6 months was 14.2 %, and in comparison with the pilot phase the proportion reporting that they had borrowed needles/syringes went down in all four sites that participated in the pilot survey (13.8% vs. 24.5%). Nearly one-third of participants (31%) reported borrowing other injecting equipment. In the pilot phase 43.2% reported borrowing other injecting equipment, and in the same cities during Phase I 31.9% reported borrowing other injecting equipment. In Regina, a high proportion of IDU reported borrowing equipment (41% vs. 54% in the pilot phase), whereas only 9% (16.5% in the pilot phase) reported borrowing needles and syringes.⁷ In the Regina seroprevalence study in 2000, 37.2% of the IDU reported borrowing equipment, and 29% reported borrowing needles.¹¹

Participants most frequently borrowed needles, syringes, and other injecting equipment from the people with whom they injected most often (close friends and family, and regular sex partners), though a small proportion also borrowed needles (16%) and other equipment (17%) from people whom they did not know well. The people from whom they borrowed needles/syringes most often were regular sex partners (39.5%), but the equipment was borrowed most commonly from close friends (46.7%). Overall 18% of the study participants reported lending used needles and syringes, similar to the proportion found in the pilot phase, and one-third reported passing on other used injecting equipment in the 6 months preceding the study (slightly lower than in the pilot phase, 33% (Phase 1) vs. 36% (Pilot phase)). Of those who had borrowed in the previous 6 months, nearly one-fifth had not borrowed needles in the 1 month before the survey, and for the remaining nearly half of the injections were carried out with used needles in the 1 month before the survey.

The injecting practices indicate that drug use in these communities is largely a group phenomenon (low proportion injecting alone), although it is possible that people who inject alone may not have been captured in the survey. The IDU reported borrowing equipment mostly from friends and borrowing needles mostly from regular sexual partners and in certain cities people injected with family members. The possibility of preparing drugs for injection as a group cannot be ruled out. The potential for infections such as HIV and HCV to be transmitted exists. The sharing of needles and other injection equipment has shown a downward trend but still remains unacceptably high, more so in the case of equipment sharing, about which there appears to be a false sense of complacency.

Sexual behaviours

A vast majority of the study participants (nearly 80% of males and 90% of females) reported being sexually active, and nearly 40% of males and females reported having had one sexual partner in the preceding 6 months. A higher proportion of females (12%) than males (1%) had more than 20 sex partners, which may be due to the large proportion of females engaging in commercial sex (nearly one-third of females reported having had a commercial sex partner). Of the men, 6.2% reported having had a male sexual partner in the 6 months preceding the study. Condom use during penetrative sex was higher than during oral sex, and during penetrative and oral sex condom use was less frequent with regular and casual sex partners than with client partners. A similar trend has been observed in VIDUS studies in Vancouver.^{12,13}

Testing patterns

The results of testing for HIV and HCV showed similar patterns, and a large majority of the IDU (88% for HIV and 85% for HCV) had been tested at least once, a proportion similar to that observed in the pilot phase.⁷ IDU in Regina were less likely to have been tested as compared with other sites. A little more than half (56%) of all participants were tested for HIV in the 1 year preceding the study period (slightly lower than in the pilot phase, 56% vs. 60% at four sites). The IDU in Regina and Toronto were less likely to have been tested in the 2 years preceding the study period. Among those tested for HCV, less than half (47%) were tested in the 12 months before the study. Of known HIV-positive participants 82% were under the care of a doctor as compared with only 52% of the HCV-positive participants.

HIV and HCV prevalence

The overall HIV prevalence rate for the I-Track study population was 13.2% (average of seven sites). The HIV seropositivity rates observed in Phase I of I-Track are similar to the one previously reported in other studies. The HIV seropositivity rate in Edmonton was high as compared with other cities, which could have been a result of the sample being drawn from a clinic providing services to HIV-positive people. The HIV seropositivity rate in Regina (2.9%) was similar to the one reported in the Regina Seroprevalence Study (similar sample size) of IDU in 2000, which reported a 2.0% HIV prevalence,¹¹ and slightly higher than in the pilot phase.⁷ In Toronto, the HIV prevalence was found to be 7.6%, whereas in the pilot survey it was 5.1%,⁷ in a 1990 Toronto study it was 4.3%, and in a 1998 study it was reported to be 8.2%.^{10,14} In Sudbury, the HIV prevalence of 12.2% was higher than the 10.1% observed in the pilot phase⁷ and lower than the rate of 14.7% previously found by Millson et al. among IDU from Thunder Bay and Sudbury in 1999.⁵ The rate of HIV prevalence in Victoria was found to be 15.4% as compared with 16.0% in the pilot survey,⁷ and was lower than the 21% prevalence rate observed in a preliminary seroprevalence survey undertaken before the RARE (Rapid Assessment and Response Evaluation) project in 2000,^{15,16} which may be a result of different sampling designs. The sample in Victoria was drawn from an NEP as well as Streetlink, an organization providing services to young people, whereas the sample in the pilot phase was primarily recruited from an NEP.

The overall HCV prevalence rate for the I-Track study population was 65.7% (average of seven sites), and there were no major differences in HCV prevalence across sites. The HCV prevalence rate observed in Victoria was 68.5%, lower than the 79.3% found in the pilot phase,⁷ which could again be due to the different modes of recruitment. In Sudbury and Toronto, HCV rates among I-Track participants were found to be 68.5% and 67.1%, respectively, higher than the 61.5% and 54.3% observed in the pilot phase.⁷ Similarly, in Regina the HCV prevalence was higher (63.7%) than in the pilot phase (60.2%)⁷ and higher than that reported by the Regina Seroprevalence Study conducted in 2000 (46.5%),¹¹ but similar to the HCV prevalence among IDU observed at other cities.

The HIV/HCV coinfection rate was found to be 11.7% (average of seven sites); 87.7% of HIV-positive IDU were infected with HCV, whereas only 17.9% of the HCV-positive IDU were found to be HIV positive. The preventive approach (harm reduction policies) toward HIV and HCV infection will overlap to a large extent but will have to take into consideration the disease-specific prevalence differences. Over half of the self-reported HCV-positive IDU were under the

care of a physician, and this offers a suitable opportunity for introduction of the preventive approach to HIV, including counseling and advocating harm reduction policies. Similarly, over 80% of known HIV-positive participants were under the care of a doctor, which provides the opportunity for HCV prevention, care, and treatment needs to be fulfilled.

Conclusions and recommendations

The pilot phase and Phase I of the I-Track surveillance system have demonstrated that the survey was well received by the collaborating partners, and the agencies that carried out the survey were extremely cooperative in any attempts to generate information about the behaviours of IDU. The establishment of this surveillance system across Canada is critical in the generation of information for planning and evaluating the response to HIV/HCV among IDU. Through such a system, national and, to a certain extent, provincial and local trends in injecting and sexual risk behaviours can be assessed. There is a need to expand the survey to include more urban and semi-urban centres so as to make it representative at a national level, and with more rounds of surveys we will be better placed to assess the trends. The surveillance system will have to take into account site-specific issues especially while accessing the IDU population. Although this surveillance system has its limitations in terms of cross-sectional study design, non-probability sampling, recall bias, and self-reported behavioural patterns, the assessment of trends is not likely to be affected if similar methodology is used over the years.

The surveillance system is a result of successful collaboration between federal, provincial, and local levels of government and other organizations working at the grassroots level with IDU populations. The surveillance system will have to keep pace with the changing drug scenario and be flexible with respect to information needs at the local and national level. The information generated through such a system is being used to address issues such as program planning and evaluation, and service delivery, among others, but its prime focus is still to assess the risk behaviour of IDU populations.

Our study has confirmed that HIV and HCV prevalence rates remain unacceptably high in sentinel centres across Canada. Although the risky behaviours have shown a decline in the two phases of the I-Track survey, the possibility for the spread of HIV and HCV in these populations of IDU still exists.

Given the rapidly changing and varied drug culture among centres, prevention measures must be tailored to reflect these differences within each community. Services should be directed to those IDU who are negative for HIV and HCV to help them remain negative and to IDU who are positive for these two infections to provide them with the care and counselling needed to avoid further transmission of HIV and HCV.

Phase II of the survey has been completed in Victoria, Sudbury, and Kingston and is ongoing in Quebec and Ottawa. Efforts are under way to recruit additional sites to the surveillance system.

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I-TRACK I-TRACK I-TRACK

Enhanced Surveillance of Risk Behaviours among Injecting Drug Users

Phase I

**CONFIDENTIAL
QUESTIONNAIRE**

Please complete:

Recruitment site: _____

Mode of Recruitment: _____

Date: _____

I-TRACK CONSENT FORM PHASE I

This survey is part of a study that we at the [name of health unit/health district/Needle Exchange Program] are doing in partnership with Health Canada.

We are doing this study because we want to learn more about the problems affecting injecting drug users including possible infections, such as HIV or hepatitis. These viruses are spread by sharing needles or having sex without a condom, so we need to know if people are doing these things. We also need to know how many people are infected with these viruses.

To help answer these questions, we are asking you to complete this survey and then give a finger prick blood sample for testing. It is important for you to know that we do not need to know who you are for this survey.

If you agree to participate, I will ask you some questions about drug use and about sex. When this is done, I will ask you to give a drop of blood by using a small plastic device that will poke a spot on your finger. This may hurt a little bit and it's possible to get a small bruise or infection but this is very unlikely. Altogether, the survey and collection of the finger prick blood sample will take about 20-30 minutes to complete.

The dried blood samples will be tested for HIV and hepatitis C in a way that no one, not even us, will know who was tested or the results of the tests. This means that we will not be able to tell you the results of your test. If you want to be tested for HIV or hepatitis C and know the results, you can visit your doctor, if you have one, or we can recommend a place where you can go for testing.

The findings from this study will be used to create a report, but **YOU WILL NOT BE NAMED OR IDENTIFIED IN ANY WAY** because **WE DO NOT NEED TO KNOW YOUR NAME**. All we will ask for is your initials and date of birth, to make up a scrambled code so that we can match your survey with your finger prick blood sample. We may do this survey again in future years. The same scrambled code will be made up each year so that we can match your information between years, without having to record your name. We only want you to participate in the survey once a year.

The survey is entirely voluntary; there is no obligation to participate. If you decide not to do it, that is OK; it won't affect how you are treated by the needle exchange program or by any other health, treatment or social agencies in [name of city]. If you do the survey, you may also decide to pass on any questions, not provide a blood sample or stop at any time if you do not want to continue. You will receive \$20 for your time and effort in participating in the survey even if you do not answer all the questions or if you decide not to give a blood sample. If you have any questions, please ask me now or at any time during the interview.

DO YOU UNDERSTAND THIS? **Yes** **No (Clarify/Discuss)**

Because this study is confidential, we do not want you to sign anything. Instead, by saying to me that you agree to participate in this study, you are agreeing to complete the survey and understand that your finger prick blood sample will be tested for HIV and hepatitis C.

DO YOU UNDERSTAND THIS? **Yes** **No (Clarify/Discuss)**

**I-TRACK CONSENT FORM
PHASE I (cont'd)**

We may want to use your finger prick blood sample in the future for other laboratory tests (for example: new types of Hepatitis). We won't be able to tell you the results of any possible future testing. By saying you agree to participate in the survey, and if you provide a finger prick blood sample, you agree to the storing of your blood for this purpose.

DO YOU AGREE TO THIS? Yes No ► **Place 'destroy after testing' sticker on card now**

This survey has been approved by the [name of research ethics committee] and by Health Canada's Research Ethics Board. If you have any questions about your rights as a subject participating in a research survey, or if you wish to discuss your participation in the survey, please contact the [name of REB] or [name of PI]. An information sheet that explains the survey and lists the contact names and telephone numbers has been given to you.

DO YOU AGREE TO PARTICIPATE? Yes No

(Interviewer: if yes, sign and date below to indicate that informed consent was given by the participant)

Informed consent obtained by:

_____ **Print Name**

_____ **Signature**

Date: _____

IMPORTANT INFORMATION FOR INTERVIEWERS

- **It is mandatory to obtain informed consent before proceeding to the questionnaire. Once consent has been obtained, fill in recruitment site, mode of recruitment and date on the cover page of the questionnaire.**
- **Obtain unique identifier information and assign a survey code number, however, ONLY THE ENCRYPTED SURVEY CODE NUMBER SHOULD BE ATTACHED TO THIS QUESTIONNAIRE.**
- **Then proceed with administration of the questionnaire.**

I-TRACK QUESTIONNAIRE PHASE I

Interview Start Time: _____ **am/pm**
(circle one)

SECTION ONE

I'm going to ask you some questions about your background, your drug use, your sex life and your health. Some of these questions are very personal. Please remember that the answers that you give are totally confidential.

The first few questions are about your drug use. We are asking everyone who participates, the same questions.

1.1 How old were you the first time that you injected drugs (shot up/fixed)? (includes self-injection or injection by someone else)

_____ years old

- Don't know
- Refused

1.2 In the past 6 months, which of the following drugs did you inject (shoot up/fix)?

(Read out list, check ALL that apply)

- Cocaine (uptown, up)
- Heroin (dust, junk, horse, smack, down)
- Heroin+Cocaine (speedballs)
- Methadone (prescribed)
- Methadone (non-prescribed)
- Morphine (prescribed)
- Morphine (non-prescribed)
- Crack
- Amphetamines (speed, uppers, bennies)
- Methamphetamine (crystal meth, ice)
- PCP (angel dust)
- Talwin and Ritalin (Ts and Rs)
- Ritalin alone
- Benzodiazepines (Xanax, Valium, nerve pills)
- Dilaudid
- Barbiturates (downers)
- Steroids/hormones
- Other(s): _____

- Don't know
- Refused

1.3 In the past [6 months/1month], which one of these drugs did you inject (fix/shoot up) most often?

(Read out the drugs that were checked in Q1.2, check ONE only in each column)

a. 6 months

b. 1 month

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Cocaine (uptown, up) | <input type="checkbox"/> |
| <input type="checkbox"/> Heroin (dust, junk, horse, smack, down) | <input type="checkbox"/> |
| <input type="checkbox"/> Heroin+Cocaine (speedballs) | <input type="checkbox"/> |
| <input type="checkbox"/> Methadone (prescribed) | <input type="checkbox"/> |
| <input type="checkbox"/> Methadone (non-prescribed) | <input type="checkbox"/> |
| <input type="checkbox"/> Morphine (prescribed) | <input type="checkbox"/> |
| <input type="checkbox"/> Morphine (non-prescribed) | <input type="checkbox"/> |
| <input type="checkbox"/> Crack | <input type="checkbox"/> |
| <input type="checkbox"/> Amphetamines (speed, uppers, bennies) | <input type="checkbox"/> |
| <input type="checkbox"/> Methamphetamine (crystal meth, ice) | <input type="checkbox"/> |
| <input type="checkbox"/> PCP (angel dust) | <input type="checkbox"/> |
| <input type="checkbox"/> Talwin and Ritalin (Ts and Rs) | <input type="checkbox"/> |
| <input type="checkbox"/> Ritalin alone | <input type="checkbox"/> |
| <input type="checkbox"/> Benzodiazepines (Xanax, Valium, nerve pills) | <input type="checkbox"/> |
| <input type="checkbox"/> Dilaudid | <input type="checkbox"/> |
| <input type="checkbox"/> Barbiturates (downers) | <input type="checkbox"/> |
| <input type="checkbox"/> Steroids/hormones | <input type="checkbox"/> |
| <input type="checkbox"/> Other(s): _____ | <input type="checkbox"/> |
|
 | |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> |
| <input type="checkbox"/> Refused | <input type="checkbox"/> |
| | <input type="checkbox"/> Nothing |

1.4 In the past 6 months, did you snort, smoke, eat, drink, use a patch (or any other means WITHOUT INJECTING) any of the following drugs or substances? (Read out list)

a. At all?

b. Which did you use most often? (Read out checked drugs)

(Check ALL that apply)

(Check ONE only)

- | | |
|---|--------------------------|
| <input type="checkbox"/> Acid (LSD) | <input type="checkbox"/> |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> |
| <input type="checkbox"/> Marijuana (pot, hash, weed) | <input type="checkbox"/> |
| <input type="checkbox"/> Amphetamines (speed, uppers, bennies) | <input type="checkbox"/> |
| <input type="checkbox"/> Cocaine (up, uptown) | <input type="checkbox"/> |
| <input type="checkbox"/> Crack/Freebase | <input type="checkbox"/> |
| <input type="checkbox"/> Methamphetamine (Crystal meth, Ice) | <input type="checkbox"/> |
| <input type="checkbox"/> Demerol | <input type="checkbox"/> |
| <input type="checkbox"/> Dilaudid | <input type="checkbox"/> |
| <input type="checkbox"/> Ecstasy (E,X) | <input type="checkbox"/> |
| <input type="checkbox"/> Heroin (dust, junk, horse, smack) | <input type="checkbox"/> |
| <input type="checkbox"/> MDA | <input type="checkbox"/> |
| <input type="checkbox"/> Methadone | <input type="checkbox"/> |
| <input type="checkbox"/> Morphine (prescribed) | <input type="checkbox"/> |
| <input type="checkbox"/> Morphine (non-prescribed) | <input type="checkbox"/> |
| <input type="checkbox"/> Mushrooms | <input type="checkbox"/> |
| <input type="checkbox"/> Solvents – drink (Aqua Velva) | <input type="checkbox"/> |
| <input type="checkbox"/> Solvents – sniff (gas, glue, Lysol, Pam) | <input type="checkbox"/> |
| <input type="checkbox"/> Talwin & Ritalin (Ts and Rs) | <input type="checkbox"/> |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> |
| <input type="checkbox"/> Benzodiazepines (Xanax, Valium, nerve pills) | <input type="checkbox"/> |
| <input type="checkbox"/> Tylenol with codeine | <input type="checkbox"/> |
| <input type="checkbox"/> Oxycodone | <input type="checkbox"/> |
| <input type="checkbox"/> Anything not on this list? _____ | <input type="checkbox"/> |
|
 | |
| <input type="checkbox"/> Nothing | <input type="checkbox"/> |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> |
| <input type="checkbox"/> Refused | <input type="checkbox"/> |

1.4c. In the past 6 months, did you smoke cigarettes?

- Yes
- No

- Don't know
- Refused

1.5 In the past month, how often did you inject drugs (shoot up/fix)? (Read out list, check ONE only)

- Not at all
- Once in a while, not every week
- Regularly, once or twice a week
- Regularly, three or more times per week
- Every day → **How many times per day?** _____

- Don't know
- Refused

1.6 In the past 6 months, with whom did you inject drugs (shoot up/fix)?
[Read out list; define regular sex partner(s)]

- | | |
|---|--|
| <p>a. At all?
<i>(Check ALL that apply)</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Regular sex partner(s)<input type="checkbox"/> Family<input type="checkbox"/> Close friend(s)<input type="checkbox"/> People I don't know well<input type="checkbox"/> People I don't know at all<input type="checkbox"/> No one
<input type="checkbox"/> Don't know<input type="checkbox"/> Refused | <p>b. With whom did you inject most often?
<i>(Check ONE only)</i></p> <ul style="list-style-type: none"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>
<input type="checkbox"/><input type="checkbox"/> |
|---|--|

The next few questions are about needles and syringes.

1.7 In the past 6 months, when you injected drugs (shot up/fix), did you use NEEDLES/SYRINGES that had already been used by someone else? [This includes your sex partner(s)]

- Yes
 - No
 - Don't know
 - Refused
- } *If 'No', 'Don't know' or 'Refused', go to question 1.10*

1.8 In the past 6 months, when you injected drugs (shot up/fix) with needles/syringes that had already been used by someone else, whose needles/syringes were you using? (Read out list)

- | | |
|---|--|
| <p>a. At all?
<i>(Check ALL that apply)</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Regular sex partner(s)<input type="checkbox"/> Family<input type="checkbox"/> Close friend(s)<input type="checkbox"/> People I don't know well<input type="checkbox"/> People I don't know at all
<input type="checkbox"/> Don't know<input type="checkbox"/> Refused | <p>b. Whose needles did you use most often?
<i>(Check ONE only)</i></p> <ul style="list-style-type: none"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>
<input type="checkbox"/><input type="checkbox"/> |
|---|--|

1.9a. In the past 6 months, how often had the needles/syringes that you used to inject drugs (shoot up/fix), already been used by someone else? (read out list, check ONE only)

6 months
 Occasionally Sometimes Usually Always DK R

(Show categorical visual card: Occasionally = 1-25%; Sometimes = 26-74%; Usually = 75-99%; Always = >99%; DK = don't know; R = refused)

b. In the past 1 month, of all the needles/syringes that you used to inject drugs (shoot up/fix), how many, on a scale of 0-10, had already been used by someone else?

1 month
 0 1 2 3 4 5 6 7 8 9 10 DK R

(Show numerical visual card: 0 = none were previously used; 5 = about half were previously used; 10 = all were previously used; DK = don't know; R = refused)

1.10 In the past 6 months, did anyone else use needles/syringes that you had already used? [This includes your sex partner(s)]

Yes

No

Don't know

Refused

} If 'No', 'Don't know' or 'Refused', go to question 1.12

1.11a. In the past 6 months how often were the needles/syringes that you used to inject drugs (shoot up/fix), then used again by someone else? (read out list, check ONE only)

6 months
 Occasionally Sometimes Usually Always DK R

(Show categorical visual card: Occasionally = 1-25%; Sometimes = 26-74%; Usually = 75-99%; Always = >99%; DK = don't know; R = refused)

b. In the past 1 month, of all the needles/syringes that you used to inject drugs, how many, on a scale of 0-10, were used again by someone else?

1 month
 0 1 2 3 4 5 6 7 8 9 10 DK R

(Show numerical visual card: 0 = none were used again; 5 = about half were used again; 10 = all were used again; DK = don't know; R = refused)

The next few questions are about other injection equipment such as water, filter, cooker/spoon.

1.12 In the past **6 months**, when you injected drugs (shot up/fixed), did you use **OTHER INJECTION EQUIPMENT** (water, filter, cooker/spoon) that **had already been used by someone else?** [This includes your sex partner(s)]

	a.	b.	c.
	Water	Filter	Cooker/spoon
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' to a, b or c, go to question 1.13; otherwise, go to question 1.15

1.13 In the past **6 months**, when you injected drugs (shot up/fixed) and used **other injection equipment** (cotton, filters, cookers, water etc.) that **had already been used by someone else**, whose equipment were you using? (Read out list)

a. At all?	Whose injection equipment did you use most often?
(Check ALL that apply)	(Check ONE only)
<input type="checkbox"/> Regular sex partner(s)	<input type="checkbox"/>
<input type="checkbox"/> Family	<input type="checkbox"/>
<input type="checkbox"/> Close friend(s)	<input type="checkbox"/>
<input type="checkbox"/> People I don't know well	<input type="checkbox"/>
<input type="checkbox"/> People I don't know at all	<input type="checkbox"/>
<input type="checkbox"/> Don't know	<input type="checkbox"/>
<input type="checkbox"/> Refused	<input type="checkbox"/>

1.14a. In the past **6 months** how often had the other injection equipment (water, filter, cooker/spoon) that you used to inject drugs (shoot up/fix), **already been used by someone else?** (read out list, check ONE only)

6 months

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	Sometimes	Usually	Always	DK	R	

(Show categorical visual card: Occasionally = 1-25; Sometimes = 26-74%; Usually = 75-99%; Always = >99%; DK = don't know; R = refused)

b. In the past **1 month**, of all the other injection equipment (water, filter, cooker/spoon) that you used to inject drugs (shoot up/fix), how many, on a scale of 0 to 10, **had already been used by someone else?**

1 month

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	DK	R		

(Show numerical visual card: 0 = none were previously used; 5 = about half were previously used; 10 = all had been previously used; DK = don't know; R = refused)

1.15 In the past 6 months, did anyone else use other injection equipment (water, filter, spoon/cooker) **that you had already used?** [This includes your sex partner(s)]

	a.	b.	c.
	Water	Filter	Cooker/spoon
<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' to a, b or c, go to question 1.16; otherwise, go to question 1.17

1.16a. In the past 6 months, how often was the other injection equipment (water, filter, spoon/cooker) **that you used to inject drugs** (shoot up/fix), **then used again by someone else?** (read out list, check ONE only)

6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Occasionally	Sometimes	Usually	Always	DK	R

(Show categorical visual card: Occasionally = 1-25%; Sometimes = 26-74%; Usually = 75-99%; Always = >99%; DK = don't know; R = refused)

b. In the past 1 month, of all the other injection equipment that you used to inject drugs (shoot up/fix), **how many, on a scale of 0 to 10, were used again by someone else?**

1 month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2	3	4	5	6	7	8	9	10	DK	R

(Show numerical visual card: 0 = none were used again; 5 = about half were used again; 10 = all were used again; DK = don't know; R = refused)

1.17 In the past 6 months where in [name of city/community] have you injected drugs? (Read out list)

a. At all?	b. What one place did you inject most often?
(Check ALL that apply)	(Check ONE only)
<input type="checkbox"/> Own apartment	<input type="checkbox"/>
<input type="checkbox"/> Own house	<input type="checkbox"/>
<input type="checkbox"/> Parent(s) house/place	<input type="checkbox"/>
<input type="checkbox"/> Other relative's house/place	<input type="checkbox"/>
<input type="checkbox"/> Friend's Place	<input type="checkbox"/>
<input type="checkbox"/> Hotel/Motel Room	<input type="checkbox"/>
<input type="checkbox"/> Rooming/Boarding house	<input type="checkbox"/>
<input type="checkbox"/> Shelter/Hostel	<input type="checkbox"/>
<input type="checkbox"/> Transition house/halfway house	<input type="checkbox"/>
<input type="checkbox"/> Recovery House/detox.	<input type="checkbox"/>
<input type="checkbox"/> Street	<input type="checkbox"/>
<input type="checkbox"/> Squats	<input type="checkbox"/>
<input type="checkbox"/> Jail/prison/corrections	<input type="checkbox"/>
<input type="checkbox"/> Psychiatric institution	<input type="checkbox"/>
<input type="checkbox"/> Other(s): _____	<input type="checkbox"/>
<input type="checkbox"/> Don't know	<input type="checkbox"/>
<input type="checkbox"/> Refused	<input type="checkbox"/>

SECTION TWO

The next set of questions is about your sex life. I am going to ask you some very personal questions about your sexual relationships. We are asking everyone who participates the same questions. Some of the questions can be difficult to answer, so please feel free to not answer any that make you feel uncomfortable.

I will be using the terms 'regular, casual and client sex partners'.

- A '**REGULAR**' sex partner is someone with whom you have a relationship and with whom you are emotionally involved.
- A '**CASUAL**' sex partner is someone with whom you've had sexual relations with once or a few times, but with whom you have no emotional involvement.
- A '**CLIENT**' sex partner is someone who has given you money, drugs, goods or anything else in exchange for sex.
- A sex partner of whom '**YOU ARE A CLIENT**' is someone to whom you have given money, drugs, goods or anything else in exchange for sex.

2.1 Have you had sexual intercourse in the last month? (Tell both male and female participants that this includes getting and giving oral sex, vaginal and anal sex with either men or women)

Yes → Ask question 2.2

No

Don't know } If 'No', 'Don't know', or 'Refused', go to question 2.3

Refused

2.2 Did you (or your partner) use a condom when you last had sex? (Includes male and female condom)

Yes

No

Don't know

Refused

2.3 In the past 6 months, how many WOMEN have you had sex with? (Tell both male and female participants that this includes getting and giving oral sex, vaginal and anal sex)

None → Go to question 2.6

1

2-5

6-20

21 or more

Don't know

Refused

2.4 Did you have a (regular/casual/client/of whom you are a client) **FEMALE** sex partner in the past 6 months? (DK = don't know, R = Refused)

- a. Regular sex partner(s) Yes Answer 2.5 a No DK R
- b. Casual sex partner(s) Yes Answer 2.5 b No DK R
- c. Client sex partner(s) Yes Answer 2.5 c No DK R
- d. Sex partner(s) of whom you are the client Yes Answer 2.5 d No DK R

2.5 In the past **6 months**, how often did you use condoms or barriers with your (regular/casual/client/of whom you are a client) **FEMALE** sex partner(s)? (Specify type of sexual contact –Vaginal, Oral, Anal – check appropriate box, show visual card for frequency scale)

				Frequency of Condom Use							
2.5	Type of partner	Sexual Contact	No sexual contact	Never	Occasionally	Sometimes	Usually	Always		Don't know	Refused
a	Regular	Vaginal									
		Oral									
		Anal									
b	Casual	Vaginal									
		Oral									
		Anal									
c	Client	Vaginal									
		Oral									
		Anal									
d	You are client	Vaginal									
		Oral									
		Anal									

Now I am going to ask you the same questions about MALE sex partners.

2.6 In the past **6 months**, how many **MEN** have you had sex with? (Tell both male and female participants that this includes getting and giving oral sex, vaginal and anal sex)

- None → Go to question 3.1
- 1
- 2-5
- 6-20
- 21 or more

- Don't know
- Refused

2.7 Did you have a (regular/casual/client/of whom you are a client) **MALE** sex partner in the past 6 months? (DK = don't know, R = Refused)

- a. Regular sex partner(s) Yes Answer 2.8 a No DK R
 b. Casual sex partner(s) Yes Answer 2.8 b No DK R
 c. Client sex partner(s) Yes Answer 2.8 c No DK R
 d. Sex partner(s) of whom you are the client Yes Answer 2.8 d No DK R

2.8 In the past 6 months, how often did you use condoms or barriers with your (regular/casual/client/of whom you are a client) **MALE** sex partner(s)? (Specify type of sexual contact – Vaginal, Oral, Anal – check appropriate box, show visual card for frequency scale)

2.8	Type of partner	Sexual Contact	No Sexual contact	Frequency of Condom Use					Don't know	Refused
				Never	Occasionally	Sometimes	Usually	Always		
a	Regular	Vaginal								
		Oral								
		Anal								
b	Casual	Vaginal								
		Oral								
		Anal								
c	Client	Vaginal								
		Oral								
		Anal								
d	You are client	Vaginal								
		Oral								
		Anal								

SECTION THREE

The next few questions are about blood tests that you may have had for different diseases. We are asking everyone who participates, the same questions. First I will ask you questions about HIV.

3.1 Have you ever been tested for **HIV**?

Yes

No

Don't know

Refused

} If 'No', 'Don't know', or 'Refused', then go to question 3.7

3.2 Where was your most recent testing done? (Read out list, check ONE only)

Family Physician

Hospital

Research

Red Cross Donation

Antenatal testing

Jail

Other (Specify: _____)

Don't know

Refused

3.3 a. What was the date of your most recent HIV test?

(Prompt/probe for information, e.g. link with season, event etc.)

Month/year _____

- Don't know
- Refused

b. (If date is within the past 2 years, ask)

Can you tell me the dates you were tested for HIV within the past two years?

Month/year _____

- Don't know
- Refused

c. (If b. is unknown, ask)

Can you tell me the number of times you were tested for HIV within the past two years?

No. of times _____ **in past 2 years**

- Don't know
- Refused

d. (If b. and c. are unknown, ask)

Can you tell me how often have you been tested within the past two years?

(E.g. once/twice a year)

Frequency of testing _____ **per year**

- Don't know
- Refused

3.4 a. What was the result of your most recent HIV test?

HIV positive *Go to question 3.4b*

- HIV negative
 - Indeterminate
 - Don't know
 - Refused
- } *If 'Negative', 'Indeterminate', 'Don't know', or 'Refused', go to question 3.7*

b. (If HIV positive) What was the date of the first positive test?

Month/year _____ / _____

- Don't know
- Refused

3.5 Are you under the care of a doctor for your HIV? [Tell participants this means a single visit or more to a doctor in the past six months for HIV (treatment, counselling, testing etc.)]

- Yes
- No

- Don't know
- Refused

3.6 Are you taking prescribed drugs for your HIV? (E.g. 3TC, Retrovir (AZT), Combivir, Sustiva, Kaletra)

- Yes
- No

- Don't know
- Refused

Now I am going to ask you questions about hepatitis C.

3.7 Have you ever been tested for hepatitis C?

- Yes

 - No
 - Don't know
 - Refused
- } If 'No', 'Don't know', or 'Refused', go to question 4.1

3.8 Where was your most recent testing done?

- Family Physician
- Hospital
- Research
- Red Cross Donation
- Antenatal testing
- Jail
- Other (Specify: _____)

- Don't know
- Refused

3.9 What was the date of your most recent hepatitis C test?

(Prompt/probe for information, e.g. link with season, event etc.)

Month/year _____ / _____

- Don't know
- Refused

3.10 What was the result of your most recent hepatitis C test?

- HCV positive

 - HCV negative
 - Indeterminate
 - Don't know
 - Refused
- } If 'Negative', 'Indeterminate', 'Don't know', or 'Refused', then go to question 4.1

3.11 Are you under the care of a doctor for your hepatitis C? [Tell participants this means a single visit or more to a doctor in the past six months for hepatitis C (treatment, counselling, testing etc.)]

- Yes
- No

- Don't know
- Refused

3.12 Are you taking prescribed drugs for your hepatitis C? (E.g. Interferon, Intron, Peg-Intron, Virazole)

- Yes
- No

- Don't know
- Refused

SECTION FOUR

The last few questions are general questions about your background, where you live, and your use of services from a needle exchange program. We are asking everyone who participates, the same questions.

4.1 Record the participant's sex.

- Male
- Female
- Transgender Male to Female
- Transgender Female to Male

4.2 What is your age?

_____ years

- Don't know
- Refused

We are asking the following question to help develop culturally appropriate literature for our prevention programs at the needle exchange program*

(*Sample site-specific preamble)

4.3 What ethnic group or family background do you most identify with? (Do not read out list but may prompt: refer to list explaining categories if needed, check **ONE** only)

- Eastern European
- Southern European
- Other European
- Oceanic (e.g. Australian, Pacific Islander)
- Caribbean (Specify: _____)
- Central, Latin and Southern American
- East and South East Asia
- South Asian
- Middle Eastern
- North African
- Sub Saharan African
- Aboriginal (Indicate subgroup)
 - Metis
 - Inuit
 - First Nation, specify: _____
 - Status Non-status
- Canadian
- American (U.S.)
- Other (Specify: _____)

- Don't know
- Refused

4.4 What is the highest level of education that you have completed? (Check ONE only)

- None
- Some elementary school
- Completed elementary school
- Some high school
- Completed high school
- Some college/trade school
- Completed college/trade school
- Some university
- Completed university
- Other, specify: _____

- Don't know
- Refused

4.5 Do you live in [name of city/community] right now?

- Yes
- No → **Where do you live?** _____

- Don't know
- Refused

4.6 Where else have you lived other than [name of city/community] in the past 6 months?

- Nowhere else
- Specify place(s) _____

- Don't know
- Refused

4.7 In the past 6 months, what types of places have you lived in? (Read out list)

- | a. Past 6 months?
<i>(Check ALL that apply)</i> | b. Now?
<i>(Check ONE only)</i> |
|---|---|
| <input type="checkbox"/> Own apartment | <input type="checkbox"/> |
| <input type="checkbox"/> Own house | <input type="checkbox"/> |
| <input type="checkbox"/> Parent(s) house/place | <input type="checkbox"/> |
| <input type="checkbox"/> Other relative's house/place | <input type="checkbox"/> |
| <input type="checkbox"/> Friend's Place | <input type="checkbox"/> |
| <input type="checkbox"/> Hotel/Motel Room | <input type="checkbox"/> |
| <input type="checkbox"/> Rooming/Boarding house | <input type="checkbox"/> |
| <input type="checkbox"/> Shelter/Hostel | <input type="checkbox"/> |
| <input type="checkbox"/> Transition house/halfway house | <input type="checkbox"/> |
| <input type="checkbox"/> Recovery House/detox. | <input type="checkbox"/> |
| <input type="checkbox"/> Street | <input type="checkbox"/> |
| <input type="checkbox"/> Squats | <input type="checkbox"/> |
| <input type="checkbox"/> Jail/prison/corrections | <input type="checkbox"/> |
| <input type="checkbox"/> Psychiatric institution | <input type="checkbox"/> |
| <input type="checkbox"/> Other(s): _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> |
| <input type="checkbox"/> Refused | <input type="checkbox"/> |

*If participant is being interviewed at a needle exchange program, ask question 4.8.
If not, go to question 4.10*

4.8 Have you ever used the services of this needle exchange program?

Yes

No

Don't know

Refused

} *If 'No', 'Don't know', or 'Refused', go to question 4.10*

4.9 In the past 6 months, how often did you use the services of this needle exchange program?

(Read out list, check ONE only)

Never

Occasionally, not every week

Regularly, once or twice a week

Regularly, three or more times per week, but not daily

Every day

Don't know

Refused

4.10 Have you ever used the services of any (other) needle exchange program? (Includes mobile, outreach, and other exchange). *(Read 'other' when applicable)*

Yes

No

Don't know

Refused

} *If 'No', 'Don't know', or 'Refused', end interview, go to debriefing*

4.11 In the past 6 months, how often did you use the services of any (other) needle exchange program? *(Read 'other' when applicable, read out list, check ONE only)*

Never

Occasionally, not every week

Regularly, once or twice a week

Regularly, three or more times per week, but not daily

Every day

Don't know

Refused

Interview End Time: _____ **am/pm**
(circle one)

INTERVIEWER — REVIEW ALL QUESTIONS FOR COMPLETENESS NOW

Debriefing

Ask participant if s/he has any questions. Provide risk reduction counselling as appropriate. Give referrals for HIV and/or hepatitis C if appropriate. Provide information on local health and social agencies if appropriate.

Now we will collect the finger prick blood sample.

DBS Collection

- Yes
- No (specify reason: _____)

Time taken for DBS: _____ (min.)

Ask the participant if he/she has any comments about the survey.

PARTICIPANT’S COMMENTS

END OF SURVEY — thank the participant for his/her participation.

INTERVIEWER’S COMMENTS

Interview:

DBS:
