

DRUGS, HOMELESSNESS & HEALTH: HOMELESS YOUTH SPEAK OUT ABOUT HARM REDUCTION

**THE SHOUT CLINIC HARM REDUCTION REPORT
TORONTO, 2010**

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WELCOME

- Introductions
- Questions: Use the Chat window (bottom right)
 - Technical Issues: Jennifer will try to help
 - Content Questions / Comments will be addressed at the end of the seminar
- Feedback
 - During the session: 2 quick polls to share your viewpoint
 - After the session: An exit poll to tell us what you think
- The session will be recorded so we can address any missed questions offline

RESEARCH

Conducted by



Shout Clinic delivers primary, interdisciplinary care to youth ages 16 to 24 years through a trauma informed and harm reduction philosophy.

Funded by



The Wellesley Institute advances urban health through rigorous research, pragmatic policy solutions, social innovation, and community action.

ABOUT THE STUDY

- Purpose of the Study
- Eligibility Criteria
- Study Activities
- Community Partners

OVERARCHING CONCLUSION

- Homeless youth run the same high risks as homeless adults
- It is crucial to provide public health services geared to this vulnerable population of youth
- Protecting youth with harm reduction services rather than punishing them should be the priority for future programs

ABOUT SURVEY RESPONDENTS

- The survey sample of 100 homeless street-involved youth consisted of poly drug users:
- In the past six months:
 - 71 had used crack
 - 51 had used methamphetamine
 - 53 had used a opioid that was not medically prescribed
 - 33 had injected drugs
- Age:
 - 15% were 16-18 years of age
 - 39% were 19-21 years of age
 - 42% were 22-24 years of age
 - 4% were 25 years of age (24 years of age within the last 6 months)

PRINCIPLES OF HARM REDUCTION

- Harm Reduction defines policies, services, practices and approaches that work to reduce substance related harms and risks to individuals, communities and society without requiring abstinence
- Harm Reduction recognizes:
 - The right for comprehensive, non-judgemental medical and social services and the fulfillment of basic needs of all individuals and communities
 - The competency of individuals to make their own choices and changes in their lives, and provides options to support this competency

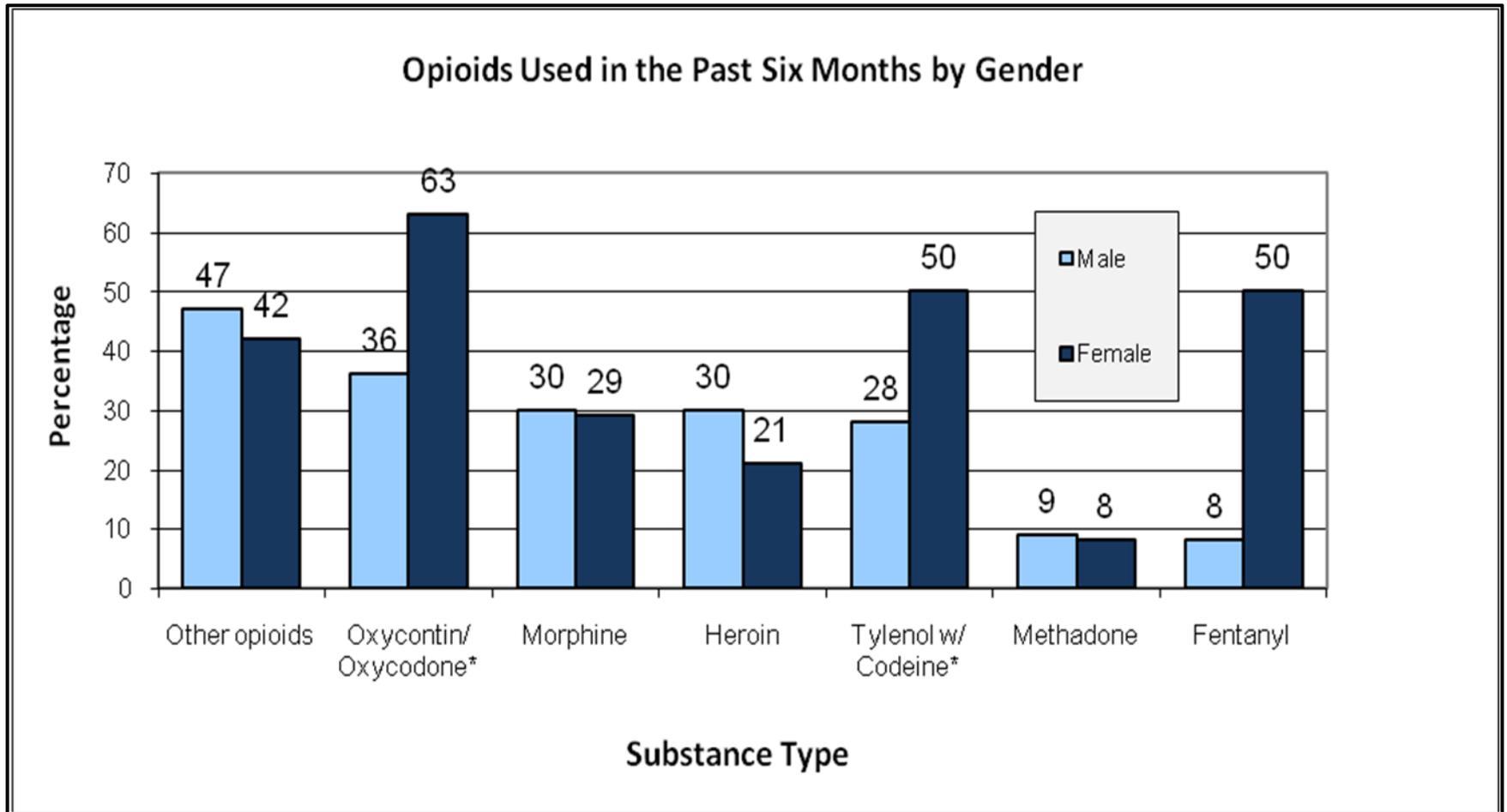
SUBSTANCE USE PRACTICES



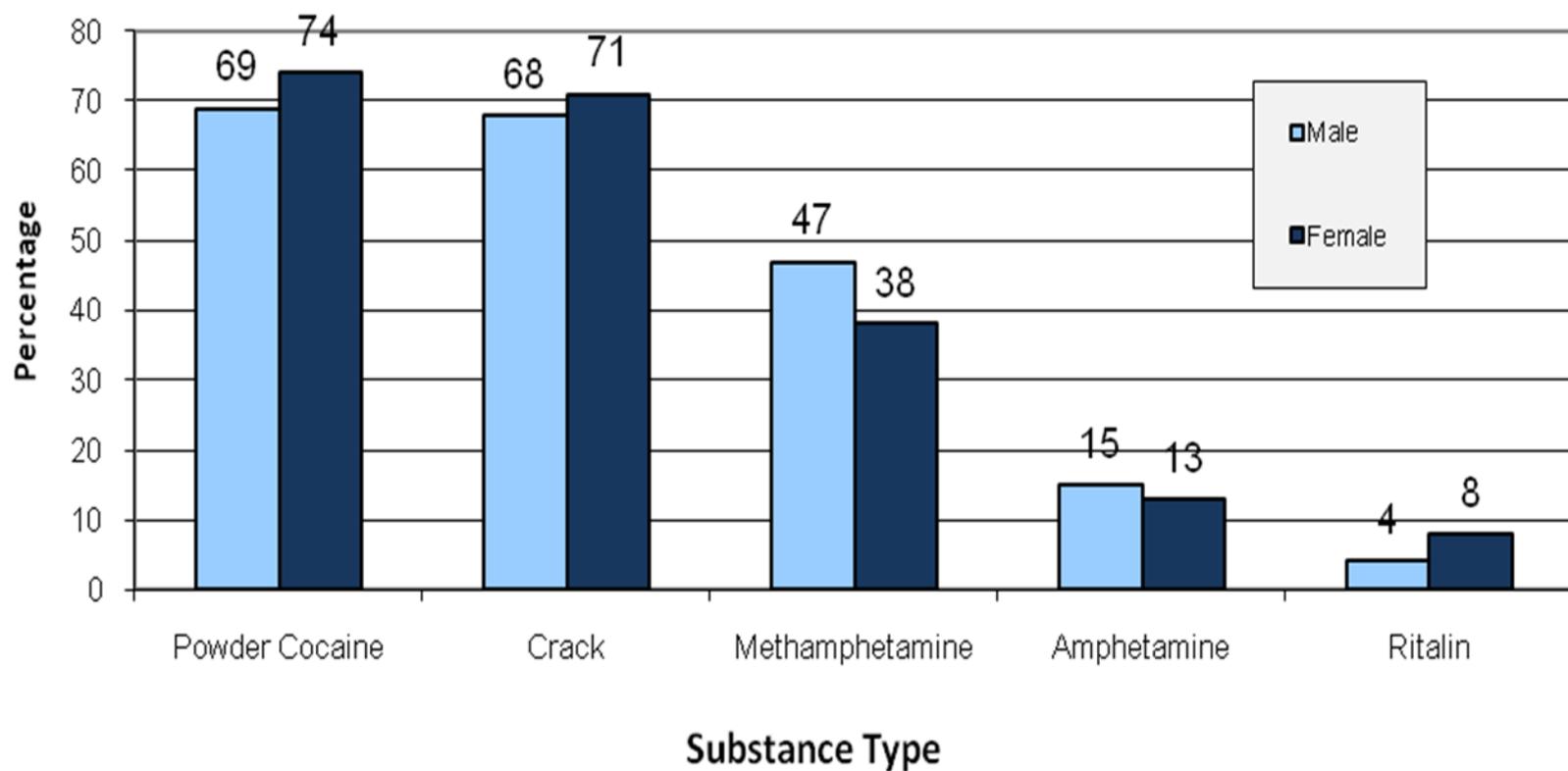
REASONS FOR USING DRUGS

- To cope with their life circumstances and homelessness
- To self-medicate: physical and mental health issues
- To escape and disconnect
- To deal with boredom and hopelessness
- When they are expecting or wanting to have sex
- As part of their social networks and street culture

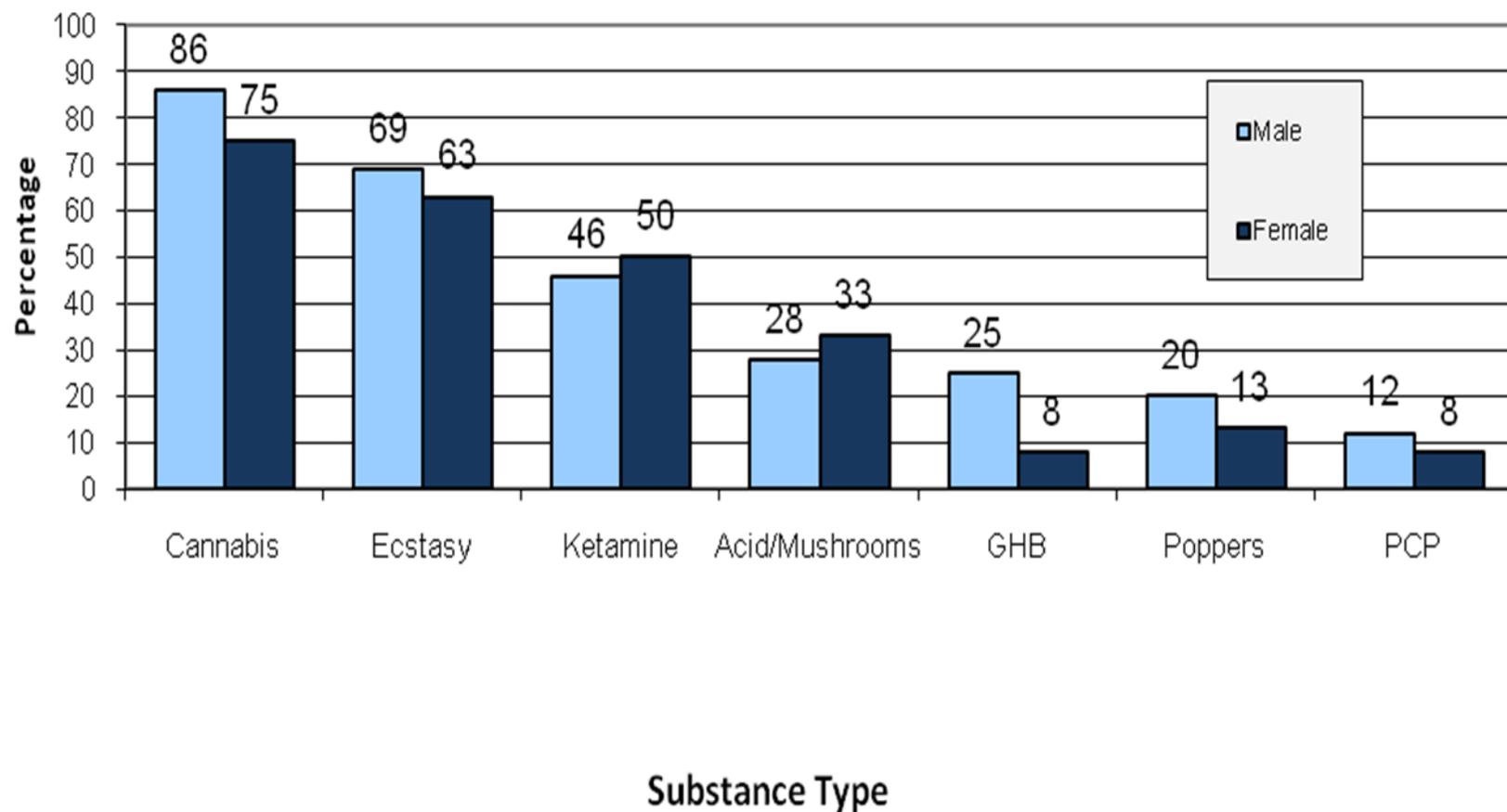
SUBSTANCE USE HISTORY – PAST 6 MONTHS



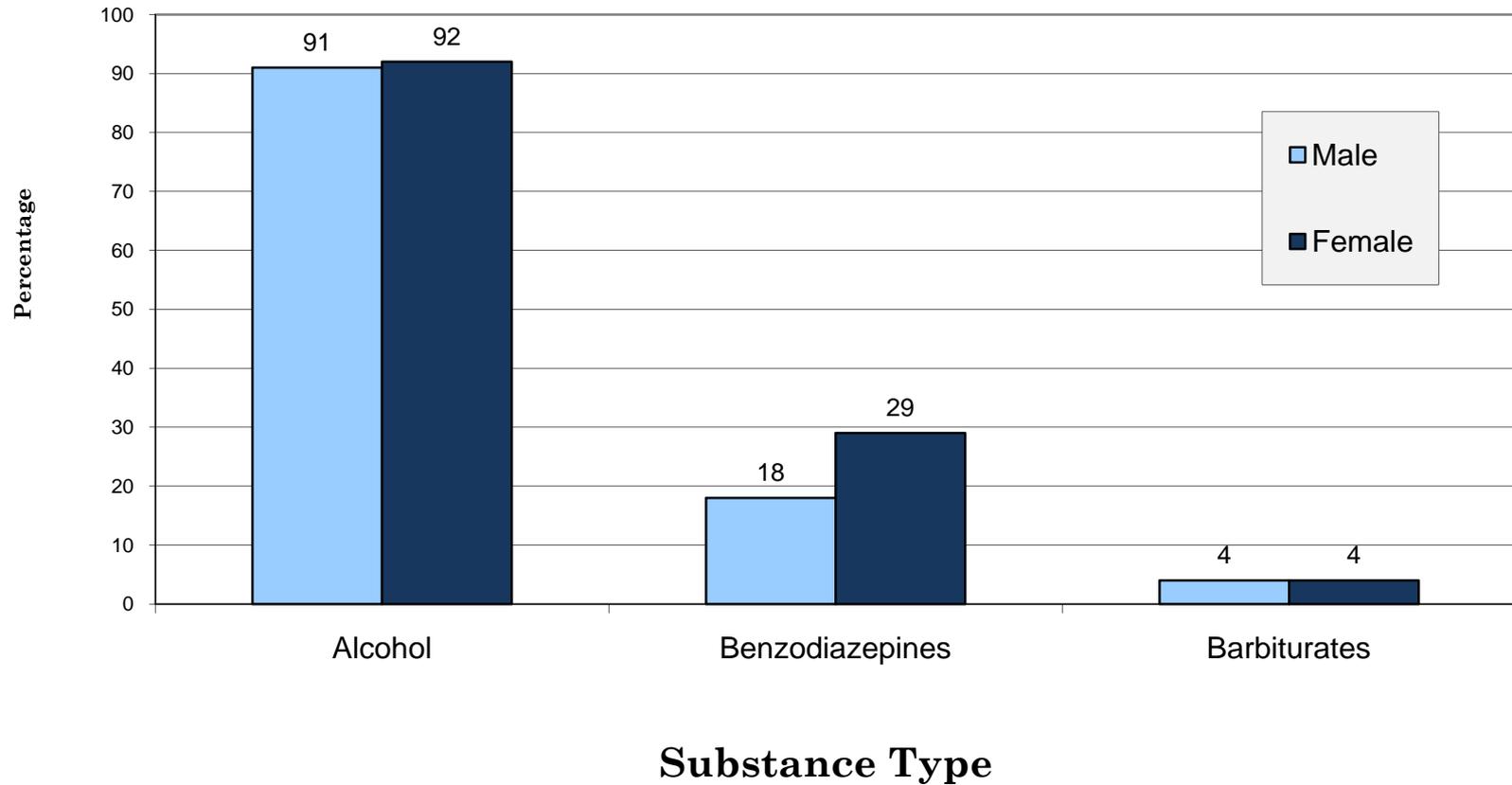
Stimulants Used in the Past Six Months by Gender



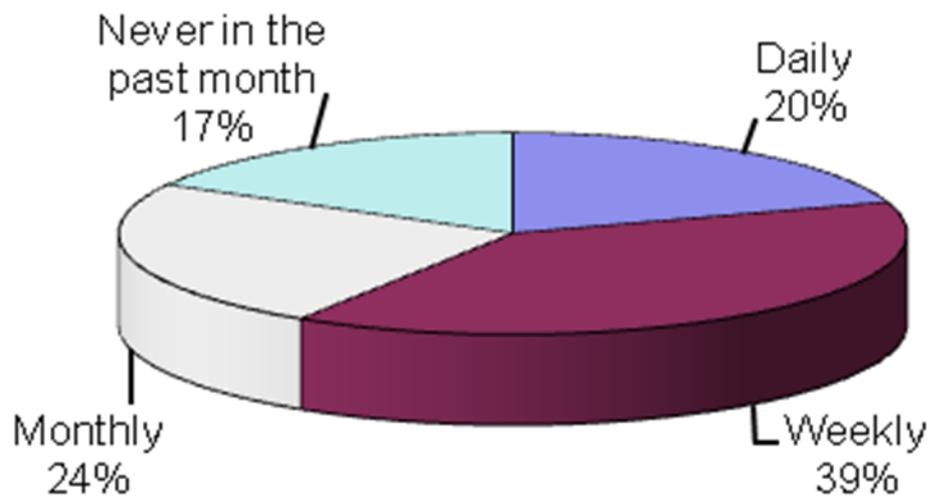
Party Drugs & Hallucinogens Used in the Past Six Months by Gender



Depressants Used in the Past Six Months by Gender



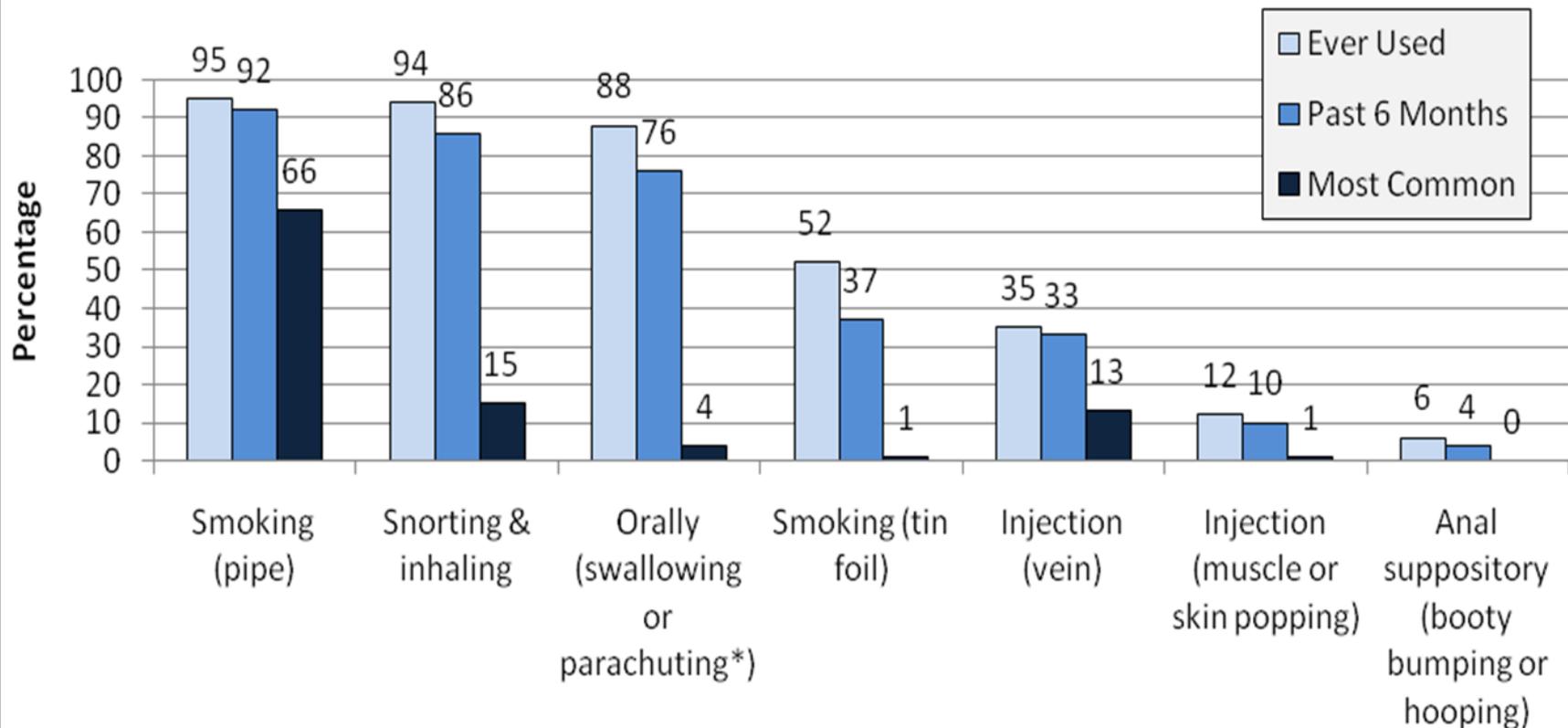
Frequency of Use of Drug of Choice



AVERAGE AGE OF FIRST USE

- Age **12**: average age of first use of any substance
- Age **15-16**: average age of first use of most stimulants and some party drugs
- Age **17-18**: average age of first use of crack, methamphetamine, heroin, morphine, oxy's, Ketamine, GHB and poppers

METHODS OF SUBSTANCE USE

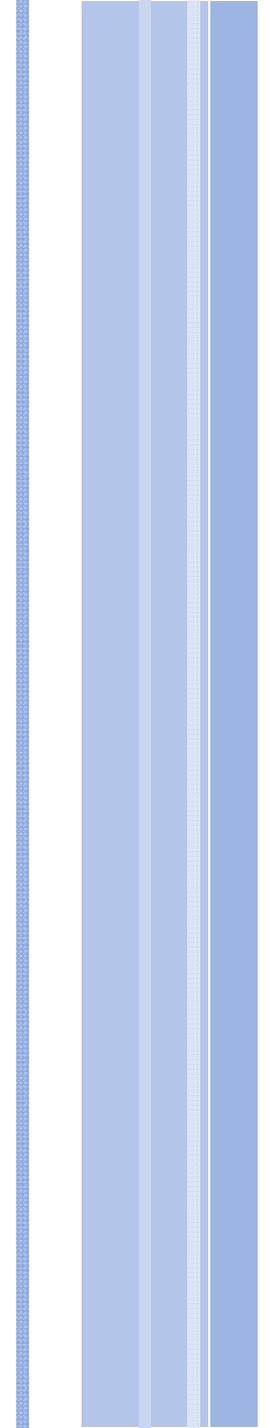


*Parachuting: to crush pill(s) or a hard substance (i.e. methamphetamine) into paper and then swallow the contents

Methods

WHERE YOUTH USE DRUGS

- While an indoor location was preferred, particularly a private one, all youth at some time had smoked, snorted or injected drugs:
 - Outdoors (i.e. a park, street, stairwell or squat)
 - In a public location (i.e. a club, public bathroom or a place to buy/use drugs)
 - In an institution (i.e. hostel, community agency or correctional facility)



SUBSTANCE USE RISKS AND HARMS

LOCATIONS OF USE IN RELATION TO RISKS AND HARMS

When using outdoors, youth choose to use in hidden places to avoid detection.

These locations contribute to:

- Conflicts
- Wide range of unsafe drug practices:
 - Sharing drug use equipment
 - Unhygienic injections
 - Overdoses
 - Unprotected sex

“You aren’t somewhere safe, they can grab you.”

“Everything comes down to having no safe place to do drugs or buy drugs. You’re out on the street.”

DRUG RELATED HARMS AND RISKS

- Needing help to inject, infections, unsafe disposal of used injection equipment
- Poly drug use and overdoses (20% of survey respondents had O.D. in past 6 months)
- Use of homemade/toxic pipes

“... I always shared my crack pipe ‘cause I thought it was safe... I thought I couldn’t get sick from sharing a crack pipe and then I got Hepatitis C.”

SHARING DRUG EQUIPMENT

- 59% of youth who snorted drugs shared snorting devices
- 21% of IDU's shared needles
- 36% shared other injection equipment
- 81% of methamphetamine smokers shared pipes; as did 61% of crack smokers

*“Night time comes and it all shuts down.
And then you don’t have anything so all
right... I’ll use yours.”*

SPECIFIC HARMS RELATED TO METH AND CRACK USE:

- Difficulty breathing
- Burns, cuts and sores on hands
- Burns, cuts and sores on the lips and tongue
- Burns and cuts on and in the nose
- Open cuts and sores due to picking and digging
- Drug-induced psychosis, paranoid delusions and hallucinations (audio and visual)
- Seizures

PERSONAL STRATEGIES TO REDUCE RISKS

- Youth have developed strategies to reduce risks and harms related to insufficient access to safer drug use equipment
- Strategies ranged from highly effective, to less effective, to ineffective, inaccurate, and potentially dangerous

“Desperate Times Call for Desperate Measures.”

EMERGENT HEALTH & SOCIAL ISSUES



INSTABILITY

- Lack of stability and consistency in all areas of youth's lives builds and adds to the overall precariousness of their existence
- The ability to move forward and establish stability in any one area is hampered by the stress emanating from another

HOMELESSNESS & HOUSING

- 44% of survey respondents experienced homelessness before their 16th birthday
- 42% between the ages of 16 - 18

SOURCES OF SHELTER - PAST 6 MONTHS

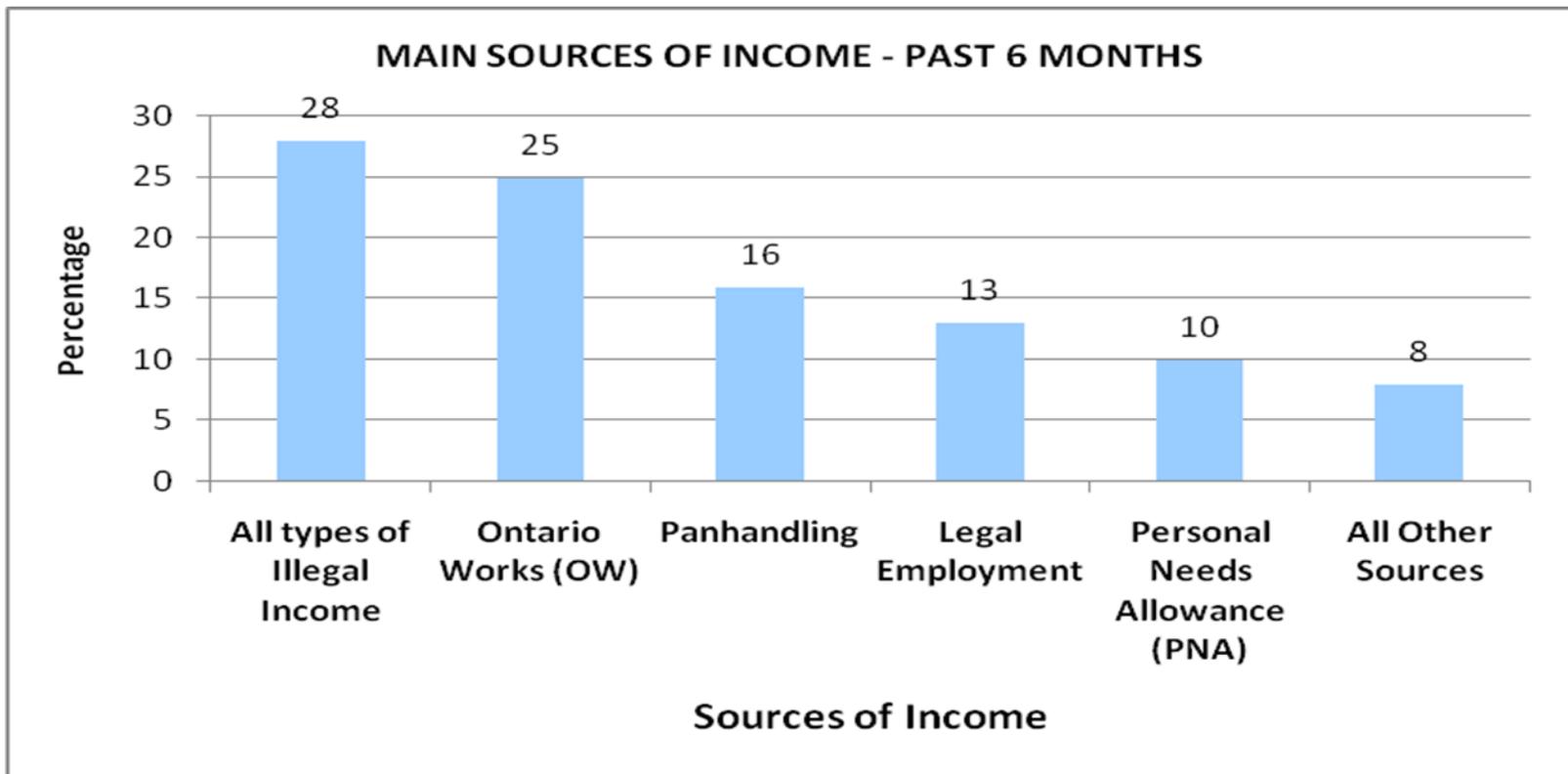
- Reliance on a wide range of sources of shelter
- Safety issues were a major concern for youth
- Use of drugs to cope with and escape from homelessness, to feel safe and to stay up all night

HOUSING ISSUES

- Difficult to find and maintain housing due to a number of factors:
 - Homelessness and instability
 - Poverty
 - Limited and poor quality of available affordable housing
 - Discrimination
 - Substance use

POVERTY AND SOURCES OF INCOME

- Youth relied on a wide variety of income sources



CONFLICTS WITH THE LAW

- Youth had experienced negative and positive interactions with individual police officers
- High rates of imprisonment
- Detention centres, jails and prisons names as sources of shelter
- Poor health care and discharge planning
- Continued use of drugs while incarcerated

SOCIAL STIGMA

- Youth experience social stigma due to:
 - Homelessness, poverty and sources of income
 - Identification as drug users, including type of drugs and methods of use
 - Mental and physical health conditions
 - Other areas of their lives
- Social stigma negatively impacts youth internally and externally

HEALTH ISSUES

- A significant portion of youth had either been identified/treated for a health condition or were concerned about one
- Only (52%) of survey respondents rated their physical health as excellent or good
- 25% of all survey respondents reported self-medicating with drugs in order to feel healthy

MENTAL HEALTH ISSUES

- 27% rated their mental and emotional health as good and 26% as poor
- 37% of survey respondents disclosed that they had been diagnosed and/or treated for a mental health condition
- 30% were concerned but had not been diagnosed

TRAUMA

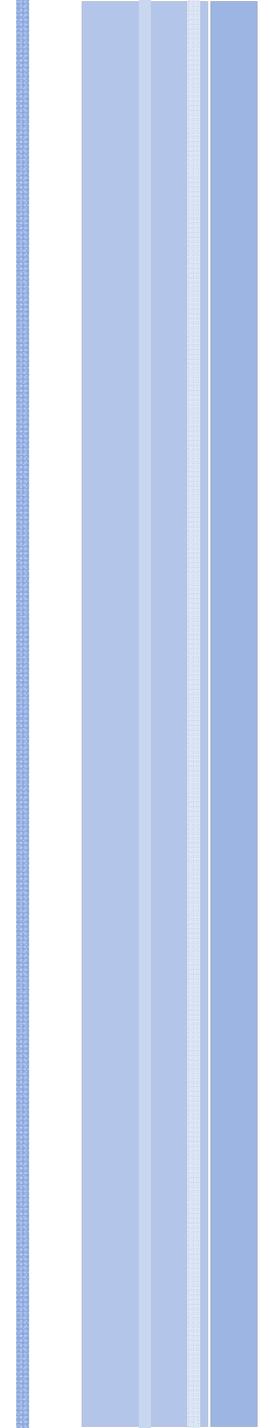
- 29% of survey respondents reported being physically or sexually assaulted in the past six months
- 48% reported being assaulted by police
- Only 34% of those who had been assaulted received any medical support or counselling

ACCESS TO HEALTH CARE – PAST 6 MONTHS

- 64% youth reported experiencing barriers when accessing health care
- 57 - 53% had been to a hospital emergency room, Community Health Centres or saw a nurse at a shelter, drop-in centre, or health bus
- Low use of mental health services despite high rates of mental health issues

DEPENDENCY AND ADDICTION ISSUES

- 47% of respondents were (in the past 6 months) unsuccessful in trying to cut down or quit their drug of choice; 37% were not interested
- 50% of respondents used drugs to avoid withdrawal symptom
- Low use of drug treatment services



BARRIERS & RECOMMENDATIONS



BARRIERS

- Youth experienced a wide range of barriers to accessing services and supports and practicing harm reduction, such as:
 - Policy
 - Structural
 - Attitudinal
 - Knowledge
 - Complex & Multi-dimensional

RECOMMENDATIONS

- Options and choices of programs and services
- Responsive, comprehensive and flexible services
- Friendly faces and friendly places

- Youth speak out about receiving respect and fair treatment
- Target social stigma
- Treatment instead of jail

HARM REDUCTION PROFESSIONALS

- Youth emphasized the importance of protecting youth with accessible, and appropriate harm reduction services and approaches, rather than punishing them for their drug use.
- 90% of survey respondents think that harm reduction is an appropriate and useful approach to substance use issues.

HARM REDUCTION PROFESSIONALS

1. Deliver services where and when youth need them
2. Spread the word – better advertisement of services
3. Provide supplies that youth need and will use
4. Relevant program options that are appealing to youth
5. Provide greater access to educational materials and resources
6. A safe place to use – safe injection and consumption sites

ADDICTION AND HARM REDUCTION PROFESSIONALS

- Increase options (for treatment and youth specific programs)
- Easier access
- Peer-workers and people with lived experience

“There’s a lot of red tape to get into a treatment centre: orientation, waiting list, appointment here, appointment there, it’s too many walls.”

MENTAL HEALTH PROFESSIONALS

- Tackle social stigma and promote mental health services
- More responsive services
- Program options
- Positive relationships

COMMUNITY HEALTH SERVICES

- No health care card necessary
- One stop shop
- Flexible hours and drop-in appointments
- Address discrimination by educating health professionals

FOR GOVERNMENTS (ALL LEVELS)

- Secure government funding
- Increase stability – e.g. through an inter-Ministerial approach in order to address the different social determinants of health operating here

FOR THE POLICE

- Bring police on board
- Training for police
- Develop a harm reduction unit as part of TPS
- Policy reform
- Effective complaint process and greater police accountability

- Copies of this report can be downloaded from the Wellesley Institute's website
<http://www.wellesleyinstitute.com>
- To arrange a presentation, contact Lorraine Barnaby at lbarnaby@ctchc.com or 416-927-8253 ext 15

