

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

**The Shout Clinic Harm Reduction Report, Toronto, 2010**

## **Research Team:**

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# HARM REDUCTION NEEDS ASSESSMENT

## ○ **Activities:**

- Used a Peer Researcher Model
- 100 in-depth survey/interviews
- 5 Focus groups
- Arts informed activities

## ○ **Eligibility Criteria:** In the past 6 months:

- 16-24 years of age and living in Toronto
- Used crack, methamphetamine, a non-prescribed opioid and/or injected any drug
- Absolutely homeless, defined as living on the street, in a squat, in a shelter or staying with friends/other

# ABOUT SURVEY RESPONDENTS

- Poly drug users
- Gender Identity:
  - 75 male, 21 female and 4 transgendered/transsexual
- Sexual Orientation:
  - 31% GLBT2SQI
  - 61% heterosexual
  - 8 % refused, didn't know
- Ethno-Racial Background:
  - 63% identified as white or Caucasian
  - 19% as Aboriginal or First Nations
  - 9% as Black or African/Caribbean-Canadian
  - 5% as Asian
  - 2% as Hispanic or Latin American

# OVERARCHING CONCLUSIONS

- Homeless youth run the same high risks as homeless adults
- Lack of stability and consistency in all areas of youth's lives builds and adds to the overall precariousness of their existence
- 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

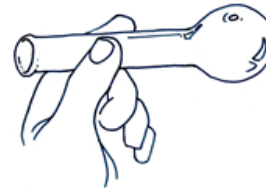
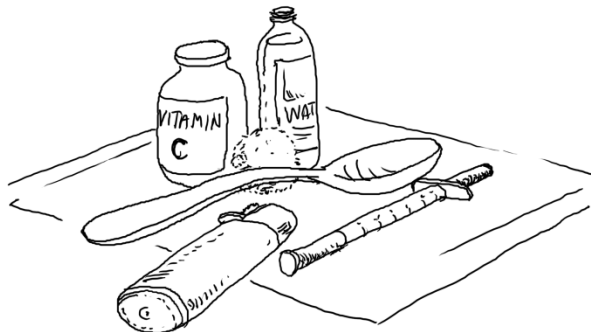
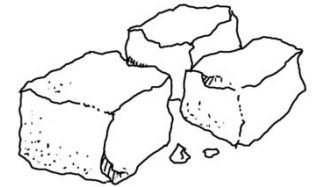
## REASONS FOR USING DRUGS:

- To have fun and as part of their social networks and street culture
- To cope with their life circumstances and homelessness
- To self-medicate: physical/mental health conditions/symptoms
- To escape and disconnect
- To deal with loneliness, boredom and hopelessness
- When they are expecting or wanting to have sex

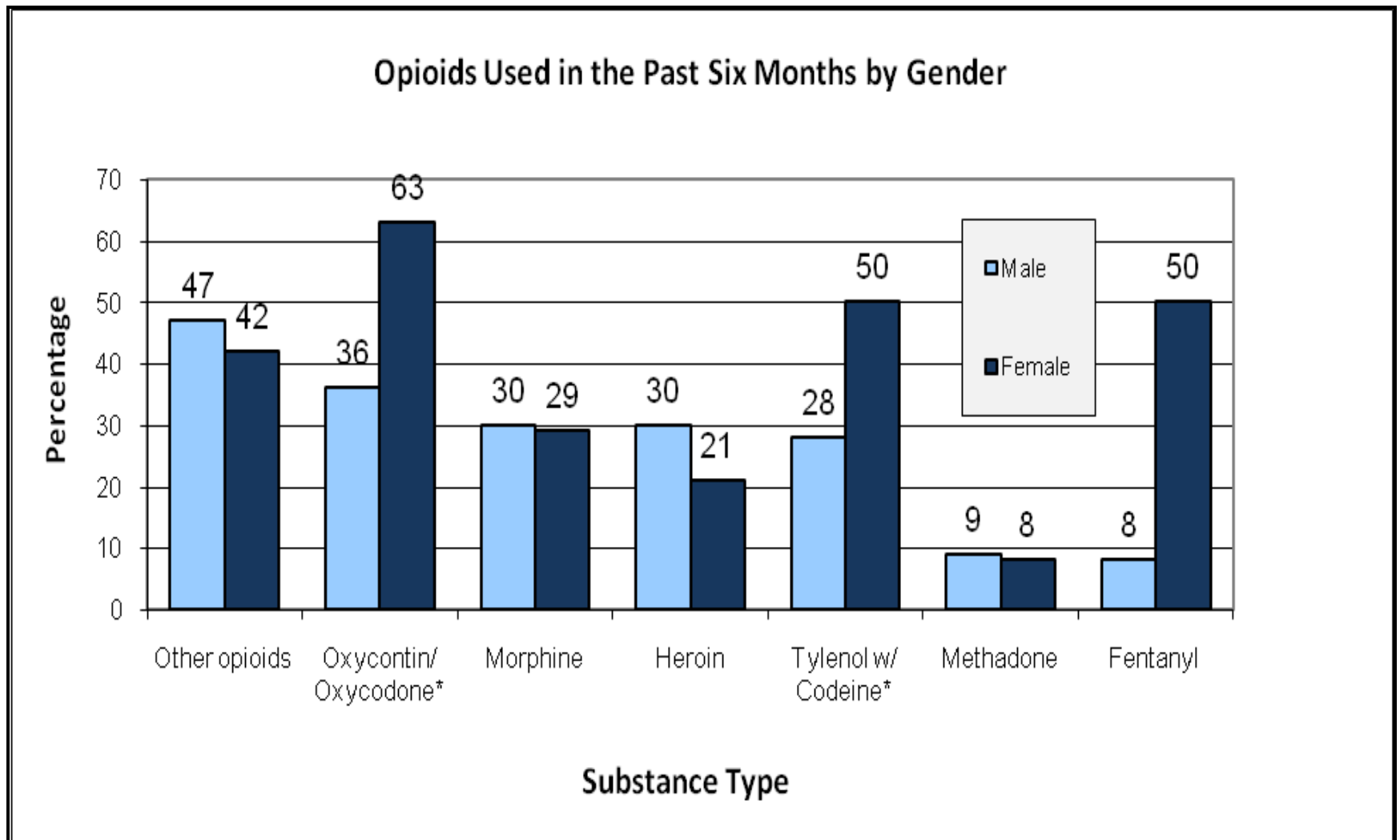
# POLYDRUG USE

Youth reported using:

- a wide variety of opioids, stimulants and hallucinogens
- combinations of stimulants and depressants (i.e. speedballs) such as powdered cocaine with heroin, heroin with crack
- many modes of administration of substances

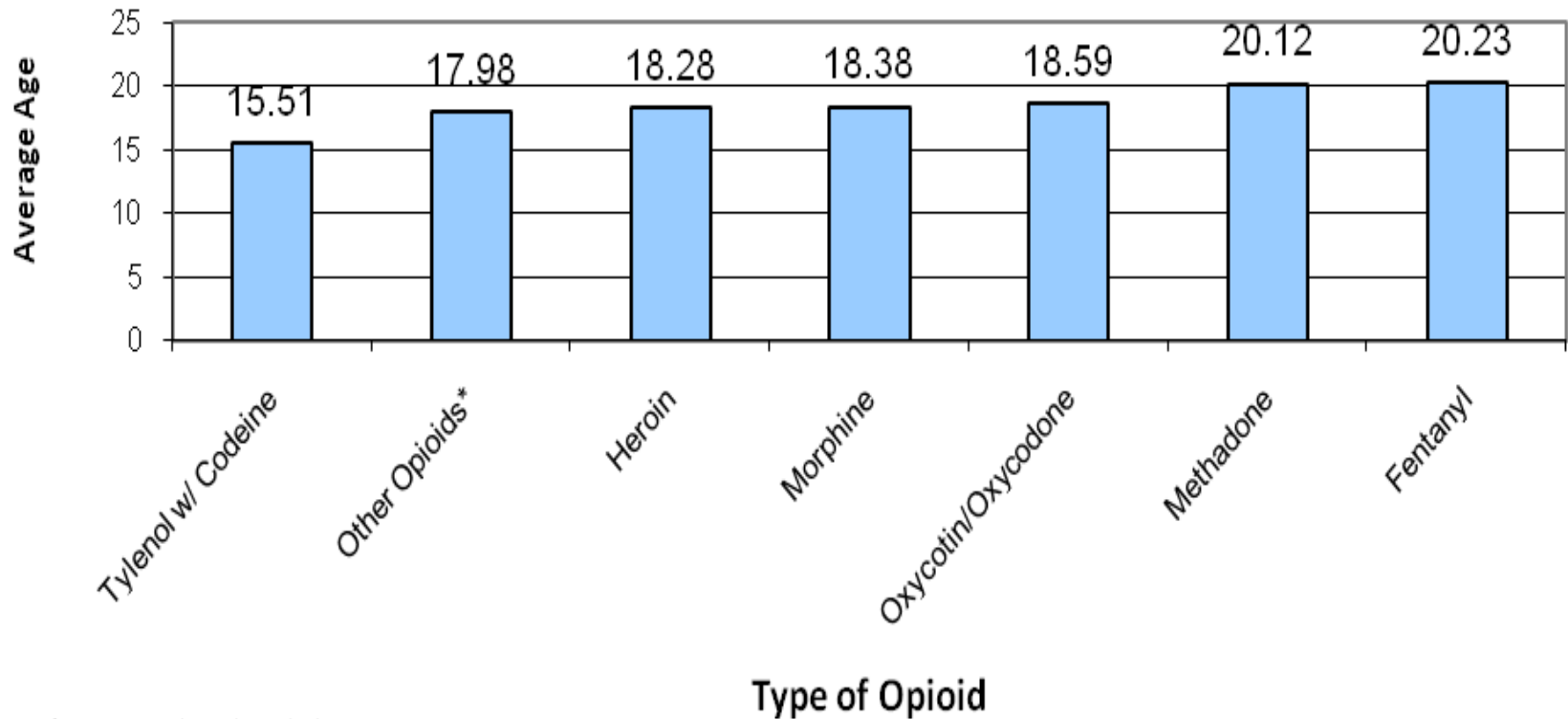


# OPIATE USE – PAST 6 MONTHS



# AGE OF FIRST USE

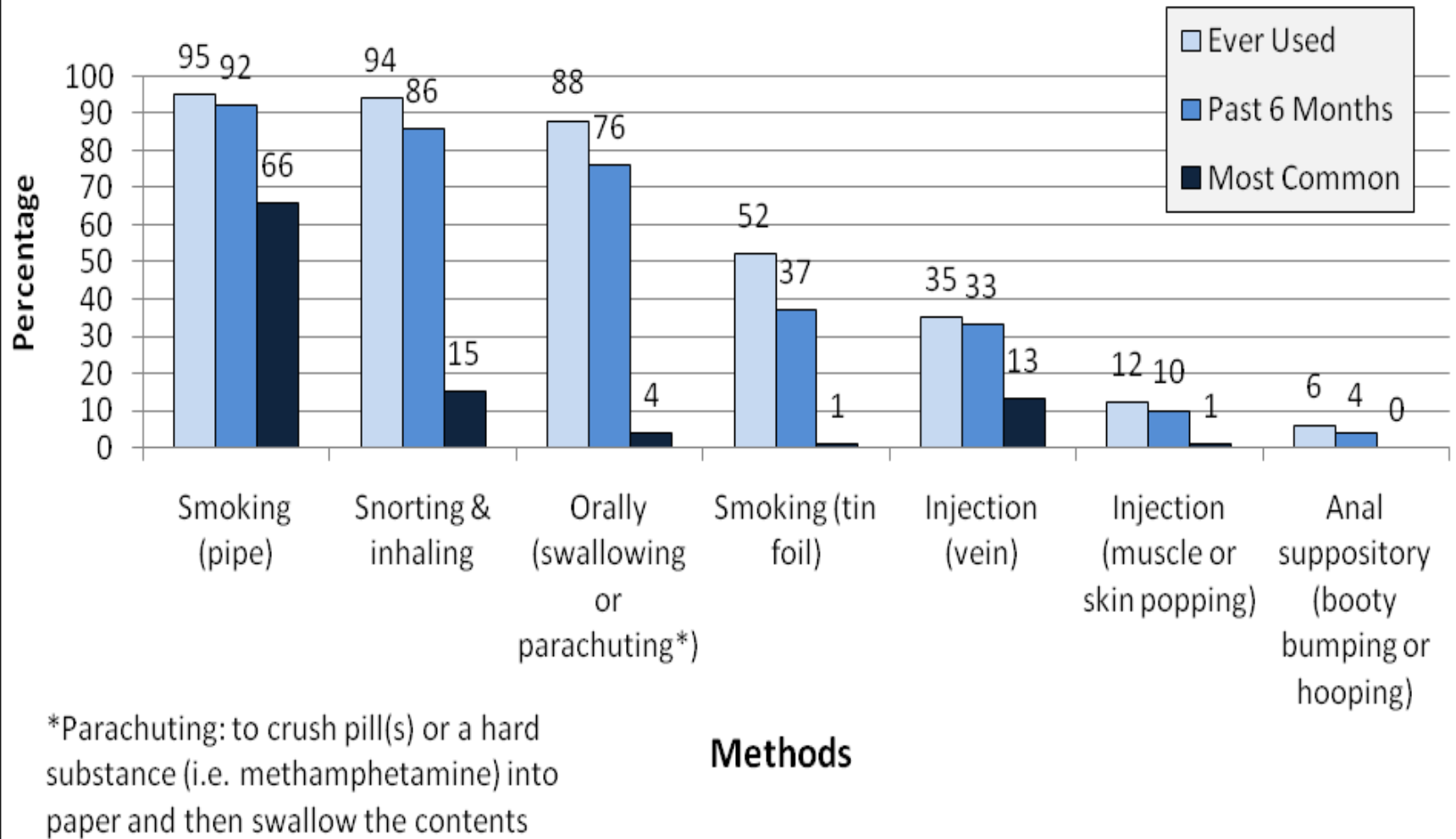
Average Age When First Tried Opioids



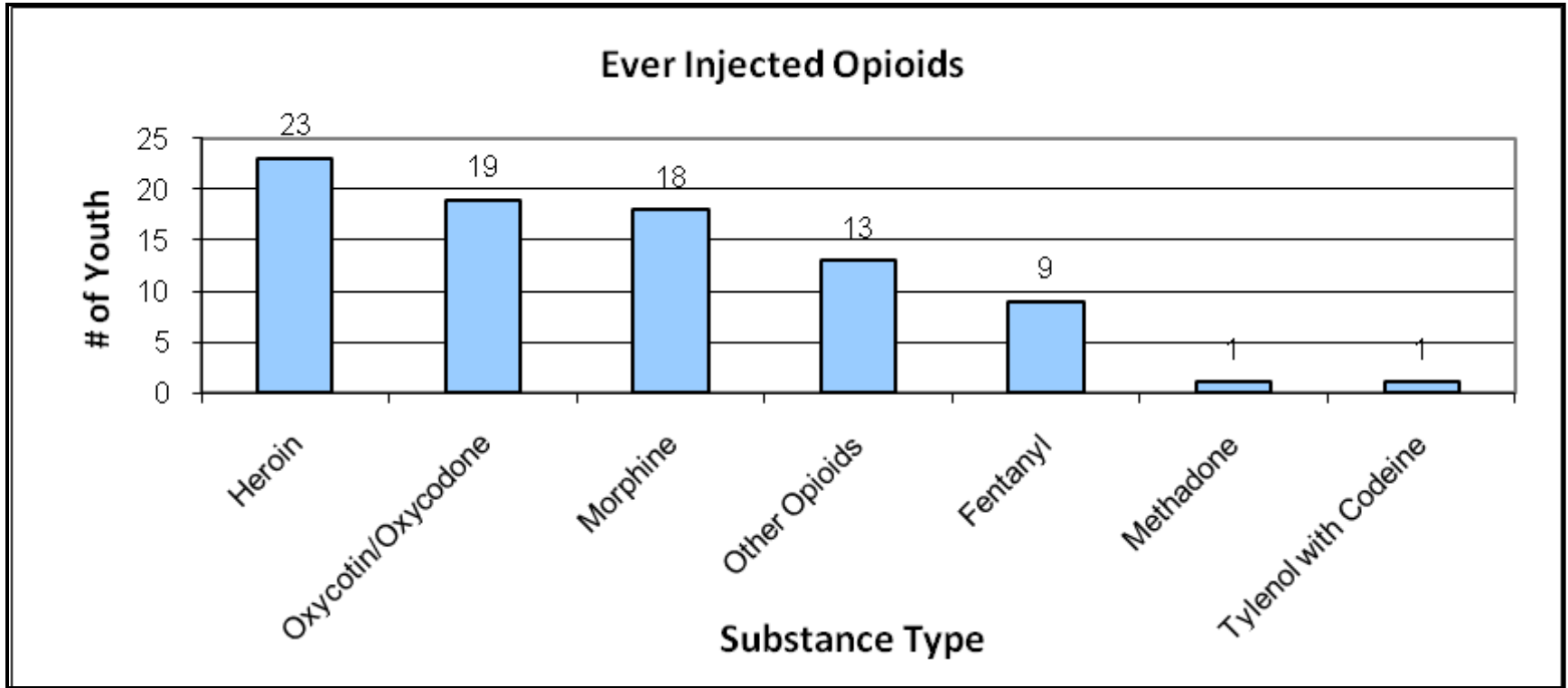
\*Demerol, Dilaudid, Percacets, etc.



## METHODS OF SUBSTANCE USE



# INJECTING OPIOIDS



# DRUG RELATED HARMS AND RISKS

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

- Sharing drug use equipment
- Unhygienic injections, needing help to inject, infections, unsafe disposal of used injection equipment
- Poly drug use and overdoses
- Use of homemade/toxic pipes and increased risk for HIV and Hep C transmission, and respiratory problems
- Drug induced psychosis, paranoid delusions and hallucinations (audio and visual)
- Unprotected sex

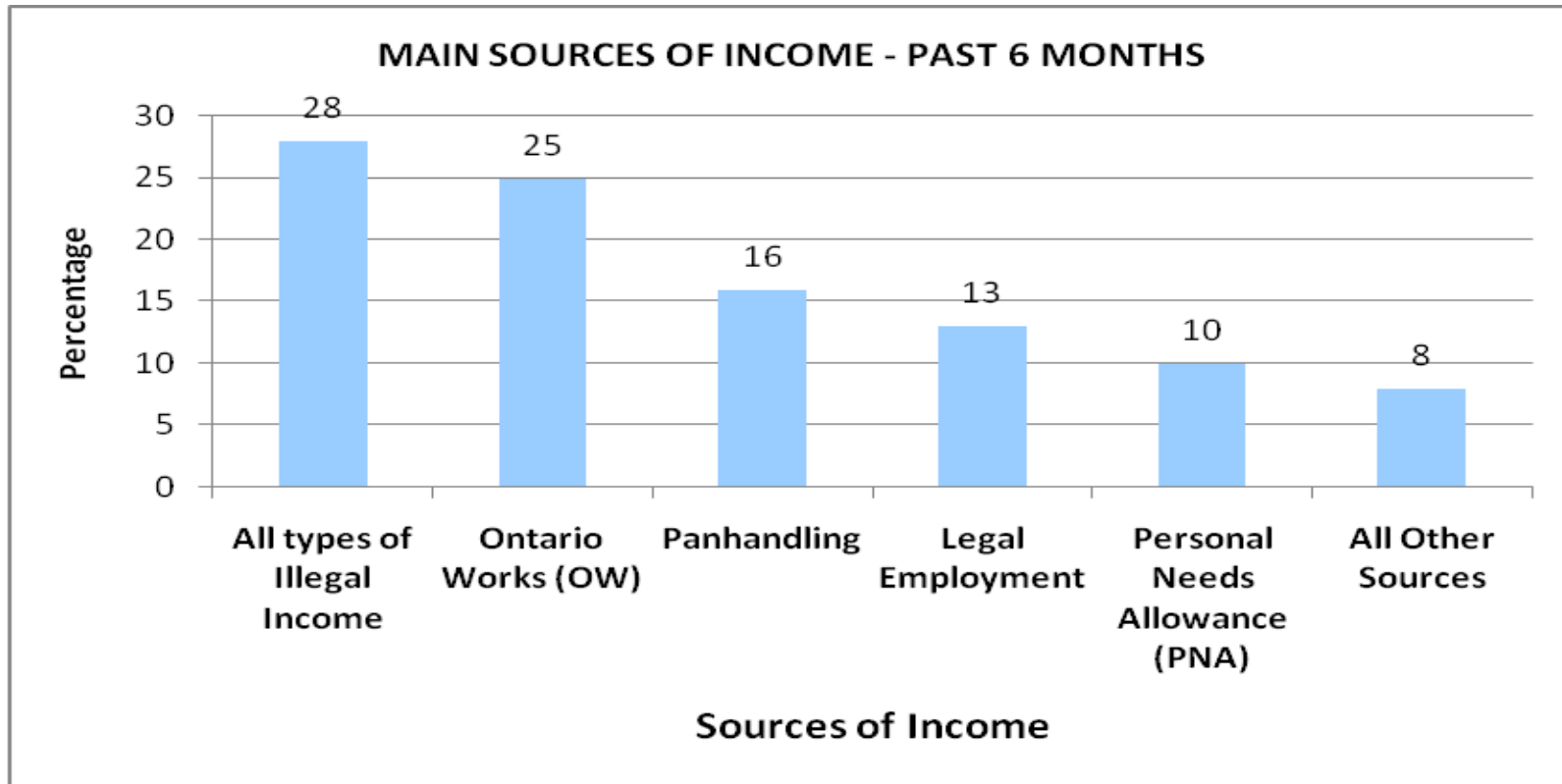
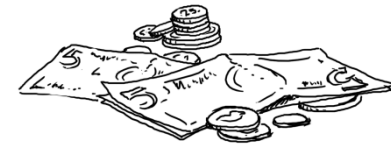
# HEALTH ISSUES

- A significant portion had either been identified or treated for a health condition or were concerned about one
- Barriers accessing health care
- High rates of stress, trauma, and mental health issues
- High rates of drug dependency
- Low use of mental health, counselling and drug treatment services

***“A lot of depression...drugs is an easy way to not have to think about it”***

# POVERTY AND SOURCES OF INCOME

- 79% did not complete high school. 12% still in school.
- Youth relied on a wide variety of stable and unstable/unsafe income sources



## HOMELESSNESS AND HOUSING:

- 44% of survey respondents experienced homelessness before their 16th birthday, 42% between the ages of 16 – 18
  - Reliance on a wide range of stable and unstable/unsafe sources of shelter utilized on a regular basis
  - Shelter sources impact on drug choices/practices
- “It’s so depressing being homeless I just wanted to get high. It didn’t matter on what.”*
- Safety issues are a major concern
  - Difficulty finding and maintaining housing

# CONFLICTS WITH THE LAW

*“The police are supposed to be there as an authority figure and they’re supposed to be there to help you out and if you’re being assaulted by them you’re not going to trust anybody”.*

- Youth experienced negative and positive interactions with individual police officers
- High rates of imprisonment
- Poor health care and discharge planning
- Continued use of drugs while imprisoned

# SOCIAL STIGMA

*“We don’t want society looking down upon us so we just don’t reach out for help”*

- Sexual orientation, gender identity, race and ethnicity
- Homelessness, poverty, incarceration, sources of income, mental and physical health conditions
- Identification as drug users, including type of drugs and methods of use

*“People think we are trash. People jump right to conclusions... because you are doing drugs, you’re scum of the earth”.*



## TRANSITIONING YOUTH:

- Lack of comprehensive discharge planning and transitioning supports (esp. 2<sup>nd</sup> stage services)
- Difficulty navigating complex adult service systems
- Anxiety and fear that things won't work out and regression to early behaviours
- Fear of meeting new service providers
- Limited primary care services (closed client lists) and gaps in mental health services

# ABORIGINAL YOUTH

- Colonization, child welfare system, residential schools, trans/intergenerational trauma, poverty, stigma & discrimination has had significant negative effects on Aboriginal communities
- Lack of specialized services for Aboriginal youth, and cultural competency among staff
- High rates of:
  - Physical, sexual & emotional trauma
  - Exposure to familial violence & substance use
  - Mental health & substance use issues
  - Hepatitis C & HIV/AIDS
  - Homelessness
  - Incarceration

# LGBT2SQUI YOUTH

- Lack of specialized services for LGBT2SQUI youth, and cultural competency among staff
- LGBT2SQUI youth experience homelessness at a disproportional rate
- Family violence, homophobia and transphobia are identified as the primary causes of homelessness
- Increased threat of violence and harassment on the streets and in shelters
- Accumulation of stigma, prejudice, discrimination, and violence have negative consequences on LGBT2SQUI people throughout their life
  - Increased risk for suicide, STI's, substance use and mental health issues
  - Increased barriers to health services, including drug treatment

# BARRIERS

Youth experienced a wide range of barriers to accessing services/supports & practicing harm reduction:

- **Policy** (e.g. restrictive eligibility criteria, lack of funding for harm reduction)
- **Structural** (e.g. wait times/lists, limited service hours & locations,, lack of program options, transportation)
- **Attitudinal** (e.g. social stigma/discrimination, social networks, staffing & interpersonal relationships)
- **Knowledge** (e.g. lack of knowledge: services and risks)
- **Complex & Multi-dimensional** (e.g. homelessness & instability, fear of police)

*“I wanted to quit but growing up and not being anything... you don’t think you can do it ‘cause you’ve been beaten down by words so much that it’s like, what’s the point, right?”*

# YOUTH RECOMMENDATIONS

- Adoption of a harm reduction approach
- Responsive, comprehensive & flexible services
- Easier access (one-stop-shop, low threshold)
- Options & choices of youth programs & services
- Friendly faces and friendly places: hire peer-workers & staff with lived experience
- Youth speak out about receiving respect & fair treatment
- Target social stigma & discrimination
- Treatment instead of jail
- Secure funding

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- The Drugs, Homelessness & Health: Homeless Youth Speak Out About Harm Reduction report (Shout Clinic Needs Assessment) can be downloaded from the Wellesley Institute's website <http://www.wellesleyinstitute.com>