THE STREET HEALTH REPORT 2007

ResearchBulletin#3

HOMELESSNESS & CRACK USE

"That's all I was doing before, using crack all the time, just using to escape from my everyday life and to escape from my problems - homelessness, poverty, having nothing to look forward to except getting high. I finally got housing after 11 years - I'm not about to lose it. I'm proud of how much I've reduced my use, improved my life."

– Street Health Survey Peer Researcher and Crack Users Project Participant

NEARLY HALF OF HOMELESS ADULTS IN TORONTO REPORT REGULAR CRACK USE AND FACE MAJOR BARRIERS TO HEALTH CARE AND OTHER SERVICES

In a survey by Street Health of 368 homeless adults in Toronto, nearly half (49%) reported using crack cocaine regularly (3 or more times per week) in the past year. The study found that individuals using crack face severe health problems, social marginalization and housing instability as well as poor access to health care. It also found that homeless adults who use crack face worse access to shelter when compared with homeless adults who do not use crack.

About Crack Use

People of all income levels use crack and other substances for a variety of personal and systemic reasons. Drugs are often used to help people cope with illness, trauma, stress or pain and to relieve isolation and boredom. It is important to note that not all homeless people use drugs. In fact, 28% of the people in our survey said that they had not used any drugs regularly in the past year.

Crack is the street name for a crystallized form of cocaine that has been made into small lumps or rocks which can be smoked or injected. It gives a euphoric high that lasts five to ten minutes. Because crack is not a regulated substance, its actual content varies and may include other dangerous chemicals from crude processing. Individuals who use crack and who are homeless are at an increased risk for many health and social problems, including violence, diseases like Hepatitis C and HIV, malnutrition, criminalization, social isolation and mental health problems.

Ongoing myths and misconceptions that characterize crack users as chaotic and dangerous, coupled with the realities of a powerful addiction that can be difficult to control, have contributed to the intense stigmatization and marginalization of people who use crack. As a result, few treatment services or support options are available.

THE DAILY LIVES OF HOMELESS PEOPLE WHO USE CRACK

"Being homeless is dangerous and unhealthy. Street life is no life. People who give services don't care about you. You feel like nobody." – Survey Respondent

94% of homeless adults who use crack said they had used substances in the past year to relieve stress, pain or to feel better about their lives.

Homeless adults who use crack experience extreme levels of stress, social isolation and violence.

- 90% of homeless adults who use crack said they experience high levels of stress on a daily basis (compared with 39% of homeless people who do not use crack)
- 42% said they often feel very lonely or remote from other people
- 39% said that had no one to help them in an emotional crisis
- 42% had been physically assaulted at least once in the past year, an average of 4 times

The daily lives of homeless people who use crack are stressful, dangerous and lonely. A study by the Safer Crack Use Coalition of Toronto found that people who use crack began to do so primarily as a coping mechanism for relief from physical and mental pain, loneliness, depression and other health and social issues[1]. In our study, individuals who reported crack use were more likely than non-crack users to report using drugs in the past year for similar reasons. Ninety-four percent (94%) of homeless adults who used crack in our study said they had used substances in the past year to relieve stress, pain or to feel better about their lives, compared with 54% of non-crack users.

Homeless adults who use crack have worse access to shelter services and have difficulty meeting basic survival needs.

- 66% of homeless adults who use crack were unable to get a shelter bed at least once in the past year, a significantly higher rate than non-crack users in the study, 45% of whom reported the same
- In the past 30 days, 40% of homeless adults who use crack had slept outside and 9% had slept in an abandoned building at least one night, significantly higher when compared with non-crack users, 23% of whom had slept outside and 1% in an abandoned building in the same time period
- 46% of homeless adults who use crack reported going hungry at least once a week

Homeless adults who use crack are homeless longer and are more likely to cite their own substance use as a reason they became and remain homeless.

- Homeless adults who use crack had been homeless an average of 6 years, significantly longer compared with 3.5 years for homeless adults who do not use crack
- Although poverty is the leading reason homeless people in our study said they became and remain homeless, 34% of homeless adults who use crack reported that their own alcohol or drug use was a reason they lost housing and 37% said their addiction was preventing them from finding or maintaining housing, significantly higher compared with 13% and 10% respectively for homeless people who do not use crack

Homelessness is not caused by crack use alone. People of all income levels use crack. The worse shelter access and increased difficulty maintaining housing reported by people who use crack in our study may not be because of crack use related behaviour, but because of circumstances and other factors related to drug use, such as discrimination by shelter providers and landlords. Other Canadian studies have also noted that discrimination by housing providers on the basis of poverty, homelessness and other related issues is a growing problem[2].

Homeless adults who use crack reported high rates of drug use other than crack.

- 69% of homeless people who use crack reported using at least one other drug regularly other than marijuana
- The most commonly used drugs include: marijuana (cited by 60%), cocaine (52%), heroin (14%), morphine (18%), oxycontin (25%) and other opiates (25%)
- 30% of crack users said they had injected drugs in the past year, a significantly higher rate when compared with non-crack users, 7% of whom reported the same

[1] *Goodman D. 2006. Toronto Crack Users Perspectives: Inside, Outside, Upside Down: A study by the Safer Crack Use Coalition (SCUC). Toronto: SCUC.*

[2] *Novac S et al. 2002. Housing Discrimination in Canada: What Do We Know About It? Research Bulletin #11. Toronto: Centre for Urban and Community Studies.*

Given their difficult daily lives, it is not surprising that homeless people who use crack also use other drugs. Using multiple drugs in combination can be especially dangerous as each drug may enhance the other, exaggerate the effects of both, or produce a unique reaction with negative consequences. Many crack users report that marijuana reduces the impulse to use crack. The high rate of marijuana use among homeless people who use crack in our study could mean that people are using this as a type of harm reduction method by substituting a harmful substance with one that is arguably less harmful.

THE HEALTH OF HOMELESS ADULTS WHO USE CRACK

80% of homeless adults who use crack reported having at least one serious physical health condition [3].

Homeless adults in our survey who used crack reported high rates of many serious health issues.

Key chronic or ongoing physical health conditions

Homeless adults in our survey who use crack regularly compared with non-crack users

	Crack User	Non-Crack User
Health of teeth and mouth is fair or poor	72%	53%
Problems with feet	42%	30%
Hepatitis C	35%	10%
Asthma	24%	17%
Heart disease	21%	19%
Pneumonia	21%	11%
Chronic Obstructive Pulmonary Disease (COPD)	20%	13%
Inactive or latent Tuberculosis	11%	4%
HIV positive	4%	1%
AIDS	2%	1%

Hepatitis C rates among homeless adults who use crack are 2.5 times higher compared with non-crack users. HIV rates are 3 times higher.

Hepatitis C rates among homeless people who use crack are more than 40 times higher than in the general Canadian population. HIV rates are more than 600 times higher.

Crack use is associated with many serious health risks including Hepatitis, HIV and respiratory problems. One of the most common ways that Hepatitis C and HIV are transmitted is through the sharing of drug-use equipment such as needles, straws and pipes. One third of people who use crack in our study said they had not been able to get safer drug-use equipment at some point in the past year. Although drug users are at increased risk for acquiring Hepatitis C and HIV, prevention efforts have largely ignored this group.

While some health problems are related to crack use, in many cases the pain and stress of other untreated health problems may be contributing to crack use. It is possible that many people are self-medicating because they can not get adequate care for their health issues.

BARRIERS TO HEALTH CARE & SOCIAL SERVICES

"As soon as a doctor sees that I am a drug user they discriminate automatically. You can just see the look on their face change." – Survey Respondent

Homeless adults who use crack do not have a stable source of primary health care.

- 63% do not have a family doctor
- 60% had used a hospital emergency department in the past year, an average of 5 times
- 24% had been hospitalized at least one night in the past year, an average of 2 times

Homeless adults who use crack face discrimination and poor treatment from service providers.

- 24% of homeless adults who use crack reported having had at least one negative experience with hospital security, including being told to go away, verbally assaulted, physically removed or beaten up

[3] *A "serious physical health condition" was defined as any of 22 serious conditions, including: cardiovascular and respiratory diseases, hepatitis and other liver diseases, gastrointestinal ulcers, diabetes, anemia, epilepsy, cancer and HIV/AIDS.*

- 50% of homeless adults who use crack said they had been judged unfairly or treated with disrespect by a health care provider in the past year. The most common reasons people felt they were discriminated against were because of their use of alcohol or drugs or because the health care provider thought they were drug-seeking, cited by 72% of those who experienced discrimination

Harm Reduction: Reducing the harms associated with drug use

Harm reduction is a philosophy and model of service delivery aimed at reducing the spread of disease and other harms associated with drug use. It is any policy or program directed towards decreasing the adverse health, social and economic consequences of drug use without requiring abstinence. This includes programs such as needle exchanges or any other health or social service that does not deny someone access because of drug use.

Harm reduction includes providing drug users with access to sterile injection or smoking equipment, but it often extends to providing people with health information, referrals and access to other services. Harm reduction services provide an important point of connection between community health workers and marginalized people who use drugs.

Homeless adults who use crack report unmet addiction treatment and harm reduction support needs.

- 25% of homeless adults who use crack had tried to get into some kind of drug treatment in the past year but were unable to. Of those who had tried to get into treatment:
  - 65% said they could not get into detox
  - 42% said they could not get into a short term program
  - 38% said they could not get into a long term program
- 32% of homeless adults who use crack said they had needed a clean needle or safer crack use kit in the past year but had not been able to get one

Homeless adults who use crack are interested in programs that would help them to quit or stabilize their drug use or make it safer.

- 65% of homeless adults who use crack said they would use a program to quit drugs if it were available, for free, in the places they spend time like shelters and meal programs
- 64% said they would use a free harm reduction program
- 67% said they would use a safe consumption site if it were to open in their neighbourhood

Access to treatment programs is a significant problem for homeless people in our survey who use crack, despite an expressed need for this type of health care service. There are few treatment options available for homeless people with addiction issues of any kind in Toronto. The City of Toronto has the lowest number of detox beds per person when compared with other cities in Canada[4]. There are between 90 and 100 detox beds available for men and only 30 to 35 for women[5]. In addition, there are no crack specific treatment programs in Toronto. Discrimination by health care providers on the basis of substance use creates an additional and often insurmountable barrier for homeless people seeking treatment for their addiction or other health issues.

Compared with homeless adults in our study who do not use crack, homeless people who use crack regularly are:

- **homeless longer on average**
- **more likely to sleep outside or in a place not intended for human habitation**
- **more likely to cite drug or alcohol use as a reason for not being able to find and maintain housing**
- **more likely to report high levels of daily stress**
- **more likely to say that they self-medicate to relieve stress, pain or to feel better about their lives**

[4] *The Coalition Against Detox Closures. 2007. Key Facts. Toronto: The Coalition Against Detox Closures. Available at: http://www.xcom.hostingisfree.com/?Background:Key_Facts.*

[5] *Toronto Withdrawal Management Services System Central Access Number. 2007. Telephone Communication, June 8, 2007. Toronto.*

Canada's Drug Policy Environment

Across Canada, prohibition and harsh criminal drug laws have been at the centre of government policy responses in dealing with drug use for many years. Instead of viewing drug use and addiction as health issues and providing drug users with treatment and support, the government largely criminalizes drug use behaviour and puts people who use drugs in prison[6].

In recent years, a more holistic, 'four pillars' approach to substance use that includes prevention, treatment, harm reduction and enforcement has been endorsed by various cities across Canada. "The Toronto Drug Strategy", which was adopted by City Council in December 2005, provides a comprehensive approach to alcohol and other drug use based on the 'four pillars' but funding remains heavily focused on its enforcement components. Still, this policy stands in stark contrast to the current federal government's "Anti-Drug Strategy", which was unveiled in October 2007 and eliminates harm reduction components and funding altogether.

SOLUTIONS

Homeless people who use crack face multiple obstacles to obtaining health care and additional barriers to homeless services compared with the general homeless population. People in our survey said that they want treatment for their substance use but there is a serious shortage of detox beds and other treatment options. Discrimination by service providers isolates crack users even further within the already-marginalized homeless population and creates another serious barrier to accessing services. There is a need for services that operate from a non-judgmental, harm reduction perspective and that are crack-specific. In addition to providing people with access to appropriate health care and homeless services, providing people with housing and other supports will be what ultimately enables them to reduce or eliminate their drug use.

The following recommendations would help to improve the health of homeless people who use crack and address some of the root causes of substance use. The City of Toronto has already developed a comprehensive strategy to address substance use issues for the general population of Toronto. The Toronto Drug Strategy includes multiple recommendations aimed at marginalized and street involved drug users that should be implemented immediately[7]. Some of these recommendations are reflected in this bulletin.

HEALTH CARE & TREATMENT

Despite their poor health, homeless people who use crack cannot access the health care they urgently need. Many substance treatment programs have moved towards home-based models which require people to have a safe, stable place to live and people to support them. This type of model does not work for homeless people. In addition, few services focus on crack use specifically, despite it being the most commonly used substance by homeless people in our survey. Sensitizing service providers regarding issues of crack use would reduce its stigma and eliminate a significant barrier to treatment. Access to primary care that is comprehensive and non-judgemental would help homeless people who use crack to improve their health, stabilize their lives and reduce their substance use.

1. Ontario Ministry of Health Long-Term Care (MOHLTC) and Toronto Central Local Health Integration Network (LHIN) should provide funding for **additional detox beds**. Spaces should be designated specifically for people who use crack.
2. Ontario MOHLTC and Toronto Central LHIN should provide funding for **more short and long-term residential treatment programs** to support people with crack addictions. These services should **provide ongoing follow-up and long-term supports of diverse forms and flexible models**.
3. Ontario MOHLTC and Toronto Central LHIN should **create and expand alternative models of community-based mental health and addictions services**, including outreach, peer run services, 24-hour crisis support and case management that address the social determinants of addiction.
4. Ontario MOHLTC and Toronto Central LHIN should adequately fund and **expand comprehensive, multidisciplinary, low-barrier models of health care**, such as Community Health Centres and Family Health Teams. These services should: provide easy access for homeless people who use drugs through practices such as unscheduled walk-in hours and no health card requirements; include expanded community health work such as outreach, harm reduction and case management; and offer services at night and on weekends.

[6] *Canadian HIV/AIDS Legal Network (2002). Brief to the House of Commons Special Committee on Non-Medical Use of Drugs: Injection Drug Use, HIV/AIDS, and HCV. February 19, 2002. Available online at www.aidslaw.ca*

[7] *City of Toronto. 2005. The Toronto Drug Strategy. Toronto: Toronto Drug Strategy Advisory Committee. Available at www.toronto.ca/health/drugstrategy.*

5. Public Health Agency of Canada, Ontario MOHLTC and Toronto Central LHIN should **ensure mandatory education and training on substance use for health care and other service providers**. This includes not only physicians but also nurses, people working in addictions and mental health, corrections staff, and health care and social service providers at community-based organizations.

SCUC: Advocating & educating for the rights of marginalized crack users

The Safer Crack Use Coalition (SCUC) of Toronto is a coalition of community-based organizations, front-line workers, harm reduction activists, crack users and researchers. SCUC was formed in 2000 in response to growing concerns about the health and well-being of marginalized crack users. In addition to its pioneering work which established the distribution of safer crack use kits across Toronto, another central activity of SCUC is education. SCUC conducts customized educational workshops for health care and social service providers on the health and social issues of crack users. These workshops are delivered in-part by crack users themselves and have helped to foster positive relationships between marginalized crack users and service providers.

An outreach worker hands someone a safer crack use kit and a safer injection kit. The kits include information on disease prevention practices and safer smoking or injecting equipment such as clean syringes, glass stems and alcohol swabs.

HARM REDUCTION SERVICES

Requiring people to abstain from substance use before allowing them to access health and social services is unrealistic and discriminatory. Harm reduction can include abstinence but does not require it as a starting point for enabling people to take better control of their drug use and for living healthier lives. Harm reduction programs in Toronto do not have adequate or stable funding and remain largely grassroots. Homeless crack users in our study reported an unmet need for harm reduction services.

6. Public health authorities at all levels of government, Ontario MOHLTC and Toronto Central LHIN should **create new and expand existing community-based harm reduction programs** so that they are adequately resourced to provide safer drug use supplies, information, support and training activities for people who use drugs through outreach services and peer-led user support programs. This should include specific funding for the involvement of peers in the development and delivery of education and harm reduction programs.
7. Toronto Public Health should **expand and make more comprehensive, services for crack users** through extended hours and additional locations where the distribution of safer crack use supplies can take place.
8. The City of Toronto should **establish a supervised consumption site for crack users**. This site could act as a pilot and be evaluated to determine whether or not this service will help reduce the harms associated with substance use and if multiple sites are needed.

The Crack Users Project: creating a healthy space for crack users

The *Crack Users Project* is an innovative, community-based peer support program in Toronto that has enabled street involved drug users to reduce many of the harms associated with the use of crack cocaine and improve their access to physical and mental health services.

The project is a collaboration between Regent Park Community Health Centre and Street Health. Its two major components are a drop-in exclusively for crack users and harm reduction training activities for smaller groups of project participants. Integrated into both of these components is the provision of services and supports, which address and improve all aspects of participants' health. This includes access to health care, peer support, individual counselling, housing support, healthy food and opportunities for pro-social behaviour.

Participants in the *Crack Users Project* report an improved sense of self-worth, greater awareness of crack use issues and safer crack use practices, an increased sense of community, a reduction in crack use and a more positive outlook on life.

SHELTERS & DROP-INS

Until housing and income security are adequately addressed, improvements to services for homeless people are needed. Homeless adults who use crack reported significantly worse access to shelters than the general homeless population. Flexible and more supportive shelter models, that acknowledge the reality of substance use by some people who are homeless, are necessary.

9. Ontario Ministry of Community and Social Services (MCSS) and City of Toronto Shelter, Support and Housing Administration (SSHA) should **increase the total number of beds in the shelter system**, including an increase in the number of **shelter beds that operate from a harm reduction philosophy** and specific shelter spaces designated for people who use drugs. All City-funded shelters should distribute harm reduction supplies and offer harm reduction programs as part of shelter services.
10. City of Toronto SSHA and the federal government's Homelessness Partnering Strategy should provide adequate funding to **ensure that meal programs and drop-ins can expand their hours, and increase the quantity and quality of food served**. Specific funding should be made available to encourage meal programs and drop-in programs to operate from a harm reduction philosophy and with harm reduction programs and supports.
11. City of Toronto SSHA and the federal government's Homelessness Partnering Strategy should provide funding and require staff at community-based meal programs and drop-ins that provide services for homeless adults to attend **education and training on substance use issues**.

INCOME

People of all income levels use drugs. People become homeless and stay homeless largely because of poverty. Although substance use was a reason that respondents in our survey gave for becoming and remaining homeless, more people cited economic reasons. Current social assistance benefits and even full-time minimum wage work do not provide enough income for people to meet their basic needs. People need adequate incomes in order to stabilize their lives, manage their addictions and take care of their health.

12. Ontario Ministry of Labour should **raise the minimum wage** rate to $10 an hour immediately, then index and adjust the wage annually to meet a minimum standard of living.
13. Ontario MCSS should **raise benefit levels for Ontario Works and the Ontario Disability Support Program** by at least 40% to reflect a minimum standard of living, then index and adjust rates annually to meet this minimum standard of living.
14. Ontario MCSS should **reinstate addiction as an eligible disability** under the Ontario Disability Support Program.

HOUSING

People need adequate, affordable housing in order to stabilize their lives and be healthy. While there are many things that could be done to improve the health of homeless people who use crack, some of which relate directly to their addictions, like better access to treatment, there are other fundamental things that need to be done such as providing people with a stable and supportive place to live. Our study found that homeless people who use crack are homeless longer and have more difficulty maintaining housing compared with homeless people who do not use crack. There is an urgent need for more housing options for low income people who use drugs.

15. The City of Toronto, with adequate funding from the Governments of Canada and Ontario, should **build harm reduction housing** designed to accommodate and support people who use drugs. This would include options such as self-contained units, a no-eviction policy and multidisciplinary teams of housing support. Existing models, such as the harm reduction housing run by the Portland Hotel Society in Vancouver, could serve as examples.
16. The City of Toronto, with adequate funding from the Governments of Canada and Ontario, should **increase the overall availability of affordable and adequate housing**. This should include the construction of new affordable homes, improvements to sub-standard existing social housing and rent supplements that follow the individual rather than the housing unit.
17. The City of Toronto and Toronto Central LHIN, with adequate funding from the Governments of Canada and Ontario, should **increase the availability of supportive housing**. This housing should be affordable, well-designed and have specific support services in place to accommodate individuals with physical and mental health needs, as well as housing which supports people with crack and other substance use issues.

The Street Health Report 2007

The findings in this bulletin are from a research study conducted in the winter of 2006/2007 by Street Health on the health status and access to health care of homeless people in Toronto.

A representative, random sample of 368 homeless adults were surveyed about their health and access to health care at 26 different shelters and meal programs across downtown Toronto.

The Street Health Report 2007 provides a comprehensive overview of the physical and mental health, well-being, access to health care, and daily realities of homeless people in Toronto. The study found that the health and access to health care of homeless people is very poor and has gotten worse over the past fifteen years.

This study was conducted by Street Health in partnership with the Wellesley Institute.

A copy of *The Street Health Report 2007* is available at www.streethealth.ca.

About Survey Respondents

In total, we surveyed 178 people who reported regular crack use (3 or more times per week) in the past year. The average age was 41 years with an age range of 19 to 66 years.

- 77% identified as male
- 23% identified as female
- 1% identified as transgender or transsexual

Our survey was conducted at single adult emergency shelters. For this reason, homeless families, youth and newcomers are likely underrepresented in our findings.

Funding for this bulletin was generously provided by:

WELLESLEY INSTITUTE
advancing urban health

METCALF FOUNDATION

Human Resources and Social Development Canada / Ressources humaines et Développement social Canada

Homelessness Knowledge Development Program of the Homelessness Partnering Secretariat

CIHR IRSC
Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

Interdisciplinary Capacity Enhancement Grant on Homelessness, Housing and Health

The views and opinions expressed in this bulletin are the views of Street Health and do not necessarily reflect those of the funders listed above.

Who Is Street Health?

Street Health is an innovative, community-based health care organization providing services to address a wide range of physical, mental, and emotional needs in those who are homeless, poor and socially marginalized in Toronto.

The Street Health Report 2007 Research Bulletin #3: Homelessness & Crack Use. Street Health. Toronto: October 2008.

This bulletin was prepared by: Erika Khandor and Kate Mason. Project Team: Sandy Alcott, Wendy Babcock, Laura Cowan, Kevin Dickman, Zoë Dodd, Nick Falvo, Beric German, Danielle Koyama, Jim Meeks, Brandi Nashkewa, Beth Pelton, Lorie Steer, and Paula Tookey.

Copies of this bulletin and related documents can be downloaded from our website.

Street HEALTH
Together We Can Make It Work

338 Dundas Street East
Toronto ON M5A 2A1

(416) 921-8668

info@streethealth.ca
www.streethealth.ca