

Substance Use and Homelessness: An Inner-City Group Discussion on Marginalization in Healthcare Practices

Nardin Hanna, Breton Burke

Faculty of Medicine, University of Ottawa, Ottawa, Ontario, Canada

ABSTRACT

Addictions recovery services like the Ottawa Inner City Health Managed Alcohol Program increasingly utilise harm reduction strategies within their care, with strong evidence of success. These harm-reduction strategies provide compassionate substance use recovery services to inner-city individuals who cannot or will not access mainstream care due to stigma. Addictions recovery programs cannot be used to replace mainstream healthcare, however. As such, it is necessary for healthcare professionals to improve accessibility by promoting compassionate healthcare practices and by becoming allies to this population. This study involved a qualitative discussion group composed of 15 individuals utilizing various substance use support programs in Ottawa. The focus of discussions were various strategies to reduce stigma against inner-city individuals, support illicit drug users, and prevent overdoses. Our research suggests that healthcare professionals are well positioned to ensure these strategies are put to action by advocating for patients with substance use issues and promoting equitable healthcare. These initiatives can reinforce the notion of healthcare professionals as allies to inner-city individuals with substance use disorders and further promote a positive environment conducive to improved healthcare accessibility in these populations.

RÉSUMÉ

Les services de traitement de la toxicomanie, tel que le programme de gestion de l'alcoolisme dans les centres de santé du centre-ville d'Ottawa, incluent de plus en plus des stratégies de réduction des méfaits au sein de leurs soins, avec de solides preuves de leur succès. Ces stratégies de réduction des méfaits fournissent des services de rétablissement liés à l'usage de substances aux personnes venant des quartiers défavorisés qui ne peuvent, ou ne veulent pas, accéder aux soins classiques en raison des stigmas qui les accompagnent. Les programmes de traitement de la toxicomanie ne peuvent toutefois pas remplacer les soins de santé habituels. Ainsi, il est essentiel que les professionnels de la santé améliorent l'accessibilité en promouvant des pratiques de soins empreintes de compassion et en devenant des alliés de cette population. Cette étude se repose sur un groupe de discussion qualitatif composé de 15 personnes utilisant divers programmes d'aide à la toxicomanie à Ottawa. Les discussions ont porté sur diverses stratégies visant à réduire les stigmas à l'égard des habitants des quartiers défavorisés, à soutenir les consommateurs de drogues illicites et à prévenir les surdoses. Nos recherches suggèrent que les professionnels de la santé sont bien placés pour veiller à la mise en œuvre de ces stratégies tout en plaidant en faveur des patients toxicomanes et en promouvant des soins de santé équitables. Ces initiatives peuvent renforcer la notion des professionnels de la santé comme alliés des personnes du centre-ville atteintes de troubles liés à l'utilisation de substances et promouvoir davantage un environnement positif propice à un meilleur accès aux soins de santé pour ces populations.

Upon entering the front doors to the lobby of The Oaks shelter, you will typically see a long line of adults waiting in front of a reception desk. Despite the busyness, the reception area will be still and quiet, as the line-up waits in anticipation. These individuals are waiting for their hourly allocation of alcohol as designated by Ottawa Inner City Health's (OICH) Managed Alcohol Program (MAP). The purpose of this program is to provide an alcohol addiction recovery service to inner-city individuals who cannot or will not otherwise access mainstream health services. Although this approach may

seem counterintuitive, administering managed amounts of alcohol to people with alcohol addiction is an evidence-based strategy developed from the harm reduction model of addictions, with the goal of reducing harm to the person rather than eradicating socially unacceptable behaviours (1). This harm-reduction approach has been effective at reducing alcohol dependence, decreasing morbidity and mortality, and significantly lowering healthcare costs associated with alcohol abuse across the country (2). In Ottawa specifically, the MAP has resulted in a 36% decrease in ER visits for trauma, convulsion and intoxication; a 51% decrease in police encounters; and a

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statistically significant decrease in alcohol consumption for participants from a mean of forty-six drinks per day to eight (3).

This approach stands in stark contrast to the moral model of addictions previously used in mainstream healthcare which considered addictions to be a social or criminal problem separate from health (4). This moral perspective on disease resulted in the disconnection of substance use as a facet of healthcare, and instead largely offloaded care of individuals with addictions to law enforcement or involuntary hold psychiatric facilities (5). This had the unfortunate outcome of stigmatizing substance use and ostracizing patients (4).

The result of this marginalization is that homeless people with substance use disorders (HPWS) are discouraged from accessing care in traditional healthcare settings, such as clinics and hospitals, until absolutely necessary (6). Consequently, as many as 38% of HPWS reported having unmet physical and mental needs (7). In the context of inner-city patients, who face a higher burden of chronic disease, particularly substance use, this is especially detrimental (8). Many inner-city individuals have suffered irreversible health outcomes from years of healthcare neglect and unmet health needs.

The evidence of this healthcare neglect pervades the lobby of The Oaks. Many of the inner-city residents now have speech impairments or difficulties with dialogue as a result of cognitive damage from years of alcohol or illicit substance use and overdose. There are some who have discolored or missing teeth due to a lack of dental care and education. Others have had traumatic limb amputations and gait instability from unmanaged chronic conditions like diabetes or peripheral vascular disease. These individuals likely all require a team of medical specialists to manage their complex physiologic and psychiatric comorbidities. However, due to their complex social and substance use background, they cannot benefit from the mainstream healthcare system when it is not prepared to address these challenges adequately. This healthcare inaccessibility is unacceptable, especially in a country such as Canada where the Canada Health Act mandates equal accessibility as a guiding principle of its universal health system.

While programs like MAP have been helpful in providing practical and compassionate substance use recovery, it is necessary to integrate mainstream healthcare services to address the unmet health needs of inner-city HPWS (5).

As such, in striving to achieve health equity, healthcare professionals need to advocate for more compassionate models of healthcare delivery. By employing or advocating for a compassionate harm reduction approach, healthcare professionals can reduce the marginalization felt by HPWS and consequently improve accessibility of healthcare in these populations.

Given that the development of harm reduction approaches had their origin through the grassroots advocacy of HPWS themselves, a qualitative discussion group consisting of inner-city HPWS was assembled to identify key factors affecting healthcare accessibility (4). This discussion group was assembled during the OICH's weekly optional health literacy session and consisted of 15 inner-city individuals utilizing substance use harm reduction programs. The discussion questions were introduced by OICH staff and participants were permitted to participate as much or as little as they liked. The focus of this group was to identify some key factors affecting healthcare utilization in homeless HPWS and potential solutions or healthcare priorities to improve healthcare access, utilization, and satisfaction.

An Inner-City Group Discussion on Substance Use and Marginalization in Healthcare

Reducing Stigma

One of the primary aims of this group discussion was to address some of the barriers which make it difficult for inner-city persons to access healthcare services for their substance use. When asked about factors affecting accessibility to addictions recovery services, the group was candid about discrimination in healthcare settings. The discussion group emphasized the importance of reducing stigma against inner-city individuals, specifically those with substance use. In fact, they reported that poor treatment has previously been a barrier which has prevented them from accessing healthcare. This perceived mistreatment is widespread, with as many as 40% of homeless people reporting that they faced discrimination from a healthcare professional within the last year (9–11). Specifically, HPWS reported feeling dehumanized, unwelcome, and severely mistreated in healthcare settings (6). They also reported that healthcare professionals were not willing or able to address the full extent of their concerns (6). In a qualitative study on perceptions of homeless people in healthcare settings, one patient describes "I got treated [poorly] the first time over there, and I'm not going through that again. I'd rather sit here and [...] die on a bench than go

over there” (6). As such, it is evident that until marginalization and stigma are eliminated from healthcare settings, HPWS will be discouraged from accessing care and health inequity will continue to be significant in this vulnerable population.

Advertising Open-Door Policies

In addition to reducing the discriminatory behaviours of health workers, healthcare policy and practice must be revised to better support patients with substance use disorders and promote safer personal drug use. The group suggested that supportive and non-punitive approaches to policy making would be the most helpful to individuals with active substance use problems. For healthcare workers, one such practice change suggested was to employ more ‘open-door’ policies where users can talk freely about their own drug use without fear of consequences or stigma. Although there are currently no laws on mandatory reporting of illicit substance use for physicians in Canada, it is important to alert HPWS to this, so that they feel welcome to openly discuss these issues.

Decriminalization of Drug Use

The group further suggested complete decriminalization of drug use as a potential strategy for improving user safety. Decriminalization has gained popularity after its success in Portugal in decreasing illicit drug use and minimizing harm related to substance use (13). The decriminalization of drugs has the potential to promote safety because it can avoid risky needle-sharing practices that are commonly used in informal ‘underground’ settings (14). This can prevent the spread of diseases like HIV or Hepatitis C, which are commonly transmitted amongst injection drug users, thereby promoting positive health outcomes (14). In addition, decriminalization and rehabilitative approaches to drug use may decrease stigma and encourage more patients to seek help from public healthcare services (14). This is a controversial suggestion, however, because it has never been trialed in Canada for substances other than marijuana.

Enlisting Peers into Care

Another strategy suggested by the group discussion to enhance drug user safety was to create community initiatives which connect individuals with lived experiences of substance use and addictions. The group had positive perceptions of their peer overdose prevention program and recommended others like it. This program recruits and trains recovering inner-city individuals to distribute safe injection kits and counsel friends on their use, in known drug use hotspots. Peer-based

programs have been used within Canada for mental health and addictions services with significant success (15). Programs which involve others who currently share or have shared similar struggles can help patients to feel more comfortable and less distrustful when accessing care. In fact, the literature has demonstrated that the use of peer-support addictions services results in increased treatment follow-through rates and more long-term success (16). These programs also have the potential to provide benefit to the support workers themselves, both through a source of income and by providing them with a sense of community. Healthcare professionals can incorporate this into their practice by initiating and facilitating peer support communities for HPWS, as well as counselling patients on the importance of securing a support system.

Safe Injection Sites

In cases where individuals refuse to change their substance use behaviours or to access care for their addictions, healthcare professionals may only be able to support the well-being of these patients by preventing fatal overdoses or developing more effective overdose response plans. The discussion group explained that one significant way to prevent overdoses is to prevent cuts to harm reduction programs. They specifically mentioned that services such as ‘The Trailer’, an OICH supervised injection site in the ByWard Market, Ottawa, Ontario, would help better protect individuals using injection drugs from overdose. This point is well supported in the literature, which has shown that the use of supervised injection sites decreases the number of overdose deaths, skin-related infections, and HIV transmissions of injection drug users (17). In Canada, supervised injection sites operate in only 5 provinces: Alberta, British Columbia, Québec, Ontario and Saskatchewan (18). Healthcare professionals should continue to advocate for supervised injection sites in order to expand the accessibility of these services throughout Canada.

Non-Toxic Drug Supply

The discussion group also emphasized that the administration of a non-toxic drug supply would be helpful in preventing overdose as many drugs obtained illegally may have additional toxic substances which can lead to overdose. One common example of this is illegally-obtained opioids which have been found to contain toxic levels of fentanyl and have led to many deaths by overdose (19). Although routine practice suggests that healthcare professionals should identify drug-seeking patients and avoid administering drugs to them, this may encourage patients to buy drugs from unregulated sources,

which further exposes them to harm. Instead, healthcare professionals can refer or advocate for harm reduction services when possible. One such service is the OICH Managed Opioid Program, which supplies non-toxic pharmaceutical grade hydromorphone to those suffering from opioid addiction, who would otherwise be obtaining opioids from a non-regulated source. A similar program exists in Vancouver and has been validated as effective in the treatment of opioid use through the SALOME trial (20). Beyond these two programs there are very few harm reduction programs to address the toxic drug supply and as such, there is a need for physician advocacy to expand these services.

Naloxone Distribution and Overdose First Responders

In the case where an overdose cannot be prevented, the group suggested wide-spread naloxone distribution in public places like businesses and community centres and training for emergency workers on overdose response. Several studies which investigated the widespread administration of community naloxone kits and training have identified a significant increase in overdose recovery (21). While Canada has ensured the distribution of Naloxone to emergency workers and hospitals in all 13 provinces and territories, distribution of Naloxone kits to public spaces has not been as widespread (22). As such, it is important for healthcare professionals to continue to develop high quality evidence and engage in advocacy to ensure naloxone kits are readily available. Finally, the group also suggested that police should not be dispatched to overdose emergency calls, as this has the potential to deter people from calling for life-saving emergency services. Healthcare professionals can advocate for policy changes such as these to position themselves as allies of HPWS and promote greater use of healthcare services in emergency overdose situations.

CONCLUSION

In conclusion, it is essential that healthcare providers and allied health workers advocate on behalf of all individuals with substance use issues to ensure equal accessibility, which is a guiding principle of universal healthcare under the Canada Health Act. HPWS have faced and continue to face stigma within mainstream healthcare settings, which prevents them from accessing these services, and contributes to poor health outcomes in these populations. Although OICH's substance use programs have been helpful to HPWS, there is an additional need for more holistic substance use recovery programs, which address the extensive unmet

healthcare needs of this population. As suggested by the OICH discussion group, healthcare professionals are at the frontline of initiating changes like these as they can directly impact the marginalization experienced by patients through their interpersonal relationship with patients as well as by employing and advocating for compassionate harm reduction approaches in their practice. Strategies suggested by the group included reducing stigma, advertising open door policies; advocating for decriminalization; enlisting peers into care; promoting the use of safe injection sites and non-toxic drug supplies; and expanding naloxone distribution. Future research should evaluate the quality of evidence supporting these harm-reduction interventions to identify which strategies are most successful and which should be deprioritized.

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