UNDERSTANDING ADDICTION IN PERSONS WITHOUT HOUSING

A systematic analysis of the disproportionate substance abuse rates experienced by People without housing in Vancouver, British Columbia

Written By

Alex Stolz

Sheila Lam

THE UNIVERSITY OF BRITISH COLUMBIA

Map the System

TABLE OF CONTENTS

INTRODUCTION

Executive Summary

In 2021 the Government of Canada observed over 235,000 unhoused persons across the nation[1]. This is a 17.5% increase since 2005, mirroring the 18.6% increase in the general population over the same timespan[2]. As Canada's unhoused population grows cities, shelters, healthcare providers, and other support systems will be burdened with greater health concerns. The roots of these causes and barriers to unhoused persons health will be scrutinized in this report using a systems-thinking approach.

Key Terminology to Understand

Homelessness is an outdated monolithic term, still used by governments and other institutions. It oversimplifies the diversity of persons without housing and carries connotations perpetuating societal stigma. We will analyze in this report how this contributes to addiction. We will use terms such as **PERSONS WITHOUT HOUSING** or **UNHOUSED PERSONS**, as they help reduce stigma burden, but society is responsible for humanizing unhoused persons and recognizing their diversity.

Positionality

We are a team of two undergraduate students at the University of British Columbia. One member volunteers in a soup kitchen in the Vancouver Downtown Eastside directly supporting persons without housing, both with and without substance abuse issues. No members have been a person without housing.

Research Methods

Alongside an extensive literature review of academic journals, government publications, policy analyses, and media articles, two research initiatives. were conducted.

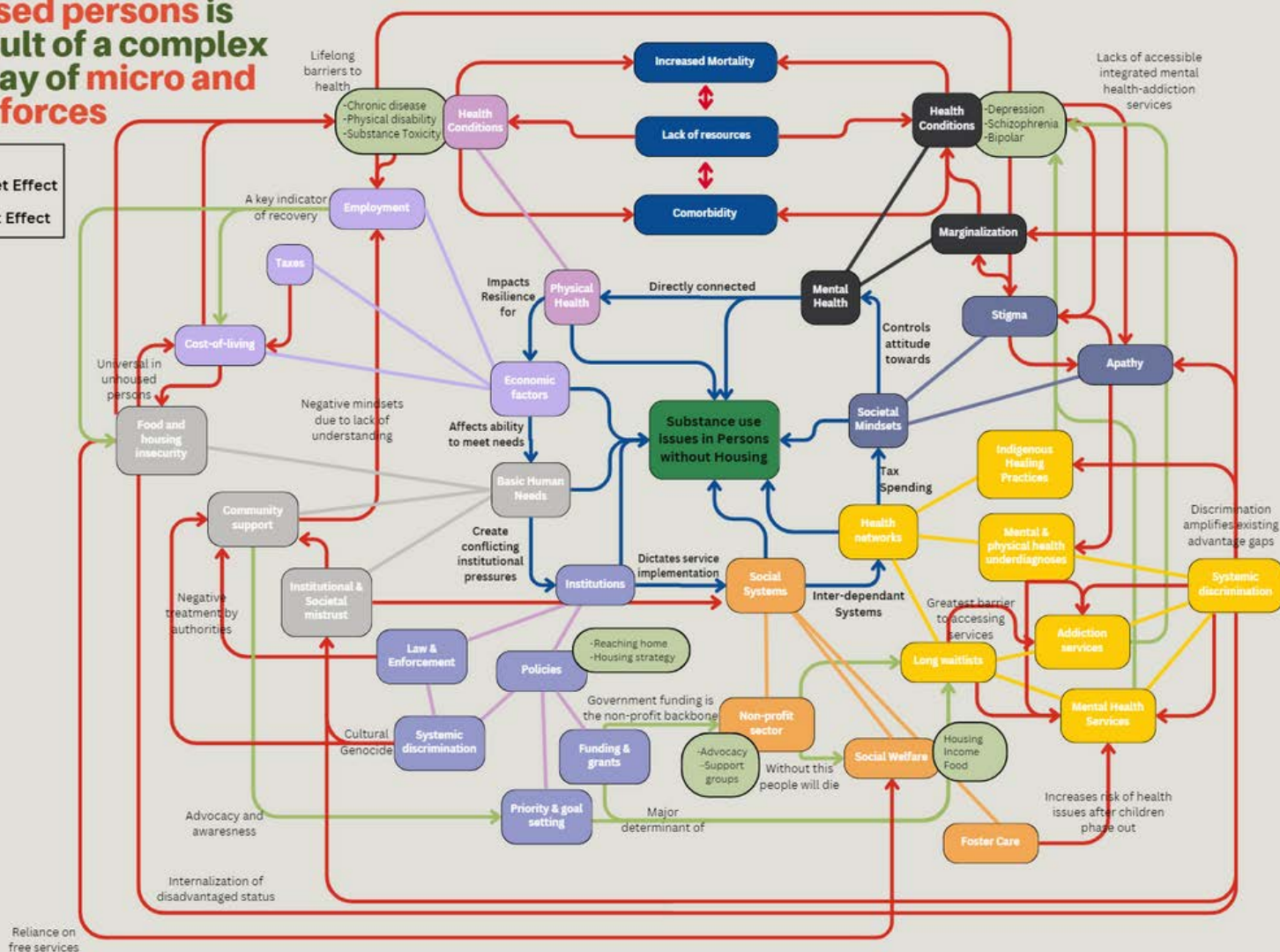1. An anonymous in-person survey in Vancouver's Downtown Eastside, regarding the impacts of substance use and impressions of available resources.
2. Connecting with addictions support services in Vancouver and assessing online information, regarding the development, implementation, efficacy, and funding of their services.

Appendix 1/2 details the research process and ethics

[1]Strobel et al., 2021
[2]Kalajdzieva, 2022

CHALLENGE LANDSCAPE

Substance use in unhoused persons is the result of a complex interplay of micro and macro forces

Legend
→ Negative Net Effect
→ Positive Net Effect

Lifelong barriers to health

- Chronic disease
- Physical disability
- Substance Toxicity

Health Conditions

Increased Mortality

Lack of resources

Comorbidity

Lacks of accessible integrated mental health-addiction services

Health Conditions
- Depression
- Schizophrenia
- Bipolar

A key indicator of recovery

Employment

Taxes

Impacts Resilience for

Physical Health

Directly connected

Mental Health

Marginalization

Stigma

Controls attitude towards

Cost-of-living

Universal in unhoused persons

Negative mindsets due to lack of understanding

Economic factors

Affects ability to meet needs

Substance use Issues in Persons without Housing

Societal Mindsets

Apathy

Indigenous Healing Practices

Discrimination amplifies existing advantage gaps

Food and housing insecurity

Basic Human Needs

Create conflicting institutional pressures

Community support

Institutions

Dictates service implementation

Social Systems

Tax Spending

Health networks

Mental & physical health underdiagnoses

Systemic discrimination

Negative treatment by authorities

Institutional & Societal mistrust

Inter-dependant Systems

Greatest barrier to accessing services

Addiction services

Law & Enforcement

Policies

- Reaching home
- Housing strategy

Government funding is the non-profit backbone

Long waitlists

Mental Health Services

Cultural Genocide

Systemic discrimination

Funding & grants

Non-profit sector

- Advocacy
- Support groups

Without this people will die

Social Welfare

Housing Income Food

Advocacy and awareness

Priority & goal setting

Major determinant of

Foster Care

Increases risk of health issues after children phase out

Internalization of disadvantaged status

Reliance on free services

CHALLENGE LANDSCAPE

Drivers of Substance Use Addressal

1. Ignoring the Diversity of People Without Housing
Homelessness is an umbrella term for people living in the streets, shelters, and temporary/precarious housing. Each of these subgroups have different resources, vulnerabilities, and needs that must be independently addressed[1] [2] (Appendix 4). Making matters more complicated, members within each subgroup can be affected by different social determinants of health such as ethnicity, gender, and age. Unfortunately this diversity is often overlooked and persons are lumped into 1 group, dubbed "homeless", receiving disgust and low empathy[3]. This perpetuates self-stigma, disrupting the continuum of care for addiction including: treatment seeking, choice of treatment, treatment retention, and treatment adherence[4]. It also decreases societal urgency to address substance use in the unhoused, with initiatives often being one-size-fits-all leading to poorer outcomes[5] [6] [7].

> **Barrier In Action**
> **Indigenous persons** are overrepresented in unhoused populations, and have experienced **unique cultural trauma**[6] [8]. As a result they **need unique support** such as integration of health systems with indigenous healing principles, but are **not getting it**[9].

2. Inadequate Addressing of Mental Health Issues
Mental health disorders (schizophrenia, anxiety, PTSD, etc.) are drivers for substance abuse. At the same time substance abuse can worsen mental health issues[10] [11]. This creates a positive feedback loop which unhoused persons are prone to enter, due to disproportionately high trauma and mental health issues[12]. Addiction services must use holistic approaches that address both addiction and mental health to break this cycle. Unfortunately these programs face challenges with patient complexity, cost, and finding/retaining qualified staff[13]. This is perpetuated by clinical underdiagnoses of comorbid mental health and substance use issues in low-socioeconomic status groups, which masks the pervasiveness of this issue and makes it difficult for unhoused persons to get comprehensive treatment[14]. Disjointed addiction services force unhoused persons to recall their stories and trauma to many staff. This can be emotionally distressing, decreasing the likelihood of seeking help and retention[15].
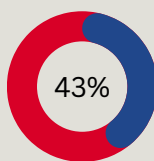
> **Barrier In Action**
> 43%
> Our research shows that addiction services in the Vancouver Downtown Eastside have **limited in-house mental health counselling** and **services**, with **43%** of clinics unequipped to deliver mental health services. (n=7)

[1]Strobel et al., 2021
[2]Miler et al., 2021
[3]Esker, 2021
[4]Wogen & Restrepo, 2020
[5]Harris, 2018
[6]Infrastructure Canada, 2020
[7]Adams et al., 2022
[8]Mauboules, 2020
[9]Gall et al., 2019
[10]National Institute on Drug Abuse, 2020
[11]Jones et al., 2020
[12]Gutwinski et al., 2021
[13]Foster et al., 2009
[14]Priester et al., 2016
[15]Adams et al., 2022

CHALLENGE LANDSCAPE

Barriers to Substance Use Addressal

3. Un-accommodating Support

For minority or low socioeconomic status individuals, diagnosis of mental health and substance use disorders can add additional burden of stigma to their already marginalized identity[1]. This is significant due to the disproportionate representation of minorities, especially indigenous, in unhoused populations[2]. There are also populations, especially elderly, with difficulty using technology[3]. These populations face specific challenges, but addiction treatment programs often don't perform unhoused population consultation when being designed which leads to non-accommodating care[4]. This leads to issues with digital exclusion, intercultural incompetency, and ultimately poor retention rates[5]. Even when accommodating care is available, it comes with long waitlists that prevent people from accessing them.

> **Barrier In Action**
> 50%
> Our research shows that residents of the Vancouver Downtown Eastside cite **"long waits for services"** as the **most common barrier** to addressing addiction (50%, n=18)

4. Housing and Security

Stressors such as food and housing insecurity dominate unhoused persons, taking priority over joining mental health and substance use programs[6]. Services for these stressors, such as shelters, are often perceived by governments as a final solution, but they don't consistently improve addiction & mental health issues[7]. They can actually increase relapse in certain circumstances. Employment is another major stressor, being commonly cited as a priority for unhoused persons with substance disorders[8]. It provides benefits such as lower relapse rates, less criminal activity, and the opportunity to identify as a valued and respected member of society (which is especially important for those suffering from dehumanization)[9]. Even if persons without housing find themselves motivated to work however, individual, structural, and organizational factors such as stigma impede them from finding employment[8].

> **Barrier In Action**
> **Group shelters** are environments where drug use is prevalent and dealers often target[4]. This **increases relapse risk**. Persons that isolate to maintain sobriety experience **negative mental health effects**, also pushing them toward substance relapse[4,10]. This is a shortcoming of drug enforcement and housing-only solutions.

Map the System 2023

[1]Eliason & Amodia, 2006
[2]Mauboules, 2020
[3]Harris, 2020
[4]Adams et al., 2022
[5]Miler et al., 2021
[6]Diduck et al., 2022
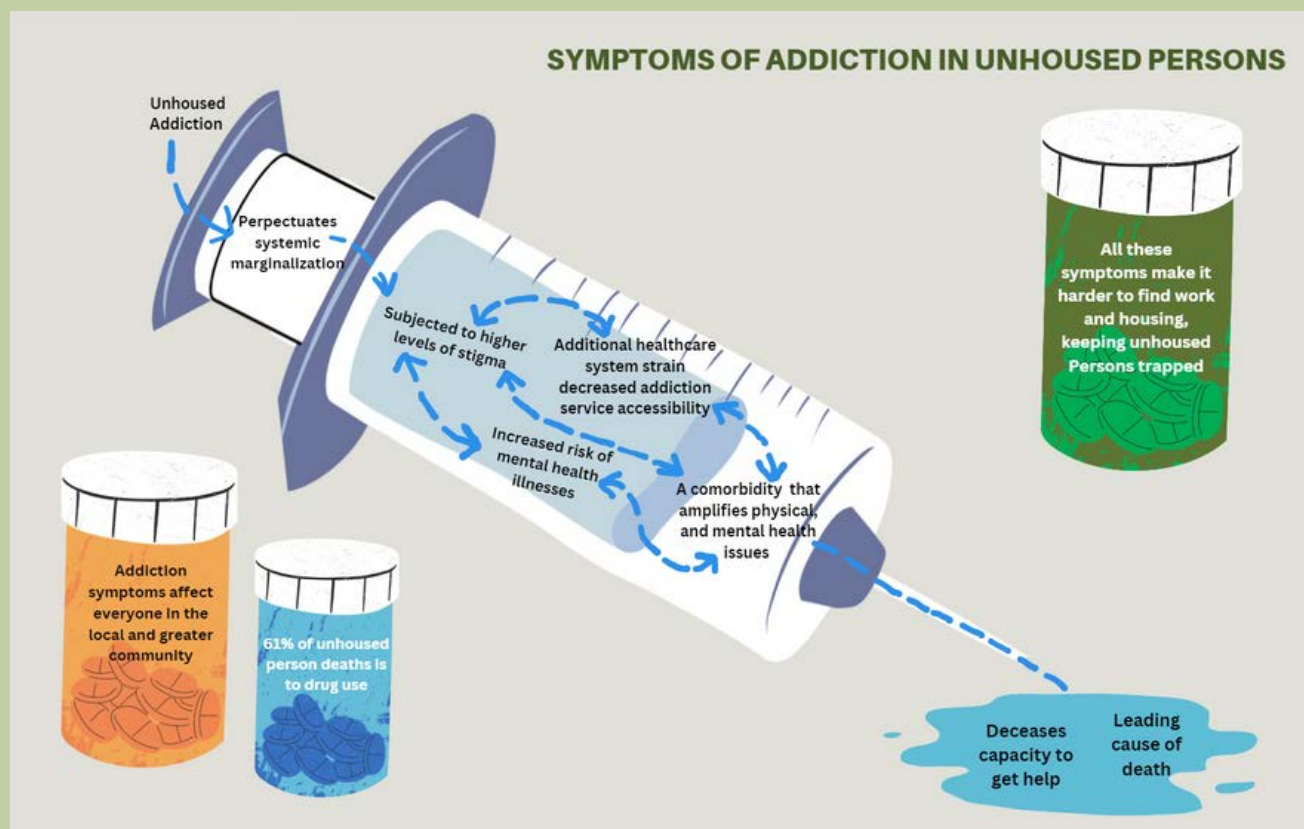[7]Benston, 2015
[8]Tiderington, 2020
[9]Laudet, 2012
[10]National Institute on Drug Abuse, 2020

CHALLENGE LANDSCAPE

Unhoused Substance Use Symptoms

SYMPTOMS OF ADDICTION IN UNHOUSED PERSONS

Unhoused Addiction

Perpectuates systemic marginalization

Subjected to higher levels of stigma

Additional healthcare system strain decreased addiction service accessibility

Increased risk of mental health illnesses

A comorbidity that amplifies physical, and mental health issues

Addiction symptoms affect everyone in the local and greater community

61% of unhoused person deaths is to drug use

All these symptoms make it harder to find work and housing, keeping unhoused Persons trapped

Deceases capacity to get help

Leading cause of death

1. Mortality

In 2021, 79% of deaths of persons without housing in BC, totaling 195 deaths, was due to illicit drug toxicity linked to addiction[1]. This number has been rapidly rising since the onset of the COVID Pandemic (Appendix 5).

2. Amplified comorbidity harm

60% of unhoused persons in Vancouver report comorbidities, with addiction being the most common health condition[2]. Addiction as a comorbidity amplifies the negative health impacts of other physical/cognitive disabilities and medical/mental illness[3]. It also significantly complicates condition management, making it increasingly difficult for treatment programs to adequately serve and retain those who need it[3]. Overall the decreased likelihood of receiving adequate care for health conditions makes it harder to find work and housing. The longer people spend unhoused the worse substance use rates and mental health become, creating a downward spiral that is difficult to escape[4][5].

[1]Farnworth, 2022
[2]Mauboules, 2020
[3]Valderas et al., 2009
[4]Employment and Social Development Canada, 2021
[5]HomelessHub, Mental Health (n.d.)

CHALLENGE LANDSCAPE

Substance Use Symptoms in Unhoused Persons

3. Perpetuating Marginalization

Systematically marginalized groups, especially Indigenous Peoples, are overrepresented in unhoused populations[1]. They are also at higher risks of mental health and substance abuse issues[2]. These diagnoses can be comorbid which amplifies the burdens of stigma on their already marginalized identity, creating a positive feedback loop. This perpetuates poor mental health, treatment avoidance, addiction, and unhoused overrepresentation[3].
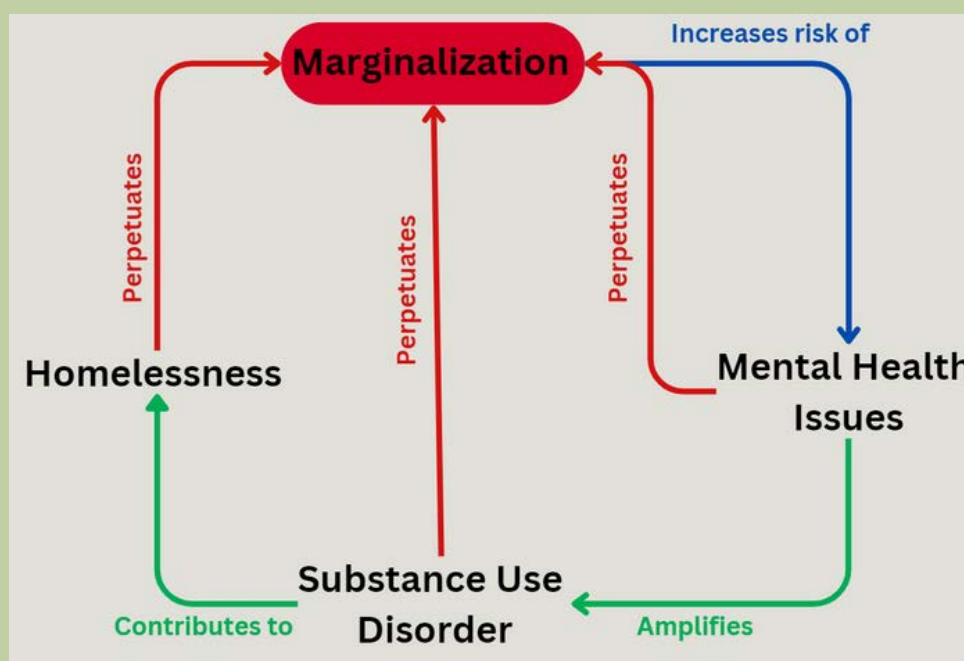
4. Healthcare system strain

Substance use and overdoses leads to constraints on healthcare system resources, especially emergency room nurses and physicians[4], and this trend is continuing to increase across Canada[5][6]. There are also huge waits for opioid use disorder treatments, up to 6 months, with it being even longer for provincial/subsidized programs[7]. High levels of substance use on the streets adds to the number of people who need, and are seeking, these services which further increases wait times. With longer wait times, people are less likely to access the services, leading to even more strain on healthcare systems[8].

Map the System 2023

[1]Mauboules, 2020   [5]Friesen et al., 2021
[2]Urbanowski, 2017   [6]BC Emergency Health Services, n.d.
[3]Eliason & Amodia, 2006   [7]CADTH, 2019
[4]CBC News, 2017   [8]Krausz et al., 2021

CHALLENGE LANDSCAPE

Stakeholders Involved

Substance Use in Unhoused Persons
Alcohol
Heroine
Opiodes
Cocaine

Legend
— One-Way Relationships
— Reciprocal relationships
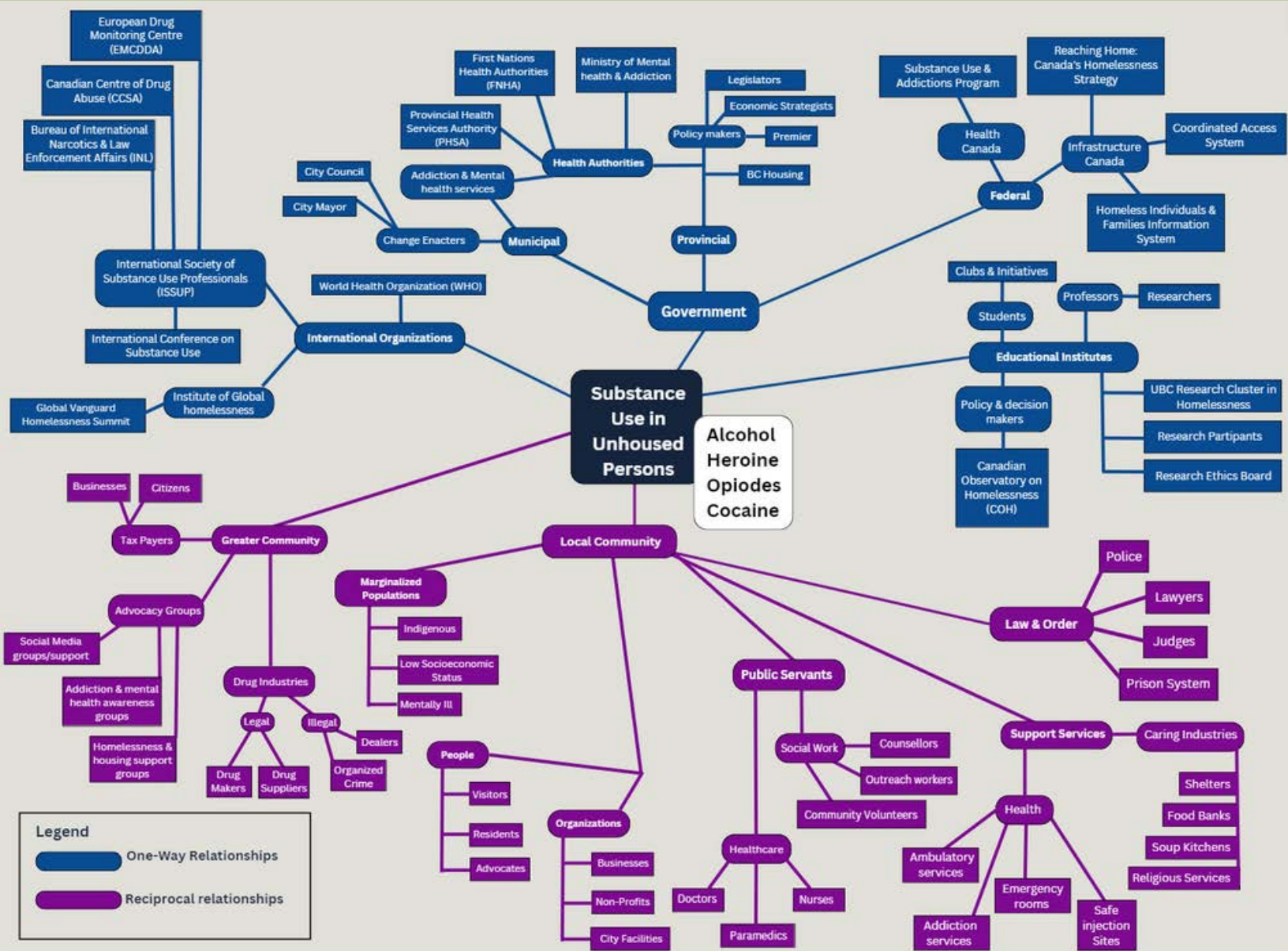
Groups impacted

Substance addiction in unhoused persons impacts every person, government, and organization in the greater community. This can be directly via neighborhood deterioration which affects residents and businesses, or indirectly with large portions of government budgets (derived from taxpayers and businesses) being allocated to unhoused persons experiencing addiction. In Vancouver this ranges from $37,000 to $55,000 per person[1]. This money could be spent on other services that improve citizen quality of life. Healthcare and social service workers are at the frontlines of unhoused health issues such as addiction, but have become increasingly strained with the progression of the opioid crisis[2][3].

Map the System 2023

[1]Mauboules, 2020   [3]BC Emergency Health Services, n.d.
[2]Friesen et al., 2021

CHALLENGE LANDSCAPE

Who Has the Most Power to Make Change

The government and associated health & housing authorities have the most ability to enact change to address unhoused substance use through policy changes and public service funding. Different levels of government have overlapping responsibility in areas such as housing, but other determinants of health are unique to just one level. Due to this, commitment and collaboration between Federal, Provincial, and Municipal Governments is critical to addressing all the complex, interplaying factors driving unhoused person addiction.

38%
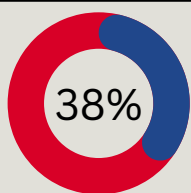
Cause for Concern
While governments have the most power to make change, our research shows only 38% of Vancouver Downtown Eastside Residents trust "government programs have their best interests in mind" (n=18). Governments must amend this to make progress, through avenues such as outreach & engagement.

Government action is a slow process however, with advocacy being necessary to inspire political will[1]. Homelessness Advocacy Groups, International Coalitions, and associated allies are at the forefront of inspiring positive change through raising trust and making suppressed voices heard.

Map the System 2023

[1]Cullerton et al., 2018

SOLUTION LANDSCAPE

- Positive Impact on Addressing Addiction
- Neutral Impact on Addressing Addiction
- Negative Impact on Addressing Addiction

SOLUTIONS ACROSS SOCIETY

International Strategies: Decentralized, Continnum of Care Models

National Strategies

Reaching Home Program

Provincial Strategies

Coordinated Access System, Homeless Individuals & Families Information System

Local Strategies

Housing First Initiatives

CITY OF VANCOUVER

Safe injection sites

Complex Care Housing

Decriminalization

Psychiatric Deinstitutionalization

SOLUTIONS LANDSCAPE ——————

Addiction in Persons without housing is a multifactorial issue spreading across local, provincial, national, and international jurisdictions. Proposed strategies and solutions vary across governances and institutions, each with differing goals and strategies.

INTERNATIONAL SOLUTIONS

● The Netherlands
Decentralization & Continuum of Care

Federal legislation in the Netherlands has mandated **decentralization** of unhoused person substance use/mental health policy development and implementation to municipalities[1]. They are **evaluated based on performance benchmarks** set by the federal government. A **continuum of care model** has been primarily adopted. This uses a "**housing ladder**" which prioritizes addressing health issues first, such as drug abuse and mental health, before providing permanent housing[1]. As health improves people move up the ladder through various types of temporary accommodation, closer to permanent tenancy. If health setbacks occur, such as relapse, they move further from secure housing. This has shown to be effective at decreasing alcohol and cannabis dependence by up to 20% at 18-month follow-ups[2] (Appendix 6).

● Canada
Reaching Home & Data Systems

The "**Reaching Home**" initiative was launched in 2019, and it is the Federal Government of Canada's approach to persons without housing. It centers around a "**Housing First**" approach, focused on providing funding to increase housing supply before addressing other issues[3]. This makes funding not directly available for many other services, such as addiction or mental health treatment, which need to be addressed to adequately deal with drug use[4]. It also tries to improve data collection for unhoused populations via the **Coordinated Access System (CAS)** and **Homeless Individuals and Families Information System (HIFIS)**. These have the potential to inform stronger policy design, but past leadership uncertainties have impeded their implementation[4].

Map the System 2023
——————————————

[1]Hermans, 2012
[2]Straaten et al., 2015
[3]Infrastructure Canada, 2022
[4]Yang, 2020

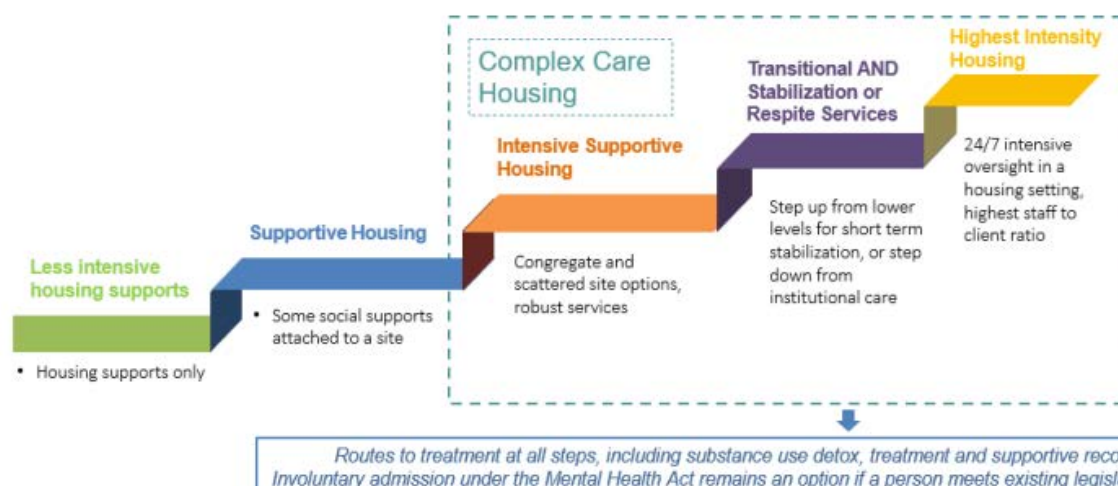# SOLUTIONS LANDSCAPE

PROVINCIAL SOLUTIONS

BC Government
Decriminalization

B.C. was the first province in Canada to seek and receive an exemption from Health Canada to **decriminalize illegal drugs for personal use**, effective January 31, 2023[1]. This **reduces stigma**, improving mental health and encouraging persons without housing to access treatment[1]. It also clears criminal records associated with illicit drug use, **improving accessibility to employment and housing** which help break the loop of substance abuse and homelessness[2].

BC Ministry of Mental Health and Addiction
Decriminalization

Complex-Care Housing is a strategy directly addressing drug and mental health issues in vulnerable populations. It is different from traditional ""Housing First" initiatives because the housing comes with **resources and trained staff for persons with complex health, mental health, and substance-use challenges**[3]. This provides a level of support that goes beyond what current models of supportive housing provide.

Figure 1: Complex Care Housing services - part of a System of Care

Source: Ministry of Mental Health and Addictions, 2022

[1]Ministry of Mental Health & Addiction, 2021

[2]Greer & Shane, 2021
[3]Government of BC, 2023

SOLUTIONS LANDSCAPE

PROVINCIAL STRATEGIES

BC Ministry of Health
Psychiatric Deinstitutionalization

BC's **psychiatric deinstitutionalization**, beginning in the 1980s and finishing in 2012, saw the **closing of mental health facilities**/hospitals across the province[1]. It was promised that new community mental health services would be developed and implemented, but this has not sufficiently happened[2]. Many displaced patients were unable to access necessary resources, and experienced elevated levels of being without housing, drug abuse, and suicide[3]. This demonstrates the consequences of cutting off mental health services to vulnerable populations when adequate alternatives are not yet established.

LOCAL STRATEGIES

The City of Vancouver
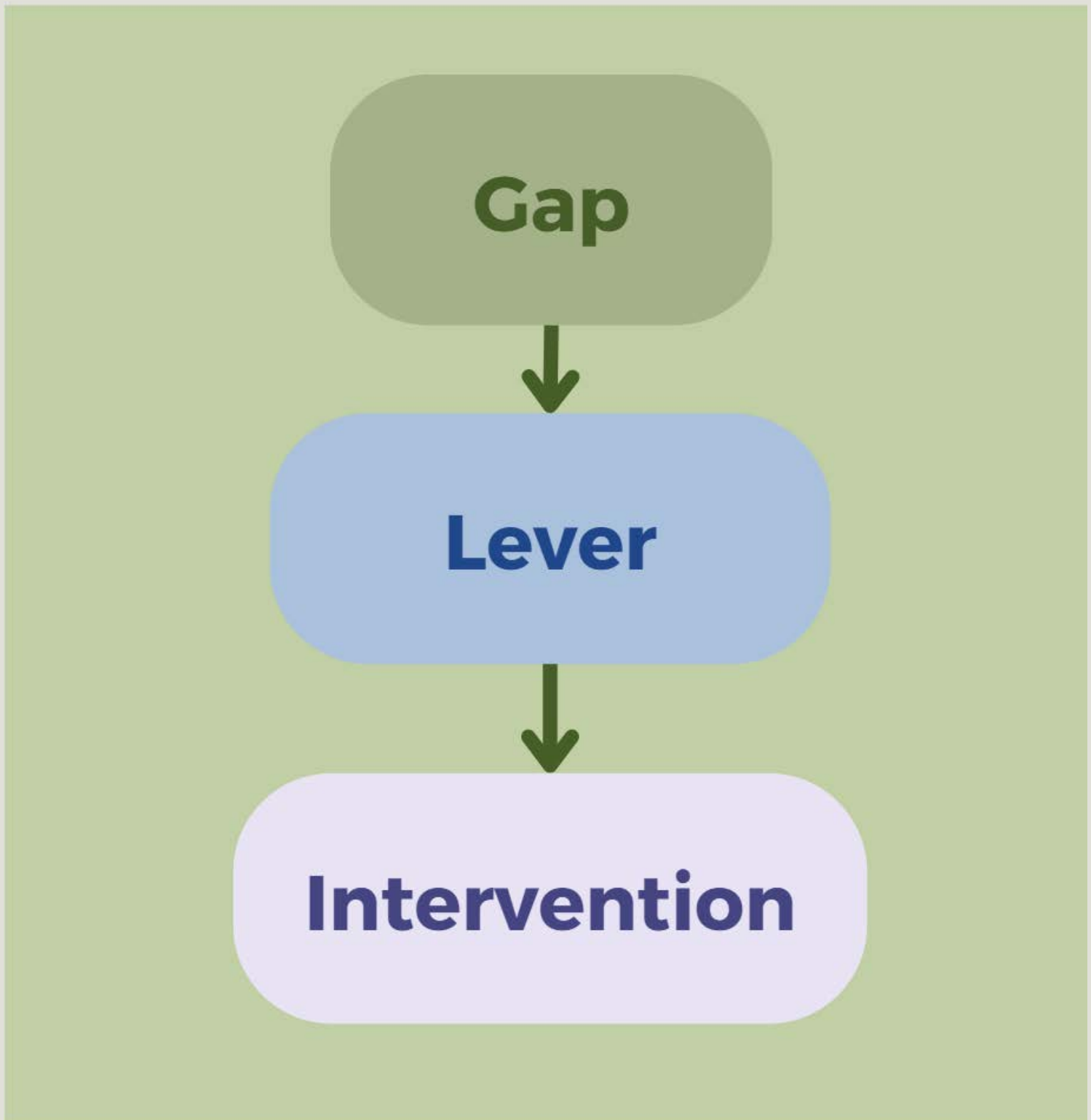**Housing First & Safe Injection Sites**

The **Homelessness and Supportive Housing Strategy** is Vancouver's current strategy for supporting persons without housing, and is a **Housing First** model. The main goal is to develop more supportive housing via partnership with other governments, health authorities, non-profit societies, and advocates[4]. A **39% reduction in addiction issues** has been observed in supportive housing residents[4]. They also offer **Safe Injection Sites** (SIS) where **health professionals and clean needles** are available to ensure the safety of persons using drugs[5]. This has translated into a **35% decreased mortality** rate of persons living within 500m of SIS, and a 67% reduction in ambulance calls for suspected opioid overdoses[6].

The City of Vancouver
The Vancouver Agreement

The Vancouver Agreement was a 10-year plan made between Municipal, Provincial, and Federal Governments in 2000 to address unhoused health in the Vancouver Downtown Eastside[7]. This was primarily a **Housing First** initiative. The Federal Government withdrew from housing initiatives however, and as a result the plan failed and conditions for unhoused persons worsened[2]. **Lacks of partnership and commitment** during policy design/funding impeded the strategy efficacy and sustainability.

Map the System 2023

[1]Burr, 2020   [3]Reed, 2009   [5]City of Vancouver, n.d.   [7]City of Vancouver, 2000
[2]Watson, 2019   [4]Mauboules, 2020   [6]Ng et al., 2017

GAPS AND LEVERS OF CHANGE

GAPS & LEVERS OF CHANGE

GAP
Colonial approaches to drug abuse harm Indigenous Persons

→

LEVER OF CHANGE
Celebrate minority ways of healing

→

INTERVENTION
Increase accessibility to Indigenous healing practices in substance use services

Many healthcare/substance use services are rooted in colonial mindsets, failing to address the specific traumas that Indigenous Persons experience[1]. This perpetuates trauma and program attrition, contributing to the inequitable overrepresentation of Indigenous Persons with housing insecurity and addiction[2]. There is a need to create accommodating services that integrate minority healing practices to remove stigma, improve healing, and address the root causes of substance use.

STAKEHOLDER ACTIONS

PROVINCIAL GOVERNMENT

Allocate accessible funding for non-profit multicultural healing services

Set performance benchmarks to evaluate program efficacy

Work to rebuild trust with Indigenous communities through reconciliation

Establish healthcare/social work curriculum guidelines to improve understanding of minority health & healing
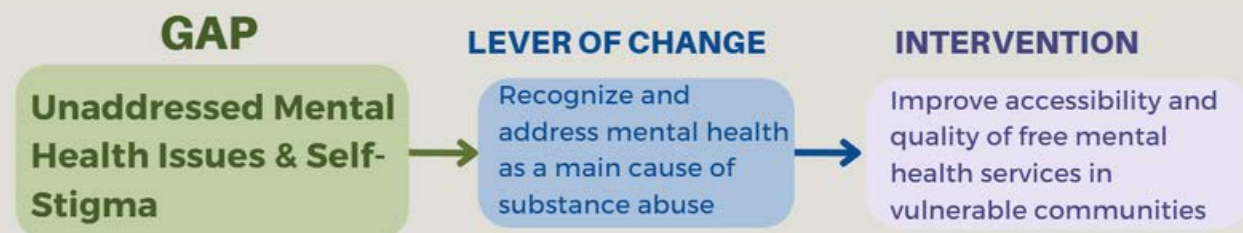
Cultural Genocide → **Intergenerational Trauma**

Govermental mistreatment has left populations, especially Indigenous, suffering from intergenerational trauma, racism, and reduced opportunity

Historical Systemic Discrimination

SERVICE DEVELOPERS
Work directly with minority populations/advocates to understand trauma and best practices to support those populations

Map the System 2023

[1]Gall et al., 2019
[2]Mauboules, 2020

GAPS & LEVERS OF CHANGE

GAP	LEVER OF CHANGE	INTERVENTION
Unaddressed Mental Health Issues & Self-Stigma	Recognize and address mental health as a main cause of substance abuse	Improve accessibility and quality of free mental health services in vulnerable communities

Mental health issues and stigma have been well identified as part of a positive feedback loop with substance dependence, but are under addressed in addiction services[1][2]. Not only does this leave root causes unsolved, but it exacerbates comorbid health issues[3]. Initiatives must accommodate the trauma, systemic discrimination, and isolation participants experience. This will not just improve addiction, but also empower and build trust with unhoused populations.

STAKEHOLDER ACTIONS

PROVINCIAL GOVERNMENT

Partner with cities such as Vancouver to prioritize & implement holistic "Complex-Care" programs

Fulfil promises from "Psychiatric Deinstitutionalization" to provide more community mental health services in vulnerable communities

Cultural Genocide

Intergenerational Trauma

Govermental mistreatment has left populations, especially Indigenous, suffering from intergenerational trauma, racism, and reduced opportunity

Historical Systemic Discrimination

FEDERAL GOVERNMENT

Amend the "Reaching Home" plan to provide sustainable funding for non-profit mental health and substance use services

UNHOUSED PERSONS & ADVOCATES

Work directly with minority populations/advocates to understand trauma and best practices to support those populations
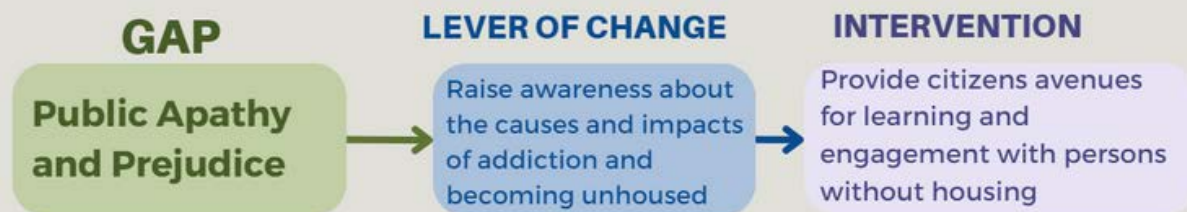
Map the System 2023

[1]Jones et al., 2020
[2]Gutwinski et al., 2021
[3]National Institute of Mental Health, n.d.

GAPS & LEVERS OF CHANGE

GAP	LEVER OF CHANGE	INTERVENTION
Public Apathy and Prejudice	Raise awareness about the causes and impacts of addiction and becoming unhoused	Provide citizens avenues for learning and engagement with persons without housing

Apathy and prejudice are strong barriers to social progress. Many people misunderstand the root causes of addiction and being unhoused, and therefore can carry prejudice[1]. As a result they are less likely to support policies addressing these issues, overlooking politicians with comprehensive plans for the unhoused and substance use. By encouraging learning/engagement around addiction and the unhoused, people are more likely to see the importance and support substance use initiatives[2].

STAKEHOLDER ACTIONS

ACADEMIC INSTITUTIONS

Develop community-based policy plans to raise awareness about unhoused health and wellbeing

Encourage student engagement in public health by offering classes on topics such as unhoused health

Unconscious Bias

Affects

Public Apathy & Prejudice

Policy Makers
Researchers
Leadership
Healthcare Providers
Everyone

**Negative & Inaccurate Connotations**

ADVOCATES & NON-PROFITS

Conduct awareness campaigns regarding current policy shortcomings, and why it is important to society as a whole

Promote engagement opportunities where citizens can work with, support, and learn from persons without housing

Map the System 2023

[1]Di Bernardo et al., 2015
[2]Knecht & Martinez, 2009

GAPS & LEVERS OF CHANGE

GAP
Competing Pressures on Unhoused Persons

LEVER OF CHANGE
Identify and ease competing pressures

INTERVENTION
Develop sustainable and supportive programs that address all social determinants of health

While the "Housing First" model being prioritized in BC is good for some, 61% of people don't report improved addiction issues[1]. This can be partially attributed to the overreliance on providing housing, and shortcomings in directly addressing other disparities such as employment, mental health, and education. Governments must priorities diversity in their policy to offer solutions that meet the diverse needs of people without housing experiencing addiction.
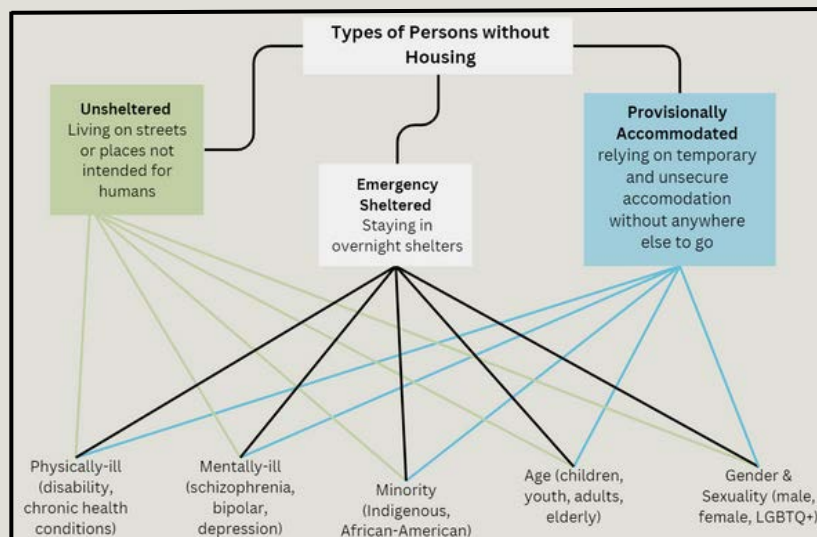
RECALL THAT:
- Every unhoused Person has unique circumstances and unique needs
- These needs decrease ability to get help for addiction
- Terms like "Homelessness" are monolithic and oversimplify this issue

STAKEHOLDER ACTIONS

INTERNATIONAL ORGANIZATIONS
Encourage governments and other institutions to abandon the usage of the term "homelessness"

VANCOUVER GOVERNMENT
Acknowledge that unhoused persons have unique stressors & needs, so a one-size-fits-all "Housing-First" strategy is inadequate

Directly engage & consult with persons without housing to inform and refine holistic policy

Create sustainable programs that address substance use and remove barriers to employment

Map the System 2023

[1]Mauboules, 2020

KEY INSIGHT AND LESSONS LEARNED

Since the opioid crisis was declared a public health emergency in 2016, we were initially under the impression that proper resources and programs have been developed in Vancouver, BC to address addiction among society's most vulnerable. We were unaware of the multitude of barriers that persist in accessing addiction, mental health and housing services.

Through our research we learned that addiction in unhoused populations is a highly complex issue with feedback within and between physiological, psychological, societal, educational, and governmental factors. One of the key takeaways of this project is what made it challenging. There is so much diversity among people with housing that goes overlooked in research and policy discourse.

To truly address these disparities awareness must be raised at the societal level to create political will, acknowledging the antiquated one-size-fits-all policies must be revamped. Special consideration and support must be provided for the mentally-ill and Indigenous Persons in this population, as they face particularly unique challenges.

Thank you for taking initiative to learn about these issues,
Alex Stolz & Sheila Lam

APPENDIX 1: CONDUCTED RESEARCH QUESTIONS

Vancouver Downtown Eastside Survey

Have you been negatively affected by the substance use of those around you?

○ Yes
○ No

Describe your opinion on the relationship between substance use and mental health

Your answer

Access to addiction and mental health services in the Downtown Eastside is good

○ Strongly agree
○ Agree
○ Neutral
○ Disagree
○ Strongly disagree

Do you trust government programs have your best interests in mind?

○ Strongly agree
○ Agree
○ Neutral
○ Disagree
○ Strongly Disagree

Select any barriers you, or somebody you know, has experienced in trying to address substance use

○ Don't know where to access services
○ Don't trust services
○ Services don't meet my needs
○ Services are far away
○ Competing priorities
○ Services don't work
○ There are long waits for services
○ Services are expensive
○ Feeling judged or marginalized
○ Other _____

Addiction Services Questionnaire

Questions asked to the representatives or information found online

How are your services developed? Are they developed with unhoused persons/minority consultation

Long answer text

Do you target mental health as well, or only addiction and how do you do this?

Short answer text

Where do you get funding, is it enough?
donors, city of Vancouver, charging clients, BC Government, Federal government?

APPENDIX 2: TCPS2 CORE

PANEL ON RESEARCH ETHICS
Navigating the ethics of human research

TCPS 2: CORE 2022

Certificate of Completion

This document certifies that

Alexander Stolz

successfully completed the Course on Research Ethics based on the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2: CORE 2022)

Certificate # 0000880652

23 November, 2022

PANEL ON RESEARCH ETHICS
Navigating the ethics of human research

TCPS 2: CORE 2022

Certificate of Completion

This document certifies that

Sheila Lam

successfully completed the Course on Research Ethics based on the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2: CORE 2022)

Certificate # 0000719295

19 July, 2022