UNDERSTANDING ADDICTION IN PERSONS WITHOUT HOUSING

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

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INTRODUCTION

Executive Summary
In 2021 the Government of Canada observed over 235,000 unhoused persons across the nation¹. This is a 17.5% increase since 2005, mirroring the 18.6% increase in the general population over the same timespan². 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Homelessness is an outdated monolithic term, still used by governments and other institutions.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

¹Strobel et al., 2021
²Kalajdzieva, 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

Map the System 2023
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\(^5\)\(^6\)\(^7\).

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\(^32\). 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\(^15\).

Map the System 2023

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\(^1\)Strobel et al., 2021  \(^2\)Harris, 2018  \(^3\)Miller et al., 2021  \(^4\)Infrastructure Canada, 2020  \(^5\)Gall et al., 2019  \(^6\)National Institute on Drug Abuse, 2020  \(^7\)Adams et al., 2022  \(^8\)Wogen & Restrepo, 2020  \(^9\)Mauboules, 2020  \(^10\)Mitchell et al., 2018  \(^11\)Foster et al., 2009  \(^12\)Priester et al., 2016  \(^13\)Adams et al., 2022
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. This is significant due to the disproportionate representation of minorities, especially indigenous, in unhoused populations. There are also populations, especially elderly, with difficulty using technology. 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. This leads to issues with digital exclusion, intercultural incompetency, and ultimately poor retention rates. Even when accommodating care is available, it comes with long waitlists that prevent people from accessing them.

4. Housing and Security
Stressors such as food and housing insecurity dominate unhoused persons, taking priority over joining mental health and substance use programs. 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. 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. 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). Even if persons without housing find themselves motivated to work however, individual, structural, and organizational factors such as stigma impede them from finding employment.

Barrier In Action
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)

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

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\(^1\)Farnworth, 2022
\(^2\)Mauboules, 2020
\(^3\)Valderas et al., 2009
\(^4\)Employment and Social Development Canada, 2021
\(^5\)HomelessHub. Mental Health (n.d.)
3. Perpetuating Marginalization
Systematically marginalized groups, especially Indigenous Peoples, are overrepresented in unhoused populations⁴. They are also at higher risks of mental health and substance abuse issues⁵. 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 overrepresentation⁶.

4. Healthcare system strain
Substance use and overdoses leads to constraints on healthcare system resources, especially emergency room nurses and physicians⁴, and this trend is continuing to increase across Canada⁵ ⁶. There are also huge waits for opioid use disorder treatments, up to 6 months, with it being even longer for provincial/subsidized programs⁷. 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 systems⁸.

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¹Maouboules, 2020
²Urbanowski, 2017
³Friesen et al., 2021
⁴BC Emergency Health Services, n.d.
⁵Ellison & Amodia, 2006
⁶CADTH, 2019
⁷CBC News, 2017
⁸Krausz et al., 2021
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 person¹. 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 crisis² ³.
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.

**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 will¹. Homelessness Advocacy Groups, International Coalitions, and associated allies are at the forefront of inspiring positive change through raising trust and making suppressed voices heard.
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
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, 2023¹. This **reduces stigma**, improving mental health and encouraging persons without housing to access treatment¹. 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 homelessness².

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

¹Ministry of Mental Health & Addiction, 2021
²Greer & Shane, 2021
³Government of BC, 2023
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 province¹. It was promised that new community mental health services would be developed and implemented, but this has not sufficiently happened². Many displaced patients were unable to access necessary resources, and experienced elevated levels of being without housing, drug abuse, and suicide³. 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 advocates⁴. A 39% reduction in addiction issues has been observed in supportive housing residents⁴. They also offer Safe Injection Sites (SIS) where health professionals and clean needles are available to ensure the safety of persons using drugs⁵. 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 overdoses⁶.

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 Eastside⁷. 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 worsened². Lacks of partnership and commitment during policy design/funding impeded the strategy efficacy and sustainability.
GAPS AND LEVERS OF CHANGE

Gap

Lever

Intervention
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.

\(^1\)Gall et al., 2019  
\(^2\)Mauboules, 2020
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. Not only does this leave root causes unsolved, but it exacerbates comorbid health issues. 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

**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

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1. Jones et al., 2020
2. Cutwinski et al., 2021
Apathy and prejudice are strong barriers to social progress. Many people misunderstand the root causes of addiction and being unhoused, and therefore can carry prejudice¹. 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 initiatives².

### 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

#### 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

#### LEVER OF CHANGE
- Raise awareness about the causes and impacts of addiction and becoming unhoused

#### INTERVENTION
- Provide citizens avenues for learning and engagement with persons without housing

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¹Di Bernardo et al., 2015
²Knecht & Martinez, 2009
While the “Housing First” model being prioritized in BC is good for some, 61% of people don’t report improved addiction issues¹. 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 prioritize 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

¹Mauboules, 2020
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

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?

Map the System 2023
APPENDIX 2: TCPS2 CORE

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

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