



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

**THE SHOUT CLINIC HARM REDUCTION
REPORT, TORONTO, 2010**

**Copies of this report can be downloaded from
the Wellesley Institute's website**

<http://www.wellesleyinstitute.com>

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ABOUT SURVEY RESPONDENTS

The survey sample of 100 homeless street-involved youth consisted of poly drug users:

- Sexual orientation:
 - 31% identified as GLBT2S
 - 61% identified as heterosexual
 - 8 % refused, didn't know
- LGBTT2S – Current gender identity:
 - 20 male, 7 female and 4 transgendered/transsexual individuals
- LGBTT2S - in the past six months:
 - 19 had used crack
 - 23 had used methamphetamine
 - 11 had used a opioid that was not medically prescribed
 - 11 had injected drugs

OVERARCHING CONCLUSION

- Homeless youth run the same high risks as homeless adults
- Lack of stability and consistency in all areas of youth's lives builds and adds to the overall precariousness of their existence
- Social Stigma needs to be addressed
- It is crucial to provide public health services geared to this vulnerable population of youth
- Protecting youth with harm reduction services rather than punishing them should be the priority for future programs

HOMELESSNESS

- First experience
- Sources of shelter
- Impact on drug choices
- Difficulty finding and maintaining housing

DRUG USE & RELATED HARMS/RISKS

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

HEALTH ISSUES

- A significant portion had either been identified/treated for a health condition or were concerned about one
- 68% had experienced barriers accessing health care
- High rates of mental health issues and trauma
- High rates of drug dependency and addiction issues
- Very low use of mental health, counselling and/or drug treatment services

BARRIERS

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

- Youth experienced a wide range of barriers to accessing services and supports and practicing harm reduction, such as:
 - Policy
 - Structural
 - Attitudinal
 - Knowledge
 - Complex & Multi-dimensional

RECOMMENDATIONS

- Adoption of a harm reduction approach
- Options and choices of programs and services
- Responsive, comprehensive and flexible services
- Friendly faces and friendly places
- Peer-workers and staff with lived experience
- Youth speak out about receiving respect and fair treatment
- Target social stigma
- Treatment instead of jail
- Bring police on board
- Secure funding

HARM REDUCTION

1. Deliver services where and when youth need them
2. Spread the word – better advertisement of services
3. Provide supplies that youth need and will use
4. Relevant program options that are appealing to youth
5. Provide greater access to educational materials and resources
6. A safe place to use – safe injection and consumption sites

QUEER YOUTH SPEAK OUT (2006)

- People assume that there is one queer community where everyone is the same
- People don't know how bad shelters are until they experience it
- People see homelessness as a disease not a situation
- People assume we need HIV education and that's usually all we get
- We don't need more info, we need more facilities
- We are self sufficient, and we don't always rely on agencies
- In response to if they have a substance use concern ...
"Yes, myself and everyone I know".