

EXPERIENCES OF OVERDOSE AMONG PEOPLE WHO INJECT DRUGS AND HAVE EXPERIENCED HOMELESSNESS IN THE CITY OF TORONTO

April 19, 2022

Prepared by: Gillian Kolla, Kathleen Kenny, Triti Khorasheh, Kimia Khoe, Yvette Perreault, Molly Bannerman, Zoe Dodd, Sarah Greig, Les Harper, Steph Massey, Gab Laurence, Lorie Steer, Thomas Egdorf, Carol Strike, Ahmed Bayoumi

BACKGROUND

During the COVID-19 pandemic, a report by the Ontario Drug Policy Research Network and the Office of the Chief Coroner of Ontario reported a 60% increase in opioid-related toxicity deaths from 2019 to 2020; however, for people experiencing homelessness, opioid-related toxicity deaths increased by 139% during the pandemic period compared to the pre-pandemic period.[1]

In this report, we present a focused analysis on the overdose experiences among people experiencing homelessness from the larger Impacts of Overdose study of people who inject drugs. As part of the Impacts of Overdose study, we conducted surveys with 249 people who inject drugs in Toronto. When we analyzed the data, 66% of people surveyed reported having experienced homelessness in the 6 months prior to completing the survey, which reflects a sizeable portion of the overall sample.

Given the alarming increase in overdose-related mortality among people experiencing homelessness, we undertook this analysis to explore overdose experiences among the 164 people in the survey who reported having experienced homelessness in the last 6 months. There is an urgent need to understand the factors contributing to the increased risk of overdose among people experiencing homelessness to inform interventions and policy changes aimed at reducing the risk of overdose and drug-toxicity deaths in this population.

Definition of homelessness

While recognizing that experiences of homelessness vary widely, for the purpose of our report, we define homelessness as “the situation of an individual, family, or community without stable, safe, permanent, appropriate housing or the immediate prospect, means and ability of acquiring it.”[2] The survey included people meeting the Indigenous definition of homelessness, which goes beyond structures in which people live to account for “individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages, and identities.”[3]

WHAT WE DID

The Impacts of Overdose Study is a community-based research project. Our aim is to better understand the overdose experiences of people who inject drugs in Toronto. We are especially interested in the experiences of grief and loss among people affected by overdose. We brought together a Community Advisory Team of people with living and lived expertise of drug use, researchers, and service providers to design our surveys and interviews, and to help interpret our findings and recommendations.

In early 2019, we surveyed 249 people who inject drugs. We recruited participants at four Toronto harm reduction programs that offer supervised consumption services. Researchers with lived or living expertise of drug use conducted the surveys. The surveys included questions about overdose experiences, naloxone use, emotional reactions to experiences of overdose, coping strategies, and the supports needed for dealing with grief and loss. This report focuses on the sub-sample of 164 people in the survey who reported experiencing homelessness in the 6 months prior to completing the survey.

It is important to note that our data relied on self-reports of overdose experiences. Our Community Advisory Team has highlighted how self-reported overdose experiences may be under-reported, given the nature of overdoses and loss of memory that can occur after having experienced an overdose. It is also important to note that while much of the information we present in this report is focused on the number of overdose events, we recognize that people's overdose experiences are highly diverse based on the severity of the overdose, underlying or new health complications and the cumulative impact of multiple overdoses, amongst other factors.

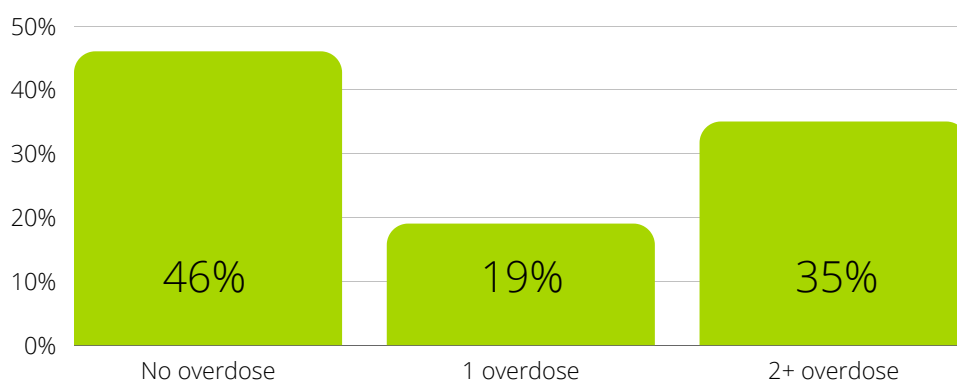
In the next section, we will present data on the overdose experiences of people who inject drugs and who experienced homelessness in the past 6 months. We present demographic characteristics, as well as characteristics regarding their drug use and social circumstances. We also present recommendations for policymakers and organizations to better address the safety and wellbeing of people experiencing homelessness.

WHAT WE FOUND

Overdose frequency among people experiencing homelessness

Overdose experiences were common among people experiencing homelessness in the last 6 months. Over half (54%) of the people experiencing homelessness reported experiencing one or more overdoses (Figure 1).

Figure 1. Own overdose frequency (last 6 months)



Gender and overdose frequency

The people who identified as women in our survey reported slightly more overdoses compared to people who identified as men. Additionally, 40% of people who identified as women had 2 or more overdoses, compared with 33% of people who identified as men (Table 1). However, this should be interpreted with caution due to the small number of people in our sample. We also did not do additional analyses to test for statistical significance.

Table 1. Own overdose frequency (last 6 months) and gender identity among people experiencing homelessness

	People self-identifying as a man (n=76)	People self-identifying as a woman (n=40)	People self-identifying as non-binary or other genders (n=2)
No overdose	51%	45%	50%
1 overdose	16%	15%	50%
2+ overdoses	33%	40%	

Note: Data gender identity was missing for 46 people.

Experiences of entrenched and transitory homelessness

To examine how different experiences of homelessness may impact overdose risk, we looked at two different experiences of homelessness among people in our survey:

- Entrenched homelessness, which we defined as having experienced homelessness in the last 6 months, **and** for most days in the past month. In our sample, 101 people reported having experienced entrenched homelessness.
- Transitory homelessness, which we defined as having experienced homelessness in the last 6 months, **but not** for most days in the past month. In our sample, 63 people reported having experienced transitory homelessness.

People who self-identified as Indigenous and people who self-identified as other racialized identities more frequently experienced transitory homelessness than people who self-identified as white (Table 2).

Table 2. People experiencing transitory and entrenched homelessness (last 6 months) and racial/ethnic identity

	People self-identifying as white only (n=82)	People self-identifying as Indigenous (n=63)	People self-identifying as other racialized identities* (n=16)
Transitory	33%	43%	37%
Entrenched	67%	57%	63%

*Includes all people self-identifying as other racialized identities who did not identify as Indigenous or white.

Overdose frequency among people experiencing entrenched and transitory homelessness

Experiences of one or more overdoses were common among people who experienced both entrenched or transitory homelessness:

- Among people experiencing entrenched homelessness, 18% reported experiencing one overdose in the past 6 months, and 34% reported two or more overdoses.
- Among people experiencing transitory homelessness, 22% reported experiencing one overdose in the past 6 months and 37% reported two or more overdoses (Table 3).

Table 3. Overdose frequency (last 6 months) among people experiencing entrenched and transitory homelessness

	People experiencing entrenched homelessness (n=101)	People experiencing transitory homelessness (n=63)
No overdose	48%	41%
1 overdose	18%	22%
2+ overdoses	34%	37%

Social and demographic characteristics of people who experienced homelessness and overdose frequency

While we found small differences in reported experiences of overdose between those experiencing entrenched or transitory homelessness, we also found differences that varied by social and demographic characteristics.

Overdose frequency was highest among people self-identifying as Indigenous, with 63% having experienced one or more overdoses in the last 6 months. In comparison, 49% of people who self-identified as white and 38% of people who self-identified as other racialized identities experienced one or more overdoses (Table 4).

Table 4. Own overdose frequency (last 6 months) and racial/ethnic identity

	People self-identifying as white only (n=82)	People self-identifying as Indigenous (n=63)	People self-identifying as other racialized identities* (n=16)
No overdose	51%	37%	62%
1 overdose	16%	22%	19%
2+ overdoses	33%	41%	19%

Note: Data on racial/ethnic identity was missing for 3 people.

*Includes all people self-identifying as other racialized identities who did not identify as Indigenous.

We also asked participants about the types of drugs they injected, if they were on opioid agonist treatment (OAT) and if they had a prescription for other opioids. About half of the people who injected fentanyl daily experienced two or more overdoses in the past 6 months. Only one-third of people experiencing homelessness in our survey had a current prescription of methadone or buprenorphine (*Suboxone*). Among people experiencing homelessness with a current prescription for methadone or buprenorphine, around one-third reported no overdose experiences in the past 6 months; however, 43% reported experiencing two or more overdoses. Less than 10% reported a current prescription of other opioids. Half of the people with a current prescription of other opioids experienced no overdose in the past 6 months; one-third experienced two or more overdoses (Table 5).

Table 5. Own overdose frequency (last 6 months) and drug use characteristics

	Inject fentanyl daily (n=88)	Currently prescribed methadone or buprenorphine (n=54)	Currently prescribed other opioids (n=12)
No overdose	36%	37%	50%
1 overdose	17%	20%	17%
2+ overdoses	47%	43%	33%

In our sample, 27% of people experiencing homelessness reported having been incarcerated in the last 6 months. Among them, 38% experienced no overdose in the past 6 months; however, 35% experienced two or more overdoses. Only 17% of people in our sample had accessed detox or drug treatment in the past 6 months; among this group, half reported experiencing two or more overdoses (Table 6).

Table 6. Own overdose frequency (last 6 months) and incarceration or treatment

	Incarcerated in the last 6 months (n=45)	Accessed detox or drug treatment in the last 6 months (n=28)
No overdose	38%	32%
1 overdose	27%	18%
2+ overdoses	35%	50%

WHAT WE RECOMMEND

Potential actions

Our findings reveal that people who are experiencing homelessness are reporting a high frequency of overdose experiences. People who identify as women and/or Indigenous report more overdose experiences, which suggests considerable inequities that need to be addressed. This includes a need for increased resources and services specific to the needs of Indigenous, Black and racialized people experiencing homelessness, that includes attention to the needs of women and gender and sexual minorities. Concerted effort to ensuring that healthcare, housing and social services integrate principles of cultural safety is necessary.[4]

In framing our recommendations, we highlight the existing recommendations from the Shelter and Housing Justice Network [5], Toronto Shelter-Hotel Overdose Action Task Force [6], and the MARCO study evaluation of COVID-19 Isolation and Recovery Sites [7], which provide comprehensive data and recommendations on addressing the health and overdose risk among people who use drugs and who are experiencing homelessness. Below, we provide a list of recommendations that draw upon our data and the actions previously highlighted by these three reports.

Recommendation #1: All levels of government must work collectively to address the homelessness and affordable housing crisis as an urgent priority

The right to safe, affordable, and appropriate-quality housing is recognized as a human right.[8] Appropriate quality housing is essential to a person's safety, health, and overall wellbeing. Rapid scale-up of investment into and building of safe, affordable, and permanent long-term housing options for people experiencing homelessness are critical.[5] It is also important to increase supports to prevent and protect people who are at risk of losing permanent housing, getting evicted from places they live, or are living in unsafe or unaffordable housing. In the interim, short-term solutions such as incorporating new shelter beds, rent supports, and extending shelter-hotel leases are necessary.[5] While access to affordable, permanent housing must be the priority, there is an urgent need to expand the capacity and accessibility of shelter, shelter-hotel, supportive housing, and respite options for people experiencing homelessness now.[5] Spaces should be available and accessible to all people experiencing homelessness who need emergency sheltering options, and should integrate anti-racist and gender-inclusive approaches that integrate principles of cultural safety for people who use drugs who are experiencing homelessness.[4]

Recommendation #2: Scale-up of comprehensive health care, harm reduction, and substance use strategies that are integrated within places where people live, including in shelters, shelter-hotels, respites, and drop-ins

The shelter and shelter-hotel system must prioritize the scale-up of a range of comprehensive onsite services that meet the needs and preferences of people who use drugs.[6] This includes the rapid scale-up of onsite overdose prevention sites, peer witnessing and spotting programs, and clinical substance use services that provide safer supply, OAT, or medications for withdrawal (depending on people's individualized goals and needs). It is critical that harm reduction practices are standardized, and that services are equity-focused, centered on community expertise [6,7], and appropriately resourced with stable funding and high-quality training for staff in harm reduction approaches to working with people who use drugs.[6] There is also a strong need for services that focus on the needs of people who smoke or inhale drugs, including on the scale-up of supervised smoking and inhalation facilities. Efforts should also focus on expanding community-based outreach support including harm reduction services to people living in encampments.[5] During the COVID-19 pandemic, a model for comprehensive substance use services was developed at one of the Toronto COVID-19 Isolation and Recovery Sites.[7] This innovative model demonstrates that the onsite provision of harm reduction, clinical substance use services (including OAT and safer supply), onsite overdose prevention site, and a managed alcohol program can be delivered directly within sheltering settings.[7] Learnings from the well-resourced COVID-19 Isolation and Recovery Sites can be applied within the broader sheltering system.

Recommendation #3: Improve care continuity across sectors providing supports for people experiencing homelessness

Due to capacity issues across the shelter system, people experiencing homelessness are frequently moved to new neighbourhoods or areas of the city in order to access available shelter beds, which can disconnect them from their communities and health and social supports. The isolation caused by relocations across the city has been linked to increased overdose risk [6], and enhanced access to harm reduction and overdose prevention supports are needed during these periods.

Previous reports have also pointed to the siloed nature of sectors providing care for people who use drugs and the need for greater collaboration to enable widespread access and connection to resources and supports [6], including continuity of care when being discharged from recovery sites.[7] Connection to a range of sectors, services, and supports is vital including shelter, income, harm reduction, OAT, safer opioid supply, and healthcare. It is necessary to ensure such services are easily and seamlessly accessible across sheltering settings and settings and in community organizations, for example, through the use of follow-up support workers (including system navigators, short-term case managers, or transition support workers). Resources should be dedicated to building a comprehensive continuum of services and care for people who use drugs [9] that provides low-threshold access to support sector-wide, with services tailored to individual needs and continuity during transitions in care. The continuum of care must include strategies to provide culturally inclusive and culturally safe services that address the needs of Indigenous, Black, racialized community members, women, and gender and sexual minorities. Mobile overdose outreach and support teams – where people who have experienced an overdose and who consent to a referral are connected to a community-based team that can provide short-term support and facilitate connections to resources and services in the community – are another potential option for improving continuity of care following an overdose.[10,11]

Recommendation #4: Address overdose risk following periods of incarceration and detox/drug treatment

We found a high frequency of overdoses among people who had accessed detox or drug treatment and who reported having been incarcerated in the past 6 months. While we emphasize a cautious interpretation of these findings due to our sample sizes and study design, these findings are supported by existing research showing that contact with the drug treatment and prison systems introduces unique risk factors for overdose.[12,13] Periods of incarceration or detox/drug treatment may result in loss of opioid tolerance, particularly if OAT is not available within these settings. Therefore, it is critical that there is access to OAT, as well as continuity of care for people after discharge from institutions (particularly prison, drug treatment or detox, hospitals) and connection to appropriate, comprehensive, and low-barrier supports and resources.

CONCLUSION

Our findings show that people experiencing homelessness in Toronto are experiencing a high frequency of overdoses. The data we present in this report was collected before the COVID-19 pandemic; during the pandemic period, there has been a large rise in fatal [1] and non-fatal [14] overdoses among people experiencing homelessness. Our findings and the current intersection of the COVID-19 pandemic, the overdose crisis, and the affordable housing crisis further reinforce the urgency of critical investments into deeply affordable housing as a human right, widespread comprehensive and integrated substance use services within the shelter and shelter-hotel systems, and continuity of care for people experiencing homelessness after discharge from institutional settings.

ACKNOWLEDGEMENTS

This project was possible due to the valuable contribution of many people who generously shared their thoughts, experiences, and time with our project team. This includes the substantial contribution of people who use drugs who participated in the surveys and interviews, and the members of our Community Advisory Team. Their contribution is gratefully acknowledged. We would like to also acknowledge the continuing and devastating impacts of the overdose crisis on the community members who participated in this report, including honouring the contribution of community members who have died of overdose since we began this project.

REFERENCES

- [1] Gomes T, Murray R, Kolla G, Leece P, Bansal S, Besharah J, Cahill T, Campbell T, Fritz A, Munro C, Toner L, Watford J. Changing circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic. Toronto, ON: Ontario Drug Policy Research Network; 2021. Available from: <https://odprn.ca/wp-content/uploads/2021/05/Changing-Circumstances-Surrounding-Opioid-Related-Deaths.pdf>
- [2] Gaetz S, Barr C, Friesen A, Harris B, Hill C, Kovacs-Burns K, et al. Canadian definition of homelessness. Toronto, ON: Canadian Observatory on Homelessness Press; 2012. Available from: <https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf>
- [3] Thistle J. Indigenous definition of homelessness in Canada. Toronto, ON: Canadian Observatory on Homelessness Press; 2017. Available from: <https://homelesshub.ca/sites/default/files/attachments/COHIndigenousHomelessnessDefinition.pdf>
- [4] Urbanoski, K., Pauly, B., Inglis, D. et al. Defining culturally safe primary care for people who use substances: a participatory concept mapping study. *BMC Health Services Research* 20, 1060 (2020). <https://doi.org/10.1186/s12913-020-05915-x>
- [5] Shelter and Housing Justice Network. Emergency winter and shelter support and infrastructure plan. Toronto, ON: Shelter and Housing Justice Network; 2021. Available from: <http://www.shjn.ca/wp-content/uploads/2021/10/Winter-Plan-Final.pdf>
- [6] Toronto Shelter-Hotel Overdose Action Task Force (TSHOPAP). Toronto shelter-hotel overdose preparedness assessment project: final report and recommendations 2021. Toronto, ON: TSHOPAP; 2021. Available from: <https://sherbourne.on.ca/wp-content/uploads/2021/06/TSHOPAP-Report-Final-May-19-2021.pdf>
- [7] Kolla G, Long C, Rucchetto A, Worku F, Fagundes R, Hayman K, Laurence G, Caudarella A, Norris K, Hannan E, Nisenbaum R, Klaiman M, Kikot R, Ko J, Firestone M, Bayoumi AM. Evaluation of the Substance Use Services at the COVID-19 Isolation and Recovery Site in Toronto. MAP Centre for Urban Health Solutions, St. Michael's Hospital, Unity Health Toronto. Toronto, ON. November, 2021. Available from https://maphealth.ca/wp-content/uploads/SUS_MARCO-JAN-2022.pdf
- [8] Ontario Human Rights Commission. Housing as a human right. Toronto, ON: Queen's Printer for Ontario. Available from: <https://www.ohrc.on.ca/en/right-home-report-consultation-human-rights-and-rental-housing-ontario/housing-human-right>
- [9] Kolla G. Recommendations for building a harm reduction and substance use continuum of care. Toronto, ON: Toronto Central Local Health Integration Network; 2018. Available from: <https://pqwchc.org/wp-content/uploads/Harm-Reduction-Continuum-of-Care-TCLHIN-March2018.pdf>
- [10] Peterborough Drug Strategy. Mobile Support Overdose Resource Team. Peterborough, ON: Peterborough Drug Strategy. Available from: <https://peterboroughdrugstrategy.com/msort/>
- [11] Vancouver Coastal Health. Overdose Outreach Team. Vancouver, BC: Vancouver Coastal Health; 2020. Available from: http://www.vch.ca/locations-services/result?res_id=1422
- [12] Groot E, Kouyoumdjian FG, Kiefer L, Madadi P, Gross J, Prevost B, Jhirad R, Huyer D, Snowdon V, Persaud N. Drug toxicity deaths after release from incarceration in Ontario, 2006-2013: review of Coroner's cases. *PLoS One*. 2016 Jul 6;11(7):e0157512. <https://doi.org/10.1371/journal.pone.0157512>
- [13] Wakeman SE, Larochelle MR, Ameli O, Chaisson CE, McPheeters JT, Crown WH, Azocar F, Sanghavi DM. Comparative effectiveness of different treatment pathways for opioid use disorder. *JAMA network open*. 2020 Feb 5;3(2):e1920622. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032>
- [14] City of Toronto. Overdoses in homelessness service settings. Toronto, ON: City of Toronto; 2021. Available from: <https://www.toronto.ca/city-government/data-research-maps/research-reports/housing-and-homelessness-research-and-reports/overdoses-in-homelessness-services-settings/>