



How Participants Experience London Housing Agencies' Substance Use Policies

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INTRODUCTION

- There has been an exponential increase of opioid overdoses (OO) and overdose-related deaths (ORD) in the homeless London, Ontario population.
- According to the City of London Records, the number of OO has increased by 890% since 2018.
- 66% increase in ORD between 2019 and 2020 in London (Richmond & Stacey, 2021).

This community-based participatory research aims to explore to perspective of people who use drugs, and are precariously housed, on substance policies within emergency housing agencies. The findings can contribute to the development of harm reduction based policies that reduce the number of ORD.

PARTICIPANT FIRST METHODOLOGY

A central belief of harm reduction is the saying, "nothing about us without us," which we wanted to emulate with our participant first methodology. We did this throughout the project in stages.



1. An **ethics protocol** was drafted in collaboration with an advisory committee made of community housing managers.
2. Nine **information exchange sessions** (informal virtual discussions about the project) with staff who had lived experience with homelessness and/or substance use were conducted. These sessions informed protocol changes.
3. **17 interviews at three housing agencies** in September 2022 were conducted. Participants were compensated with a \$20 prepaid Mastercard.
4. Manually transcribed interviews were **inductively coded** using NVIVO software. A multistage approach used to ensure inductive convergence.
5. One informal session was held at each agency in March 2023 to **determine whether our interpretation of the data matched participants' experience and opinions**. This reduced error and increased data validity.
6. Analysis was **refined** based on participant input to reflect the voice of the community.

FUNDING

This project was funded by Western University's Undergraduate Student Research Internship (USRI).

"Nothing About Us Without Us."

- R. Jurgens, 2008

"I think it's the understanding that really is like the underlying reason that nobody can help anyone. Like there's people who go for help, but the people that don't - as someone who didn't wanna get help - I can say it was definitely the fear of being misunderstood or judged."

"You know, like, people look down their noses at people who do drugs and a lot of it the wrong way because in a sense it's hard not to because you hear someone's an addict and you think, 'oh they're gonna steal my purse, they're gonna take my money.' It's a really hard label to take on as a human being and that's why so many people try to hide it."

"I don't think people would trust [a safe consumption site at shelter]. I think people would think the staff are judging them for what they're doing... I feel like the staff would judge."

"[A particular housing agency] care about you and the people here and no matter who you are they still love you. They don't treat you like a drug addict; they treat you like a human."

"I want them to know that there should be improvements at [housing agencies in London] because the people there are going beside the railroad tracks to get high [due to not being able to use inside] and you know they can get hit by a train and anything can happen and then they come back and they take away all their [safe use] gear and it's just not right."

RESULTS

Six themes were extracted from interview data:

1. There are conflicts between agency rules and participant realities when it comes to safety, support, and values
2. Safe use needs to be easier
3. Staff may be between upholding agency rules and doing what they believe is necessary
4. Staff need more overdose and empathy training
5. Participants forced between using unsafely or losing their bed at shelters
6. Lack of participant autonomy drives apathy which promotes risky behaviors

The concepts of trust and understanding between and within agencies and participants underpinned our themes



Figure 1. Rules were conceptualized to impact three interconnected levels of the housing agencies - the agency themselves, staff, and participants

DISCUSSION

- **Agency policies are not working as OO and ORD rates rise. This could be due to:**
 - Lack of flexibility in the rules surrounding safe substance use
 - Disregard for participant autonomy → lack of trust and feelings of judgement
 - Lack of harm reduction
- **Staff require more training to:**
 - Effective response to overdoses
 - Better understand and empathize with participants
- **Future directions**
 - Need a model to track overdose deaths to monitor the impact of policy change
 - Increase participants' awareness of harm reduction resources
 - Develop a better understanding of the unique culture of participants
 - Find ways to rebuild trust to repair the relationship b/w participants and staff

CITATIONS

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