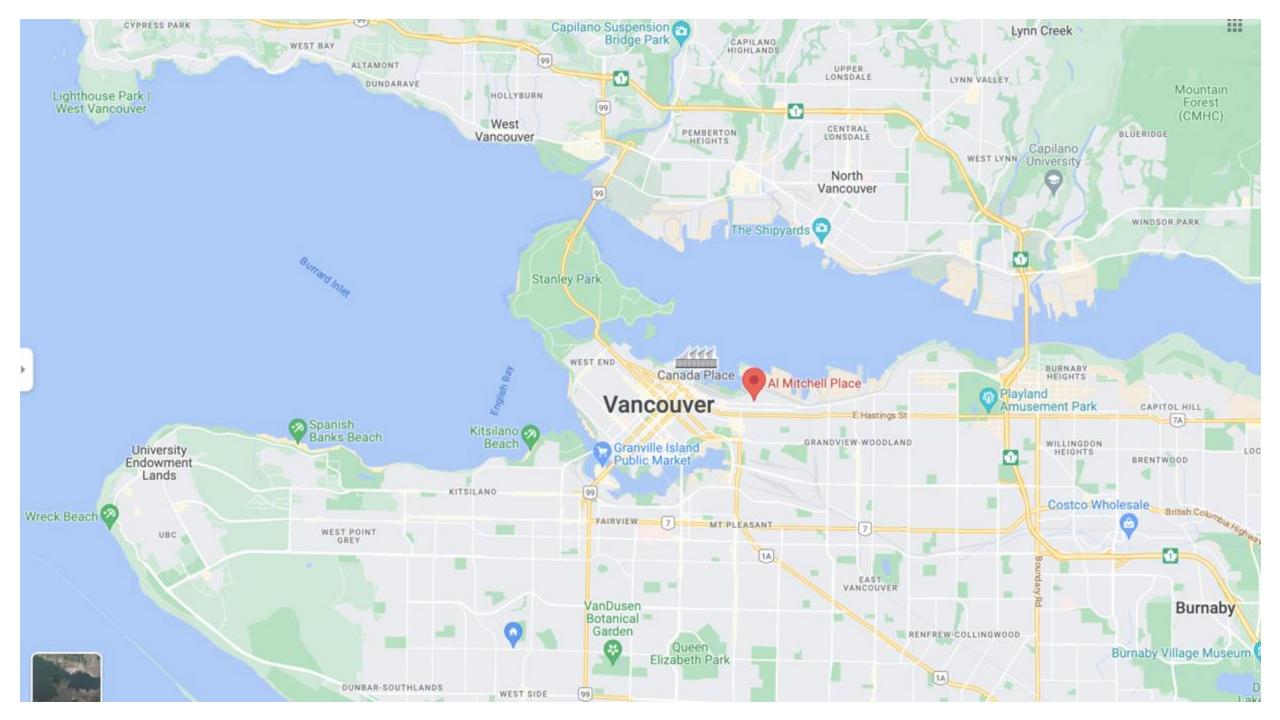


North Lions Gate Bridge 😜 Vancouver Stanley Park Canada Place 🗘 ø Vancouver (7A) HASTINGS SUNRISE Museum of Vancouver Granville Island ersity Public Market KITSILANO bia [7] Grand Villa Casino Hotel And Conference Center Pacific Spirit 1A ARBUTUS RIDGE Regional Park Burn EAST SIDE Queen Burnaby Village Mus Elizabeth Park De DUNBAR-SOUTHLANDS KERRISDALE 99 Lake DAKRIDGE METROTOWN KILLARNEY SUNSET 1A SOUTH Iona Beach VANCOUVER Regional Park SE Marine Dt MARPOLE Marine Way Fraser River Sea Island Grant McConachie Way

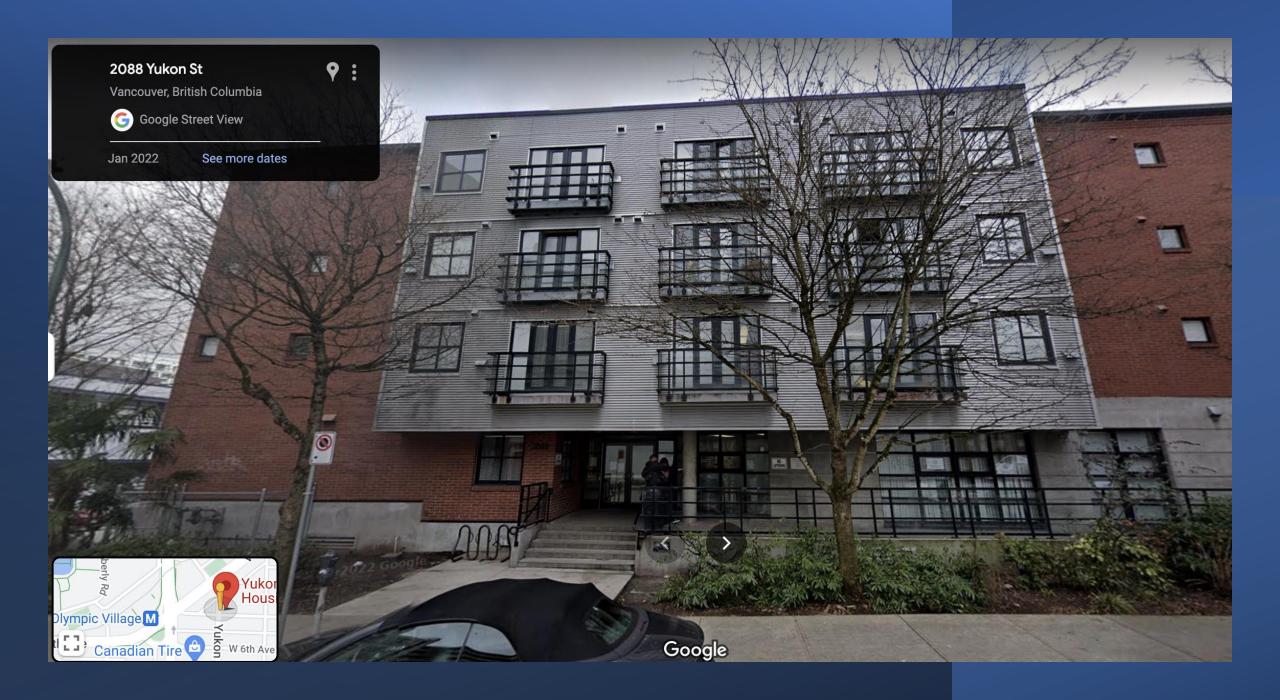
Vancouver

- Downtown Eastside is Canada's poorest postcode
- Highest levels of homelessness in Canada
- Highest levels of drug overdose deaths
- Highest rates of social inequality
- 3,634 people either living on the street or in a shelter within











Who am I?





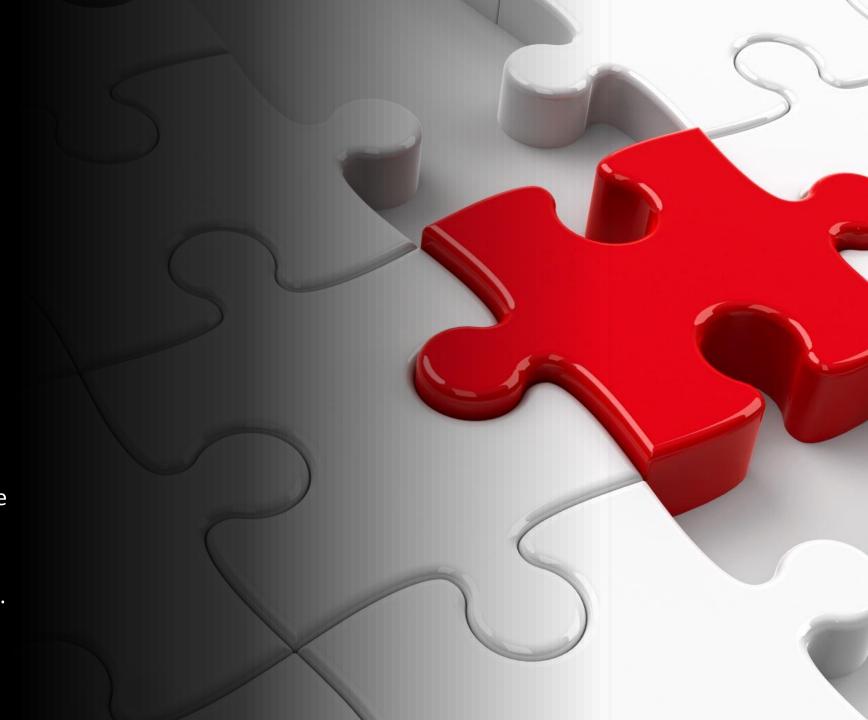






What is a low-barrier intervention?

Low-barrier interventions are person-centered approaches that prioritize accessibility, inclusivity, and individual needs, aiming to reduce obstacles and provide services and support with minimal requirements. These interventions prioritize the dignity and autonomy of individuals by removing barriers and tailoring services to their unique circumstances and needs.



Carter et al. Addict Sci Clin Pract (2019) 14:20 https://doi.org/10.1186/s13722-019-0149-1

Addiction Science & Clinical Practice

RESEARCH Open Access

Low barrier buprenorphine treatment for persons experiencing homelessness and injecting heroin in San Francisco

Jamie Carter^{1*}, Barry Zevin² and Paula J. Lum³

Viral suppression during COVID-19 among people with HIV experiencing homelessness in a low-barrier clinic-based program

Matthew D. Hickey, MD^{1,*}, Elizabeth Imbert, MD, MPH¹, David V. Glidden, PhD², Jan Bing Del Rosario, MPH¹, Mary Chong³, Angelo Clemenzi-Allen, MD^{1,4}, Jon Oskarsson, MSN, BSN¹, Elise D. Riley, PhD¹, Monica Gandhi, MD¹, Diane V. Havlir, MD¹

- ¹ Division of HIV, ID and Global Medicine, University of California, San Francisco, San Francisco, California
- ² Department of Epidemiology and Biostatistics, University of California, San Francisco, San Francisco, California
- ^{3.}School of Medicine, Case Western Reserve University, Cleveland, Ohio
- ⁴ San Francisco Department of Public Health, San Francisco, California

Exploring the (bio)political dimensions of voluntarism and care in the city: The case of a 'low barrier' emergency shelter

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ARTICLE INFO

Available online 13 May 2010

Keywords: Voluntarism Social citizenship Biopolitics Neoliberalism Homelessness

ABSTRACT

This paper explores the nature of voluntary sector 'spaces of care.' In particular, the paper is concerned with spaces of care that have been established in response to urban homelessness. These include service environments such as emergency shelters, drop-in centres, and soup kitchens. Renowned for being health affirming, these environments also function as important political spaces in the city. One site in particular, a low-barrier emergency shelter, is examined in detail. This site's political significance is traced to the way in which it partakes in boundary work by defining who is worthy of support, who is to count as a citizen and which lives matter. This interpretation has important implications for how we understand the relationship between the health of marginalized populations, voluntary welfare provision and the state.

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Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo



Research Paper

Sheltering risks: Implementation of harm reduction in homeless shelters during an overdose emergency



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Short report

Using a "Big Events" framework to understand emergency department use among women experiencing homelessness or housing instability in San Francisco during the COVID-19 pandemic



Elise D. Riley^{a,*}, Maria C. Raven^b, Samantha E. Dilworth^c, Carl Braun^a, Elizabeth Imbert^a, Kelly M. Doran^d

- a University of California, San Francisco, Department of Medicine, Division of HIV, Infectious Diseases and Global Medicine, San Francisco, CA, USA
- b University of California, San Francisco, Department of Emergency Medicine and UCSF Philip R. Lee Institute for Health Policy Studies, San Francisco, CA, USA
- University of California, San Francisco, Department of Medicine, Center for AIDS Prevention Studies, San Francisco, CA, USA

 d New York University School of Medicine, Ronald O. Perelman Department of Emergency Medicine and Department of Population Health, New York, NY, USA

What are some common 'barriers'?

Limited Capacity

Eligibility Criteria Lack of Integrated Services

Length of Stay
Restrictions

Negative Prior Experiences

Stigma and Discrimination

Homelessness in the UK

- In 2022, 271,000 experienced homelessness
- On any given night 3,069 people sleep on the street.
- 37% increase since before COVID lockdowns.
- Two in five people (39%) say that living in temporary accommodation has made it harder to access healthcare appointments.
- In London 40% of people who came in to contact with outreach teams had done so two or more times in the past two years



The Lived Experience of Homelessness

- The average life expectancy for people experiencing homelessness is 45 for men and 43 for women.
- Overall men are 17x more likely to be victims of violence.
- Women are 19x more likely to be victims of sexual violence.
- 9x more likely to take their own life than the general population.





The Intersection between homelessness and drug policy

- 44% of deaths amongst people experiencing homelessness were related to drugs and alcohol (Office on National Statistics)
- 10% increase in the number of deaths in rough sleeper and temporary accommodation
- Overlapping vulnerabilities
- Equally impacted by criminalization
- Overlapping barriers to treatment and housing

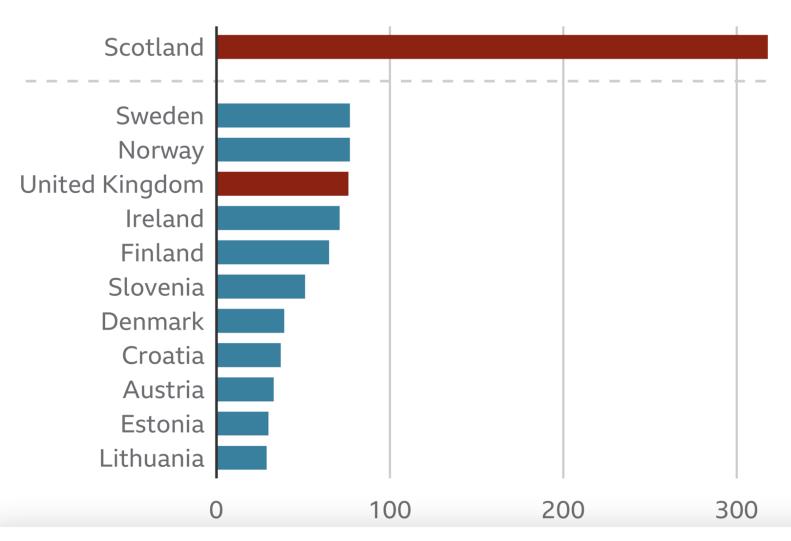
Figure 1: Mortality rates from drug poisoning increased for both males and females in 2021

Age-standardised mortality rates for deaths related to drug poisoning, by sex, England and Wales, registered between 1993 and 2021



Scotland has far more drug deaths per capita than any European country

Number of deaths per million people, ages 15-64, latest available data



The overarching question of my PhD...

- How do peoples lived experience of street-based drug dependency differ based on their access to Overdose Prevention Centres?
- UK = No OPCs
- Greece = One recently implemented
- Canada = Longstanding OPCs







equality lifts everyone











Case Study 1

Research Title:

'Reducing Drug-Related
Harms in Birmingham:
Evaluating the need and
feasibility of an overdose
prevention service'





Drug and Alcohol Dependence 145 (2014) 48-68



Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep



Review

Supervised injection services: What has been demonstrated? A systematic literature review*



Chloé Potier ^{a,b,*}, Vincent Laprévote ^{c,d}, Françoise Dubois-Arber ^e, Olivier Cottencin ^{a,b}, Benjamin Rolland ^{a,b}

- ^a Department of Addiction Medicine, CHRU de Lille, Univ Lille Nord de France, F-59037 Lille, France
- ^b University of Lille 2, Faculty of Medicine, F-59045 Lille, France
- c CHU Nancy, Maison des Addictions, Nancy F-54000, France
- d CHU Nancy, Centre d'Investigation Clinique CIC-INSERM 9501, Nancy F-54000, France
- e Institute of Social and Preventive Medicine, University Hospital Center and University of Lausanne, Chemin de la Corniche 10, 1010 Lausanne, Switzerland

American Journal of Preventive Medicine

REVIEW ARTICLE

Supervised Injection Facilities as Harm Reduction: A Systematic Review



Timothy W. Levengood, MPH, ¹ Grace H. Yoon, MS, ¹ Melissa J. Davoust, MSc, ¹ Shannon N. Ogden, MPH, ¹ Brandon D.L. Marshall, PhD, ² Sean R. Cahill, PhD, ^{1,3} Angela R. Bazzi, PhD^{4,5}

Curr HIV/AIDS Rep (2017) 14:161–183 DOI 10.1007/s11904-017-0363-y



THE SCIENCE OF PREVENTION (JD STEKLER AND J BAETEN, SECTION EDITORS)

Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review

Mary Clare Kennedy 1,2 · Mohammad Karamouzian 1,3 · Thomas Kerr 1,4

ADDICTION



ADDICTION OPINION AND DEBATE

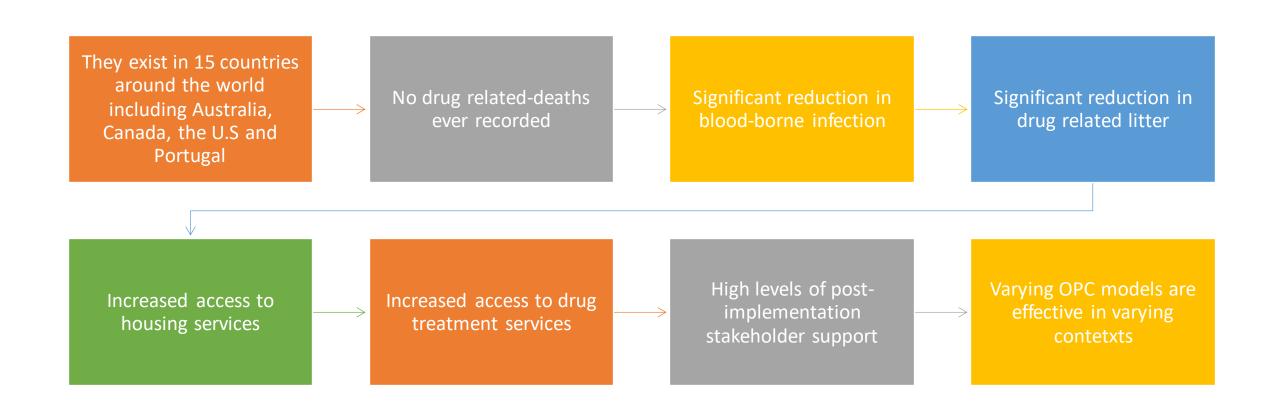
doi:10.1111/add.14747

Supervised consumption sites: a nuanced assessment of the causal evidence

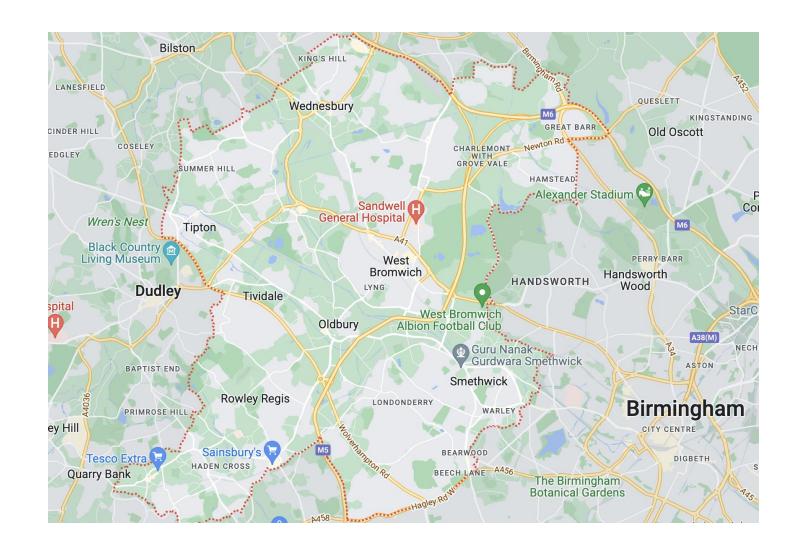
Jonathan P. Caulkins^{1,2} D, Bryce Pardo D & Beau Kilmer D

RAND Drug Policy Research Center, RAND, Santa Monica, CA, USA¹ and Heinz College, Carnegie Mellon University, Pittsburgh, PA, USA²

What is the global evidence for OPCs?



Aim of strengthening a localized UK evidence-base





Project Areas



Participative Development

Feasibility Study

Post-Implementation Evaluation Feasibility study

Quantitative Data Collection

Qualitative Data Collection Injecting drug use and homelessness

Treatment coverage

Drug-related deaths

Drug-related litter

Hospitalisations and non-fatal overdoses

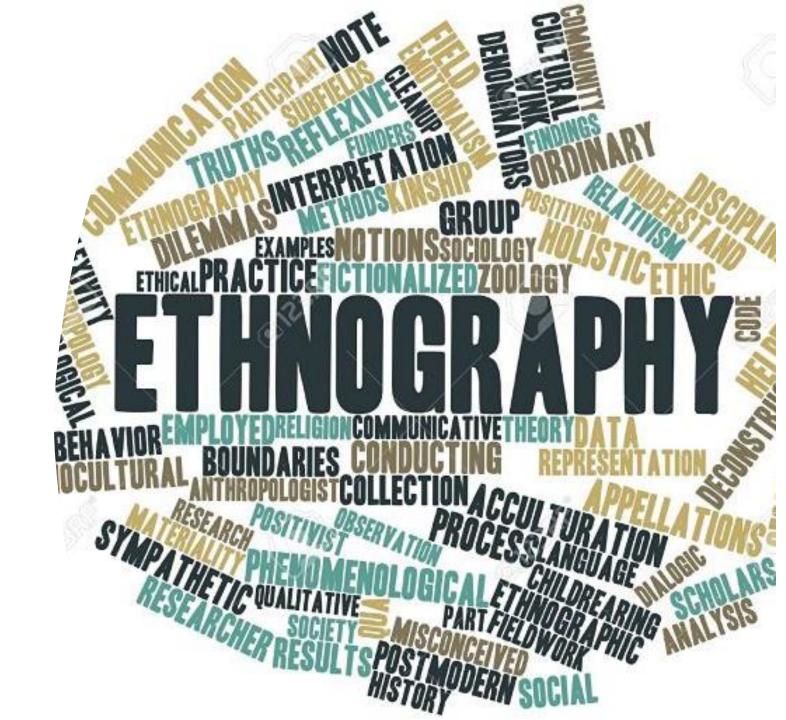
Blood-borne viruses (BBVs)

Drug-related injuries

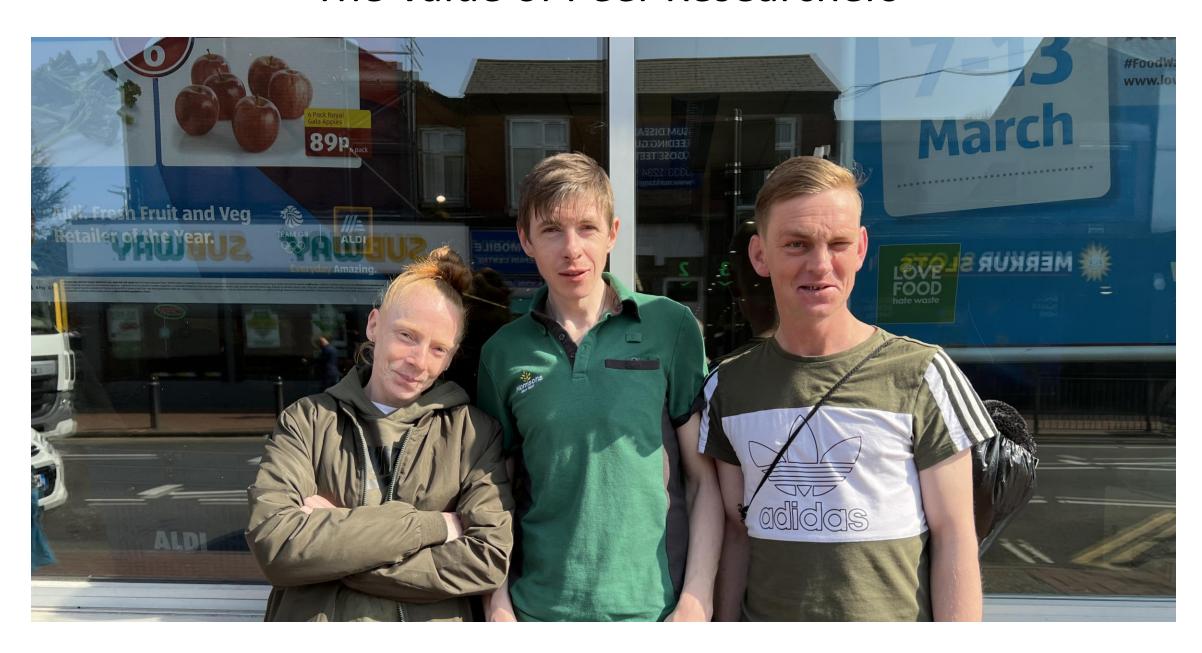
Crime

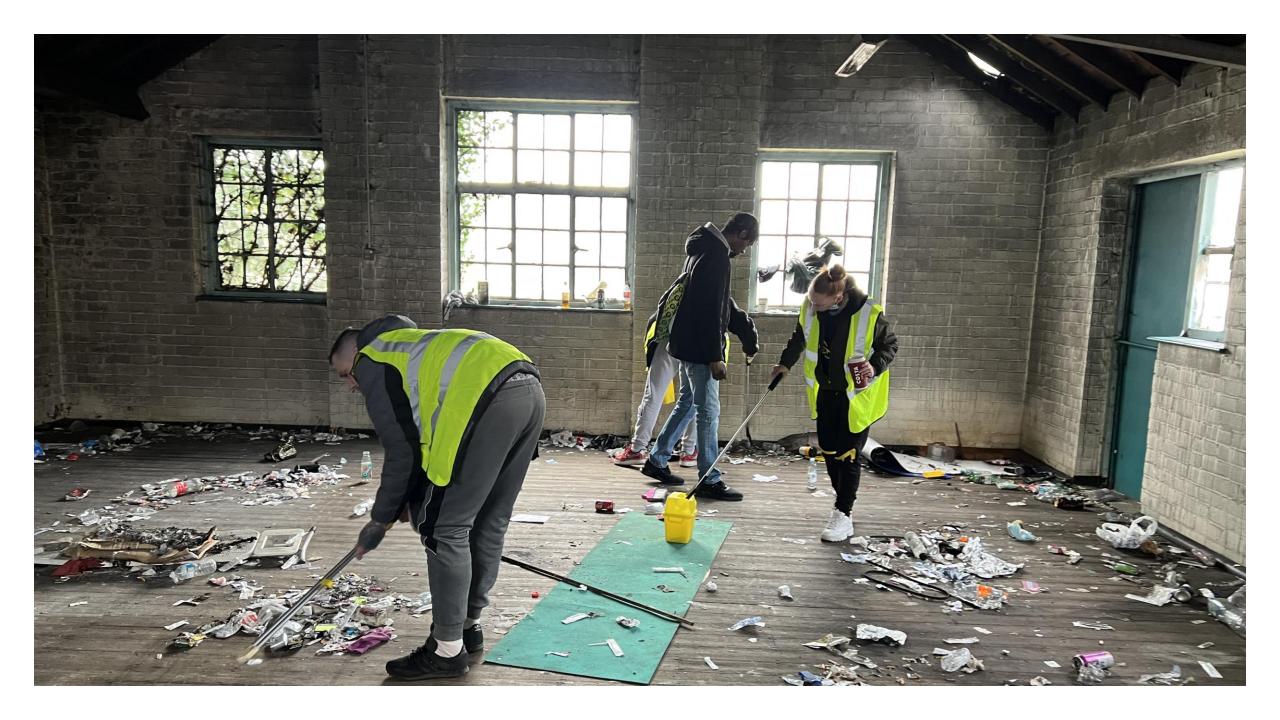
Research Methodology

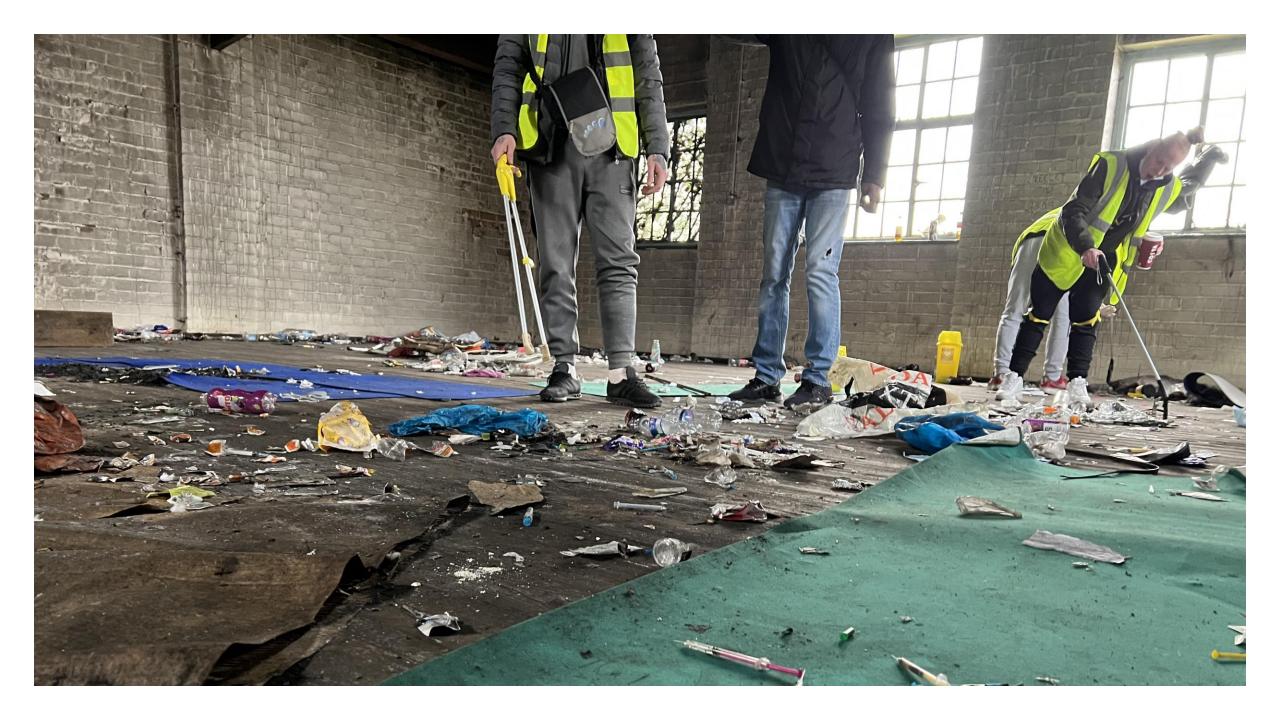
- 3 Focus Groups with 20 people who use drugs
- 34 interviews with people who use drugs in street-based settings
- 20 interviews with key community stakeholders
- Ethnographic Field sessions



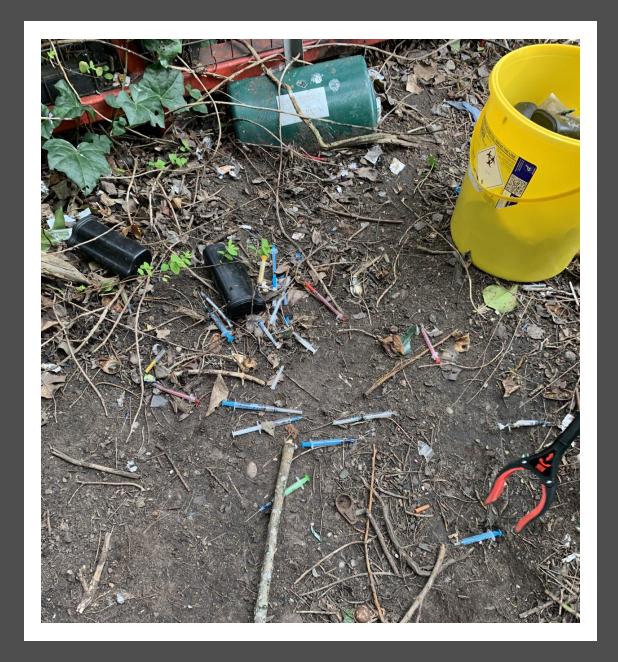
The Value of Peer Researchers

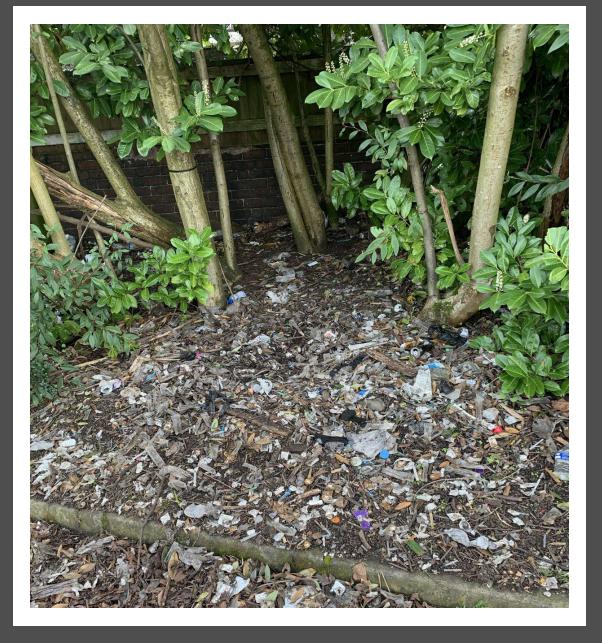




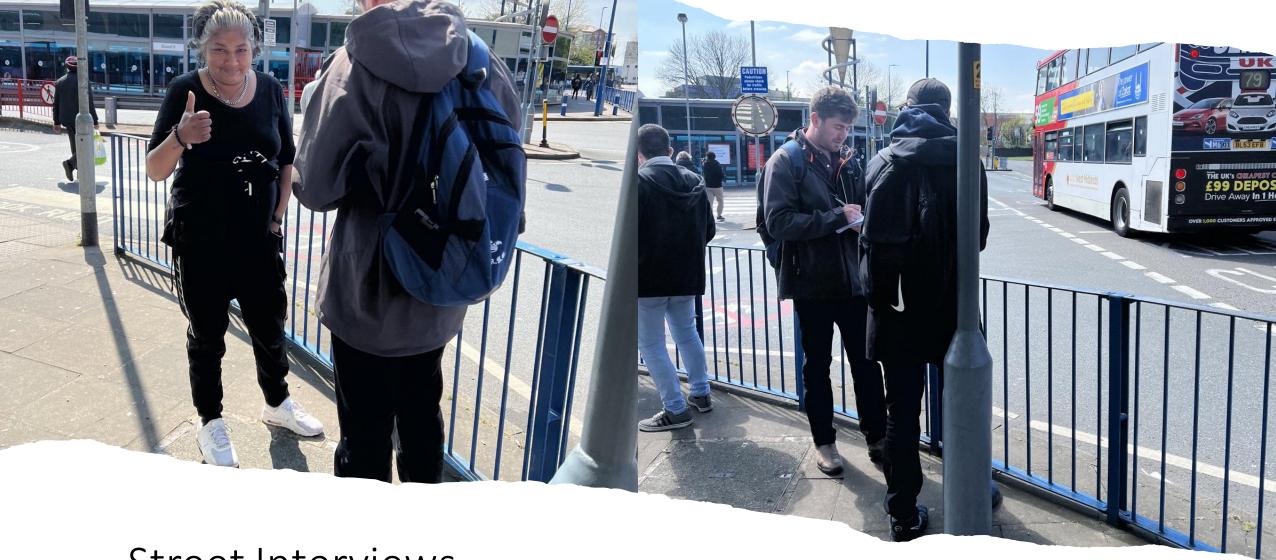












Street Interviews

The Lived
Experience
of StreetBased Drug
Use

"Yeah, like me this morning, it took me about an hour [to find a vein] and there was a woman and a baby in a pram and I had to stop what I was doing pull the needle out because I knew she had seen what I was doing. So therefore I lost the vein and I lost the crack." (Focus-Group Participant 4, Female)

The Lived
Experience
of StreetBased Drug
Use

"I've got about 17 abscesses all over my legs and lumps all over my legs and that's through not having the pins, using the same pins and rushing to try and get it. My whole legs are just full of bumps and full of red marks."(Focus-Group Participant 6, Female)

The Lived
Experience
of StreetBased Drug
Use

"It's not fair how we have to live, its not fair we have to use in parks full of needles" (Steet-Based Interview 2, Male

"It's disgusting to have to shoot on the street" (Steet-Based Interview 2, Male).

"I've seen on documentaries how they do it in Amsterdam and Germany and Canada. It just makes me think why does our Government not care for us?" (Steet-Based Interview 16, Male) Nowhere Safe to Go

"Somewhere to go, clean, safe, now we really struggle. We have to score which is easy, the hard bit is finding somewhere to go...I mainly use in the MacDonalds toilets" (Street-Based Interview 16, Male)

The Lived Experience of Policing

"A supervised consumption site would give us a sense of security here" (Steet-Based Interview 4, Male)

"It surprises me how blind the police are to our problems here" (Steet-Based Interview 4, Male) The Lived Experience of Policing

"I was withdrawing bad and the police took the pin, kicked it straight out of my hand." (Street-Based Interview 16, Male)

"A drug consumption room would keep us safe from police" (Steet-Based Interview 2, Male)

Evaluation

"Evaluation should be the number of overdoses reversed. But also if people are engaging positively...it means they feel valued and cared for." (Street-based Interview 11, male)

"At the end of the day, we would feel helped. Your showing you want to stop the killing" (Street-Based Interview 21, Male)

Findings From Key
Stakeholders

Varying relationships between people who use drugs and key community stakeholders

Acknowledgment of the need for an OPC in Birmingham

Negative Relationships

"It's really bad at times. Some of them they steal. We get called sometimes when people are caught injecting in the Asda toilets" (Shopping Centre Security Guard)

"It mainly happens at night. People going into the toilets and using on the baby change area and leaving silver foil." (Fast-Food Chain Assistant Manager)

Believing in an OPC

"If there was something like this to be set-up in Birmingham it would have a massive effect in the hospitals. Recently all the ones [unhoused community members] we are seeing coming into ICU are from overdose" (Allied Health Professional)

Relationship with Low-Barrier Housing

"The community as a whole would benefit from a harm reduction facility...you can't stop people injecting...out of the 45 residents we have, I would say that 15 are injecting drug users" (Temporary Accommodation Hostel Manager)









Phase 2: Vancouver Case Study

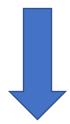




Low-Barrier Community
Centre OPC

Low-Barrier Housing with Embedded OPC



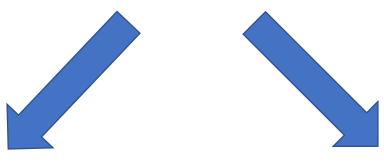


125 hours of participant observation1 pre-focus group consultation5 focus groups with 5 OPC clients20 interviews with OPC clients15 staff and and management interviews

100 hours of participant observation1 pre-focus group consultation3 focus groups with 5 OPC clients20 interviews with OPC clients10 staff and and management interviews



Phase 3: Athens Case Study



Highly Medicalized OPC Model ___



100 hours of participant observation1 pre-focus group consultation5 focus groups with 5 OPC clients12 staff and and management interviews

Street-Based Drug Scene



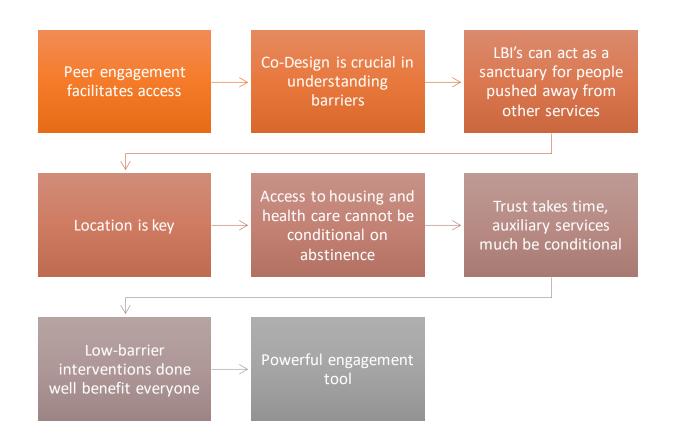
50 hours of participant observation 25 interviews with people not accessing the OPC







Preliminary Findings on Low-Barrier Interventions





Primary takeaway

"They Are Not Hard-to-Reach Clients. We **Have Just Got** Hard-to-Reach Services." (Bucci, 2019)

Thank you!

Questions?

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Twitter: @Ben_Scher

