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COVID-19, the Opioid Epidemic and the Housing Crisis

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During my years as a Community Health Specialist, I have worked directly with individuals who face multiple barriers, including those who use drugs, people who experience homelessness and people living with high risk of contracting Hepatitis C and HIV. During COVID-19, my colleagues and I have been reassigned to support with essential services for our most vulnerable populations. As a result, we have seen firsthand how COIVD-19 has impacted our clients and the community. In this brief article, I will highlight my observations of and experiences with people who use drugs during the COIVD-19 pandemic.

The COVID 19 pandemic has affected each and every one of us in some capacity. At the community level, many concerns have been raised pertaining to issues of food security, mental health, economic pressures, personal safety and physical isolation. For the people we support, these challenges are exacerbated when they intersect with unfavorable social determinants of health, such as inadequate housing, food insecurity, financial need, access barriers to support services and underlying health issues. For people who use drugs, additional factors such as access to a safe supply of substances, level of dependency, safety and stigma can further elevate the risks and negative consequences of a pandemic.

During the Pandemic, the supply of drugs has decreased and along with it, the access to drugs. Some possible reasons for this include the decreased border crossings, stricter regulations on domestic travel as well as the communal nature of distributing drugs and its risk to personal safety. Given a decrease in supply, prices have increased for a range of drugs, such as heroin, cocaine and crystal meth. Safe and affordable drug supplies are becoming harder to find and a number of clients have reported barriers to accessing their regular suppliers, forcing them to navigate unfamiliar avenues to obtain substances. Despite this, front line workers in one overdose prevention site in the Toronto's downtown core have reported higher usage rates among both dependent and recreational users and a significant hike in overdoses.

One strategy often used to expand supply is cutting product potencies by mixing in higher doses of sedatives such as benzodiazepines into street acquired opioids. Between April 11–24th, 2020 Toronto's Drug Checking Services (April 25 - May 8, 2020, Centre on Drug Policy Evaluation, 2020) reported that 38% of tested fentanyl samples contained benzodiazepine-related drugs. Heavy sedation and unresponsiveness caused by benzodiazepines are presenting more challenges in identifying and responding to overdoses.

When preventing overdose and disease transmission for people who use drugs, harm reduction strategies can be a literal lifesaver. Harm reduction practices decrease the negative impacts of drug use by providing clean supplies to prevent disease transmission, teaching practical overdose prevention strategies and by providing safe injection and overdose prevention sites. As COVID-19 precautions have closed many harm reduction services and drug checking sites decrease hours of service, users are given fewer options to access clean drug works and overdose prevention supports. Due to the decrease in accessible harm reduction services, we could possibly see an increase of communicable disease transmission and overdose during the COIVD-19 pandemic.

While working with agencies that primarily support people experiencing homelessness, it is apparent that the intersecting circumstances of homelessness and substance use generate a range of factors that influence health and safety. People who use drugs and experience homelessness have a particularly difficult time physically distancing themselves from others as the need to acquire food, shelter and substances can be dependent on daily physical interactions with community agencies and community members. This may pose a higher risk of contracting or transmitting COIVD-19 for this population.

According to The City of Toronto's COVID-19 Response for People Experiencing Homelessness, 1,850 respites, hotels and temporary housing units are to be available by April 30.2020 (CITY of Toronto COVID response, pp 1, 2020). However, only people who access the shelter system are eligible for these units. Many people experiencing homelessness do not access the shelter system for a number of reasons, such as transportation, shelter restrictions prohibiting intoxication, mental illness, or congested shelter spaces. During COVID 19, overcrowding and the fear of contracting the virus within these densely populated facilities have many feeling safer sleeping on the streets. For these individuals, the closing of local businesses, libraries and community centers has made it increasingly difficult to use a washroom, wash their hands or just get a glass of water.

Understanding the various health implications and safety concerns for people who use drugs unveils some of the challenges this population may face during COIVD-19. While safe drug supplies are becoming harder to

find and drug checking sites become harder to access, the rates of drug mixing and overdose are set to rise. For IV drug users, lack of access to harm reduction supplies such as needles may lead to higher rates of HIV and Hepatitis C through sharing drug works. The overcrowding or shelters and lack of access to sanitizing stations for people experiencing homelessness leave many without armor to fight the virus in their communities.

During social crises, public health emergencies and economic downturns, people who are chronically facing marginalization are disproportionately impacted. Societal and government response to such crises are not typically focused on the needs and specific circumstances of those living on the margins of society. The long-term consequences of this pandemic will undoubtedly include a further marginalization of drug users. The public image of drug users is very unfavorable, with stereotypes and stigmatization that will be hard to shift. In reality, long before there was COVID-19, Canada was in the midst of an opiate crisis, another type of public health emergency that did not garner the kind of political mobilization we now see with this middle class crisis and associated economic doom and gloom. Drug users include people from all walks of life and all ages; youth, their families and their communities are impacted significantly. We must ensure that our response to the current pandemic does not unfold by simply sidelining and forgetting about a preexisting public health crisis. Instead, our pandemic response should include programs that deliver a safe supply of prescribed opioids directly to people experiencing dependency. Partnering with local harm reduction services, more drop-ins and addiction based programing, and of course advocacy for shelter and housing supports while supporting accessibility to general health care should be priorities. With the overlapping issues of COVID-19, the opioid epidemic and the housing crisis, it is evident that we have a lot of work to do to support people living with multiple barriers in Toronto and in other major urban centers across North America.

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