Centering lived experience and justice with people navigating homelessness and substance use

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Topics

Introductions

Session goals

- The state of the discussion about homelessness and substance use
- Framing substance use
- Our toxic drug supply and its implications
- Harm reduction (what we have, what we need)
- Inefficacy of interdiction-based (supply-side) drug policy

What this means about where we start the conversation

Introductions

Who we are

Who you are

- Who has experienced homelessness?
- Who does street outreach?
- Who has used substances?

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- Who does street outreach?
- Who has used substances?
- Who hates late-stage neoliberal racialized capitalism?

Goals for the session (MCS)

Have a candid conversation about how we connect on outreach – and in other settings – with people with who use substances (particularly fentanyl and methamphetamine)

Collaborate to begin to construct a social justice-oriented and structurally competent framework:

- How do we center and lift up the voices of people who are homeless and who use substances?
- How do we honor lived experiences and deconstruct and reimagine systems/spaces/structures that center the structurally marginalized?

Stigma within homelessness services about talking about substance use (ACM + MDS)

It seems like there's a hesitancy to talk about the overlap between homelessness – especially street homelessness – and substance use

- How do we talk about this in a way that doesn't play into conservative / oppressive narratives (eg, "People are homeless because they're junkies")?
- How do we structurally prioritize and support people being able to bring their full and uncurated experiences? (How do we invite people to be full participants in case management, community organizing, and advocacy whether they are using substances or not?)

In some aspects, I do still enjoy doing it. Because when I did opiates when I was younger, I said, 'This is what normal feels like.' For me, that means, I've spoken with counselors and psychologists and stuff like that and I've been diagnosed with MDD…Before that I'd been diagnosed with anxiety disorder and bipolar disorder and oppositional defiant disorder. Basically what it's saying to me is I have a chemical imbalance or something that's not right in me, when I take that, it's giving me what I'm missing in some senses, you know?"(10:57-11:56)

That’s one of my least favorite sayings, ‘It is what it is.” It’s the way that it is because we make it it that way. Because we have some kind of belief that doesn’t sense in reality. We literally bring it to life, we breathe life into it (1:01:00)

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Why do people use substances? (MDS + ACM)

To attempt to meet a need

To feel normal

To cope with interpersonal trauma (eg, experiences of abuse)

To cope with structural trauma (eg, experiences of racism, classism, incarceration, child welfare system involvement)

The theory of betrayal trauma says trauma is worse for us when it's from a person (eg, a parent or partner) or system (eg, a church, DCYF) that is meant to care for us.

- When we're hurt by someone or something we also need for survival, it sets us up to rely on people and things that get us through but hurt us at the same time.
- Drugs are an example of this (eg, meth can give the energy needed to survive on the street, but both the drug itself and what a person has to do to get it are dangerous)

Social model of addiction (ACM)

Addiction is about more than chemical dependency

It is a social process that is impacted by situation, environment, experience of inclusion versus exclusion / marginalization, etc.

Some addictions are pathologized (eg, to most substances) while others are lauded (eg, to work), and some are held harmless (eg, to caffeine). A part of this is socially constructed and reconstructed with the times

Those most structurally harmed by racism, capitalism, etc. are disproportionately impacted by addiction, and this individualizes blame by diverting attention from these systems

Therefore, treatment-oriented assessment tools and medicalized interventions are an important component, but will not be effective absent social and structural changes

The existential element of addiction (MCS)

Drugs can take the edge off a sense of fundamental, existential dis-ease

- People feeling a fundamental mismatch between themselves and society: “Like the audio and the video don’t match up” in one’s life
- Toxicity of 21st century America (late-stage racialized capitalism)
- Despite what Maslow’s Hierarchy of Needs says, finding shared meaning and community support is important concurrent with accessing core resources

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Then you tell them they have to
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"Are they Fucking Serious!"
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“Think about it we live a life everyday with all these people we have grown to truly love. People who like I said we have accepted as our family. Our drugs which helped is through everything made a lot of pain go away.

Then all at once its all gone. The buddies and friends who I lived with and hustled and hustled with to make money for days and the places in which I lived these are not rational, but still need to grieve them in order to be able to leave them behind.”

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Grief (MCS + MDS)

People often grieve the loss of their found family on the street, as well as elements of their lives as lived previously. This includes:

- Grief for people who have died on the streets
- Grief for the loss of the community found while staying outside
- Grief for connections with family and loved ones have been lost

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the loss all of it can be quite overwhelming
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Its been that way since I was a kid
in the city. There was a girl named
[redacted] (STAR) She was 11 pulling
tricks and doing heroin. I was 15 and
told her no more will she do that for money
so in turn I put myself out on the street
and pulled tricks and took care of her habit
and that was it. And all I have ever
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I love all these people even those
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Moral injury (MCS)

Often when people are in horrific circumstances, they have to do things to that goes against their conscience to survive and get what they need (shoplifting, lying, doing sex work, pushing partner to do sex work, leaving family and children, dealing drugs, etc) – this leads to feelings of shame and self-betrayal that are themselves traumatic. This is called ***moral injury***

Moral injury is particularly hard because we as a society don't make room to talk about this:

- This behaviors are stigmatized and the people engaged are seen as the perpetrators, not as someone (also) harmed
- It doesn't fit with the "narrative of deservingness" we force people to tell to be found worthy of resources
- It doesn't fit neatly with the criteria for PTSD, and mental health providers often don't know how to engage with it
- Zooming out, moral injury occurs when people are forced to live within violent structures that do not allow them the self-determination to live in a manner that aligns with their own way of being

People are like, ‘How come you’re not working?” and I’m like, ‘Because I can’t work, you know what it’s like to have an opiate addiction? I could work if the clinic was different, or if I had a safe supply, because there’s always those chances, that time when you get the stuff that’s not good enough, and now I can’t work right now, or I just got burnt or whatever (1:14:00)

[Q: How much do you know what's in your drugs?] "I don't really, that's also a scary part. God knows, like that's also another thing, like I keep saying, 'I wish I lived in Canada right now because even I decided I wanted to keep on using, at least I know that I can go get a regulated quality-controlled substance that doesn't have anything else in it but what they say is in there because it's being regulated, it's being audited, and it's being checked and held accountable for what's being put in it, and you don't have some Joe Schmoe mixing it up trying to make an extra $100 or something like that, and putting meat tenderizer in it, putting fucking xylazine in it, just to give you a placebo effect" (36:38-37:45)

What's causing the bulk of the harm? (ACM)

(Il)legality of substance use
Access to safe drug supply
Access to prescription heroin/fentanyl

…we need to zoom out, too

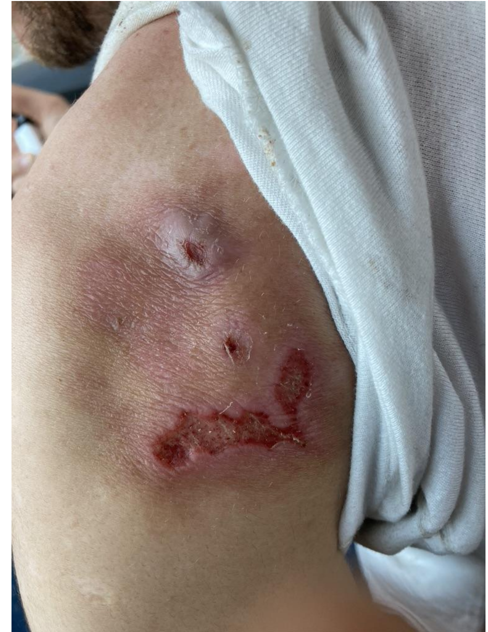
Access to clean needles
Location/means of use

Use of the substance itself

We do a lot of talking here, which is important, but…

...you know the xylazine is going through everything, like, I knew before even being told that it was in it that there was something different about the drug I was doing. I was just finding myself waking up without even realizing I even went out…that wasn't happening to me beforehand (20:00)

I had completely destroyed my entire fucking face and I had this infection on my chest…I have thing on my shoulder, but I hear that's from the xylazine (34:00)



Changes in the drug supply (MCS)

Street drugs have gotten stronger

- Fentanyl replacing heroin
- Nitazines and carfentanyl
- P2P (phenyl-2-propanone) meth replacing ephedrine meth

And more contaminated

- Xylazine (tranq) mixed with fentanyl
- (Novel) benzos mixed with fentanyl
- …the kitchen sink mixed with fentanyl

Baggie- purple
Fentanyl* (O)
Xylazine (A)
Lidocaine (A)
Acetylfentanyl (O)
Methamphetamine (S)
Cocaine (S)
Quinine (A)
Butyrylfentanyl (O)
Acrylfentanyl (O)
Protonitazene (O)
N-ethylamphetamine (S)
Noscapine (A)

Test RI sample, March 2023

I’d say it was a 30-40 minute timeline. It’s really not that long. I noticed like it’s like, I did some stuff the other day and it’s probably the strongest stuff I’ve done in a long time and I got this really really intense rush from it, and I’m like, ‘Oh my god, oh my god,” it was so intense that like I was a little nervous because like, I was with people that I trusted so I was like, ‘How strong is it?’ They’re like, ‘Well, what’s your habit like?’ and I’m like, ‘You know, and compared to this person’s stuff?’ ‘cause like, you know, we know. They’re like, ‘You probably–’ and it was strong. And then right after that, I felt like the rush went away and then I wasn’t even high anymore. That’s how fentanyl kinda is anyways (24:00)

Effects of fentanyl’s short legs (ACM)

Illicit fentanyl being very short acting means a person has to:

Hustle harder to stay off E – using meth alternatively with fentanyl can help give the energy needed to do this

Inject more frequently, which means

- Higher likelihood of reusing needles
- Needing to inject in less traditional places on one’s body

Tranq can potentiate (elongate) the effects of fentanyl, but contributes to severe wounds, not just at the injection site but elsewhere on the body (seems to be where the body is already weakest)

My social anxiety – going to the methadone clinic, especially when I don’t feel good, is like the world’s coming down on me, that’s why I have a hard time going to the methadone clinic actually, it’s just easier for me to go get it from somebody else, that I don’t have to answer 20 questions before they give me my dose or whatever. The crazy part about that is, answer my questions or we’re not going to dose me today, but like answer questions before you dose me because you’re worried about my well-being, but if I don’t answer the questions you’re going to kick me out and not dose me for the day? How does that make sense?...I think it’s a much worse case scenario if you don’t give me my dose potentially and I go out and do something that we don’t know what the fuck it is and it could kill me or give me some crazy infection (43:33-44:50)

Learn to live with just being an addict. Learn to leave with, okay, this might be the rest of my life, doing opiates, whether it's methadone or suboxone or it's just buying a bag every day (9:00)...Now I am looking at the bigger picture, that's why I was saying if it comes down to choosing to just use and if it means I just have to try to control my using, get to work and stuff like that, if that's what I have to do that's what I have to do right now. It just means me being more mindful too about things that I'm doing even the people I'm with. Just because I'm getting high doesn't mean I have to be hanging out with people that are doing scummy shit (1:37:00)

How hard it is to get off fentanyl (ACM)

The transition to MAT can be very difficult and painful:

- Methadone doses start too low (eg, 30mg does not touch many people)
- Buprenorphine can cause precipitated withdrawal even after 36-48 hours' abstinence from fentanyl → low dose initiation (including with butrans patches) can help with this to some extent

The system is not designed for fentanyl

- Detoxes are too short
- Comfort medications are often inadequate – flexibility and creativity is needed when prescribing these

Lack of adequate attention to ongoing care

- Pain management
- Cravings
- Trauma
- Homelessness

There's still so many people that are like uneducated on Narcan and fentanyl and how all this is working, like the needle exchange. You know, so many people are like, 'Why would they do that, that's crazy!" And it's like, you're looking at it the total wrong way, you got to look at the bright side. I know for myself, even with Project Weber, years ago before I was taking more advantage of it, I was finding myself getting infections more and I ended up getting Hep C because I wasn't 100% educated on that whole situation (19:00)...I definitely feel like harm reduction is the way to go, and I like Canada's whole aspect on it (19:30)

Harm reduction needs to go further (MDS + MCS)

Harm reduction efforts are essential. However, as they currently stand they are inadequate to keep up with the toxicity of the drug supply

Have	Need more	Need
Needle exchange programs Naloxone	Comprehensive rapid testing (like TestRI) Safe consumption sites Safer injection skills-share	Decriminalization / decarceralization Safe supply Heroin prescribing programs Demedicalization

They're spending all this money and time and effort guarding the borders and putting me in jail and other people in jail and trying to stop the trafficking of drugs and in a sense ruining some people's lives and making it worse and harder for people to succeed instead of trying to help them (15:00)

Interdiction-based drug policy is ineffective (MCS)

Because fentanyl is so concentrated, it is very hard to stop it from being transported

The Iron Law of Prohibition dictates that when something is illegalized, it gets more potent (eg, hard liquor during Prohibition)

Instead, it’s important that we focus on the demand side:

- Why do people use drugs?
- Why these particular drugs?
- What can we as a society – guided by people who use drugs – do to change this?

Small groups

Rex

You are an outreach worker. You've met Rex a few times and had a few conversations with him. He's talked some about being a "system kid" and having spent some time in jail. You've also noticed that he walks with a slight limp. This particular morning, when you say hi to him he seems really distressed. You ask him what's been going on with him and he tells you that a friend of his recently died of a fentanyl overdose. After a few minutes of you and he talking about this, he says, "And it's extra fucked up, because I sold him the stuff. Obviously I didn't mean for him to OD. I was doing it myself, I didn't realize my habit was so much worse than his."

Rex

How would you respond to Rex, with the following in mind?

Group 1 (ACM): How would you engage with the sense of moral injury and guilt Rex seems to be reckoning with?

Group 2 (MDS): How would you talk with him his own use of fentanyl? What harm reduction resources (existing and/or envisioned) do you think would be supportive?

Group 3 (MCS): How would discuss the drug supply and drug policy with Rex?

So, what does this mean about where we start the conversation?

We need to:

Actually hear people who use drugs and honor and center their experience and expertise

Take a social as well as medical perspective:

- Think about how we address betrayal trauma, moral injury, and existential akathisia (fidgetiness)?
- Think creatively about the role medicine (and medication) can play

Expand our use of harm reduction, including via safe supply

Think creatively about what an alternative paradigm and way of caring can look like

Every experience of heartache, adversity, and failure comes with an equivalent benefit. I feel like as you do put one foot in front of the other it’s just a temporary setback. As individuals, and as a society, and a community we can learn to get through this I feel like, whether that be getting the people the treatment that they need, whether it’s being able to provide safe substances for people to use, and needles, and all that type of stuff, and safe places to go to use, and not feeling like you're being judged, but feeling like you can open up to people…whatever decision should be accepted. Because at the end of the day most people are not trying to do anything bad to themselves. Most of us aren’t out there using to commit suicide (1:18:58-1:20:42)

Society just thinks we are throw aways, Wastes of taxpayer money drags on society. Little do they know our people on the street are the smartest people in the world.

If society could live life based on the value of relationships and friendships and the loyalty that most of us treat eachother with this world would be a much better place to live.

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Thank you!

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