

## **SECTION ONE - B**

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# **DRUG USE BY POPULATION**

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## **B. DRUG USE IN “MARGINALIZED” POPULATIONS**

- Drug Use Among Street Youth
- Marginalized Adults and Crack Use
- Marginalized Adults and Injection Drug Use
- Barriers to Drug Use Treatment for Marginalized Populations
- Emerging Issues for Marginalized Users

# 1. Drug Use Among Street Youth

*"Although most people will wrongfully condemn homeless street youth for choosing to live on the streets, it has been found through Canadian research that family breakdown and abuse are the main reasons for youth homelessness."<sup>5</sup>*

-Santos, Maria (1999), "Needs Assessment for a Parent Relief Program in Toronto"; a report for the young Parents No Fixed Address working committee.<sup>5</sup>

A number of local, national and international studies have demonstrated the high proportion of homeless youth who have experienced early family chaos, high rates of physical, mental, and sexual abuse, and neglect. These results make the high levels of reported drug use among street youth in general unsurprising.<sup>81,82,90,105</sup>

Unfortunately, given their lack of parental support and supervision, drug use among street youth is more likely to lead to long term, serious addiction problems than use by their mainstream counterparts.<sup>77,78,80,81</sup>

The absence of any residential drug treatment for youth in Toronto renders effective treatment for homeless youth with serious addictions highly unlikely.<sup>81,82,99</sup>

Several previous studies of street youth and drug use, reported in earlier editions of *Drug Use in Toronto* reveal levels of use of marijuana, crack, powdered cocaine, speed and heroin at many times the rate of those indicated in student surveys.<sup>1,78</sup>

The popularity of drug use among Toronto street youth is confirmed in a March, 2004 study from Youthlink Inner City in partnership with the Children's Aid Society.<sup>77</sup> Seventy-six homeless youth were asked about any substance use, defined as at least once per month. Their responses follow.

Drug	Number Using	% using
Marijuana	61	84%
Alcohol	61	84%
Cocaine/Crack	44	60%
Prescription pills	30	41%
Methamphetamine	28	37%
Methadone	8	11%
Solvents (Inhalants)	8	10%
Other drugs	11	16%

A high prevalence of poly-drug use, or mixing these drugs, discussed for mainstream populations, was also noted among the youth in this study. Additional studies confirm the popularity of poly-drug use on the streets in Toronto.<sup>1,59,80,81</sup>

**Methamphetamine(a.k.a. meth, speed) appears to be popular within this population.** According to the Youthlink study described above, approximately 38% of street youth use this highly addictive substance monthly or more. This is especially ominous in light of the 2004 report, "The Adoption of Methamphetamine among Homeless Youth in Downtown Vancouver, A Case Report;<sup>107</sup>" the report is subtitled 'How Crystal Meth Spreads Among Homeless Youth.' It estimates that 71% of Vancouver's street youth have used this drug during their time on the streets. The text below is taken from this report.

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*“Speed appears to offer relative advantages and ‘benefits’ (as experienced by consumers) compared to other drugs available to homeless teens. Perhaps most importantly, homeless teens are able to buy one tenth of a gram of speed (called ‘a point’) for as little as five dollars – making speed much more economical than competing drugs available to them. In some cases, teens are able to obtain it for “merch” (i.e. their term for merchandise stolen or retrieved from dumpsters such as t-shirts, tapes, etc.) One point of speed, according to Dr. Ian Martin of the Three Bridges Health Clinic, can keep a consumer awake for as long as twenty-four hours, depending on the mix and efficacy of the drug and the person involved.*

*The physiological and psychological effects of speed also appear to have relative advantages in relation to the challenges that homeless youths experience. They are often sleep deprived, dehydrated, hungry, and in danger of losing their possessions (e.g. backpacks, clothing, blankets, etc.) on which their survival depends. Speed curbs the appetite, and by preventing sleep, temporarily solves their safety issues and helps them to protect their possessions. It also allays fear...*

*Thus, assuming similar environmental conditions, we may cautiously hypothesize that speed’s rate of adoption in other vulnerable populations in other Canadian cities will be rapid and reach similar penetration levels to that of Vancouver’s homeless youth population”*

from “The Adoption of Methamphetamine among Homeless Youth in Downtown Vancouver, A Case Report”<sup>107</sup>

**The serious health risks of living on the street compounded with those of frequent hard drug use are well documented.** In addition, it is estimated that approximately half of the young women living on the streets of Toronto become pregnant while homeless; this means these health problems often affect an unborn child, as well as the young parents.<sup>81</sup>

**Another factor which complicates drug abuse treatment for homeless youth is the high prevalence of concurrent disorders, that is mental illness along with problems of substance abuse.**<sup>103</sup>

*Research has documented wide variability in prevalence rates of concurrent disorders (within community and treatment populations), depending on the setting. Information on the prevalence rates within the homeless youth population is sparse. However, homeless youth sector service providers in Toronto have identified that more homeless youth are developing mental health issues. As youth try to deal with being homeless and the stress associated with life on the street, they are using drugs and alcohol in greater numbers.*

*In Toronto, there are no specific services for homeless youth with concurrent disorders. Services are spread throughout the mental health system and the addiction system, and workers in the homeless youth sector have to negotiate between both systems to get client services. The nature of street life also interferes with the ability of youth with concurrent disorders to keep appointments. The stigma of having a mental illness is such a significant barrier to this population that many youth will not even acknowledge that they have a mental health concern.<sup>103</sup>” -Toronto Board of Health paper, “Homeless Youth with Concurrent Disorders,” September 1, 2004.*

**For more information on Drug Use Among Street Youth in this report, see**

- **Barriers to Treatment for Marginalized Populations**
- **The Findings section on Individual Drugs**

## 2. Marginalized Adults and Crack Use

Local studies confirm that crack is the drug of choice among homeless and otherwise disenfranchised populations in Toronto.<sup>1,58,59,97</sup> This has been true for over a decade in Toronto.

Whether smoked or injected, crack use presents serious health risks, including compulsive use and addiction, the spread of infections including HIV and Hepatitis, cardiac problems, seizures and death. In addition to these serious health and safety problems, crack use has been associated with family breakdown and domestic violence. The associated child protection issues are often devastating.<sup>1,56,81,92</sup>

The low utilization of social and health services by homeless individuals is a well-known, significant barrier with respect to prevention of disease transmission.<sup>6,53,55,56,61,65,95</sup> As a result, several community agencies in Toronto run outreach programs, designed to attract crack users to use their health services. Although a controversial issue, community outreach workers report that the distribution of “safer crack use kits” has helped to bring crack users to Toronto health centers, offering opportunities both to improve their health as well as to prevent the spread of HIV, TB, Hepatitis C and other infectious diseases.

*Safer crack use kits contain various items to help prevent disease transmission through crack smoking. Most significantly, glass tubing is provided to take the place of unsafe pipes, which may be made of broken glass, used pop cans, or other materials that cause burning or cuts to the lips. It is believed that cuts, burns or sores to the lips and mouth from shared, unsafe pipes may promote the spread of HIV, Hepatitis C and other diseases. Other items often included in the kits include antiseptic, towelettes, lip balm, chewing gum to clean teeth and refresh mouth, and various other items.*

Source: Safer Crack Use Coalition, Fact Sheet: Health Issues Affecting Crack Smokers,” 2003.

Statistics from the Central Toronto/Queen West Community Health Centre, one of those distributing safer crack use kits, appear on the following table. Along with the numbers receiving medical care, the table also displays the “drug of choice” for each client noting problematic drug use during a visit. Of particular note on this table is the high prevalence of crack and opiate use among these clients. Hundreds of patients discuss problematic, illicit drug use with health care professionals at this center each month; this presents an opportunity for staff to assist clients in receiving treatment, or, for those not ready to stop their drug use, to provide advice on minimizing drug-related dangers.

Health care, including immunizations, testing and treatment are among more than 450 medical services dispensed each month at this community health center. The constant flow of new patients to this facility is evidenced in the 421 documented new clients during these nine months.

Queen West Community Health Centre, April 2002 – December 2002						
Total Client Visits	New Clients	Medical Care	Client Crack Kit	Crack Users	Opiate Users	Alcohol Users
4536	421	3095	1452	1415	460	359

Many Toronto studies have reported on the lives of crack users.<sup>47,56,65,97</sup> The drug's high potency and fleeting effects are frequently noted:

**Some answers to the question: "Anything good about crack?"**

**A:** "No. Crack lasts for three second – you get high. It's only three seconds and you go, 'I kinda want that feeling back again. But the second one will never give you the same as the first. You can never reach it but you keep trying. That moment was ecstasy...for three seconds."

**A:** "I ask myself that question and I don't find anything good about it. I don't particularly enjoy the high, I don't particularly like the people you have to deal with to get it. I don't like the coming down off of it. I don't like anything about it. I think I feel that I was punishing myself in [a] subconscious sort of way. I mean for those 15 or 30 seconds that you're actually getting off, there is nothing else. There is no right or wrong. There is no morality. There are no other thoughts in your head. It just blows everything away, so that if you are struggling with some sort of demon or some sort of issue in your life, it takes it away for a short period of time, which is probably some of the allure of it. But it's so short it's ridiculous. Because as soon as you stop, as soon as you start jonesing, those issues come back tenfold."

**A:** "There is something in it that you need, and you use until you run out of your money. You want it right away. Before crack I held a job – a receptionist secretary in a trust company – using cocaine. On crack I couldn't hold a job"

**A:** "Cheap, readily available, easy to use. You can be in a nice posh restaurant, go in the washroom and take a hoot off your pipe. No one would notice, as long as you aren't paranoid. The high kind of carries on afterwards. The high carries on even when you don't realize it. You're high even when you're out there making money or scoring your next piece, at a certain level. But the comedown is horrendous. Like any drug, it does something to you. It's that false heaven."

Source: Crack Use in Toronto, 2003, Walter Cavalieri<sup>97</sup>

However, despite these factors, many individuals continue to find solace in the use of this widely available, cheap and powerful stimulant:

**Some answers to the question: "What was the impact of crack on your life?"**

**A:** "I lived for it. With cocaine I had a bit more control. I had none over crack. Crack has a different effect on me, big time. Crack just about ruined my life. You use all your money – grocery money, your rent money, just 'cause you want it more and more. You say "that'll be it, after that one more – and then you want more I ended up homeless. Moved in with my mother. She made me go for help. That's what happened. I was a mess. Didn't care about myself, didn't wash my hair, my clothes, didn't care about anything. I never had that feeling with the powder I could go to work with coke, and still function. With crack I could never leave the house, let anyone see me. I became a hermit. Afraid to go out."

**A:** "It numbs me. Yeah, It numbs me. Like if I'm depressed I get away from that for a little while. It's an escape. I'm numbed, I feel good – and I like the rush."

**A:** "It provides an antidepressant effect, that's why I do it...Oh, damn right. It's a crutch, the most devious kind, and definitely very adequate. I have gone in a space of seconds from being completely, unquestionably, desperate to die – I wanted to die, wanted to die and meant it – and in seconds it was a great day. You cannot discount that effect. But what I've seen...isn't eradicated with the use of drugs like Prozac or Zoloft.. Well, what Zoloft takes a month to do, crack does instantly."

**A:** "Before, when I got my [cocaine] powder, I would disappear to use it, by myself or with one person. With the crack, I'd get my stuff and I wouldn't go far. I didn't want to go far. I only had \$20 worth and I had to come right back. With the powder, I could get \$40 worth, \$80 worth and I'd be gone for a while. I didn't have to come back. With the rock I had to be back in half an hour...45 minutes. I lived one rock to the next. That's how I survived." from Walter Cavalieri, Crack Use in Toronto, 2003<sup>97</sup>

**For more information on Marginalized Adults and Crack Use in this report, see:**

- The following section on Marginalized Adults and Injection Drug Use and
- The Findings section on Cocaine

### 3. Marginalized Adults and Injection Drug Use

It is estimated that there are between 10,000-18,000 injection drug users (IDU) in Toronto.<sup>68,74</sup> Because crack cocaine is believed to be the most popular injection drug in Toronto, there is significant overlap between injection drug users and the crack users discussed in the preceding section. In addition, drugs in many categories, including methamphetamine, club drugs, and others, are frequently injected.

The transmission of Hepatitis C and HIV are two of the most serious public health risks associated with this form of drug use.

A 2003 Health Canada study provides a look at the high risk population of injection drug users across the country. It includes interviews and medical tests performed on a total of 794 injection drug users from four Canadian cities. The results are summarized on the following table.

City	No. of Respondents	%HCV+	%HIV+
Regina	254	60.2%	1.2%
Toronto	221	54.3%	5.1%
Sudbury	169	61.5%	10.1%
Victoria	150	79.3%	16.0%
<i>Total</i>	794		

The high rates of Hepatitis C (HCV+) among IDU across Canada are apparent.

The HIV rates measured in this study were lower than previous studies in each of these four cities. Innovative outreach programs in all four cities are generally credited for this apparent reduction in the spread of disease.<sup>49,70,73,74,</sup>

Data from the Works, Toronto's Injection Drug Users' Program, are displayed on the following table. It summarizes selected service and referral statistics from the Works between January and December, 2003.

Client Visits	New Clients in 2003	Needles Given Out	Needles Taken In	Condoms Out	Drug Education/ Counseling	Referrals to Detox or Drug Treatment	Tests for Hepatitis and/or HIV	Vaccination	Basic medical care	Other
13,780	200	311,365	192,859	71,344	5350	211	240	255	294	452

While the needle exchange and condom distribution services are clearly well utilized, the Works has grown beyond its original needle exchange mandate of fourteen years ago. Among the services currently offered are Hepatitis A and B vaccines, flu vaccines, testing for HIV, Hepatitis A, B, and C and syphilis, low threshold methadone maintenance, and facilitation of access to a variety of other services for drug users and sex workers; these include housing, income, food access, drug treatment, detox and counseling. This range of services is provided through a number of venues. The fixed site exchange is located in downtown Toronto and open during regular business hours. Three mobile vans provide services in both downtown Toronto and more suburban areas, and operate six nights per week... In addition, a network of twenty-eight community partners helps deliver health services to injection drug users throughout the Toronto area.

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## 4. Barriers to Drug Use Treatment for Marginalized Populations

This topic has been a long-term concern for frontline workers representing homeless, and/or otherwise disenfranchised individuals.<sup>47,57,59</sup> Among the issues raised at recent community meetings:

**There is no residential substance abuse treatment for youth in Toronto; local street youth coping with problematic use have limited options.** It is widely acknowledged that drug addiction is exceptionally hard to overcome without stable housing.<sup>51,53,55,59</sup>

**"You can't beat the drugs without a roof"**  
--Toronto addictions counselor<sup>47</sup>

**Among the most difficult barriers for homeless, pregnant women in need of drug use treatment is fear; the fear of the loss of children to child protection agencies often prevents women from establishing connections with essential health care services.**<sup>87,90,92,93.</sup> It is estimated that half of the young women who spend time living on the streets of Toronto become pregnant while homeless.<sup>84</sup> Given the significant opportunity for addressing drug-related problems during pregnancy, outreach to homeless, pregnant women is essential to reduce the number of children born with drug-related problems, as well as to break the cycle of pregnancy, child birth, loss of child custody, and subsequent pregnancy, etc for these families. In addition, existing service providers advise rejecting the "silo mentality" and instead, recommend the integration of services associated with drug treatment and recovery.

**The procedure for seeking treatment in Toronto is a source of confusion for clients and providers alike.** Among the areas in need of clarification are: the requirements of the initial assessment, the waiting times that should be expected, and the availability of residential services, detox, and follow-up services. In addition, the process for methadone clients seeking detox treatment is reportedly confusing.

**The lack of culturally appropriate substance abuse programs available in languages other than English provides additional barriers; this is particularly important given that the pressures of underemployment for new immigrants to Canada is cited as a major risk factor for substance abuse<sup>66</sup>:**

*"Newcomers come with high expectations to Canada. They have PhDs, MSc degrees, but even...a simple teaching job..there are too many barriers and lack of opportunities for professionals. As a result of these pressures, and the challenges of adjusting to a new culture, participants noted that the use of addictive substances becomes a means to cope with social , economic and cultural changes."*

-- 2003 study of drug use among Canadian newcomers<sup>66</sup>

**Harm reduction demonstration projects in Toronto, designed to increase access to services for drug users most in need of health services, have received international acclaim.**<sup>64,76,105</sup> These include the Seaton House Annex for alcoholic, homeless men; the Works Injection Drug Users Program, which includes several fixed sites, three mobile vans, and a low threshold methadone program; the Breaking the Cycle and Jean Tweed's Pathways programs, providing outreach and treatment for pregnant women and mothers who use drugs, and the Toronto Drug Treatment Court, the first in Canada, providing court-supervised addiction treatment as an alternate to prison. These programs all include strong community partners, thereby enhancing the supports available to clients.

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## 5. Emerging Issues for Marginalized Users

**A number of the emergent drug issues discussed with respect to more mainstream populations also threaten the health and safety of more marginalized individuals.** In particular, the popularity of both methamphetamine and oxycodone on Toronto's streets raise serious health concerns in terms of their strength and addictive potential. In addition, trends in poly-drug use also generalize to marginalized groups.

**Reports of drug-related poisonings, potentially related to the contamination of illicit substances, have been made through a number of sources over the past few years, both locally and in other jurisdictions.** Again, it must be noted that while traditionally associated with street use, problems with contamination and variable strengths of drugs are also serious issues with respect to the general population, where they are most frequently associated with designer drugs.

**A number of cases of severe urinary tract problems recently diagnosed in Toronto were apparently linked with what patients referred to as synthetic ketamine,** likely a form of the drug produced outside of a pharmaceutical laboratory. The severity of these cases indicates the strong possibility of permanent damage to some or all of these individuals.

**Several serious, unexpected events have been reported in Toronto over the past several years involving heroin injection.** In two of these cases, the users were left comatose. One has since died. A number of additional cases included serious infections of the blood and soft tissue.

**Incidents of contamination raise concerns regarding possible outbreaks of tetanus and other potentially fatal diseases among intravenous drug users, similar to those occurring recently in the United Kingdom.** Such contamination is possible at multiple stages in the production, distribution, storage, cutting and injecting of heroin.<sup>19,79</sup>

**In response to the tetanus outbreak in the United Kingdom, the International Society for Infectious Diseases recommends that health professionals update tetanus immunization among IDU.**

**A dramatic increase in another heroin-related disease in British Columbia prompted a media release from Vancouver Coastal Health authorities on November 27, 2003.<sup>79</sup> An excerpt follows:**

There has been a dramatic increase in the number of cases of heroin-induced toxic leukoencephalopathy in B.C., all tied to 'chasing the dragon' [inhaling heroin] or smoking heroin.

Between January and July [2003], 17 cases of toxic leukoencephalopathy were confirmed in the province, up from four during the same period last year. Of the 17 cases, seven died. This compares with only two deaths in 2002...All of the seventeen individuals have a history of inhaling heated heroin and are believed to have received their heroin from the Lower Mainland.

"Chasing the dragon" is the process of heating heroin with a flame over aluminum or tin foil, and then inhaling the white smoke.. Toxic leukoencephalopathy is believed to be caused when a toxin within the heroin leads to injury of the white matter in the brain.

'Current heroin users should be aware of this risk and are encouraged to seek addiction treatment,' said chief Medical officer John Blatherwick. 'Individuals, their friends and family should be aware of [the symptoms of the disease] including difficulty with speaking, walking or getting out of bed after smoking even small amounts of heroin] and seek immediate medical attention.'

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A few samples of many emails sent to the Research Group on Drug Use, responding to recent community alerts of potential drug contamination, appear below on this page.

These reports and others, from local, national and international sources, underscore the need for prompt analysis and information sharing in instances of drug contamination and similar emergency situations. Those working in the areas of health care, treatment, policing, public health and related fields in Toronto, have endorsed the idea of creating a system to formalize information sharing in these cases.<sup>57,58,59</sup> In addition to identifying potential dangers, data regarding potential antidotes could also be made available through such a system.

*I work with people on addiction and people who are homeless. I had been notified by some of my clients who are afraid to talk to the authorities and some of the dealers in the area about bad heroin on the streets. Your message was a confirmation of that. Please keep us up to date on any further information coming to you relating to bad dope.*

**--Addictions worker, Toronto West**

*So many of my clients have told me recently about contaminated powder cocaine, They have reported a variety of painful effects. The most notable of these was a really, really severe burning sensation in the head neck and or face One told me that he had to submerge his head in cold water in order to get rid of the terrible burn.*

**Peer outreach worker, Toronto East**

*The drought in white heroin has inundated the market with brown and black-tar heroin. Both can be injected only with lemon juice, vinegar, or ascorbic acid. These agents can easily be contaminated; more serious, however, is the havoc they cause on soft tissue, rendering the injector susceptible to infection and blood poisoning. Black tar heroin is often mixed with so many harmful materials. It can make the user sick even if s/he is going through withdrawal.*

**--Needle Exchange staff, Toronto**

*Recently in Toronto there has been a certain kind of heroin going around., It's white, often yellow in appearance but both kinds, when heated, turn into a distinct yellow – almost green – colour. It also has a faint solvent smell. I could not distinguish the solvent but it is definitely not acetone. However, when you shoot it (I have no info on smoking) it's strong, comes on well, and about 3 hrs later you're as sick as a dog. The sickness is almost exactly like 'cotton fever' – achy, very sore, fevers, severe headaches – its like malaria. This was [contracted] by a couple who were very aware of the need for hygienic works and isolated any other possible contaminant and the story was corroborated by others who had used the same dealer.*

*Please, if you can, please get the info out there – at last reckoning I was told the dealer still had the stuff and was still selling it. If not, they've probably dumped on some other unknowing, small;-time dealer, and it's probably still making the rounds.*

**--Community member**