



Bridging the Gap: Examining Older Adults Experiences of Homelessness and Access to Harm Reduction Shelter Supports



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Abstract

Homelessness among older adults (50+) in Canada is growing due to a rapidly aging population and a lack of affordable housing, among other factors. This results in older adults experiencing homelessness increasingly relying on emergency shelter to meet their unique and complex needs. Harm reduction shelters have been advanced as effective in better meeting the unique needs of this population. Research investigating harm reduction shelter service, albeit extremely limited, identifies ageism and stigmas related to addiction as structural barriers to service provision and managed alcohol programs and substance use management were the most frequently used harm reduction interventions to support this population. To address this knowledge gap, we conducted a secondary data thematic analysis of qualitative interviews with 10 older adult residents and 5 service providers in one promising practice shelter in Calgary, Alberta to identify facilitators and barriers for the provision of harm reduction services for older adults as part of the Aging in the Right Place (AIRP) Study. Findings suggest that targeted interventions are needed for this population to adequately support their unique needs and vulnerabilities, including harm reduction. Further research is required to identify the barriers to housing with harm reduction service for sub-populations of older adults experiencing homelessness, such as Indigenous, racialized, and LGBTQ2S+ persons.

Findings

We identified two overarching themes related to residents: **Safety** and **Autonomy and Choice** and two themes related to service providers: **Re-traumatization** and **Risk Mitigation**.

In the following we describe each of these themes with illustrative quotes drawn from the interviews

Client Theme 1: Safety

Shelter residents highlighted concerns about their own safety concerning substance use but highlighted that it was commonly encountered in the surrounding community.

"I just, I don't want to be in a drug filled building. I don't mind a little pot and stuff, but I don't want all the drugs, street drugs"

"And so there's a lot of drug things going on. Right, right around us. But they never hurt us if you know"

"Well, I love it. I love that back alley because there's a lot of homeless people that walked down that back alley and there's a lot of drug dealers or kids, kids on drugs and just want a cigarette. I would always give them a cigarette always, but the back alley can be dangerous"

Client Theme 2: Autonomy & Choice

With respect to substance use, shelter residents desired autonomy and choice in their ability to choose their ways of living for themselves.

"But I'm a smoker, so I don't care. I'm going to smoke till I die."

"I control it myself. You're the only one to make your destination. Nobody else. Right"

"Like really, I thought they're going to do what the other shelter did, right. But no, they trust us... We are seniors. We are, you know, not children, right?"

Provider Theme 1: Prevention of Re-Traumatization of Shelter Residents

Transitional, temporary spaces have varying degrees of permitted substance use and harm reduction practices depending on the aim of the program. In the case of this promising practice, the shelter does not permit substance use to promote healing for residents.

"Our reasoning for being a dry facility is that so much, so much abuse or why people are fleeing abuse is linked to addictions."

Provider Theme 2: Risk Mitigation: A Balance between Client Autonomy and Safety

In this promising practice, harm reduction principles may or may not be official policy of the shelter but are applied in work with clients in various ways to mitigate risks.

"We start to see issues [with a client] we need to get [the] substance abuse in later life program involved."

Multidisciplinary Implications

Rising housing and healthcare costs, combined with increased substance misuse has contributed to an increased risk of homelessness among older adults. Implementing policies and practices informed by transdisciplinary perspectives that support AIRP are crucial for improving the livelihoods of older adults experiencing homelessness in Canada, and globally.

References

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Context

- Homelessness in Canada is a widespread issue which results in numerous individuals' relying on emergency shelters. In the last decade, there has been a noticeable growth in older people experiencing homelessness (Mahmood., et al. 2022).
- Recent literature indicates that adults over the age of 50 account for 24% of shelter use in Canada (Humphries & Canham, 2021)
- Older adult experiencing homelessness are more likely to experience adverse health complications exacerbated by their unhoused status (Mahmood et al., 2022)
- Shelters are often unprepared to meet the complex health needs and comorbid substance use disorders, of older adults (Canham et al., 2022; Humphries & Canham, 2021).

Understanding of Harm Reduction Supports

- Definition of Harm Reduction:** includes policy and practice which emphasize reducing negative consequences (including health, social, and economic) of substance use without requiring reduced substance consumption (Nixon & Burns, 2022).
- There is limited literature on harm reduction pertaining specifically to older persons experiencing homelessness (Nixon & Burns, 2022). Below is an overview of available supports in shelters:
 - Managed Alcohol Programs:** Controlled amounts of beverage alcohol are given to prevent the consumption of non-beverage alcohol substances.
 - Substance Use Management:** controlled and supervised consumption of illicit substances on property. These come in the form of safe consumption sites/locations that are staffed by medical professionals or peers.
 - End of Life Care:** Hospice care with substance use management.

Substance Misuse and Older Adults

- Older adults who misuse substances are at an increased risk for additional health risks and complications than younger adults (Lehmann & Fingerhood, 2018).
- Older adults experience more chronic health conditions than younger adults; medications taken for these conditions leave older adults more susceptible to dangerous interactions. Chronic health conditions, increased health complications with substance misuse, and a lack of substance use treatment options for older adults, leads to an increased need for 24-7 nursing services in a long-term care facility (Brown & Steinman, 2013).
- Harm reduction for older adults is beneficial because it encourages people to seek adequate medical care and social services, which includes access to supports to stay housed and supported (Thandi & Browne, 2019).

Methodology

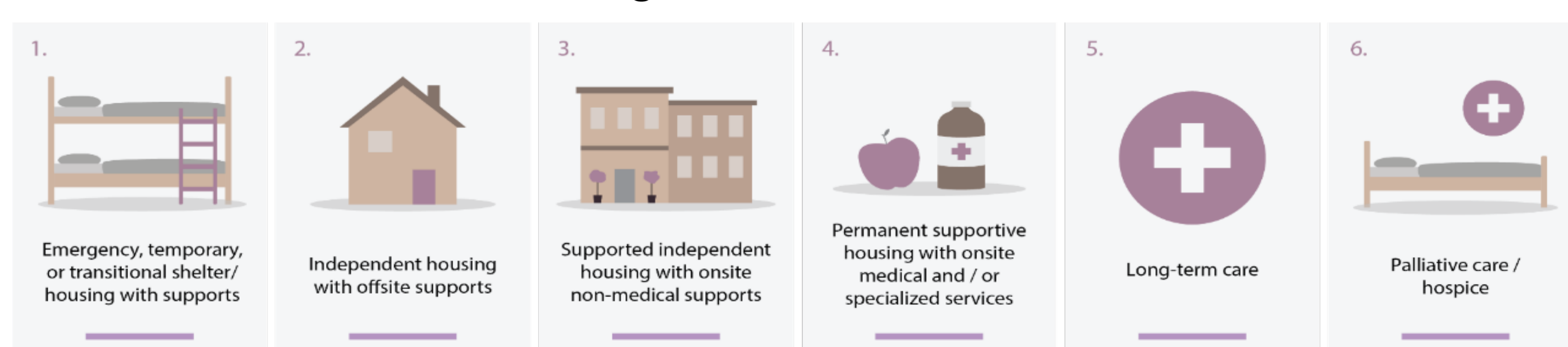
- We conducted a secondary qualitative data thematic analysis (Braun & Clarke, 2006) of interviews with older adult residents and staff of a shelter of older adults fleeing domestic violence in Calgary, Alberta, to identify facilitators and barriers for the provision of harm reduction services for older adults as part of the Aging in the Right Place Study (Canham et al., 2022).



Figure 1: Art Exhibit

Recommendations

- Include substance use screening for older adults during shelter intake throughout the process of finding housing.
- Additional harm reduction shelters for older adults are need in Canada.
- Shelter policy and processes for legal/illegal substances should be based on harm reduction principles.
- Further study is needed about policy and processes for harm reduction for illegal/legal substances across the housing continuum for older adults.



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