

Illicit Drug Use as a Challenge to the Delivery of End-of-Life Care to Homeless Persons:

Perceptions of Health & Social Services Professionals

What you need to know

Many thousands of Canadians experience homelessness each year. Recent estimates suggest that between 44% and 60% of homeless people have used illicit drugs in their lifetime. Homeless people tend to die younger than the housed population and tend to have complex end-of-life needs. This is partly due to illicit drug use and associated physical health problems. Accessing health care is a difficult task for homeless individuals who use illicit drugs as they are often stigmatized, lack identification, are struggling to manage withdrawal symptoms, and do not feel welcome in healthcare settings.

What is this research about?

This research identifies the challenges associated with providing end-of-life care to homeless people who use illicit drugs. It identifies both the barriers faced by this population in accessing care, and the difficulties reported by health and social service professionals in providing services to homeless people who use illicit drugs.



ARTICLE SOURCE

McNeil, R., Guirguis-Younger, M. (2012). Illicit drug use as a challenge to the delivery of end-of-life care services to homeless persons: Perceptions of health and social services professionals. *Palliative Medicine*, 26(4), pp. 350–359.

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Summary Date: May 2013



HOW CAN YOU USE THIS RESEARCH?

Overall, this research can be used to improve access to health care for homeless individuals who use illicit drugs. It offers insight into the need to improve services for this population, and to educate health care professionals about incompatible policies that limit this population's access to health care. It outlines the need to improve the relationships between clientele and care providers such that trust can be established in an attempt to offer services that are judgment-free. It also suggests that harm-reduction models should be integrated into end-of-life care services to allow for on-site alcohol consumption and medically supervised drug use.

What did the researchers do?

The researchers interviewed fifty health and social service workers from across Canada who provided health and social care services to homeless people.

The participants included physicians, health administrators, nurses, social service workers, and personal support workers offering care to clients in a variety of settings. All participants provided care to clients, including homeless people who use illicit drugs and who have been

deemed to be in need of end-of-life care. The participants were invited to discuss (a) the end-of-life needs of homeless persons who use illicit drugs; (b) barriers in accessing end-of-life care for this population; and (c) challenges in delivering end-of-life care services to this population.

What did the researchers find?

Following the discussions with participants, the researchers divided the findings into two groups; barriers to end-of-life care services, and challenges to end-of-life care services delivery. Competing priorities often act as a barrier to end-of-life care, in that many illicit drug users balanced their need for care against the realities of active addiction. A lack of trust between healthcare providers and clients, and exclusion from traditional end-of-life care settings due to policies of zero tolerance were also

found to be barriers to services. Non-disclosure of illicit drug use and the associated risk of adverse drug reactions were found to be a challenge to effective treatment. High opioid tolerance was noted to be challenging to service delivery as it interfered with pain and symptom management. Interruptions in care due to policies that require users to leave the premises to use illicit drugs, and health care providers' lack of understanding about addictions were also found to negatively affect service delivery.

ABOUT THE RESEARCHERS

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