Planning for Homelessness and Addiction: The Case of Toronto with Lessons from Europe

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Abstract:

Toronto currently grapples with intersecting epidemics which take the form of increasing homelessness and addiction among city dwellers. The recent housing crisis and fentanyl epidemic have highlighted an urgent need to approach these issues with new and unconventional policies and strategies. The collapse of the welfare state and the rise of neoliberalism have eroded the social safety net which once may have slowed the advance of these problems. Both addiction and housing instability have led to negative outcomes for, not only the demographics in question, but as this paper will show, society at large. As such, it is necessary for our policy makers, academics and leaders to think outside the box and look for new innovative solutions to these problems. In a search for answers, this paper will look to European jurisdictions for examples of unique urban planning and government policy approaches that may be utilized with regard to both understanding and tackling issues relate to the cross between addiction and housing in Toronto.

Key words: Planning Marginalization Addiction Housing Toronto

<u>Foreword:</u>

This paper explores my three areas of concentration, planning and marginalization, power and planning and planning discourses. An examination of the circumstances of those afflicted by housing instability and addiction is given context with an examination of the housing crisis and opioid epidemics in Toronto, a look at related scholarly literature and theoretical perspectives, and a look at approaches being used in European jurisdictions. While there are unique challenges and various limitations and factors that affect these demographics differently in cities throughout the world, it is important to understand that these issues have been grappled with substantial success in cities and countries where hope was all but lost. There is need for an evidence-based approach to these issues. We also have a moral responsibility to these individuals, society and ourselves and through recognition of the core values of respect, dignity and inclusion, meaningful policy alternatives exist to tackle these problems head on as will be examined in this paper.

"Only a city that respects human beings can expect citizens to respect the city in return"

Enrique Peñalosa

1) The Picture Today: Addiction, Increasing Housing Prices and Marginalization in Toronto

Introduction

We currently find ourselves in the midst of an exceptional set of social, political, economic and cultural circumstances in the City of Toronto. Two unique, but nevertheless linked crises have left Torontonians from many walks of life further marginalized. While our leaders, politicians, academics and society search for answers, little has changed with respect to the quality of life and daily realities for those most affected by these issues. The first crisis I refer to is that of drug addiction. While drugs and addiction are both nothing new, the recent opioid epidemic (which is not isolated to Toronto) has hit the city hard with the number of reported overdose deaths in mid 2017nearly doubling compared to the same time during the previous year.[1] This has resulted in increasing numbers of overdoses and deaths being reported[2] while health care workers, government officials and citizens struggle to find answers.[3] Within the broader context of the 'war on drugs', such a situation highlights a continuing failure to meaningfully address addiction and drug use in society. Concurrently, the ongoing housing crisis in the city has made life increasingly difficult for not only lower income demographics, but also for the shrinking middle-class and first-time home buyers.[4] Subsequently, those whose housing situation in past years may have been more secure are now experiencing circumstances where their quality of life is at risk. What I mean by this is that many of those who once felt home ownership was a rite of passage or a secure part of their future, may no longer be as certain in this regard. As such, they are unable to guarantee their continued housing security for not only themselves, but also for their families and loved ones. What is even more troubling is that there are many who are impacted not only by

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[1] Don Mitchell. (2018, Jan. 22). Toronto's medical officer says opiod deaths have 'doubled' despite challenges in accurate data reporting. *Global News.*

[2] Wendy Gillis. (2017, Nov. 16). Death of drug squad officer by fentanyl overdose confounds police. *The Toronto Star.*

[3] Muriel Draaisma. (2017, August 28). Harm reduction workers call on Ontario to declare emergency over opioid crisis. *CBC News*.

[4] Wendell Cox. (2015, October). A Question of Values: Middle-Income Housing Affordability and Urban Containment Policy. Frontier Centre for Public Policy.

housing instability, but also drug addiction. Unfortunately, these problems feed of off each other. When issues related to addiction and housing insecurity intersect, the ensuing negative outcomes may prove difficult if not impossible to overcome. It is this intersectionality within marginalization that this paper aims to explore. While conditions in Toronto could be worse, especially when examined within the context of other Canadian cities, or internationally, there is much that can be done to improve the current situation.

The Housing Crisis in Toronto

We are currently not building enough new affordable rental housing in Canadian cities and as a result there is a severe shortage of housing opportunities available for those most in need.[5] "This shortfall, combined with significant population increases, has brought vacancy rates to all-time lows in many cities and pushed rental costs beyond the reach of many Canadians".[6] Toronto specifically has been hit with a housing affordability crisis. Since 2000, the price of homes in the city increased nearly threefold compared to household incomes.[7] As the increasing price of home-ownership and rent outpace income growth, a pernicious cycle of socio-economic polarization accelerates resulting in decreased accessibility to secure, affordable housing for low-income and middle-income residents.[8] In such a way the distinction between low-income and middle-income residents is blurred. Consequently, young and middle-class families are shut out of the market, no longer able to afford homes which in past years may have been within their reach.[9] This is in stark contrast to the relative "stability between growth in house prices and household income" experienced in previous decades.[10] Growing poverty, a shortage of affordable housing and population increase further complicate the situation.

Due to the lack of provision for diverse needs outside of the city, "Toronto attracts a disproportionate share of the GTA's elderly, poor, homeless, and people receiving social

[5] Housing Supply Working Group. (2001). *Affordable Rental Housing Supply: The Dynamics of the Market and Recommendations for Encouraging New Supply* (Interim Report). Canadian Federation of Apartment Associations.
[6] Ibid.
[7] Wendell Cox & Ailin He. (2016, June). Canada's Middle-Income Housing Affordability Crisis. Frontier Centre for Public Policy.
[8] Stefan Novakovic (2017, March 17). Toronto's Housing Crisis: A Problem of Supply or Demand? UrbanToronto.ca.
[9] Gary Mason. (2017, February 23). Wake up, Toronto, to your housing crisis. *The Globe and Mail*.
[10] Wendell Cox & Ailin He. (2016). Canada's Middle-Income Housing Affordability Crisis.

assistance".[11] This directly relates to the impacts of gentrification and urban revanchism in Toronto, and other cities as pointed to by authors such as Neil Smith, Gwen Van Eijk, and Katrien De Boyser in which the geography of cities have become increasingly defined by high rents, consumption and the exclusion of marginalized homeless and addicted populations.[12] As the polarization between high-income and lower-income Torontonians increases, home owners in the GTA benefit from increasing real-estate values, with renters being excluded from such equity building opportunities.[13] Additionally, as the price of homes increases, a growing number of tenants are prevented from ever achieving home ownership.[14] "What is more, rent levels, especially when high relative to income, reduce or annihilate tenants' capacity to save. Shelter costs therefore are responsible for a serious deterioration or even total eradication of many tenants' equity building capacity (to say nothing of those who are forced to use food banks because of their inability to pay for both their rent and other necessities of life)".[15]

Government and Housing

"Government-assisted housing, both in the United States and in Canada, traditionally was not directed at those who were 'homeless'".[16] Prior to 1986, homeless people in Canada were ineligible for social housing unless diagnosed as disabled.[17] Traditionally, Government-assisted housing in Canada was "directed at the working poor, the middle-class (in the case of co-operative housing), seniors, low-income families (specifically those on social assistance) and the

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[11] M. J. Doucet. *Toronto in Transition: Demographic Change in the Late Twentieth Century* (Toronto: Joint Centre for Excellence for Research on Immigration and Settlement, 1999) in Desfor, Gene et al. (2006). From Surf to Turf: no Limits to Growth in Toronto? *Studies in Political Economy*, *77*(1), 131–155, p. 147

[12] Neil Smith (1996). The New Urban Frontier: Gentrification and the Revanchist City. London and New York: Routledge; Gwen Van Eijk (2010). Exclusionary Policies Are Not Just about the 'Neoliberal City': A Critique on Theories of Urban Revanchism and the Case of Rotterdam. International Journal of Urban and Regional Research, 34(4), 820-834." Centre for Urban Studies - University of Amsterdam, 3 Aug. 2012; Katrien De Boyser. (2009) *Between the Social and the Spatial Exploring the Multiple Dimensions of Poverty and Social Exclusion*. Farnham: Ashgate.

[13] P. Filion. (1991). The Gentrification-Social Structure Dialectic: A Toronto Case Study. *International Journal of Urban and Regional Research*, *15*(4), 553–574.

[14] P. Filion and T. E. Bunting. (1990). Socioeconomic Change Within the Older Housing Stock of Canadian Larger Cities. *Housing Studies,* 5(2) 75-91 in Filion, P. (1991). The Gentrification-Social Structure Dialectic: A Toronto Case Study.

[15] Pierre Filion. (1991). The Gentrification-Social Structure Dialectic: A Toronto Case Study.

[16] Nick Falvo. (2009). *Homelessness, Program Responses, and an Assessment of Toronto's Streets to Homes Program* (Research Report). Carleton University: Canadian Policy Research Networks.

[17] Paul Dowling. (1998). Analysis of Funding for Homelessness Initiatives in Toronto. Background Paper for the Mayor's Homelessness Action Task Force. September, p. 2-3 in Falvo, N. (2009). *Homelessness, Program Responses, and an Assessment of Toronto's Streets to Homes Program*.

disabled"[18] This situation was aggravated by the fact that from the late 1990's to early 2000's very little in the way of government-assisted housing has been created[19]. "Until recently, no level of government made a concerted effort to move 'rough sleepers' (i.e. those living outside the shelter system most nights) directly into permanent housing"[20].

It has been estimated that between 20,000 to 25,000 new affordable housing units, equivalent to about $1.1 billion, would be required each year in Canada, to re-attain the levels of supply found during the 1980's[21]. While "most other OECD [Organization for Economic Cooperation and Development] countries recognize" the need for attention to specific "urban housing dynamics [by investing] …in their social programs accordingly, …we have failed to provide affordable accommodation for 1.7 million Canadian low-income households, as well as the 35,000 to 40,000 individuals who sleep on urban streets on an average night"[22].

Marginalization

According to the American Heritage Dictionary, to be marginalized can be defined as "to relegate or confine to a lower or outer limit or edge, as of social standing"[23]. Political philosopher Iris Marion Young defines those impacted by marginalization as "people the system of labor cannot or will not use"[24]. "As a result, they are excluded from one of society's major integrating activities, thereby missing out on one of the basic factors leading to full inclusion"[25].

Housing insecurity can be viewed as being intrinsically linked to marginalization. Populations in Canada that may be seen to fit these criteria include those experiencing homelessness, substance

[18] Gerald Daly. (1996). Homeless: Policies, Strategies, and Lives on the Street. New York: Routledge in Falvo, N. (2009). *Homelessness, Program Responses, and an Assessment of Toronto's Streets to Homes Program*.
[19] Nick Falvo. (2009). *Homelessness, Program Responses, and an Assessment of Toronto's Streets to Homes Program*.
[20] Ibid.
[21] John Lorinc. (2006). *The new city: how the crisis in Canada's urban centres is reshaping the nation*. Toronto: Penguin Canada. p. 160
[22] Ibid. p. 76
[23] American Heritage Dictionary of the English Language, Fifth Edition. Houghton Mifflin Harcourt Publishing Company, 2011.
[24] Iris Marion Young, Justice and the Politics of Difference (Princeton, NJ: Princeton University Press, 1990: 53) in Jenson, J. (2000) Thinking about Marginalization: What, No and Why? *Canadian Policy Research Networks Inc. (CPRN)*.
[25] Jane Jenson. (2000). Thinking about Marginalization: What, No and Why? *Canadian Policy Research Networks Inc.*

abusers, immigrants and refugees, senior citizens, aboriginal peoples, the mentally ill, sex workers, racial, ethnic and cultural minorities and the economically marginalized lower classes. To various degrees and for various reasons members of these demographics and social groups face similar, and in some cases unique obstacles when it comes to their housing situation. These barriers are amplified by social stigmatization, prejudice and xenophobia which remain widespread. While others in society may face issues when it comes to housing, marginalized groups often share characteristics and barriers that make their housing situation particularly problematic. There is also an intersectionality which exists between the members of these relegated groups, as these individuals often fall under more than one category of marginalization. This will be elaborated upon in a later section. If these issues are serious and left unchecked they will only increase in scale and severity. Iris Marion Young views this is "a growing problem in the First World and observes that 'marginalization is perhaps the most dangerous form of oppression. A whole category of people is expelled from useful participation in social life and thus potentially subjected to severe material deprivation'".[26]

"Socio-economic changes and demographic trends …continue to challenge" the ability of cities "to provide a suitable living and working environment for [their] populations".[27] Such global conditions leave those impacted by marginalization in particularly vulnerable situations. Economic instability, the restructuring of business and industry, and the increasing mobility of labour have resulted in "more people than ever before [being] …in need of assistance in finding employment, education, job retraining, affordable housing [and] healthcare"[28] increasing their vulnerability to marginalization and substance abuse.

Marginalized groups face a unique array of obstacles which may also include barriers related to technology and transportation, and simply the area in which they live. For example, marginalized populations such as substance abusers, especially those experiencing homelessness,

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[26] Iris Marion Young, Justice and the Politics of Difference, 1990 in Jenson, J. (2000). Thinking about Marginalization: What, No and Why?. 2000.
[27] Warren E. Kalbach. "Spatial Growth," in Betty I. Roots, Donald A. Chant & Conrad E. Heidenreich (Eds.) *Special Places: The Changing Ecosystems of the Toronto Region.* Vancouver and Toronto: UBC Press, 1999, p. 89
[28] Ibid.

are less likely to have easy access to the internet or own a computer.[29] "They rely on local networks to find out about jobs and other opportunities. Often lacking a car (and adequate mass transit), they must live close to where they work. Unable to send their children to private schools, they must rely on local public schools. Unable to afford day-care, lower income families must rely on informal day-care provided by nearby relatives and friends".[30]

> With a low minimum wage and social assistance rates that keep people trapped in poverty, many residents of Toronto find it impossible to pay the market rent for even a small apartment. If they are not in a position to share the rent with someone, people often end up renting a room and sharing a kitchen and/or bathroom with other tenants. If there are more than three of these tenants in a house, the building violates the zoning bylaw in most of the suburban parts of the City. Even though these tenants are still protected by the *Residential Tenancies Act*, they are very vulnerable to pressure from their landlord or by-law enforcement officers. Where unsafe or unhealthy conditions exist in their buildings, they often do not take action. They fear that they will be punished by the loss of their homes for the landlord's illegal activity.[31]

Some of the housing situations experienced by marginalized populations, specifically those facing addiction, find themselves in put them in situations where rules, standards or conditions like time limits on stay, curfews or eligibility criteria make the long-term utilization of such options difficult. Examples of such housing situations include halfway houses, shelters, treatment centers, and, to a degree, social housing. Many of these may not work well for certain marginalized demographics, specifically those with addiction issues. A study of illegal drug use in shelters found that when people were ejected from a shelter, "the use of drugs was reported to have most often been the cause for such ejection".[32] In such a way this also serves to deter substance abusers from staying in a shelter or accessing other potentially helpful services out of fear that the illegality of their drug use may make things problematic. Addicted individuals are put into situations where they cannot adapt to meet eligibility requirements, they do not like the

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[29] Peter Dreier & Mollenkopf, et al. *Place Matter: Metropolitics for the Twenty First Century.* Second Edition, Revised, University Press of Kansas, 2004, p. 2.
[30] Ibid.
[31] Advocacy Centre for Tenants Ontario, "Ontario Long-Term Affordable Housing Strategy" (http://www.acto.ca/en/law-reform-advocacy/new-affordable-housing/ontario-long-term-affordable-housing-strategy.html).
[32] T. Børner Stax, T. (2003). Estimating the Use of Illegal Drugs Among Homeless People Using Shelters in Denmark. *Substance Use & Misuse*, *38*(3–6), 443–462 in Kraus, D. et al. (2005). *Homelessness, Housing, and Harm Reduction: Stable Housing for Homeless People with Substance Use Issues* (Distinct Housing Needs Series). Canada: CMHC & The Social Planning and Research Council of British Columbia.

rules conditions at the facility, or that the option is just a temporary fix which will only ameliorate their situation for a short period.

Difficulty finding housing can quickly cause individuals to spiral out of control in a dangerous chain reaction with the endgame being poverty, alienation and housing instability. This is especially the case with individuals and families who once lived in relative comfort, now finding themselves in more unstable financial situations due to the increased costs associated with housing, newly acquired drug addictions and new problems related to housing instability. If they lost their job, had their hours at work cut or were in some other way negatively impacted financially, those who might otherwise have been able to get by financially now may be unable to afford basic living costs, especially when contending with an expensive drug habit. This contributes to and perpetuates an overall atmosphere of alienation and vulnerability for increasing segments of Torontonians while doing little to prevent the consequences of other negative impacts related to marginalization.

Addiction

Those facing issues related to drug addiction face all kinds of unique challenges. "Previous studies have shown that substance use among homeless people is a prevalent problem that is associated with longer durations of homelessness".[33] Many of those experiencing concurrent homelessness and substance abuse issues highlighted accommodation as their most pressing need.[34] However, many of those same individuals were found to have difficulty gaining access to temporary and permanent accommodation because of substance abuse.[35] The recent fentanyl epidemic in Toronto (and throughout North America) intensifies the situation while also highlighting the urgency of changing our overall approach to drug use and addiction in Canadian society. Our lack of meaningful progress with regard to how we approach this issue as well as how illegal drugs are viewed by our leaders and society are problematic. As both drug use and housing instability may be generally linked with the process of marginalization, these two

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[33] B. Van Straaten et al. (2016). Substance use among Dutch homeless people, a follow-up study: prevalence, pattern and housing status. *The European Journal of Public Health*, *26*(1), 111–116.
[34] Deborah Kraus, et al. (2005). *Homelessness, Housing, and Harm Reduction: Stable Housing for Homeless People with Substance Use Issues* (Distinct Housing Needs Series). Canada: CMHC & The Social Planning and Research Council of British Columbia.
[35] Ibid.

phenomenons also feed off each other. In such a way, the negative consequences of these issues are further cast upon individuals, families and society, impacting those who might have otherwise escaped their reach. Drug users come from all demographics and walks of life. However, what they all have in common is that those who use illegal drugs must already navigate a treacherous landscape full of dangers which penetrate all aspects of their lives. From addiction, health issues, legal problems including criminal records and incarceration, an insulated, precarious and potentially unhealthy lifestyle, a strained financial situation, lost time and opportunities, social stigma, marginalization, tense personal and family relationships, and even infections, disease and death; drug users face an uphill battle and marginalized position in society. These effects are further magnified for those who have progressed from recreational drug use to drug abuse and addiction, particularly for those consuming 'hard drugs' such as opiates, crack/cocaine and methamphetamine.

Many drug users face an uphill battle and marginalized position. To compound the hazardous landscape that drug users and addicts must navigate is the illegality and criminal consequences they face for possession of the substances they consume and the stigmas they face in society, is that for individuals to use drugs, most must purchase them, and this can be quite expensive. For many who cannot afford the price tag, and who are often already marginalized members of society, crime may seem like the easy, and perhaps the only means for obtaining illegal drugs. For those who face housing instability or are close to losing their homes or being unable to pay their rent, the result is desperation, potential homelessness or crime to pay for their habit. Such circumstances for substance abusers may at times make them ineligible for shelter or rehousing services,[36] deter them from seeking services or simply make them more difficult to reach due to the criminality of their day-to-day activities.

The illegality of the purchase and use of drugs expose those who are addicted to a criminal element. From petty theft such as shoplifting to muggings, burglary, armed robbery and fraud, drugs users have resorted to criminal activities in order to obtain drugs. Many drugs users have also utilized drug dealing, smuggling and production as a means of subsidizing or funding their

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[36] Sam Tsemberis. (2010) Housing First: Ending Homelessness, Promoting Recovery and Reducing Costs in: I. Gould Ellen and B. O'Flaherty (Eds.) How to House the Homeless, pp.37-56. (Russell Sage Foundation: New York).

habits. This situation may result in the drug users arrest and their introduction into the criminal justice system. "Despite increasing evidence that addiction is a treatable disease of the brain, most individuals do not receive treatment. Involvement in the criminal justice system often results from illegal drug-seeking behavior and participation in illegal activities that reflect, in part, disrupted behavior ensuing from brain changes triggered by repeated drug use".[37]

For those whose mental addiction has progressed to or is further complicated by physical addiction and withdrawals when they do not have their drug of choice, the situation is even more complex. Physical withdrawals are faced by long-time addicts of legal drugs such as alcohol, prescription drugs such as benzodiazepines, barbiturates and prescription opiates like OxyContin, Vicodin or Percocet, and users of illegal drugs which include opiates such as heroin, opium, and krokodil, as well as GHB and methamphetamine. The opioid epidemic currently plaguing North America cities, including Toronto, is unique as many prescription drugs such as OxyContin and Fentanyl were initially made available to individuals through their doctors. However, as the addictive nature and potential dangers associated with their use became clearer, many patients found themselves losing access to their prescriptions, being forced to look for alternative options to procure this medication. This resulted in these drugs becoming available on the illegal market through the redirection of legal prescriptions as well as patients seeking illegal alternatives such as heroin to get their fix. As a result, as illegal opioids began to become more prevalent, Fentanyl manufacture began in clandestine domestic laboratories as well as taking place overseas, primarily in China. As Fentanyl is 50 times more potent than regular heroin,[38] 100 times more potent than morphine and only two milligrams can lead to an overdose, it is much easier to ship overseas in smaller quantities than its opioid cousins Heroin and opium providing drug traffickers and dealers with an easier time smuggling and concealing smaller doses which "give users the same euphoria, but smaller doses also cause far higher risk of death".[39] The excruciating withdrawal symptoms that drug addicts can face range from agitation and anxiety, restlessness, depression, insomnia, tearing, yawning, and runny nose, to diarrhea, digestive

[37] R. K. Chandler, Fletcher, B. W., & Volkow, N. D. (2009). Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety. *JAMA*, *301*(2), 183.

[38] Zalkind, S. (2016, February 4). Fentanyl: drug 50 times more potent than heroin ravages New Hampshire. *The Guardian*.

[39] Virani, Hakique from the University of Alberta in Young, L. (2017, February 22). Change in drug war mentality needed to battle fentanyl crisis. *Folio (University of Alberta)*.

discomfort, vomiting, sweating, and piloerection (goosebumps), to muscle pain and tremors, tachycardia, hypertension, and heart palpitations to even in some cases hallucinations, psychosis, delirium tremors, and potentially deadly seizures.[40] The most common response by addicts to physical withdrawal symptoms is relapse, and for those without money this often leads to illegal criminal activity to fund their next fix, which temporarily alleviates their withdrawal symptoms, while plunging the addict further into the depths of marginalization and crime.

"Addiction is a chronic brain disease with a strong genetic component that in most instances requires treatment".[41] While poverty, homelessness, social inequity and poor mental health may all be factors in substance abuse, they are not necessarily an explanation for illegal drug use. "Even if we could address all of those things, not everyone will magically stop using drugs".[42] When we impose moral expectations guided by the line of thinking which states that normal good citizens do not use illegal drugs, we end up alienating many people, putting them at increased risk for more problematic substance use as well as other negative social and health impacts.[43]

Criminalizing drug use, and in turn addiction, does little to address these issues. Treating drug use as a legal issue rather than a health concern results in those in need of medical treatment instead being subjugated to legal consequences, increased marginalization and greater health risks due to the lengths to which they go to conceal and use their drugs of choice. If drug prohibition came to an end, clean injection supplies, safe conditions for drug consumption as well as dangerous cutting agents and additives would no longer be the serious concerns which they are today. Drug treatment, rehabilitation and a better quality of life rather than prison, criminal records and illegal activity would become the norm for addicts and those possessing drugs.

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[40] CAMH: https://www.porticonetwork.ca/web/opioid-toolkit/treatment/opioid-withdrawal; American Addiction Centres: http://americanaddictioncenters.org/withdrawal-timelines-treatments/alcohol-benzos-at-home/

[41] R. K. Chandler, Fletcher, B. W., & Volkow, N. D. (2009). Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety. *JAMA*, *301*(2), 183.

[42] Virani, Hakique from the University of Alberta in Young, L. (2017, February 22). Change in drug war mentality needed to battle fentanyl crisis. *Folio (University of Alberta)*.

[43] Lesley Young. (2017, February 22). Change in drug war mentality needed to battle fentanyl crisis. *Folio (University of Alberta)*.

While programs such as drug diversion courts exist in Canada, opportunities for rehabilitation for those facing criminal drug offences are few in the United States. This is important to note, as to seriously consider following the example given by our neighbour to the south when it comes to their 'war on drugs' approach would slow much of the progress which has been made in Canada, while also doing little to address the real issues. All this while continuing to fill our jails with drug users and utilizing an approach which deals with only the symptoms rather than the actual heart of the problem.

> Every 25 seconds in the United States, someone is arrested for the simple act of possessing drugs for their personal use. …Around the country, police make more arrests for drug possession than for any other crime. More than one of every nine arrests by state law enforcement is for drug possession, amounting to more than 1.25 million arrests each year. And despite officials' claims that drug laws are meant to curb drug sales, four times as many people are arrested for possessing drugs as are arrested for selling them.[44]

The inadequacy of an approach which criminalizes drug use ignores the deeper issues at play leading to increased incarceration, and higher rates of recidivism for drug using and abusing offenders. When drug users are arrested and incarcerated they return to society with less in terms of job and life prospects, decreasing their chances at obtaining housing on their own.

Intersectionality, Mental Illness and Social Stigma

Jane Jenson points out the intersectionality of marginalization, "remind[ing] us that 'marginalization' is not simply one thing, not just one status. While an absence of economic resources may, to be sure, characterize a marginalized group, lack of knowledge, political rights and capacity, recognition and power are also factors of marginalization".[45] A fundamental commonality between various sub-categories of those impacted by marginalization is the social stigma they face which can be an insurmountable barrier to upward mobility and improvements to quality of life. When examining addiction, housing instability and homelessness, it is important that we understand why it is that those who face these issues are stigmatized, and why is it their activities have come to fall outside of the realm of acceptable behaviour as members of our society. From such a perspective, many current legal, policy and social approaches as well as

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[44] B. Stauffer. (2016). Every 25 Seconds: The Human Toll of Criminalizing Drug Use in the United States. *Human Rights Watch*.
[45] Jane Jenson. (2000). Thinking about Marginalization: What, No and Why? *Canadian Policy Research Networks Inc.*

popularly held ideas of drug addiction highlight contradictions and misconceptions embedded in common thinking on these issues.

While users of prescription drugs such as benzodiazepines and OxyContin, and legal ones, such as alcohol face similar withdrawal symptoms to users of illegal drugs like heroin, those who use legal drugs and their medical prescriptions in a legal manner face little in terms of marginalization and social stigma in comparison with users of illegal drugs. Therefore, the question should be asked: why is it that certain drugs are illegal, while many of their withdrawal symptoms are minimal, or less severe than that of the powerful prescription and legal drugs mentioned above? It is also important to note here that the illegality of many drugs is a serious contributing factor to the actual dangers with their use as has been discussed above. This is not only referring the criminal activities which many drug users become involved in which lead to criminal records, incarceration, recidivism and the potential for a life lost to crime, but other factors as well.

While we have statistics related to overdose deaths and the state of drug addiction in Toronto and Canada as a whole, we lack strong data on homelessness in Canada, and estimates with respect to the gravity of the situation remain simply estimates.[46] This is due to the sometimes temporary nature of homelessness, the disconnection between 'harder to reach' segments of the homeless population as well as the 'hidden homeless'. It is estimated that in Canada 200,000 people experience homelessness every year, 150,000 use a homeless shelter at some point, and on any given night about 30,000 are homeless and 50,000 form the 'hidden homeless' who, with nowhere else to go, stay with relatives or friends on a temporary basis[47]. Within the context of this paper it is crucial that we understand the unique circumstances faced by these individuals, especially when combined with issues related to drug addiction. By the very nature of their situation, these individuals are placed in increased jeopardy when they are forced to contend with

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[46] Stephen Gaetz, Jesse Donaldson, Tim Richter, & Tanya Gulliver (2013): The State of Homelessness in Canada 2013. Toronto: Canadian Homelessness Research Network Press.
[47] Ibid.

both these issues simultaneously. "Once homeless, specific problems will even accumulate further in the daily life of the drug user".[48]

This situation is further complicated for those that are mentally ill.[49] While the focus of this paper is the intersectionality between addiction and housing stability, it is necessary to understand that there are those who are affected by homelessness, addiction and mental illness concurrently and these issues go hand-in-hand with one another.[50] However, in the North American context, mental health and addiction services have traditionally been kept very separate[51] and each specific service generally does not take responsibility for issues considered outside of their sphere of responsibility.[52] As such, it is crucial that we understand the intersectionality between mental illness, addiction and homelessness. When persons with mental illness are also addicts involved with the use of illegal drugs they can become entangled in the criminal justice system. Their capability for rational decision making is compromised by their illness and addiction.[53]

> Homeless individuals who have psychiatric disabilities and concurrent substance addictions constitute an extremely vulnerable population. The vulnerability is particularly evident among persons who are living on the streets, carrying their bundled belongings, sitting in transportation terminals, and huddled in doorways or other public spaces. These individuals face distressing consequences, including acute and chronic physical health problems, exacerbation of ongoing psychiatric symptoms, alcohol and drug use, and a higher likelihood of victimization and incarceration. Members of this segment of the homeless population do not consistently use services but sporadically appear in drop-in centers, soup kitchens, and psychiatric and medical emergency rooms. They are

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[48] Moniek Coumans & Spreen, M. (2003). Drug Use and the Role of Homelessness in the Process of Marginalization. *Substance Use & Misuse*, *38*(3–6), 311–338.

[49] Stephanie Hartwell. (2004). Triple Stigma: Persons with Mental Illness and Substance Abuse Problems in the Criminal Justice System. *Criminal Justice Policy Review*, *15*(1), 84–99.

[50] Ceannt, R. et al. (2016). Circles: Within Circles: Dublin's Frontline Homeless Sector Workers Discuss the Intersectional Issues of Homelessness, Mental Illness and Addiction. *European Journal of Homelessness*: 10(2).

[51] K. Minkoff & C.A. Cline. (2004) Changing the World: The Design and Implementation of Comprehensive Continuous Integrated Systems of Care for Individuals with Co-occurring Disorders, Psychiatric Clinics of North America 27(4) pp.727-743 in Ceannt, R. et al. (2016). Circles: Within Circles: Dublin's Frontline Homeless Sector Workers Discuss the Intersectional Issues of Homelessness, Mental Illness and Addiction..

[52] Ceannt, R. et al. (2016). Circles: Within Circles: Dublin's Frontline Homeless Sector Workers Discuss the Intersectional Issues of Homelessness, Mental Illness and Addiction.

[53] Katherine Beckett & Sasson, T. (2004). *The Politics of Injustice: Crime and Punishment in America*. 2455 Teller Road, Thousand Oaks, California, 91320 United States: SAGE Publications, Inc. in Stephanie Hartwell "Triple Stigma: Persons with Mental Illness and Substance Abuse Problems in the Criminal Justice System."

the least likely subgroup of the homeless population to gain access to housing programs.[54]

With respect to addicts, and specifically homeless addicts, their involvement as consumers or suppliers of drugs makes them "increasingly vulnerable to formal forces of social control such as community-based policing".[55] The lives of members of other groups who are marginalized or stigmatized by society are similarly complicated when they are also drug users.

> Those involved with the illicit drug industry, on one hand, and addicts and alcohol abusers, on the other hand, are considered 'suspect populations'. Suspect populations are defined as such due to the unintended consequences of social policy and structural inequalities. They are composed of the disenfranchised poor who live in socially disorganized communities. They are members of the surplus labor market - those that are unemployed due to limited skills and disabilities. They are a neighbourhood's youth, elderly, veterans, and immigrants, alienated from the norms and expectations of opportunity in a capitalist society. Simply put, suspect populations are groups of individuals who are stigmatized. Thus, they include drug addicts, drug dealers, and the mentally ill. They are stigmatized so their actions and behaviors are non-normative, and public tolerance and policy dictates efforts to contain and manage them.[56]

The social stigma and marginalization of drug users is further complicated by their disenfranchisement. As those who are stigmatized and marginalized have less voice, they therefore have less means to push for legislation that favors their situation. As there are many in society who feel that legislation which helps, protects or relieves the struggles faced by drug users is of little benefit to them if they are not a drug user themselves, they may feel that such legislation perhaps only serves to enable drug use. As a result, pushing legislation through for services such as safe injection sites, needle exchanges and even methadone programs have been

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[54] F. C. Osher & R. E. Drake (1996). Reversing a history of unmet needs: Approaches to care for persons with co-occurring addictive and mental disorders. *American Journal of Orthopsychiatry*, *66*(1), 4–11; J. D. Wright (1990). Poor people, poor health: The health status of the homeless. Journal of Social Issues, 46, 49–64; Heather Barr (1999). Prisons and jails: hospitals of last resort. New York: The Correctional Association of New York and the Urban Justice Center; S. M. Barrow et al. (1991). Evaluating outreach services: Lessons from a study of five programs. New Directions for Mental Health Services, 52, 29-45; Sam Tsemberis & Eisenberg, R. F. (2000). Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities. *Psychiatric Services*, 51(4), 487–493.

[55] T. M. Green. (1997). Police as Frontline Mental Healthworkers: The decision to arrest or refer to mental health agencies. International Journal of Law and Psychiatry, 20(4), 469-486 in Stephanie Hartwell "Triple Stigma: Persons with Mental Illness and Substance Abuse Problems in the Criminal Justice System."

[56] Stephanie Hartwell "Triple Stigma: Persons with Mental Illness and Substance Abuse Problems in the Criminal Justice System."

slow in North American, despite some jurisdictions (drug consumption rooms and prescription heroin programs in Vancouver) making significant headway.

However, even with progress in the form of programs such as methadone treatment, the situation is far from ideal. Methadone patients may often find themselves being treated as 'second class patients' who at times may be looked at with disdain from judgmental health workers and must follow strict rules in order to receive continued treatment. While some structure is clearly necessary, too much may prove problematic or counter-productive. For example, methadone patients are forced to attend weekly doctors' appointments to continue to qualify for this treatment, which in the early stages are even more frequent and may interfere with work, education and other commitments. They are also started on low doses that may prove inadequate to properly substitute their opiate addiction. This can lead to the supplementing of their methadone with illegal drug use causing an increase in tolerance to methadone, whereby they are caught in a constant game of catch up.

The number of methadone patients in Ontario has increased significantly in recent years, from 3,000 in 1996 to over 50,000 today.[57] While methadone treatment helps control the spread of disease in injection-drug users and provides stability that can allow users to lead a normal life, they are now addicted to a new opioid, potentially for the rest of their lives with many patients failing to stay on the program, supplementing their treatment with illegal drug use or being sporadically enrolled in methadone treatment.[58] Health officials, including Meldon Kahan, medical director of the substance use service at Women's College Hospital in Toronto, argue that "[t]hese are not simple patients. The idea that methadone alone is going to treat them is preposterous. …Most of them have underlying issues like anxiety, depression, post-traumatic stress disorder and social difficulties. They need a lot of support".[59]

So, the question arises: how do we approach these people more effectively? How do we help them? Is the current criminalization of these drugs working for the benefit of these individuals

[57] Tom Blackwell. (2016, March 15). Critics question methadone usage as patient numbers soar in Canada. *National Post*.
[58] Ibid.
[59] Kelly Grant. (2017, July 19). Ontario study raises red flags over methadone distribution. *The Globe and Mail*.

and society as a whole? Lastly, does housing have a role to play in pulling these people out of these situations, providing a foundation for them to seek treatment, find jobs or simply becoming more productive members of society?

2) **Theoretical Perspectives**

Considering that there is broad diversification with respect to the reasons for a group to be marginalized, and for them having limited opportunities for independent living within the existing housing market, it is necessary to look at the causation for their less than fortunate social situation, as well as the theoretical, planning and policy perspectives put forth as possible explanations for their situation as well as with the aim of formulating remedies which would allow at least some of these groups or individuals to more fully utilize their social skills, capital and potential to participate and more meaningfully contribute to Canadian life.

Planning Discourses and Marginalization

It is important that we understand that while housing has always been within the purview of urban planning, issues related to addiction, drug use and certain other health concerns have not always been seen as being connected to the role of planners. While planners would necessarily be involved in the location, various land use and zoning by-law aspects related to the construction and development of facilities such as safe-injection sites, needle exchanges and other health and social service facilities relevant to addition issues, their day-to-day activities have traditionally stopped there. This is part of the problem with regard to how and why marginalized demographics such as substance users and abusers, and issues which impact their daily existence have for so long fallen between the cracks. In such a way there is a lack of focus on these issues when we plan urban areas.

While many might view planning as being progressive, idealistic and modernist,[60] theories of urban and regional planning have been underdeveloped in accounting "for its use as a tool of

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[60] M. J. Dear & Scott, A. J. (Eds.). (1981). *Urbanization and urban planning in capitalist society*. London; New York: Methuen; Hall, P. (2014). *Cities of tomorrow: an intellectual history of urban planning and design since 1880* (Fourth edition). Hoboken, NJ: Wiley-Blackwell in Yiftachel, O. (1998). Planning and Social Control: Exploring the Dark Side. *Journal of Planning Literature*, *12*(4), 395–406.

social control and oppression".[61]   There is no doubt that there are planners who do their best to maximize the social good and act from altruistic intentions, wanting nothing more than to help others. However, it is crucial that we understand that what might be the good intention of one individual might become the plight of another. Nowhere does this ring truer than in the manner in which not only planners, but we, as a society, understand drug addiction. While we might feel that these individuals, namely the homeless and addicted just need a good nudge or tough love to get out from rock bottom, or maybe it is that they have yet to reach rock bottom, and they need help getting there too, our understanding of these issues may in the end not only suffer from being based on emotion, cultural conventions, social norms and human nature, but also may very well be in the worst interest of both these individuals and society in general. It is also necessary that we understand that as conceptualized by Dear and Scott, there exists a 'dark side' to planning and certain policy approaches and outcomes may surface outside the realm of the policymakers specified intentions.[62]

Certain power relations exist in planning and these are especially obvious in contrast to the living situations of addicted and homeless demographics. Urban planning for years has been dominated by white heterosexual men[63] "with approximately 90 percent of APA's 40,000 members identifying as white".[64] To believe that that the planning profession has not been influenced by the bias of preferences of these men would be an uninformed perspective. Also, to believe that planners have not had a role in the "regressive and oppressive impacts of spatial policies such as public housing, inner-city development, gentrification, and the location of employment centres, environmental hazards, or freeways"[65] would be equally ignorant. As such, the day-to-day decisions which planners make have the potential to negatively impact marginalized populations disproportionately and highlight "deliberate oppression and social control exercised by elites over weaker groups".[66]

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[61] O. Yiftachel (1998). Planning and Social Control: Exploring the Dark Side. *Journal of Planning Literature*, *12*(4), 395–406.
[62] Ibid.
[63] Michael Frisch. (2002). Planning as a heterosexist project. *Journal of Planning Education and Research* 21(3): 254-66.
[64] Jeffrey S. Lowe. (2015). "Black Lives Don't Matter in APA's Colorblind Planning: APA Rejected Legislative Policy Guide on Criminal Justice". *Progressive Planning*, 203: 2,18-19.
[65] O. Yiftachel (1998). Planning and Social Control: Exploring the Dark Side. *Journal of Planning Literature*, *12*(4), 395–406.
[66] Ibid.

The following sections will outline theoretical perspectives and discourses that may help illuminate the circumstances that addicted, and housing insecure demographics, find themselves in, and providing context to the exploration of policy alternatives in later sections.

Cities and Social Capital

Historically, social reformers have looked to urban environments to provide perspective on issues related to poverty "by making the 'invisibility' of poverty visible for the affluent classes whose money and power (can decide) the fates of the poor majority[67]." In this context, the plight and situation of marginalized groups become more visible. Upon close observation of a city's streets on any given day one may witness poverty, homelessness, racism, or substance abuse. It is also in cities that greater opportunities exist for employment, access to social programs, and the building or social networks and social capital. "Lack of 'social capital', however, correlates with lack of economic success and, consequently, with social exclusion and poverty[68]."

> Indeed, migrants, persecuted minorities, and misfits have long sought refuge in urban neighbourhoods, which afford anonymity but also the possibility of new forms of community – from close-knit ethnic or religious enclaves to derelict warehouses colonized by artists. When working properly, cities transform exclusion into inclusion. If treated pragmatically, and with a healthy skepticism about politicians touting pat solutions, cities also have the *potential* to function like social reaction chambers in which people from vastly dissimilar backgrounds may, or may not, interact with one another. …Because of their dense, diverse nature, our metropolitan regions must provide a multiplicity of options, without which there is merely crowding and uncomfortable conformity.[69]

The options and social capital found in cities is crucial for providing opportunities for the impoverished and marginalized. The implications of ignoring this can lead to negative outcomes not only for the individuals in question, but also for society in general. According to Former British Prime Minister Tony Blair: "Social exclusion is about income, but it is about more. It is about prospects and networks and life chances. It's a very modern problem, and one that is more harmful to the individual, more damaging to self-esteem, more corrosive for society as a whole,

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[67] Simon Parker. (2015). *Urban theory and the urban experience: encountering the city* (Second edition). London; New York: Routledge, Taylor & Francis Group.

[68] M. Harloe. (2001). Social justice and the city: the new 'liberal formulation'. International Journal of Urban and Regional Research, 25(4), 889–97 in Mayer, Margit. (2003). The onward sweep of social capital: causes and consequences for understanding cities, communities and urban movements. International Journal of Urban and Regional Research, *27*(1), 110–132.

[69] John Lorinc. (2006). *The new city: how the crisis in Canada's urban centres is reshaping the nation*. p. 13-14

more likely to be passed down from generation to generation than material poverty".[70] The core approach to dealing with the issues and ameliorating the conditions faced by marginalized groups is shelter and housing. "People's ability to find, and afford, good quality housing is crucial to their overall health and well-being".[71] For example, it is very difficult for someone experiencing homelessness to find reasonable employment or benefit from certain social programs or assistance if they are unable to provide a permanent address during the application process. Similarly, a substance abuser who wishes to move past their addiction will have a difficult time when their problems associated with overcoming their addiction are compounded with a lack of stable housing.

Social Darwinism and NIMBYism

The existence of marginalized populations in society and debate over how to handle the issues related to these groups are nothing new. While there have been successes and some progress has been made, social stigmatization, prejudice and the issues faced by marginalized groups remain widespread and impacted by various processes. These can be viewed and understood through the examination of various theoretical perspectives and phenomenon, such as Social Darwinism and NIMBYism.

Scholars have defined Social Darwinism as the "application of Darwin's theory of natural selection to the evolution of human society".[72] An analysis of the historical spatial makeup of our cities on the most basic level provides a crude example of "Social Darwinism at play that suggests the 'fittest' economic actors seize the prime locations (big businesses and *rentiers* in the central city area, the wealthy middle class in the upwind and upriver, leafy suburbs), with the most socially disadvantaged relegated to the nosiest, most polluted and rundown quarters of the city".[73] This example of Social Darwinism at work in our cities has evolved in form over the years in cities like Toronto whereby low-income groups are being pushed from the inner city to

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[70] Tony Blair at the Stockwell Park School, Lambeth, on Monday December 8, 1997 in Harloe, M. (2001). Social justice and the city: the new 'liberal formulation'. International Journal of Urban and Regional Research, 25(4), 889–97.

[71] Michael Shapcott. (2010). Precarious Housing in Canada 2010. Wellesley Institute.

[72] James Allen Rogers. (1972). Darwinism and Social Darwinism. *Journal of the History of Ideas*, *33*(2), pp. 265-280.

[73] Peter Dickens. (1990). *Urban Sociology. Society, Locality and Human Nature,* London: Harvester Wheatsheaf, in Parker, S. (2015). *Urban theory and the urban experience: encountering the city* (Second edition). p. 41

the periphery. In the Toronto of the 1970's, as well as in many other large cities, "most of the city's low-income neighbourhoods were in the inner city".[74]

There are further common and unique barriers to integration and housing that those impacted by marginalization might face, particularly those experiencing homelessness and drug addiction. From the perspective of established residents, business leaders and homeowners, these groups may be viewed as a potential source of interference with the existing social order. Integrating and creating housing opportunities in many neighbourhoods must consider the ethical norms of community members. It could be said that the benefits of integrating and uplifting marginalized groups must be weighed against the potential backlash of the other groups who share the same urban spaces. Social Darwinism describes a situation where the wealthiest city dwellers carve out neighborhoods which they call their own. When lower-income city dwellers and the services which they require make their way into these neighborhoods, the result is NIMBYism (not in my backyard) whereby existing local residents who are not necessarily in principle against the aims or expected outcomes of a projected development somewhere else, nevertheless oppose it being located in their neighbourhood due to their fear of negative consequences or externalities which they feel will come along with it. "Developers, planners and municipal officials often find themselves in a defensive position, having to prove the benefits of a proposed new apartment, townhouse or supportive housing development".[75] The argument could be made that given the right approach, the thoughtful integration of housing alternatives might be possible in any neighbourhood if pragmatic ways of controlling, mitigating or eliminating the real or perceived negative consequences or externalities can be shown.

The Neoliberal Agenda

It could be argued that an individual perspective on overcoming social marginalization, achieving economic independence and accessing housing may be rooted in the neoliberal doctrine of everyone being responsible for one's own wellbeing and course of life. After all, neoliberalism argues that the market provides us all with the means to accumulate wealth, better

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[74] J. David Hulchanski. (2011). *The three cities within Toronto: income polarization among Toronto's neighbourhoods, 1970-2005*. Toronto, Ont.: Cities Centre, University of Toronto.
[75] Affordability and Choice Today (ACT) "Housing in My Backyard: A Municipal Guide For Responding To NIMBY".

ourselves and the freedom to choose our own housing, that is if we are in the financial position to afford it. While Adam Smith argued in *The Wealth of Nations* that the invisible hand of the free market economy would encourage checks and balances on those trying to make money while also leading to increased productivity and societal benefits,[76] it is important to understand that there are those who for various reasons are left behind by the market or lack the means or opportunity to participate in this system in a meaningful way. In such a situation the invisible hand is more like an iron fist: "the 'invisible hand' of the casualised labour market finds its institutional complement and counterpart in the 'iron fist' of the state which is being redeployed so as to check the disorders generated by the diffusion of social insecurity [and]…make the lower classes accept desocialised wage labour and the social instability it brings in its wake".[77] Gough writes:

> Neoliberalism poses itself as the end of the social. It seeks to unshackle social actors from social and political constraints …[and] is centrally concerned with depoliticizing economy and society by weakening or removing historically accumulated forms of socialisation. Existing forms of nonmarket coordination and state regulation are abandoned. …Workers' collective organizations are weakened, and their job prospects made more directly dependent on the profit rate of capitals employing or potentially employing them. Demands on public services—in particular, to address gender and 'racial' inequalities - are resisted on the grounds of the need to reduce state spending 'to increase competitiveness'. People are encouraged and compelled to rely on their own or their household's resources for their reproduction.[78]

Accelerating in the early 1980's, the recent trend towards neoliberal policies, which find their root in the idea of Adam Smith, has complicated the ability of cities to intervene and provide services augmenting the inequalities and the negative effects related to marginalization. Neoliberalism is "a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutionalized framework characterized by strong property rights, free markets and free trade. The role of the state is to create and preserve an institutional framework appropriate to such practices".[79] The consequences of this agenda include "deregulation, privatization, and the

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[76] Adam Smith. An Inquiry into the Nature and Causes of the Wealth of Nations. Edited by S. M. Soares. MetaLibri Digital Library, 29th May 2007.
[77] Loïc Wacquant. (2001). The Penalisation of Poverty and the Rise of Neo-liberalism. European Journal on Criminal Policy and Research, 9: 401–412, 2001.
[78] Jamie Gough. (2002). Neoliberalism and Socialisation in the Contemporary City: Opposites, Complements and Instabilities. *Antipode*, 34(3): 405-426.
[79] David Harvey. (2005). *A Brief History of Neoliberalism.* Oxford University Press: New York. p. 2

withdrawal of the state from many areas of social provision".[80] In the wake of neoliberal influence, "the role of social services which address economic, societal, gender and 'racial' inequalities, is diminished on the grounds that there is a need to reduce state spending 'to increase competitiveness'".[81] "As the state withdraws from welfare provision and diminishes its role in areas such as health care, public education, and social services … it leaves larger and larger segments of the population exposed to impoverishment. The social safety net is reduced to a bare minimum in favor of a system that emphasizes personal responsibility. Personal failure is generally attributed to personal failings, and the victim is too often blamed".[82]

As a result, the most vulnerable groups in society in most need of assistance, are left not only to fend for themselves, but often blamed for their situation. While, neoliberalism "holds that the social good will be maximized by maximizing the reach and frequency of market transactions",[83] the best interests of the market in many cases do not go hand in hand with the concerns of marginalized populations. This represents a fundamental flaw embedded in the neoliberal agenda that betrays a narrow vision of self-interest by 'big market players'.

Neoliberalism is now a prominent landmark in the downtown core of cities such as Toronto due to first the 1980's shift in entrepreneurial municipal politics followed by the influence the recession in the early 1990's,[84] and again in the late 2000's.[85] The lack of reasonable affordable housing options in Canada's cities provides a unique lens to examine the effects of neoliberalism, the divisions it has proliferated and the consequences for marginalized populations. Urbanized areas are meant to provide the necessary physical and social infrastructure allowing access to essential services. These services, which include shelters, social housing, food banks, employments centers, rehabilitation and treatment facilities, needle exchanges, community centers and facilities for troubled youth, the mentally ill and senior citizens, help marginalized groups improve their lives; in many cases social assistance can also

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[80] Ibid. p. 3
[81] Jamie Gough. (2002). Neoliberalism and Socialisation in the Contemporary City: Opposites, Complements and Instabilities.
[82] David Harvey. (2005). *A Brief History of Neoliberalism*. p. 76
[83] Ibid. p. 3
[84] Gene Desfor, et al. (2006). From Surf to Turf: no Limits to Growth in Toronto? *Studies in Political Economy*, *77*(1), 131–155, p. 149.
[85] N. Reid, et al. (2013). The Great Recession of 2007-2009. *Economic Development Quarterly*, *27*(2), 87–89.

locate workable housing options which may pull them out of unhealthy or dangerous situations of chronically living on the margins of society. What these facilities also have in common is that in most cases they are government funded. However, neoliberal influence encourages the dismantling of the welfare state and therefore the diminishment and potential eradication of these services in some instances. Neoliberalism puts emphasis on decreased government intervention, much of which is responsible for such social services. Relying on the private sector to provide such services or affordable housing options and other services can be problematic. The incentive for financial gain which drives the market is not so easily found in services which help those who have little money to pay. Neoliberal theory is limited by the fact that not everyone has biological, psychosocial, monetary or inherited ability to compete in today's highly demanding social and economic environment.

The primary effort to correct these limitations is through education and a psychosocial and cultural environment which would be more tolerant and inclusive in supporting disadvantaged groups and individuals in a manner that could offer them an incentive and means towards broader, more effective participation in mainstream society. Ideally this would provide them greater economic independence and improved prospects for attaining housing on their own. This could take the form of community group or private sector efforts to create workshops, networking opportunities and 'clinics' to offer information on pathways to social integration with a focus on education, legal and social support, and help with employment and housing all with the goal of increased representation, support and inclusion for marginalized groups. However, within the context of neoliberalism we would have to rely on the private sector, community groups, charities, civil society and non-governmental organizations to be well incentivized and willing to provide these opportunities. There are certainly incentives and benefits for these organizations to take such actions. The private sector can benefit from a better educationally equipped, more capable and more responsible and socially connected workforce that such programs could bring about. However, capital and private sector interests often focus on more immediate benefits and profit without looking at the long-term benefits such strategies might bear.

Nevertheless, the widespread adoption of such a line of thinking on the part of the private sector would also benefit local communities for similar reasons. These include more gainfully employed neighbours and reductions in crime. Community businesses might also benefit from the increased activity in the neighbourhood that the workshops and other similar initiatives would create. Also, the success of such initiatives would lead to more gainfully employed individuals in the community who might be willing to spend money at local establishments or start businesses of their own. The evolution of civil society fosters "an environment conducive to the compatible cohabitation [of] socially diverse groups while at the same time encouraging social integration, with improvements in the quality of life for all segments of the population".[86]

"In some instances, societal challenges are left almost entirely to the charitable sector to resolve because neither governments nor private businesses are able or willing to act".[87] However, NGOs have been criticized for their lack of unaccountability, undermining government sovereignty and their growing organizational power and influence.[88] "They view the growth and reliance on nonprofits as a means of advancing the privatization of political affairs and as a system controlled and manipulated by the wealthy to advance moderate solutions at the expense of radical social change".[89] From the perspective of the neoliberal agenda, such initiatives could be criticized as they at least partially rely on government funding, and in practice, service is available to the most socially aware groups while the most marginalized segments of society are frequently left without assistance.

It is important that we remember how crucial housing and the assistance provided by social programs is to fostering opportunities for betterment in vulnerable populations. Recent history has shown that without government support the chances for such betterment are diminished. That is not to say that incentivizing the private sector to participate in such activities would not complement government services, but rather that we cannot count on the business, whose primary incentive is profit, to take full responsibility for the provision of such services. For

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[86] Mario Polèse, M., & Stren, R. E. (Eds.). (2000). *The social sustainability of cities: diversity and the management of change*. Toronto: University of Toronto Press. p. 15-16

[87] Gerry W. Jenkins. (2012). "Nongovernmental Organizations and the Forces Against Them: Lessons of the Anti-Ngo Movement." Brooklyn Journal International Law, 37(2): 459-526.

[88] Ibid.

[89] Ibid.

example, the neoliberal agenda has resulted in some of the responsibility for the creation of affordable housing options having been taken away from the government and instead put on the private sector. "Developments targeted at high-end renters are the most economically attractive for developers and thus are usually the only projects that the private sector is willing to build on its own".[90] As the situation right now in Toronto clearly shows, there is much more money to be made in the private sector building expensive condominiums rather than affordable housing options.

Gentrification

The economic restructuring which characterizes neoliberalism is directly linked to the social restructuring which characterizes gentrification, both of which "together involve a dramatic spatial restructuring of which 'gentrification' is one part. The new urban patterns now unfolding do involve the construction of 'consumption landscapes' in the city, and the emergence of an incipient 'urban dream parallel to the suburban dream of the last decade",[91] however, the consequences of these forms of restructuring have proven to have negative consequences for marginalized groups, specifically with respect to their housing security and opportunities. The phenomenon of gentrification can in part be described as the transition of low-income, inner city neighborhoods by way of what writers such as Richard Florida references as a sort of "artistic mode of neighbourhood development that has long been associated with a softening-up of neighbourhoods for capital".[92] In the early stages of gentrifying, the neighborhood is affordable to low-income residents which include artists, musicians, and other cultural creators who bring a certain amount of desirability to the neighborhood which then attracts other creatives to the area. This cultural cachet is then capitalized on by building owners and developers who can now draw higher rents which in many ways can be drawn back to the actions of the areas original low-income artistic renters. As a result, "gentrification can be viewed as a major source of disadvantage for low-income urban residents who, having established a community with all of its complex social networks must now see it torn apart as they are

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[90] Housing Supply Working Group. (2001). *Affordable Rental Housing Supply: The Dynamics of the Market and Recommendations for Encouraging New Supply* (Interim Report). Canadian Federation of Apartment Associations.
[91] N. Smith (1987). Of yuppies and housing: gentrification, social restructuring, and the urban dream. *Environment and Planning D: Society and Space*, 5(2), 151–172. https://doi.org/10.1068/d050151
[92] Sharon Zukin (1995). The Culture of Cities, Oxford: Blackwell in Atkinson, R., & Easthope, H. (2007). The Consequences of the Creative Class: The Pursuit of Creativity Strategies in Australia's Cities. Presented at the State of Australian Cities Conference, Adelaide.

displaced –either by choice or compulsion– to move to other housing that is less desirable or alternatively remain behind to pay higher rents in a neighborhood they no longer feel is their own".[93]

Some view gentrification as a "'natural' or even 'organic' part of urban development [and] ... the natural consequence of the process of ageing with a durable housing stock and present a model that has gentrification as a predicted outcome that can be expected to eventually take place in all cities".[94] According to such thinking "gentrification is an expected product of the relatively unhampered operation of the …housing markets".[95] In a similar vein, it has also been argued that despite the adverse consequences of gentrification, any policies designed to prevent it would have even worse consequences.[96] For example, "such anti-gentrification policies might encourage an urban environment in which economic classes or ethnic subgroups have particular neighborhoods to which they are entitled".[97] This form of ethnic entitlement specifically refers to Caucasian city dwellers as being the primary excluders of other ethnic groups, however, as Canada and Toronto specifically continues to become increasingly ethnically diverse this situation may become much more complex and nuanced. When one ethnic group is entitled, and others excluded there is a legitimate fear that only a short step away we find ourselves in situations in which specific ethnic groups are restricted to particular neighborhoods.[98]

However, such fears hide the unsettling truths and consequences of the gentrification process. Rising rents, falling vacancy rates in combination with the gentrification process have contributed to the significant drop in low cost housing supply in recent years.[99] "The specific impact of gentrification on Toronto tenants is to exacerbate the tightness of the rental market by

[93] Stephen Sheppard. (2012). Why Is Gentrification a Problem? Center for Creative Community Development: n. page. *C3D*. Williams College Department of Economics, 2012. Web. 17 Oct. 2014.
[94] Jan K. Brueckner & Rosenthal, S. S. (2009). Gentrification and Neighborhood Housing Cycles: Will America's Future Downtowns Be Rich? *Review of Economics and Statistics*, *91*(4), 725–743 in Sheppard, Stephen. (2012). Why Is Gentrification a Problem?.
[95] Neil Smith (1979). Toward a Theory of Gentrification A Back to the City Movement by Capital, not People. *Journal of the American Planning Association*, *45*(4), 538–548.
[96] Stephen Sheppard. (2012). Why Is Gentrification a Problem?.
[97] Ibid.
[98] Ibid.
[99] Scott Haslem. (2011) '*Housing First' needs housing first! A review of offshore housing supply strategies*. Australian Economic Comment. 2 August 2011.

causing the withdrawal of generally cheap accommodation from this market".[100] A lack of affordable accommodation can have a significant impact on individuals struggling with issues such as drug addiction, as losing their housing reduces their quality of life, further excluding them from the accepted social order and complicating their already difficult circumstances.

"The fate of displaced tenants is a matter for particular concern, as they are being forced into more expensive housing. Rent in Toronto's very few available rental units are nearly twice as high as the average rent for all units because they tend to consist of new or renovated units or units whose landlords have either found loopholes in the Ontario rent control legislation or contravened this legislation".[101] Gentrification leads to the displacing of a neighborhood's original residents as a normal course of its process. How we describe this process does not change the end results which include increased marginalization, unwanted relocation and disruption to the quality of life of those who no longer can afford to live in their neighborhood.

Edward Soja links the concepts related to social justice and space highlighting the socio-spatial dialectic, with "the view that the spatiality of (in)justice (combining justice and injustice in one word) affects society and social life just as much as social processes shape the spatiality or specific geography of (in)justice".[102] Toronto's neighborhoods have become increasingly divided along lines defined by socio-economic status and income and. This is key to understanding issues related to urban planning, marginalization and housing as the disparities which define present-day Toronto have resulted in a city which can be "described as three geographically distinct cities made up of 20 percent affluent neighbourhoods, 36 percent poor neighbourhoods, and 43 percent middle-income earner neighbourhoods - and that 43 percent is in decline; … the city's neighbourhoods have become polarized by income and other ethnocultural characteristics and that wealth and poverty are concentrated in three distinct areas".[103] This is key to understanding issues related to marginalized groups access to social services as well as other negative consequences of the housing crisis.

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[100] Pierre Filion. (1991). The Gentrification-Social Structure Dialectic: A Toronto Case Study. *International Journal of Urban and Regional Research*, *15*(4), 553–574.
[101] Ibid.
[102] Edward Soja. (2010). *Seeking Spatial Justice*. Minneapolis, MN: University of Minnesota Press, p. 5.
[103] J. David Hulchanski. (2011). *The three cities within Toronto: income polarization among Toronto's neighbourhoods, 1970-2005*.

Economic and Social Costs

Often the economic costs we pay for the negative effects of marginalization are more than those related to preventative measures or the better accommodation of these groups in some way. It has been shown that the cost of creating affordable housing for homeless individuals is less than what we are currently paying to deal with the current negative impacts that homelessness has on society.[104] In a similar vein, with respect to substance abusers, the costs related to policing the war on drugs far outweigh those related to treatment, and the potential legalization of drugs like marijuana has proven lucrative in other countries. We must find a way to negotiate these issues and find compromises between divergent interests in order to decrease marginalization in our societies and the negative consequences that members of these groups face.

An article published in the *New Yorker* entitled Million-Dollar Murray by Malcolm Gladwell brings to the surface a crucial perspective when understanding not only housing issues and homelessness, but also drug addiction and the intersection between them.[105] Currently, the paradigm with respect to these issues is defined by a management discourse: homeless individuals are provided food and blankets through government programs and charities and drug addicts are policed and arrested when caught in the act of using or possessing drugs. This has proved a most expensive, time consuming and fruitless approach. We still have homeless individuals and drug addicts trapped in cycles of desperation and hopelessness. In many instances and jurisdictions their numbers, and the issues related to managing their situation are snowballing while meaningful solutions are seen as unfair, costly or unrealistic. However, it may be easier, as this article suggests to simply solve these problems. While this may seem like a lofty goal, there is theory, practice and evidence to suggest that this is possible. In the article a homeless man and alcoholic in Reno Nevada named Murray Barr was picked up two police officers over the course of fifteen years, racking up numerous hospital bills while also detracting from other services these policemen could have been providing their community. However, when for a short while Murray was admitted to a program which provided him with housing, allowing him to get a job in which he worked hard, Murray did well, releasing society from the burden of paying for hospital stays and having police pick him up on the street. However, when the program ended things reverted to their previous state. When these officers began tallying the

[104] Malcolm Gladwell. (2006). Million-Dollar Murray., New Yorker, 0028792X, 2/13/2006, Vol. 82, Issue 1.
[105] Ibid.

bills Murray had accumulated during hospital stays over the years the results were astounding. The costs associated with treating sickness and health issues related to alcoholism and substance-abuse-treatment costs, doctors' charges and other expenditures, resulted in Murray having a bill as large as anyone in the entire state. Therefore, the conclusion that can be taken from this story is that "It costs us one million dollars to *not* do something about Murray".[106]

It is important that we also understand the increased costs and dangers associated when there is an intersection between addiction and housing instability in individuals.

> Addiction and homelessness are often co-occurring conditions. Addiction is characterized by the persistent use of alcohol or drugs despite negative consequences to one's health and the loss of social functioning related to the substance use. Untreated, addiction can result in significant morbidity and mortality. Homelessness is also an independent risk factor for morbidity and mortality and both addiction and homelessness are associated with significant service utilization and costs to the health, criminal justice and social welfare systems. The underlying reasons for homelessness are complex, although previous studies have shown that substance use (illicit drugs and alcohol) is prevalent among persons who are homeless, with substance use potentially being a cause or consequence of homelessness.[107]

It has been shown that there are connections between the potential and real capacity for a country's citizen to find and afford good quality housing, be in good health and enjoy a certain quality of life, and the general state of the society or nation in which they live.[108] The degree to which marginalized groups can do so can also be a telling index of the state of a country's social infrastructure.[109] This can be directly linked to successes linked to addiction issues. This is pointed out by Petra Havinga et al. in reducing 'hardcore' drug use among homeless populations by providing housing and other forms of stability to these groups.[110]

The observations of Havinga et al. highlight the scarcity of adequate affordable housing in Toronto as a pressing issue. This is just one very real example of how "precarious housing contributes to poorer health for many, which leads to pervasive but avoidable health

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[106] Ibid.

[107] Marshall Palepu, et al. (2010). Addiction Treatment and Stable Housing among a Cohort of Injection Drug Users. *PLOS ONE*, 5(7), e11697.

[108] Michael Shapcott. (2010). Precarious Housing in Canada 2010.

[109] Ibid.

[110] Petra Havinga et al. (2014). "Differences in sociodemographic, drug use and health characteristics between never, former and current injecting, problematic hard-drug users in the Netherlands." *Harm Reduction Journal,* 11:6.

inequalities"[111] experienced by marginalized populations including the addicted and homeless. Both health equity theory and the social determinants of health provide a lens for understanding and advancing such perspectives with regard to health and precarious housing issues. "Health equity theory suggests that the role of society is to reduce the health disparities gap between those who are advantaged and those who are marginalized or disadvantaged by shifting the equity gradient upward".[112] In North American cities it has been shown that lower income demographics living in cities with the widest income disparities are less healthy than similar populations in more equal cities.[113] Social determinants of health further contextualize such realities by recognizing "the non-medical and socio-economic contributors to better health; for example, the greater a population's income, education, and access to healthcare and affordable housing, the better its health will be".[114]

Housing as a Basic Human Right

Liette Gilbert's understanding of 'the right to the city' for marginalized groups and low-income residents denounce the devolution and reduction of public services[115] in the wake of the spread of homogenous housing types across Toronto whose affordability is outside of the means of members of many marginalized groups, furthering the question of 'a city for whom?' This also points to the need for community-based participation on these issues as the marginalized need to have a voice on issues that affect their lives. This is necessary as new ways of thinking and approaching these issues is obviously necessary as the status quo is proving inadequate.

Those who are marginalized are most in need of government recognition, human rights and protections under the law:

> In the 1980's, the definition of homelessness underwent a conceptual—
> and practical—transformation in the advanced capitalist countries of the
> world. Although always a source of contestation, between the 1950's and
> 1970's 'the homeless' were routinely identified in the scholarly and
> political spheres as individuals, typically male, who displayed certain

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[111] Michael Shapcott. (2010). Precarious Housing in Canada 2010.

[112] Ibid.

[113] Charles Montgomery. (2014). *Happy city: transforming our lives through urban design*. USA: Anchor Canada. p. 237

[114] Michael Shapcott. (2010). Precarious Housing in Canada 2010.

[115] Liette Gilbert. (2004). At the Core and on the Edge: Justice Discourses in Metropolitan Toronto. *Space and Polity* (Special Issue on Urbanization of Justice Movements) 8(20): 245-260.

behavioural and social characteristics—disaffiliation, transience, and poverty—and who resided in specific geographic spaces of the city known as skid row; it was these characteristics, and not a literal lack of housing, that defined who was homeless. Only when a growing number of individuals began to lose their housing in the 1980's, giving rise to an escalation of street homelessness, did 'the homeless' become conventionally and narrowly *re*defined in terms of their housing status—as the un-housed.[116]

"The escalation of homelessness—*houselessness*—in the 1980's was a global social problem that induced widespread popular, academic, and political concern, prompting the United Nations to extend its International Year of Shelter for the Homeless to focus not just on homelessness in 'developing' countries, as initially envisaged in 1981, but on homelessness in the 'developed' nations of the world as well".[117]

According to a report by the Ontario Human Rights Commission entitled *Right at home: Report on the consultation on human rights and rental housing in Ontario*, "Adequate housing is essential to one's sense of dignity, safety, inclusion and ability to contribute to the fabric of our neighbourhoods and societies. As the Commission heard in this consultation, without appropriate housing it is often not possible to get and keep employment, to recover from mental illness or other disabilities, to integrate into the community, to escape physical or emotional violence or to keep custody of children".[118] Housing was also acknowledged in the context of a basic human right by scholars such as Darcel Bullen who discusses various policy options, interventions and strategies used to foster a social and governmental understanding of housing as a vital human right.

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[116] Kim Hopper & Jim Baumohl. (1996). Hopper, Kim & Jim Baumohl. (1996)*. "*Redefining the Cursed Word: A Historical Interpretation of American Homelessness." Pages 3-14 in J. Baumohl (Ed*.*), Homelessness America*.* Phoenix*,* AZ: Oryx Press. Iceland, John; and J. David Hulchanski, Philippa Campsie, Shirley B. Y. Chau, Stephen W. Hwang & Emily Paradis, "Homelessness: What's in a Word?," in Hulchanski, J. D., Homeless Hub (Online service), Canadian Homelessness Research Network, University of Toronto, & Cities Centre. (2009). Finding home: policy options for addressing homelessness in Canada. Toronto, Ont.: Cities Centre Press in J. Greene, (2014). Urban Restructuring, Homelessness, and Collective Action in Toronto, 1980–2003. Urban History Review, 43(1), 21.

[117] J. David Hulchanski, Philippa Campsie, Shirley B. Y. Chau, Stephen W. Hwang & Emily Paradis, "Homelessness: What's in a Word?," in Hulchanski, J. D., Homeless Hub (Online service), Canadian Homelessness Research Network, University of Toronto, & Cities Centre. (2009). *Finding home: policy options for addressing homelessness in Canada*.
 in J. Greene. (2014). Urban Restructuring, Homelessness, and Collective Action in Toronto, 1980–2003. *Urban History Review*, *43*(1), 21.

[118] Ontario Human Rights Commission. (2008). *Right at home: report on the consultation on human rights and rental housing in Ontario.* Toronto: Ontario Human Rights Commission.

Scholars such as Edward Soja argue that justice has a spatial component. Geography and therefore the equitable distribution of resources and services, and the capacity to access them is a basic human right.[119] Such an understanding of a 'right to housing' is crucial to understanding the housing crisis in Toronto, as it provides key ideas and insights on how we understand what is happening in Toronto in relation to marginalization, planning and housing. In a similar vein as Darcel Bullen, who advocates making the right to housing part of a national housing strategy,[120] in 2001 the Liberal governments federal budget speech described housing as a basic need and requirement for all Canadian citizens from all walks of life, while also recognizing the existence of a shortage of affordable rental housing .[121]

It is unreasonable for us to expect those who are most vulnerable to prosper or effectively contend with such issues in their lives, when their housing needs are not met. Housing security is the foundation upon which individuals, groups and families build upon as it provides a sense of safety, comfort, and security. To formulate effective strategies and policies with the goal of overcoming issues linked to the cross between housing and addiction it is necessary that we first understand how we got to where we are today with regard to housing policy, the housing crisis and affordable housing options.

3) **Problems with Urban Planning and Government Approaches in Toronto related to Housing and Addiction**

Brief History of Government Intervention and Affordable Housing

Interventions to curb the negative impacts of the housing crisis and provide housing support in Toronto have taken the form of many strategies and services. The provincial government recently imposed a foreign buyer tax, a vacancy tax and other changes aimed at freeing up space in the rental market in Toronto.[122] However, these measures have had only a marginal impact on the housing crisis and its negative impacts. Services and support interventions take the form of

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[119] Edward Soja. (2010). *Seeking Spatial Justice*.
[120] Darcel Bullen. (2016). A Road to Home: The Right to Housing in Canada and Around the World. *Journal of Law and Social Policy 24, 1-9.*, *40*, 1–9.
[121] J. D. Hulchanski. (2002). Housing Policy for tomorrow's cities. (Discussion Paper F/27). Ottawa: Canadian Policy Research Network, Family Network.
[122] Toronto real estate board raises concerns about possible vacancy tax. (2017, Sept. 26). *Global News.;* City of Toronto. Property Tax Policy.

help provided through welfare and disability programs and other forms of income support, as well as mortgage finance from the private sector and government funded socialized housing. However, Toronto's housing crisis and chronic homelessness "is an indictment of short-sighted political decision making that put much faith on a highly market driven housing system and thus failed to take into account the wrenching social changes our cities have experienced since the early 1990's".[123] This has led to growing demand for increased affordable housing options augmented by market and demographic changes, downtown condominium construction geared to high income brackets, and changes in employment-housing patterns which have been amplified by urban sprawl.[124]

However, the need for affordable housing alternatives in Canada was once recognized. "Following the devastating hardship caused by the Depression, federal politicians established a modest national housing program in 1949".[125] Less than a decade after that, with numerous apartment towers being erected and suburban homes being created for Canadians, the post-war building boom was in high gear,[126] "but housing shortages persisted. In the 1960's, Ottawa moved to significantly expand its support for public housing, resulting in the construction of 200,000 units. (By 1993, Canada had half a million such apartments, compared with just 12,000 in 1963)".[127]

Eventually, federal and provincial governments began to approach the lack of options in affordable rental housing from the private sector by subsidizing affordable supply through program spending targeted at social housing providers or private developers/landlords.[128] "A number of federal and provincial programs providing direct subsidies to private developers and landlords encouraged the development of affordable rental housing …Direct government subsidies to government owned or non-profit social housing have also been significant over the

[123] John Lorinc. (2006). *The new city: how the crisis in Canada's urban centres is reshaping the nation*. p. 76
[124] Bruce Katz, et al. "Rethinking Local Affordable Housing Strategies: Lessons from 70 years of Policy and Practice," The Brookings Institution Center on Urban and Metropolitan Policy and The Urban Institute, December 2003.
[125] John Lorinc. (2006). *The new city: how the crisis in Canada's urban centres is reshaping the nation*. p. 77
[126] Shawn Micallef. (2017, December 11). Can Canada think big on housing again? *The Toronto Star*.
[127] John Lorinc. (2006). *The new city: how the crisis in Canada's urban centres is reshaping the nation*. p. 77
[128] Housing Supply Working Group. (2001). *Affordable Rental Housing Supply: The Dynamics of the Market and Recommendations for Encouraging New Supply* (Interim Report). Canadian Federation of Apartment Associations.

years".[129] Other initiatives included the Canada Mortgage and Housing Corporation adopting policies including the underwriting of mortgage insurance which encouraged the construction of high-rise apartment buildings.[130] "From the late 1970's …non-profit housing co-op projects… financed with a combination of private and public funding [sprung up]. …Such ventures also turned on the availability of matching grants from provincial governments".[131]

With the recession at the beginning of the 1980's, "planning in the City of Toronto had adopted an entrepreneurial stance. Planners became preoccupied with making deals with developers and extracting some small public benefits, such as childcare or open space, in exchange for higher densities in the ensuing downtown office boom.".[132] At this time in Toronto and other Western cities around the world, urban restructuring "comprised a series of interconnected political-economic and spatial shifts, including economic and occupation change, gentrification, neo-liberal welfare state reform, and urban entrepreneurialism".[133] The result was a more difficult existence for the already struggling socially and economically marginalized. "These political-economic shifts were implicated in the production and consolidation of new forms of socio-spatial polarization and segregation that dramatically changed the landscape of urban poverty. One of the most visible manifestations of the uneven effects of restructuring was the emergence and consolidation of mass homelessness".[134]

By the mid-1990's, various politicians scaled back on providing attention and assistance for affordable housing initiatives.[135] For example, "in 1995, support for 17,000 planned social housing units was eliminated by the Harris government".[136] Also, changes were made to social housing and assistance programs delivered by municipalities which were previously primarily

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[129] Ibid

[130] John Lorinc. (2006). *The new city: how the crisis in Canada's urban centres is reshaping the nation*. p. 77-78

[131] Ibid.

[132] Gene Desfor, et al. (2006). From Surf to Turf: no Limits to Growth in Toronto?.

[133] Greene, J. (2014). Urban Restructuring, Homelessness, and Collective Action in Toronto, 1980–2003. *Urban History Review*, *43*(1), 21.

[134] Ibid.

[135] John Lorinc. (2006). *The new city: how the crisis in Canada's urban centres is reshaping the nation*. p. 78 &160

[136] Martine August. (2008). Social Mix and Canadian Public Housing Redevelopment: Experiences in Toronto. *Canadian Journal of Urban Research*, *17*(1), 82–100.

funded by provincial transfer payments.[137] In "a qualitative shift of provincial-municipal financial arrangements, the provincial government made deep cuts to provincial transfer payments," downloading "…the costs for social housing…and a number of other social programs to the municipalities. This burdened Toronto with hundreds of millions of dollars in additional budget pressures on its property tax base, thereby forcing it to cut back on municipal services" and social housing.[138] "The province also…deregulated rent controls, [and] stopped social housing construction".[139]

With the responsibility for social housing now downloaded to municipalities, the Toronto Community Housing Corporation (TCHC) looked for new ways to raise funds for new development. To these ends, its sizeable downtown landholdings allowed for the selling of land parcels to private owners, renting out space to various commercial tenants as well as the transfer of some of its portfolio to homeownership-based units.[140] The privatizing of these resources decreases affordable options and threatens present and future home ownership possibilities for those who the TCHC was meant to help in the first place. This business management approach when applied to social housing may have undesirable consequences including increased evictions, the contracting out of jobs, and the legitimization of "its corporate strategy with tenant management schemes".[141]

The problem of lack of social housing in Toronto is augmented by the fact that in many areas of the GTA there is not enough rental housing being built, and limited housing options are available for those who most require housing assistance.[142] "The cancellation of federal social housing programs in 1993, the provincial non-profit housing programs in 1995, and the devolution of

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[137] Commission on the Reform of Ontario's Public Services Report: Chapter 20: Intergovernmental Relations. http://www.fin.gov.on.ca/en/reformcommission/chapters/ch20.html
[138] Gene Desfor, et al. (2006). From Surf to Turf: no Limits to Growth in Toronto?, p. 137
[139] Ibid.
[140] J. Hackworth & A. Moriah. (2006). Neoliberalism, contingency and urban policy: The case of social housing in Ontario. International Journal of Urban and Regional Research 30(3): 510-527; Martine August. (2008). Social Mix and Canadian Public Housing Redevelopment: Experiences in Toronto. *Canadian Journal of Urban Research*, *17*(1), 82–100.
[141] Stefan Kipfer. 2005. Public housing and Toronto politics: The Regent Park story. Relay: A Socialist project review 6 (July / August): 7-9 in August, Martine. (2008). Social Mix and Canadian Public Housing Redevelopment: Experiences in Toronto. *Canadian Journal of Urban Research*, *17*(1), 82–100.
[142] K. Gillespie, "Lack of Rental Housing a Taxing Problem in 905 Areas," *Toronto Star* (25 March 2002) in Desfor, Gene, et al. (2006). From Surf to Turf: no Limits to Growth in Toronto?, p. 147

responsibility for social housing to Consolidated Municipal Services Managers," have further aggravated the situation".[143]

In the following years, some progress was made. In 2001, the Liberals made considerable spending commitments towards improving housing options for vulnerable populations and those having difficulty securing housing.[144] Resources were set aside for "rent supplements for low-income families, homeless shelters, and small renovation loans for inexpensive homes and apartments".[145] Money was also put aside for the construction of affordable housing[146] and to maintain existing subsidized housing.[147] However, there were strings attached to these monetary commitments, and vagaries in the language used. What constituted affordable housing was not clearly defined[148]. "Also, matching funding from the provinces is required if lower-income tenants are to be housed".[149] The Liberals federal commitment was to provide funding for about 5,400 new housing units a year ($25,000 per unit is the maximum allowable federal contribution)".[150] This would have been "an average of 500 units in each province, in a country of about 11 million households".[151] However, in 2008 the Wellesley Institute reported "that the federal government had "failed to meet the commitments for new housing funding that they made in November of 2001".[152] Also, by 2006 while $1 billion had been promised by the federal government to be added to existing spending for new affordable homes, spending on housing had only increased by only $234 million.[153]

There have also been significant issues at the provincial level with respect to the provision of affordable housing. "Eight of the thirteen provinces and territories …failed to meet the commitments for new housing funding that they made in November of 2001.[154] The number of

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[143] Housing Supply Working Group. (2001). *Affordable Rental Housing Supply: The Dynamics of the Market and Recommendations for Encouraging New Supply* (Interim Report). Canadian Federation of Apartment Associations.
[144] J. D. Hulchanski. (2002). Housing Policy for tomorrow's cities.
[145] John Lorinc. (2006). *The new city: how the crisis in Canada's urban centres is reshaping the nation*. p. 159
[146] J. D. Hulchanski. (2002). Housing Policy for tomorrow's cities.
[147] John Lorinc. (2006). *The new city: how the crisis in Canada's urban centres is reshaping the nation*. p. 159
[148] J. D. Hulchanski. (2002). Housing Policy for tomorrow's cities.
[149] Ibid.
[150] Ibid.
[151] Ibid.
[152] Michael Shapcott. (2008). Wellesley Institute National Housing Report Card. Wellesley Institute.
[153] Ibid.
[154] Ibid.

people on the waiting list for affordable housing in Ontario is approaching 200,000 while the construction of new affordable housing in the province has slowed significantly compared to past decades.[155] Ontario's Auditor General, Jim McCarter, issued a detailed review of housing programs which highlighted a lack of accountability and transparency in that province.[156] The December 2009 report found a discrepancy of $300 million in federal housing dollars which the Ontario government could not be properly account for.[157] It was also found that the 'affordable housing' which the province was building was far too pricey for those on affordable housing waiting lists and cuts in the province's housing staff resulted in provincial programs being poorly designed and slow to implement.[158] The absence of full accountability and transparency in government can be cited as a failure on the part of government to not only protect and ensure the well-being of those most in need, but also society at large.

Ultimately, we cannot pretend that the problem of precarious housing will simply go away or be solved by private housing markets acting alone or with quick fixes at various levels of government. The impact of federal erosion in affordable housing investments, even as the overall economy has been growing over the past two decades, has been to generate more housing insecurity and homelessness with the attendant health, social and economic costs.[159] While some groups have called for policy initiatives including increased tax subsidies and incentives for private rental development, it is widely acknowledged that this would not generate housing that was truly affordable to the lowest-income households.[160] However, it could be argued in the vein of 'trickle-down economics' theory that creating any new rental projects will add to the overall supply of rental housing which would thus be beneficial to tenants across the rental market spectrum.[161] "This is because the new supply at the upper end of the market draws higher income tenants that in the absence of this supply would have stayed in units in the older existing stock. By absorbing the demand for high end rental units, the new rental supply frees up a supply of

[155] Shawn Micallef. (2017,). Can Canada think big on housing again?.
[156] Office of the Auditor General of Ontario 2009 Report: Chapter 3 Social Housing. December 2009.
[157] Ibid.
[158] Ibid.
[159] Michael Shapcott. (2010). Precarious Housing in Canada 2010. p. 51.
[160] Ibid.
[161] Housing Supply Working Group. (2001). *Affordable Rental Housing Supply: The Dynamics of the Market and Recommendations for Encouraging New Supply* (Interim Report). Canadian Federation of Apartment Associations in Shapcott, M. (2010). Precarious Housing in Canada 2010. Wellesley Institute., p. 51.

existing units for more modest income tenants".[162] The combination of governments decreasing provision of affordable housing options with the lack of incentive in the private sector to create these options creates a serious dilemma for housing marginalized groups.

"In the 35 years between 1970 and 2005, the incomes of individuals have fluctuated, owing to changes in the economy, in the nature of employment (more part-time and temporary jobs), and in government taxes and income transfers. These changes have resulted in a growing gap in income and wealth and greater polarization among Toronto's neighbourhoods".[163] "Real incomes for most people did not increase, more jobs became precarious (insecure, temporary, without benefits), and families living in poverty became more numerous" during this period while many inner-city neighbourhoods have "gentrified and are now home to affluent households, while low-income households are concentrated in the northeastern and northwestern parts of the city…with relatively poor access to transit and services".[164] Also, the proportion of the city's neighbourhoods considered to be low-income (neighbourhood incomes 20 percent or more below the Toronto Census Metropolitan Area average) increased in 2005 from 19 percent of the city's neighbourhoods to 53 percent (extremely low-income neighbourhoods grew from one percent to nine percent).[165] "These trends could be slowed or reversed by public policies that would make housing more affordable to low-income households".[166]

There has been a retreat from broader housing policies, including supply subsidies for social housing. Instead there is heavy dependence on de facto housing allowances that are part of social assistance welfare programs and other housing allowances, which are intended to make some contribution to housing costs, often without an affordability benchmark. Increasingly there are conditions attached to these allowances which are designed to get households off social assistance and welfare, and into stable work. Getting a job is seen as the route to social inclusion[167], a step away from marginalization and prerequisite to better housing opportunities

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[162] Michael Shapcott. (2010). Precarious Housing in Canada 2010. p. 51.
[163] Ibid.
[164] Ibid.
[165] Ibid.
[166] Ibid.
[167] Kath Hulse & Burke, T. (2000). Social exclusion and the private rental sector: the experiences of three market liberal countries. Presented at the ENHR 2000 conference, Gävle: Swinburne University of Technology.

and options. Marginalized groups, particularly those experiencing addiction and homelessness may lose their ability to cope with other aspects of life in the absence of adequate housing.[168]

The Private Rental Market and Secondary Suites

There has been much debate on the issues of marginalized groups, social exclusion and housing which has been focused on social housing as "this sector is seen as containing the bulk of lower-income/poor multiple disadvantaged households [of marginalized populations] with most concentrated on identifiable estates".[169] In the late 1960's social housing in Canada began to be negatively associated with crime and illegal activities.[170] "The visibility of such estates and the problems associated with them (drug addiction, unemployment, family breakdown)… elicited a whole range of housing and non-housing responses".[171] However, in market liberal societies there are many more low-income disadvantaged households in the private rental sector than in social housing and arguably the processes of exclusion in the private rental sector are more complex, ingrained and run deeper in terms of their impact.[172]

The private rental sector is really two distinct sub-markets. First, there is the large, relatively successful sector with adequate income levels that enjoy various degrees of choice with regard to housing.[173] Then there is the sizeable low-income sector that is relegated to low-cost housing and a glass ceiling of comfort and amenities[174]. The very structure of private rental, the processes of market allocation and the regulatory regime within which it operates all contribute to a sector which acts to exclude large numbers of low-income renters and other marginalized populations from the well-being status enjoyed by a majority of more affluent renters and citizens generally.[175] As owner-landlords have a degree of choice with regard to the tenants they choose, it is not difficult for them to exclude any renters they deem undesirable, including perceived or

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[168] Bruce Katz, et al. "Rethinking Local Affordable Housing Strategies: Lessons from 70 years of Policy and Practice," 2003.

[169] Kath Hulse & Burke, T. (2000). Social exclusion and the private rental sector: the experiences of three market liberal countries.

[170] John Lorinc. (2006). *The new city: how the crisis in Canada's urban centres is reshaping the nation*. p. 77

[171] Kath Hulse & Burke, T. (2000). Social exclusion and the private rental sector: the experiences of three market liberal countries.

[172] Ibid.

[173] Ibid.

[174] Ibid.

[175] Ibid.

real criminals, late night partiers and drug addicts. However, this makes finding secure housing particularly difficult for those suffering from the scourge of drug addiction as often the only accommodations they can afford, or access, may be in the private rental market.

In older sections of Toronto, affordable housing exists in the form of legal rooming houses.[176] The general definition of a rooming house used for zoning and rooming house licensing purposes in Toronto is a building lived in by more than three unrelated persons, operated for remuneration or financial gain and providing shared accommodation, without the exclusive use of sanitary and kitchen facilities.[177] The tenants in these units have the protection of a licensing system whereby the city carries out regular site inspections for health and safety violations.[178] These homes are not allowed to deteriorate into dangerous places to live".[179] However, while Toronto has consolidated the zoning bylaws of the old municipalities in order for there to be common rules for all residents and property owners, these practices have not been extended to suburban areas. Had this been also achieved, it would have brought legal, licensed rooming houses with common rules in place throughout the city[180] solidifying the place of rooming houses within the affordable housing regime in the GTA. Unfortunately, due to zoning by-laws, rooming houses are not permitted in York, East York, North York, or Scarborough".[181]

As municipalities frequently participate in affordable housing programs that require matching funds, land donations, or other contributions[182], additional ways to increase the affordable housing stock must be explored to take some pressure off subsidized housing. One direction would be the promotion of secondary suites as a legitimate alternative.[183] However, while secondary suites, and more broadly, the secondary housing market provide an example of the

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[176] Advocacy Centre for Tenants Ontario, "Ontario Long-Term Affordable Housing Strategy"
[177] "City of Toronto consulting with Toronto residents on review of rooming houses," April 2, 2015 (http://www.toronto.ca/311/knowledgebase/45/101000051845.html)
[178] Advocacy Centre for Tenants Ontario, "Ontario Long-Term Affordable Housing Strategy"
[179] Ibid.
[180] Ibid.
[181] "City of Toronto consulting with Toronto residents on review of rooming houses," April 2, 2015 (http://www.toronto.ca/311/knowledgebase/45/101000051845.html)
[182] Ministry of Community, Aboriginal and Women's Services, Housing Policy Branch. "Secondary Suites: A Guide for Local Governments," British Columbia. Revised September 2005.
[183] Ibid.

private sector provision of affordable housing, especially in the context of marginalized groups, many issues arise. The Canadian Mortgage and Housing Corporation (CMHC) defines secondary rental units as any "rented dwellings not situated within structures that have at least three rental dwellings"[184] which are "tenant-occupied single, semi and row dwellings; rented condominium units; accessory apartments such as self-contained basements and flats; and apartments over stores".[185] These units fill a need that is often not being met by the city and the province.

Secondary rental units in some cases can also have healthy side effects such as integrating various social groups into the middle class whereby they interact with landlords, neighbours, roommates and other tenants who may be of a different social or economic background rather than being ghettoized in public housing. This form of housing is also more compatible with the prevailing neoliberal agenda and does not unduly utilize taxpayer dollars. Secondary rental opportunities brought into the affordable and subsidized housing regime ease the burden on long waiting lists for government social housing and shelters for homeless, addicted and low-income Canadians that might otherwise be without shelter. "Secondary suites, for the record, are legal in Toronto, where they constitute 20 percent of the rental stock and tend to be 10 to 15 percent cheaper than apartment building units".[186] However, even though to ease the housing shortage in the GTA, the provincial government legalized basement apartments across the province in 2012, issues still remain with such units.[187] This province wide law supersedes any municipal by-law prohibiting basement apartments and the provincial government in Ontario has instructed municipalities to set their own rules. Some municipalities that did not have policies governing such units had to put some in place and those that already had rules needed to make sure that they were consistent with the position of the province.[188]

While many municipalities have proposed by-laws to address secondary suites in the pipeline, but bureaucratic hurdles and community consultation are pushing enforcement dates into the

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[184] Gunn, Alexander & Carter, Tom, et al. The Secondary Rental Market: A Literature Review and Case Study. The Canadian Research Chair in Urban Change and Adaptation: The University of Winnipeg. April 2009
[185] Housing Supply Working Group. (2001). *Affordable Rental Housing Supply: The Dynamics of the Market and Recommendations for Encouraging New Supply* (Interim Report). Canadian Federation of Apartment Associations.
[186] Jan Wong. (2012, Aug. 7). The Simmering Class War over Basement Apartments in Brampton. *Toronto Life*.
[187] Ibid.
[188] Olivia Carville. *Is your basement apartment safe? Bylaw delays across the GTA are leaving tenants at risk.* Toronto Star. Oct.2, 2012.

future. However, some municipalities in the GTA have been slow to catch up.[189] Even cities that have amended their laws still have thousands of pre-existing basement apartments yet to be regulated.[190] The provincial government left a lot of work for the municipalities and the approaches taken by the province have been considered by many to be haphazard.[191]

Legalizing existing secondary suites is difficult due to factors which include neighbourhood concerns, health and safety concerns, as well as the possibility that it may lead to the closures of affordable housing stock.[192] In Canada about 15 percent of secondary rental suites in detached homes exist in the form of 'illegal' units[193] meaning that they do not meet municipal requirements including being unlicensed, not conforming to building, fire or electrical codes or existing in areas for which they are not zoned within the municipality[194]. One of the problems associated with the proliferation of illegal suites is the development of a culture of non-compliance.[195] Unfortunately, tenants who live in illegal secondary units do not have access to the same means of dispute resolution as people who live in more traditional housing accommodations. This results in the tenants being put in situations where they have to choose between their safety and staying in their home. Today, tens of thousands GTA residents live in illegal, unregulated and potentially unsafe basement apartments.[196]

An attempt to prevent use of these units through legislation created a dangerous, unregulated underground market which potentially jeopardizes people's safety and even lives through incidents that include fire, overcrowding, hygienic concerns and strain on infrastructure. Moreover, it makes a lot of people perform unethical practices which are nonetheless considered acceptable due to the needs and the recognition of a positive service to others, specifically

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[189] Ibid.

[190] Olivia Carville. (2012, Oct. 2). Is your basement apartment safe? Bylaw delays across the GTA are leaving tenants at risk. *Toronto Star.*

[191] Ibid.

[192] Ministry of Community, Aboriginal and Women's Services, Housing Policy Branch. "Secondary Suites: A Guide for Local Governments," British Columbia. Revised September 2005.

[193] Jessica Vomiero. (2017, Aug. 2). If you haven't disclosed your home's rental suite, you may be breaking the law. *Global News.*

[194] Canadian Mortgage and Housing Corporation, "Permitting Secondary Suites." https://www.cmhc-schl.gc.ca/en/inpr/afhoce/afhoce/afhostcast/afhoid/pore/pesesu/pesesu_001.cfm

[195] Ministry of Community. "Secondary Suites: A Guide for Local Governments," September 2005.

[196] Olivia Carville. (2012). Is your basement apartment safe? Bylaw delays across the GTA are leaving tenants at risk.

providing access to housing which would otherwise not be affordable. There is a need to address these issues in a comprehensive manner as these units serve an important role in alleviating the affordable housing shortage for low-income families. However, rather than legalizing such suites, enabling the proliferation of dangerous conditions and circumstances associated with Secondary suites, new approaches to addressing housing might be in the best interest of all involved.

There is a need for better alternatives to be provided by government, the private sector, charity and civil society or partnerships between the aforesaid. A systemic lack of commitment to housing for all citizens in Canada is in stark contrast to not only housing policies in most other Western countries, as well as with the philosophies of successive Canadian governments from the 1960's to the mid-1980's.[197] During these decades, "problems associated with urbanization, including the creation of affordable housing, were the focus of significant policy and program attention" which resulted in the significantly smaller populations of homeless people which existed in Canada before the mid-1980's.[198] While it is now necessary to look forward and find solutions wherever they exist, we must not forget how these problems developed and where the fundamental and systemic sources of these issues reside.

Recent Government Attempts to Promote Housing Affordability in Toronto

The Government of Canada has recently taken some steps to improve affordable housing alternatives. Through the CMHC, it is working with provincial and territorial partners to improve access to affordable housing and "since 2011, new federal funding for affordable housing has been provided through the Investment in Affordable Housing (IAH)".[199] Initiatives include "new construction, renovation, homeownership assistance, rent supplements, shelter allowances, accessibility modifications, and accommodations for victims of family violence".[200] The funding provided under the IAH is to be used by the provinces and territories to increase the supply of affordable housing, improve and preserve

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[197] J. D. Hulchanski. (2002). Housing Policy for tomorrow's cities.
[198] Ibid.
[199] Canadian Mortgage and Housing Corporation, "Investment in Affordable Housing (IAH)." https://www.cmhc-schl.gc.ca/en/inpr/afhoce/fuafho/
[200] Ibid.

the quality of affordable housing, improve housing affordability for vulnerable populations, and foster safe, independent living throughout Canada.[201]

The Housing Network of Ontario (HNO) summarized the key areas for action put forward by policy experts and people living in poverty and created *5 Tests for success of Ontario's Long-Term Affordable Housing Strategy.*[202] These include: bold targets and sustained funding to build more affordable housing on an annual basis, increased support for programs and services to make housing truly affordable and accessible, reforms to housing legislation that builds stronger communities, clear mechanisms to measure progress and ensure marginalized groups benefit equitably, and greater accountability and transparency to keep these strategies on track.[203]

Unfortunately, the long-term affordable housing strategy fails the HNO's five tests and does not include many of the changes sought by the Advocacy Centre for Tenants Ontario (ACTO)[204]. "The government notes that 'the future of housing depends on adequate, sustained funding' but fails to commit any money to a single new unit of housing and contains only a nod to 'exploring' the possibility of a housing benefit to help tenants pay high rents".[205] With no clear outline of how things will be done differently, the plans include "no changes to the *Residential Tenancies Act (RTA)* to protect tenants in the private market but does ease the rent rules for tenants in social housing".[206] While changes to the *Planning Act* were made that would allow secondary suites are a step that would increase the supply of affordable housing, inclusionary housing policies were left out.[207] Also, "no new measures were included to help tenants who experience discrimination or have disabilities. Some improvements are promised with coordination of programs and local control".[208]

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[201] Ibid.
[202] Advocacy Centre for Tenants Ontario, "Ontario Long-Term Affordable Housing Strategy"
[203] Ibid.
[204] Ibid.
[205] Ibid.
[206] Ibid.
[207] Ibid.
[208] Ibid.

"The *RTA* sets an annual guideline which sets the amount that most landlords can raise rent by each year. This amount is based on the increase in the Consumer Price Index for the year before. On June 19, 2012, a new law came into effect which limits this amount to 2.5 percent. The Minister of Municipal Affairs and Housing announced that the guideline for 2013 will be 2.5 percent. The committee of the Legislature that was studying this law voted down the government's proposal that the guideline never be allowed to fall below 1 percent".[209]

While "the Ontario *Human Rights Code* makes it illegal for landlords to discriminate by not renting to someone based on reasons like their race, ethnic origin, source of income, age, or that they have children"[210] issues related to illegal drug addiction are left uncovered here, and it may be difficult to determine whether a landlord decided not to rent to one tenant instead of another based on any of the above mentioned reasons. While it is "illegal for landlords to treat tenants in a way that causes them to be disadvantaged because of these reasons"[211] many tenants endure unsafe conditions in their dwellings, and in many instances, this is out of fear of confronting their landlords due to the perceived imbalance in power relations between landlord and tenant. As a result, about eight percent of renters "live in dwellings that require major repairs and about five percent in housing that is overcrowded".[212] Those looking for a place to rent as well as sitting tenants in Ontario face these circumstances every day.

Homelessness and Addiction in Toronto: The Example of Ontario Works and the Need for New Approaches

There are many reasons why these issues need crucial attention and focus from both government and society in general. "Homeless people's substance use has been characterized as the main mental health problem for homeless people".[213] "Extensive literature also exists on the powerful and adverse relationship between homelessness and poor mental and physical health".[214] As was

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[209] Ibid.
[210] Ibid.
[211] Ibid.
[212] J. D. Hulchanski. (2002). Housing Policy for tomorrow's cities.
[213] B. Van Straaten et al. (2016). Substance use among Dutch homeless people, a follow-up study: prevalence, pattern and housing status. *The European Journal of Public Health*, *26*(1), 111–116. https://doi.org/10.1093/eurpub/ckv142
[214] S. W, Hwang. (2001). Homelessness and Health. *Canadian Medical Association Journal* 164(2): 229–33; CIHI. (2007). *Improving the Health of Canadians: Mental Health and Homelessness*. Ottawa: CIHI; N. Pleace, & D. Quilgars. (1996). *Health and homelessness in London: a review*. London: King's Fund in Shapcott, Michael. (2010).

outlined earlier in this paper, the intersection between these issues is vital to understanding where the problems lie and must be central during the formulation of any meaningful approach which hopes to have a positive impact. It is necessary that we not only get commitments from those in power to take meaningful steps in this direction, but these issues must be advanced in a holistic manner, with a coordinated approach which takes into consideration smaller sub-issues and policy at various branches and levels of government.

To provide an example of problems and sub-issues referred to in the above paragraph, and to provide context for the next section of this paper, the example of Ontario Works, which provides welfare services in Ontario, will be discussed. Presently in Ontario many of those who face housing insecurity and addiction also receive a monthly welfare cheque. A single person with no dependents receives under $800 a month, with less than $400 a month towards housing, which is meant to include rent or mortgage payments, repairs, utilities and heating costs, and taxes among other shelter related expenses. The other half of the money is to be used for basic needs which include food, clothing and other essentials. While they also receive many of their medical prescriptions free of charge and may qualify for a transportation allowance if medically required,[215] even with roommates, given Toronto's current housing climate, such "benefit levels are wholly inadequate to meet real costs of rent, food, accommodation, transportation and other living expenses".[216] It has also been noted that, at times, "critical information about benefits, rules and entitlements are not disclosed" to welfare recipients".[217] This is particularly problematic when dealing with the those facing mental illness and addiction as these vulnerable populations, especially when fear of revealing these issues, or a lack of knowledge of the inner workings, rules and legislation related to Ontario Works, may lead to a loss of potential benefits which they may have otherwise qualified for. This is a barrier imbedded in the system and our overall thinking on these issues.

Precarious Housing in Canada 2010.
[215] Ontario Works Directives. Retrieved From
https://www.mcss.gov.on.ca/en/mcss/programs/social/directives/ow/6_2_OW_Directives.aspx
[216] Janet E. Mosher et al, (2004). "Walking on Eggshells: Abused Women's Experiences of Ontario's Welfare System" (2004). *Commissioned Report from the* Ontario Association of Interval and Transition Houses & Ontario Social Safety Network.
[217] Ibid.

Rather than approaching those facing issues related to homelessness and addiction as groups which need to be 'watched', kept at bay or excluded from full participation in society, it is necessary that we remove barriers and create programs, services and a general environment of welcoming and encouragement. As has been outlined, bringing these groups into the fold, and getting them in touch with services which have the potential to improve their quality of life, leads to benefits for not only for these individuals, but for all of us. It is this realization that must become the new paradigm and way of thinking in North American society, specifically in Canada, and particularly with respect to policy makers whose decisions can make a real difference to the current situation in Toronto.

4) **Perspectives on the Cross between Housing and Addiction: Examples from European Cities**

This paper began with an examination of why it is necessary for us to look for new approaches to housing for homeless and addicted segments of society in Toronto. It is now necessary for us to provide an understanding of what is being done in other jurisdictions. To these ends this paper will examine individual, community and government approaches utilized by European jurisdictions, including the Housing First Europe (HFE) project and strategies which focus on issues related to approaching the cross between housing and addiction. In European cities including Amsterdam, The HFE project examined the efficacy and usefulness of "providing homeless people with complex needs with immediate access to long-term, self-contained housing and intensive support".[218] Such thinking has become central to approaches to homelessness, addiction and marginalization in many European jurisdictions.

Paradigm Shift

Part of the problem with what is happening in Toronto is the thinking which has prevailed for so long with respect to how we view addiction and homelessness. This has been heavily influenced by the neoliberal agenda and the idea that individuals are responsible for the negative outcomes in their lives. While there may indeed be some truth to this, if we are to make progress on these issues with the hope of improving their lives, while also considering benefits for all members of

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[218] Volker Busch-Geertsema. (2013). *Housing First Europe: Final Report*. Bremen/Brussels: European Union Programme for Employment and Security.

Canadian society, it is necessary that a paradigm shift occur with respect to our thinking on these issues. While the impacts of neoliberalism and gentrification are felt in cities and countries around the world, impacting Toronto as well as European cities, it is necessary, as Lawrence H. Thompson suggests, that we undertake a process of "re-examining, reforming, and restructuring … [of our] social welfare systems".[219] This is important to understand in the context of these issues, but to be effective in this regard, it must be accompanied by a major shift in our thinking on these subjects. In Europe, progressive ideas, unique perspectives and the thoughtful implementation of programs meant to get a handle on these issues have led to some success. It is crucial that we remember that it must first have been an openness to new ideas that allowed for such programs to see the light of day. Therefore, it is necessary that we begin with an examination of the mindset and ideas which influenced innovative approaches to homelessness and addiction in these European cities.

As is the view in Canada, "decreasing the number of homeless addicts is an important issue in the care and treatment of drug addicts in Dutch cities." However, "the Dutch view on homelessness is characterized by the social-psychological tradition in which a lack of skills leads to an inability to develop and maintain contacts and to inadequate social support".[220] Additionally, as is the case in many European countries, approaches which focus on addiction and homelessness emphasize the need for care,[221] a process of designing, building and constantly adapting specific health care services for marginalized populations[222] and descriptive typologies of homelessness[223]. One of these typologies which has been explored in depth in the Netherlands is with respect to the understanding that "homeless people who use substances have a more disadvantageous housing situation at follow-up than homeless people who do not use substances.

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[219] Lawrence H. Thompson. (1994). The Advantages and Disadvantages of Different Social Welfare Strategies. *Social Security Bulletin*, 1994, Vol. 57, No. 3.
[220] Health Council of the Netherlands. (1995). Roofless and homeless, Publication no 1995/10; Committee on Roofless and Homeless, Health Council, The Hague in Coumans, M. & Spreen, M. (2003). Drug Use and the Role of Homelessness in the Process of Marginalization. *Substance Use & Misuse*, *38*(3–6), 311–338.
[221] Moniek Coumans & Spreen, M. (2003). Drug Use and the Role of Homelessness in the Process of Marginalization. *Substance Use & Misuse*, *38*(3–6), 311–338.
[222] Igor Van Laere. Outreach medical care for homeless in Amsterdam. Ambulatory Medical Team: the years 1997-2001. Amsterdam: GG&GD, MGGZ, March 2003.
[223] Moniek Coumans & Spreen, M. (2003). Drug Use and the Role of Homelessness in the Process of Marginalization. *Substance Use & Misuse*, *38*(3–6), 311–338.

[Therefore,] attention is needed to prevent and reduce long-term homelessness among substance-using homeless people".[224]

Research in the Netherlands has shown that "investing €1 in homeless services and (mental) health care generates more than €2 of cost savings for police/justice and insurance companies".[225] Another Dutch study from 2005 estimated that providing addicts with prescription heroin could save the state around €13,000 per person (or over $20,000 Canadian dollars) per year as a result of reduced costs for crime control, compensations and the like.[226] A Danish program which similarly provided heroin to addicts in state-funded heroin clinics also found success "because dropout rates are lower than in, for instance, methadone treatment, and because the clinics keep more people from committing drug-related crime".[227] A Danish National Board of Health report on the beneficial effects of heroin treatment also found that addicts who participated in the program had a 30 percent better chance of finding permanent housing as well as reduced percentage in the side abuse of other drugs including alcohol and benzodiazepines.[228] Therefore, clearly there has been some success in stabilizing the lives of vulnerable addicted and homeless populations through programs such as state-run heroin clinics.[229] This, in conjunction with innovative housing initiatives in these countries, has led to decreases in homeless and addicted populations in many European cities.[230] While these successes are examples of initiatives that seem to be working well in these jurisdictions, combining successful harm reduction and housing programs are also an example of a new way of thinking holistically about these issues. The following sections will explore these efforts in greater detail to find examples of working models that have the potential to be applied to the situation in Toronto.

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[224] B. Van Straaten et al. (2016). Substance use among Dutch homeless people, a follow-up study: prevalence, pattern and housing status. *The European Journal of Public Health*, *26*(1), 111–116.

[225] John van Leerdam. (2013). Analysing Costs and Benefits of Homelessness Policies in the Netherlands: Lessons for Europe. *European Journal of Homelessness*, 7(2), 157-181.

[226] Jeppe Wojcik. (2012, May 1). Heroin clinics improve addicts' lives. *ScienceNordic*.

[227] Ibid.

[228] Ibid.

[229] Ibid.

[230] B. Van Straaten et al. (2016). Substance use among Dutch homeless people, a follow-up study: prevalence, pattern and housing status. *The European Journal of Public Health*, *26*(1), 111–116. https://doi.org/10.1093/eurpub/ckv142

The New York Pathways to Housing Model and Housing First

The New York Pathways to Housing service project in New York developed by Dr. Sam Tsemberis originated from the notion of housing as a basic human right.[231] This program advanced a scattered-site program for renting apartments from private landlords to provide participants, specifically demographics facing housing insecurity such as those experiencing homelessness, addiction and mental illness, with ordinary residences and various key services tailored to their needs. Spearheaded in 1992,[232] the model experienced success in its first year, with an 84 percent housing retention rate.[233] The success of the Pathways to Housing service project was looked at favourably and picked up upon by jurisdictions across the globe, particularly in Europe. Evolving into Housing First, this has become the central policy approach to chronic homelessness in Finland, France, Ireland, the Netherlands and even parts of the United States.[234] Services and projects which follow the 'Housing First' model have also appeared in Austria, Australia, Denmark, France, Hungary, the Netherlands, Japan, Portugal and the UK.[235]

In 2013, the European Commission funded a social experimentation project called The Housing First Europe (HFE) project.[236] "HFE's aims included the evaluation of, and mutual learning between, local projects in ten European cities which provide homeless people with complex needs immediate access to long-term, self-contained housing and intensive support. HFE involved five test sites where the approach was evaluated (Amsterdam, Budapest, Copenhagen, Glasgow and Lisbon), and facilitated the exchange of information and experiences with five additional peer sites (Dublin, Gent, Gothenburg, Helsinki and Vienna) where further Housing First projects were planned, or elements of the approach were being implemented. Five project meetings, including a final public conference, were used for the exchange of information and experiences".[237] Observations, evidence and case studies from this project have shown that stable

[231] Pathways: Housing First, Retrieved From https://www.pathwayshousingfirst.org/
[232] Ibid.
[233] W.G. Evans & Tsemberis, S. (2012). [Transcript]. Housing first: An interview with Sam Tsemberis. Homelessness Resource Center, SAMHSA, Rockville, MD in Barrett, T. D. (2013, August). *Shelter for good?: Examining the ethical issues of housing first for homeless substance abusers*. University of Minnesota.
[234] Pleace, N. and Bretherton, J. (2013) 'The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness' European Journal of Homelessness. 7(2), pp. 21-41.
[235] Ibid.
[236] Volker Busch-Geertsema. (2014). Housing First Europe: Results of a European social experimentation project. European Journal of Homelessness 8 (1): 13–28.
[237] Ibid.

accommodation helps with recovering from mental illness and addiction, as per the Housing First model.[238]

Recent research has noted growing diversity in 'Housing First' services and that many services have 'drifted' significantly from the service design established by the Tsemberis 'Pathways' service.[239] Nevertheless, several European jurisdictions have embraced the example provided by the New York Pathways to Housing model wholeheartedly while at the same time adapting it to their countries specific situations and issues with respect to housing and homelessness. These in combination with programs and strategies aimed at harm reduction and reducing the prevalence of addiction have led to considerable success in managing these problems. Many of the models utilized today in European countries continue to follow the eight principles of the New York Pathways model, "which focuses on homeless people with mental illness and co-occurring substance abuse: housing as a basic human right; respect, warmth, and compassion for all clients; a commitment to working with clients for as long as they need; scattered-site housing in independent apartments; separation of housing and services; consumer choice and self-determination; a recovery orientation; and harm reduction".[240]

The core fundamentals of the Housing First approach may be viewed in contrast to other approaches to homelessness and addiction which require 'treatment first', transitional housing, housing only strategies and/or moving homeless people through a series of stages (staircase system) before they are 'housing ready'.[241] In contrast to Housing First, such approaches can lead to undesirable outcomes and living situations for the participants, erecting unnecessary barriers to their success. For example, "the social and physical isolation caused by transitional housing programs separates individuals from their support networks and thereby undermines useful contacts and collaborative strategies of mutual assistance, especially those related to

[238] Sam Tsemberis & Eisenberg, R. F. (2000). Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities. *Psychiatric Services*, *51*(4), 487–493 in Ceannt, R. et al. (2016). Circles: Within Circles: Dublin's Frontline Homeless Sector Workers Discuss the Intersectional Issues of Homelessness, Mental Illness and Addiction.

[239] Pleace, N. and Bretherton, J. (2013) 'The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness' European Journal of Homelessness. 7(2), pp. 21-41.

[240] Volker Busch-Geertsema. (2014). Housing First Europe: Results of a European social experimentation project.

[241] Volker Busch-Geertsema. (2014). Housing First Europe: Results of a European social experimentation project.; J. D. Hulchanski et al. Homeless Hub (Online service), Canadian Homelessness Research Network, University of Toronto, & Cities Centre. (2009). *Finding home: policy options for addressing homelessness in Canada*.

employment and informal housing resources".[242] Such high-demand programs are problematic as they require participants "to adhere to rules on parenting chores, living mates, eating times, entertainment, sleeping and waking times, smoking locations, visitors, mail, medication, money use, overnights, and limitations on bedroom space," while undermining self-sufficiency.[243] This creates "constraints on residents' daily activities, …[producing] a form of incarceration for [individuals and] families." Other issues with such approaches include "prohibitions against in-room visits by outsiders, curfews for adults as well as children, and limitations on the amount of time that residents could spend away from the housing and found that some programs offered residents no opportunity for collective or collaborative decision making".[244]

Housing First diverts from these approaches, by providing immediate or near-immediate re-housing without any requirement that high need, chronically homeless people, show themselves to be 'housing ready' before they are re-housed. This brings us back to the idea of a paradigm shift in our thinking; these groups need help immediately, and to have a 'housing only' approach which advocates waiting for these individuals to improve their situation by requiring treatment or sobriety pre-requisites for housing assistance is a serious misstep with negative consequences for all involved. This could result in negative consequences including injury, illness, and death, while furthering alienating those already on the margins. Rather, support to sustain their housing and improve their health, well-being and social integration is provided seeking to move homeless people into permanent housing as quickly as possible, servicing users in their own home, with ongoing, flexible and individual support as long as needed, on a voluntary basis, with emphasis placed on providing the service users both choices and control.[245]

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[242] Ibid.

[243] S. Fogel. (1997). Moving along: An exploratory study of homeless women and children using a transitional housing program. *Journal of Sociology and Social Welfare*, 24(3), 113-133 in Hulchanski, J. D., et al. Homeless Hub (Online service), Canadian Homelessness Research Network, University of Toronto, & Cities Centre. (2009). *Finding home: policy options for addressing homelessness in Canada*.

[244] N. Gerstel, et al. (1996). The therapeutic incarceration of homeless families. *Social Service Review*, 70(4), 543-572 in Hulchanski, J. D., et al. Homeless Hub (Online service), Canadian Homelessness Research Network, University of Toronto, & Cities Centre. (2009). *Finding home: policy options for addressing homelessness in Canada*.

[245] Volker Busch-Geertsema. (2014). Housing First Europe: Results of a European social experimentation project.; Sam Tsemberis. (2010). Housing First: Ending Homelessness, Promoting Recovery and Reducing Costs in Pleace, N. and Bretherton, J. (2013) 'The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness' *European Journal of Homelessness*. 7(2), pp. 21-41.

While statistics suggest that these projects are a step in the right direction and conceivably such programs might be able to improve the current situation in Toronto, and perhaps other jurisdictions across Canada as well, is it is important that we understand why these approaches have been viewed as effective, as well as what opponents in Europe have to say on this issue. By understanding these issues, perspective will be provided for the application of a Housing First project in Toronto, while providing insight into whether such a project would indeed have a chance for widespread success if implemented in Toronto.

Opposition to Housing First

Opponents to Housing First cite the financial commitments required to launch such a program as a primary issue with such an approach to homelessness and addiction.[246] "For instance, Pleace reports that on a cost-per-person-per-year basis *Pathways to Housing* was estimated to cost 45 percent of the equivalent continuum of care programs, 26 percent of keeping someone in prison for a year and 13 percent of the cost of a psychiatric bed in New York for one year ".[247]With regard to HFE, data has shown "that it would have been more expensive to provide the project participants with temporary accommodation, rather than in scattered site apartments".[248] However, it is also important that consideration is paid to "intensive support such as that provided in Housing First projects requires considerable funding, and homelessness for people with complex support needs cannot be solved by providing 'housing only' or with low level support".[249]

Another argument against the Housing First Model put forth by the 'housing only' advocates is that providing 'housing first' enables addicts or those with mental illness to put off treatment or sobriety. "The Housing First evidence base is… [un]clear with respect to improvements in other areas such as problematic substance use and social exclusion".[250] However, as has already been

[246] Guy Johnson et al. (2012). Policy shift or program drift? Implementing Housing First in Australia, AHURI Final Report No. 184. Melbourne: Australian Housing and Urban Research Institute; Volker Busch-Geertsema. (2014). Housing First Europe: Results of a European social experimentation project.
[247] N. Pleace (2008) Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review. Scottish Government Social Research p. 47 in Johnson, G. et al. (2012). Policy shift or program drift? Implementing Housing First in Australia.
[248] Volker Busch-Geertsema. (2014). Housing First Europe: Results of a European social experimentation project.
[249] Ibid.
[250] Guy Johnson et al. (2012). Policy shift or program drift? Implementing Housing First in Australia.

evidenced in this paper, while these issues are important to address, there is a much greater good for both the individuals and society as whole when addicted and homeless populations find stable housing and brought into the fold of government social service providers. The proverbial 'carrot' which housing provides brings with it a host of other service options for participants and to have these groups kept at arm's length brings more financial and social harm than good.

Housing First?

It is necessary that our expectations with regard to these programs remain realistic as putting an end to either homelessness or addiction entirely is not possible in the foreseeable future. Rather, policy makers and service providers must look for pragmatic goals such as providing increased opportunities for integration and social inclusion for the most marginalised individuals.[251] "Further attempts to successfully overcome stigmatisation, social isolation, poverty and unemployment are needed, not only on the level of individual projects, but also on a structural level. The same applies to the structural exclusion of vulnerable people from housing markets. The debate on Housing First should be used to (re-)place access to housing at the centre of the debate about homelessness while emphasising that housing alone is not enough for those with complex needs".[252]

> The currently available research already provides strong evidence that many who are currently homeless would be quite capable of maintaining a tenancy if given the opportunity and, crucially, the support. The contention that people who are homeless would not be able to remain stably housed is becoming increasingly tenuous, even where the individuals concerned have mental health problems or are coping with an addiction to drugs. Indeed, having the stability of a secure tenancy and the independence afforded by having a place of one's own are important components in addressing those issues. Housing First is not a cure-all solution. Ongoing support has been a feature of successful programmes to date. Even then, there continue to be cases where individuals return to homelessness, an issue that deserves further research.[253]

Stable housing is considered to be a basic necessity of life and stable, affordable and good quality housing arrangements contribute to positive outcomes for individuals, families and communities as a whole.[254] An individual's housing situation influences many aspects of life:

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[251] Volker Busch-Geertsema. (2014). Housing First Europe: Results of a European social experimentation project.
[252] Ibid.
[253] Iain Atherton & Carol McNaughton Nicholls. (2008). 'Housing First' as a means of addressing multiple needs and homelessness. *European Journal of Homelessness*, 2.
[254] Michael Shapcott. (2010). Precarious Housing in Canada 2010.

individual health and well-being, educational achievement, social connectedness, labor market attachment and sense of community identity.[255] Many European jurisdictions have embraced such thinking wholeheartedly, with positive results. However, housing is only one part of the equation when dealing with addiction and homelessness, and any meaningful housing strategy needs to be combined with other measures in order to comprise a truly pragmatic, holistic and inclusive response to these issues.

Harm Reduction

In cities such as Amsterdam in the Netherlands, innovative connections have been found between the provision of stable housing and harm reduction addiction practices which have both benefits for individuals and society. The formation of successful polices in this regard is discussed by Petra Havinga who points to the link between stable housing and drug-users who have never injected their drugs. This emphasizes the potential for housing initiatives targeted at homeless populations to reduce the frequency of injection drug use within this demographic. "Therefore, prevention of (risks associated with) injecting drug use and supported housing programmes for problematic hard-drug users deserve the continuous attention of policymakers and professionals in low-threshold addiction care".[256]

To be homeless and addicted carries with it a great deal of social stigma and marginalization which is further complicated by their disenfranchisement. As those who are stigmatized and marginalized have less voice, they therefore have less means to push for legislation that favors their situation. As there are many in society who feel that legislation which helps, protects or relieves the struggles faced by those experiencing homelessness and addiction is of little benefit to them if they are not a in these situations themselves, they may feel that such legislation perhaps only serves to enable drug use. As a result, pushing legislation through for services such as safe injection sites, needle exchanges and even methadone programs have been slow in North American, despite some jurisdictions making headway.

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[255] Ibid.
[256] Petra Havinga et al. (2014). "Differences in sociodemographic, drug use and health characteristics between never, former and current injecting, problematic hard-drug users in the Netherlands."

The examples of 'heroin for addicts' programs in European countries and Canada provide some hope, but unfortunately in Canada, it is only in Vancouver that such programs have seen any of their potential met. This is due to the lack of urgency in past years in the rest of Canada, as in Vancouver's Downtown Eastside this problem has been apparent for some time. However, on September 7, 2016, the Liberal government passed legislation allowing doctors to prescribe pharmaceutical-grade heroin to severe addicts[257] who do not respond treatments such as suboxone or methadone.[258] At this point doctors can apply to do this though the special access program and prescribe patients access to controlled substances under doctor supervision if deemed necessary. However, the Liberal government's recent provision to allow addicts access to heroin through this program has met with limited success.[259] This is when compared to the success of similar programs in the countries such as the Netherlands whose health services have lauded their achievements in this regard.[260] Vancouver's Crosstown Clinic remains the only facility in North America currently providing prescription heroin to addicts.[261]

Even as the Liberals have reiterated their commitment to "support new treatment options for drug addicts, including giving them prescription opioids or pharmaceutical grade heroin, backing quality testing of street drugs and helping provinces set up overdose prevention sites in emergencies"[262] in the wake of the Fentanyl epidemic, outside of Vancouver, there has yet to be any meaningful 'heroin for addicts' programs available in Canada. This is partially due to the needed paradigm shift discussed earlier in this paper as it is only now that the urgency felt in past decades in Vancouver and some European cities has arrived in Toronto. It is now clear that new, more progressive and inclusive ideas and approaches are needed to change not only our attitudes towards drug use and drug users, but our overall mindset. It is necessary that we change these attitudes in order to gain cultural and societal acceptance for drug users, bringing them into the

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[257] Travis Lupick, T. (2016, September 7). Health Canada reverses Conservative regulations and allows prescription heroin for severe addicts. *The Georgia Straight*. Retrieved from https://www.straight.com/news/777376/health-canada-reverses-conservative-regulations-and-allows-prescription-heroin-severe
[258] The Canadian Press. (2017, April 24). Health Canada to allow more access to prescription heroin to curb opioid crisis. *Vancouver Sun.*
[259] Andrea Woo. Health Canada overturns ban on medical heroin. *The Globe and Mail*. Vancouver. May 13, 2016.
[260] Thijs Roes (2014, May 6). Only in the Netherlands Do Addicts Complain About Free Government Heroin. *Vice News*.
[261] The Canadian Press. (2017). Health Canada to allow more access to prescription heroin to curb opioid crisis.
[262] Susan Lunn. (2017, November 15). Liberals say they'll back prescription heroin, drug checking services to fight opioid crisis. *CBC News*. Retrieved from http://www.cbc.ca/news/politics/opioid-prescription-heroin-1.4403709

fold, rather than treating them as criminal outsiders. Some would argue that this would only serve to enable their drug use and therefore might not be a good thing. However, as has been evidenced by success in other jurisdictions, the prevailing approach and mindset has not only fanned the flames of this epidemic, but also is a fundamental barrier to meaningful solutions. It is interesting that when compared with North American media, the fentanyl epidemic is mysteriously absent from European newspaper headlines. One of the primary reasons for this is that many European cities already experienced the urgency, crisis and need for a revaluation of these as being health issues, specifically with respect to substance abuse. For example, "in the 1990's … the Netherlands started a program that provides long-term addicts with free government heroin… and now heroin-use under the age of 40 is practically non-existent, according to Amsterdam's health services".[263] "Combined with a specified care program, it has been responsible for almost the complete disappearance of heroin addicts from public view".[264] A 2002 study by the Central Committee on the Treatment of Heroin Addicts has shown the estimated number of opiate addicts has decreased since the program's inception.[265] The study also found that "Medical heroin prescription also appears to be a feasible and safe (no adverse effects) for chronic treatment-refractory addicts".[266] Also, free prescription heroin in the Netherlands has been linked with a decrease in the participants "use of other illegal drugs and public related public nuisance".[267] "Criminal behavior among the group has plunged since the start of the program …in neighborhoods where heroin use was endemic" and criminal activity among addicts has decreased, while their quality of life had improved.[268]

Switzerland also faced problems with the use of hard drugs. In response, Switzerland applied evidence-based, health initiatives in a unique way, also experiencing success in multiple areas related to drug use such as the battle against HIV and Aids and decreasing new heroin users.[269]

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[263] Thijs Roes (2014). Only in the Netherlands Do Addicts Complain About Free Government Heroin.
[264] Ibid.
[265] Central Committee on the Treatment of Heroin Addicts (CCBH). (2002). *Effects of Medical Heroin Co-Prescription for Treatment-refractory Chronic Addicts*. Utrecht, Netherlands in Roes, T. (2014). Only in the Netherlands Do Addicts Complain About Free Government Heroin.
[266] Central Committee on the Treatment of Heroin Addicts (CCBH). (2002). *Effects of Medical Heroin Co-Prescription for Treatment-refractory Chronic Addicts*.
[267] Ibid.
[268] Thijs Roes (2014). Only in the Netherlands Do Addicts Complain About Free Government Heroin.
[269] Joanne Csete. (2010). *From the Mountaintops: What the World Can Learn from Drug Policy Change in Switzerland* (Lessons for Drug Policy Series). New York, NY: Global Drug Policy Program, Open Society Institute.

In the late 1980's Switzerland saw cities such as Zurich become a hotbed of drug activity, with drug users gathering in high visibility parks and public spaces referred to as 'needle parks', culminating in large open-air drug scenes.[270] The spread of HIV began increasing in Switzerland and was linked to growing injection drug use. As abstinence-based politics began proving incapable of coping with an escalating numbers of drug users, resulting in negative consequences for public health and public order,[271] the country began cautiously to move away from "traditional policing-based drug policy…with great attention to public health evidence".[272] Many programs which had started as private initiatives to reduce the negative consequences of continued use and prevent the spread of HIV were eventually taken up officially as part of "the 'four-pillar' drug policy (including harm reduction, prevention, treatment and law enforcement)".[273]

> As heroin injection was the dominant concern of public health officials, the Swiss authorized the institution of low-threshold methadone programs, needle exchanges (including in prison), and safe injection rooms on a large scale, in some cases building on services that had been started quasi-legally in response to open drug use in Swiss cities, especially Zurich. Low-threshold methadone was an especially crucial breakthrough as it marked a departure from a history of regulatory barriers to large-scale methadone prescription. In all cases, services were set up to be evaluated in detail, and evidence from evaluations helped to shape policy debates.[274]

The medical prescription of heroin for use by chronic heroin (and other opiate) addicts for whom methadone and other treatments had previously failed was one of the innovations, based on extensive scientific and political preparation.[275]

The results of the Swiss approach speak for themselves. "The government's careful evaluation of this experience showed that heroin assisted therapy was feasible, cost-effective, and associated

[270] Ibid.

[271] Ambros Uchtenhagen. (2010). Heroin-assisted treatment in Switzerland: a case study in policy change: Heroin-assisted treatment in Switzerland. *Addiction*, *105*(1), 29–37.

[272] Joanne Csete. (2010). *From the Mountaintops: What the World Can Learn from Drug Policy Change in Switzerland*.

[273] Ambros Uchtenhagen. (2010). Heroin-assisted treatment in Switzerland: a case study in policy change: Heroin-assisted treatment in Switzerland.

[274] Joanne Csete. (2010). *From the Mountaintops: What the World Can Learn from Drug Policy Change in Switzerland*.

[275] Ambros Uchtenhagen. (2010). Heroin-assisted treatment in Switzerland: a case study in policy change: Heroin-assisted treatment in Switzerland.

with numerous significant health improvements among patients and a dramatic reduction in drug-related crime".[276] "The number of new heroin users declined from 850 in 1990 to 150 in 2002; between 1991 and 2004, drug-related deaths fell by more than 50 percent; … The country witnessed a 90 percent reduction in property crime committed by drug users; and the country that once led Western Europe in HIV prevalence now has among the lowest rates in the region".[277]

Moving Past the 'War on Drugs'

For the above policy directions to be effectively implemented, or even seriously considered, it is crucial that government's approaches and understanding of these issues be reframed from a 'war on drugs' approach in which drug users are criminals who need to be punished, to an evidence - based health approach. To understand how we may move past the 'war on drugs' approach it is necessary that we not only look at various programs and policies that already exist. What is also required are fundamental changes to our laws with respect to drug use and addiction. This is crucial as it allows for the smooth, uninterrupted running of these programs in a manner which allows an offensive based on treatment, harm reduction and overall care to have a chance at making a real difference, rather than having these programs exist in constant fear of funding cuts, legal dilemmas and eventual closure. While for years the 'war on drugs' approach has brought with it many serious problems, we must be equally careful about how we decide to move forward. Responding to concerns that the historic focus on criminalization and enforcement has proved ineffective, drug policies in various jurisdictions, including those mentioned "have begun to undergo a paradigm shift as countries seek to enact their own reforms to partially de-penalize or deregulate personal drug use and possession".[278]

Portugal provides an enlightened example of an evidence-based approach which has led to success when approaching addiction and drug policy thereby decreasing the negative impact which drug use has on both the drug user and society. After an uprising in 1974, the dictatorship

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[276] Joanne Csete. (2010). *From the Mountaintops: What the World Can Learn from Drug Policy Change in Switzerland.*
[277] Ibid.
[278] Mackey, Tim K., et al. "Mexico's '*ley de narcomenudeo*' drug policy reform and the international drug control regime." Harm Reduction Journal, November 2014;11:31.

in Portugal was deposed and democracy introduced.[279] However, by the late 1980's, while the country had greater freedom of press, speech and justice, a serious drug problem had also developed.[280] Heroin use became widespread in Lisbon with about one percent of the country's population addicted.[281] Authorities there opted to reject the 'war on drugs' approach and in 2000, Portugal's government responded to public concern about drugs by decriminalizing drug use and possession.[282] Crucially, this approach involved a paradigm shift in the official view and approach to drug use. Rather than viewing those dependent on drugs as criminals, they were to be treated as patients. Those caught with quantities of drugs specified as being possession were pushed in the direction of drug education and treatment opportunities instead of prison. Portugal's reforms moved responsibility for decreasing drug demand and managing substance dependence from their Ministry of Justice to the Ministry of Health,[283] changing possession from a criminal to an administrative offense and increasing public health resources for drug addiction, treatment and prevention.[284]

This approach in Portugal has led to an increase in those seeking treatment for drug addiction, as the legislation introduced in 2001 pushes those caught with drugs in such a direction rather than leaving them to rot in the criminal justice system. In the decade following decriminalization in Portugal, the number of people entering drug treatment programs there increased. The numbers speak for themselves: 5,124 in 2008, 7,019 in 2008, to 7,643 in 2009 and an all-time high for the country of about 40,000 drug dependent people underwent treatment in 2010 signifying that treatment is reaching more drug users .[285] Portugal's policies "have been considered successful in reducing drug-related deaths, preventing transmission of HIV and HCV, and increasing utilization of syringe exchange programs and drug treatment services including methadone".[286]

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[279] Danna Harman. (2011, September 18). Portugal: When Heroin Was King. *Huffington Post*. l

[280] Ibid.

[281] Ibid.

[282] Artur Domoslawski & Siemaszko, H. (2011). *Drug policy in Portugal: the benefits of decriminalizing drug use* (Lessons for Drug Policy Series) (p. 47). Warsaw, Poland: Global Drug Policy Program, Open Society Institute.

[283] Ibid.

[284] Angela M. Robertson, Garfein, R. S., Wagner, K. D., Mehta, S. R., Magis-Rodriguez, C., Cuevas-Mota, J., … Proyecto El Cuete IV and STAHR II. (2014). Evaluating the impact of Mexico's drug policy reforms on people who inject drugs in Tijuana, B.C., Mexico, and San Diego, CA, United States: a binational mixed methods research agenda. *Harm Reduction Journal*, *11*(1), 4.

[285] Interview with Joao Goulao, IDT Chairman in Domoslawski, A., & Siemaszko, H. (2011). *Drug policy in Portugal: the benefits of decriminalizing drug use*.

[286] Angela M. Robertson, Garfein, R. S., Wagner, K. D., Mehta, S. R., Magis-Rodriguez, C., Cuevas-Mota, J., …

Portugal's decriminalization of drug possession has also led to decreased levels of addiction, recreational use and crime with drug related deaths decreasing by 80 percent.[287]

After over a decade of living with decriminalization, except for those few who continue to criticize the policy for political ends, drug use has ceased to be a controversial subject in Portugal.[288] The Portuguese experience provides crucial insight into how the decriminalization approach coupled with evidence-based strategies which promote treatment rather than incarceration "can reduce drug consumption, dependence, recidivism, and HIV infection," creating a safer society for all.[289] Contrary to fears and skepticism, "Portugal has not become, even to the smallest extent, a destination for drug tourists and decriminalization has not caused a sharp rise in consumption".[290]

Such an approach provides an excellent supplement to many of the above-mentioned approaches with respect to drug policy and addiction, while also easing the strain on the lives of those who face drug addiction, and opening doors for treatment and recovery. This may also go hand in hand with housing strategies such as Housing First as both policy approaches lead to increased stability and a better quality of life for marginalized groups and society in general.

5) <u>**Progress and Applying Lessons from Europe**</u>

The Streets to Homes Project

The Streets to Homes (S2H) project is an example of a housing program in Toronto which draws from the Housing First model, originating in 2005 as test case for a Housing First approach in Canada.[291] Just as Housing First, S2H provides immediate housing to those in need without the need for them to be housing ready or requiring a perquisite for sobriety or abstinence from drug

Proyecto El Cuete IV and STAHR II. (2014). Evaluating the impact of Mexico's drug policy reforms on people who inject drugs in Tijuana, B.C., Mexico, and San Diego, CA, United States: a binational mixed methods research agenda. *Harm Reduction Journal*, *11*(1), 44

[287] Lesley Young. (2017, February 22). Change in drug war mentality needed to battle fentanyl crisis. *Folio (University of Alberta)*.

[288] Artur Domoslawski & Siemaszko, H. (2011). *Drug policy in Portugal: the benefits of decriminalizing drug use*.

[289] Ibid.

[290] Ibid.

[291] Nick Falvo. (2009). Toronto's Streets to Homes Project. Chapter 1.5 in Hulchanski et al. *Finding home: policy options for addressing homelessness in Canada*.

and alcohol. The results have been impressive,[292] with some 90 percent of clients still in stable housing one year after being housed. Of those still in stable accommodation, 85 percent perceived ongoing tenure to be secure and believed themselves to have a positive future.[293] While the program also led to decreased use of medical and psychological services by participants, as well as reduced drug use and fewer arrests, S2H is limited in its scale[294] with many clients having to settle for residing in hostels,[295] shared accommodations, as well as the possibility of a decline in vacancy rates.[296] Also, even though the project receives support from all three levels of government, it is relatively small in scale with only limited support from senior leaders at the Federal level.[297] This is all while problems in Toronto with respect to housing and addiction remain widespread.

Housing as a Right and the Trudeau Liberals

The Trudeau Liberal government has proposed new legislation and ideas with respect to housing. In 2017, the Canadian Prime Minister was quoted as saying at a press conference that "housing rights are human rights". His National Housing Strategy reaffirms this with plans to include $40 billion in spending over 10 years and build about 100,000 new affordable homes, while also repairing an existing 260,000.[298] This is in conjunction with a promise for upcoming legislation which would make housing a fundamental right.[299] However, the federal government has been vague in terms of specifics in this regard, offering only small hints to date of how they plan to go about creating a new right to housing "nor has the government shown any interest in embarking on the messy process of amending the Charter of Rights and Freedoms".[300]

[292] Nick Falvo. (2008). The 'housing first' model: Immediate Access to permanent housing. Canadian Housing [Special ed.], 32-35 in Falvo, N. (2009). Toronto's Streets to Homes Project. Chapter 1.5 in Hulchanski et al. *Finding home: policy options for addressing homelessness in Canada*.

[293] Iain Atherton & Carol McNaughton Nicholls. (2008). 'Housing First' as a means of addressing multiple needs and homelessness.

[294] Nick Falvo. (2009). Toronto's Streets to Homes Project. Chapter 1.5 in Hulchanski et al. *Finding home: policy options for addressing homelessness in Canada*.

[295] Iain Atherton & Carol McNaughton Nicholls. (2008). 'Housing First' as a means of addressing multiple needs and homelessness.

[296] Nick Falvo. (2009). Toronto's Streets to Homes Project. Chapter 1.5 in Hulchanski et al. *Finding home: policy options for addressing homelessness in Canada*.

[297] Ibid.

[298] Rebecca Joseph. (2017, November 22). Reality check: Liberals' housing strategy doesn't go far enough, advocates say. *Global News*.

[299] Ibid.

[300] Jordan Press. (2018, March 24). Trudeau Liberals establish road map for talks to legislate a right to housing. *The Canadian Press, Global News*.

Other strategies with respect to affordable housing that are being rethought by the Trudeau Liberals include the viability of Canada's federally-funded *Homelessness Partnering Strategy* (formerly the National Homelessness initiative) aims to prevent and reduce homelessness by providing direct support and funding to 61 designated communities and to organizations that address Aboriginal homelessness across Canada, allowing the communities to make decisions and disperse funds locally.[301] Launched in 1999 by the Government of Canada as a three-year initiative with $753 million in budget funding, this program emphasized the importance of community-based responses to homelessness. Their stated goal has been to make "strategic investments in community priorities and a planning process that encourages cooperation between governments, agencies and community-based organizations to find local solutions for homeless people and those at-risk".[302]

However, it is worth pointing out that while this initiative "has shown great leadership through providing funding and support for communities across the country," it lacks clear strategic approaches for the communities it supports when compared to similar programs in other countries. Also, while this program highlights the Liberal Federal Government's commitment "to evidence-based practice, one that encourages government and service providers to draw on the best research and program models to support policy and programming, … Unfortunately, this initiative is continually hamstrung by inadequate funding and short-term renewals that make almost every year of the program a 'sunset year'".[303]

Current Policy and Approaches

Implementing a right to housing or Housing First approach on large scale in any new jurisdiction, such as Canada, and more specifically Toronto, should be evaluated with an understanding of the specific characteristics of the country's welfare and housing systems.[304]

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[301] Stephen Gaetz. (2010). The Struggle to End Homelessness in Canada: How we Created the Crisis, and How We Can End it. *He Open Health Services and Policy Journal*, (3), 21–26; Homelessness Partnering Strategy (HPS).

[302] Treasury Board of Canada Secretariat. National Homelessness Initiative 2009 in Gaetz, S., (2010). The Struggle to End Homelessness in Canada: How we Created the Crisis, and How We Can End it.

[303] Stephen Gaetz. (2010). The Struggle to End Homelessness in Canada: How we Created the Crisis, and How We Can End it.

[304] Guy Johnson et al. (2012). Policy shift or program drift? Implementing Housing First in Australia, AHURI Final Report No. 184. Melbourne: Australian Housing and Urban Research Institute.

"Housing sits at the intersection between social welfare policy and urban quality of life".[305] The current situation in Toronto as described in this paper shows that while some progress has been made, much is needed to provide stable housing for all those still in need.

While funding for programs in Toronto aimed at alleviating homelessness come from Federal, Provincial and municipal government in some instances and at certain times support has also been limited, scaled back or withdrawn entirely. However, the efforts of government are supplemented by the work of charities and NGO's, with some of the primary actors in this area including the United Way of Greater Toronto, the Trillium Foundation and churches.[306] It is important to note that on their own charities might not always find themselves fully equipped to take on the serious challenges and case load of addicted and homeless individuals in Toronto. This is particularly problematic given the housing and addiction issues currently faced by Toronto. It is therefore necessary for government to at the very least ensure support for such strategies and enact policies which encourage the work and goals of these organizations.

In the wake of the housing crisis in Toronto, the Ontario government has recently begun working towards policies which are aimed at making investments to achieve new goals for affordable housing. Ontario's updating of the Long-Term Affordable Housing Strategy, is meant to better reflect new research and approaches to issues related to housing instability. To these ends Ontario passed the *Promoting Affordable Housing Act* on December 6, 2016 to encourage improved access to affordable and suitable housing for Ontarians.[307] The act "takes its cues from the updated Long Term Affordable Housing Strategy, …amend[ing] seven other public acts including the *Planning Act*".[308] The *Long Term Affordable Housing Strategy* aims to achieve a province with a vision of "every person has an affordable, suitable and adequate home to provide

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[305] John Lorinc. (2006). *The new city: how the crisis in Canada's urban centres is reshaping the nation*. p. 76

[306] P. Dowling, P. (1998, September). *Analysis of funding for homelessness initiatives in Toronto*. Background paper for the Mayor's Homelessness Action Task Force. Toronto: City of Toronto in Falvo, Nick. Homelessness, Toronto's Streets to Homes Program in Hulchanski, J. D., et al. Homeless Hub (Online service), Canadian Homelessness Research Network, University of Toronto, & Cities Centre. (2009). *Finding home: policy options for addressing homelessness in Canada*.

[307] Ministry of Housing, Ontario's Long-Term Affordable Housing Strategy Update. Retrieved From http://www.mah.gov.on.ca/Page9181.aspx

[308] Sophia Reuss. (2016, December 13). Ontario Passes Promoting Affordable Housing Act, Introduces IZ. *Urban Toronto*.

the foundation to secure employment, raise a family and build strong communities".[309] The *Long Term Affordable Housing Strategy* commits an investment of $178 million over three years "to 'transform' the housing system, promising to end chronic homelessness by 2025, and recommends the implementation of inclusionary zoning (IZ) policies" which is "a policy mechanism whereby municipalities can require private developers to reserve a portion of units— usually between 10 and 30 percent—to rent at below market rates".[310] Had such policies been passed more than ten years ago, prior to the building boom in Toronto, "We could've had thousands and thousands of affordable units" as "IZ works to both increase supply of affordable housing units and helps 'plan for communities that have a wider range of incomes'".[311] Such policies incentivize building developers to provide increased social benefits, such as affordable housing in return for the right to build.[312]

Another important step in the right direction was Bill 140, the *Strong Communities Through Affordable Housing Act*, which stipulates greater accessibility to affordable housing by utilizing the secondary housing market. Bill 140 includes provisions to amend "various sections of the *Planning Act* by requiring municipalities to implement official plan policies and zoning by-law provisions that allow second units in detached, semi–detached and townhouses, or as accessory unit.[313] This is considered by many to be the cornerstone of the government's future long-term affordable housing strategy.[314] "ACTO appeared before the Standing Committee on Justice Policy and called for changes to the legislation to ensure fairness for tenants and to protect social housing from privatization. ACTO will monitor the new legislation and continue to press the government to improve the strategy so that it will effectively address the housing crisis in Ontario"[315] and protect social housing from privatization. For the most part, this is a worthwhile initiative, but it will require our continuous creative efforts to deal with the social problems related to marginalization and affordable housing.

[309] Ministry of Housing, Ontario's Long-Term Affordable Housing Strategy Update.
[310] Sophia Reuss. (2016, December 13). Ontario Passes Promoting Affordable Housing Act, Introduces IZ. *Urban Toronto*.
[311] Ibid.
[312] Ibid.
[313] City of Brampton, Planning and Units: Second Units. http://www.brampton.ca/en/Business/planning-development/projects-studies/Pages/SecondaryUnits.aspx
[314] Advocacy Centre for Tenants Ontario, "Ontario Long-Term Affordable Housing Strategy"
[315] Ibid.

What is Working in Canada Today: Examples from the Drug Reform Journey

Both Liberal and NDP leaders and MP's have recently voiced support for drug decriminalization.[316] "The [Liberal] national caucus is calling on the government to eliminate criminal penalties for simple possession and consumption of all illicit drugs".[317] Perhaps this could lead to a greater embracing of 'heroin for addicts' prescription programs and safe-injection sites across Canada. By providing a safe environment for addicts to consume drugs, other essential services are provided to many individuals who would otherwise be outside the reach of traditional forms of engagement for information on counselling, treatment and housing options.

Canada has had its own unique progressive drug reform journey. In Vancouver's downtown eastside which was once rife with the spread of HIV and an open-air drug culture, the Insite safe injection centre has operated since 2003 as a health-based model where drug users "inject drugs and connect to health care services – from primary care to treat disease and infection, to addiction counselling and treatment, to housing and community supports".[318] In the wake of the recent opioid epidemic facing Toronto, the city followed the lead of Vancouver, and many jurisdictions in Europe by approving the opening of safe-injection facilities in Toronto. These include the unsanctioned safe-injection site in Moss Park, which was opened in August by Toronto Overdose Prevention Society and the Toronto Harm Reduction Alliance. The site which primarily consists of a trailer donated through the Canadian Union of Public Employees (CUPE) relies on the volunteers and financial donations from across Toronto as well as outside the GTA. The first of three sanctioned, permanent supervised injection sites opened at The Works needle exchange in downtown Toronto.[319]

Such facilities not only prevent overdose deaths (there has never been a death from overdose at Insite) and its needle exchange program curtails the spread of HIV and other bloodborne diseases.[320] "Insite operates on a harm-reduction model, which means it strives to decrease the adverse health, social and economic consequences of drug use without requiring abstinence from

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[316] Joan Bryden. (2018, January 29). Liberal caucus proposes decriminalization of illegal drug use, simple possession. *The Globe and Mail/The Canadian Press*.
[317] Ibid.
[318] Insite website: http://supervisedinjection.vch.ca/
[319] Toronto's first permanent supervised injection site opens downtown. (2017, November 8). *CBC News*.
[320] Insite website: http://supervisedinjection.vch.ca/

drug use".[321]   Similar centres have recently been proposed for Toronto with city councillors voting in their favor.[322]   However, whether the Vancouver model will be used, or another system envisioned, is currently up for debate.

Critics against safe-injection centres, needle exchanges and other forms of harm reduction feel that such programs harm nearby businesses and land values while enabling drug use leading to greater acceptance and use of illegal drugs in society. With regards to the issue of nearby business and land values, there are many other types of legal and legitimate organizations and endeavours in existence today which have spurred a NIMBY (not in my backyard) response from local residents and business. Therefore, this line of argument alone is not a good enough justification to keep such endeavours (i.e. safe-injection sites) from seeing fruition. For example, homeless shelters are necessary to help those in need or temporarily experiencing homelessness. While some buildings may be optically or aesthetically displeasing or attract clients who may at first make residents uneasy, they are all necessary and allowed in order for society to be free and functioning at an optimal level. Also, often "once [these institutions become part of the neighborhood] in, no one can recall what the fuss was about".[323]

That there is a lack of acceptance for drug users in segments of Canadian society and around the world is part of the problem. It is necessary that we break down the stigmas in society; as was the case in Portugal, the public at large has seen the benefits and positive outcomes of progressive drug policies and accepted them as being in the right direction. It is necessary that we move away from an 'us versus them' mentality when it comes to drug users and move in a direction of tolerance and free choice. For the most part, in liberal-democratic societies people are free to make mistakes, and that a mistake leads to disease for some is no different than the choice to smoke cigarettes, eat poorly, or to take on a dangerous job, have a hobby or live in an area with certain hazards or potential for harm. Would there be such an argument in the case of helping a skydiver who had fallen or cancer patient who was in need? It may be that they had something to do with the position they are in. However, as a society most of us feel compassion

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[321] Ibid.
[322] Toronto city councillors vote in favour of safe injection sites. (2016, July 14). *CBC News*.
[323] Alice Sundberg (committee co-chair), Greater Vancouver Regional Steering Committee on Homelessness in Woo, A. (2012, October 4). NIMBYism based on 'fear of the unknown.' *The Globe and Mail*.

for those in need and therefore should able to look deep inside ourselves to find ways to move drug policy past the barriers of social stigma, convention and fear.

6) **Concluding Remarks**

For those experiencing homelessness and addiction, stable housing is a crucial first step which adds a foundation upon which to build a better life. The social normalization provided by housing also provides opportunities for the building of social capital, maintaining connections to crucial services and may be a step towards treatment and rehabilitation. Research has shown that participants in Housing First programs "were able to obtain and maintain independent housing without compromising psychiatric or substance abuse symptoms".[324] What is also clear is that programs such as Housing First which provide housing to individuals who remain actively addicted to substances, without conditions such as abstinence or treatment attendance, reduces the public burden associated with overuse and cost of services (drug arrests, incarceration, hospital and other medical services, publicly funded alcohol and drug detoxification and treatment, shelter and sober center use, and emergency medical services) while also reducing their consumption of controlled substances.[325]

A major theme of this paper has been to show the inability of many governments to learn from past mistakes, while also overlooking successful policies in other jurisdictions which may help to successfully approach serious problems at home. If we do not look to our history, we are bound to repeat it. For example, when post-Franco Spain legalized consumption of all drugs resulting in high consumption levels a major reason for the failure included the absence of a network of community, social and health services which had not been put into place to deal with the consequences of the policy.[326] Also, alcohol prohibition in the 1920's created many problems including underground black markets and increased criminal activity. Current policies with respect to illegal drugs and housing are also outdated and proving irrelevant. "If we want to be smarter in the battle against the opioid crisis …, it's time to accept that human beings use mind-

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[324] Sam Tsemberis et al. (2004). Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis. *American Journal of Public Health*, *94*(4), 651–656.
[325] Mary E. Larimer. (2009). Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems. *JAMA*, *301*(13), 1349.
[326] Deborah Kraus, et al. (2005). *Homelessness, Housing, and Harm Reduction: Stable Housing for Homeless People with Substance Use Issues*.

altering substances".[327] It is therefore important that we question why governments have not learned from these mistakes as we attempt to move forward with new approaches. Such thinking is crucial to understanding not only what changes are necessary, but what needs to be done to make them successful, accepted and long-lasting.

The examples provided by Portugal, Switzerland and the Netherlands provide crucial examples of how to approach drug addiction. For example, Portugal which was once Europe's heroin capital has been all but spared of the Fentanyl epidemic.[328] "We must focus on reducing harms, of course, but also finally get beyond our fixation on the use of some substances. This requires that we confront our own moralizations and need to fit things into simple categories".[329] Such thinking in combination with the examples provided by the Housing First model has great potential if taken seriously by government officials in Canada.

While the Toronto S2H project has had some success, it was limited in scale and impact. Taking seriously the lessons from Europe and their implementation of Housing First projects, when combined with their substantial progress in harm reduction measures and overall approach to drugs and addiction, is crucial for Toronto if meaningful positive change with respect to housing and addiction issues is to be expected. It was in Europe that the lessons from the New York Pathways model were taken seriously, and implemented in a manner, and with a mindset that allowed for meaningful progress on these issues to occur. This progress is the result of not only the utilizing of innovative models and programs from other jurisdictions, but most importantly it is due to a fundamental shift in thinking and attitudes regarding addiction, drug use, homelessness, poverty and marginalization.

In my view, urban politics and planning should stem from a progressive, open-minded, multidisciplinary perspective in which community health, human rights, economic prudence, social and class justice along with possibilities for participation and upward mobility are reflected. In Canada's multicultural environment, Toronto particularly strongly represents a

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[327] Virani, Hakique from the University of Alberta in Young, L. (2017, February 22). Change in drug war mentality needed to battle fentanyl crisis. *Folio (University of Alberta)*.

[328] Chris Brown. (2016). How Europe's heroin capital solved its overdose crisis. *CBC News*.

[329] Virani, Hakique from the University of Alberta in Young, L. (2017, February 22). Change in drug war mentality needed to battle fentanyl crisis.

diverse mosaic of city dwellers and should be regarded as a place where solutions may be tested and replicated by other communities across Canada. Furthermore, from a moral perspective, as human beings it is our duty as a society to do our best to help those most in need and provide an environment which facilitates their improved quality of life, upward mobility and opportunities for overcoming disadvantages whether they be socially constructed, economic or health related. This not only benefits us socially and economically as outlined in this paper, but also improves the overall aesthetic, desirability and quality of life of our cities. As such, urban politics and planning must prevent the marginalization of certain groups and ensure their ease of access to health services, employment, affordable housing opportunities and their responsible participation in community-based democratic processes which provide them a much-needed voice. Such an approach should also address the promotion of physical health through the introduction and support for effective social programs, the development of accessible recreational and educational facilities, and the promotion of social integration, inclusion and acceptance. Any approach to effectively deal with these issues must begin with legal and political reviews that have a strong emphasis on accountability, stakeholder and community engagement, local input, and social equality.

While the decay of the welfare state and the rise of neoliberal market strategies have resulted in social, political and economic conditions which in many instances hinder the upward mobility of marginalized groups, and the creation of affordable housing opportunities for these demographics, the tenets of self-responsibility, self-improvement and being a contributing member of society must be kept at the forefront. We must strike a balance between social good, morality and individual responsibility when envisioning meaningful policies directed at the issues highlighted in this paper. Those members of marginalized groups who are willing, able and prepared to accept and follow through on these principles stand the best chance of removing themselves to a greater degree from their 'marginalized status'. To these ends our entire perspective on social services in relation to addiction, homelessness and housing must be reimagined. Proposed government investments in infrastructure as outlined in the 2018 Liberal budget may also serve to create good jobs for more Canadians, including marginalized demographics, increasing opportunities for upward mobility while building healthier, more

livable communities.[330] Such investments are crucial for marginalized groups as they rely heavily on the livability of our social and physical infrastructure.

Planners, government and the private sector must also recognize the ubiquitous metaphor derived from the architectural domain: "Good design is important: avoid architectural styles that stigmatize [certain affordable housing types such as] social housing".[331] Residents and neighbours will be more willing to accept these developments 'in their backyard' when the people and their dwellings are less distinguishable from the rest of the neighbourhood. It is necessary that government officials and urban planners look for innovative approaches and 'think outside the box' when formulating strategies in the search for better ways to house marginalized groups and more broadly, when contending with the dilemmas related to housing and addiction. To these ends, it is crucial that we not only look for new ways to find house and provide treatment for those in need, but we must also formulate innovative, pragmatic and holistic approaches which focus on integrating, uplifting and housing these groups while addressing issues such as community resistance and social stigmas. Also, the criminality of the activities of those who suffer from addiction or face homelessness must be reexamined for their practicality.

It is important that when formulating housing policy, we look to integrative thinking and planning approaches and avoid conventional thinking which may risk fixing one problem while missing the overall impact and the complexity of the system due to oversimplification; the need to think of how things are connected; how users and non-users of the service will be affected, considering this leads to a richer experience in the end.[332] Housing First Europe provides such an approach by taking a unique perspective. For example, from a neoliberal perspective it could be argued that providing housing as a basic human right takes away from all those who have worked hard to rent, mortgage or outright buy housing for themselves. However, such a view does not look at the cost to all of us of not providing housing to all those in need. As has been shown, new and more inclusive approaches are needed when approaching issues related to

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[330] Liberal Party of Canada. (2018, January 26). Your Say, Budget 2018: A recipe for fairness & economic growth
[331] Affordability and Choice Today (ACT) "Housing In My Backyard: A Municipal Guide For Responding To NIMBY"
[332] Iain DeJong, Course lecture notes from Community Housing & Planning, October 26, 2015.

homelessness, addiction and housing policy. This requires a fundamental shift in thinking and attitudes towards these demographics and how we interact with them. What is good for them is indeed good for us. To these ends it is necessary that we change our attitudes to assist those in need so they may have the possibility of gaining cultural and societal acceptance, bringing them into the fold, rather than treating them as outsiders. Some would argue that this would only serve to enable their situation.

If we wish to effectively deal with these issues and bring those into the fold who might otherwise be hard to reach or help, we must have programs in place that can really make a difference in their lives, without letting stigma, prejudice or personal feelings guide our actions. Rather, we must look to the evidence-based approaches embraced in European and other jurisdictions in search of what is already working instead of repeating the same mistakes again and again. Finally, we must find ways to replicate Europe's successes in dealing with homelessness and addiction and do the same in Toronto. This is not to say that preventative, treatment-based and educational strategies already in place need to fall by the wayside. Rather they need to be combined as part of a comprehensive, holistic strategy that will require us to drastically change our psychological, cultural, medical and legal understanding of these issues.

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