



Meeting the health care needs of female crack users: a Canadian example.

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Abstract: Canada is an egalitarian society committed to accessible and comprehensive health care. Although there has been a tendency to assume that its various social welfare programs have improved health conditions for lower income citizens, Canada's record in ensuring health equality remains poorer than expected (Humphries and van Doorslaer, 2000; Wasylenki, 2001). The Canadian Health Act stipulates that all residents of Canada are to have access to medically necessary hospital and physician services based on need and not the ability to pay. However, for marginalized groups such as drug users and the homeless, structural barriers to better health remain. This paper examines the health care needs and experiences of 30 women who were heavily involved in the street life of crack and prostitution in Toronto. Through their ready access to local drop-in clinics and nearby hospitals, the women reported generally positive experiences with the health care system. The study concludes that the women experienced many of the health problems that typify homeless, poorly housed and economically marginalized groups. Both positive and negative experiences with the health care system, and structural barriers that hamper its full utilization, are identified.

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