

HARM REDUCTION FRAMEWORK

Fostering dignity for people who use substances
across housing and homelessness services

April 2017

EXECUTIVE SUMMARY

Stigma, discrimination and the isolation of people who use substances has impeded important connections and relationships with service providers who play a crucial role in supporting people to access housing. This has created layers of additional barriers to housing for an already vulnerable and marginalized population.

Current City-operated and funded housing and homelessness services do not consistently meet the needs of people who use substances in Toronto. While some shelters, drop-in and housing programs and service providers have well-established practices of integrated harm reduction approaches to working with clients, others do not have any harm reduction lens to their work at all. The absence of an underlying and unifying harm reduction framework across the homelessness and housing system has created gaps and barriers for people using substances to access and maintain safe, affordable housing in Toronto.

Development and implementation of a Harm Reduction Framework for the Shelter, Support and Housing Administration Division (SSHA) offers potential for more effective responses and more success in achieving permanent housing options for people who actively use substances.

The purpose of this Framework is to provide services directly operated and funded by SSHA with:

- a clear definition and understanding of harm reduction and its relationship to SSHA's Housing First approach
- an approach to harm reduction that improves and contributes to housing stability
- guidelines to integrate harm reduction into policies and programs, supporting client choice
- communication of service expectations to clients, board members, peer workers and staff
- a resource to guide program delivery, staff recruitment and training

Harm reduction is defined as an approach, set of strategies, policy or program designed to reduce substance-related harm without requiring abstinence.* Harm reduction strategies are person-driven, flexible in design, and ensure that people who use substances are treated with dignity and respect, and as full members of society. This definition is consistent with SSHA's overarching Housing First approach to services, which focuses on the provision of housing and supports with no preconditions or 'readiness' requirements for people to accept treatment for any mental health or substance use issues.

* Canada Housing and Mortgage Corporation Research Report. (2005). Homelessness, Housing, and Harm Reduction: Stable Housing for Homeless People with Substance Use Issues.

Principles underpinning SSHA's Harm Reduction Framework:

- ensure dignity and compassion of all clients
- target risks and harms
- involve people who use substances in service design and policy making
- be pragmatic
- develop evidence-based and effective policies and practices

This document provides the basis for an iterative and evolving Harm Reduction Framework across all of the services SSHA delivers and funds, to remove barriers for people who use substances to being and staying housed. Implementation will focus initially on the emergency shelter system before moving to a phased roll-out process across housing, drop-in programs and other homelessness services.

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INTRODUCTION

Overview

The City of Toronto is the Service System Manager for housing and homelessness programs as designated by the federal and provincial governments. The City's Shelter, Support and Housing Administration Division (SSHA) has primary responsibility for increasing housing stability for low-income and vulnerable residents by directly providing and investing in a range of housing and homelessness services.

In 2013, Council approved SSHA's five-year Housing Stability Service Plan (HSSP) which identifies nine strategic directions and numerous key actions to transform SSHA's existing service system into an integrated client-centred, outcome-focused service system that addresses homelessness and improves housing stability for vulnerable Torontonians.

Housing First is a core principle of Toronto's HSSP, involving a focus on moving people who experience homelessness into permanent housing as quickly as possible, with no preconditions. Once housed, varying levels of services and support are provided to individuals as needed. A key tenet of the Housing First approach is that people are more successful in moving forward with their lives if they have

stable housing.¹ Housing can help vulnerable individuals shift from survival mode to taking greater control of their lives, minimize feelings of isolation, foster independence and create the conditions to examine any issues they may experience, including substance use.

SSHA recognizes that various barriers exist to implementing Housing First approaches for populations experiencing or at risk of homelessness. Barriers include lack of affordable housing in the city and a persistently low vacancy rate of rental stock across Toronto, which can limit access to housing. In addition, insufficient and inconsistent support services for vulnerable populations with complex needs can further impede access to and retention of permanent housing.

The development of a Harm Reduction Framework for SSHA's services is identified as a key action in the HSSP out of recognition that substance use continues to result in barriers to people accessing and maintaining safe, affordable housing in Toronto. This document provides the basis for an iterative and evolving Harm Reduction Framework for all of services SSHA operates and funds, and will support the removal of barriers to housing for people who use substances. Implementation will focus initially on the emergency shelter system before moving to a phased roll-out process across housing, drop-in programs and other homelessness services.

1 Gaetz, S., Scott, F & Gulliver, T. (2013): Housing First in Canada: Supporting Communities to End Homelessness. Toronto: Canadian Homelessness Research Network Press.

Purpose of a SSHA Harm Reduction Framework

The purpose of this Framework is to provide services directly operated and funded by SSHA with:

- a clear definition and understanding of harm reduction and its relationship to SSHA's Housing First approach
- an approach to harm reduction that improves and contributes to housing stability
- guidelines to integrate harm reduction into policies and programs, supporting client choice
- communication of service expectations to clients, board members, peer workers and staff
- a resource to guide program delivery, staff recruitment and training

Process in Developing a Framework

Community engagement has been central to the development of SSHA's Harm Reduction Framework.

In March 2015, SSHA convened a Harm Reduction Advisory Group (HRAG), which included staff from SSHA and Toronto Public Health, people with lived experience, the community health sector and the research community, as well as shelter and social housing providers who work directly with vulnerable Torontonians. The group provided key informant interviews, ongoing input and advice in the development of the Framework.

A series of focus group sessions were conducted with clients, front-line and management staff from City-operated and funded shelters in the fall of 2015 and early 2016 to provide vital input to the development of the Framework's shelter implementation plan. SSHA consulted with and learned from youth, women, men and families of diverse ethnicity, including Aboriginal people, who experience homelessness and stay in City-operated and funded shelters. More than 41 emergency shelter programs participated in an online harm reduction survey and over 100 people took part in the focus group sessions. A summary of findings from the consultation sessions is outlined in Appendix A.

A literature review was conducted to develop an understanding of the key harm reduction definitions, principles, policies, programs and implementation considerations used in housing and homelessness contexts, and to identify best practices and emerging trends in the field.

The result is this Harm Reduction Framework and Phase One Implementation Plan for Toronto Shelters, which is anchored in human rights and is intended to begin the process of shifting City-operated and funded programs toward a pragmatic harm reduction approach that has been shown to improve service delivery and housing outcomes for people who use substances.

Implementation

The implementation of SSHA's Harm Reduction Framework will need to account for the different contexts that shelters, housing and homelessness services operate in.

To do this, a multi-phase approach to implementation has been identified:

Phase One focuses on the shelter system and will support shelters across Toronto to meet expectations related to Harm Reduction Framework principles.

Phase Two will look to SSHA funded agencies that provide services and supports to homeless and vulnerably housed people in Toronto to develop an action plan that integrates Harm Reduction Framework principles across these services.

Phase Three will focus on social housing and will support social housing providers to implement Harm Reduction Framework principles in their approaches to working with tenants.

SSHA will continue to work with the HRAG, with clients and tenants, as well as providers of directly-operated and purchased services to ensure successful implementation of the Harm Reduction Framework across shelter, housing and homelessness services in Toronto.

WHY HARM REDUCTION AND WHY NOW?

Stigma, discrimination and the isolation of people who use substances has impeded important connections and relationships with service providers who play a crucial role in facilitating access to housing. This has created layers of additional barriers to housing for an already vulnerable and marginalized population.

Current City-operated and funded housing and homelessness services do not consistently meet the needs of people who use substances in Toronto. While some shelters, drop-in and housing programs and service providers have well-established practices of integrated harm reduction approaches to working with clients, others do not have any harm reduction lens to their work at all. The absence of an underlying and unifying harm reduction framework across the shelter and housing system has created gaps and barriers for people using substances to access and maintain safe, affordable housing in Toronto. Development and implementation of a Harm Reduction Framework for SSHA offers potential for more effective responses and more success in achieving permanent housing options for people who actively use substances.

The current environment is favourable for development and implementation of a Harm Reduction Framework in City-operated housing programs and services.

Internally, the foundations for developing a framework stem from the 2005 Council-approved Toronto Drug Strategy, which called for development of a Harm Reduction Framework and adoption of more harm reduction services in shelters, housing and homelessness services. In 2013, SSHA's HSSP formally incorporated this recommendation in order to improve access and equity in services delivered and funded by the division.

Toronto Public Health's 2015 Toronto Overdose Prevention Strategy provides an additional opportunity for SSHA to align with emerging harm reduction City initiatives.

In addition to the City's work, recent renewed political interest and action at other levels of government to reverse the increase in drug overdoses locally and nationally adds to the timeliness of a coordinated effort from SSHA to embed harm reduction principles and practices across its services and supports.

In recognition of the existing current range of different understandings about what harm reduction means in a housing context, this Harm Reduction Framework includes a clear definition of harm reduction and set of principles to apply to all programs and services delivered and funded by SSHA.

HARM REDUCTION AND HOUSING FIRST: DEFINITIONS AND CONNECTIONS

Harm Reduction and Housing First: Aligned Approaches to Services

Harm reduction is defined as an approach, set of strategies, policy or any program designed to reduce substance-related harm without requiring abstinence.² Harm reduction is a key aspect of SSHA's Housing First approach, which focuses on the provision of housing and supports with no preconditions or 'readiness' requirements for the person to accept treatment for any physical or mental health or substance use issues.

Harm reduction strategies are person-driven and ensure that people who use substances are treated with dignity and respect, and as full members of society. This includes using a compassionate, non-judgmental and non-punitive approach when working alongside individuals who are unable or unwilling to stop their substance use. These strategies align with SSHA's overarching Housing First approach, which emphasizes individualized client-focused supports and trauma-informed approaches to housing services.

² Canada Housing and Mortgage Corporation Research Report. (2005). Homelessness, Housing, and Harm Reduction: Stable Housing for Homeless People with Substance Use Issues.

The Harm Reduction Framework acknowledges that abstinence is not a goal for all people who use substances and for that reason emphasizes the values of client choice, safety and respect. Harm reduction manifests practices that create comfortable, welcoming environments where individuals can connect, stay engaged and access services and resources whether or not they use substances or choose to abstain. These values and practices are consistent with Housing First, where client-centred approaches and client self-determination are key to services provided.

Harm reduction as an approach and philosophy is relevant to all clients who use substances, regardless of their background or other issues they may face. However, like Housing First, targeted approaches to how Harm Reduction is implemented may be required to respond to people's distinct needs, particularly for example culturally specific Aboriginal approaches.

Defining Substance Use³

For the purpose of SSHA-operated and funded programs, the Harm Reduction Framework is focused on reducing the harms associated with psychoactive substances (e.g., alcohol, illicit drugs, non-medical use of prescription drugs) that can affect mental functions such as mood

3 Use of terms such as drug "abuse" is avoided in this document because it does not accurately describe the experience of every individual that uses substances. Certain labels such as "addict" and "drug user" are also avoided because they do not foster respect and may enhance stigma and feelings of shame.

and motivation. In line with a Housing First philosophy, substance use is situated in a broader context, seen only as one facet of the individual and often as a result of underlying systemic failures and sub-optimal determinants of health.⁴

Harm Reduction and Individual Choice

Although harm reduction may be seen as being at odds with abstinence, this Framework places abstinence as part of the harm reduction continuum. Part of the confusion about harm reduction may stem from misunderstanding about what it entails. While harm reduction includes needle and syringe programs, managed alcohol programs, as well as supervised injection services, it is much broader in that it encompasses a range of approaches, interventions and programs based on specific population needs. Harm reduction also supports choices that may reflect a goal of abstinence, safer use or no change in substance use patterns. For example, some individuals will choose to be in a shelter program or housing environment that is free of substance use while others may prefer to participate in programs that provide controlled quantities of alcohol. In other words, harm reduction approaches can promote access to safe housing/accommodation, primary care services and information about safer means of substance use even within environments that require abstinence.

4 Canada Housing and Mortgage Corporation Research Report. (2005). Homelessness, Housing, and Harm Reduction: Stable Housing for Homeless People with Substance Use Issues.

CORE PRINCIPLES: HOUSING FIRST AND HARM REDUCTION

Housing First is the foundation for all services and programs to address homelessness and housing in the City of Toronto. SSHA's core Housing First principles that apply to all of the division's directly operated and funded services include:

Rapid access to housing

Direct access to permanent housing as quickly as possible, with the supports needed to maintain it.

No housing readiness

No housing readiness requirements or programmatic preconditions to accessing housing services.

Client choice

Clients are offered choice in both housing options and supports provided.

Strengths-based, client-focused supports

Individualized, client-centred supports are strengths-based, trauma-informed, grounded in a harm reduction philosophy and promote self-sufficiency.

Community integration

Social and community integration is encouraged through opportunities for participation in meaningful activities.

Harm Reduction Principles for a Housing First Service System

SSHA recognizes that a harm reduction approach to service delivery is key to implementing Housing First principles. The following harm reduction principles draw from the International Harm Reduction Association and build on the experiences shared during the consultation sessions for this Framework by people who were staying in a shelter, staff working in City-operated and funded shelters, and the HRAG. When applied to housing services in Toronto, they contribute to Housing First principles being met by all service providers.

Ensure dignity and compassion for all clients

Harm reduction approaches are facilitative and non-judgmental rather than coercive and aim to reduce the stigma and discrimination experienced by people who use a range of shelter and housing services while actively using substances. Harm reduction promotes the use of compassion to safeguard the dignity of all service users.

Involve people who use substances in service design and policy making

Engaging and involving people with lived experience of homelessness and substance use in the development and evaluation of policies, services and programs that affect them is essential for achieving housing outcomes and addressing unmet needs. This helps to challenge

stigma, reduce discrimination, recognize their unique expertise and experiences and model social inclusion.

Target risks and harms

Housing is essential for reducing substance use-related harms and can have a positive effect on substance use level and patterns of use. Lack of safe, decent affordable housing is associated with a range of harms for youth, women, single adults and families. Harm reduction is focused on the harms related to substance use for the individual and the broader community, rather than eliminating the use itself. Harm reduction also takes into account factors that may exacerbate vulnerability such as intergenerational trauma, incarceration history, racism, social isolation, housing status, age, disability, sexual orientation and gender.

Be pragmatic

Harm reduction philosophy acknowledges that substance use and its determinants are complex and multi-faceted. Harm reduction acknowledges that there will always be some degree of substance use in our society. However, the harms can be reduced by increasing access to a range of housing and supports suitable to meet a variety of needs, and by examining policies and practices that could be viewed as punishment for substance use and unintentionally create isolation. Celebrating the gains made by individuals – no matter how small – is an important aspect of a pragmatic approach.

Develop evidence-based and effective policies and practices

Services for people who use substances need to be effective and firmly rooted in evidence. Research focused on substance use has shown that harm reduction approaches foster connection and positively impact housing status and access to supports, social relationships, and physical and mental health and contribute to the broader community's improved well-being.

An important part of ensuring that policies and practices are relevant and effective to the populations they serve involves ongoing review and challenge of internal and external policies and practices, and of systemic barriers that intentionally or unintentionally create the conditions for harmful substance use. Transforming the system to realize housing stability requires operating from an equity lens, advocating for ongoing policy change, collaboration, and cross-sector partnerships to improve income distribution, employment, food security, and other determinants of health for people affected by homelessness and substance use.

These principles form the basis for SSHA's Harm Reduction Framework for shelter, housing and homelessness services.

PHASE ONE IMPLEMENTATION: PRINCIPLES IN PRACTICE IN EMERGENCY SHELTERS

Implementation of SSHA's Harm Reduction principles is initially focused on the emergency shelter system out of recognition that the overall shortage of suitable affordable housing and lack of flow within the housing system has resulted in emergency shelters being used as de facto housing for the most vulnerable populations across the city, including people who use substances.

Harm Reduction Shelter Consultation Findings

In 2015 and early 2016, a series of consultations took place with people using emergency shelters, shelter-based peer workers, staff and boards of directors. In total, over 100 participants shared their perspectives and experiences related to substance use and harm reduction in the shelter system across Toronto.

Key messages from clients included:

- the importance of applying shelter policies consistently, and that doing this would be an important part of a harm reduction policy's success
- the importance of acknowledging that the same harm reduction approach may not work for every shelter or client

Key messages from staff included:

- formalizing a harm reduction approach and having clear definition 'is long overdue'
- acknowledgement that substance use is prevalent in shelters
- stigma and discrimination related to substance use exists across the system
- clear guidelines and expectations would minimize variation in practices
- harm reduction is not something to be feared
- a need for more training and supervision
- importance of direction on how to balance the needs of clients who use and don't use substances in the same facility
- not implementing a 'one size fits all' harm reduction approach

Connection between the Toronto Shelter Standards and Harm Reduction

The Toronto Shelter Standards (TSS) were first created in 1992 to ensure that services are delivered in a consistent manner across the shelter system. The most recent version of the TSS was adopted by Council in 2015.

The TSS provides City-funded shelter providers and clients with a clear set of expectations, guidelines and minimum requirements for the provision of shelter services in Toronto. Harm reduction is outlined as a key feature of TSS's Client-centred Service Principle and is a core part of the Case Management, Supports and Services section of the standards. Additionally, many shelter standard requirements are not

harm reduction-focused, but advance principles outlined in this framework.

When the 2015 version of TSS was being developed, it was recognized that a Harm Reduction Framework was in development and would inform future iterations of the standards to ensure consistent service delivery related to harm reduction across the shelter system.

Harm Reduction Expectations for the Shelter System in Toronto

The following outlines a set of actions that SSHA has identified for shelter system service providers to implement harm reduction principles across directly operated and funded shelters in Toronto.

Some of the actions identified are already expectations outlined in the City's TSS. Others are harm reduction strategies for shelters and staff who wish to advance their services beyond TSS requirements, and will be recommended for integration into future versions of TSS. Shelter providers will be supported to explore how they can incorporate these strategies into their services.

PRINCIPLE: ENSURE DIGNITY AND COMPASSION FOR ALL CLIENTS

EXPECTATIONS OF ALL CITY-OPERATED AND FUNDED SHELTERS

- Employ a nonjudgmental and respectful approach to engaging with all clients (TSS 12.4.1)
- Use language that fosters dignity and respect with all clients (TSS 12.4.1)
- Use strengths-based approaches to inform service and case planning (TSS 10.1c)
- Exhibit a welcoming customer service approach in person or on the telephone (TSS 8a)
- Maintain client/tenant confidentiality and privacy (TSS 12.6)
- Organize training/orientation for all staff, including reception and property services staff, to improve listening and customer service (TSS 12.4.2c)
- Ensure the use of tools such as individualized case plans to document and focus on what is important to clients rather than what staff see as important (TSS 10.1f)
- Support all clients to define their housing goal(s) (TSS 10.1g,k)

STRATEGIES TO ADVANCE HARM REDUCTION

- Develop and implement inclusive approaches to resolving conflict between clients who use substances and clients who do not use substances

PRINCIPLE: INVOLVE PEOPLE WHO USE SUBSTANCES IN SERVICE DESIGN AND POLICY MAKING

EXPECTATIONS OF ALL CITY-OPERATED AND FUNDED SHELTERS

- Engage and consult clients (who use and do not use substances) in the development of new programs and standards (TSS 6.1)
- Support people with lived experience to participate in the development of programs and standards where possible, by providing training, honorariums, travel cost reimbursement and/or child care
- Communicate regularly with clients about how their input has been utilized into the development of programs and policies

STRATEGIES TO ADVANCE HARM REDUCTION

PRINCIPLE: TARGET RISKS AND HARMS

EXPECTATIONS OF ALL CITY-OPERATED AND FUNDED SHELTERS

- Facilitate client access to safer drug-use supplies and/or refer clients to external service providers that offer harm reduction-related services if they are not offered onsite (TSS 10.2.1a,c,d,f)
- Identify a private space for clients who arrive to the shelter under the influence of substances to safely rest until the effects of substances have subsided (TSS 10.2.2d)
- Support clients to identify and work on situations and/or issues that may be creating harm in their lives (TSS10.1d)

STRATEGIES TO ADVANCE HARM REDUCTION

- Develop and implement a site overdose prevention policy and procedures
- Ensure that clients have an individual safety plan related to their substance use
- Teach clients about safe disposal of equipment and supplies
- Make staff training/information available to increase awareness and understanding about the intersection of issues and identities (e.g. race, sexual orientation, poverty)
- Share successful practices, approaches and policies with other City-operated and funded service locations
- Invite Toronto Public Health or other service providers to provide ongoing information/training to clients that may contribute to reducing substance use-related harms
- Support and participate in policy and program initiatives that increase the availability of affordable housing options suitable to meet a range of client support needs

PRINCIPLE: BE PRAGMATIC

EXPECTATIONS OF ALL CITY-OPERATED AND FUNDED SHELTERS

STRATEGIES TO ADVANCE HARM REDUCTION

- Ensure that staff are aware of legislative requirements and Ontario Human Rights Code. The Code prohibits actions that discriminate against people based on protected grounds such as mental health disabilities and addictions (TSS 4)
- Integrate financial literacy in client case plans (TSS 10.3.4)
- Facilitate access to harm reduction training for all staff and board members
- Ensure that staff and clients have access to overdose prevention training and education
- Include a harm reduction-related agenda item (e.g. successes and challenges) at supervision/team meetings
- Train staff in motivational approaches (such as motivational interviewing) to ensure case-planning supports client goals, including those around safer substance use
- Create a mechanism to conduct check-ins for individuals post-incarceration and/or exiting treatment, hospital, etc., to reduce isolation and the risk of overdose

PRINCIPLE: DEVELOP EVIDENCE-BASED AND EFFECTIVE POLICIES AND PRACTICES

EXPECTATIONS OF ALL CITY-OPERATED AND FUNDED SHELTERS

STRATEGIES TO ADVANCE HARM REDUCTION

- Inform clients of the 2015 Toronto Shelter Standards (TSS) (TSS 6bi)
- Discuss client rights and responsibilities outlined in the 2015 Toronto Shelter Standards (TSS) in relation to substance use with clients and staff
- Review and update internal policies and procedures to reflect language and customer service practices that foster connection, dignity, respect and inclusion
- Incorporate harm reduction-related competencies in recruitment, professional development and performance plans for staff, peer workers, volunteers (including board members) and contractors
- Establish or participate in a harm reduction community of practice to share expertise and best practices
- Review and challenge taken-for-granted practices and approaches that may increase harm for people who use substances (e.g. varying enforcement of curfews for different populations)
- Develop partnerships to increase access to harm reduction strategies, programs and resources, including any or all of the following:
 - Controlled quantities of alcohol to replace non-beverage/non-palatable alcohol
 - Education (e.g. safer use and overdose prevention)
 - Supplies (e.g. needle exchange, distribution and disposal)
 - Substitution therapies (e.g. methadone maintenance)
 - Supervised injection services
 - Primary care services for unattached individuals (e.g. homeless/precariously housed clients with medical complexities)

NEXT STEPS: PHASE ONE FRAMEWORK IMPLEMENTATION

To support implementation across the shelter system, staff will continue to work with the HRAG and with shelter service providers to identify mechanisms for supporting, tracking and monitoring the progress of City-operated and funded programs in meeting the needs of people actively using substances.

Next steps include:

1. Further consultation with shelter service providers to identify and develop tools to support framework implementation across all directly operated and funded shelters
2. Identification of indicators and related measurement tools to track and monitor progress
3. Incorporation of harm reduction expectations into the City's TSS

When Phase One is complete, SSHA will:

4. Consult with SSHA funded agencies that provide services and supports to homeless and vulnerably housed people in Toronto to develop an action plan that integrates Harm Reduction principles across these services
5. Consult with social housing providers to implement Harm Reduction Framework principles in their approaches to working with tenants

While these are future phases of implementation, SSHA-funded service and housing providers are encouraged to start thinking about how to incorporate the Harm Reduction Framework into their current services.

CONCLUSION

A variety of policies, programs and harm reduction approaches are available for reducing the harms related to substance use among people who are homeless or precariously housed. Current efforts to respond to the needs of this population are insufficient and are not producing the outcomes sought including improved access to services and housing stability.

Integrating harm reduction approaches across SSHA-operated and funded services can reduce substance-related harms, help to create welcoming spaces that foster connection, and improve access to housing and treatment. The harm reduction definition and principles are consistent with SSHA's overarching Housing First approach to all homelessness and housing services and supports.

This Framework was developed through consultation and research focused on the emergency shelter system, but is just a starting point. It will inform the implementation of policies, programs and approaches that promote the reduction of harms associated with substance use and that improves service quality and choice for people who use them across the housing system in Toronto.

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APPENDIX A: HARM REDUCTION CONSULTATION FINDINGS

January 2016

Background

- Shelter, Support and Housing Administration (SSHA) is currently developing a harm reduction definition and principles to inform City-operated and funded programs
- This work was identified as Key Action 5.5 in SSHA's Housing Stability Service Plan
- A Harm Reduction Advisory Group was formed in March 2015

Consultation Activities:

- Survey: Staff at community-based and City-operated shelters were invited to complete an electronic harm reduction survey which was intended to provide a snapshot of the following:
 - Existing harm reduction practices and services across the shelter system
 - Successes and challenges delivering services to people who use illicit/licit substances
 - What is needed to strengthen the delivery of harm reduction services
 - The range of harm reduction services that staff would like to see offered in their shelter
- Consultation Sessions: Conducted to augment survey findings and to hear directly from people using emergency shelters, shelter-based peer workers, staff and boards of directors

Methodology

Consultation sessions with people using emergency shelters

- Five sessions, each approximately 60 minutes
 - 41 participants representing a mix of families, men, Aboriginal people, youth, women, and couples

Consultation sessions with shelter staff

- Six sessions, each approximately 90 minutes, targeting City-operated and funded shelters
 - 63 staff (mix of management and front-line)
 - One board member
 - All sessions were moderated by Dr. Carol Strike

Note on Reporting

- Most perspectives included in the consultation findings were expressed by the majority of respondents across all the consultation sessions, unless otherwise indicated
- The terms respondents and clients are used interchangeably

Key messages from client sessions:

- It is important to apply shelter policies consistently, and that doing this would be an important part of a harm reduction policy's success
- Important to acknowledge that the same harm reduction approach may not work for every shelter or client

Harm Reduction Models: Balancing Client Needs

Challenges to Sobriety

- Some respondents who do not use alcohol/other drugs expressed that the presence of people who use substances (alcohol and other drugs) could be upsetting and/or could influence others to second-guess their abstinence. One solution that surfaced: having separate shelters

Other Challenges

- Finding the right balance between accommodating those who are intoxicated and minimizing disruption to others was raised by a number of respondents
- While people have a right to use or not to use, they should be mindful of how they impact others ("not doing it in their face")
- Co-locating a person who uses alcohol/other drugs with someone who does not use substance in the same room was described as "unfair"
- Most felt that shelters with families/children should not also have clients who use alcohol/other drugs ("kids see, kids do") whether alcohol and other drug use is visible or not
- While a few respondents suggested that all shelters should be accessible to everyone
- One respondent suggested that it might be a good idea to have special services for people with a physical disability
- Clients reported that substance use is prevalent across the shelter system even in the family sector, despite it not being tolerated
- In some shelters, respondents confirmed staff conduct bag and/or room checks, while other respondents observed there were no bag/room checks
- Heavy outside drinking and intoxication is permitted, but inside drinking can result in shelter access restrictions/discharge. One respondent stated that this encourages more outside alcohol consumption than would otherwise occur

Harm Reduction Models: Rules and Consequences

Discharging

- Where shelters were said to have a "zero" or low tolerance regarding substance use - clients reported that they would be discharged or relocated to another shelter if they were caught using or in possession of substances

- Some respondents expressed feeling like they are walking “on eggshells” to avoid discharge, but also recognize that some clients need “strictness”
- Some suggested that instead of discharging people for substance use – it would be more effective to restrict access for a couple of hours so clients can go outside and “walk it off”
- Some respondents advised that rules regarding substance use in the shelter are generally explained at admission - and most seem to be aware that onsite use (including smoking in rooms) could result in a transfer or discharge
- Referral to detox services [if identified as a client goal] was stated as a good alternative to discharge

Harm Reduction Models: Communication and Input

- Most respondents were unaware that shelters have peer workers, but stated that peer workers might be more understanding and helpful
- Some respondents stated that clients and staff should have input into whether and how harm reduction policies are implemented in shelters. Others expressed feeling excluded from policy decisions due to staff perceptions that they lack competence and are “stupid”.

Applying Harm Reduction: Inconsistency Compromising Safety

- While some staff were described as very rigid, others were described as very helpful
- Despite substance use in the family sector, most of the staff “don’t conduct bag checks or search rooms,” according to respondents in the family session
- One respondent described staff as being split “half-half” when it comes to applying rules
- Some stated that under-staffed shelters often focus on attending to some clients, leaving others “hanging”
- Many staff were said to have “favourite” clients who receive greater tolerance and privileges
- Uneven enforcement of the “zero tolerance” policy occurs

Applying Harm Reduction: Inconsistency Intended to Promote Safety

- Sometimes staff will enter an intoxicated client’s room to check their condition
- Shelter staff were said to generally tolerate clients when they are intoxicated as long as they don’t break the rules or behave aggressively
- Many stated that staff often turn a “blind eye” to substance use
- If clients don’t appear drunk, most of the times staff will not check bags, therefore substances (alcohol/other drugs) can enter the shelter, whereas others stated that this is very dependent on the individual staff
- What is done with alcohol when found also often depends on the staff (e.g. it may be stored, discarded or individual may be allowed to “drink it outside”)

Stigma and Discrimination

- Some respondents expressed feeling perceived by staff as “crazy, stupid, drug users and incapable of making their own decisions”
- Comments about staff treating people with a lack of respect came from both individuals who use and do not use substances including women in the family shelter
- Others expressed feeling judged and stigmatized for using substances, and that their substance use isn’t recognized as a disease
- There was speculation that some staff have become desensitized to clients’ problems after years of working in the shelter system, leading to disrespectful interaction with clients

Harm reduction measures/recommendations that surfaced during the sessions with clients

- Shelters should have a designated room where people can “sober up”
- Shelters should formally include an overnight bottle storage program
- Some believe that putting biohazard boxes (sharps disposal containers) in washrooms can encourage people to use alcohol/other drugs and that “bottle” (alcohol) storage programs may encourage alcohol use
- It would be helpful for some shelters to have a 24/7 on-site drug counsellor
- Shelter staff should be more informed about the range of available harm reduction services to make effective referrals
- Creating a “dedicated injection room” (supervised injection service) to reduce substance use in common areas and to reduce overdose risk was suggested

Key messages from staff sessions

- Formalizing harm reduction approach and having “clear definition is long overdue”
- Acknowledgment that alcohol/other drug use is prevalent in shelters [consistent with harm reduction survey responses]
- Stigma and discrimination across the system [consistent with responses from clients]
- Clear guidelines and expectations would minimize variation in practices
- “Harm reduction not something to be feared”
- Overwhelming request for more training [consistent with harm reduction survey responses] and supervision
- Questions about how to balance the needs of clients who use and don’t use alcohol/other drugs in the same facility
- Not implementing a “one size fits all” harm reduction approach

Concerns and inconsistencies raised by staff

- Concerns about trafficking on site and implications of holding/storing alcohol and other drugs
- Legal responsibilities regarding safety/overdose prevention

Variation in harm reduction practice

- Variation a result of “personal beliefs, experience with harm reduction, or lack thereof, and understanding of harm reduction”
- Harm reduction training inconsistent
- Breadth of experience and comfort level applying harm reduction approach varies significantly within shelters and across shelter system
- Absence of clear policies and expectations create inconsistencies

Staff Recommendations

- Recruitment and Supervision
- Recruitment process of all shelter staff (from “janitorial to management”) should include harm reduction
- When new shelter staff are hired, build in rotation through different programs to expose staff to the range of harm reduction services
- Consistent ongoing supervision and performance review/management
- Manage biases and power-imbalance

Training and support (for staff at all levels)

- Safer use education
- Addictions 101
- Crisis management (e.g. managing suicide ideation)
- Managing aggressive behaviour
- Understanding drug effects “like crystal meth” and drug interactions
- Current information about new street drugs, side effects and supports to manage related behaviours
- Concurrent disorders
- Aging and drug use
- Overdose prevention planning (e.g. Naloxone)
- Comprehensive harm reduction training (e.g. guidelines/application in different settings)

Integrating Harm Reduction: Recommendations

- Review physical structure and layout of shelter
- Consider integrating supervised injection service in shelters
- Create physical space for clients to rest after using (e.g. if they return to the shelter “drunk or high”)
- More clinical staff in some shelters
- More accessible shelters
- More pet friendly shelters
- Acknowledge and respond to demographic changes in shelter system
- Standardize harm reduction practices
- More flexibility needed regarding shelter length of stay
- Make food available when kitchen is closed (“food is a good harm reduction practice”)

APPENDIX B: DRAFT INDICATORS FOR PHASE ONE IMPLEMENTATION

These draft indicators will be further explored to measure overall success in meeting the needs of people actively using substances. Further development and planning will be required to establish mechanisms for supporting, tracking and monitoring the progress of City-operated and funded programs.

Governance and Operational Policy*

- Annual site visits to collect evidence regarding:
- Policies being (or have been) developed to support harm reduction
- Harm reduction integration at both operations and governance levels (e.g. substance use, overdose prevention, medical marijuana policy, etc.)
- Emergency shelter clients have existing safety plans
- Emergency shelters have started to include Naloxone in first aid kit
- Code of conduct policy is revised as per standards outlined in the TSS (which aligns with harm reduction)
- The Harm Reduction Framework is informing the design, planning process and service model of new purpose-built shelters
- Sharps disposal containers are accessible and located to provide dignity and anonymity to clients
- Fewer instances of unsafely stored or discarded substance use supplies and/or equipment (e.g. needles) in facilities
- Fewer WSIB claims or incident reports related to needle stick and sharps injuries
- Consistent practice among staff for responding to people using substances onsite in City-operated and funded programs
- Policy barriers or practices resulting in nonjudgmental, non-punitive approaches are identified and/or are in the process of being addressed (barriers may vary across shelter, housing and drop-in programs)
- SSHA has completed a risk management assessment to address legal concerns or liability issues related to the Harm Reduction Framework

* This makes the assumption that SSHA has incorporated expectations related to harm reduction and the TSS in new service agreements with shelters that are City-funded.

Building Capacity and Developing Staff Competencies

Annual site visits to collect evidence that:

- Client support and supervisory shelter staff complete harm reduction training as outlined in the TSS by June 30, 2017
- At least 50% of all other shelter staff complete introductory harm reduction training as outlined in the TSS by December 31, 2017
- At least 75% of shelter staff complete overdose prevention training by December 31, 2017
- Shelter staff demonstrate the use of harm reduction approaches in their role
- Organizational expectations related to harm reduction are reflected in staff performance plans
- Shelter staff are familiar with the 2015 TSS (e.g. standards related to customer service and harm reduction) and implementation has commenced
- Shelter staff complete training and/or orientation to improve customer service as outlined in the TSS by June 2017
- Key messages related to the Harm Reduction Framework are widely available throughout shelter programs in accessible formats that meet Accessibility for Ontarians with Disabilities (AODA) standards for clients, staff, volunteers and contractors/vendors (e.g. brochures, pamphlets, and posters)

Performance Measurement

Annual site visits to collect evidence that:

- Systems are being developed or strengthened to monitor and track evictions due to substance use from social housing and other City-operated and funded programs where follow-up support is provided to clients/tenants
- Systems are being strengthened to monitor and track service restrictions and discharges from emergency shelters due to substance use
- Substance-related service restrictions/discharges from emergency shelters has decreased
- There are fewer documented client complaints related to service access and delivery to people who use substances
- People who use substances report (e.g. in case management sessions, focus groups and/or surveys) better access to a range of harm reduction services when requested or identified as a client goal (services could be available internally or externally in community-based settings)
- Staff facilitate referrals to community-based harm reduction services when requested by clients
- Staff were able to intervene to prevent opioid overdose fatalities in shelter settings
- People who use substances report (e.g. in case management sessions, focus groups and/or surveys) decreased stigma and discrimination when accessing City-operated and funded programs

A note about the draft indicators

The indicators will provide evidence to inform SSHA, in its role as the Service System Manager if harm reduction-related outcomes have been achieved or not achieved. The indicators are an important aspect of creating appropriate accountability mechanisms and will enable service providers to assess progress towards harm reduction goals and expectations. These are proposed indicators and may require further development or modification. In particular, SSHA staff will need to consider how to refine shelter and program site visits to track, monitor and report progress when the list of indicators are finalized.

APPENDIX C: HARM REDUCTION ADVISORY GROUP MEMBERS

Name	Organization
Ahila Poologaindran	Toronto Community Housing
Alan Simpson	SSHA, Family Residence (former representative for Eva's Initiatives and Co-Chair)
Anabella Wainberg	SSHA, Hostel Services
Ashley Holland	SSHA, Women's Residence
Bobbie Gunn	Street Haven
Bonnie Wakely	SSHA, Streets to Homes
David Reycraft	Dixon Hall
Debbie Thompson	SSHA, Hostel Services (Former Co-Chair)
Dion Oxford	Salvation Army
Dr. Carol Strike	Dalla Lana School of Public Health, University of Toronto
Elis Ziegler	Toronto Drop-in Network
Frank Coburn	Member with lived experience
Gautam Mukherjee	Fred Victor Centre
Geoffrey Gillard	SSHA, Strategic Policy and Service Planning
Jamie Facciolo	Homes First
Jason Altenberg	South Riverdale Community Health Centre
Kapri Rabin	Street Health
Katie Keating	SSHA, Seaton House
Laural Raine	SSHA, Strategic Policy and Service Planning
Monica Waldman	SSHA, Hostel Services
Peter Leslie	Member with lived experience, Co-Chair
Shaun Hopkins	Toronto Public Health - The Works
Sheryl Jarvis	Member with lived experience
Sue Kelleher	SSHA, Strategic Policy and Service Planning, Co-Chair
Susan Shepherd	Toronto Public Health
Teresa Tucci	SSHA, Social Housing Unit
Tim Walmsley	Native Men's Residence
Tucker Gordon	CAMH, Empowerment Council

