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# GUIDANCE DOCUMENT FOR HARM REDUCTION IN SHELTER PROGRAMS:

## A TEN POINT PLAN

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# BACKGROUND

As a result of concerns related to COVID-19, the City of Toronto opened temporary shelters at a variety of hotels in Toronto and between March and December 2020. Over 2,500 people were relocated from congregate shelter settings and encampments into shelter hotels. The City continues to experience a worsening drug poisoning crisis and it became evident early on that people who use drugs could be at high risk for overdose in the hotel system due to the fact that they would be able to use drugs in their rooms, reducing the likelihood that they would have immediate supports available to them in the event of an overdose.

In recognition of this amplified risk, harm reduction programs identified an urgent need to work with hotel site operators and people living in the hotels to implement harm reduction supports on site. In June 2020, The Works, Toronto Public Health (TPH) and other local harm reduction programs conducted Harm Reduction Needs Assessments with all hotel site management teams. The Needs Assessment results provided a base for moving forward to implement harm reduction supply access, access to naloxone, overdose training, general harm reduction training and support and programs and services to respond to overdoses.

In response to the further escalating numbers of overdoses in the sheltering sites, the Toronto Hotel Overdose Action Task Force was created. This Task Force was comprised of a group of local harm reduction experts, including TPH staff, who developed and implemented an Overdose Preparedness Assessment process that set benchmarks for hotel overdose prevention and response. This process also assisted in identifying gaps in site staff skillsets and services for people who use drugs necessary for building up the overdose prevention, recognition and response capacity. The Overdose Preparedness Assessment was designed to be a collaboration between harm reduction workers, the hotel site management, staff, and residents who use drugs, with the process and results aimed at helping site staff to better understand and respond to the overdose risks that people who use drugs face in their specific settings.

## ABOUT THIS DOCUMENT

This document is guided by harm reduction best practices and promising practices, as well as learnings from the extensive and rich history of harm reduction in the City of Toronto. It also incorporates learnings from the shelter hotel site harm reduction and overdose assessments and the extensive outreach work done at these and other shelter programs in 2020 and 2021. It aligns with the Toronto Shelter Standards and 24-Hour Respite Standards, including the 2021 Harm Reduction Directive, while providing plan for the design and implementation of successful shelter-based harm reduction programs

# PRIMARY CONSIDERATIONS FOR HARM REDUCTION IN SHELTERS

Scaling up harm reduction in shelter settings may look different depending on the site operator, location and the physical setting. Regardless of these nuances, the following facets of shelter-based harm reduction should be acknowledged and serve as a foundation for robust programming and inclusive environments.

- Harm reduction must be an integral part of the resident experience at all shelters and 24-hour services, with specific considerations for settings with single and double occupancy rooms.* The safety and wellbeing of people who use drugs and their community is at the heart of the harm reduction approach. It is founded in health-equity and provides options for people who use drugs to increase their safety and meet their harm reduction needs.
- The involvement of people with living and/or lived experience of drug use is essential. To develop and sustain successful harm reduction services and overdose-related interventions, it is necessary to meaningfully involve people with living and/or lived experience of drug use. Involvement could be in the form of soliciting formal and informal contributions to the design, delivery and evaluation of the harm reduction services and support. The preference is to have people who use drugs involved in the design of site specific harm reduction services before people are moved to a hotel site. People with lived experience should be compensated fairly for their expert contributions.
- Wherever possible, overdose education, prevention, and response plans should be established prior to residents moving into new shelter sites. Due to the devastating impact of the overdose poisoning crisis, pre-opening overdose preparedness planning is essential. All sites should be ready to provide overdose education to all residents, have naloxone available and offer safety planning to people who use drugs when they arrive onsite. Other overdose prevention responses like peer witnessing and supervised consumption should be considered depending on the needs of people moving into the hotel/shelter.
- Shelter programs must comply with the Toronto Shelter Standards (TSS) or 24-Hour Respite Standards. The Standards speak to the minimum requirements for shelter and 24-hour respite harm reduction. Shelter hotel site operators are beholden to these standards, including the 2021 Harm Reduction Directive.

*Note: Abstinence-based shelters are an important option for some people in the shelter system with lived and living experience of drug use. While these programs may not directly provide the fullest spectrum of harm reduction services, they remain accountable for employing a harm reduction approach, ensuring that their residents who use drugs are enabled to do so in the safest ways possible. Similarly, family shelters are required to use a harm reduction approach to drug use. Family shelter operators are tasked with supporting safer drug use practices, while upholding legislative requirements and identifying any substantive risks to children and the family unit.

## RECOMMENDED HARM REDUCTION PRACTICES

The following harm reduction practices should be established at each shelter site.

- Harm reduction services and supports are in place prior to residents moving into the site.
- Each site creates and maintains a harm reduction positive living environment that encourages and normalizes residents to adopt or continue safer drug use practices.
- Site staff are trained on harm reduction, as well as overdose prevention, recognition and response, including the use of naloxone.
- Harm reduction services are offered in a variety of ways to support optimal accessibility, and woven throughout all aspects of service delivery at the site.
- At least one type of overdose prevention service (supervised consumption site, peer witnessing, staff witnessing, telephone based support, overdose prevention line with phone access etc.) should be available 24 hours/day.
- Marginalized voices are centered in program design by intentionally including people who identify as BIPOC, transgender, gender non binary, gender non-conforming and differently abled in the planning and implementation processes.
- Harm reduction services are designed to meet the diverse needs and preferences of people living at the site and delivered in an anti-oppressive way, ensuring that they are LGBTQ2S+ friendly, culturally safe, and free from stigma.
- A review of the built form is completed to ensure that mechanisms are in place to prevent or respond to overdose events in all of the site's physical spaces.

## PRE-OPENING ACTIVITIES FOR ALL 24-HOUR HOMELESS SERVICES

Before any residents are welcomed onsite, operators should:

- Complete the Harm Reduction and Overdose Preparedness Assessment in collaboration with a local harm reduction program (Appendix A).
- Arrange for and operationalize access to on-site harm reduction supplies.
- Provide or arrange for overdose training including overdose response simulations for all staff including front line workers, security staff, cleaning and auxiliary staff.
- Ensure naloxone is available for staff use and distribution to residents.
- Develop a wellness check policy and practice that includes drug-use safety assessment, offers safety mechanisms related to drug use, and respects individual autonomy.

## ADMISSION

During the site admission process, all incoming residents should be advised that:

- the site is a harm reduction positive space and that drug use in and of itself, is not a punishable activity
- harm reduction supplies (including naloxone) and services are readily available (providing details on locations and accessibility)
- staff are concerned about the safety of people who use drugs at the site and using drugs alone is the highest risk for overdose death. Residents can immediately work with shelter staff to develop a safety plan or connect residents to the harm reduction support staff who can assist.

Note: All residents should be offered a follow up harm reduction check-in in the days to a week after admission. This is to facilitate a further, in-depth conversation about harm reduction after rapport and relationship building has taken place. It is unlikely that drug-use disclosure will happen at the time of admission.

## 10 POINTS OF HARM REDUCTION FOR SHELTER PROGRAMS

Each 24-hour homelessness service should establish practices in the following ten areas of harm reduction programming:

# 1 Harm Reduction Supplies

A variety of harm reduction supplies should be available at each location. These should be offered using harm reduction best practices, including providing health promoting information on safer drug use practices. Programs can access supplies through a partnership with Toronto Public Health, The Works, including:

- Injection supplies (needles, cookers, filters, etc.)
- Crack inhalation supplies (pipes, screens, etc.)
- Crystal meth inhalation supplies (bowl pipes)
- Biohazard containers (various sizes) for safer sharps disposal
- Naloxone for distribution to residents

Supplies should be easily accessible through a variety of means:

- zero-barrier access in open common areas
- through peer satellite programming
- through site staff
- through visiting harm reduction agency staff
- other mechanisms identified by residents and staff

# 2 Harm Reduction Training and Support for People Working at the Sites

All staff should be trained on the basics of a harm reduction approach, as well as specific aspects or practice including:

- Fundamentals of harm reduction: theory and practice
- Drug use stigma and ethical practices
- Harm reduction supplies: why and how they are used, best practices on how to distribute them
- Naloxone distribution: educating clients, dispensing naloxone to residents
- Overdose prevention, recognition and response including naloxone administration

# 3 Harm Reduction Drug Use Policy

Each site should develop and implement a policy for drug use on site that is non-punitive and safety oriented. Residents should not face consequences, be evicted or restricted for drug use. Drug use should be approached as a health issue.

# 4 Overdose Prevention and Response

Overdose prevention and response interventions considered for implementation will depend on the needs and preferences of the people who are residing at each site. The preference is that each site offer a variety of strategies, ensuring inclusivity and responsiveness to all resident needs. The following menu of overdose prevention initiatives is non-exhaustive and represents promising practices for enhancing the safety of people who use drugs in shelter settings.

- Supervised consumption services
- Formalized peer witnessing (implemented by people with lived or living experience of drug use and the shelter system, who have been hired by the site for this purpose)
- Informal peer witnessing (with peers who are informally selected by someone to observe them)
- Overdose check-in monitoring options, including staff from the site on the phone for support and response, overdose monitoring apps, external workers and/or people who are on call to call for support if needed
- Wellness checks that are non-stigmatizing, harm reductionist and not fear-based
- Safer inhalation and smoking space, for example, a dedicated covered courtyard space or an open air tent in a sheltered, private location that allows harm reduction/peer workers to witness from an appropriate distance
- Virtual services and support where residents are provided with a phone number for on-call consumption support during dedicated hours, along with a step-by-step process for arranging support (eg. call/text number during the hours of ____ to ____; await confirmation from staff; consume drugs; staff will check on you within agreed upon intervals, etc.).
- Active promotion of the National Overdose Response Service and access to phones

# 5 Safe Supply and Managed Alcohol Programs

The unregulated drug supply is a major driver of the opioid overdose crisis. Safe supply programs provide pharmaceutical alternatives to the drugs they would otherwise obtain from the illicit market, providing a measure of protection from the unpredictable, unregulated drug supply. People staying in shelters and other 24-hour homelessness services should have access to a range of safe supply options (including opioids, stimulants and benzodiazepines), either through on-site programs delivered in partnership with health care providers or strong referral pathways to community based services. When people who use drugs voluntarily leave or are otherwise discharged, regardless of their destination, shelter services must offer practical support to enable their continued access to a safe supply program and other harm reduction supports.

- Managed alcohol programs (MAP), though not the focus of this document, should also be considered for implementation in shelters and 24-hour homelessness services or at least develop strong MAP referral pathways, as indicated by need.

# 6 Involvement of Residents in Harm Reduction Initiatives

Each site should involve people with lived and living experience in the design, operation and evaluation of harm reduction services. This can be done through surveys, discussions, formalized resident harm reduction advisory committees or other mechanisms that ensure services are informed by resident input and needs. Committees should be led by residents with living experience of drug use with support from either the site or harm reduction agency workers.

Strong consideration should be given to the provision of paid work opportunities for people with lived and living experience of drug use and homelessness. Recognizing that this is a non-traditional job qualification or classification in the shelter sector, it is important that gainfully employing people with lived experience does not remain indeterminately aspirational. Shelter programs should plan for the intentional integration of people who use drugs into their staff teams. Strengthening a staff complement with the unique expertise of people with lived and living experience of drug use is of benefit to individuals in terms of income generation; to programs, as a means to build legitimacy among residents who use drugs and for staff knowledge development about drug use; as well as within the social services sector, by demonstrating the mutual benefits of employing people who use or have used drugs.

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Compensated job duties may include:

- regular daily room check-ins with residents, offering harm reduction supplies and information, including assistance to buddy up for peer witnessing of drug use
- harm reduction and overdose training for staff and other residents
- creation of a harm reduction space where supplies can be provided, overdose safety planning, informal and formal discussions about harm reduction and other topics can take place with residents
- working in or facilitating access to the supervised consumption service if one exists

## 7 Mobile Services and Support

Shelters and 24-hour homelessness services should have dedicated and consistent harm reduction workers either on staff or embedded on site through harm reduction agency partnership. However, harm reduction support can be provided by external mobile services as necessary and available. This may be beneficial for residents who do not feel comfortable having their harm reduction services provided by their shelter or 24-hour homelessness service provider.

## 8 Grief and Loss Support for Residents and Staff

Due to the extensive impact of overdose and the drug poisoning crisis on people who use drugs and the people who work with them, there should be explicit recognition of the need for grief and loss support. This includes de-briefing following a death or other overdose related traumatic event, healing circles, one-on-one counselling and supports, peer-to peer-supports. These services should be offered in an immediate and ongoing way.

## 9 Supplementary Services

Each site should consider other supplementary harm reduction services for inclusion and or referral. One example is drug checking services. Residents should be notified that drug checking services are available at all of the community supervised consumption services in Toronto and details on how drug checking can be accessed.

## 10 Safe Physical Space

Each shelter and 24-hour homelessness service program should review their physical space to identify potential areas of concern for overdose risk. Single use bathrooms should be constantly monitored with alarms and ways of gaining access should an overdose occur. Stairwells, communal bathrooms, remote or hidden locations, alleys outside buildings need to be reviewed and overdose monitoring plans put in place.

## NEXT STEPS – ADDITIONAL GUIDANCE:

To support the evolution of strong harm reduction services in Toronto shelters and 24-hour homelessness settings, TPH recommends the development of further guidance documents or capacity building activities, on a number of sector-specific issues. This work will require consultation with harm reduction experts, including people with lived and living experience of drug use, harm reduction workers, hotel and shelter operators and researchers. Below is a list of the critically important topics to be addressed.

- Overdose-specific wellness checks and drug use safety planning
- Supervised consumption models for shelter settings
- Overdose incident de-briefing and approaches to addressing grief and trauma
- Safe supply
- The meaningful involvement of people with lived and living experience in the harm reduction services offered at the site
- Supporting staff in harm reduction uptake and practice development