# OVERVIEW

The Harm Reduction and Substance Use Guidance Document was developed to assist shelters across the City of Toronto to develop a Harm Reduction Policy that aligns with the Toronto Shelter Standards and 2021 Harm Reduction Directive. This document provides agencies with the basic policy components required, while providing agencies with the flexibility to customize their policy to ensure effective implementation within the services and supports they operate. A detailed harm reduction policy template is included within Appendix A.

In order to align with the Toronto Shelter Standards and Harm Reduction Directive, shelter operators are strongly encouraged to include the following sections within their Harm Reduction Policy:

* Statement of Commitment
* Purpose
* Goals
* Principles
* Roles & Responsibilities of Staff
* Procedures

Each of these sections will be further explained in the document below

# STATEMENT OF COMMITMENT

This is a required section to include in your harm reduction policy. Writing a statement of commitment can be an effective way to set the tone for the policy and organization. It lets your service users, staff, and other stakeholders know what your organization's intentions and goals are for implementing a harm reduction approach and communicates your strategy on how you will support individuals that use your services if they happen to use drugs. When creating a statement of commitment, some things to consider including are:

* Defining what harm reduction is?
* In your role as a shelter provider, what actions/behaviours/lens will underpin your approach to working with service users?
* How do you hope service users will experience your services, supports, and shelter environment and staff?
* How will you include people with lived or living experience in decision making, program design or service delivery?
* What may training look like to ensure these commitments are upheld?

There are four statements directly aligned with the Harm Reduction Directive that must be reflected within the policy & statement of commitment:

* Provide services that are non-judgmental, non-coercive, and based in the best available evidence.
* Incorporate the voices and suggestions of people who access and use our services, their lived experiences, and knowledge in order to enable more effective services and programs.
* Substance use cannot be the sole reason for disciplinary actions, such as discharge or service restriction, to be taken.
* Will support ongoing training on harm reduction practices for all staff, volunteers and board members in order to ensure that harm reduction is consistently and effectively implemented within the agency

# PURPOSE

This section of the policy provides the rationale for why this policy is in place. It puts into writing what the shelter operator expects from its staff in terms of the behavior, actions, and processes they take in specific scenarios. To be effective, the purpose should be:

* Specific and precise - not general, broad or obscure
* Concise - one or two sentences
* Clear - not vague, ambiguous or confusing
* Goal-oriented - stated in terms of desired outcomes

*Example: The purpose of this policy is to outline the various ways in which [insert organization] will support harm reduction practices, which acknowledge the reality that people can and do use substances, both legal and illicit, and will engage in other activities that can cause them harm. This policy will provide an overview on how [insert organization] can reduce the potential harms of substance use and other related activities and support our service users.*

# APPLICATION

This section of the policy provides an overview of who in the organization this policy applies to.

*Example: This policy applies to all programs, practices, communications, use of facilities, and provision of all [insert organization] services, and the staff, students, and third party providers/contractors (e.g. security, cleaning, food services, etc.), supporting individuals experiencing homelessness within [insert organization]. This policy supports the SSHA's Harm Reduction Directive and Housing First approach.*

# GOALS

The purpose of this section of the policy is to describe the range of desired outcomes your agency would like to see or what is to be achieved by implementing this policy.

*Example:*

1. *To empower people who use drugs to make informed decisions about their health, including decisions regarding safer drug use*
2. *To reduce incidences of substance-related health and social harms, such as overdose, and discharges or service restrictions related to substance use;*
3. *To provide opportunities for people who use drugs to access stigma-free and non-judgemental services, programming, and harm reduction supplies, including new needles/syringes and other drug use equipment;*
4. *To build the harm reduction capacity of our staff by providing access to evidence-based trainings, resources, and tools to best support people who use drugs;*

# PRINCIPLES

This section is required and must align with the TSS/harm reduction directive, harm reduction framework, and 10 point plan. This section should outline and describe the harm reduction principles that will underpin your agency's work. The following harm reduction principles listed below are from SSHA's Harm Reduction Framework, informed by the International Harm Reduction Association and builds on the experiences shared during the consultation sessions for the Framework. Each harm reduction policy developed should align with the principles listed below:

**SSHA Principles**

* Ensure dignity and compassion of 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.
* 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.
* 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.
* 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.

Some of the principles identified are already expectations outlined in the City’s Toronto Shelter Standards. 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. For more information, please refer to [SSHA's Harm Reduction Framework](https://www.toronto.ca/wp-content/uploads/2017/10/9791-SSHA-Harm-Reduction-Framework.pdf).

# ROLES AND RESPONSIBILITIES

The roles and responsibilities section of the policy should outline and describe various expectations and duties of each staff within the organization as it relates to harm reduction from frontline staff to supervisors, managers, and executive leadership.

SSHA expects that staff meet the following basic standards:

All Staff:

* Employing a nonjudgmental and respectful approach to engaging with all clients (TSS 12.4.1)
* Using language that fosters dignity and respect with all clients (TSS 12.4.1)
* Using strengths-based approaches to inform service and case planning (TSS 10.1c)
* Facilitating 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)
* Identifying private spaces 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)
* Applying a harm reduction and client centered approach to all aspects of service delivery [required]
* Attending provided trainings in harm reduction principles and practices (Naloxone administration, safe use kits, trauma informed care etc.) [required]
* Co-developing harm reduction safety plans with clients [required]
* Following updates on evolving protocols and procedures
* Providing feedback and input on policies and procedures.

Supervisors & Managers:

Supervisors & Managers are responsible for:

* Engage and consult clients (who use and do not use substances) in the development of new programs and standards (TSS 6.1)
* Training staff regarding the implementation of harm reduction principles
* Interpreting the policy and procedures for staff
* Providing support trainings, and education for staff when required.
* Ensuring all policies and procedures are in alignment with Toronto Shelter Standards
* Following up with clients, staff and partner agencies on how to improve protocols and procedures

# PROCEDURE

The procedure section of the harm reduction policy will outline the various procedures that staff need to be aware of and do to ensure an effective implementation of this policy. This could include:

* How all clients are informed of this policy and of the harm reduction supports available, including harm reduction supplies and naloxone. Best practice would be by presenting this information during admission
* How clients who disclose substance use or are known to use drugs are supported to develop a safety plan in relation to their use
* How clients can access safer inhalation (crack and crystal meth kits), safer injection, condoms and Naloxone kits
* How clients will never be discharged or service restricted due solely to their drug use, possession, or for entering the shelter while under the influence of drugs or alcohol.

This section or appendix could also link to any additional or more detailed organizational procedures/policies around harm reduction such as naloxone administration, safe sharp disposal, etc.

# SUBSTANCE USE ONSITE

This section of the policy is required and will provide insight and guidance to staff on what to do and the steps to be taken if a client is found using substances on site and how clients will be supported. When creating this section, some things to consider are:

* How will staff engage clients?
* Outlining that staff will not confiscate any legal or illegal substances
* Where can staff take clients that are under the influence for safe monitoring?
* Will resources or information around safe use be provided?
* What referrals, if any, should be provided?
* Should any other staff or supervisors know?
* How should staff follow up/engage with client afterwards?

# ADDITIONAL POLICIES

Below are additional policies agencies need to strongly consider creating, if not already in place, to support the effective implementation of their harm reduction policy:

* Safe Washroom Use
* Sharps handling & disposal
* Naloxone policy
* Naloxone administration procedure
* Client stabilization plan
* Client safety plan
* Overdose response policy
* Overdose response procedure

Agencies should also review the following existing policies to ensure a harm reduction lens is embedded:

* Admission Policy *– adjusted to reflect outlining harm reduction services and supports*
* Code of Conduct *– adjusted to reflect harm reduction approach*
* Service User Rights and Responsibilities *– adjusted to reflect harm reduction approach*
* Anti-Harassment/Discrimination *– adjusted to reflect harm reduction approach*
* Children's Aid policy *– adjusted to reflect harm reduction directive*
* Review no smoking policy *– to include inhalation of drugs*

# APPENDICES:

Purpose of this portion of the policy is to link staff to other policies, procedures or documents that may further inform the effective implementation of this harm reduction policy. Some policies that could be provided include:

[**Guidance Document for Harm Reduction in Shelter Programs: A Ten Point Plan**](https://www.toronto.ca/wp-content/uploads/2021/06/9633-10PointShelterHarmReduction210528AODA.pdf)

[**SSHA Harm Reduction Framework**](https://www.toronto.ca/wp-content/uploads/2017/10/9791-SSHA-Harm-Reduction-Framework.pdf)

[**Toronto Shelter Standards: Section 10.2.1 Harm Reduction**](https://www.toronto.ca/wp-content/uploads/2018/12/9547-A1600035_TSS_FinalDraft_V3_Dec4_Blue_SimpleAccessible_updated2.pdf)

[**Directive 2021-01: Updated Toronto Shelter Standards Section 10.2.1 Harm Reduction**](https://www.toronto.ca/wp-content/uploads/2021/06/8e6e-Harm-Reduction-TSSdirective-2021-01RESOURCESUPDATES.pdf)

[**Services Provided by The Works**](https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/services-provided-by-the-works/)