Getting to Tomorrow
Ending the Overdose Crisis

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Local Harm Reduction and Drug Policy Organizations Call for Harm Reduction Measures in Hamilton Shelters

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THE AIDS NETWORK
Hamilton, Halton, Haldimand, Norfolk and Brant

KEEPING SIX HAMILTON

Canadian Drug Policy Coalition
Coalition canadienne des politiques sur les drogues

HAM SMaRT

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Getting to Tomorrow Hamilton

The need for immediate implementation of harm reduction measures in Hamilton shelters was a prominent message that surfaced from the community dialogue held virtually in Hamilton, Ontario in collaboration with The AIDS Network, Keeping Six, Hamilton Social Medicine Response Team (HAMSMaRT), and The Canadian Drug Policy Coalition.

The sector-focused dialogue, called “Integrating Best Practices of Harm Reduction in the Shelter System”, was designed to engage frontline workers, shelter executive leadership, and People with Lived and Living Experience (PWLLE) in improving the health and safety of PWLLE and frontline workers. This emerged out of Hamilton’s inaugural public health dialogue “Getting to Tomorrow: Ending the Overdose Crisis” that took place in July 2021. At the inaugural dialogue, participants voiced concerns about lack of harm reduction policies and practices as a main barrier to accessing shelters, in addition to lack of political representation from city officials in the dialogue and a lack of representation of PWLLE in public health decision-making circles.

When PWLLE are invited to the table to participate in meetings, research, and policy they are often not treated as equals and are solely labeled as “drug users” creating a lack of authentic partnership and true collaboration (Simon et al. 2021). We strongly encourage the municipal government to ensure PWLLE are meaningfully involved in all stages of policy and decision-making processes and compensation should be equivalent to a living wage and made in cash unless otherwise specified (Simon et al. 2021).

"Star" coloured this drawing by Emunah Woolf, harm reduction worker at YWCA Hamilton’s Safer Use Space.

When asked what changes need to happen with Hamilton's shelter system, "Star" said: “More shelters should use harm reduction perspectives and have safe use programs.”

From Unsheltered: The Zine

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Organizational Barriers that Prevent Supporting People Who Use Drugs through Harm Reduction Approaches

Current challenges of implementing harm reduction measures in the shelter system were identified by PWLLE, leaders in healthcare, government officials, harm reduction advocates, and drug policy organizations. Major barriers include:

- Lack of appropriate government funding for additional resources and supports, such as harm reduction services.
- Underpaid staff, and lack of resources to provide appropriate services, training and education that is needed to implement harm reduction approaches.

Participants identified responding to overdoses as “scary” and overdose-related deaths as “tragic.” This results in burn out, stress, and high turnover rates due to no trauma-informed support for shelter staff.

Cowan-Morneau (2022), who has over 25 years of experience working in social services states, “Social services have been underfunded for years and Bill 124 puts a further strain on our ability to recruit and retain staff. The wages paid to frontline workers are grossly inadequate given the essential and demanding work they do.”

Stigma Kills and We Have Lost Too Many

Another frequently mentioned barrier to applying harm reduction approaches was the current philosophies, beliefs, and values of religious and faith-based organizations that operate many of the shelter systems in Hamilton. One participant noted, **"Religious-based organizations not embracing a harm reduction model makes them complicit in [overdose-related] deaths.”** When management and shelter operators do not support the practice of harm reduction due to ideological differences, it becomes difficult to advocate for and implement necessary change.

PWLLE shared their experiences of being dehumanized, stigmatized, and labeled.**"People think that people who use drugs are just bad people”** – Jammy Lo, K6. Dialogue participants mentioned fear, ignorance, and assumptions amongst leadership and shelter staff.

It was reported there is a common misconception that if harm reduction services were provided and service users were permitted to use drugs in the shelter, there would be an increase in drug use, violence, and theft, in addition to enabling and encouraging service users to use drugs. These attitudes and biases prevent shelter staff from doing the meaningful work that is needed and creates an environment of stigma that causes harm to the health and wellbeing of service users.

While the two sections above were the most discussed organizational barriers to implementing best practices of harm reduction, it should be noted there were other frustrations and concerns, including:

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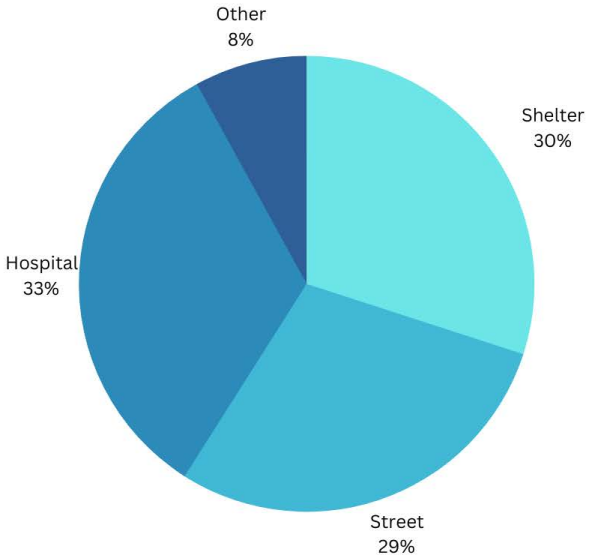
- The lack of inclusion of voices of PWLLE at policy and decision-making tables
- The lack of education on how to safely practice harm reduction with families who have children in their care in the shelter system
- Liability concerns around harm reduction approaches in shelter systems
- Criminalization and surveillance of service users who use drugs by shelter staff and police
- Lack of organization, collaboration, and coordination between shelter systems
- Lack of involvement from public health, city officials, and other decision-makers in improving conditions for service users who use drugs

Why Should We Apply Harm Reduction Approaches in Shelters?

Houselessness and substance use intersect and generate a variety of components that influence health and safety (Rezene, 2020). Marginalized groups of people, such as people who use drugs and unhoused people are disproportionately impacted by public health crises, including the drug poisoning crisis, the COVID-19 pandemic, and the housing crisis (Rezene, 2020). These compounding crises require political will and mobilization of evidence-based responses, particularly harm reduction measures in the shelter, such as providing harm reduction supplies and a safe space to use drugs (Rezene, 2020).

Deaths in the Hamilton Homeless Population recently started being recorded and from June 2021 to May 2022 there were 29 deaths reported, in which 16 unhoused people died by opioid overdose, 30% died in shelter, 29% died on the street, and 33% died in the hospital (Hamilton Homeless Mortality, 2022). By applying harm reduction practices in the shelter, there would be a significant decrease in opioid-related deaths.

Location of Deaths in the Hamilton Homeless Population



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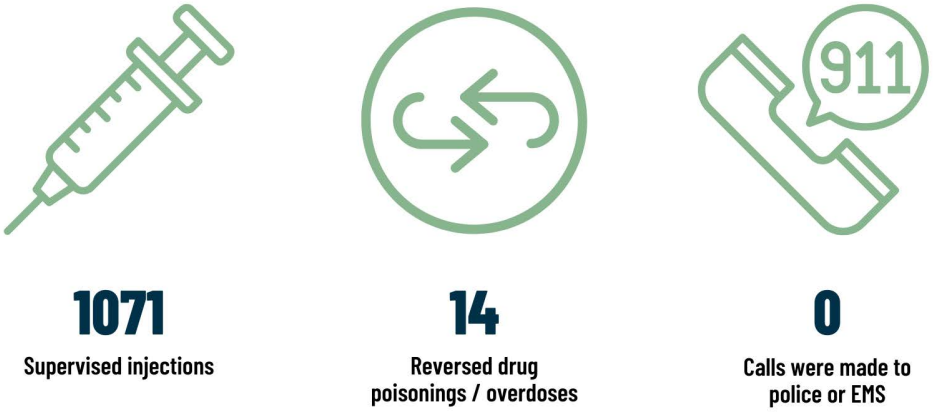
Based on recent data collected at the YWCA's safer use space at Carol Anne's Place (an overnight drop in space for unhoused women and non-binary people), in the first four months since opening, they have supervised 1071 injections, reversed 14 drug poisonings/overdoses, and zero calls were made to police or EMS (Vaccaro, 2022). These results are transformational as prior to the safer use space, staff were responding to an increasing number of overdoses and collectively grieved the loss of many lives because of the toxic drug supply (YWCA, 2022). Now with the safer use space there have been zero overdose-related deaths.



At the dialogues participants noted four reasons to implement harm reduction measures in the shelter:

Reducing Harm and Improving Health Outcomes – Harm reduction and integrative support is instrumental in decreasing the risk of overdoses and overdose-related deaths on site. ***"What you need to understand is, if you are a substance user you are going to find a way to use. We don't want folks using alone because they will die."*** **– Barb Swietek, Grenfell Ministries.** Drug use rates remain consistent despite criminalization or penalization, so normalizing harm reduction, creating a safe space to use drugs, building rapport based on trust and empowerment, and by connecting service users with resources and safe tools is critical in improving their health and wellbeing.

Removing Sanctions for Service Users Who Use Drugs – Removing service restrictions related to drug use and carrying harm reduction supplies will enable shelter staff to maintain shelter and support services for people. This would improve the experience of service users, result in greater use of services, and protect against the risks of service users using drugs alone with no support in unmonitored locations, such as bathroom stalls or stairwells.

Compassionate Care and Safety – Harm reduction approaches create openness, an opportunity to connect, and the development of bonds with service users. Service users' thoughts, feelings, and experiences are valued. By meeting people where they are at, service users can truly be who they are and shelter staff can demonstrate genuine care and safety, resulting in stigma and judgement being removed from the forefront.

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Education and Support – The implementation of internal and external harm reduction support across the shelter system. This includes PWLLE working within the shelter system and external peer-based programs to help reduce stigma and provide education to shelter staff on overdose prevention and response. Improvements in harm reduction education, training and support for shelter staff from those with expert knowledge will build the capacity of staff to minimize harms and enhance comfortability in providing harm reduction services.

Maximizing the Health and Safety of Service Users and Staff by Taking a Harm Reduction Approach to Service Restrictions

> *"The ideal harm reduction approach to service restrictions is to rethink the whole concept of service restrictions by renaming them support opportunities. Rather than, this is my opportunity to restrict you, it is my opportunity to support you better."*
> *– Dialogue Participant*

According to the City of Hamilton's 2009 outdated blueprint for emergency shelters services, it clearly states, "Issuing service restrictions in the shelter system must be done only as a last resort and in the most serious cases" (City of Hamilton, 2009). This is not the case in shelters, staff issue service restrictions on a regular basis for non-serious reasons, such as missing curfew, having high care needs, carrying harm reduction supplies, and using drugs.

The blueprint also indicates, "All shelters must have a policy regarding service restrictions" (City of Hamilton, 2009). Shelters do not have written policies for service restrictions, which contributes to the inconsistency of service restrictions across the shelter system. For example, on the same day one client was restricted for two days for smoking in the building, another was restricted for two weeks, and another for three months for the same offense. Without standardized policies in place, inconsistent and inappropriate service restrictions are applied on a regular basis, which has a detrimental impact on a service user's mental and physical health.

In addition, the blueprint states, "Shelter staff must ensure that the resident has an alternate place of shelter" (City of Hamilton, 2009). This does not always occur as shelters are typically over capacity, so many clients are discharged to the street with nowhere to go.

The Guidance Document for Harm Reduction in Shelters Program: A Ten Point Plan (Guthrie, Garrad, & Hopkins, 2021), strongly recommends that shelter providers support clients who wish to engage in harm reduction by providing naloxone kits and training, safe injection equipment, safer smoking supplies, safer sex supplies, and secured sharps containers. Shelter providers will not prohibit or confiscate harm reduction supplies (i.e., needles, pipes, naloxone) and will not restrict people for using drugs (Guthrie, Garrad, & Hopkins, 2021). We are strongly advocating for the same standards across Hamilton shelters to maximize health and safety and reduce harm.

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At the dialogue, participants noted the need for:

Consistency – There is a need for consistency and transparency across all shelter systems in relation to service restrictions. This includes a clear and transparent definition of what warrants a service restriction, avenues for service users to appeal service restrictions and informing service users of this process upon service restriction. In addition, offering conflict mediation and creating a standardized service restriction policy across all shelter systems would help ensure consistency and transparency. An Executive Director of a Women's Shelter noted, **"Service restrictions should not be forever, which is a common issue in the Hamilton shelter system."**

Behaviour-Based Service Restrictions – By restricting service users from accessing services for using drugs, as noted by one dialogue participant, **"We are stigmatizing them, we are creating harm, and we are not helping. We are not helping at all."** Dialogue participants emphasized the importance of focusing on the behaviour and not the drug use. Service users should not be penalized, or service restricted for using drugs, as noted by Marcie McIlveen from HAMSMaRT,**"Supporting people that overdose instead of kicking them out would be cool."**

Trusting Relationships – A harm reduction approach entails taking the time to build trust between staff and service users to a point where service users are comfortable saying, **"I will be using, can you come check on me in a little while?"** Dialogue participants stressed the importance of meeting people where they are at, and the need for flexible and dynamic spaces that can accommodate service users who use drugs. There must always be opportunities to provide support and connect with service users after they are given a service restriction by ensuring they have somewhere safe to go and access to other harm reduction support, while treating them with dignity and respect.

Follow the Example of Other Successes

Success #1

Nicole Cortese, Manager of Homeless Operations Homelessness and Community Engagement Division, Community Services Department in Niagara, *discussed transformational changes made, including the implementation of shelter standards across all systems in the Niagara region.*

Some of these changes include: A standardized service restriction policy from a trauma-informed framework, no mention of drug use within the service restriction policy (focus on behaviour, not drug use), categorizing service restrictions from level 1 to 5 with a description of reason, duration, and who can issue each restriction.

Providing low-barrier services, distributing harm reduction supplies, practicing overdose prevention and harm reduction, and providing education to service providers and service users in Niagara resulted in:

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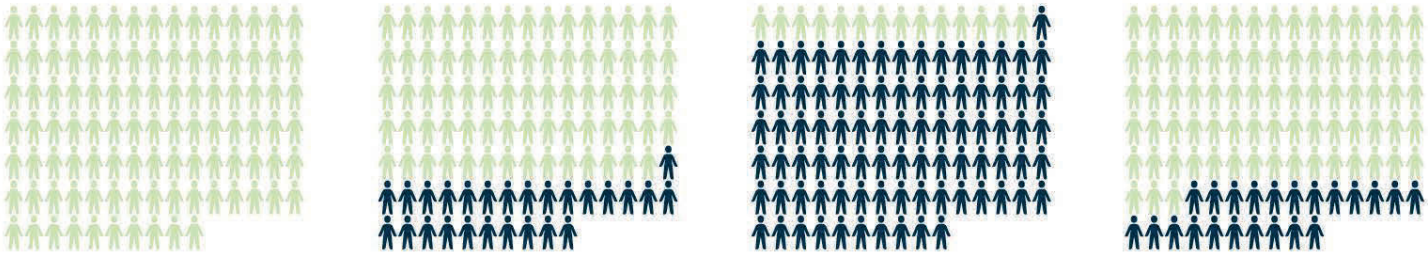
Housing Focused Shelter Pilot



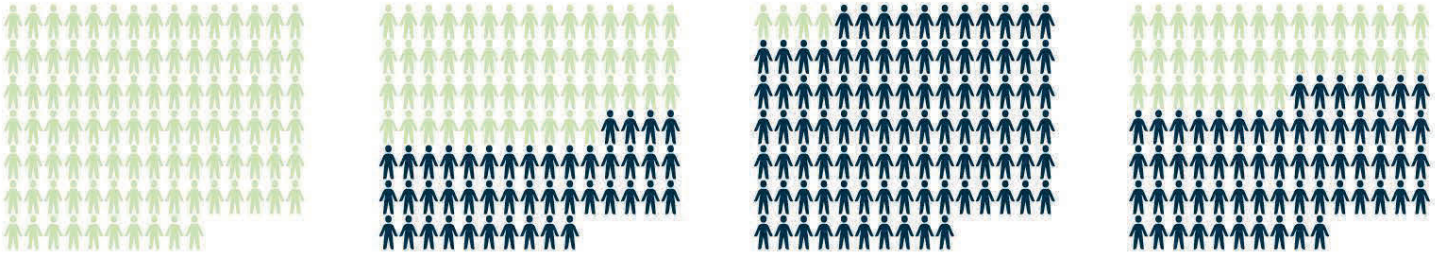
370 individuals served

230 individuals used drugs and participated in harm reduction

14 overdoses and no deaths

71% moved into permanent housing

Isolation Shelter



658 individuals served

462 individuals used drugs and participated in harm reduction

22 overdoses and no deaths

127 individuals moved to more permanent housing, sought treatment, or had some sort of family reunification that resulted in diversion from the shelter system

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Success #2

Bryan Quinones is a Harm Reduction Coordinator with Parkdale-Queen West Community Health Centre in Toronto. *Bryan works under the Integrated Prevention and Harm Reduction (iPHARE) Initiative, that aims to uplift harm reduction supports and programs to address opioid-related deaths in Toronto's shelter system. Community agencies provide a range of harm reduction support to shelters including, access and distribution of harm reduction supplies, overdose response, and harm reduction workshops for shelter staff and service users.*

The implementation of the iPHARE initiative has resulted in:

- Increased partnership collaboration across shelters and providers.
- Increased integration of harm reduction at shelter sites, including Indigenous harm reduction.
- Linkage to clinical care and safe supply of opioids.

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Moving Forward

It was made clear from the community dialogue and evidence-based research that harm reduction practices in the shelter system are desperately needed in order to save lives and better connect people with supports and services, as Hamilton continues to see opioid-related deaths rise year-over-year.

Key stakeholders reconvened in September 2022 as a harm reduction working group. The group is developing guidelines on how shelters can implement harm reduction policies and practices, developing a harm reduction 101 training for shelter staff, and advocating for standardized shelter policies, particularly standardized service restriction policies across the shelter system. If you are interested in continuing to meet as a working group, please email olivia_mancini@sfu.ca

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