

Sharing Lessons from Women's Shelters Canada's
Community of Practice on Harm Reduction
and Lowering Barriers to Service at
Domestic Violence Shelters/Transition Houses



Between August 2022 and June 2024, 25 shelters and transition houses (THs) throughout Canada came together for Women Shelters Canada (WSC)'s Community of Practice (CoP) on Harm Reduction and Lowering Barriers to Services at Domestic Violence Shelters/THs. Over two years, members met through online meetings and an in-person gathering in Ottawa in June 2023. Working together and with outside experts from a variety of organizations and perspectives, members shared concerns, ideas, and lessons to lower barriers and better meet the needs of women and gender-diverse people who use substances.

This report presents some key lessons and recommendations shared by the Community of Practice members and our guest experts. It shares tips on engaging with your clients, staff, Board, and others to make everyone more comfortable with a harm reduction approach. It also offers an overview of strategies that can be applied at various moments to ensure that your services are as friendly, accessible, and safe as possible for people who use substances.

These strategies and tips provide ideas and things to consider; they may not all be appropriate for your specific organization or environment. We recognize that every shelter/TH is unique, and everyone is at a different stage in this journey. We encourage you to take what works for you and leave what doesn't.

You can read the entire report or click through to the specific section that's relevant to you. If you have any questions about this report or the examples or resources provided, please get in touch with WSC's Knowledge Exchange team at knowledge@endvaw.ca.

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SECTION 1:

HARM REDUCTION:

WHAT DOES IT MEAN AND WHY WOULD YOU DO IT?

People who use substances face a lot of stigma and discrimination in our society. Many folks who use substances have internalized this stigma and experience shame around their substance use, and this can affect whether they disclose substance use and access services to keep themselves safe. Beyond shame, disclosing substance use can also have many other repercussions in a person's life, including losing employment, income, relationships, and even access to one's children.

However, when we consider how prevalent substance use is in our society (for example, pouring a glass of wine at the end of the day or opening a beer at the lake), we acknowledge that substances can offer comfort, pleasure, and a way to disconnect. When dealing with the very stressful and traumatic experience of domestic violence, it makes sense that someone might turn to substances in this way.

Adopting a harm reduction approach means:

- Acknowledging that substance use is happening and that clients are using substances for different reasons.
- Accepting that it is better to address substance use openly so that those who use substances (and others) can stay safe rather than ignore something that is happening anyway.
- Recognizing that substance use exists along a continuum and over time and that not everyone wants or is ready to stop using (although this is certainly one option).

Harm reduction seeks to meet people where they are and without judgment. The approach encourages us to engage in an ongoing conversation with the person who uses substances (and the broader community) to understand their needs better and to help them learn about and access the tools that will help them stay safe.

From a human rights perspective, shelters/ THs have an obligation to minimize barriers to access and to ensure that services are as accessible as possible to those who need them, including people who are struggling with substance use and associated disorders.

USING A TRAUMA-AWARE APPROACH

People who use substances may be using them to respond to trauma or other stressors and challenges or to self-medicate for untreated mental health issues. Using a trauma-aware approach encourages us to remember that someone may be acting out because a situation is raising a feeling of abandonment, rejection, or abuse, or is recalling other past traumas or challenging experiences.

Using a trauma-aware approach encourages us to meet each situation with empathy, understanding, and humility by:

- Acknowledging that we don't know everything and letting clients take the lead and educate us
- Having a continual conversation, listening, and being available, while also recognizing that a person may not want to discuss at length or repeat their story
- Supporting how the person is feeling
- Being aware of body language (your own and that of the client)
- Being clear and transparent about next steps and what to expect



SECTION 2:

ENGAGING STAFF

IN THE HARM REDUCTION JOURNEY

Staff are the ones who offer the services and enable the shelter to run, so having staff on board with harm reduction is critical. Staff should be involved in the journey towards harm reduction and identifying what changes will best support them and the clients.



"It is important to give yourself plenty of time to form your team and work through a process like this. We recommend focusing on smaller tasks at first and not rushing through the process. The process in and of itself is an outcome as staff engage with the issue, increase their harm reduction skills and literacy, and develop a sense of ownership and pride for the outcomes."

CoP member

HIRING AND ONBOARDING STAFF

- Include information about your harm reduction stance in the job posting and other materials to set the tone and ensure prospective candidates are aware and a good fit.
- Include interview questions on harm reduction in the interview. For example, asking, "What does harm reduction mean to you?" can help you to understand where the person is coming from and introduce the theme of substance use. It may be that some potential staff are not suited for harm reduction due to their personal values or viewpoints.
- When onboarding new staff, it is helpful to present your policies and share all written materials related to how you approach substance use in your shelter.

TRAINING FOR STAFF

- Training should be offered on a range of relevant themes as part of onboarding and/or on an ongoing basis for existing staff.
- Topics can include:
 - Harm reduction and safer substance use, including different types of substances, how they are used, what their effects are, what materials and strategies can be applied to reduce risks overall, and risks related to the use of specific substances
 - Basic pharmacology to understand how substances affect the brain and how long-term use can affect someone
 - Overdose identification and response, naloxone administration, and responding to critical incidents
 - Trauma-informed care
- For a list of trainings that CoP members have found useful, see <u>Section 6: Resource List</u>.

INVOLVING STAFF IN YOUR ORGANIZATION'S JOURNEY **TOWARDS HARM REDUCTION**

- Many CoP members found that involving staff in reviewing existing policies and developing new policies was key to encouraging buy-in.
- · Going step-by-step when developing and revising policies and procedures without rushing or trying to change everything at once is important.
- Becoming harm-reductive is a process, and all can benefit from formal and informal opportunities to share fears and concerns as well as ideas, strategies, and recommendations.
- CoP members stressed the benefits of having ongoing conversations on harm reduction with their staff, which:
 - Involved managers, team leaders, and frontline service providers.
 - Included a discussion on values: What are our goals? What does substance use look like in our own lives and in the shelter?
 - Involved outside speakers who could present on themes or share their personal experiences.
 - Left room for staff to challenge one another respectfully: How can we say this differently? What else can we do for this person?
 - Allowed people to sit together and discuss difficulties and fears openly.

- Some CoP members developed harm reduction working groups or committees that could take the lead on learning about and implementing harm reduction strategies in the shelter.
- Some shelters created positions for addictions workers and hired people with experience in substance use intervention to take the lead on these issues, including developing policies and offering training and individual support to clients and colleagues.
- Having clear and consistent messaging, as well as policies and procedures for different situations and scenarios, allows everyone to be on the same page, including newer and less experienced staff.
- Though solid foundations are essential, CoP members stressed the value of leaving room for staff to work in the "grey area" that often accompanies frontline and harm reduction work in order to adapt the approach to the specific scenario and needs of the person or people involved.



VALUING LIVED AND LIVING EXPERTISE

Whenever possible, the voices of those with lived and living experience of substance use should inform and contribute to developing programming, strategies, and initiatives related to harm reduction.

- You can look to existing and former clients to seek advice specific to your services via committees, comment boxes, and discussion groups.
- Encouraging people with lived and living experience of substance use to work in your shelter is another way to ensure that services are shaped by first-hand expertise. You may need to revise your posting and hiring practices to accommodate their needs better.
- Many people with lived and living experience of substance use work as consultants and provide training, advice, and other services. A local harm reduction organization or network of people who use substances will likely be able to recommend a suitable candidate in your area.
- These guidelines from the Canadian Centre on Substance Use and Addiction (CCSA) provide helpful advice to safely and meaningfully engage people with lived and living experience in your work.

"We have learned that conversations around drug use and harm reduction have been so important as a team. It has been interesting to explore people's understanding of harm reduction, what people's worries are, and what people's experiences are. We can learn from each other and those accessing services. We know that change can be challenging, but we have consistent conversations day to day, and we always have harm reduction on our agenda for all staff meetings."

- CoP member



SECTION 3:

ENGAGING OTHERS

IN THE HARM REDUCTION **JOURNEY**

It is important to recognize that adopting a harm reduction approach in your shelter will impact everyone, including clients who don't use substances, your Board of Directors, and the broader community. This section contains tips on engaging with each group around harm reduction.



ENGAGING CLIENTS WHO DON'T USE SUBSTANCES

- Clients who don't use substances can display resistance for several reasons, including fear of coming into contact with substances, of how their peers will behave if they use substances, and of witnessing or experiencing overdoses.
 Clients who are sober or abstinent from substance use can also face challenges when being in an environment where people are using substances, such as the fear of relapsing.
- Let clients know what they can expect by bringing up substance use and harm reduction in your first conversation (likely the intake call). This can help set expectations and address fears or concerns early on. Depending on their needs, it might be determined that another resource is a better fit.

- For clients who have past experiences of substance use, this can create a space to determine their needs and see how they can best be supported in the context of your shelter.
- It is helpful to be very transparent and to create an environment where you can have honest and ongoing conversations about services. Clients should be able to come to you with their concerns, raise issues, receive support, and have access to information that explains your positioning. Additional tips are available from the CCSA here.
- Remember that changing mentalities can take time.

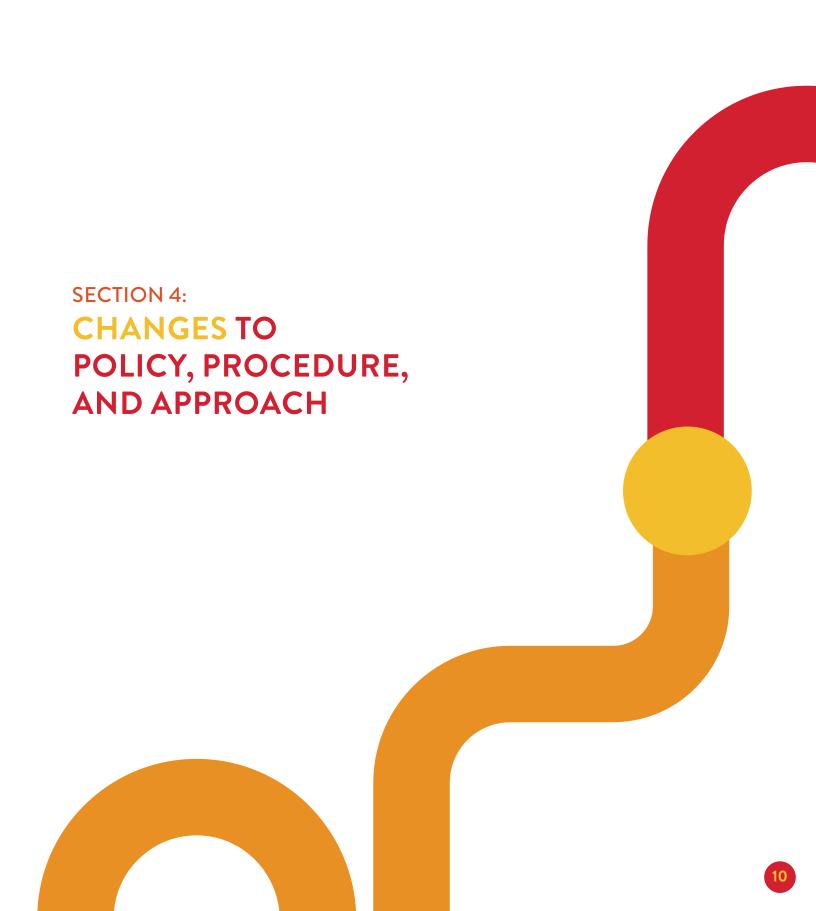
ENGAGING YOUR BOARD IN HARM REDUCTION

- Some shelters have started offering training and inviting outside experts to speak to their Boards about harm reduction and substance use. This provides concrete information for the Board and helps to demystify certain beliefs.
- As with all other groups, creating space for ongoing and open discussion on these issues is key.
- The composition of your Board may also create opportunities for expertise to be shared internally; for example, a few CoP members have representatives of law enforcement or child protection agencies on their Boards. These members can provide key insights as you develop your harm reduction approach.
- Check out <u>this video</u> for an overview of how one shelter engaged with its Board around harm reduction.

ENGAGING THE COMMUNITY IN HARM REDUCTION

- As organizations, we exist within broader neighbourhoods, regions, and communities. Connecting to other services for support, guidance, and information is one strategy to help you identify places to refer your clients to ensure that all their needs are met.
- Partnering with local agencies that are experts in addictions and mental health to facilitate staff training and provide information on the landscape of harm reduction in your community is a helpful strategy. Some CoP members have also hired specialized consultants to support them.
- As you embrace a harm reduction approach in your work, you might experience questions or pushback from your community. Your organization can play a role in educating the public and changing mentalities. We all have a role to play in contributing to a broader discussion on substance use and supporting those who use substances.





A FRIENDLIER ENVIRONMENT STARTS AT INTAKE

The intake process is an opportunity to ask questions and begin having honest conversations about substance use so that those we serve can signal their needs. Not only can this help to normalize and reduce stigma around substance use, but it can also create a more open and accessible environment for all.

Here are some tips for applying a harm reduction lens to your intake process:

 When someone calls to access your services, let them know your shelter policies around harm reduction and substance use and that you are open to helping them even if they use substances. This will help set the tone in your first contact with a client and create an environment for ongoing and open discussion. It can also help to manage expectations so that clients know what to anticipate in your shelter, whether they use substances or not.

- You can also take this opportunity to identify whether the person may have other needs related to their substance use so that you can offer the best support when they arrive. How we ask questions can help to create a more inclusive environment. Questions could include:
 - What supports do you need? Do you have physical or mental health needs?
 Examples may be substance use, brain injury, etc.
 - If you are using substances, we want to make sure you are safe. How much are you using? Have you used substances today?
 - We have a curfew; do you work outside of these hours? Do you think it will be a challenge to respect the curfew?
- When asking questions or having conversations about substance use, it can help to explain why you are asking and when/if there are any situations where you would need to disclose the information they share or if it will remain confidential.
- If the person arrives at your shelter under the influence of substances, it is ideal to have a plan in place to allow them to access a safe space to rest and receive support and supervision. This can be a moment of great vulnerability.

NOTES ON LANGUAGE

How we speak matters.
Replacing value-laden words with more neutral or personfirst language can make a big difference and help create a welcoming environment. Here are some suggestions of words to avoid and alternatives to use instead:

AVOID	USE INSTEAD
Addict	Person with substance use issues
Druggie / Drug user	Person who uses substances
Foster	Build / Create / Nurture
Homeless	Underhoused / Unhoused
Capture	Gather
Triggers	Activators
Drug abuse	Substance use
Overdose crisis	Drug poisoning crisis
Lived experience	Lived and living experience
Rules or contracts	Agreement or success plan
Committing suicide	Choosing to end one's life

For more information on why language matters, check out the International Network of People Who Use Drug's report Words Matter! Language Statement and Reference Guide

ACTION SPOTLIGHT

One organization in the CoP converted an office for dual purposes.

They installed a retractable bed (i.e. a Murphy bed) that can be stored away easily or pulled out to create a safe space for clients who arrive inebriated. When not in use by a client, the room can be used for meetings. The room is located in a place within the shelter where it is away from other clients but easy for staff to keep an eye on. Clients have access to the room for 8-12 hours, with a staff member checking in with the client every hour to ensure safety and well-being.

During this time, the client does not have access to the main shelter or common areas. If she wishes to stay in the shelter after the 12 hours, she is moved to a standard room and has access to the entire shelter space. The shelter also developed a simplified intake questionnaire to obtain the most critical information immediately, while waiting until the person feels better to complete the full intake process.

Learn more and see some photos in this video clip.

RESPONDING TO BEHAVIOURS, NOT SUBSTANCES

One of the central themes we discussed as a CoP is how shelters can modify their practices and policies to respond to behaviours rather than substance use itself. There is a tendency to associate using substances with disruptive behaviours, but this is not always the case.

- If a person is coherent, calm, and collaborates with staff, the fact that they have used substances should not drastically change the nature of how you intervene. It is, however, essential to consider their safety. For example, if they go to their room, you may want to conduct regular wellness checks to identify any potential adverse reaction to the substances, including overdoses.
- If the person is displaying behaviours that could present a physical risk to themselves (for example, difficulty walking upstairs), support them in accessing a space where they can rest safely. Conduct regular wellness checks, including for irregular breathing. You can have a supportive conversation with them after they have rested and are no longer intoxicated.

- If the person displays disruptive behaviours towards staff or other clients, address the behaviour quickly. If possible, invite the person to join you in a calm space where you can discuss how they are feeling and what they may need right now.
 - Ensure the person has access to a safe space to rest, including regular wellness checks.
 - Training in conflict de-escalation and understanding how different substances may affect behaviours and reactions can help in these situations.
- If possible, try to have a supportive conversation before problematic behaviour occurs. A problematic episode should also be followed by a supportive conversation, where you can work with the client to identify and support their needs, including:
 - Developing or referring to a wellness plan that includes triggers/activators, strengths, and goals
 - Having an open discussion so that the client may indicate to you when they are using, what they require when they do, and how they usually react to the substances they use
 - Developing a preventive safety plan that aims to lower barriers

PREPARING FOR AND RESPONDING TO OVERDOSES IN YOUR SHELTER

Experiencing, witnessing, and/or responding to a substance-related poisoning (or "overdose") can be scary. Many people are resistant to harm reduction efforts for fear that this will increase the number of overdoses that happen. However, people will use substances whether you acknowledge it or not. Overdoses can and do happen, and it is better to be prepared.

As an organization, you can consider:

- Offering regular overdose response and naloxone training to staff and clients
- Developing overdose and other crisis response protocols that clearly state who is responsible for what and what actions need to be carried out
- Introducing these protocols at staff meetings and in the onboarding process with new staff; reviewing them quarterly at staff meetings
- Making the written protocols easily accessible at all times
- Creating overdose response kits and making these readily available at all times
- Holding regular overdose response drills so that everyone can practice responding to an overdose (similar to a fire drill)

These strategies will help ensure the information is known and front of mind. Developing these tools can also help to normalize and reduce the fear of finding someone who has overdosed, while allowing staff and clients to develop the skills to respond to this type of situation.

When an incident occurs, it can profoundly impact staff and other residents. Considering how you can provide optimal support during and after a crisis is essential.

- Staffing is key, and any crisis will be easier to respond to if there is more than one staff member on-site. This can be challenging in the context of limited resources and staffing shortages.
- Access to a manager and/or supervisor on call who can support and provide guidance if anything happens can be helpful.
- It is important to debrief any crisis situation soon after it has happened, and with everyone.
- Aftercare for affected staff may include time off, counselling, and keeping communication channels open so they can raise other needs or questions.
- To hear directly from a few CoP members about how they responded to overdoses in their shelter and what they've included in their critical incident response policy, watch this video.



ACTION SPOTLIGHT

One CoP member shared their experience with a client passing away from an overdose while in shelter.

Two staff carried out lifesaving measures as part of their immediate response while a third staff person cared for the client's child. Afterwards, the staff were interviewed by police, completed incident forms for the Ministry, and reached out to the client's emergency contact and child protective services. The shelter called other staff to come in and relieve the staff on duty during the incident, and carried out a debrief with those staff. They notified all staff about what had happened so they knew before coming to work. They also notified the other residents that the client had had a health emergency, to explain what was happening while maintaining confidentiality.

In the weeks that followed the incident, they reduced their outreach activities so the outreach team could staff the crisis line and frontline services. This allowed the shelter staff to take time for themselves and focus on supporting the shelter residents. The staff directly involved were given several shifts off with pay, and their shifts were double-staffed for several weeks after they returned to work so they could step away as needed. The shelter

did not admit anyone new for one week so that new residents weren't coming into a traumatic situation and so that everyone had some time to heal. They held a private, off-site debrief for the staff directly involved before they returned to work and brought in another shelter to host a debrief for the entire shelter team. At the client's family's request, they showed the family the client's room. As the client was Indigenous, they also brought in Indigenous elders to hold a ceremony in memory of the client.

Longer term, the shelter formed a harm reduction working group and introduced a mental health and addictions role to lead their work with clients in this area. They created a client resource booklet, and the management team was trained in crisis response and communication. They also formed a crisis response team consisting of managers and frontline staff. This team has a code word for when an incident is happening so that staff on-site can quickly inform them that they need to come in. The crisis team has a to-do list with preassigned tasks so they know what to do when they arrive on site.

ACTION SPOTLIGHT

Some CoP members are part of critical incident teams in their town or region.

These teams bring together different organizations to be trained in debriefing following a critical incident (e.g. overdose, death of a staff member or resident, fire, etc.). When one agency experiences an incident, they can call on another agency's team to support them so they don't have to lead their own debriefing process. The critical response team will often hold separate debriefs with the staff directly involved and other staff. This is an interesting model as it can be less costly than outsourcing to outside experts while ensuring the support is tailored to local realities.

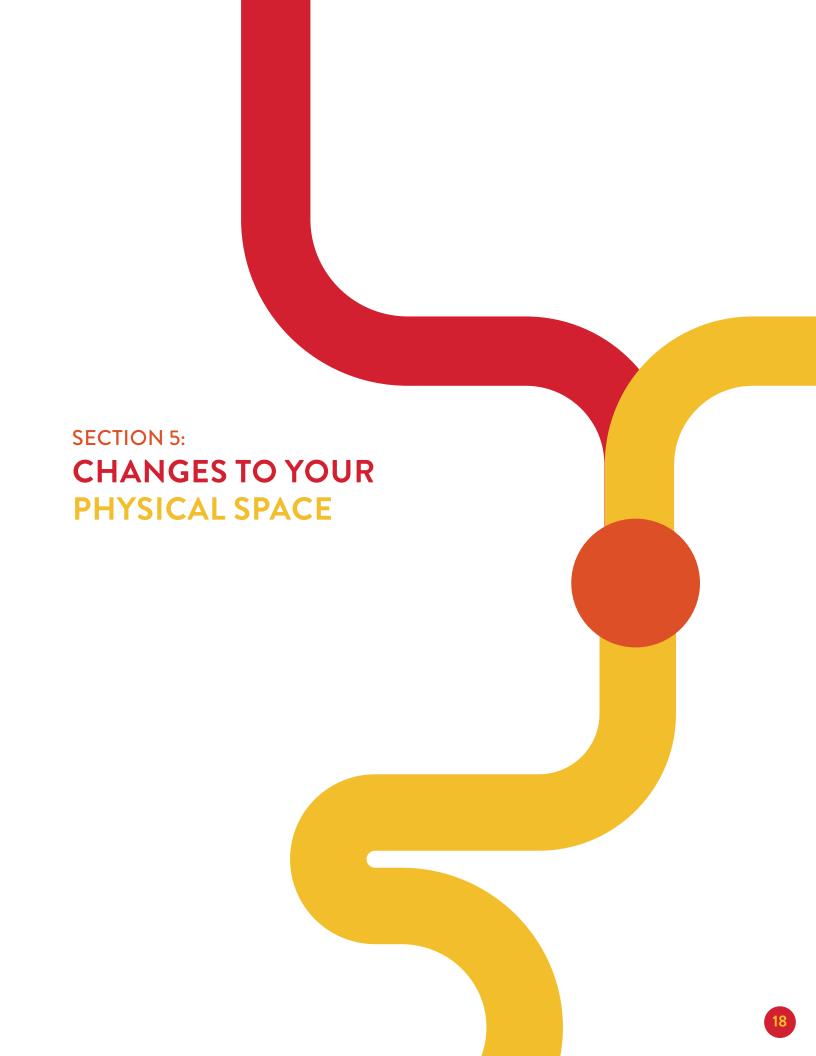
If you are considering starting something similar in your area, you will need to find similar agencies to work with to form the interagency team. With them, you will need to identify at least two staff from each agency to participate and receive training, identify scenarios in which the teams can be called on, and have processes in place around who at each agency calls in the response team, which team/other agency responds, and the parameters of the response. You will need to consider confidentiality and what information is shared. For example, one of the CoP members said that the only information shared with the debriefing team that comes into their agency is the client's first name so that staff can refer to her by first name in their discussion. Only high-level information about the incident is shared with the response team ahead of time, and what is shared in the debrief session stays in the debrief session.

RETHINKING YOUR DISCHARGE/END-OF-STAY POLICIES

Becoming more harm-reductive means revisiting why and how a person might be discharged from your shelter.

- Many shelters have/have had abstinence or "zero-tolerance" policies in place, with strict dismissal rules related to substance use. Some shelters have revised their policies to allow the use of some substances on site (e.g. alcohol, marijuana) or to allow clients to be under the influence of substances while they are at the shelter.
- Preventing dismissal can begin at intake and unfold throughout a person's stay.
 - Developing a wellness plan with the person as soon as possible can be a great way to begin the conversation on substance use and to identify clients' strengths, their triggers, what happens when they use and when they are stressed, emergency contacts that are aware of the person's substance use, and other useful information.
 - It can be helpful to clearly identify behaviours that are non-negotiable within your shelter and identify strategies to avoid them from the beginning (for example, if a person is not allowed to use substances in their room, is there another place that they can use safely within or close to your shelter?)

- If a person strays from the wellness plan you have developed together, take a progressive approach based on discussion, offering several opportunities for the person to understand and redress their behaviour.
 - If necessary, you may want to develop a written agreement or success plan with the person, though this may feel punitive. Giving verbal warnings, being empathetic, and keeping the discussion open often ends up being just as productive.
- If the situation escalates and requires discharge, give the client enough time to prepare an alternative to remain safe. A local harm reduction organization can recommend services that may be better suited to meet the person's needs.



MAKING HARM REDUCTION SUPPLIES AVAILABLE AND ACCESSIBLE

Making information and materials readily available so that people can reduce the harms related to their substance use and other practices offers clients tools to look after their own well-being and indicates that your shelter is aware of, and open to, the concept of harm reduction.

Here are some tips for providing harm reduction supplies at your shelter/TH:

- Ideally, materials should be made available in a place that is accessible without having to ask, safe from children, and discreet.
- Harm reduction materials include:
 - Safer sex materials like condoms, lubricant, and dental dams
 - Pregnancy test kits
 - Safer substance use materials such as personal disposal bins/sharps containers, material for injecting substances (needles, spoons, ties, filters, swabs, water ampoules, Vitamin C), and material for inhaling or smoking substances (straws, crack and meth pipes, swabs, plastic mouthpieces, push sticks, foils); see this resource for more information on safer use materials
 - Testing strips for fentanyl, benzodiazepines ("benzos"), xylazine and other substances, which allow people to test a small sample of their drugs to identify the potential presence of these substances
 - Fentanyl and xylazine are associated with high rates of overdose, and benzos can cause overdose-like symptoms. Test strips are not as effective as spectrometer-based drug tests available in some harm reduction services, but they offer an additional measure to help people understand what they are using.
 - Though WSC does not endorse any particular company, CoP members indicated they had had good experiences ordering strips from BTNX.

- Smell-proof bags, allowing clients to store their substances like cannabis in a discrete manner that will not cause discomfort to others
- Making naloxone available in the shelter and for clients to take with them is a significant harm reduction strategy. Naloxone is an antidote that can be used to reverse an overdose caused by opioids. It can be administered through an intramuscular injection or a nasal spray. The spray form tends to be easier to use.
 - If you are making naloxone available, you should also ensure clients and staff are trained on how to use it and other safety measures in the case of an overdose.
 - Along with proper training and naloxone kits that people can take with them, putting together one or several overdose kits for your shelter will ensure that everyone has access to required materials if they need to respond to an overdose. The kit can include: naloxone in spray form, naloxone in injection form with syringes for injection, personal disposal bins, plastic ampoule breakers, a container where you can store unused substances, non-latex gloves, and individual breathing masks.
- Your local public health authority or harm reduction and/or sexual health organization may be able to provide you with some of these materials or support you in accessing them.



and/or harm reduction materials is another supportive measure that allows everyone to stay safe. This can alleviate the client's stress around having their substances seized or confiscated while ensuring that no one accesses the substances accidentally.

There are different approaches to storage:

- Some shelters offer a storage space outside the building that clients can readily access.
- Some shelters provide safes in clients' rooms where people can store their valuable items and substances/ substance use materials.
- Other shelters offer lockers or safes in a public area, such as at the entrance of the shelter.

It is important to note that there is a lack of legal clarity around allowing the storage of illicit substances in safes and lockers.

- A shelter may choose to say that harm reduction materials can be kept in the safe/locker but not substances, or only legal substances.
- For many shelters, while the client resides in the building, only she accesses the safe, locker, or storage; therefore, she is the only one who knows what is kept inside.

It is rare that someone will leave substances behind at a shelter, but it is important to exercise caution when cleaning out the safe, locker, or storage area in case substances, substance residue, or used needles/materials remain.

- Safety measures for cleaning should include wearing a mask and gloves
- A local harm reduction organization may also be able to assist in providing training on the safe removal of substances and/or remove the substance themselves.
 It is also possible to ask law enforcement to remove substances, although this may be intimidating to clients.

MAKING ROOMS AND SPACES SAFER

Using substances alone presents a significant risk when we consider the state of the toxic drug supply that is circulating in Canada, made far worse since the COVID-19 pandemic and the proliferation of synthetic opioids and benzo-laced drugs. You can make rooms safer for clients who use substances in many ways, including by:

- Carrying out regular wellness checks for clients whom you know (or suspect) might be using substances
- Installing overdose detection technologies for rooms and bathrooms; while WSC does not endorse specific companies, CoP members have used the services of The Brave Co-Op and LifeGuard Digital Health
- Referring clients to NORS, the bilingual <u>overdose</u>
 <u>prevention hotline</u>, and/or the <u>Brave app</u>, which they
 can access via their own electronic devices at any time

It is important to consider all the spaces where someone might use substances in your shelter, including bathrooms, stairwells, or outside. The Safer Bathroom Toolkit from the University of Victoria provides tools to help evaluate and set up bathrooms for overdose safety.

Additionally, some shelters have decided to allow the use of legal substances on site and have designated spaces where alcohol or marijuana can be consumed, such as a table and chairs at the side of the shelter or a gazebo at the back or front of the building. Such spaces are often set apart or not fully visible from the main outdoor areas to create privacy and ensure children staying at the shelter don't have access to these spaces.

ACTION SPOTLIGHT

One shelter installed <u>LifeGuard Devices</u> in their shelter to help respond to overdoses and support clients' safety.

A device is installed in each room. When a client is going to use a substance, they start a timer on the device. If they do not hit the "I'm ok" button or extend the time they need, a notification will be sent to shelter staff so they can confirm whether it is a false alarm or if they need to call emergency services. The device also has a temperature monitor and smoke detector built in to detect if people are smoking in their room. It can also be used as a panic or help button for other health emergencies. The device does not collect personal data; it just notifies staff

which room to check. If staff don't clear the alert, LifeGuard will send emergency services. You can call 911 directly from the device, but this can also be turned off if there are concerns about children playing with the devices. The company assesses the organization's needs, installs the devices, trains the shelter team, supplies resources on using the system that can be given to clients, and provides regular maintenance to the system.

Learn more in this video clip.

KEEPING CHILDREN SAFE

Shelters that house parents/caregivers and children face numerous complexities when putting harm reduction measures in place. There are no easy solutions, but many of the strategies outlined in this document can help. For example:

- Creating safe spaces for clients to store their substances will minimize the risk of children accessing substances accidentally
- Creating specific, separated spaces where people can use substances in or around the shelter can also limit children's access to substances or to witnessing people who are intoxicated
- Having open conversations from the first contact with a client or family can help set expectations, address fears, and come up with strategies to keep everyone safe

The fact that a parent or caregiver uses substances does not create an automatic risk for children, and there are many ways in which you can support the person to ensure that their children are safe at all times. For example, you could consider:

- Having open conversations with parents who use substances about their substance use schedule and how their children are cared for during those times
- Having baby monitors available if parents want to use a designated smoking or substance use area once their kids are in bed
- Having an emergency childcare plan in place so the parent or shelter staff know who to call to take over childcare if needed
- For more information on keeping children and parents safe in the context of substance use, check out this webinar.

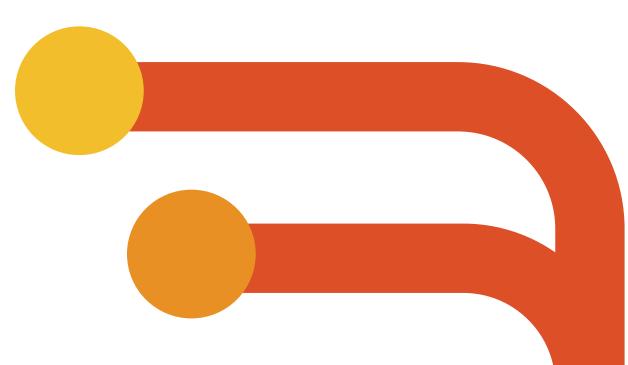
SUPERVISED CONSUMPTION FOR WOMEN AND GENDER-DIVERSE PEOPLE

To allow people to use illicit substances on site, you need an exemption from Health Canada's Controlled Drugs and Substances Act (CDSA) to create a safe consumption space where people can use illicit substances in a supervised environment.

As of January 2025, there are only two sites in Canada with exemptions that specifically serve women and gender-diverse folk: one in <u>Hamilton</u> and the other in Vancouver.

The Dr. Peter Centre leads a pan-Canadian community of practice for organizations and groups that have or are considering setting up a supervised consumption space under the Urgent Public Health Need Sites (UPHNS) model developed during the COVID-19 pandemic.

You can find out more and join the mailing list here.



SECTION 6: RESOURCE LIST

This list includes all the resources we've linked to throughout the report and some additional ones. We are highlighting these resources because some members of the CoP have used them and found them helpful; WSC is not responsible for the content of external websites and resources and does not endorse specific companies.

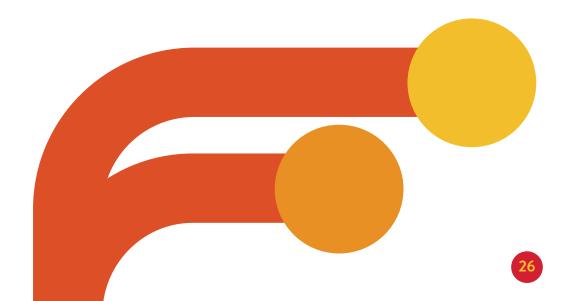


POLICY AND PRACTICE

- Organizational Assessment Tool for Substance Use and Stigma,
 by the Canadian Public Health Association and the Community Addictions
 Peer Support Association
- Harm Reduction Implementation Framework: An Evidence Brief,
 by the Canadian Institute for Substance Use Research at the University of Victoria
- Reducing Barriers to Support for Women Fleeing Violence: A Toolkit for Supporting Women with Varying Levels of Mental Wellness and Substance Use, by the BC Society of Transition Houses

TRAININGS

- BC Society of Transition Houses:
 <u>Supporting Women with Mental Wellness and Substance Use Needs in Safe</u>
 <u>Homes, Transition & Second Stage Houses</u>
- Ontario Association of Interval & Transition Houses (OAITH)
 Harm Reduction in VAW Organizations
- Alberta Health Services
 <u>Trauma-Informed Care (TIC) e-Learning Series</u>
- AIDS Bereavement and Resiliency Program of Ontario:
 <u>Grief Basics</u>
- The Crisis & Trauma Resource Institute:
 various relevant courses at a cost
- The National Harm Reduction Coalition:
 various trainings, resources, and capacity building (please note that this is an American organization)
- CATIE: various trainings, webinars, and ongoing education resources



HARM REDUCTION ORGANIZATIONS

- The Dr. Peter Centre (https://www.drpeter.org) and, specifically, their Community of Practice and mailing list for organizations and groups that have or are considering setting up a supervised consumption space under the Urgent Public Health Need Sites (UPHNS) model developed during the COVID-19 pandemic https://uphns-hub.ca/en
- The Ontario Harm Reduction Distribution Program https://ohrdp.ca
- Toward the Heart / BCCDC Harm Reduction Services <u>https://towardtheheart.com</u>
- CATIE: Canada's source for HIV and hepatitis C information https://www.catie.ca
- The Canadian Network of People who Use Drugs https://www.capud.ca
- Ontario Network of People who Use Drugs https://onpud.com

OVERDOSE PREVENTION AND RESPONSE

- Overdose Prevention and Response Guidelines for Transition Houses, Second Stage Houses, and Safe Homes,
 by the BC Society of Transition Houses
- Reducing Harms: Recognizing and Responding to Opioid Overdoses in Your Organization, report by the Canadian Mental Health Association Ontario
- Engaging in Overdose Prevention Conversations, tipsheet by the Fraser Health Authority
- Reducing the Risk of Harm While Using Substances, visual tipsheet by Foundry BC
- Responding to a Drug Poisoning Guide, guide that included visuals and step-by-step instructions by Toward the Heart BC:
- Overdose detection and prevention apps and devices:
 - The Brave Co-Op (https://www.brave.coop)
 and the Brave app (https://www.brave.coop/overdose-detection-app)
 - LifeGuard Digital Health (https://lifeguarddh.com)
 - NORS, the bilingual overdose prevention hotline (https://www.nors.ca)
- The Safer Bathroom Toolkit
 provides some great tools to help evaluate and set up bathrooms for overdose safety

HARM REDUCTION SUPPLIES, SUPPORTS, AND TOOLS

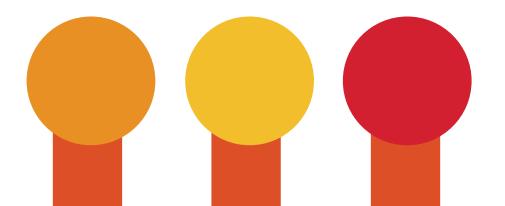
- Safer use supplies:
 - Drug testing strips from BTNX
 - An overview of different supplies and how to use them by Toward the Heart BC
 - Connecting A Guide to Using Harm Reduction Supplies as Engagement Tools,
 by the Ontario Harm Reduction Distribution Program, provides a guide to best
 practices for safer drug use in clear, user-friendly language and visuals
- Factsheet on naloxone by the Government of Canada

INDIGENOUS APPROACHES TO HARM REDUCTION

- The First Nations Health Authority has a <u>series of videos and resources explaining</u> <u>Indigenous Harm Reduction</u>.
- CATIE's Indigenous-centred approaches to harm reduction and hepatitis C programs share <u>learnings from a national dialogue on Indigenous-centred harm reduction</u>
- Policy Brief: Indigenous Harm Reduction = Reducing the Harms of Colonialism, by the Canadian Aboriginal AIDS Network and the Interagency Coalition on AIDS and Development

OTHER RESOURCES

- · Tips for working with people with lived and living experience, by CCSA
- Words Matter! Language Statement and Reference Guide, by the International Network of People who Use Drugs
- Promoting Health Equity in Harm Reduction, by EQUIP Health Care, including questions to ask at various points of service
- The Sex, Gender, and Cannabis Hub at the Centre of Excellence for Women's Health in BC has various resources on harm reduction, including a <u>Women and Harm Reduction Resource List and a document on Brief Intervention</u> on Substance Use with Girls and Women



If you have questions about this report or the examples or resources provided, please get in touch with WSC's Knowledge Exchange team at knowledge@endvaw.ca.

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