Ontario Association of Interval & Transition Houses

Lakehead University

HARM REDUCTION FRAMEWORK

Ontario Association of Interval & Transition Houses

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Harm Reduction Framework

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INTRODUCTION

Violence Against Women (VAW) emergency shelters historically tended to address substance use by women seeking shelter or residing in shelters from a “zero tolerance” or “abstinence-based” perspective, yet the link between intimate partner violence (IPV) and survivor substance use has been well established in research literature. Some residential settings (e.g., residential care for seniors, homeless shelters) have implemented harm reduction approaches, up to and including provision of alcohol within the setting. VAW emergency shelters are beginning to consider and implement these approaches. Intuitively, using harm reduction approaches in these shelters might seem reasonable, given that the literature indicates that women who experience IPV are more likely to cope with resulting trauma by using substances, including sometimes becoming dependent on them.

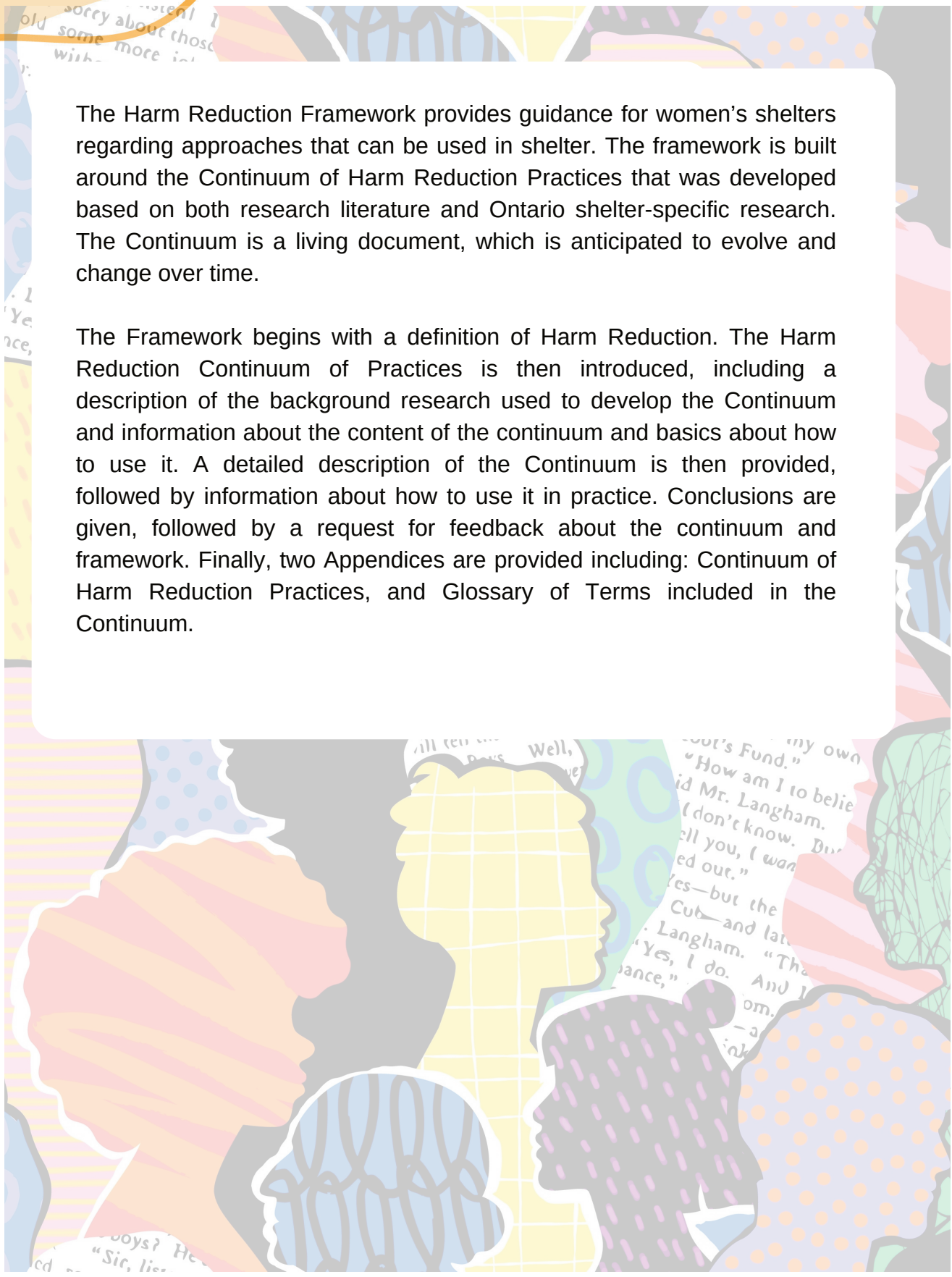
In 2015, the Ontario Ministry of Community, Children, and Social Services (MCCSS) implemented a new standard that required all women’s shelters in Ontario to provide service to eligible women, including those who use substances. Women who were previously excluded were thought to have been in positions of risk of harm so requiring service provision would reduce the level of risk (Government of Ontario, 2015). The standard does not specify use of harm reduction approaches. However, many Ontario shelters have been introducing and implementing harm reduction approaches.

The Ontario Association of Interval and Transition Houses (OAITH) provides on-line harm reduction training and supports the research that has resulted in development of the Harm Reduction Framework and Continuum of Practices. The Harm Reduction Framework and Continuum recognizes that women’s shelters can increase women’s safety by using harm reduction approaches but that shelters also face obstacles in implementing them (e.g., limited knowledge of harm reduction and approaches that can be used in shelters; employee attitudes towards and comfort levels with harm reduction; attitudes and comfort levels of others such as Board members, community agencies, community residents, and shelter residents).

Some of the obstacles to implementation have undergone some adjustment connected with experiences during the COVID pandemic lockdowns. Shelter staff were unable to supervise the use of substances when women were not housed on-site at the shelter. Staff gained new experiences with residents’ substance use and harm reduction. Simultaneously, the opioid epidemic occurred, including increases in toxic poisonings, which increased all related issues for women who used opioids and for staff. Some staff became more conversant with and more amenable to implementing harm reduction approaches.

The Harm Reduction Framework provides guidance for women's shelters regarding approaches that can be used in shelter. The framework is built around the Continuum of Harm Reduction Practices that was developed based on both research literature and Ontario shelter-specific research. The Continuum is a living document, which is anticipated to evolve and change over time.

The Framework begins with a definition of Harm Reduction. The Harm Reduction Continuum of Practices is then introduced, including a description of the background research used to develop the Continuum and information about the content of the continuum and basics about how to use it. A detailed description of the Continuum is then provided, followed by information about how to use it in practice. Conclusions are given, followed by a request for feedback about the continuum and framework. Finally, two Appendices are provided including: Continuum of Harm Reduction Practices, and Glossary of Terms included in the Continuum.



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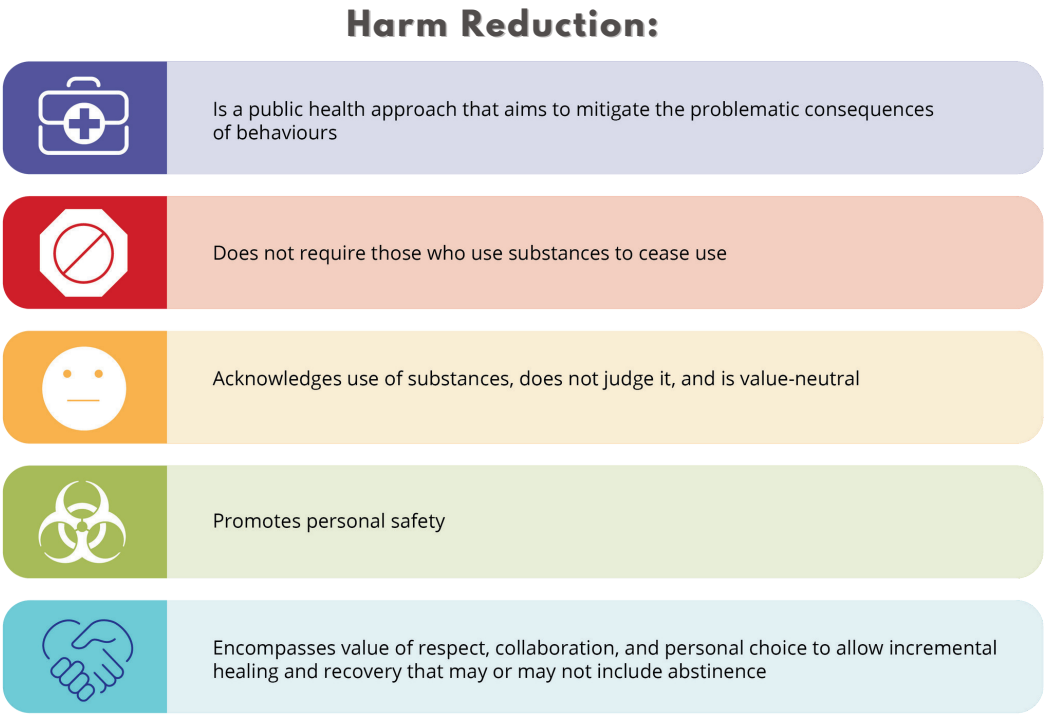
WHAT IS HARM REDUCTION?

1) What is Harm Reduction:

Harm reduction is about reducing the risks of potential harms that can occur as a result of an action, an issue or a behaviour (Collins et al., 2012; Harm Reduction International, 2022; Logan & Marlatt, 2010). It includes any policies, strategies, practices or programs that enable people to live in safer and healthier ways (Canadian Mental Health Association, 2022; Harm Reduction International, 2022). Though harm reduction is generally thought of as a way of working with people who use substances, it is increasingly being used as an approach to support individuals engaged in a variety of different actions and behaviours, including but not limited to, individuals affected by eating disorders, the transmission of infectious diseases, such as Human Immunodeficiency Virus (HIV), as well as individuals engaging in sex work (Hawk et al., 2017; Jana et al., 2006; Marlatt 1996; National Harm Reduction Coalition, 2022; Public Health Agency of Canada, 2021; Rekart, 2005). From a harm reduction perspective, substance use and/or other behaviours are accepted as facts of people's lives, whereas, the negative consequences of these behaviours, such as overdoses, toxic drug poisoning, and death, can be prevented (Canadian Drug Policy Coalition, 2019; Harm Reduction International, 2022). While harm reduction includes the possibility of abstaining from substance use, or other behaviours, this is if, and only if, that is the choice of the person engaged in those behaviours (Canadian Mental Health Association, 2022; Hawk et al., 2017).



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Goals and Perspective:

The goals of harm reduction are: to keep people alive and safe, and to support them to make changes in their lives that they identify as important to their wellbeing (Harm Reduction International, 2022; Hawk et al., 2017). Harm reduction is committed to respecting every individual's right to make choices for themselves, and treating people with dignity and compassion, regardless of their actions or whether they use substances or not (Harm Reduction International, 2022; Hawk et al., 2017). This means meeting people where they are at in their lives without judgment and taking a facilitative approach to helping them make positive changes (Canadian Drug Policy Coalition, 2019; Harm Reduction International, 2022). For these reasons, harm reduction is often described as both a philosophy of care, and as a pragmatic approach of working, to improve public health and the wellness of individuals, their families, and communities (Harm Reduction International, 2022; Hawk et al., 2017; Logan & Marlatt, 2010).

2) Brief History

Harm reduction approaches became more prominent in the 1970s and 1980s, in response to the spread of different diseases such as Hepatitis B and HIV among those who use substances and/or engage in high-risk behaviours; however, principles of harm reduction date back to the early-twentieth century (Canadian Drug Policy Coalition, 2022; Hawk et al., 2017). Currently, harm reduction philosophies and approaches are used in a variety of contexts and settings, including hospitals, community health centres, sexual health clinics and hospices, as well as in school and shelter settings (City of Toronto, 2019; Guthrie et al., 2021; Hawk et al., 2017; Hovey & Scott, 2019; Public Health Agency of Canada, 2021).

3) Key Principles, Ways of Working & Impact

Harm reduction is guided by principles of social justice and a commitment to protecting human rights (Harm Reduction International, 2022). It recognizes that for many different reasons, including experiences of trauma and retraumatization, many people are neither able nor willing to stop engaging in substance use or other behaviours, but that they are still entitled to, and may benefit from, services and supports that enhance their safety and wellbeing (Canadian Mental Health Association, 2022; Hawk et al., 2017; Pauly, 2008).

Because of these key principles and commitments, harm reduction practices are seen as consistent with Indigenous and other ethnocultural worldviews and forms of knowledge (Canadian AIDS Treatment Information Exchange, 2020; First Nations Health Authority British Columbia, 2022). Furthermore, there is growing recognition that a harm reduction approach can support the provision of health and social services through an intersectional lens and better account for and address, the interconnected ways in which a

person's social location and overlapping systems of oppression impact their overall wellbeing (Public Health Ontario, 2022a, 2022b; Smye et al., 2011).

Approach:

Harm reduction aims to ensure people are not excluded from services because of their behaviours and lifestyle choices, or their race, gender, religion, economic status, as well as other intersecting identity markers (Harm Reduction International, 2022; HIV Resources Ontario, 2022). It actively seeks to eliminate barriers that would prevent people from accessing services that would improve their wellbeing (Canadian Mental Health Association, 2022; Harm Reduction International, 2022; Marlatt, 1996). Because the primary focus of harm reduction is on preventing harms, it adopts a value-neutral, non-judgmental stance to people's choices and behaviours (Canadian Mental Health Association, 2022; Hawk et al., 2017). From a harm reduction perspective, all improvements in an individual's overall quality of life are viewed as positive changes (Harm Reduction International, 2022; Hawk et al., 2017). This is why it takes a flexible approach to helping people address their individual needs, and find ways to improve their quality of life (Canadian Mental Health Association, 2022; HIV Resources Ontario, 2022). At the same time, harm reduction is committed to involving people with lived experience of substance use and/or other behaviours in the design and delivery of programs, services and policies that affect them, to ensure that services reflect the needs and preferences of the people who use them and that services feel safe and accessible (Harm Reduction International, 2022). A strong and growing body of evidence demonstrates that the use of harm reduction approaches in different settings is both cost effective and has numerous positive benefits, including reducing the spread of disease, preventing overdoses, toxic drug poisonings, and deaths, and providing people with access to care and services that they may not otherwise access (Canadian Drug Policy Coalition, 2014; Canadian Mental Health Association, 2019; Hawk et al., 2017; Hovey & Scott, 2019; McKay et al., 2014; Pauly et al., 2018).

Examples of Harm Reduction and Implementing Harm Reduction

Common harm reduction services include safe consumption rooms/sites, safer supply programs (e.g., safer needle syringe supply and disposal; safer inhalation kits), and other overdose prevention supports, as well as nursing and counselling support services (Harm Reduction International, 2022; Pauly et al., 2018). There are also a number of initiatives and programs such as non-abstinence-based housing and employment initiatives, health education and promotion and street outreach programs, as well as organizational and staff training programs that fall under the umbrella of harm reduction (Canadian Mental Health Association, 2022; Harm Reduction International, 2022). While not all settings are equipped to provide a full range of harm reduction services, and not all services make sense in all settings, harm reduction can be approached in many different ways. Best and promising practices can be tailored to support the adoption of a harm reduction philosophy or implementation of harm reduction services and strategies in diverse settings.

THE HARM REDUCTION CONTINUUM

Development of the Continuum

The Continuum of Harm Reduction Practices is a continually developing document whose basic structure and application is likely to stay the same over time. As more knowledge and experience with harm reduction in women's shelters is established and more research results are identified, these will be integrated into the Continuum. The Continuum was developed based on harm reduction research projects involving Ontario women's shelters, consultation groups, and a review of harm reduction and substance use practices literature:

1) Residents' Experiences Living in a Harm Reduction Shelter

Through interviews with 25 past residents, the *All women are welcome* study examined women's experiences with harm reduction at a shelter that allowed consumption of legal substances on-site.

2) Ontario Shelter Survey

All MCCSS-funded shelters in Ontario were invited to complete a survey about their substance use practices to learn about what practices were used and to provide data for development of the Continuum. The study was titled "Developing the landscape of substance use practice in VAW shelters across Ontario."

3) Ontario Case Studies

Through the project titled *Shelter access for all women: Creating a harm reduction framework*, detailed case studies were completed with five shelters from four geographic regions of the province that identified substance use practices ranging from abstinence-based to substantial harm reduction-based approaches. A total of 27 residents and 25 staff from all staffing levels were interviewed.

4) VAW Shelters and Harm Reduction Conference

The conference *Current practice to future directions: Harm reduction in VAW shelters* was held for Ontario VAW shelter staff and managers by OAITH and Lakehead University. Research results to date were presented and eight consultation groups were held related to four topics on harm reduction-related issues: human resource management, child welfare, harm reduction integration in the shelter, and balancing harm reduction and trauma issues.

5) Review of Harm Reduction Practice-based Literature

Relevant academic and grey literature was identified and reviewed to establish existing substance use practices, particularly those used in residential settings including women's shelters

Development of the Continuum was also supported and guided by input from an Advisory Committee comprised of OAITH, shelter, and academic representatives, including an international academic representative.

Continuum Description

The Continuum (see Appendix A) has five major topic areas, each of which includes a set of individual substance use and/or harm reduction-based practices. The sets of individual practices are organized across four 'levels' within each associated major topic. The five major topics include:

- Policies, Procedures, and Operations
- Facilities
- Staffing and Training
- On-site Supportive Services
- Community Connections

The four levels include:

Shelters use strategies that restrict active use of substances during the shelter stay. In keeping with Ontario's shelter standard (2015), when service cannot be accommodated, the shelter ensures that the individual is referred to safe, alternative services. It is important to consider that abstinence-based practice might be used in some shelters to accommodate cultural practices.

Strategies used incorporate basic harm reduction principles which acknowledge substance use and potential risks and harms but do not actively accommodate or support safer use. Through these strategies, women who use have access to shelter services while the shelter maintains a non-use environment.

Shelters use passive and some active strategies (e.g., proactive discussions about substance use and active support for safer use) without actively supporting safer use. Strategies implemented support reduction of stigma related to substance use and support increased access to substance use services in the community (e.g., safe consumption sites).

Active strategies that involve acceptance, accommodation, and support of safer use are used. The strategies used are inclusive of all women regardless of whether, and the extent to which, they use substances. This allows for the most universal access to shelter services.

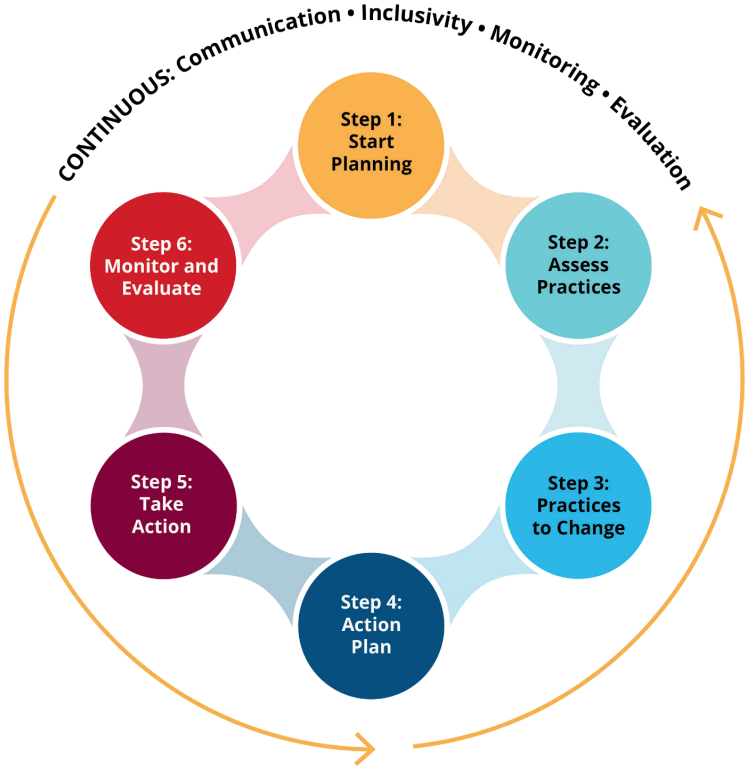
How the Continuum Works

The structure of the Continuum may strike some as indicating that being at Level 4 is 'the best' place to be in terms of harm reduction implementation. This is NOT the case. Where a shelter sits on the Continuum and what individual practices the shelter has implemented and intends to implement should be consistent with the needs of shelter residents, the shelter staff and board, community partners, and the broader community. The Continuum is intended to: be flexible; give shelters ideas about what practices can be considered; and, guide identification of practices and levels of those practices that the shelter might implement, consistent with the situation in which the shelter is providing its services.

Level 4 is only 'the best' if the shelter's situation indicates that for a specific practice, Level 4 is appropriate.

The Continuum is intended to be used as an assessment tool to identify which level a shelter is situated currently for each practice within the major category and to enable the shelter to identify practices it wishes to implement and to what level, depending on its circumstances. Gradual implementation that considers the shelter's internal and external contexts is advised.

PUTTING THE CONTINUUM INTO PRACTICE: STEPS FOR USE



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Step 1: Establish a Project Plan

Develop a project plan to guide coordination of your project. In setting the plan, consider what size of group and what groups you need for effective harm reduction planning. Which stakeholder groups should be included (e.g., shelter managers, staff, board members and residents; community partner agencies)? How should each stakeholder group be involved in the project? You may want one or more groups, such as a Working Group to plan and undertake the work, an Advisory Committee to provide on-going input to the work, or any other approach that will fit with your shelter and its needs.

Try to be as inclusive of all stakeholder groups as possible and as appropriate for the stakeholder group (e.g., inclusion of Board members may differ from inclusion of staff, inclusion of staff may differ from inclusion of residents) and the shelter's context and needs. The more inclusive the project is, the more the changes implemented will be accepted by those who will be involved with, and impacted by, the shelter's harm reduction practice approaches. Also consider and include some key items for success in your plan and practice, including how you will:

- Ensure effective communication with all stakeholders throughout the project
- Continuously monitor and evaluate shelter harm reduction practices
- Ensure inclusivity and coordination of project planning, implementation, and on-going harm reduction practice
- Monitor and evaluation throughout the entire project and on an on-going basis following completion of the project

Step 2: Assess the Shelter's Current Practices under each Major Category

To use the Continuum, current shelter practices need to be assessed first. The individual or group assessing reviews each of the practice descriptions across all four levels included in the Continuum item row and then ranks the shelter's current implementation of the practice according to the associated level.

Step 3: Identify Practices That Should Change and/or Be Introduced

Examine the practices that have been implemented and consider which practices the shelter may want to change or implement in future. This assessment considers practices that have not been implemented, along with those that have been implemented but ideally, should be changed to another level of implementation (e.g., practice assessed at Level 2 currently and desired to be at Level 4). The assessor should consider the shelter's contexts.

Step 4: Develop an Action Plan

Guided by the identification of practices that could/should be implemented and/or changed, the shelter then creates an action plan for implementation that is unique to the shelter and its contexts and priorities. The descriptions of Levels for the identified practices can guide the shelter in determining the tasks and timelines.

Step 5: Take Action!

Upon completion of an action plan that indicates what practices will be implemented, when and how they will be implemented, to what Level each will be implemented, who will be responsible for implementation, and how implementation will be assessed against the continuum, the plan can be implemented.

As plans are implemented, changes to other areas of practice may be needed. These should be identified and addressed as the plan implementation is rolled out. This will maximize the implementation.

Step 6: Continuously Monitor and Regularly Evaluate

As you **Take Action,** ensure that you implement your plans for project monitoring, along with your plans for continuous monitoring and regular evaluation that you included in the project plan. Monitoring project implementation will enable you to manage the project (e.g., completion of implementation on time and on budget), and also to identify actions that need to be altered because it is apparent that changes to the plan made are needed. This will aid in ensuring the resulting implementation is more likely to be successful.

Continuous monitoring post-Action Plan implementation will enable you to see when changes are needed to the way a practice is working (e.g., staff may need more training about the practice, residents may need awareness raising). Regular evaluation, perhaps annually, using the Continuum, will result in you implementing Step 2, assessing the current practices, and possibly implementing the remaining steps identified, if the shelter decides to change practices or add new practices. In identifying changes/new practices, consider what changes need to be made, how changes are likely to impact staff and residents, what the impacts indicate about resources or related actions (e.g., staff training) may be needed, and how the shelter will address any areas it will change.

CONCLUSIONS

The easy-to-use Harm Reduction Framework and Continuum of Harm Reduction Practices can help to assess and guide implementation of harm reduction practices within the shelter. It recognizes that each shelter has its own unique contexts and capacity, and therefore, is intended to provide a comprehensive and flexible approach to considering and implementing practices to address survivors' substance use needs appropriate to the shelters' circumstances.

LIMITATIONS OF USE

The Continuum of Harm Reduction Practices (the Continuum) is copyrighted by Angela Hovey, Susan Scott, Marlene Ham, and Lori Chambers. While agencies are free to use the Continuum and Harm Reduction Framework (the Framework) to aid with their work regarding harm reduction practices, please note:

- The primary use of the Framework and the Continuum is to assist organizations with internal agency planning and evaluation in relation to harm reduction.
- The Continuum is intended to be used in conjunction with the Framework.
- The Continuum and the Framework should not be changed from its current form (e.g., adding elements, deleting elements, changing wording) given that it was developed based on several detailed research projects geared to identifying the elements that should be included in the Continuum and the Framework.
- Agencies may choose to focus their efforts on specific sections of the Continuum and the Framework to plan for implementation or to evaluate progress. That said, the Continuum would typically be used in its entirety.
- The Continuum and the Framework should not be used to provide monetary training by any party to any other party, other than by the authors included under copyright.

To provide feedback, or request permission to use the Continuum and the Framework or any portion of the Continuum or the Framework beyond the limits noted above, contact OAITH via info@oaith.ca

REFERENCES

Canadian AIDS Treatment Information Exchange. (2020). *Indigenous-centred approaches to harm reduction and hepatitis C programs.* https://www.catie.ca/sites/default/files/catie-indig-rep-2020-enb.pdf

Canadian Drug Policy Coalition. (2014). *It's easy and it saves lives: Opioid overdose prevention & response in Canada.* https://drugpolicy.ca/its-easy-and-it-saves-lives-opioid-overdose-prevention-response-in-canada/

Canadian Drug Policy Coalition. (2019). *What a Liberal minority government means for drug policy in Canada: Cautious optimism and a second chance to do what is right.* https://drugpolicy.ca/what-a-liberal-minority-government-means-for-drug-policy-in-canada/

Canadian Drug Policy Coalition. (2022). *History of drug policy in Canada.* https://drugpolicy.ca/about/history/

Canadian Mental Health Association. (2022). *Harm reduction*. https://ontario.cmha.ca/harm-reduction/

Collins, S. E., Grazioli, V. S., Torres, N. I., Taylor, E. M., Jones, C. B., Hoffman, G. E., Haelsig, L., Zhu, M. D., Hatsukami, A. S., Koker, M. J., Herndon, P., Greenleaf, S. M., & Dean, P. E. (2015). Qualitatively and quantitatively evaluating harm-reduction goal setting among chronically homeless individuals with alcohol dependence. *AddictiveBehaviors*, *45*,184–190. https://doi.org/10.1016/j.addbeh.2015.02.001

City of Toronto. (2017). *Harm reduction framework: Fostering dignity for people who use substances across housing and homelessness services*. City of Toronto.

First Nations Health Authority of British Columbia. (2022). *Harm reduction at the FNHA*. https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis/harm-reduction-at-the-fnha

Guthrie, K., Garrard, L., & Hopkins, S. (2021). *Guidance document for harm reduction in shelter programs: A ten point plan.* The Works, Toronto Public Health.

Harm Reduction International (2022). *What is harm reduction?* Website. https://www.hri.global/what-is-harm-reduction

Hawk, M., Coulter, R.W.S., Egan, J.E., Fisk, S., Reuel Friedman, M., Tula, M., & Kinsky, S. (2017). Harm reduction principles for healthcare settings. *Harm Reduction Journal, 14,* 70. https://doi.org/10.1186/s12954-017-0196-4

HIV Resources Ontario. (2022). *Sector primer*. https://www.hivresourcesontario.ca/sector-orientation/sector-primer/

Hovey, A., & Scott, S. (2019). All women are welcome: Reducing barriers to women's shelters with harm reduction. *Partner Abuse, 10*(4), 409–428. https://doi.org/10.1891/1946-6560.10.4.409

Jana, S., Rojanapithayakorn, W., & Steen, R. (2006). Harm reduction for sex workers. *TheLancet(BritishEdition)*, *367*(9513),814–814. https://doi.org/10.1016/S0140-6736(06)68331-1

Logan, D., & Marlatt, G. (2010). Harm reduction therapy: A practice-friendly review of research. *Journal of Clinical Psychology, 66*(2), 201-214. doi:10.1002/jclp.20669

McKay, M., Sumnall, H., McBride, N., & Harvey, S. (2014). The differential impact of a classroom-based, alcohol harm reduction intervention, on adolescents with differentalcoholuseexperiences:Amulti-levelgrowthmodellinganalysis. *Journal ofAdolescence(London,England.)*, *37*(7),1057–1067. https://doi.org/10.1016/j.adolescence.2014.07.014

Marlatt, G. (1996). Harm reduction: Come as you are. *Addictive Behaviours, 21*(6), 779-788.

Government of Ontario, Ministry of Community and Social Services. (2015). *Violence against women emergency shelter standards.* Retrieved March 10, 2016 from http://www.mcss.gov.on.ca/en/mcss/open/vaw/vaw_Manual.aspx.

National Harm Reduction Coalition. (2022). *Harm reduction issues.* https://harmreduction.org/issues/

Pauly, B. (2008). Harm reduction through a social justice lens. *International Journal of Drug Policy, 19,* 4-10. https://doi.org/10.1016/j.drugpo.2007.11.005

Pauly, B., Wallace, B., & Barber, K. (2018). Turning a blind eye: Implementation of harm reduction in a transitional programme setting. *Drugs: Education, Prevention and Policy, 25*(1), 21-30. https://doi.org/10.1080/09687637.2017.1337081

Public Health Agency of Canada. (2021). *Blueprint for action: Preventing substance-related harms among youth through a comprehensive school health approach*. Public Health Agency of Canada.

Public Health Ontario. (2022a). *Harm reduction and treatment models for women and gender-diverse persons who use opioids*. https://www.publichealthontario.ca/-/media/Documents/H/2022/harm-reduction-women-gender-diverse-opioids.pdf?rev=69ca6e20340a4b2e8a5d87093532745b&sc_lang=en

Public Health Ontario. (2022b). *Race-based equity in substance use services*. https://www.publichealthontario.ca/-/media/Documents/R/2022/rapid-review-com-cap-race-based-equity-substance-use-services.pdf?rev=50987e2839cf4b6e911bf8d1095485cc&sc_lang=en

Rekart, M. L. (2005). Sex-work harm reduction. *Lancet, 366*(9503), 2123–2134. https://doi.org/10.1016/S0140-6736(05)67732-X

Smye, V., Browne, A. J., Varcoe, C., & Josewski, V. (2011). Harm reduction, methadone maintenance treatment and the root causes of health and social inequities: An intersectionallensintheCanadiancontext. *HarmReductionJournal*, *8*(1),17–17. https://doi.org/10.1186/1477-7517-8-17

APPENDIX A

Continuum of Harm Reduction Practices

Continuum of Harm Reduction Practices				
Topic	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Level Description	**Restrict active use during shelter stay. Provide safe alternative for women arriving under the influence.**	**Basic harm reduction principles used. Do not actively support safe use. Shelter services can be accessed if under the influence.**	**Mainly passive with some active strategies. Accommodation of safer use. Increases access to shelter services.**	**Active strategies to support and accommodate safer use. Most inclusive. Barriers to active use are removed where possible.**
Policies, Procedures, and Operations				
General Substance Use	Written policies require non-use of substances; Residents must abstain from using substances to access services and this may include some prescribed medications (i.e., methadone, suboxone) ○	Written policies ensure women using substances are not excluded from accessing shelter's services ○	Written policies define the concept of harm reduction and mandate the use of harm reduction approaches in the shelter ○	Written policies inform designated harm reduction programming for residents to access safe use supplies, harm reduction workers and partnerships with harm reduction organizations ○
Operational Planning	Planning ensures the maintenance of a non-use shelter environment and does not knowingly allow for any use during shelter stay, including off-site ○	Planning maintains a non-use shelter environment that allows residents to use off-site with staff knowledge ○	Planning for harm reduction implementation (e.g., internal harm reduction committee made up of staff from all levels - management, frontline, outreach etc.) ○	Planning focuses on improvement and is committed to expansion of implemented harm reduction approaches; Residents may participate on harm reduction committee ○
Applying Harm Reduction Principles	Staff ensure women who present with substance use needs are referred to safe alternative shelter services ○	Staff uphold principles in their communication with residents regarding substance use ○	Staff consistently uphold principles in their work with residents regarding substance use ○	Staff consistently uphold principles in their work regarding substance use and other areas (e.g., sex work, child welfare) ○
Medications	May not allow use of some prescribed medications (i.e., methadone, medical marijuana) on-site; Staff store all prescription medication ○	Prescribed medications (i.e., methadone, medical marijuana) are allowed on-site; Staff may store but do not dispense prescription medication ○	Prescribed medications are the responsibility of the resident but may require alternative storage options for medications that require refrigeration ○	Prescribed medications are the full responsibility of the resident with each room having a lock box to store medications ○

Continuum of Harm Reduction Practices				
Topic	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Level Description	**Restrict active use during shelter stay. Provide safe alternative for women arriving under the influence.**	**Basic harm reduction principles used. Do not actively support safe use. Shelter services can be accessed if under the influence.**	**Mainly passive with some active strategies. Accommodation of safer use. Increases access to shelter services.**	**Active strategies to support and accommodate safer use. Most inclusive. Barriers to active use are removed where possible.**
Admission and Discharge	Women referred to safe alternative to accommodate if any substance use identified as an issue or unable to remain abstinent during stay - may include use of abstinence contracts ○	Women who present to shelter seeking services or returning from outings while visibly intoxicated are referred to other substance use services until detoxed; Clear no tolerance rules of unsafe conduct and behaviour related to substance use (e.g., leaving used needles out, selling or exchanging drugs) ○	Women who are visibly intoxicated when seeking support or returning from outings are admitted and accommodated within shelter; Clear guidelines and consequences for substance use related discharges ○	Flexible rules include escalating consequences for use of illegal substances on-site or unsafe conduct and behaviour related to substance use to minimize substance use related discharges (i.e., discussion, warnings, and "postponement periods") ○
Intake: Ask About Use	Intake does not inquire about substance use or used to screen for substance use ○	Staff may or may not ask women at intake about their use of substances; Residents are encouraged to discuss substance use in order to refer to support services and create a safety plan ○	Staff assess women at intake for their level and type of substance use needs to create a safety plan; Residents are provided with a clear outline of the harm reduction approach at intake ○	Staff routinely meet with the resident to discuss their level and type of substance use to facilitate ongoing collaborative safety and behaviour management planning ○
Curfews	Curfews require residents to return to the shelter on a nightly basis ○	Residents are permitted to sign out for overnights if they have used or are planning to use substances ○	Curfew time allows for return to shelter following closing of bars ○	No curfews are set ○
Residents' Meetings	Meetings may include review of non-use policies ○	Meetings may address and review no tolerance rules regarding unsafe conduct and behaviours related to substance use ○	Meetings address shelter issues related to substance use through facilitated discussion; use of informal education approaches by staff to reduce stigma and review harm reduction approaches ○	Meetings may be used to formally educate residents about substance use and harm reduction, including information about overdose and drug poisoning ○

Continuum of Harm Reduction Practices				
Topic	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Level Description	**Restrict active use during shelter stay. Provide safe alternative for women arriving under the influence.**	**Basic harm reduction principles used. Do not actively support safe use. Shelter services can be accessed if under the influence.**	**Mainly passive with some active strategies. Accommodation of safer use. Increases access to shelter services.**	**Active strategies to support and accommodate safer use. Most inclusive. Barriers to active use are removed where possible.**
Duty to Report to CAS	Duty to report parental substance use may be incorrectly conflated to mean children are considered automatically at risk when substances are used; circumstances under which to report about substance use may be misunderstood ○	Staff and residents may not be clear about duty to report in relation to parental substance use; circumstances of reporting are related directly to children at risk by parent's use ○	Residents are actively informed that staff have a duty to report; circumstances of reporting regarding parental substance use are related directly to children at risk by parent's use and safety strategies discussed have not been followed ○	Staff and residents have a clear understanding of duty to report and how it relates to parental substance use; staff may assist with specific strategies to support safe parental use of substances to mitigate the need to report ○
Facilities				
Sharps Containers	Sharps containers for medical purposes only (e.g., disposal of insulin needles/containers) in staff office ○	Sharps/disposables containers near or in staff only areas ○	Accessible sharps/disposables containers are available on-site ○	Accessible sharps/disposables containers are available and may be provided in rooms; Clear protocols provided for disposal of any substance use paraphernalia ○
Access to Personal Substances	Prescription medication stored in staff only areas ○	Space for storage of legal substances on-site (e.g., provision fridge space for methadone carries, personal lockers in entrance area to shelter); accessible to resident and/or via staff ○	Secure storage of legal substances in rooms or on-site; accessible to residents ○	Space for private, unsearched, secure storage of personal items on-site, which may include substance use related items ○
On-site Substance Use Areas	Designated areas for smoking cigarettes and tobacco vaping only ○	Designated areas for smoking and vaping tobacco products, and for smoking medical marijuana ○	Designated smoking areas including recreational marijuana ○	Designated area(s) for use of any legal substances (i.e., allow women to drink on-site) ○

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After Substance Use Room	No space for residents who have used substances; referred to withdrawal management ○	May or may not have an "after substance use" room; residents are not discharged for use; staff may provide some support or refer to withdrawal management ○	Provision of a supervised "safe after substance use" room to contain and monitor residents who return to the shelter intoxicated ○	Supervision available to monitor residents who return to the shelter intoxicated in "safe after substance use" room or in their own room ○
Safety in Facility	Standard safety equipment for building security ○	Elevated safety equipment such as portable emergency call buttons are provided to staff ○	Room allocation considerations on an individual basis for using and non-using clients ○	Room allocations/physical layout provide for separation of using and non-using clients ○
Staffing and Training				
Training: Harm Reduction	Minimal training provided in use of non-judgmental language with substance use or safer substance use ○	Staff are trained in use of respectful, non-judgmental language around substance use; Some staff may receive training on safer substance use practices ○	All staff receive ongoing in-house training on harm reduction and safer substance use practices; trained to address behaviours rather than substance use ○	All staff receive comprehensive ongoing, specialist training on safer substance use and overdose prevention practices; Broad application of harm reduction theory (e.g., safer sex, self harm, HIV/AIDS, Hep C prevention) ○
Training: Trauma Informed	Trauma-informed training provided ○	Trauma-informed training provided separately from harm reduction related training ○	Management and staff have ongoing, open dialogue and training about agency policies related to harm reduction and trauma-informed practices ○	Trauma-informed training is integrated with harm reduction training at all levels of the organization ○

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Training: Overdose	Overdose training may be part of required first aid training ○	Staff are trained to recognize signs of risk of overdose and call for help ○	Staff are trained to administer naloxone if they find a resident who is experiencing a drug poisoning or overdose ○	Staff required to be trained to assess, monitor and respond to residents who they know are presently affected by their use. This includes administering naloxone for drug poisonings and overdose ○
Training: Safe Cleaning and/or Room Checks	Staff are trained to complete safe room and personal property (e.g., bags, suitcases) checks, accounting for possible presence of sharps, substances, and paraphernalia on an as needed basis ○	Staff are trained to complete safe room checks only, accounting for possible presence of sharps, substances, and paraphernalia. Personal items are not checked. ○	Staff are trained to complete safe room checks, accounting for possible presence of sharps, substances, and paraphernalia between discharges and new admissions to room ○	Staff are trained to respond to room checks in relation to critical incidents involving substance use deaths or near deaths that occur in shelter ○
Harm Reduction Committee	No harm reduction committee or plans for this type of committee ○	Early stage discussions and planning for harm reduction training and program needs ○	Internal harm reduction committee consisting of all staff levels for planning and implementing training and program needs ○	Harm reduction committee includes resident representatives; staff may be involved in harm reduction initiatives with community-based partners ○
Employee Skills	Staff supported in making appropriate referrals for women requiring alternative shelter due to substance use ○	Core knowledge and skills of harm reduction are required in job postings ○	Harm reduction core competencies are integrated with supervision meetings ○	Staff are encouraged to undertake individual and group research projects and inter-collegial training ○

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Harm Reduction Informed Hiring	Harm reduction knowledge and practices are not included in job descriptions ○	Job descriptions require naloxone and first aid certification and training ○	Training and knowledge about safer substance use practices and harm reduction ○	Staffing interviews include questions about safer substance use practices and harm reduction ○
On-site Supportive Services				
Substance Use Counselling	Facilitate transfer to substance treatment or other shelter settings that accommodate substance use needs ○	Facilitate temporary transfer to safe setting that can support detox process followed by return to shelter; off-site substance use counselling made available ○	On-site substance use counselling provided by community partner ○	Designated agency funded on-site substance use counsellor; Testing for substance use related health concerns provided periodically on-site; Agency has a harm reduction outreach program ○
Health-oriented Products	Availability, distribution of brochures regarding safer substance use, local substance use services and programs ○	Distribution of health-related products such as condoms, dental dams, and razors ○	Distribution of safety kits specific to substance use (e.g., safe injection and safe inhalation kits; Naloxone kits) ○	Needle exchange program on-site accessible to community ○
Services Supporting Women's Use	Transportation and childcare provided for abstinence-based services (e.g., AA meetings) ○	Transportation provided for residents to attend appointments with other service providers regarding substance use ○	Childcare is provided for residents needing to attend substance related services, meetings or appointments ○	Childcare is provided for residents while they are using ○
Accessibility of Staff for Substance Use Discussions	Residents supported by staff in abstinence-based discussions ○	Residents have "open door" access to shelter workers on an ongoing basis to discuss substance use ○	Substance use and safety are integrated into life skills and/or safety planning programming within the shelter; On-site peer support is facilitated ○	Staff provide strategies for safe use off-site ○

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Community Connections				
Partnerships	Referrals to abstinence-based self-help (e.g., 12-Step) or substance use treatment programs ○	Community partnerships for substance use services or programs that prioritizes shelter referrals ○	Shelter has community partners to support ongoing harm reduction training (e.g., public health) and on-site counselling ○	Shelter advocates for community substance use strategies, and is engaged in relevant community-based harm reduction committees, task forces etc. ○
Medical/ Pharmacies	Medically-based supports for abstinence (e.g., Antabuse) ○	Shelter referrals to doctors who specialize in medical cannabis use or methadone or suboxone; Shelter collaborates with pharmacies for substance use information, methadone ○	Shelter works collaboratively with pharmacies and public health for access to naloxone, needle exchange and access to HIV, STI/STD Testing ○	Shelter supports active discussion about safe use supplies to accommodate safe use. Workers accommodate by supporting residents with appointments, as requested, to access supplies and testing to reduce barriers and improve health outcomes ○
CAS	Relationship with CAS does not include harm reduction discussions ○	Some shelter workers begin to introduce harm reduction approaches to some individual CAS workers when they attend the shelter ○	Begin to have formal meetings to discuss harm reduction between shelter and CAS agency ○	Shelter has ongoing, productive partnership via agreements with CAS to provide protection for children while respecting harm reduction objectives ○

APPENDIX B

Glossary of Key Terms

GLOSSARY OF KEY TERMS

PART I: KEY HARM REDUCTION TERMS

General Harm Reduction Terms

Abstinence
Abstaining from or not engaging in the use of substances such as drugs or alcohol. It can also refer to the cessation of other behaviours such as gambling.

Harm Reduction
Reducing the risks of potential harms that can occur as a result of an action, an issue or a behaviour. It uses a public health approach to identify and assess risks and identify and implement approaches to reducing or eliminating risk. Harm reduction is often about substance use but can be used to aid in responding to a wide range of issues (e.g., responses to the risks of COVID, risks related to domestic violence, risks related to child neglect and physical and sexual abuse).

Overdose
When a person takes too much or more than the prescribed dose of a substance, which can lead to several adverse side effects including loss of consciousness, coma, seizure, stroke, heart attack or death.

Substance Use
Refers to the consumption, ingestion, injection, and inhalation of a variety of different substances including alcohol, tobacco/nicotine, cannabis, illegal and prescription drugs as well as inhalants and solvents. Substances can be used for different reasons, which can have both positive and negative impacts, thus substance use is viewed along a spectrum.

Scott, S., & Hovey, A. (2024). *Harm reduction framework*. Ontario Association of Interval and Transition Houses. bit.ly/HarmReductionFrameworkOAITH

Terms Related to Substances

Antabuse
A prescription medication used to support the treatment of alcohol dependence. It works by blocking the processing of alcohol in the body causing unpleasant side effects if a person drinks alcohol while taking it.

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A prescription medication used to support the treatment of alcohol dependence. It works by blocking the processing of alcohol in the body causing unpleasant side effects if a person drinks alcohol while taking it.

Cannabis
A psychoactive drug that can be used for medical and recreational purposes. When medically prescribed, it is often used to manage nausea, appetite, pain, mood, and sleep. Sometimes referred to as 'marijuana', although the term cannabis is preferred in a harm reduction context due to the historical political use of the term marijuana and associations with racial prejudice. [1] [2]

Criminalized Substances
Criminalized substances are those for which possession of the substances is a crime under Canada's criminal laws which could result in a guilty finding, criminal sentencing (e.g., custodial, probation), and a criminal record.

Decriminalized Substances
Decriminalized substances are those for which possession of the substances was formerly a crime, but the criminal law was changed to allow a specific or limited amount of possession for personal use. Decriminalized substances are still illegal however criminal charges cannot be laid when an individual possesses and/or uses a decriminalized substance within the limitations. For example, in 2001, Portugal decriminalized the possession and personal use of all illicit drugs, shifting systems from a criminal processing response to substance use to one focused on provision of treatment. Legalized substances, in contrast to decriminalized substances, are legal to possess or consume for personal use. For example, in 2018 Canada legalized the personal possession and consumption of cannabis. Decriminalization of substances is a harm reduction approach which reduces the risk of greater harms to the individual resulting from consequences of criminal processing and a criminal record.

[1] Solomon, Robert (2020). Racism and Its Effect on Cannabis Research. Cannabis Cannabinoid Res. March 2020; 5(1): 2-5. 2020. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7173675

2 Halperin, Alex. (2018). Marijuana: is it time to stop using a word with racist roots? The Guardian. 2018. https://www.theguardian.com/society/2018/jan/29/marijuana-name-cannabis-racism

Drug Paraphernalia
Equipment and products related to making or using substances. Examples include but are not limited to: hashish pipes, crack cocaine pipes, bongs, syringes, roach clips, guide books (e.g., growing marijuana), and grow lights.

Medications (over the counter and prescription)
Over the counter medications, such as acetaminophen and ibuprofen (Tylenol, Advil), can be purchased, without a prescription right off the shelves at a store, whereas prescription medications require a valid prescription from a health care professional and must be dispensed by a pharmacist or health care professional.

Suboxone
A prescription medication that contains Buprenorphine and Naloxone and is used to reverse the side effects of short-acting opioids and treat opioid withdrawal symptoms.

Toxic Supply and Toxic Poisoning
Unregulated, contaminated drug supply, where the contents and potency of the drugs are unknown and they may contain unexpected substances leading to poisoning and drug toxicity death.

Terms Regarding Harm Reduction Services & Supplies

Harm Reduction Education
Harm reduction education can be provided one-on-one in groups, or through print and other types of media, **s**uch as fact sheets. Specific content may vary depending on the setting and target audience; however, the focus is on teaching clients how to reduce the adverse health effects of substance use and other behaviours, such as for example explaining the importance of safe supplies in preventing disease transmission. Educational services may also include making clients aware of additional healthcare supports and facilities they may access such as nursing services or supervised consumption sites. Harm reduction education is increasingly being provided through several different healthcare settings and community-based organizations, as well as in schools, and through social services organizations, including shelters.

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Harm Reduction Education and Informational Services for Clients

Harm reduction education and informational services focus on teaching clients how to reduce the adverse health effects of substance use and other behaviours. Education can include teaching clients how to use safely, developing safety plans for use, and providing resources for safe use, for example.

Harm Reduction Organizational Strategies

Shelters and other organizations can incorporate harm reduction strategies into their policies and services in direct or indirect ways.

Direct strategies include, but are not limited to the use of active discussions, educational and outreach initiatives, the provision of on-site counselling, as well as actively supporting safer substance use through the provision of safe supplies and the creation of designated substance use areas

Indirect strategies involve the integration of safety training and education into existing shelter/organizational programs, enabling on-site peer support as well as working with community partners to enable residents access to safe supplies and health services.

Harm Reduction/Substance Use Counselling

There are several different forms of counselling that can support people using substances, as well as people engaged in other behaviours such as sex work. Counselling is approached collaboratively and addressing client-driven goals and safety, with no expectation of abstinence. Clients may want to set a goal that works towards abstinence but this must be the clients' choice.

Scott, S., & Hovey, A. (2024). *Harm reduction framework*. Ontario Association of Interval and Transition Houses. bit.ly/HarmReductionFrameworkOAITH

Methadone Maintenance
Long-acting opioid drug prescribed to treat pain or to relieve withdrawal symptoms related to opioid addiction. When taken at the right dose it reduces drug cravings without causing the person to feel high. This lowers harms associated with opioid use. Stopping methadone must be done gradually and in consultation with a physician.

Naloxone
Naloxone is a medication that can temporarily counter the effects of an opioid overdose, acting as an opioid blocker or "antagonist".[3] Narcan is one of the brands of naloxone available on the market. Sometimes 'Narcan' is incorrectly used interchangeably with naloxone.

Naloxone Kit
These kits come as portable pouches or containers that contain Naloxone. It can be administered by nose or through injection to temporarily reverse the effects of an overdose. Kits may also contain syringes, gloves, alcohol wipes and other supplies for administering Naloxone.

Needle Exchange
Refers to free, confidential services that provide people who use substances with sterile supplies including syringes, other injection-related equipment, and recover used needles and other equipment. Needle exchange programs may also provide education, counselling services and referrals to other health and social care services.

Outreach and Informational Campaigns
Harm reduction outreach programs and informational campaigns may vary in content and format. They may be general and seeking to inform individuals and groups within a specific community about access to other harm reduction services or alerting them to the risks of toxic drug supplies and the usefulness of drug checking services. Informational campaigns may also be more targeted and focused on reducing stigma related to substance use or enhancing safety related to types of substance use and/or other behaviours.

3 Harm Reduction Coalition. Opioid Overdose Basics- Understanding Naloxone. https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone

Safer Supply Services
These services aim to prevent overdoses and harms related to toxic drug supplies, by providing prescribed medications to people who use drugs. These services are overseen by licensed healthcare providers, and have flexible eligibility requirements, dosing conditions and carrying rules, enabling clients to access and use their supply as needed. In some cases, these services also provide additional forms of medical care counselling and social service supports. Safer supply services operate in a variety of different settings, such as medical clinics and community health centres as well as through pharmacies and supervised consumption sites.

Safety Kit
These kits may include a variety of different equipment and products, such as clean needles and syringes, sterile water, alcohol swabs, tourniquets, spoons, and filters, as well as safer inhalation equipment such as glass stems and plastic mouth pieces or pipes for smoking substances, in addition to pipe screens and push sticks. They can also include safe sex supplies such as condoms, gloves, and dental dams.

Sharps/Disposable Containers
Containers used for the secure disposal of used needles, syringes and other materials that can pierce or cut skin.

Supervised Consumption Site
These sites provide safe, clean spaces for people to use drugs in the presence of trained staff, in order to prevent accidental overdose and other harms related to substance use. A variety of different services can be provided through supervised consumption sites including the provision of safe supplies and supply disposal services, drug checking services, access to health and social care services, such as wound care, infectious disease and STI testing, as well as housing and employment supports, and emergency medical care in case of overdose or allergic reaction. They also provide education on safer consumption and safer sex practices, and access to mental health care, as well as referrals to treatment programs for those who are ready.

Withdrawal Management/Detoxification
Detoxification (or withdrawal management) services involve various forms of care and support for the management of withdrawal symptoms when a person stops using a given substance. Detox services can be offered in different settings (e.g., hospital and community) and depending on the substance a person is trying to stop using they can include the use of a variety of different medications (e.g., methadone) and other psychosocial supports such as counselling.

PART II: KEY CONTINUUM OF HARM REDUCTION PRACTICES
SHELTER-RELATED TERMS

Duty to Report

Refers to the legal obligation of members of the public, professionals, and others performing official duties to report suspected and/or actual child abuse and/or neglect. This duty overrides the duty of confidentiality. From a harm reduction perspective, when the risk of abuse and/or neglect is avoided by adopting behaviours that remove it (e.g., the parent uses substances when the child is under the care of another responsible adult who cares for the child until the effects of the substance have worn off rather than using substances in the child's presence and leaving the child to fend for itself), it is likely that the shelter worker would not have a duty to report. Shelters should work with the local child welfare authorities to identify broad circumstances under which the duty to report does or does not apply. Shelters could also receive training about Duty to Report from the local child welfare authorities.

Gradualism

The recommended approach to implementing the Continuum of Harm Reduction Practices in the shelter or other organization. Shelters are advised to gradually implement harm reduction practices rather than implement them at one time. Shelters can pick practices to implement that they and the contexts within which they work are amenable to implementing, and opt to add more practices over time as they become ready to change and implement more practices.

Harm Reduction Committees

Harm reduction committees include both committees within the shelter and external committees in the community. Internal committees are likely comprised of staff, and ideally, also board members and current and former residents. External committees are likely comprised of community organizations who practice or are interested in harm reduction within the broader community. This goes beyond health-related organizations to organizations like Children's Aid Societies, Colleges/Universities, police, and family counselling. The general purpose of the committees is to develop and/or improve policies and programs that support harm reduction. Within community-based committees, this might extend to activities like joint training of staff about harm reduction.

Harm Reduction Workers
Harm reduction workers refer to staff of substance use agencies outside the shelter or can include shelter outreach workers who also provide some harm reduction services. These workers engage in helping people reduce risks of harm associated with substance-use related actions or behaviours. Examples of these activities include: providing education, conducting community outreach, distributing harm reduction supplies, and providing referrals to other healthcare services. As harm reduction practices are implemented in the shelter, shelter staff will find themselves taking on some of these activities (e.g., helping residents apply harm reduction thinking to the substance use-related situations they face).

Shelter-based Harm Reduction Practices

After Substance Use Room
A safe space in a shelter or other setting, where people who are intoxicated can recover from the effects of drugs or alcohol.

Curfews
Refers to the time by which shelter residents must return to the shelter at night without risking not being admitted.

Designated Areas for Legal Substance Use
Areas designated in the shelter or on the shelter property for the consumption of legal substances. For example, the resident's room might be a designated area for consumption of prescription drugs, the shelter lounge or residents' rooms could be the designated areas for consuming alcohol, or the smoking area in the shelter's backyard could be an area for smoking cigarettes and marijuana.

Non-use Shelters
A non-use shelter is one which restricts active use of substances during a resident's shelter stay. The shelter may opt for this approach for a variety of reasons, such as cultural reasons.

No Tolerance Rules
Rules that explicitly identify behaviours that are deemed unacceptable or unsafe on the shelter's premises.

Onsite and Offsite Use
Onsite use refers to the use of substances on a shelter's premises, regardless of whether consumption is permitted in the shelter, whereas offsite use refers to the use of substances not on shelter property.

Safer Use
Refers to practices and behaviours that ensure the range of risks related to substance use are reduced, and potentially eliminated (e.g., risks of neglect and abuse of a child is reduced if the parent refrains from using substances while the child is in the parent's care).

Safety Equipment
To enhance safety for residents and staff, the shelter uses safety equipment such as: emergency call buttons for staff, security cameras, secure storage areas where substances can be locked away.

Secure Storage
Secure spaces for the storage of legal substances, substance use paraphernalia, and other personal belongings of shelter residents. Storage may be in-room or in an accessible central location. In older shelters, secure storage may be in a central location accessible by staff.

Safer Supply Services
These services aim to prevent overdoses and harms related to toxic drug supplies, by providing prescribed medications to people who use drugs. These services are overseen by licensed healthcare providers, and have flexible eligibility requirements, dosing conditions and carrying rules, enabling clients to access and use their supply as needed. In some cases, these services also provide additional forms of medical care counselling and social service supports. Safer supply services operate in a variety of different settings, such as medical clinics and community health centres as well as through pharmacies and supervised consumption sites.

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ADDITIONAL RESOURCES

The included glossary is not comprehensive of all Harm Reduction terminology and is specific to terms referenced within the Harm Reduction Framework and Continuum. For further information on Harm reduction specific terminology, please refer to the following resources:

- Government of British Columbia. Overdose Prevention and Response Glossary. 2017. https://bit.ly/ODPreventionGlossary
- Lezard, P., Ontario Federation of Indigenous Friendship Centres. Harm Reduction. 2021. https://bit.ly/OFIFCHRToolkit
- National Harm Reduction Coalition. Pregnancy and Substance Use: A Harm Reduction Toolkit 2023. https://bit.ly/PregnancyandHarmReductionToolkit

For further information related to Harm Reduction and Gender-Based Violence, please see:

- OAITH self-paced course- Harm Reduction VAW Organizations -https://bit.ly/HarmReductioninVAWOrgs
- OAITH self-paced course -Understanding & Applying Harm Reduction Approaches Within Gender-Based Violence Work -English - bit.ly/HRCourseOutlineEN

- **OAITH "Her Brain Chose For Her" neurobiology trauma-informed training tool:** herbrainchose.oaith.ca
- **OAITH Poster - Respond to a Possible Overdose:**
  - English (PDF): bit.ly/OAITHHRPosterEN
  - English (Editable Word Doc.): bit.ly/HarmReductionPosterOAITHEN
  - French:(PDF) bit.ly/OAITHSuavezUneVieFR
  - French Editable Word Doc.): bit.ly/SauvezUneVieOAITHFR

Respond to a Possible Overdose Resource Page:

- English: bit.ly/OAITHHRPosterResourcePage
- French: bit.ly/OAITHPageDeRessource