



*Everyone needs a home*

## **HFS Harm Reduction Policy**

### **Policy Statement:**

The purpose of this policy is to outline the ways that Homes First Society will help to reduce the potential harmful effects of substance use and unsafe sex on people and communities. Homes First Society acknowledges that abstinence may not be a realistic goal, or even the best option, for many people. We do not judge. We seek to reduce harm by offering safer options, education, and support services.

### **Principles:**

Homes First Society (HFS) respects people's human rights. One of these is a capable person's right to make their own decisions about their body and mind. HFS respects a person's right to choose what risks they take without judging those choices.

Homes First Society also recognizes that substance use and unsafe sex can harm health and wellbeing. This is not true for everyone, but it can be for many of those we serve. These negative outcomes are often the result of lack of access to harm reduction supplies, education, and resources.

Clients set their own goals and terms for well-being and recovery, regarding abstaining or continuing to use with a harm reduction approach.

Substance use is a tool some people use to self-medicate, cope, and survive. The clients HFS serves face oppression related to factors such as poverty, class, race, social isolation, past trauma, sexism, gender identity, sexual orientation, and other factors. That means they may be more vulnerable to risk, and less able to protect their wellbeing.

We understand that unsafe sex and substance use can mean behavior that ranges from problematic to manageable to total abstinence.

Homes First Society will not evict, discharge, or restrict services to users of our housing and shelters based solely on the use or possession of substances and/or people engaging in sex work or unsafe sex.

People are the primary agents of reducing the harms in their own lives. We seek to empower them to share information and support each other in strategies that meet their needs.

### **Definitions:**

**Harm reduction** is a public health approach to substance use and unsafe sex. It is based on a strong commitment to public health and the principles of human rights. It consists of policies,

programs, and practices that aim to reduce the adverse effects of substance use and unsafe sex on a person's health, relationships, and finances. This approach recognizes that taking risks is a reality in many people's lives. It educates people and provides supports and services to reduce those risks. It has become a widely accepted, evidence-based approach, with multiple studies demonstrating how it saves lives and benefits people, their families, and their communities.

Ontario's Ministry of Health and Long-Term Care, Population and Public Health Division issued The Ontario Public Health Standards effective January 1st 2018. Within the standards are the Substance Use Prevention and Harm Reduction Guideline that states;

*Harm reduction refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing substance consumption. Harm reduction interventions respect the rights of individuals to use such substances, increase awareness regarding lower risk use, and address risk and protective factors related to harms. Concerning the distribution of Harm Reduction Supplies, the distribution of needles/syringes and other drug use supplies has proven to be an effective method in reducing blood-borne infections associated with injection drug use, such as HIV and hepatitis C. Specifically, these programs reduce the sharing and re-use of needles, syringes, and other supplies and also reduce discarded needles and syringes in the community. The distribution of safer drug use supplies also provides a point of access into health and social services for clients who may not otherwise have access to such services, as well as opportunities for education on safer drug use practices. The board of health shall: a) provide or ensure the availability of sterile needles and syringes, as well as safer drug use supplies currently funded and provided through the Ontario Harm Reduction Distribution Program to individuals who use drugs in the public health unit's region; b) provide or ensure the availability of initiatives related to the disposal of used harm reduction supplies; c) provide education to clients of the Ontario Needle Exchange/Syringe Program (including fixed satellites and outreach locations) and individuals who use drugs on how to reduce harms associated with drug use; and d) provide referrals to addiction treatment, other harm reduction services, health and social services (including HIV, HCV, and STI testing, community support and treatment).*

The guideline also states that;

*The Chronic Disease Prevention and Well-Being Goal is to reduce the burden of chronic diseases of public health importance and improve well-being. It goes on to state that the program of public health interventions shall be implemented in accordance with relevant guidelines below:*

*To build healthy public policy: Engage and collaborate with a variety of local partners to inform, develop, and/or implement healthy public policies that address substance use.*

*To create supportive environments : Work with local partners to increase public and partner awareness of risk and protective factors, healthy behaviors, and stigma related to substance use and harm reduction.*

*For Direct Services: The board of health shall consult and collaborate with a variety of local partners to: a) develop programs and services that develop personal skills and healthy behaviours to prevent, delay or reduce harms related to substance use; b) develop harm reduction programs and services based on the identified needs of communities, including priority populations.*

Other most referred to studies, articles and projects include the following:

- Canadian Mental Health Association defines harm reduction as an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping. Overdose Prevention Sites (which are also referred to as supervised injection services or safe consumption sites) are facilities that fall under the umbrella of harm reduction and puts forth that research demonstrates how they;
  - reduce costs for the health care system {Is Vancouver Canada's supervised injection facility cost-saving? Aug 2010 Stephen D. Pinkerton}
  - prevent blood borne illnesses such as HIV or Hepatitis C { Report of the Toronto and Ottawa Supervised Consumption Assessment Study, 2012}
  - help individuals access support services {Rate of detoxification service use and its impact among a cohort of supervised injecting facility users, 2007 Wood E1, Tyndall MW, Zhang R, Montaner JS, Kerr T.}
  - prevent overdose deaths {BC Centre for disease control The BC Public Health Opioid Overdose Emergency Update, March 2017}
  - do not lead to crime {Findings from the evaluation of Vancouver's Pilot Medically Supervised Safer Injecting Facility, Revised June 2009}
  - work to decrease public substance consumption { Injection drug users' perceptions regarding use of a medically supervised safer injecting facility, 2007 Steven Petrar a , Thomas Kerr a,b , Mark W. Tyndall a,b , Ruth Zhang a , Julio S.G. Montaner a,b , Evan Wood a}
- Neil Hunt's "Forward Thinking on Drugs: A review of the evidence-base for harm reduction approaches to drug use" (2010) article with contributions from: Mike Ashton, Simon Lenton, Luke Mitcheson, Bill Nelles and Gerry Stimson.

- A. Wodak and L. McLeod’s “The role of harm reduction in controlling HIV among injecting drug users” (2008) article. Both concluded, *“countries that have provided extensive needle and syringe programs and opioid substitution treatment appear to have averted an epidemic, stabilised or substantially reduced the prevalence of HIV among injecting drug users.”*
- M. Szalavitz’s “Treating Addiction: A Top Doc Explains Why Kind Love Beats Tough Love” (2012) article published in Time.
- A.L. Ball’s “HIV, drug use and harm reduction: a public health response” (2007) article titled *Addiction*, 102(5), 684-690.
- Stephen Gaetz, the director of the Canadian Observatory on Homelessness and a professor at the Faculty of Education at York University in Toronto, wrote “A pragmatic, humanistic and effective approach to addictions: The Importance of Harm Reduction” (2015) article.
- Dagmar Hedrich and Richard Hartnoll’s “Harm Reduction Interventions” (2015) article, *“Scientific evidence shows that harm reduction interventions are effective in terms of their stated goals, as long as they are implemented appropriately within their contextual settings; and...single interventions are far more effective when implemented together as part of a broader public health policy, including steps to facilitate healthier living and safer social environments”*.
- European Monitoring Centre for Drugs and Drug Addiction’s “Harm reduction: evidence, impacts and challenges” (2010) monograph.

**Substance use** in this policy means choosing to use substances such as alcohol and/or drugs that could have a negative effect on a person’s health, relationships, or finances.

**Unsafe sex** in this policy means choosing to have sex in ways that could transmit disease or cause other physical harm.

## **Policy:**

Our aim is to provide the right harm reduction services tailored to our communities. We seek to reduce these risks through access to services, supplies, education, and policy reform. We will continue to target the causes of risky behaviour while providing a safe environment for all of our service users.

## **Program Development:**

Our goal is to optimize the range of intervention options available to service users. To do this we will:

- Identify, measure, and assess the impact of harm reduction services. Through an annual service-user questionnaire, data will be collected on the needs, substance-use patterns and impact of our current harm reduction services.

- Establish individual and community well-being as the criterion for successful interventions and policies, not just abstinence.
- Ensure that people who use or have a history of substance use have a voice in creating programs and policies through needs assessments, focus groups and peer programming.

### **Staff Development:**

To increase the harm reduction knowledge of our staff, we will:

- Provide strict guidelines for staff around harm reduction (i.e., the “HFS Needle Collection and Disposal Procedure” as well as the “HFS Needle Stick Injury Post Exposure Guidelines”) as part of general orientation on hire and for review annually, or more frequently, as necessary
- Ensure staff receive training once a year on how to operate within a harm reduction framework and perform in a harm reduction friendly workplace. There is a lack of standardized harm reduction training best practices in the sector, however our trainings will always include recognizing signs of overdose, knowing when to call 911, how to respond when witnessing someone else overdose, and how to administer Naloxone.
- Staff Health and Safety is of utmost importance. Providing needle exchange services not only benefits our service users, but also ensures our staff are less likely to run into the risk of needle stick injuries. In addition, we have designated needle disposal bins throughout our sites to reduce staff exposure to biohazardous materials.

### **Harm Reduction Education, Supplies, and Services:**

We will ensure our service users receive care delivered with a non-judgemental, pragmatic, and compassionate approach. This means we will:

- Provide safer injection equipment including sterile injection supplies to reduce the likelihood of vein damage, abscesses, and infections, as well as the transmission of HIV, Hepatitis C, and other diseases.
- Provide safer and new inhalation equipment including stem, mouth piece, push-stick, alcohol swabs, and pipe screens.
- Provide safe sex literature, education, and supplies including condoms, lubricant, and dental dams.
- Provide information and support around issues surrounding gender and sexuality and facilitate connections to additional support services in the community.
- Provide supports and services for alcohol use including intensive case management.
- Adhere to the City of Toronto’s Shelter Standards, Toronto Public Health’s Overdose Action Plan, and the Homes First Society Harm Reduction Best Practices Guideline.

### **Education and Support for Service Users:**

We recognize that our service users who use substances or engage in unsafe sex are at greater risk for health problems. To support their wellbeing, we will:

- Ensure that all service users receive regular education in health promotion and harm reduction.
- Ensure service users meet with staff and peer workers trained in harm reduction.
- Support them around the specific health issues they are facing through case management.
- Encourage them to seek medical attention regularly.
- Refer them to health care and treatment programs using a person-centered and person-directed approach.

### **Advocacy for Our Service Users:**

Homes First Society recognizes that our service users can be extremely marginalized. To help reduce the social barriers they face:

- We will act as advocates, debunking myths and stereotypes that stigmatize and oppress vulnerable populations we serve, including people who use drugs and people who work in the sex trade.
- We will focus our approach on building resiliency, resources, and knowledge so that people and communities can mobilize to become advocates for themselves.

### **How We Work with Others:**

Homes First Society will continue to develop networks and partnerships with organizations that subscribe to the principles of harm reduction. This will enhance staff knowledge so they can deliver quality harm reduction programs.

We want to ensure that our practices complement public health efforts and that they are governed by the community as much as possible. For example, Homes First Society has partnered with Parkdale Queen Street West Community Health Centre and the Toronto Urban Health Fund for the Harm Reduction in Supportive Housing project (2017-2020).

Homes First Society will also be partnering with The Works to provide a sustainable source of harm reduction supplies. We will be sourcing educational materials about safer sex and substance use from CATIE ([www.catie.ca/en/about](http://www.catie.ca/en/about)) a Canadian source for HIV and Hepatitis C information.

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- As per Homes First Society's agreement with Toronto Urban Health Fund (Toronto Public Health).
  - Created on June 5, 2018.
  - Approved by HFS Board of Directors on January 23, 2019.
  - The Policy applies to all of Homes First Society.