Community Harm Reduction Response Teams (CHRRT)

COVID-19 Situation Report

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April 22, 2020

Table of Contents

Introduction

Since the COVID-19 crisis struck Toronto a month ago, many dramatic changes have occurred that have seriously affected marginalized people living in isolation and hardship. The City is experiencing a situation of three interconnected and overlapping crises: a rapidly worsening drug supply and overdose crisis; extreme hardship and inequality; and the COVID-19 pandemic.

This informal community reconnaissance report aims to offer a snapshot of the emerging context for street involved people who use substances in downtown Toronto, and to identify emerging priorities for action. The interviews were concluded on 20 April, capturing the very fluid and rapidly changing context of the early stages of the pandemic. The COVID-19 crisis has not yet stabilized sufficiently to predict how the context of community Harm Reduction (HR) will look, going forward.

Please note: the opinions put forward in this document are solely those of the author.

Methodology:

The report is based on five semi-structured telephone interviews with community Harm Reduction Support Workers (HRSWs)/leaders, and check-in calls by the CHRRT Coordinator with eight managers of partner community agencies. It also draws on news reports and COVID-19-related grey literature (see the bibliography below).

The report is structured to summarize observations of the changing context facing harm reduction (HR) work in Toronto's downtown substance using communities. Anecdotal reporting of eye witnesses illustrates those observations. Some possible implications of these changes are then explored, along with early responses to the overall situation.

Findings:

1. The negative socio-economic impacts of the shutdown have hit people quickly

- "This feels like a war on the poor!" (HR Support Worker)

At least to date, the socio-economic impacts of COVID-19 have affected Toronto's street involved community more than the virus itself. The crisis has laid bare Toronto's stark lines of inequality and of social and economic exclusion. In just one month, the pandemic has shut down the city, removing social supports and economic opportunities for those living on the margins and leaving many without income, thereby magnifying the hardships they already faced. Many people are falling between the cracks in the Federal income relief strategy because they work in the informal sector or are already receiving a meager Social Assistance benefit which makes them ineligible for the Canadian Emergency Relief Benefit (CERB).

Since COVID-19 hit, downtown Toronto has become eerily depopulated with the exception of essential workers, many of whom are people living on low-incomes, and homeless people who are now are highly visible on the streets. They have nowhere to go. Self-isolation is a luxury that many cannot afford.

Anecdotal findings from interviews:

- Loss of income – Many have been laid off or are not able to continue self-employed income generating activities (legal or illegal – e.g. income from pan handling and sex work has been dramatically reduced).
- People on social assistance are being left behind – Loss of income has also affected people on ODSP and OW who rely on extra money generated to top up their insufficient benefits. In addition, people on social assistance are not eligible to apply for the $2,000/month CERB benefit, leaving many to get by on only $650/month.[1]
- Inability to access emergency income –Many have not filed their income tax returns; and many do not have bank accounts or lack access to on-line banking (due to the digital divide – insufficient Internet access or lack of access to the required phone/laptop technology).
- Fear of eviction – Many cannot manage to pay their rent, and worry about the debt incurred from deferred payment.
- Debt – Many are likely borrowing from payday lenders to meet their rent and other pressing basic needs.[2]

Emerging response:

- Meal distribution – Community Health Centres (CHCs) and social service organizations have begun to collaborate to distribute food and meals people in need in key neighbourhoods across the city.
- Financial Services – Agencies are trying to coordinate access to free income tax services

2. The pandemic is changing the community in unexpected ways

- *Covid-19 hasn't hit the homeless and street-involved community with full force yet; this is not a community that travels, so it will emerge later. When it does, it will hit hard.*[3]

Many people are still congregating on the street and not self-distancing, and there have been reports of increased ticketing and punitive interactions with enforcement. There is skepticism and confusion about the virus which, thankfully, has not yet become apparent on the street. At the same time, interviewees also reported a rising level of fear which could be affecting solidarity and mutual support which normally are a part of the substance-using community.

A number of interviewees commented on the growing climate of unease and anger:

- *Out in the community, there is an intensity in the air. … People are really struggling right now. They are feeling alienated and there is real tension. You can feel it! …(Partner)*
- *Frontline work already has a high baseline of stress and fatigue for frontline workers. COVID has really magnified that. Screening takes a lot out of you! (Partner)*
- *"People are feeling even more under surveillance." (HRSW)*

[1]"Raise ODSP OW Shelter and Basic Needs Allowances Now." *Leadnow.Ca*, Accessed 24 Apr. 2020.
[2]This finding came from a national on-line consultation on the effects of COVID-19 on Canadian banking with a focus on vulnerable and low-income populations. It was hosted by Prosper Canada on April 21, 2020.
[3]What happens when the opioid epidemic meets a global pandemic?, Jason Altenburg, *Toronto Life*, April 14, 2020.

CHCs and community organizations had established screening stations at multiple locations downtown effort to identify cases and protect the community and staff. Staff are adapting to the new work and procedures. They are working very hard and at some personal risk. The work is stressful and the screening stations can be chaotic.

Some anecdotal findings from interviews:

- Confusion about the virus – One outreach worker reported that on the streets it is gradually 'sinking in' how dangerous this virus is. To date, the virus has been invisible. As people hear about cases in their neighbourhoods, they are taking it more seriously.
- People are spending more time on the streets – Closure of libraries and drop-ins and other safe spaces has left people with nowhere to go.
- Access to information – People are not aware of the latest in information about COVID-19. For example, one respondent complained about police harassment of people sitting on benches – not understanding why people should not sit together.
- Levels of fear and distrust in the community – Interviewees reported that people are not feeling safe or protected from the virus. As physical distancing takes hold, it could erode community support and solidarity.
- Domestic violence – Those women who can self-isolate are at increased risk from intimate partner control and violence.
- Fines – People fear police harassment and fines for congregating; further evidence of the criminalization of poverty.
- Increased stigmatization – Some service users are feeling stigmatized and discriminated against as a result of screening. Organizations are doing their best to make people feel welcome, but full PPE gear can be scary and alienating.

Emerging response:

- Screening stations are promoting public education about the importance of hand washing and physical distancing. One interviewee reported that it is difficult to screen because people living on low-incomes are much more likely to have chronic respiratory conditions, and substance users may be dopesick – both of which result in coughing.[4]
- Hand washing stations are being set up in downtown neighbourhoods.
- HR workers who are still doing outreach are trying to promote safe behaviours and physical distancing, by providing information and also acting as role models.
- Organizations are now beginning to explore ways of consulting the community, listening to people and attempting to adapt services rapidly to meet their shifting and growing needs. However, the supply of PPE for personnel at screening stations remains inadequate in the face of demand.

3. Shelters are perceived as unsafe and people are not being relocated quickly enough

- *Shelters are taking their sweet old time implementing social distancing. (HRSW)*

[4]This is also corroborated by an article from the UK. Johnson, Sarah. "'Coronavirus Is Worse for Us': Inside the GP Surgeries for Homeless People." *The Guardian*, 23 Mar. 2020

The City of Toronto has moved to reduce the numbers of residents in its highly overcrowded shelters and respite centres which have been deemed potential hot spots for COVID-19 outbreaks. As of April 14th, the City had moved 1,000 people out of shelters into hotel rooms and new COVID centres. It plans to move another 1,000 by the end of the month.[5]

In the meantime, hostel workers have been working hard to double down on cleaning and maintaining physical distancing, but overcrowding and the open concept layout of many shelters and respite centres are similar to long-term care facilities and remain highly vulnerable to outbreak.

By April 14th, the City has reported 30 cases of COVID-19 across seven of its shelters and respite centres.[6]

- *There is a real danger we will see explosive outbreaks in hostels, with large numbers of hospitalisations and deaths.*[7]

Many respondents expressed the view that the City is not moving quickly enough to relocate people and ensure the safety of the community, and that simply reducing numbers of residents in large, open, barracks-like shelters will not be enough to protect people. If 1,000 have been re-housed, a conservative estimate of 5,800 shelter dwellers and 3,000 homeless people remain highly vulnerable to infection and need to be housed quickly.[8]

Further responses to the pandemic include COVID-19 testing and case tracing which have begun in shelters and respite centres. Suspected cases are moved to an isolation center at a hotel in Etobicoke and stay there pending testing results. The City is working to establish centres for COVID positive cases in hotels in the down town area and in Etobicoke.[9]

Early evidence suggests that these relocations of shelter residents are being done in a way disrupting normal case management, and could soon lead to increasing non-COVID-related problems. Communication is weak about where people are being moved to; and interviewees expressed concern that at least some organizations are losing touch with their service users who previously had been receiving supports and services for chronic and mental health issues, food security etc. If people are being moved to the suburbs, they will likely not have the same access to food stores, supports and services as they would in the downtown core. It may also be difficult for them to stay at home.

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[5], Jeff. "Toronto Says 30 Homeless People Diagnosed with COVID-19." *The Globe and Mail*, April 14, 2020.

[6]*The Globe and Mail*, April 14, 2020.

[7]A recent report from the UK warned of catastrophic outbreaks of COVID-19 in homeless shelters. It concluded that COVID-19 death rate of homeless people living in London's hostels is **25 times higher** than the general population. "Fears of 'catastrophic Coronavirus Outbreak' among Homeless in Hostels." *The Guardian*, Apr. 2020.

[8]Recent estimates (2019), indicate that on any given night, there are over 9,200 people who are homeless in Toronto. This number is likely to have grown in 2020. Pre-COVID, 6860 was the average number of people who were housed in City of Toronto shelters (February 2020). Shelters were operating at 98% occupancy levels. Sources: Fred Victor Centre and City of Toronto. Sources: "Homelessness in Toronto - Facts and Statistics." *Fred Victor Centre webpage* and "Daily Shelter & Overnight Service Usage." *City of Toronto*, 14 Nov. 2019.

[9]*The Globe and Mail*, April 14, 2020.

Some anecdotal findings from interviews:

- Lack of safe places to sleep – People staying at the back of largely empty TTC street cars for the whole route in order to have a safe, warm place to sleep.
- Movement to the streets – With so many Torontonians self-isolating, homeless people have become more apparent on the streets. This report heard of high numbers of people congregating on Yonge Street openly using drugs and sleeping in doorways. Sleeping rough is often communal, which makes self-isolation almost impossible.
- Sanitation problems – There have been increased sightings by HRSWs of human feces on the street. People now have diminished or no opportunities to get access to restrooms and bathing facilities, and maintain personal hygiene.
- Some are being rehoused in quality accommodation – Streets to Homes (City of Toronto) has been working actively to move people from respite centres into new, furnished housing and provide money for necessary kitchen equipment, food, supplies etc.
- Lack of transparency in relocations – People expressed concern about: what is happening to those who are relocated? Why those who test negative are being sent back to shelters? What are the City's criteria for relocating individuals? (for example, are those who use substances and/or have mental health conditions being treated differently from others?)
- Loss of service continuity – Reports at one shelter suggest that anchor relationships with trusted staff have been interrupted as a result of rapid relocation of their service users. Staff do not know where their former residents have been moved.

Emerging response:

- The City's response is outlined above.
- Movement outdoors – Spring is the time in Toronto when many homeless people move back outdoors. Many are already making the move. Sanctuary, one of the few homeless outreach organizations that has continued outreach work during the early stages of the pandemic, is providing people with tents to provide shelter and safety.

4. Toronto's drug supply has been further compromised as a result of COVID-19

- *Who knows what is in the drugs? I've definitely heard of the increase of heavy sedation. Drugs cut with benzos? I've heard more and more reports of fent being in non-opioid drugs. For example, crack users have been reporting fentanyl in their crack. (HRSW)*

Drug supply chains have been drastically affected by the pandemic. The closure of the US border and the COVID-19 outbreak in China have dramatically changed the supply of drugs in Canada. Crystal meth and fentanyl are currently very difficult to acquire in Toronto and there are reports that the cost of drugs has doubled as the supply has shrunk. Furthermore, the quality of the supply is even worse that it was pre-COVID: dealers are cutting other substances into drugs and cross-contaminating the substances they sell.

The shortages have put people more at risk of overdose and COVID-19 infection. Some people are 'bulking up' on supply, and risk using too much as a coping mechanism as their stress levels increase. Others continue to go out to score, increasing their risk of contracting or spreading COVID-19.

- *Social distancing flies in the face of safe use! (HRSW)*

People are likely to be using alone more often, in order to maintain physical distancing and to protect their limited supply, thereby heightening the risk of overdose.

- *Since Covid began, we've seen the highest number of overdoses since 2017.* [10]

The overdose situation in downtown Toronto has been worsening for the past few months. In early March, the situation further deteriorated, perhaps reflecting decrease in supply from China. Mass overdoses were being reported, connected to bad drugs from particular dealers. With COVID-19, tracking of overdoses has been curtailed by the rapid movement of people and program closures.

Some anecdotal findings from interviews:

- The drug supply is polluted – Dealers are not practicing safety in their labs. They appear to be cutting the drugs that they sell with other substances. Interviewees agreed that cross-contamination is for the most part unintentional, with dealers possibly rushing and not maintaining clean production processes.
- Some dealers have stopped selling in order to self-isolate – Many people who use are now having to approach new dealers who they do not trust.
- We need to look at the position of dealers in COVID. A dealer is an essential service right now – they are putting themselves at risk by carrying out their business whether legal or illegal. (HRSW)
- Interviewees speculated that manufacturers of crystal meth are unable to find components locally. Meth is less available and people are changing the substance of use.
- Changes in substances have hidden complications – Use of benzos causes sedation that will not respond to Narcan. Users may not be aware of the drugs that they are using. For example, withdrawing from benzos requires a medical detox.
- Because of agency closures testing is not readily available, so people cannot know what is in their drugs.
- The HR community will now need to change its educational response, providing new information and advice on a number of issues, such as: overdose prevention (messaging re: social distancing and using alone); protocols for HR outreach work (PPE etc.); and overdose response (use of Narcan and Rescue Breathing).

- Before COVID we would avoid using Naloxone if possible and sustain people with rescue breathing. Rescue Breathing (RB) is now the last response, but If my buddy goes blue and may have COVID, I'm still going to use RB to save his life. (HRSW)

5. Harm Reduction services across Toronto have been disrupted and, in many cases, curtailed

Many of the Substance Use and Addictions Program (SUAP) funded CHRRT partner HR outreach and drop-in programs have been put on hold indefinitely, until staff, HRSWs and service users can be kept safe. Two sites continue to provide regular activities such as street outreach, while two other agencies provide

[10] What happens when the opioid epidemic meets a global pandemic?, Jason Altenburg, *Toronto Life*, April 14, 2020.

outreach at-a-distance using social media.[11]CHRRT HRSWs at sites where activities are suspended are receiving pay. HRSWs at the other four sites continue to perform in-house duties like screening and kit making.

HRSWs typically conduct outreach rounds of neighbourhoods across the city. They have supportive conversations with substance users and provide information, HR education, problem solving, and referrals. To their anguish, this practice has now halted in large swaths of the downtown.

- *As a HR worker in my neighborhood, I usually go out every week to many locations to leave big packages of kits and other basic needs supplies. That has now stopped. What is that going to mean for overdoses, health and safety? I visit an older couple each week under the bridge to bring supplies, to support them and show some kindness. (Crying) What going to happen to them now? (HRSW)*

Many downtown CHCs and agencies have remained open, screening people at the door and restricting admittance. Programming and services have been reduced. Yet during the first weeks of the crisis, only a few agencies have actively continued the standard community HR outreach services.[12] More recently, additional agencies are beginning to re-open this outreach work.[13]They now seem to have a better idea of how to manage risk and maintain the health and safety of their workers and service users. But it is not clear what low-threshold HR work will look like, going forward.

Public Health's CTS (Injection Site) closed due to an outbreak of COVID-19, and as one of the busiest sites in the city the impact was felt by other community agencies providing overdoes prevention services. Upon re-opening the city's CTS implemented strict social distancing measures to ensure the health and safety of staff and service users. These measures challenge low threshold service provision, for example, service users need to book appointments to use the CTS service.

Service provision in the face of COVID-19 creates responses that unintentionally further barriers to service and create an atmosphere of surveillance for populations who are typically alienated from and marginalized by the status quo. Other CTSs and OPSs across the city have remained open and are grappling with the intense circumstances brought on by COVID-19: increased rates of overdoses, developing procedures that minimize the risk of exposure, ensuring the necessary stock of PPE and supporting service users who have increased levels of need related to the pandemic.

Some anecdotal findings from interviews:

- This HR work is not happening in all neighbourhoods – HR kits and other supplies are not getting out to substance users or dealers who offer distribution of supplies.

[11]The Ve'ahavta bus continues to distribute supplies in the community. Agincourt Community Services Association (ACSA) and Maggie's continue to do outreach using social media.

[12]Sanctuary and Parkdale-Queen West CHC's Indigenous Four Winds Program have kept their outreach programming open throughout the crisis.

[13]Sources reported that Sherborne CHC, Regent Park CHC, South Riverdale CHC, and the Works have restarted their community outreach services.

- Changing access to social work and health care – Interviewees expressed concerns that the community is not getting enough access to services, and the screening and PPE at CHCs and other organizations can make entry daunting and less accessible.
- Prevention is being undermined by the COVID-19 response – One interviewee told a story about a service user approaching an organization to get first aid for a wound. They were turned away, and not seen until the cut had become seriously infected a week later.
- Perceived shift away from the opioid crisis and HR work – Interviewees expressed a feeling that all of the resources are going into addressing COVID-19.
- PPE is being used for those outreach workers who continue to work – They are giving us proper masks, gloves and hand sanitizer – I'm satisfied with that. (HRSW)

Emerging response:

- Most agencies are moving services to the door and limiting entry of clients to maintain physical distancing.
- HR organizations are coordinating efforts to step up kit production. Agencies like PASAN, which has closed its doors, are producing kits for other agencies to distribute.
- Many agencies are working to expedite the re-opening of community HR outreach.
- Agencies like Maggie's that have shifted to outreach on-line using social media, are sharing their learning and promising practices with others.
- Agencies are coordinating with each other to get food and kits out to key neighbourhoods.
- Some are in the process of repurposing low-threshold HR services to target precarious and under-served tenting encampments that are popping up across the City.
- Exciting new Safe Supply initiatives have recently been funded in Toronto by Health Canada's SUAP program. A partnership of community health organizations (including Street Health, Regent Park CHC and South Riverdale CHC) will be launching an initiative to prescribe medical grade hydromorphone to opioid users, to obviate the potential for being poisoned by an opioid. The intention behind the initiative is to integrate care that stabilizes substance use, provides accessible primary health care and case management support that effectively and comprehensively address the unique needs of the service users. Parkdale/Qwest CHC also received Safer supply funding.
- Meanwhile, community organizations are working to raise funds for, and gather used cell phones and tablets to hand out to people and keep them connected to the internet and support communication and safety for Users.

Conclusions

COVID-19 has laid bare an untenable humanitarian crisis in the City by magnifying pre-existing problems that have created extreme inequality, poverty, and deep hardship for many Torontonians. These problems are largely the result of chronic dis-investment in public health and the weakening of the social safety net over the past twenty years, exacerbated by deep Provincial cuts over the past year.

Worse still, during the first month of this pandemic, COVID-19 has swallowed up resources and efforts which were previously directed to preventative, low-threshold community HR efforts, and to alleviating hardship. As a consequence, the HR sector been destabilized and depleted.

Toronto was unprepared for this crisis. The City seems to have had no risk mitigation strategy for the public health, housing/homelessness, and/or food security of its most vulnerable citizens. Resources are currently being spent on emergency response, but efforts must now be shifted towards longer-term, change-based thinking that will promote the development of new systemic responses.

- *We need to frame this as an opportunity. It would be so unfortunate if this chance for positive, systemic change was missed. (Partner)*

Signs of positive change are already emerging from the rapid response of governments in the past few weeks. This response may bring about substantial changes to prisoner rights, and could result in a sustained Guaranteed Annual Income scheme. Interviewees identified a few other 'silver linings', including an increased attention to the plight of marginalized and homeless populations and the huge response from people wanting to assist and contribute in communities across Toronto.

Recommendations

In future, governments may be called upon to play a more central role, and invest more in public health, social housing and income maintenance in order to manage the virus and keep the economy open. This will only be possible if society can mend the weak links in our social and public health systems.

- An emergency poverty response is critical – Provide basic needs including: food, money, employment, internet
- Lack of housing is a huge risk factor – All levels of government must move quickly to provide long-term, permanent solutions to under-housing. It may be much cheaper to provide supported housing to people than to have to take emergency housing measures.
- Open supports and services asap – Resumption of programs, supports, healthcare, first aid.
- Reinstate and improve funding for HR work – Ensure coverage of the city with safe supplies and basic needs.
- Importance of new forms of education re: substance use in COVID times. Re: COVID itself – support people to understand physical distancing, handwashing etc.
- Government support for ongoing COVID response – enhance funding e.g. for staffing, resources and supply chain for PPE for community agencies.
- Expand safe drug supply is critical – rapid expansion of programs and services would likely result in an immediate reduction of overdoses.
- Pandemic preparedness – Going forward, the City must coordinate the various departments that serve marginalized communities and prepare plans and policies with 'teeth' not just 'recommendations' and 'guidelines'.

Bibliography

"7 Assessed, 5 Treated with Naloxone, after Suspected Overdoses at Toronto Public Health Clinic." *Global News*, 26 Feb. 2020, https://globalnews.ca/news/6601767/suspected-overdoses-toronto-public-health-clinic/.

Altenberg, Jason. "'Since Covid Began, We've Seen the Highest Number of Overdoses since 2017': What Happens When the Opioid Epidemic Meets a Global Pandemic?" *Toronto Life*, 14 Apr. 2020, https://torontolife.com/city/since-covid-began-weve-seen-the-highest-number-of-overdoses-since-2017-what-happens-when-the-opioid-epidemic-meets-a-global-pandemic/.

Casey, Liam. "Toronto's Shelters Dealing with 135 Cases of COVID-19." *CP24*, 25 Apr. 2020, https://www.cp24.com/news/toronto-s-shelters-dealing-with-135-cases-of-covid-19-1.4911626.

"Coronavirus Will Change the World Permanently. Here's How." *POLITICO*, https://www.politico.com/news/magazine/2020/03/19/coronavirus-effect-economy-life-society-analysis-covid-135579. Accessed 22 Apr. 2020.

"Daily Shelter & Overnight Service Usage." *City of Toronto*, 14 Nov. 2017, https://www.toronto.ca/city-government/data-research-maps/research-reports/housing-and-homelessness-research-and-reports/shelter-census/.

DiMatteo, Enzo. "City Reports Spike in Overdose Deaths amid COVID-19 Service Cuts." *NOW Magazine*, 2 Apr. 2020, https://nowtoronto.com/api/content/2ebd61d6-74f3-11ea-8d69-1244d5f7c7c6/.

Evaluation Implications of the Coronavirus Global Health Pandemic Emergency | Blue Marble Evaluation. https://bluemarbleeval.org/latest/evaluation-implications-coronavirus-global-health-pandemic-emergency. Accessed 25 Apr. 2020.

"Fears of 'catastrophic Coronavirus Outbreak' among Homeless in Hostels." *The Guardian*, Apr. 2020, https://www.theguardian.com/society/2020/apr/19/fears-of-catastrophic-coronavirus-outbreak-among-homeless-in-hostels.

Gray, Jeff. "Toronto Says 30 Homeless People Diagnosed with COVID-19." *The Globe and Mail*, 14 Apr. 2020, https://www.theglobeandmail.com/canada/toronto/article-toronto-says-30-homeless-people-diagnosed-with-covid-19/?utm_source.

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007 | IASC. https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings-0/documents-public/iasc-guidelines-mental. Accessed 25 Apr. 2020.

Johnson, Sarah. "'Coronavirus Is Worse for Us': Inside the GP Surgeries for Homeless People." *The Guardian*, 23 Mar. 2020, http://www.theguardian.com/society/2020/mar/23/coronavirus-gp-surgeries-homeless-people.

"Raise ODSP OW Shelter and Basic Needs Allowances Now." *Leadnow.Ca*, https://you.leadnow.ca/petitions/raise-odsp-ow-shalter-and-basic-needs-allowances-now. Accessed 24 Apr. 2020.

Spinney, Laura. "Inequality Doesn't Just Make Pandemics Worse – It Could Cause Them." *The Guardian*, Apr. 2020, https://www.theguardian.com/commentisfree/2020/apr/12/inequality-pandemic-lockdown.

"The World After COVID-19." *Malcolm Gladwell | Munk Debates*, https://munkdebates.com/dialogues/malcolm-gladwell. Accessed 22 Apr. 2020.

Townsend, Mark. "UK Hotels to Become Homeless Shelters under Coronavirus Plan." *The Guardian*, 21 Mar. 2020, http://www.theguardian.com/world/2020/mar/21/uk-hotels-homeless-shelters-coronavirus.