Respite Centre Risk Analysis Report

This is a pre-research report, which will assist the PRODS team to scope out the context and issues that it will explore as it moves ahead with its community engagement and consultation process.

Authors: Peter Leslie (CHRRT Program Resource Group), Sara Garnett (THRA), and Janet Murray (CHRRT evaluator)

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Introduction

This report emerged from the work of **Preventing and Responding to Overdose within Shelter (PRODS),** a new initiative taken by a team of Toronto Harm Reduction (HR) workers to assess and respond to risks related to substance use in respite centres. It captures a "snapshot" of the situation of respite centres as of the end of March 2020, before the COVID-19 pandemic.

In affiliation with the Community Harm Reduction Response Teams project (CHRRT) and the Toronto Harm Reduction Alliance (THRA), the team wanted to bring attention to the hazardous situation of people who use substances in downtown respite centres, and the high rate of opioid overdoses occurring over Fall 2019. The initiative was also an expression of their grief for the preventable overdose death of a friend and colleague in a shelter in December 2019 (see sidebar).

The purpose of this report is to capture the learning to date, looking at pre-pandemic risk assessment findings:

- To share early learning about the scope and nature of substance use at the respite centres
- To identify substance use-related risks to residents, staff and community
- To explore HR responses and solutions going forward

This report is dedicated to Peter.

"Peter, was a dear friend of mine who lost his life to yet another very preventable overdose in a Toronto shelter last fall (2019). That was the last straw.

This so enrages me. I've been thinking of what more can we do as a loving and caring Harm Reduction community to make conditions safer for people who use substances in Toronto shelters."
(P. Leslie, HR Consultant)

Peter's death inspired the PRODS risk assessment and preventative response work.

Rationale

The lack of proactive HR services and unsupported substance use in respite centres endangers residents' lives and can create havoc. Yet banning use and pushing users out of the centres can make problems worse by forcing people to use in unsafe conditions. This puts more stress on them, and on respite centre staff and local communities.

A better understanding of users' needs can give organizations insight into the complex challenges of managing chaotic use in respite centres. By listening to all residents (including non-users), staff and local HR workers, it may be easier to navigate the situation and create simple, cost-effective responses that can reduce harm and save lives.

Figure 1 John Rieti · CBC News · Posted: Jan 08, 2018

Background

- The first phase of PRODS' work began in November 2019 on a voluntary basis. The team began informal discussions with management, staff and residents of three waterfront respite centres.
- In mid-February 2020, Gord Tanner, City Counsellor and Executive Manager for the City of Toronto's Shelter, Support and Housing Administration, provided $15,000 to move ahead with staff training and peer-based support.
- The team still plans to do a more in-depth consultation with staff and residents. The team designed a participatory consultation process and survey instruments with the support of CHRRT, to explore the current situation of substance use in respite centres, to identify risks, and to support the design of practical immediate responses to increase the safety and wellbeing of residents and staff.
- By mid-March, COVID-19 was already dramatically changing the context for marginalized people who use substances in Toronto and had upended the respite centres and the PRODS risk analysis research process.
- The respite centres are currently in lock-down and are working to reduce density in the facilities, moving residents to locations where they can self-isolate. In these circumstances, it has been impossible to continue on with the proposed consultations and training.

Methodology

Sarah Garnett and Peter Leslie, the two lead HR Consultants for the risk assessment process, are both seasoned HR workers with many years of leadership experience and expertise in the field of public health outreach, community engagement, overdose prevention, research, and policy development.

The Consultants are backed and guided by a team of community-based HR workers who are committed to bringing about a more effective overdose response in Toronto respite centres.

The respite centre risk assessment process has been affiliated with the CHRRT project. The research was to have been a part of the Substance Use and Addictions Program (SUAP) Street Polls initiative of the CHRRT community knowledge translation process. The Consultants have taken an evidence-informed approach in their work, drawing ideas and inspiration from recent literature exploring effective overdose responses in shelter environments.

The Consultants' early risk assessment work was done at one organization with some preliminary inquiry with staff and residents at two additional respite centres. Work included:

- Conversations with in-house HR workers at all three sites in preparation for the more formal interview process that was planned
- Meetings with management team at a respite centre (plus a tour)
- Informal weekly conversations with residents, in-house at the same respite centre.

Additional exploration:

- Research into OD rates and reference to local media reports
- Informal literature review
- Design and development of a participatory consultation process and survey instruments (with the CHRRT evaluator)

The risk assessment research process was postponed indefinitely on March 18th, as a result of the pandemic. A decision was made to prepare a preliminary report of the pre-COVID-19 findings.

This report, based on intensive telephone interviews with the two Consultants, was prepared by the CHRRT evaluator and funded by SUAP of Health Canada. It represents an effort to capture the **anecdotal and evidence-based learning** from this important process to date.

Respite centres – an emergency response

The PRODS team chose to work with the three largest respite centres which have all been established in 'bubble' structures by the lakeshore in the east and west of downtown Toronto. Each respite centre has a large 'bubble' facility in various industrial locations along the waterfront.

- Winter respite centres are 24/7 programs operated by either the City or non-profit agencies. They were set up in 2018 as temporary measures to house homeless people during the winter months.
- They tend to be run by well-regarded, community-based agencies that have a great deal of experience with marginalized and homeless people.
- Staff are not City employees and for the most part are not unionized.
- Since respite centres were originally an emergency response to homelessness, they are not required to meet City shelter standards.

Figure 2 The city has opened a new respite centre at the Queen Elizabeth Building, located at Exhibition Place. (Dave Abel, Toronto Sun) Nov. 16, 2018

Figure 3 City TV, December 22, 2018

Conditions in respite centres

The ‘bubbles’ are immense and have been set up as ‘open concept’ operations; people are arrayed in camp cots with a small amount of space and no privacy. Neighbours are as close as two feet away and it is not safe to leave belongings untended. Escalation of conflict among residents is common.

- *People get worse when they are in a shelter - communal living and overcrowding are bad for people’s health. Policy people know this, but it is cheaper to go bigger. They’ve neglected the situation for years. (HR Consultant)*

Unlike permanent shelters, respite centres are not funded to offer additional programs and supports. Ratios of staff to residents are very low with an estimated six staff per shift for over one hundred people (including managers). There is little sense of trust and community among residents. While people are allowed to stay inside all day, the only routine is the three meals that are offered each day. The respite centre may have one TV for all of the residents.

- *“They’re warehousing people! Its unsafe and inhumane.” (HR Consultant)*

Residents’ activities in many centres spill over into the surrounding streets. Communities have been complaining about increased noise levels, disturbances, and criminal activity in the neighbourhood of respite centres.

Toronto’s shelter system is in an undeclared state of emergency. As an annual response to cold winter temperatures coupled with an overcrowded shelter system, the City of Toronto (i.e. “the City “) opens temporary Winter respite centres, also known as warming centres. … Our findings demonstrate that Winter respite centres and Drop-ins for Women and Trans People fail to meet the most basic standards as set out by the United Nations and the City itself.

Housing Providers Against Poverty, Webpage

Figure 4 Hidden camera footage obtained by Global News reveals conditions inside one of Toronto’s 24-hour respite centres recorded on Jan. 19, 2019.

Observations

What did the HR Consultants learn about substance use-related risks?

Observations

Drug use is officially forbidden in respite centres

Although substance use is not allowed in respite centres, they nevertheless offer HR kits and sharps disposal on site. Centres implicitly acknowledge that people continue to use yet turn a 'blind eye'. This pushes use underground, magnifying risks.

- *"They don't want people to be able to use in shelters – they want to hand you the needle but don't want to see the needle going to your arm. It's a living, breathing paradox." (HR Consultant)*

- *"It's a shitty situation. People use substances because they are trying to feel better – to feel like a human being. It is ironic that trying to feel well puts you at risk of more trauma." (HR Consultant)*

Staff at respite centres appear to perceive use mostly as a criminal rather than a public health issue. People who use are subject to shaming and harsh judgment; they are often 'barred' from respite centres or asked to leave when they most need help. While this may appear to be a reaction on the part of staff to 'difficult to manage' behaviours, Consultants believe it is more likely the result of a lack of staff understanding about substance use.

- *"Respites are still telling people to go away. People who use are shunned and vilified – that's not the way to treat people. People got used to feeling bad about themselves – they just leave." (HR Consultants)*

Figure 5 BlogTO Toronto Respite Centre

Observations

… we found that the homeless People Who Use Drugs (PWUD) in our study negotiated emergency shelter spaces for drug use in many ways. Spatial negotiations were shaped by social, structural, and physical forces on a daily basis for homeless PWUD, including stigma, police surveillance, rules, group dynamics, and sanitary conditions.

Bardwell et al. "Negotiating Space & Drug Use in Emergency Shelters with Peer Witness Injection Programs within the Context of an Overdose Crisis: A Qualitative Study."

Figure 6 January 23, 2018 HPAP Report – An Evaluation of Toronto's Warming Centres & Winter Response to Homelessness

Substance use in shelters is covert, increasing potential harms

In the absence of clear HR policies, access to HR kits and supplies appears to be conditional; kits are available on-site but residents reported only feeling comfortable approaching friendlier staff to ask for supplies. Residents are not provided with access to safer conditions and spaces for where they could use.

Washrooms are a common location for residents to use substances, alone and out of sight, increasing their risk of overdose. The Consultants reported that respite centre washrooms are chaotic and dirty. Other residents complained about being unable to get into washrooms for regular purposes because they are busy with people who are using.

- *"When you use in shelters, you're rushed, you don't have a sterile environment to do it in and you also have to hide. It puts you at physical risk of endocarditis and abscesses. You may not be paying attention to dose, or you may increase your dose because you may not be able to do it for a while." (HR Consultant)*

When washrooms are not available, substance users move out onto the deserted industrial areas and other urban neighbourhoods surrounding the 'bubbles', further increasing the isolation of people who use and the probability of a fatal overdose. There is also a serious safety risk related to residents' use around people that are strangers: physical and/or sexual violence and theft are common.

Observations

Overdoses are at epidemic levels in some respite centres

The drug supply in Toronto has become increasingly toxic and hazardous. Even before the pandemic, the City was experiencing a spike in overdoses and substance-related deaths (see sidebar). City data reveals that there were 254 EMS non-fatal overdose calls attended to across Toronto in 22 fatalities in April 2020 alone (Toronto overdose information system). This is just the overdoses that are reported.

There were 8 recorded OD fatalities (people found with no vitals) in the shelter and respite system in the first 3/4 of 2019. The Consultants got the impression that there are challenges with data collection at the Centres and suggested that the overdose numbers are underreported.

- *"What definitely isn't captured is how many people OD'd in respites and died in hospital. As far as I know there's no follow up data. Also, the number of ODS varies widely by site." (HR Consultant)*

Figure 7: CBC

"The city agency in charge of Toronto's overdose action plan is reporting a spike in overdose-related calls to Toronto Paramedic Services. On March 31, Toronto paramedics were called to 25 overdoses, including one fatality, according to an internal email sent to service agencies by the Toronto Drug Strategy. "These increases in overdoses show the impact of an increasingly toxic drug supply while we are also trying to address the community spread of COVID-19," says the email."

"City Reports Spike in Overdose Deaths amid COVID-19 Service Cuts." *NOW Magazine*, 2 Apr. 2020

Observations

Staff are not properly resourced or trained to practice a HR approach in their work

- *"Harm Reduction is just one of many items on Shelter and Respite workers job description. What we're asking of staff right now is just ridiculous – they don't have the support that they need to do a good job." (HR Consultant)*

Many staff are highly qualified (with BSWs and MSWs) but new staff are not given 'on boarding' briefings or training to prepare them for their work and to anchor the values and practices of HR.

- *"I have so much compassion for staff. A respite is a physically overwhelming place to be in." (HR Consultant)*

Figure 8 Marni Grossman photo. Toronto.com

Conditions for respite centre staff are stressful and often traumatizing

- *"The numbers of people dying in respites has been so overwhelming. Some staff have found it so horrible they are grief stricken and overwhelmed – they simply left." (HR Consultant)*

The environment in respite centres is always chaotic. The open floor plan offers staff (and residents) nowhere to have a break and 'down regulate'. Staff are hyped and on edge for their entire shift, and those working nights have the additional need to manage sleep deprivation. Not much support is available for what staff have to deal with in the course of any given day.

- *"How can staff continue to do their work in these conditions?" (HR Consultant)*

Security staff and cleaners who are employed by private contractors are also part of the picture. Residents noted serious tensions and conflict with these workers, who have much less training and exposure to a social justice and HR perspective.

- *"We really need to talk to security – not in a condemning way. They are seen by respite management as separate (from another company) and haven't been included in the research so far … There is lots of ill feelings towards them, which probably makes the situation worse. They have feelings too." (HR Consultant)*

Observations

At best, HR has been implemented in a piecemeal way at respite centres – and at one site, is not being promoted at all

The Consultants learned that HR policies and responses are not mandated by the City, and there is a serious inconsistency in respite centres' policies regarding HR. In the absence of a HR mission at the centres, staff bring their own values and judgment to their work; and residents talked about feeling stigmatized, judged and pushed aside because of their use.

Only two of the three 'bubbles' down at the waterfront have HR workers on site. Through their visits, the Consultants discovered that the rate of overdoses is much higher at the respite centre that does not promote a HR approach. HR workers proactively engage people who use in the centres. They educate in safer use; provide access to safer kits and supplies; and offer supportive conversations and problem solving.

- *"One centre [with a HR worker] had had only a few overdoses over six months, whereas another [without a HR worker] was having five to six overdoses each day, often with the same people overdosing over and over again. This site really needed support and was interested in developing a policy on substance use." (HR Consultant)*

HR is highly important work. The Consultants felt that the number of HR workers is insufficient, and that the lack of a more proactive HR strategy with supervised facilities for safe use and overdose prevention, continues to jeopardize lives.

While all substances have their related harms, opioid use is perceived by staff as more immediately dangerous. The Consultants concluded that while most staff have some basic training in overdose response and administering Naloxone, many do not feel comfortable responding when overdoses do happen. They may react with fear and often misread the stage of overdose.

The Consultants identified that the HR responses that do happen tend to take on a one-dimensional focus on opioid overdose, possibly at the expense of other substance-related harms. For example, residents using substances such as Meth can become agitated, and because the behaviour associated with Meth can be unpredictable and challenging, staff may be too overwhelmed to provide effective interventions. Meth users are often pushed away or even barred.

- *"Because opiate OD is life threatening, respite staff place a lot emphasis on opiates, instead of stimulants. But there is lots of Meth use these days. Meth is a stimulant and a meth OD results in 'over-amping' which causes behavioural issues [intense, anxious and/or erratic behaviour] or physical harms like having a seizure because you're sweating so much – or even a heart attack. Many staff just focus on other's safety due to the behaviour, but not the safety of the person using." (HR Consultant)*

There are competing complex demands on staff that may interfere with their ability to be accessible, comprehensive or effective in their approach.

Observations

The unsupported use of substances at respite centres also affects non-using residents

Substance use in bathrooms is the cause of conflict among residents, since they are often unable to access the facilities easily and/or comfortably.

Similarly, the criminal activity and chaotic environment related to the drug trade affect all residents' safety and stress level.

For those residents who are former substance users, open exposure to use can be stressful and re-traumatizing.

- *"It is impossible not to use or to cut back when a bunch of people are using around you." (HR Consultant)*

An "emergency" orientation is not service people well

Positioning these bubbles as an emergency response has resulted in a fragmented system that is less effective and robust that it could be.

- *"The integration of HR should be streamlined – this work is so critical and we're losing so many lives that there has to be consistency in the way that this work is being managed." (HR Consultant)*

Contracting out to multiple delivery organizations means inconsistency in implementation and policy. Respite centres have:

- Different staffing and collective agreements
- No consistency of HR policy and procedures
- Low accountability for substance use-related harms and overdoses
- Weak staff training in HR prevention and response
- High turnover and burnout of staff
- Lack of clarity of substance users' rights and responsibilities and lack of consistency of response to substance use across sites.

- *"Residents don't know what their rights are- they can be discharged without understanding why. They can be at one centre with one set of rules and then go to another with an entirely different set of rules." (HR Consultant)*

- *"There is weak coordination between SSHA and TPH. They haven't been able to develop a consistent set of policies.* Who answers to whom? And who is in charge of training and other responsibilities?" *(HR Consultant)*

Risk Assessment

Risk Assessment – Early thoughts

Making the best of a bad situation

"I hope this business of warehousing people will stop. The City will realize what they are doing wrong and what they've been lacking. And now with the pandemic they're taking action – is this what it takes? Where was the humanity before?" (HR Consultant)

While respite organizations are working as best they can to house and feed people under very challenging circumstances, the situation is untenable. They are under-resourced and overcrowded. More important, they are not governed by appropriate humanitarian standards and protections. When substance use is added to the picture residents face serious risks. Staff are operating in a grey area: continued prohibition of substance use, combined with passive acceptance of substance use results in mixed messages about how staff should respond to reduce harm.

This preliminary exploration of substance use in respite centres reveals that the causes of greatest risk to residents appear to be rooted the temporary, emergency-oriented nature of the centres, their operations and their funding. In this environment, a weak commitment to Harm Reduction creates confusion and results in piecemeal implementation of HR practices, increasing the incidence of harm and trauma to both residents and staff (see box).

A genuine 'fix' for the broken, dangerous conditions of users would require a massive overhaul of respite centre strategy and funding. In this context, it has been difficult to assess risks.

Given limited resources, the Consultants have recommended expedient, low-budget responses to improve conditions and facilities for substance users, complementing these strategies with longer-term, incremental educational and community-building strategies that should begin to build stronger Harm Reduction capacity over time.

Recent literature highlights the risks related to piecemeal implementation of Harm Reduction

[This study] illustrates the challenges of implementing an overdose response when substance use is prohibited onsite, without an expectation of abstinence, and where harm reduction services are limited to the distribution of supplies.

In this context, harm reduction is partially implemented and incomplete. Shelters can be a site of risks and trauma for residents and staff due to experiencing, witnessing, and responding to overdoses. …

When harm reduction is limited to the distribution of supplies such as clean equipment and naloxone, important principles of engagement and the development of trust necessary to the provision of services are overlooked with negative implications for service users.

Sheltering Risks: Implementation of Harm Reduction in Homeless Shelters during an Overdose Emergency. PubMed - NCBI.

Responding to risk

Four Key Elements of a Comprehensive Overdose Response

Canadian Institute for Substance Use Research

The goals of a comprehensive overdose response plan are to prevent overdose deaths, promote access to substance use services on demand, and strengthen systems responses to promote health equity and social justice. In order to achieve this goal, it is critical to:

1) strengthen system resilience and community capacity for responding to and preventing overdoses,
2) recognize and disrupt social and personal stigma and discrimination associated with substance use and addiction,
3) implement a broad range of health promotion and harm reduction interventions to prevent overdoses,
4) assess and strengthen pathways to substance use services and supports.

To prevent overdoses, a range of strategies are needed to reach everyone regardless of their social or economic circumstances. While substance use of all types is a common feature of society, illicit substance use is often stigmatized and as a result hidden. Programs, policies and services must be developed and offered without judgment of the specific type of use.

Pauli, Bernie et al. *A Public Health Guide to Developing a COMMUNITY OVERDOSE RESPONSE PLAN*.

PRODS vision for change

The Consultants anticipate that their work will result in the following outcomes:

Intermediate outcomes:

1. Residents are engaged and building a more cohesive community in respite centres
2. Increased access to safer supplies
3. Allocation of safer facilities for use, with personnel and resources to support people who use drugs and to prevent overdose
4. Staff, security, cleaners have a better understanding of HR including substance use, prevention and overdose response
5. Residents have a better understanding of HR and change behaviours to become more safe in their use
6. Overdose levels are reduced

Longer-term outcomes:

1. The perspective of management and staff regarding substance use shifts away from a criminalizing perspective towards a more compassionate, non-judgmental social justice approach
2. HR values, policies and procedures are more deeply embedded in the operations of respite centres
3. Increased investment in HR staff and services

Action plan

An agenda for action

The Consultants have proposed a process in which the team would work on an ongoing basis to embed a robust HR response at each respite centre, and to promote action to reduce substance use-related risks. These responses retain their relevance and even grow in importance as the pandemic unfolds. Even as the density of residents in respite centres is reduced as a result of COVID-19, there are a number of responses that will immediately reduce harms and begin to embed a more well-rounded HR strategy. These strategies include:

1. Engaging and building a relationship of trust with management and staff with the aim of promoting immediate, lifesaving changes in operations.

2. Further research to build a better understanding of the needs, interests and risks of residents, staff, and security.

3. Regular liaison with in-house HR workers, offering a mentoring and support service for overloaded HR staff.

4. Facilitating regular informal learning and discussion groups with residents in a private space where they can connect and express opinions without fear of consequences, in order to build trust and community among residents.

    - *"We want to build community capacity with residents – to develop a sense of cohesive community. The feeling that people have each other's backs. We want to start a peer education group on site." (HR Consultant)*

Findings indicate that participants regarded peer workers as providing a range of unique benefits. They emphasized the critical role of both social networks and informal roles in optimizing overdose responses.

The scaling up of peer programming in distinct risk environments such as emergency shelters through both formal and informal roles has potential to help improve overdose prevention efforts, including in settings not well served by conventional public health programming.

Bardwell et al, "Housing and Overdose"

Action plan

5. Roll-out of a regular roster of staff training sessions designed to reach all staff in a 24/7 multi-shift environment.

    - *"We want staff to feel more confident dealing with overdose. When they come across an OD it shouldn't feel like an emergency. They should be able to respond in a more level way." (HR Consultant)*

    - *"We want to challenge attitude. We're trying to inject some compassion and understanding about those who use drugs. To have staff understand why residents use drugs. They're not bad people – they're just trying to deal with an impossible situation." (HR Consultant)*

6. Increasing numbers of HR workers and offering safer facilities and supports for substance use on site at respite centres. While offering a formal Overdose Prevention Site at respite centres would probably be the best solution, the team identified a more expedient, interim response that would save lives. The Consultants are advocating a Peer Witness approach (see next page) which has been demonstrated in other jurisdictions.

7. Continuing to advocate for more proactive public health and shelter policies from the City, moving from recommendations to standards and policies with 'teeth'.

    - *"We need to develop a standardized policy – make it into a poster and display it so that residents who felt that they were being stigmatized can know their rights." (HR Consultant)*

"Implementing Safe Consumption Site (SCS) and other overdose prevention interventions across a range of housing sites provides multiple opportunities to address overdose risk and drug-related harms for marginalized people who use drugs.

Given the current overdose crisis rising across North America, and the growing evidence of the relationship between housing and overdose, the continued implementation and evaluation of novel overdose prevention interventions in housing environments should be a public health priority. A failure to do so will simply perpetuate what has proven to be a devastating epidemic of preventable death."

Housing and Overdose: An Opportunity for the Scale-up of Overdose Prevention Interventions? | SpringerLink. (2017)

Peer witness consumption space approach

The PRODS team is interested in exploring the implementation of **peer witness consumption spaces** – an innovation that HR activists have been experimenting with in Vancouver and New York to provide effective 24/7 responses to overdose crisis in emergency shelters.

A peer witness approach seeks to draw on residents who are caring 'natural helpers' and a broader sense of and collective responsibility in shelters in order to support people to feel safe while they use and have support if they overdose.

The approach requires the leadership of staff and HR Support Workers (people with lived experience). The aim is to build community, ensuring that supplies are available, attending people at designated spaces for use, and coordinating regular checks on non-designated spaces.

… the implementation of this intervention reduced stigma and shame through the normalization of drug use in shelter spaces, and yet underlying social norms and material constraints led people to inject alone in non-designated injecting spaces. Whereas these spatial dynamics of injection drug use potentially increased overdose vulnerability, an emerging sense of collective responsibility in relation to the overdose crisis led to the routinization of peer witnessing practices across the shelter environment to extend the impact of the intervention.

Bardwell, Geoff, et al. "Negotiating Space & Drug Use in Emergency Shelters with Peer Witness Injection Programs within the Context of an Overdose Crisis: A Qualitative Study." *p. 86.*

The goals of creating a space for peer witness consumption are broad and rely on a pro-active community-based process of embedding of HR principles and practices.

"The goals include:

- promoting overdose response capacity amongst residents and staff at respites
- creating opportunities for peer-to-peer education and support, and opportunities for leadership by people who use drugs
- offering people who use drugs and are vulnerable to overdose a space where overdose events can be responded to immediately and prevent overdose-related deaths
- reducing injuries related to using illicit substances quickly in public spaces or in isolation e.g. abscess, infection
- reducing illicit substance use in public spaces (parks, washrooms) and of drug use related materiel discarded in public spaces."

Bardwell et al. "Negotiating Space & Drug Use in Emergency Shelters with Peer Witness Injection Programs within the Context of an Overdose Crisis: A Qualitative Study."

Conclusion

This report is, in effect a pre-research report, which has helped the team scope out the context and issues that it will explore as it moves ahead with its community engagement and research process.

The report offers a combination of observations and anecdotal findings, supported by current news, academic, and grey literature. These findings must be accompanied by more in-depth information about substance use in respite centres and the related risks and harms.

The Team will use the findings to design and support a rigorous consultation and research process to learn more about the perspectives, interests and needs of people who use substances, other residents and staff.

Given the urgency of the situation, the team has also recommended some early HR responses, complemented by a community and staff engagement strategy. In this new COVID-19 environment, we believe that this response is now even more relevant and timely.

Appendices

PRODS HR Risk Consulting Service

PRODS HR Risk Consulting Service/Social Enterprise

Proposed Service:

We are offering a basic consulting process that will work with respite centre management to identify and respond to risks related to substance use in respite centres.

The team provides extensive expertise on the complex needs of people living in poverty, Harm Reduction response, program design, risk assessment and emerging models for HR responses in shelters. Our hope is that this first phase of consultation and risk assessment will lead to a rapid, practical response to the identified issues, increasing the wellbeing of residents and staff.

The purpose is to:

- Give decision makers a picture of how residents perceive the respite centre
- Understand the scope and nature of substance use at the respite
- Identify risks to residents, staff and community
- Reduce the impact of use on residents, staff and community
- Explore Harm Reduction responses and solutions

Our Team:

- We work in teams of two. Our two lead consultants for this job are Sarah Garnett and Peter Leslie. Both are seasoned HR workers and have many years of leadership experience and expertise in the field of Harm Reduction services, Overdose Prevention, research and policy development.
- The team has the proactive support and guidance of a community-based committee of volunteers who are committed to see a more effective Harm Reduction response in Toronto respite centres. It includes four experienced, downtown HR outreach workers, Stephanie Moulton, PASAN; Mary Kay Mac Vicar, Street Health; Stephanie Massey, PQW CHC, and Janet Murray, *Resources for Results* (community evaluator).

The Proposed Process:

1. Preliminary meeting with manager – set the scope and expectations of the work and establish an ongoing working relationship/communication (1 day)
2. Tour the facility, talking to residents, staff, management, security and other stakeholders (1 day)
3. Team consultations, planning (ongoing) (1 day)
4. Organizational work and interviewer orientation and prep session (1 day)
5. Consultation with residents – design and implement a survey of residents (a 20 minute, paid survey ($15) administered by peer researchers) (2 days)
5. Consultation with Staff – 20 minute interviews with staff, security and local HR workers (2 days) (Supported by CHRRT Street Polls)
6. Process the qualitative and quantitative interview data (1 day)
7. Team meetings to analyze and summarize findings (1 day)
8. Preparation of a brief, accessible PowerPoint report summarizing the evidence, identifying risks, summarizing findings and making recommendations (2 days)
9. Presentation to the Manager/management team – decision making about next steps (1 day)
10. Focus group to explore residents' reaction to recommendations and strategy to respond to the situation (Optional – not in budget)

Possible Next Steps:

- We are currently developing a staff training workshop series tailored to the learning needs of and challenges facing respite centre staff who may never have worked in a HR context – supporting them to manage situations of chaotic use, be confident in overdose response and the use of Naloxone, and dealing with work related trauma
- We are developing a 'peer witness' strategy – a cost effective response to the lack of overdose prevention services in the neighbourhood
- We also can offer third party HR services and supports on-site on a fee for service basis

Outcomes:

We believe that by accepting the fact that people use drugs in shelters, it is possible to establish a more calm, safe environment. From a human resources perspective, a Harm Reduction approach can free up staff time, destress staff and prevent work-related trauma, and promote staff retention.

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