Drop-in Modality

Community HR Response Teams (CHRRT) project
Street Health

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What is CHRRT?

The **Community Harm Reduction Response Teams (CHRRT) project** is a 3-year initiative (April 2018 to March 2021) designed to promote low-threshold, Harm Reduction services in Toronto neighbourhoods in response to the growing opioid crisis.

Funded by the **Substance Use and Addictions Program (SUAP) of Health Canada**, the project has been designed to mobilize people with lived experience to play leadership roles in community-based Harm Reduction work.

Ten agencies are partnering to train and employ over 25 people with lived experience to become Harm Reduction Support Workers in their communities.

A major component of the project is the mobilization of the community's knowledge about this new model for promoting and resourcing effective community responses to the crisis.

Acknowledgements

With thanks to Janet, Monica, and Mary Kay, for leading and mentoring us this past semester. Additional thanks to all the interviewees who were a part of this project.

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Section 1: Overview

Methodology

The research study scope and objectives were identified by Street Health's Monica, Mary Kay, and Janet. The study aimed to assess the impact of the CHRRT model on low-threshold harm reduction service delivery, employee support and experience, and overall community impact with 10 agencies serving Toronto neighborhoods. To gain an accurate snapshot of the diverse harm reduction services employed through CHRRT, the study was centered on the CHRRT project's three major modalities; drop-ins, outreach and systems navigation.

Drop-In

Outreach

Systems Navigation

To address the above outcomes of the CHRRT model, an interview-based, qualitative research study was conducted over the course of 4 weeks. Nineteen individuals were interviewed, 9 mentors/leads and 10 peer support workers. The interviewees came from 8 different institutions; Street Health, Sistering, Maggie's, Pasan, Ve'ahavta, Fred Victor, Parkdale Queen West Community Center and Dixon Hall.

Methodology

Shiropa and Nicole were involved in the drop-in modality research and analysis. They assisted as note-takers in 5 interviews from individuals from Sistering, Street Health and Maggie's. **Sistering** is a multi-service agency for at-risk, socially isolated women and trans people in Toronto who are homeless or precariously housed. They provide drop-ins at two different locations, one of which is open 24/7. **Maggie's** is an organization run by and for sex workers to advocate and provide safety, support, and dignity to sex workers in Toronto. They provide drop-ins once a week.

Interviews were conducted over Zoom and ranged between 30-60 minutes. All interviewees provided their consent to participate, be recorded and potentially approached for a follow up on media consent.

What questions did we want to answer?

- What are Drop-in services? How do they relate to the goals of low threshold Harm Reduction services?
- What does a typical shift look like? What and who are involved in the services?
- Why are Drop-in services important to your agency?
- Is it important to engage people with lived experience in the work?
- What are some of the challenges and benefits that arose from your work?
- What difference does a low-threshold approach make? (for service users, organizations and communities)
- What are the overall outcomes of Drop-ins as a Harm Reduction modality?

Harm Reduction and Drop-In Literature Search

Peer-delivered harm reduction and recovery support services: initial evaluation from a hybrid recovery community drop-in center and syringe exchange program (Ashford R. et al. 2018)

This study analysed the impacts of a hybrid harm reduction model which included peer engagement, outreach, providing harm reduction supplies and recovery support services in the US. One interesting finding was that two vulnerable populations were identified in their data (Latinx and bisexual people who were at higher risk for overdose) and the authors suggested more peer-to-peer and culturally specific outreach and counselling services to lead to better engagement in harm reduction services.

Rapid evidence review of harm reduction interventions and messaging for people who inject drugs during pandemic events: implications for the ongoing COVID-19 response (Wilkinson R. et al. 2020)

A systematic review of mainly non-peer reviewed, pre-publication or expert opinion pieces searched from health databases and grey literature on effective Harm Reduction interventions during a pandemic situation was conducted. Findings revealed that harm reduction services **should** be deemed as **essential** during a pandemic. Services should be offered under full protections (i.e. segregations, adjusting patient flow) and higher operational flexibility (i.e., allocations of take-home supplies). Data on Harm Reduction communication was limited but highlighted that messaging on infection control, uncertain drug supply and accessing available harm reduction services were very important components of communication lines in a pandemic.

Section 2: What is a HR Drop-in Program?

What is a Harm Reduction Drop-in?

Harm Reduction Drop-ins are a space where individuals can gain access to supplies and resources that pertain to substance use harm reduction and general health and well being. This can include providing any or all of the following: safe injection supplies, safe sex supplies, overdose kits, educational workshops and trainings (i.e., CPR, overdose kit use), trauma informed counselling, drop-in clinic services, foot care, legal services, internet access, bus passes, access to housing and employment resources and more.

Harm Reduction Drop-ins are also a place where community engagement and building can occur. Food is usually provided along with social activities like a movie night. People may come to drop-ins to meet their friends and check-in with others in the community.

Harm Reduction Drop-ins are an overall safe space, where individuals can feel supported and welcomed, and access resources without being stigmatized or pressured.

"It's a place for them [clients] to engage in what's going on in the industry [community]. It's a place for them not to feel stigmatized or judged so they can feel safe." (HR worker)

"It's a one-stop shop." (HR worker)

What does a typical shift look like?

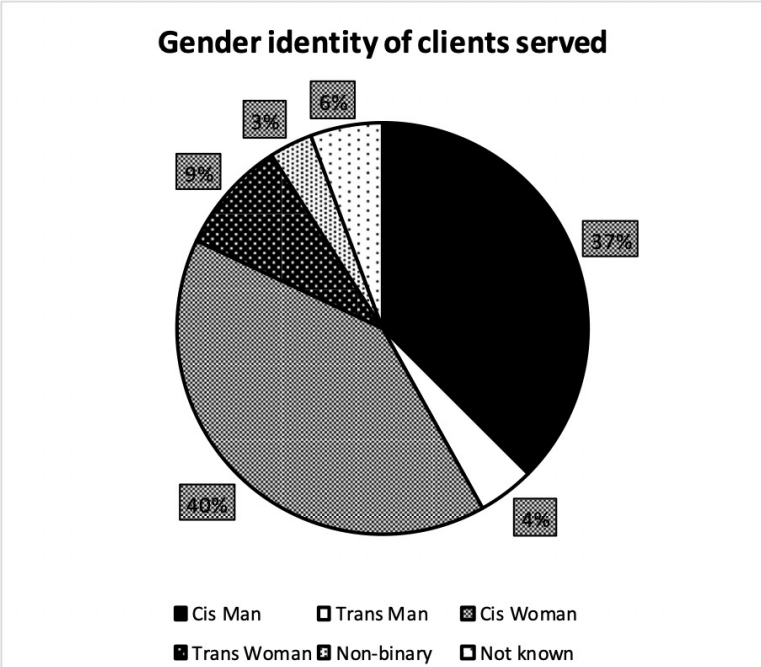
Shifts start with a team meeting, either before the drop-in session or a few days prior. Team meetings allow for planning of the drop-in such as organizing an activity or social event, a workshop or seminar, and deciding on what food will be served. These meetings can also include check-ins with team members to ensure everyone feels safe, supported and prepared for any conflict.

Drop-ins can run for 2-4 hours, except at Sistering whose drop-in hours are much longer. Food will be served and can range from snacks to a full meal service. Peer support workers help people as needed throughout a shift, guiding people to the various resources, making sure things are running smoothly. Workshops and educational trainings and programs often occur during the drop-in shift. Partnerships can occur across organizations, such as at Street Health's Drop-ins which partner with Forty Oak to run a community kitchen once a month. At Maggie's, once a month workshops are run and guest speakers, such as from Sistering, come in to discuss topics like how to use harm reduction supplies, manage finances, find housing, give CPR and more. During shifts, people may also help-out the agency by volunteering with kit making. At Sistering, CHRRT workers provide the peer perspective, as allies between workers and clients. CHRRT workers can watch the front door, explain Harm Reduction services, let people smoke safely outside and more. Lastly, activities can also be provided, at Maggie's for example once a month acupuncture is offered and at the end of shifts a movie may be played for everyone. For the most part people are left free to spend their time how they please during the Drop-in.

At the end of the shift all agencies conduct a de-briefing and clean up session with their team members. At Street Health, a feedback survey is occasionally conducted to help improve Drop-in services to meet community needs.

Who are the people who use these services?

All Drop-ins see a large diversity of people access their services. Clients spanned across all races, gender identities (unless the organization is specialized), creed, culture and even age, ranging from 18-70 years old. Clients are impacted by poverty, homelessness, trauma, violence and health disorders. At Maggie's, 80% of their clients accessing Drop-in services are homeless or living in poverty and isolation. Not everyone is a substance user, for example at Street Health those of East-Asian descent prefer and engage more frequently in the meal rather than Harm Reduction services.



Sistering serves women who have survived trauma and abuse and are experiencing difficulties in accessing support elsewhere due to their drug user status. Drugs are now "dirtier" and more dangerous, creating a more precarious situation for many clients.

The geographic location of an agency, affect drug use preferences and the types of users who use Drop-in services. Whether people are mainly crystal meth, crack, or opioids users depends on whether they live in the downtown eastside, Bathurst or Parkdale region. Lastly, people may access services while under the influence and are not turned away. People are not policed in situations like this and facilities are monitored for safety reasons.

Why are Harm Reduction Drop-in services important to your organization?

Maggie's: Agencies since 2015-2017 have applied for trafficking initiatives grant money, shifting agencies which support sex workers into exit programs. This created a large vacuum in resources and spaces available for sex workers, creating greater harm for these communities. Low threshold, harm reduction drop-in services are essential to the health and well being of those in the sex working community. Providing these services contributes to the validation and support of sex work and its industry members.

Street Health: 1/5 of households in Toronto face food insecurity while a family of 4 has $197/month to live off on after paying rent. Food insecurity is a major problem in the city that can lead to other issues (increased substance use, risk of HIV etc.). Surveys conducted at Street Health have shown that people want Drop-ins to happen every day because of the high food needs. For socially isolated individuals experiencing poverty and using illicit substances among other issues, Drop-ins are the best place for community members to socialize. Street Health provides 1-on-1 and group sessions.

Sistering: Harm Reduction Drop-ins are important in fighting against the challenges that women substance users face in addressing trauma, pain, poverty, health issues and **stigma.**

Why are Harm Reduction Drop-in services important to your organization?

(Respondent quotes)

"To give justice to people who use drugs!"

"There needs to be people fighting for Harm Reduction because if no one does, everything will be shut down, like injection sites and detox."

"Harm reduction saves lives but we still have to fight tooth and nail to keep it alive."

Section 3: Findings

Tell us about a client you have worked with.

Client #1: A 60-year-old sex worker who has experienced painful familial loss, hardships with the police and was trying to leave an abusive relationship. She required better housing to move away from her abusive ex-partner. The Harm Reduction worker was able to advocate for better housing (through letters) and police compliance, ultimately securing this woman's safety. Relationship left a lasting impression, and they are still in touch. The Harm Reduction worker felt they were able to use their privileges to advocate on behalf of the client in a way that created a large positive impact in their life.

Client # 2: After enduring great physical violence, this client was offered a spot volunteering in the kit making services. This led to a friendship with the Harm Reduction worker, where the client could learn more about how supplies could be dropped off for her.

"One drug user spotting another drug user and offering support… this is the nature of being a peer." (respondent)

Client #3: A client who was suffering from homelessness and substance use began attending drop-ins at Street Health. Over time, this person built trust with the Harm Reduction worker and was connected to different services. They joined as volunteer and eventually became a drop-in helper.

What are outcomes of your work are most important and are you most proud of?

Being able to address the immediate needs of clients, which can be the difference between life and death for many, was highly important to Harm Reduction Drop-in workers. This includes providing food, housing, case worker support and health care services, with a particular emphasis on **food**.

Creating a community of support and being able to connect with clients while working are also outcomes of Drop-ins that Harm Reduction workers are very proud of. In a 2019 survey conducted by Street Health, 100% of client responses said they felt welcome at the organization. Additionally, connecting with clients and witnessing a substantial impact of your work, such as how it empowers others through knowledge and resource access, is a great source of pride for some workers.

What are outcomes of your work are most important and are you most proud of?

(Respondent quotes)

"Establish a sense of community and humanize and validate sex work."

"Validation can come from just listening to people and restoring their dignity."

"When I address the needs of a client, it is a great pride for me, comes with the realization that I'm making a difference."

What challenges have you faced in your work?

Across all agencies, there was a resounding lack of funding and resources witnessed by workers. This affects the ability to purchase enough food, hire enough staff, and provide adequate services which puts a strain Harm Reduction workers.

Witnessing incredible amounts of mortality and pain has been difficult for Harm Reduction workers. Substance using communities living in poverty have been some of the hardest hit by the rise in the opioid crisis and COVID pandemic. Witnessing the personal challenges of clients is saddening.

Stigma and shame are large hurdles to be overcome in this line of work, as expressed by several harm reduction workers. This applies to clients and peer support workers. Despite years of service, peer support workers are disrespected by others because of their drug use history or status.

Conflict with and lack of support from law enforcement are great challenges faced in Harm Reduction work. The lack of justice when clients are abused or lose their lives is unacceptable. There is great mistrust between clients and the police, which was suggested to be liaisoned better through initiatives such as sensitivity training.

> *"When people have limited resources, it reduces their confidence, they become hopeless" (respondent)*

One organization is not sufficient to meet the needs of clients. Greater initiatives taken on a city, province, and country wide level was suggested during the study. Homelessness and opioid-related deaths are all rising, and policy makers must do more to address these issues.

How has COVID-19 changed your work with Drop-in?

Street Health: Drop-in have been suspended and there now screening stations in order to access some services. People miss being able to socialize as they once could during Drop-in. The pandemic has exacerbated isolation in client communities.

Sistering: It is very difficult to help people and meet their current needs with the reduced workforce. Additionally, the housing crisis has become worse.

Maggie's: All Drop-ins have been moved to online programming. This introduces many barriers as clients may not have internet access or a computer. They have lost contact with 50% of participants. It is much more difficult to connect with and support clients.

"The rich are getting richer, the poor are suffering, how can anyone live decently?" (respondent)

Why is it important that Harm Reduction Workers have lived experience?

Lived experience helps harm reduction workers show more empathy, which clients need rather than sympathy. This is something that theory and academia can not teach. Additionally, Harm Reduction workers with lived experience are better able to connect and show hospitality to clients, as they know what it feels like to reach out for assistance when using substances.

Those with lived experience usually start as volunteers and then work their way up to being a mentor. This empowerment and support results in personal transformation and accomplishment in peer support workers.

"Whenever you have an issue, let me know. I want to help and support you. You are my asset, my arms, you are my power too. I am nothing without you guys." (respondent)

"When you have lived experience, you can navigate the system better for others… Some people who have theory don't have empathy, you need empathy to succeed and work well with community." (respondent)

Kapow Focus Group on Drop-ins Quotes

(Respondent quotes)

"People with lived experience can be empathetic because they can understand people, they have been in their shoes."

"People who have not been in those situations have no idea, You can not explain it all to them."

"People with lived experience can be a bridge to the actual resources for people"

How have you been personally affected by this work?

This work has brought some Harm Reduction workers a sense of validation and empowerment. For others, it is a stressful job to constantly witness such poverty and hardship. Additionally, by not being able to help more due to the limitations of the work, a strong feeling of helplessness can burden Harm Reduction workers.

"When society is telling you are no good because of your circumstances and social location and then you get a job that validates those things and changes the lives of other people — that's empowering and validating." (respondent)

"People ask me why I am still involved in this community since I am not homeless or using now — this is my community who supported me when I needed them and gave me resources. This is my way of giving back. It is my lifelong destiny to bring a voice to those that don't have one exactly right now." (respondent)

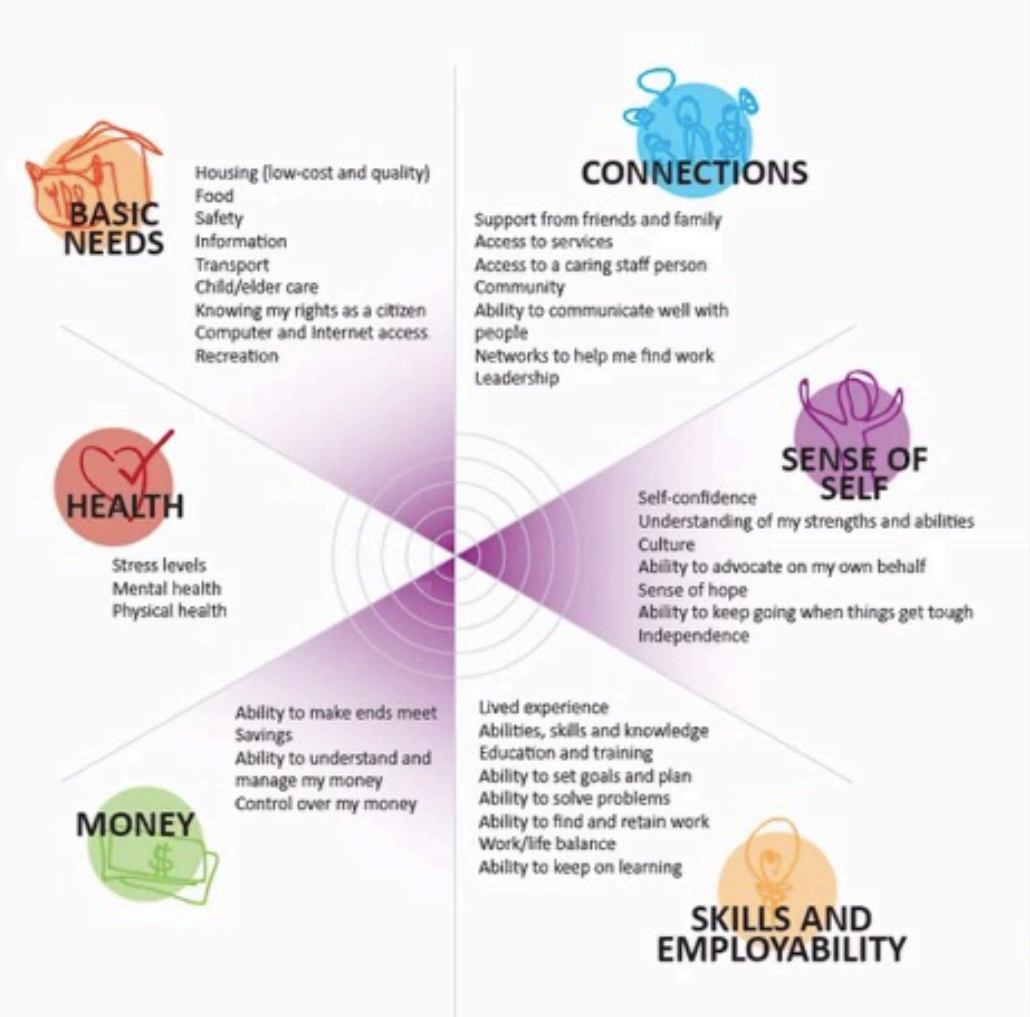
Key Takeaways

- Drop-ins are an opportunity for socialization, education, receiving supplies, and more. This multi-faceted approach provides services which the community has a high need for.

- Drop-ins allow service users to share their lived experiences and potentially engage in roles where they can directly use those experiences to engage with others.

- Low threshold means no barriers; drop-ins are available for anyone.

- For example, low threshold Harm Reduction is important for those who go to Sistering and Maggie's since otherwise, they cannot access services at other places.



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