

The background features a large, abstract graphic composed of a grid of squares in various shades of teal and light blue, creating a pixelated or mosaic effect. This graphic is positioned in the upper-left and lower-left corners of the page, leaving the right side mostly white.

Engaging Users

Reducing Harm

Collaborative Research Exploring the Practice and Results of Harm Reduction

Practitioners/Researchers:

Rui Pires, St. Stephen's Community House

Ruth Yeoman, WoodGreen Community Centre

Tom Allen, Dixon Hall

Tammy Mackenzie, Fred Victor Centre

Barb Panter, All Saints' Church-Community Centre

Jason Mailman & Tony Boodhoo, Eva's Initiatives - Eva's Satellite

Project Managers:

Lenka Petric and Michelle Smith

United Way of Greater Toronto

Research Coordinators and Writers:

Janet Murray and Mary Ferguson

Eko Nomos

Layout:

Chris Knight

Eko Nomos

Editor:

Claire Letemendia

Eko Nomos



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United Way
of Greater Toronto

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Janet Murray and Mary Ferguson
Eko Nomos Program Development Consultants
70 Bertmount Avenue
Toronto, Ontario
CANADA
M4M 2X9

Tel: (416) 461-7711
Fax: (416) 461-7723
Email: info@ekonomos.com
Web Site: ekonomos.com

Executive Summary

Introduction

Over the past decade, social service agencies have begun to experiment with the concept of harm reduction – “the attempt to ameliorate the adverse health, social, or economic consequences associated with the use of mood-altering substances without necessarily requiring a reduction in the consumption of these substances.”¹ While use-related harm reduction interventions such as needle exchanges, safe crack kits and condom distribution have attracted the greatest attention, the initiatives documented by this Toronto-based research project have adopted a more complex and comprehensive focus: on the exclusion of many low-income drug and alcohol users from mainstream social services and entitlements. These initiatives have applied the principles of harm reduction to resolve the problem of inappropriate and inaccessible services for users.

Methodology

The research involved six Toronto-based agencies, all of which had already to some extent begun exploring and adopting harm reduction principles in their work of providing social services to marginalized, low-income people.

¹ Dianne Riley and Pat O'Hare, “Harm Reduction: History, Definition and Practice” in James A. Inciardi and Lana D. Harrison (eds.), *Harm Reduction National and International Perspectives*. (Thousand Oaks: Sage, 1999), p. viii.

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Three United Way funded pilot projects (at WoodGreen Community Centre, St. Stephen's Community House, and Dixon Hall) and three City of Toronto funded pilot projects (at Fred Victor Centre, Eva's Initiatives - Eva's Satellite, and All Saints' Church-Community Centre) were engaged to document harm reduction practice and outcomes. The agencies received training and support for this task, and the consulting firm Eko Nomos Program Development Consultants was contracted to design and implement the research process.

The report is a result of this collaborative research initiative. While the harm reduction approach may not be unique in Canada, it is the first time, to our knowledge, that the integration of harm reduction practice and principles into social service provision has been documented.

The research team chose to adapt the Sustainable Livelihoods Framework for use in a harm reduction context. The Framework is organized into five asset areas (social, physical, personal, financial and human) that help us understand complex information about the lives of people in poverty, and the context of that poverty.

The Context of Harm Reduction

The design and development of harm reduction practice in Toronto has emerged as a direct response to the contextual factors highlighted below, in two broad categories:

1. *Barriers in Access Services*

- Criminalization of use and poverty
- Negative attitudes towards users limit access to services
- Lack of specific supports and services for users
- Misperceptions about the purpose of harm reduction make it difficult to find funding for the approach.

2. *The Inadequacy and Complexity of Social Service Delivery*

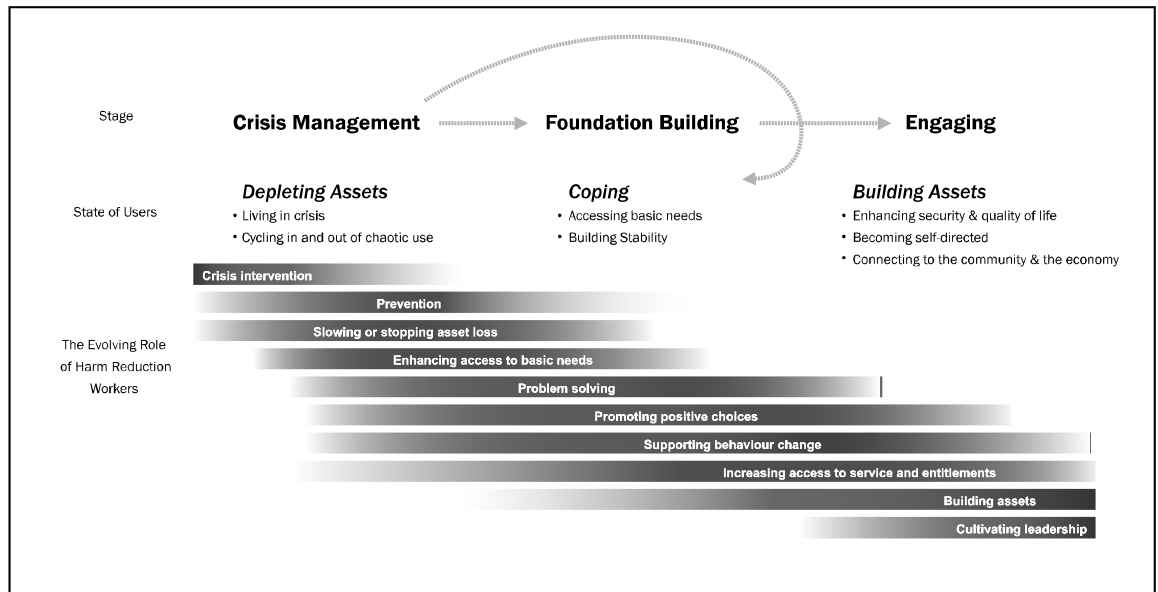
- Social assistance benefit levels are insufficient to provide security and meet basic needs
- The highly structured and specialized nature of service delivery makes access difficult
- A high level of personal effectiveness is required to access services
- Fewer initiatives exist to support people to make the transition out of poverty
- The lack of affordable, accessible, supportive and/or transitional housing
- Implications of this context for program design and implementation

The work documented by this research appears to be a new hybrid of typical approaches to harm reduction. Swimming against the flow of current program design practices, the harm reduction practitioners have become brokers and integrators of services for users. They seek to challenge common prejudices and barriers through their work to engage socially marginalized citizens.

User Transitions and the Role of Harm Reduction

This research conceptually identified three distinct stages through which users pass as they build stability and reduce the harmful effects of their use-related behaviour and their poverty.

User Transitions and the Role of Harm Reduction Workers



Stage 1: Crisis

Low-income users live in a situation of extreme poverty, marginality, crisis and humiliation. They may use licit and illicit substances for a complex range of reasons. Often, it is to escape the past, or to find a welcome escape from the hard realities of extreme poverty. Many users have disabling physical and mental health issues. At this stage, they may be actively engaged in a cycle of chaotic use that further complicates the effects of the poverty in which they live. In most cases, users initially contact the harm reduction worker when in imminent or full-blown crisis. The worker adopts a problem solving strategy, which tends to lead to the identification of new issues; and, in many cases, a long-term relationship starts to grow.

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Stage 2: Foundation-building

Secure, affordable housing often marks the first step in the transition towards building a foundation of stability, and is a prerequisite for asset gain. Food and other basic necessities can be secured, and it becomes possible to deal with long-term health issues. Gaining access to public assistance entitlements is often the key to finding housing, even if the funds are insufficient for adequate food and other supplies. At this stage, harm reduction workers intervene to support users to make the transition from crisis to a more stable, secure quality of life, however the user may define it. Although the potential for crisis continues, the harm reduction worker supports the user on an ongoing basis to promote safer use and to manage harmful behaviours.

Stage 3: Promoting Engagement

In this third stage, users gradually shift from survival mode to longer-term thinking. With a regular stream of income and some basic stability, they begin to re-establish a personal identity and self-confidence, becoming ready for more attachment to others and more active, productive use of their time. Patterns of use tend to change, and users may also invest to improve their lives through better health-care, training, education, and possibly access to employment. Harm reduction interventions at this stage cultivate the basic ability of users to develop the connections, knowledge, skills and abilities to access their rights and entitlements as citizens. While the “anchor relationship” with the harm reduction worker continues to be of prime importance, users can begin to become involved in peer groups, and may choose to organize to effect strategic change at the policy and systemic levels.

Components of Effective Practice

Through the research, it was possible to identify a number of inter-related components of effective practice employed by harm reduction workers at various levels:

Level 1: Work with Individuals

- Building “anchor” relationships
- Crisis intervention and prevention
- Meeting basic needs
- Accessing or connecting to services and entitlements
- Use-related intervention support for use management
- Financial intervention
- Organizing and engaging users as a part of a community

Level 2: Work within Organizations

- Management and coordination of client services
- Integration of harm reduction into organizational practice

Level 3: Work at the Community Level

- Integration of harm reduction into the community

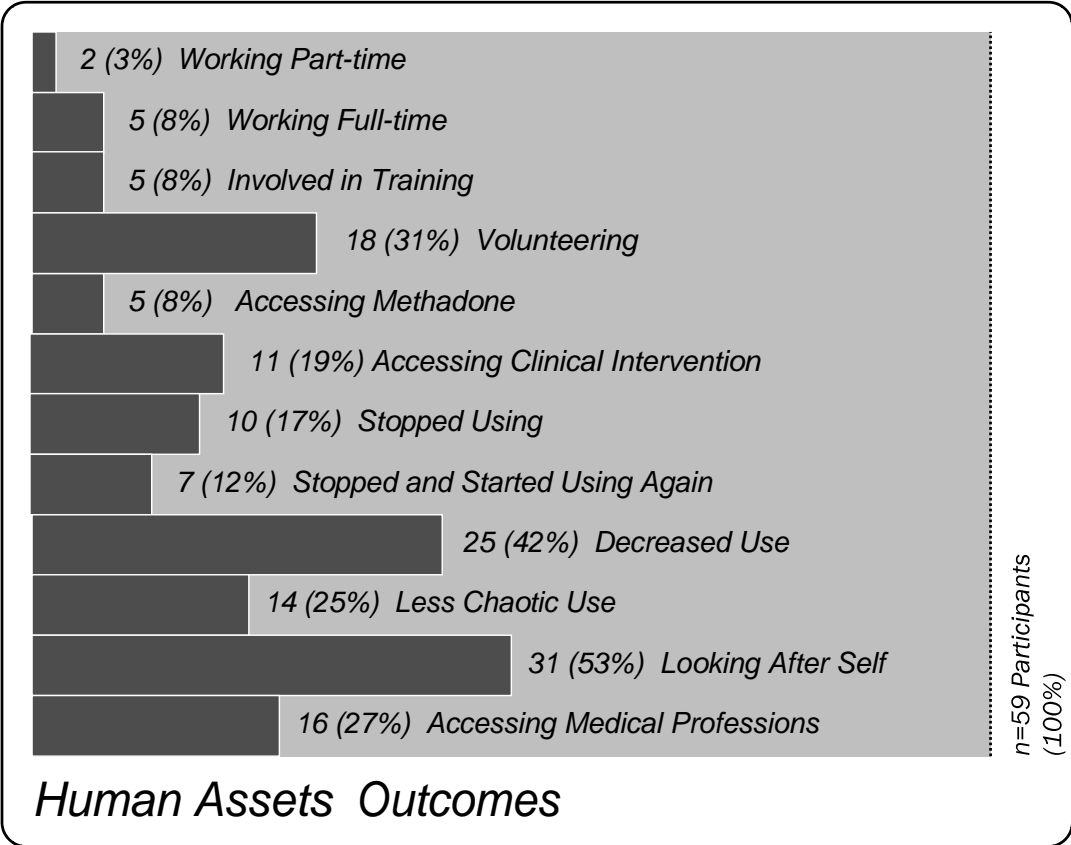
The Outcomes of Harm Reduction Practice

Level 1: Participant Outcomes

The research was designed to invest a great deal of time and effort in the documentation of outcomes at the user level. Portraits were developed over 18 months of 59 users to document the circumstances of users, the harm reduction interventions made, and the outcomes of those interventions.

The outcomes are explored in the five asset areas identified by the Sustainable Livelihoods Framework.

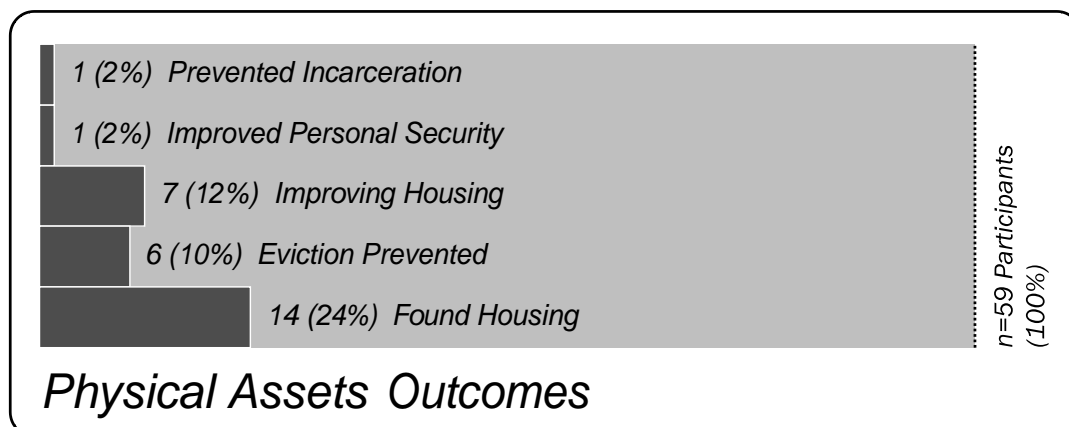
Human Assets: The health, skills, knowledge and abilities required for basic stability and quality of life



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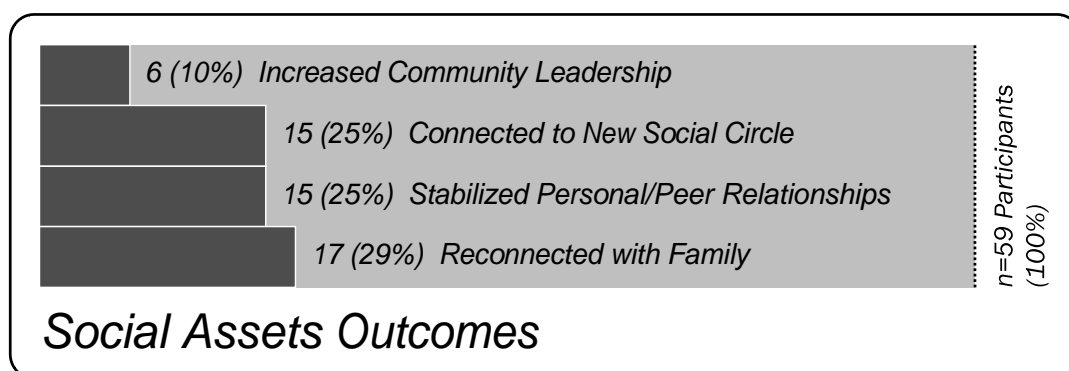
Physical Assets:

The shelter, services and goods required for basic stability and quality of life



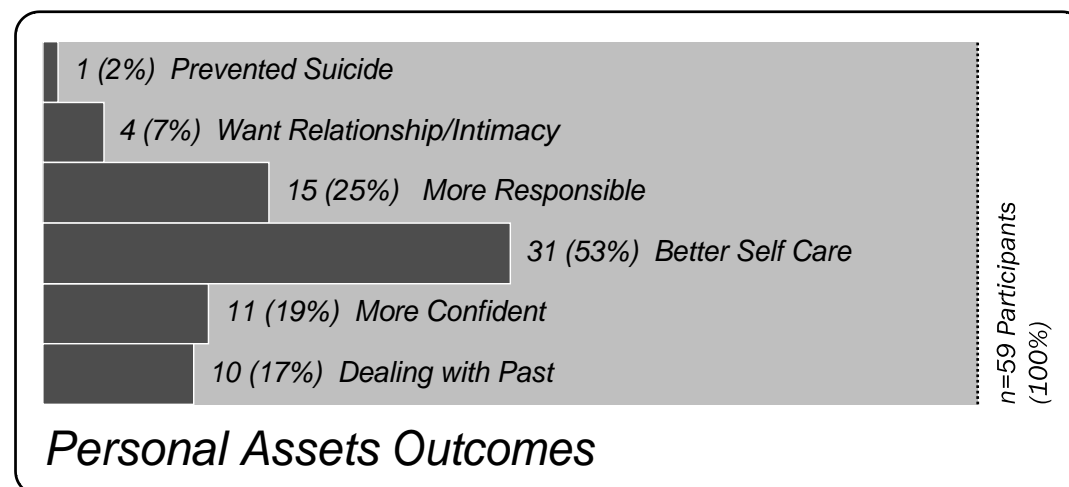
Social Assets:

The connections and relationships drawn upon for basic stability and quality of life



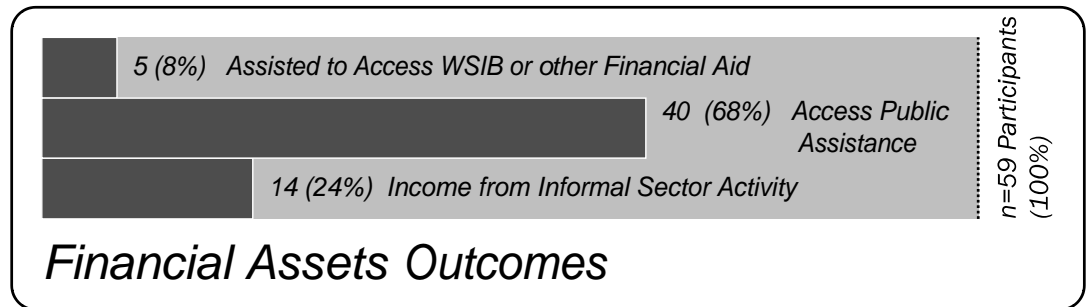
Personal Assets:

The emotional resources, self-perception and identity drawn upon for basic stability and quality of life



Financial Assets:

The income, resources and entitlements required to build income security, stability and quality of life



Because of the short timeline for the research, the results that have been identified are interim outcomes. We have been able to explore the type and frequency of outcomes, but it is still too soon to learn about the magnitude and sustainability of the changes that have occurred. We can only speculate on the interrelationship and causality of various changes. Yet these interim results are quite remarkable: over a relatively short period, a significant number of users have moved out of crisis into considerably more stable situations with a higher quality of life. Extrapolating from the sample to the program population, we can safely say that these outcomes have been substantial. Given the long-term relationships between users and harm reduction workers, we would expect to see continued benefits as users stabilize their lives and engage in society in more positive and productive ways.

Level 2: Project Outcomes

- Harm reduction practice is becoming more established
- Harm reduction (in this project) has become an integrated approach, connecting users to appropriate and respectful services
- The demand for harm reduction services far outstrips agencies' ability to provide those services
- Staff burnout is being reduced
- User participation builds engagement

Level 3: Agency Outcomes

- Harm reduction is gradually being integrated into organizational policy and practice
- A broader base of organizational staff is applying harm reduction concepts and practices

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- The six agencies are playing a leadership role in promoting harm reduction

Level 4: Community Outcomes

- Collaborative delivery in some neighbourhoods is expanding the reach and effectiveness of projects' harm reduction work
- Service providers and professionals have increased their understanding of use and their awareness of harm reduction principles
- Harm is already being reduced at the neighbourhood level

Conclusion

Judging by the demonstrated effectiveness of the emerging harm reduction practice of the social service agencies in this pilot project, there is real merit in continuing the work. We have seen that users benefit greatly from an “anchor relationship” with a caring person, and that their quality of life increases when they are connected to appropriate and non-judgmental mainstream services. As they broaden their engagement with people and social institutions, users begin to stabilize their lives, reducing harm to the individual and the community. Thus, increased social inclusion reduces harm – an ironic finding in a society whose prevalent response to substance use is stigmatization and exclusion.

These pilot harm reduction initiatives are young and evolving through practice. While we know of the positive effects for users, it is still too early to determine the scale and scope of the impact of ongoing harm reduction work within the organizations and communities in which it is pursued. It will likely take another three years of concerted work at the organizational, community and policy levels to integrate harm reduction as a community response to harmful substance use. Yet with an appropriate, coordinated strategy of funding, capacity building and policy development, the progress of harm reduction would be yet more substantial and positive. This practical and homegrown approach to harm reduction offers a very effective, comparably low-cost, pro-active and humane solution to a very human problem.

Introduction

Many low-income drug and alcohol users are excluded from mainstream social services and entitlements. A 1999 study, focusing on illicit drugs only, offered a startling revelation:

“To maximize contact with drug users, services can no longer afford to work only with those who seek to stop using drugs. It has been estimated that only 5% to 10% of the drug-using population is prepared to consider entering an abstinence-oriented program at any time. Clearly, we have to discover ways to work with the other 90%.”¹

Over the past decade, a new, more inclusive approach to working with drug and alcohol users has emerged in social development practice.² Social service agencies have begun to experiment with the concept of harm reduction: “the attempt to ameliorate the adverse health, social, or economic consequences associated with the use of mood-altering substances without necessarily requiring a reduction in the consumption of these substances.”³ Those social service agencies that have adopted the harm reduction philosophy from the public health community seek to connect users to the services and supports to which they are entitled, and to stabilize them through the development of a long-term, caring human relationship.

¹ Diane Riley and Pat O'Hare, “Harm Reduction: History, Definition, and Practice” in James A. Inciardi and Lana D. Harrison (eds.), *Harm Reduction National and International Perspectives*. (Thousand Oaks: Sage, 1999), p. 21.

² From henceforth, we refer to drug and alcohol users simply as “users”.

³ *ibid.*, p. viii.

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Harm reduction is rooted in the view that use cannot be addressed in isolation from a person's overall health, housing and other basic human needs. This humane, holistic approach resonates with a wide range of frontline social development practitioners who are acutely aware of the complex interplay of factors that contribute to use, such as poverty, homelessness, physical disability, sexual abuse, mental illness and social isolation.

While so much of harm reduction literature is focused on use-related interventions, such as needle exchanges, safe crack kits and condom distribution, the Toronto-based harm reduction initiatives documented by this research project applied the principles of harm reduction in a much more complex and comprehensive fashion, essentially to transform social services. The focus of this approach to harm reduction is unmistakable: it seeks to resolve the problem of inappropriate and inaccessible services for users, rather than to "cure" the user.

Section 2: Methodology

The Harm Reduction Research Project

In 2001, United Way of Greater Toronto's (UWGT's) Harm Reduction Program invested approximately \$500,000 over three years into programs and services for homeless users. This initial UWGT funding, provided by Ed and Fran Clark, was targeted to support direct service delivery and to enhance the capacity of funded agencies to incorporate harm reduction into service delivery models.

The funding was designed to support:

- Projects that target individuals who are homeless or at risk of homelessness, and struggling with use.
- Projects that are linked to shelters, transitional or supportive housing, drop-ins or established agencies.

A year later, UWGT had partnered with the City of Toronto to expand the scope of the harm reduction program to include a more formal research initiative. The City had contributed \$66,960 to the research initiative through the Government of Canada's Supporting Communities Partnership Initiative (SCPI).

This research initiative engaged the three United Way funded and three City of Toronto funded harm reduction pilot projects in a participatory research project documenting harm reduction practice and outcomes. All of these agencies had already been involved to some extent in exploring and adopting harm reduction principles in their work of providing social services to marginalized, low-income people.

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The six agencies were provided with training and support to document learning from the implementation of harm reduction services. The consulting firm Eko Nomos Program Development Consultants was contracted to design and implement the research process. This paper is a result of this collaborative research initiative. While the approach may not be unique in Canada, it is the first time, to our knowledge, that the integration of harm reduction practice and principles into social service provision has been documented.

The harm reduction research project was thus undertaken with six community-based agencies, working with a variety of users in a range of contexts. The purpose of the research as articulated in the SCPI initiative was:

Project Goal:

To explore the effectiveness of harm reduction as a service delivery strategy designed to stabilize users who are homeless or at risk of homelessness.

Project Objectives:

- 1) To document results and learning from a small cluster of harm reduction projects
- 2) To increase knowledge and understanding of harm reduction among agencies and funders
- 3) To share learning and effective practices with the wider social service community

Key Research Questions Identified in the Research Project Proposal:

This research initiative set out to address a range of strategic questions regarding the value and input of harm reduction on users, projects and staff, community agencies and public policy. The questions are:

User Level:

- What are the challenges and benefits of using a harm reduction approach with users who are homeless or at risk of becoming homeless?
- What is the impact of harm reduction services on users?
- Is the harm reduction model an effective strategy for working with this group?

Program Level:

- What agency supports are needed for harm reduction workers?

- What community supports are needed to provide harm reduction services (e.g., agency partnerships, health services, supportive landlords)?
- What are the benefits and challenges of involving peer workers in harm reduction services?

Agency Level:

- What are the organizational barriers to implementing harm reduction services (at the board, senior management and senior staff levels)?
- What strategies are effective in overcoming these barriers?
- Which types of policies have been developed in order to provide harm reduction services?

Policy Level:

- Which public policies create barriers to users who wish to access services, and to agencies trying to implement harm reduction strategies?
- What kind of policy recommendations would enhance the provision of harm reduction services (health, law enforcement, housing)?

Building a Collaborative Research Team:

Harm Reduction Staff, UWGT and Eko Nomos

Early on, it was decided to involve the front-line harm reduction practitioners and managers actively in the process of documentation of results and learning, since they had direct contact with users and could most accurately depict the practice and outcomes of their harm reduction programs. Research with users was done by front-line staff, referred to in this paper as practitioners/researchers. The research process was decentralized, with time allocated in the budget for the practitioners/ researchers' involvement in the research.

The role of Eko Nomos was to:

- facilitate the design and implementation of the research process, to ensure quality control
- process the resulting documentation
- support collective analysis of results and learning
- write the report on the research project

UWGT program staff managed and monitored the progress of the project, and also assisted the research process by spending time with each site on a semi-annual basis to document learning and progress.

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Without entering into detail about the work accomplished by the practitioners/researchers (the research process is detailed below), the hard work and dedication of the harm reduction workers should be mentioned. Although the research requirements added to their already overloaded schedules, the practitioners/researchers worked systematically and thoughtfully to report learning and undertake the participant research with thoroughness and integrity. They provided excellent, precise narrative and statistical reports semi-annually in which each site documented the story of its work. In addition, the participant research has presented excellent portraits of the complex and difficult lives of the users involved.

Grounding the Research in an Asset-Based Framework:

The research design and methodology used a Sustainable Livelihoods Framework. The research team worked collectively to adapt the Framework in order to make it appropriate for use in a harm reduction context.

The Sustainable Livelihoods Framework offers an understanding of the main factors that create and perpetuate poverty. The Framework is organized into a number of components that are helpful to understand complex information about the lives of people in poverty, and the context of that poverty. It provides an excellent foundation for research into the effects of program interventions in users' lives, because it is:

- People-centred, respecting people's choices, building their options and empowering them to act
- Holistic, adopting a comprehensive approach to understanding people's lives and supporting them to achieve their goals
- Positive: its asset-based approach builds on people's strengths and abilities
- Outcome oriented: its focus is on long-term sustainability of livelihoods

The Framework Explores Three Dimensions:

1) The Context That Reinforces Patterns of Use and Poverty

While allowing that individual circumstances do contribute to poverty and instability, the Framework enables a more strategic analysis of the broader contextual forces that deplete assets and undermine stability. This Framework allows for the research to document the vulnerability context of individuals and articulate the complex ways that this context can perpetuate use and poverty. This asset-based Framework serves as a tool to understand the contributing factors to use and poverty. It also serves to help users and practitioners develop strategies and supports to achieve sustainable livelihoods.

2) Assets

The Framework identifies as a determining feature of poverty the limited ability of an individual or household to accumulate a broad range of assets and entitlements, such as social assistance, housing, and medical care. The extent to which people can accumulate assets makes them more or less vulnerable to poverty and to harm.

Assets are the building blocks of a sustainable livelihood. Individuals and households pursue various asset-building strategies that support them both in surviving and in coping with the context that makes them vulnerable to poverty, so that they can move towards stability and sustainability.

The Framework presents five asset areas which offer a holistic picture of all of the capabilities, resources and entitlements that individuals have invested in and developed over time.

The five asset categories are as follows:

Social Assets

Social assets refer to the supports and connections that people can draw upon to achieve their goals. This asset area is about acceptance and belonging, the ability to become a contributing member of society. Anchor relationships, peer support, involvement in decision-making, political awareness and leadership are all elements of social asset development. By building a foundation of networks and contacts, people find that they have enhanced their support systems, making it easier for them to develop other assets.

Financial Assets

Financial assets include economic literacy, earnings, money and financial security. Probably the most tangible of all assets, they play a critical role in determining an individual's security, and form an important entry-point for transformation and development. The ability to earn money and decide how it should be spent provides people with a powerful means of reversing the downward spiral into poverty, and of building a wide range of other assets.

Human Assets

Human assets enable people to engage productively in the economy and in society. Of these assets, physical and mental health are particularly important in a harm reduction context. Yet this asset area also includes developing the skills, knowledge, education and leadership to partake in meaningful work that uses an individual's talents.

Personal Assets

Personal assets encompass an individual's spirit and identity, and are characterized by self-direction, planning and self-advocacy. These assets are less tangible, related to an individual's values and perceptions of self, but they exert a strong influence on motivation and courage - the core from which comes personal transformation. As they develop these assets, people may have to re-examine the way they see themselves and the world in order to prepare for personal change.

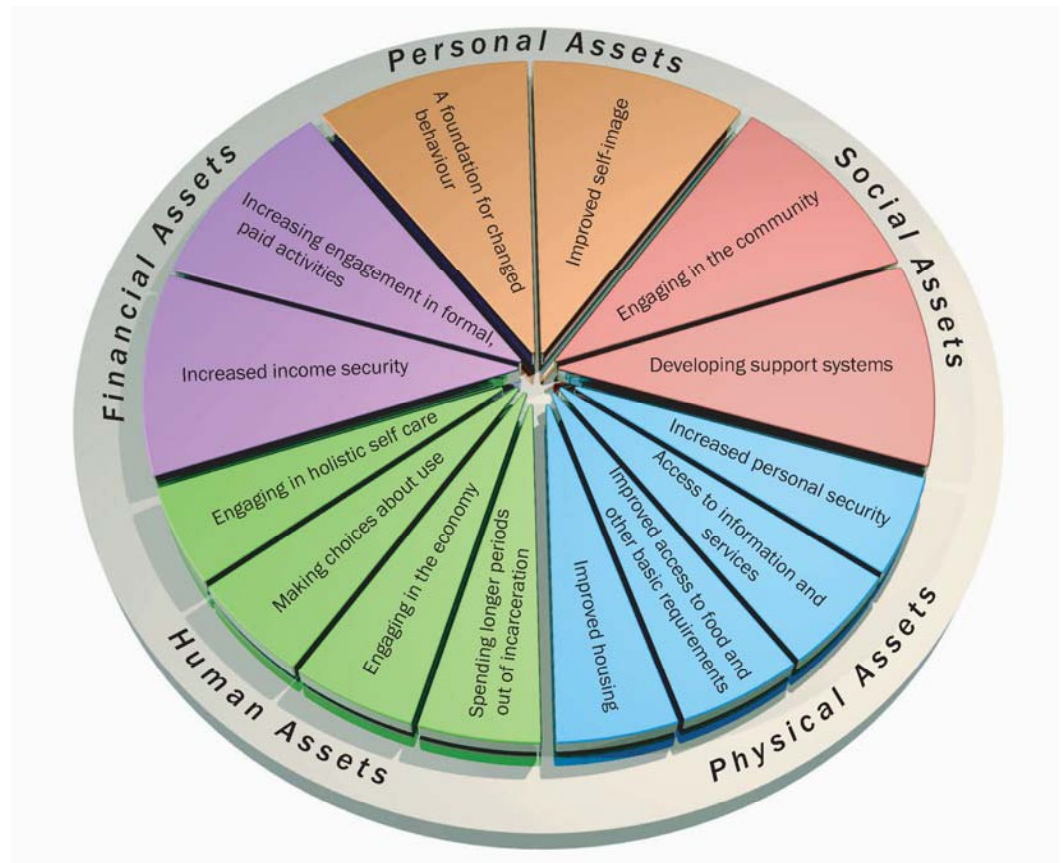
Physical Assets

Physical assets include the basics of survival, such as housing, food, and the information and services required to build a livelihood. Lack of access to these assets is a core dimension of poverty.

Notes on assets and harm reduction:

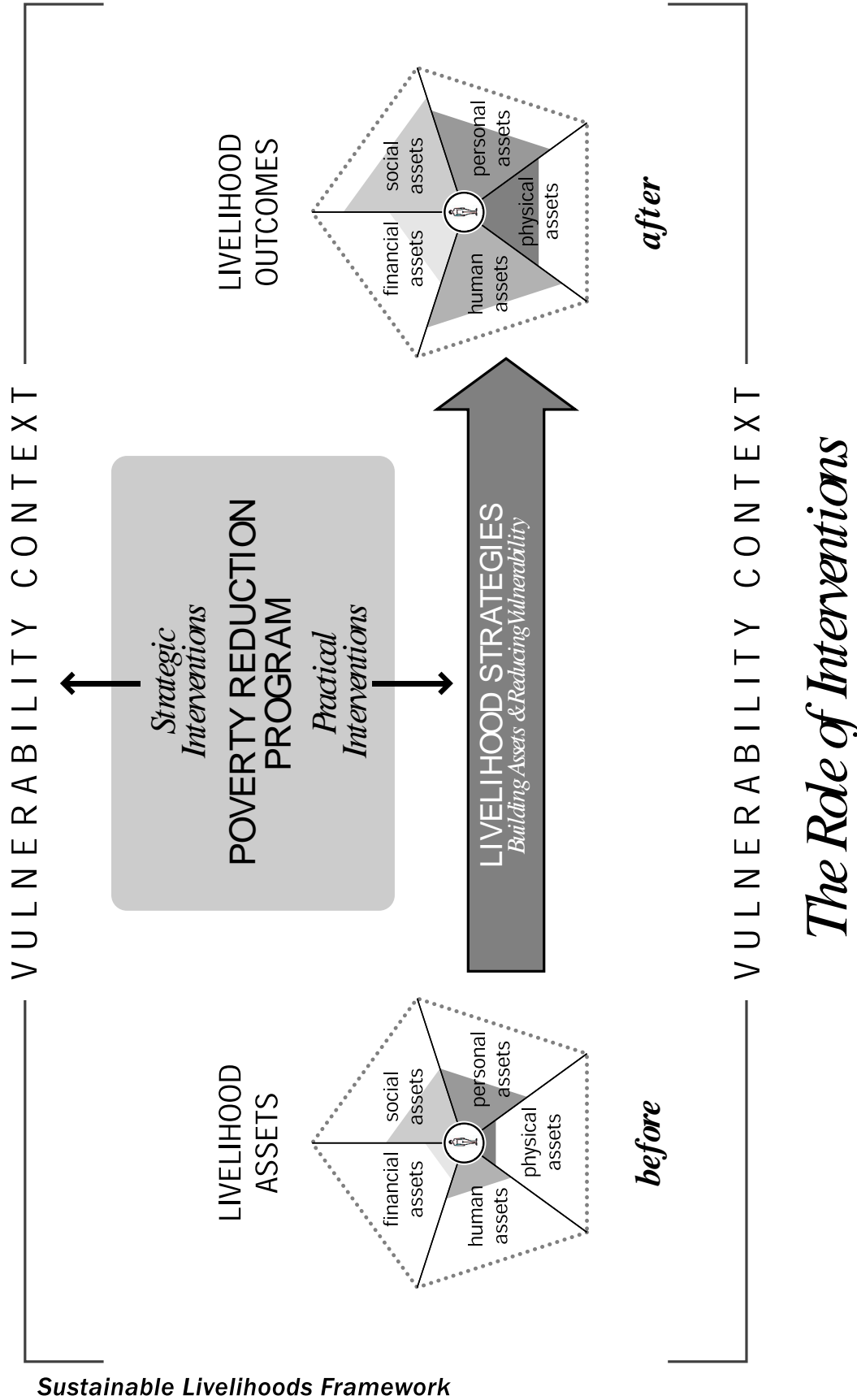
While the Sustainable Livelihoods Framework fits well with the harm reduction research strategy, the definition of asset areas required reworking, since users in this research are at a very early stage of building assets. The following graph provides a summary of the asset areas that the practitioners/ researchers predicted would be enhanced through their programs.¹

¹ For a more detailed description of the framework, readers can consult two papers on Sustainable Livelihoods and Community Economic Development at <http://www.cdnwomen.org/eng/3share/execsumm.htm>.



3) Program Interventions

The Framework also explores the role played by social and economic development programs in supporting participants' livelihood strategies through promoting asset development and reducing vulnerability. In a harm reduction context, a range of practical and strategic interventions is made for the very basic purpose of assisting users to access a safer, more secure, and more dignified means of survival. This is illustrated on the following chart. Sustainable livelihoods do not generally fall within the reach of harm reduction interventions, the focus of which is on intermediate level outcomes.



The Role of Interventions

Overview of the Research Process:

Introductory workshops with sites

During the early months of the project, UWGT's three harm reduction pilot projects participated in a series of three orientation and planning workshops that were designed to build confident involvement of project staff as practitioners/researchers. The first workshop focused on the development of a planning framework for each harm reduction initiative, including expected outcomes. Additional workshops were facilitated to build the collective understanding of these expected outcomes at the participant, organizational and community levels. Research and reporting tools (including results indicators, questionnaires, outcomes documentation formats and statistical reporting forms) were designed collaboratively, and staff were supported to use those tools effectively.

In year two, when the City of Toronto harm reduction projects came on board, a similar, though abbreviated process was facilitated to orient the new practitioners/researchers to the objectives, process and expectations of the research.

As the project proceeded, Eko Nomos spent time on site with each staff team, providing problem solving support, further processing the research, analysing the learning, and verifying findings.

User Portraits

The research was designed to invest a great deal of time and effort in the documentation of outcomes at the user level. "Portraits" were developed to document the circumstances of users involved, the harm reduction interventions made, the outcomes of those interventions, and the details of any related policy issues.

"Reach Back" notes were prepared by harm reduction workers with a subset of users from the overall group with which they worked, using past case notes to reconstruct a comprehensive "baseline" portrait of the users at the time of their first involvement with the program. In addition, each of the harm reduction workers was required to complete two interviews with this subset, to guarantee a minimum of ten complete profiles per project. Using basic guidelines provided by Eko Nomos, each of the sites developed its own interview questions, and was expected to record them in a standardized format that included the demographics, context, goals, assets, changes and policy issues of each interviewee at six month intervals (May-November 2002). Thus, each harm reduction project was able to provide three detailed snapshots of ten different users' lives during involvement with the harm reduction worker. The average duration of this involvement was a year and a half.

Semi-Annual Narrative and Statistical Reports

Semi-annual narrative and statistical reports were prepared by each of the six projects. While traditionally used as an accountability tool, these reports were designed as documenting tools as well. The harm reduction workers were involved in setting learning priorities and in designing the format of the statistical form and the narrative report format. With this high degree of commitment to careful documentation and analysis, the reports that were prepared offered excellent information about the challenges and practices of harm reduction. The reports were grounded in a results-oriented design by which practitioners reviewed their goals and objectives and documented related outputs and outcomes in some detail.

Follow-up with Site Research

UWGT undertook regular site visits and interviews with staff in order to monitor progress and document their perspective on progress and learning. These visits allowed UWGT staff to augment the research process by documenting the history of and rationale for the organization's involvement in harm reduction, and by pursuing newly emerging research questions in more detail.

Literature Review

Eko Nomos performed a scan of current literature to learn more about harm reduction principles and practice, and to investigate whether there had been any documentation of outcomes from similar harm reduction initiatives.

Learning Exchange Sessions

Three problem solving/learning exchange sessions were held throughout the project with harm reduction practitioners/ researchers and UWGT staff. The agenda of these half-day meetings was set by the harm reduction workers and extensive minutes were taken to document their learning. These sessions included learning about the design and delivery of each project, and problem solving about counselling processes and procedures, partnerships and community development, the policy context, time management and staff burnout, peer-based programming, building organizational support etc. Harm reduction workers could compare notes, learn from each other and start to identify practical strategies for improving the effectiveness of their work.

Results Documentation and Analysis with Sites

Eko Nomos organized two half-day sessions with each project to review and analyse the progress and documentation of the participant outcomes

research process, and to explore the outcomes thoroughly at both organizational and community levels. Project staff could give shape to what they had learned from their own research, and feed the results into the broader research process.

Results Verification Process

Eko Nomos undertook a full review of all reporting, research and documentation from each site, and began analysing results and developing some analytical tools to provide structure to the learning.

The tools, theories and concepts that emerged through discussion with practitioners/researchers and intensive analysis were then presented back to the research team at a full day workshop in February 2003. The agenda was designed to present the findings to the entire research team with the objective of testing the validity of the learning, verifying outcomes and patterns of change, and checking language use. Some revised documents from this process were sent out for further review and feedback.

Final Report

As a final screen, each of the sites identified readers who reviewed the draft report to ensure that it represented accurately their understanding of harm reduction practice, and the learning and outcomes of their research. An editorial meeting with UWGT and Eko Nomos incorporated the feedback where possible and appropriate; and the final report was compiled.

Section 3: What is Harm Reduction?

“Harm reduction is any program or policy designed to reduce drug-related harm without requiring the cessation of drug use. Intervention may be targeted at the individual, the family, the community or society.”¹

Harm reduction is not a new concept, but emerged in mid-1980s Europe as a grassroots response to AIDS and other public health problems related to intravenous drug use: “[w]hat began as basically a set of practices and programs designed to minimize the harmful consequences of drug use (and harsh drug laws) to the individual and society without eliminating drug use per se has evolved into a model for dealing with drug problems more humanely and effectively.”²

Harm reduction has been defined in a variety of ways, depending on the perspective and politics of the person or institution adopting it. Drawing upon the extensive literature on harm reduction, we offer just two examples of the different approaches.³

A Public Health Approach

From a clinical perspective, harm reduction seeks to shift from a responsive, treatment-oriented, medical model towards a more holistic, preventative, public health paradigm to “minimize the harms caused by certain conditions that pose serious risks to individuals, groups

¹ Centre for Addiction and Mental Health, *Submission to the Senate Special Committee on Illegal Drugs*. (7 June, 2002).

² Kathy Ernst, *Competing Moral Systems and Other Barriers to Acceptance of the Harm Reduction Approach to Drug Control*. (Center for Public Administration and Policy, Virginia Polytechnic Institute and State University, 1999). (May 30, 2003), p.5.

³ For further understanding of the various definitions of harm reduction, see the resources in our *Bibliography*.

and society. Harm reduction is not about stopping people from doing something risky. It is about showing people how to be safer in whatever they choose to do... This might be related to drugs, ...or to any other type of risk, from unsafe sex to bicycling without a helmet. Providing someone with a condom reduces the risk of that person getting a sexually transmitted disease. It is aimed at reducing harm, not keeping people from having sex.”⁴

A Criminal Justice Approach

From a criminal justice perspective, harm reduction has been positioned by proponents of legal reform as a middle ground that shifts the emphasis away from the war on drugs to a more moderate, accommodating stance, the argument being that the criminal justice system and some clinical treatment approaches are more harmful than drug use itself. Drug use is viewed as a social, not a legal, issue.⁵ Harm reduction, in this context, “eschews the false dichotomy between legalization and prohibition,” asking instead “which policies are most effective for reducing specific drug-related harms.”⁶ While legalization is not advocated by most harm reduction proponents, “they recognize that prohibition is not sufficient to stop drug use because it increases crime and marginalizes drug users.”⁷

In our scan of the current literature, we were unable to find any significant documentation of the particular type of harm reduction that has evolved from the work of the six projects involved in this research. Much harm reduction literature focuses on drug-related interventions, such as methadone clinics, needle exchanges, education for safe use and safe injection sites. At best, it only briefly mentions the focus of the pilot projects: interventions to support users to improve their access to services and quality of life, practical community development and rights-based advocacy.

The definition that most closely corresponds to our understanding of harm reduction in this project presents harm reduction as both a goal and an intervention strategy: “the attempt to ameliorate the adverse

⁴ Kim Breland et al., *Let 'Em Go: Learning From the “Street-Involved Youth Harm Reduction Project” Experience (How to support Youth in Creating Their Own Solutions)*. (Addiction Research Foundation, Toronto, 1998).

⁵ *Interview: Arnold Trebach on Drug Treatment Abuse, Legalization and the Reform Movement* at the Drug Reform Coalition Website. <http://www.drcnet.org/wol/190.html#arnoldtrebach> (May 30, 2003). Dr. Arnold S. Trebach, is one of the founders of the American drug reform movement and the founder of American University’s Institute on Drugs, Crime, and Justice. For further information about Dr. Trebach, go to <http://www.trebach.org>.

⁶ Patricia G. Erickson, “Towards an Integrated Public Health Perspective” in *Harm Reduction: What it is and is not*. Addiction Research Foundation (Toronto, 1995).

⁷ James A. Inciardi and Lana D Harrison, “Introduction: The Concept of Harm Reduction” in James A. Inciardi and Lana D. Harrison (eds.), *Harm Reduction National and International Perspectives*, (Thousand Oaks: Sage, 1999), p.x.

health, social, or economic consequences associated with the use of mood-altering substances without necessarily requiring a reduction in the consumption of these substances.”⁸ Yet this definition still does not capture fully the intent and character of these harm reduction projects, nor does it adequately represent the implicit values and principles upheld by the harm reduction practitioners.

The Emerging Principles of this Type of Harm Reduction

A healthy diversity of perspective emerged amongst the practitioners/researchers regarding their approach to harm reduction, yet over the span of the project we were able to identify some strongly shared principles which give rise to some common practices.

Harm reduction concerns substance use

While harm reduction has been used in a range of preventative public health strategies, the practitioners/researchers emphasized a desire for the term to remain specialized, referring to work with users. No moral judgments are made about use. Practitioners/researchers reject as judgmental words such as “*abuse*” and “*addiction*”, and do not focus exclusively on illegal drugs, recognizing that legal substances, such as alcohol and prescription drugs, can also cause harm.

Substance use is not necessarily seen as harmful

The practitioners/researchers agreed that there are positive, neutral and harmful consequences of substance use at many different levels, and view harm as usually caused by behaviours related to substance use. Harm reduction seeks to support users to recognize and adjust those behaviours. When users are not currently willing or capable of stopping use, they are assisted in reducing the harm caused to themselves and others:

“The fact or extent of a person’s drug use per se is of secondary importance to the risk of harms consequent to use. The harms addressed can be related to health, social, economic, or a multitude of other factors affecting the individual, the community, and society as a whole. Therefore, the first priority is to decrease the negative consequences of drug use to the user and to others, as opposed to focusing on decreasing the drug use itself.”⁹

A focus not on use itself, but on improving users’ quality of life

Public attention seems to gravitate to high profile, use-related activities

⁸ Inciardi and Harrison, p.viii.

⁹ Riley and O’Hare, p.6.

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of harm reduction such as needle exchanges and safe injection sites, but the reality of harm reduction is much less controversial. The main priority identified by practitioners/researchers was combating the intensified social exclusion endured by users in poverty. Some day-to-day harm reduction work naturally involves support for safer use, yet the main emphasis is on acting and intervening practically to promote users' access to services and an improved quality of life:

"Harm reduction interventions focus on integrating or reintegrating drug users into the community, taking care not to further isolate, demonize, or ostracize them. Priority is placed on maximizing the number of drug users in contact with drug treatment, outreach, and other public health services." ¹⁰

A human rights-oriented approach based on reducing poverty

The practitioners/researchers firmly expressed their desire to present harm reduction as a human rights issue as opposed to a criminal justice or public health issue. In their work, they avoid any moral or clinical terms while speaking of and practicing service delivery, since these are seen as coercive, penalizing and/or disempowering. Their definition of harm reduction is grounded in a rejection of institutionalized or clinical approaches that can make users the subject of interventions, rather than placing them at the centre of a developmental process:

"... working in this field I hold that, given their circumstances, people who use drugs by and large make the best choices for themselves from the range of options available to them. As well, I affirm the competency of the individual who uses drugs and of the drug-using community. Affirming the drug users' mastery over their environment allows them and us alike to focus on their inherent health and that of their community, and not on the "pathology". The expectation of success is key to the outcome of success." ¹¹

Most of the harm reduction projects have developed harm reduction principles. As an example, Eva's Satellite defined its harm reduction principles in the following way:

"At Eva's Satellite, we have adopted a number of Harm Reduction principles to guide us in program development and service delivery. These include:

¹⁰ Inciardi and Harrison, p.x.

¹¹ Walter Cavalieri, *Working at the Intersection of Social Justice and Public Health: Harm Reduction with People Who Use Drugs (a paper directed toward health care professionals)*. (Canadian Harm Reduction Network Website - "Facts and Arguments" Page: www.canadianharmreduction.com/facts_hc_prof.php)

- Recognition of the intrinsic value and dignity of all human beings
- Maximization of social and health assistance, disease prevention and education
- Recognition of the right to comprehensive, non-judgmental medical and social services for all
- Recognition of the competency of users to make choices and changes in their behaviour
- Provision of options in a non-judgmental and non-coercive manner.”¹²

In the approach taken by the harm reduction workers in this project the practitioners/researchers place users at the centre of the developmental process, encouraging self-directed decision-making. In this way users are able to define their own priorities and organize their lives to their best advantage.

¹² Kiaras Gharabaghi, Director of Programs and Services at Eva's Satellite, 2002.

Section 4: The Context of Harm Reduction

“Users are vulnerable because they’re poor. It’s not just use that puts them at risk. It’s incarceration or their health... The system is as difficult as it could possibly be... We’re trying to do our best to support users within that context. But ‘use’ is very exposed - it is seen as the problem.”
(harm reduction worker)

Opinions & Observations of the Workers: Aspects of the Context

Throughout the research process, the practitioners/researchers shared their analysis of the context of harm reduction, which has presented barriers for users and harm reduction programs. Indeed, the design and development of harm reduction in Toronto has clearly emerged as a direct response to the contextual factors highlighted below in two broad categories:

- 1) *Barriers in accessing services*
- 2) *The inadequacy and complexity of social service delivery*

1. Barriers in Accessing Services

The barriers users face in accessing services and entitlements, such as social assistance, are as much related to poverty as to use. Low-income users thus experience double discrimination and exclusion, since negative attitudes towards use magnify the pre-existing barriers facing the broader population of people living in poverty. Below we outline some of the consequences of this double discrimination.

Criminalization of use and poverty

Current laws that prohibit and penalize the use of certain drugs and use-related behaviour place users at a higher risk of entanglement with the criminal justice system, and of incarceration. When combined with the rising criminalization of vagrancy, street vending and begging, low-income users are very much at risk of conflict with the law.

The practitioners/ researchers have told us that when users are released from jail, they lack the connections to meet basic needs and to find appropriate employment and settlement services. This increases the likelihood that they will enter a cycle of homelessness, chaotic use and incarceration. Even if the user is found 'not guilty' and released, incarceration before trial can result in the loss of social benefits and housing, thus undermining stability.

Negative attitudes towards users limit access to services

Harm reduction workers and users report that users are subject to value judgements, both about the fact of their use and the behaviour related to that use. Such judgements result in users suffering direct and indirect discrimination from within the public service institutions that are mandated to serve them and the general public. In their interactions with hospitals, emergency service workers, welfare case workers and other social workers, users experience a range of negative responses, from a lack of professionalism to refusal of service, and at times hostility.

Lack of specific supports and services for users

Government and non-profit social service organizations often expect users to move towards abstinence, and may only serve them on the condition that they are not using or under the influence. The harm reduction practitioners/ researchers noted that users who cannot conform to 'mainstream' behaviour are excluded from service. Users are frequently separated from non-users; and with such heavy demand for limited resources, people who are less disruptive tend to be better served. Most harm reduction workers involved with this research believe that their clients should be able to access services through mainstream institutions and programs.

*“The interplay of the medical, mental health and criminal justice systems around use reveals the criminalization of poverty and use. We see harassment, overkill (excessive response), intolerance, disrespect and patronizing treatment of users”
(harm reduction worker)*

“The Homelessness Task Force called for significant funds for supportive and transitional housing to deal with large numbers of users and the mentally ill who are clogging the emergency shelter system. A unique and targeted response is required to meet the needs of users.” (harm reduction worker)

Misperceptions about harm reduction make it difficult to find funding for the approach

Harm reduction work is new and controversial in Canada, and funders and public officials are only beginning to learn about and understand the purpose and activities of harm reduction. There is a common public misperception that any program not requiring abstinence promotes use, which makes it difficult to find funding for harm reduction programs.

2. The Inadequacy and Complexity of Social Service Delivery

The practitioners/researchers told us that the social safety net on which many marginalized people depend has in many ways become inadequate and inaccessible; yet for low-income users the negative impacts are magnified. The funding context has been a major factor in creating this inaccessibility: spending cutbacks have reduced the scope, depth and availability of social programs and supports to low-income people. In addition, funding criteria are more restrictive and focused, resulting in specialized programs that fail to meet the comprehensive human needs of those who are most marginalized.

Social assistance benefit levels are insufficient to provide income security and meet basic needs

In Ontario, reduced levels of social benefits have left people on social assistance significantly below the poverty line. The National Council of Welfare criticizes the provinces for “punitive and cruel” welfare rates that are “disgracefully low”. According to the Council, “[t]here is simply no fat to cut in the budgets of people who are forced to rely on welfare.”¹ Furthermore, many users have not been made aware of and/or been able to access their public income entitlements, such as pension benefits, welfare and tax credits.

The highly structured and specialized nature of service delivery makes access difficult

Over the past decade, social service funding has pushed agencies to specialize their programs and narrow the scope of their services. The social development sector has experienced a gradual ‘hardening of the categories’ of funding, resulting in inflexible and disconnected services that are unable to respond to users’ complex, inter-connected needs. At the same time, funding cutbacks have decreased the depth of these services, leaving social service agencies with reduced resources to deal with an increasing demand for services. Harm reduction workers indicated

¹ The National Council of Welfare, *Welfare Incomes 2002*. http://www.ncwcnbes.net/htmldocument/reportwelfinc02/Welfare2002.htm#_Toc500047787 (30 May, 2003).

that 'difficult to serve' clients such as users, find it hard to locate entry points for services or maintain any continuity of service and tend to 'fall between the cracks'.

A high level of personal effectiveness is required to access services

The extensive infrastructure of public services and non-profit social development programs is complex. We have learned that people need to be high-functioning, assertive and literate in order to access services. Access is also based on meeting narrowly defined parameters of acceptable behaviour: clients need to present themselves in a way that is 'socially acceptable', or else face exclusion.

Fewer initiatives exist to support people to make the transition out of poverty

The current governmental response to homelessness and poverty is focused on crisis response and poverty alleviation rather than longer-term, poverty reduction strategies. Greater emphasis is placed on the provision of coping services, such as shelters and food banks, that were once designed for emergency short-term purposes but are now becoming long-term supports for many users. There is a program gap between services designed to support people to cope temporarily and services designed to support people to stabilize and build assets. Harm reduction workers have stressed as a priority the need for services that assist in the transition from coping to longer-term asset-building strategies, so that users can bring increased stability to their lives.

The lack of affordable, accessible, supportive and/or transitional housing

The past decade has seen a reduction in spending on affordable housing, as well as the removal of rent controls and the rise of rents. Users, in particular, are hard pressed to find and maintain affordable housing of a reasonable quality.

Implications of This Context for Program Design and Implementation

Harm reduction workers have become catalysts of change and inclusion

Despite the challenges within the service system, harm reduction workers attempt to

provide users with integrated, appropriate and friendly services through the development of a one-on-one 'anchor' relationship. The aim is not to create new, specialized services for users, but to connect them to existing services.

In the long-term, users are supported to develop the self-advocacy skills to navigate complex systems and communicate assertively with officials, ensuring stable access to services and entitlements, towards a transition from crisis to stability and eventually to engagement in the community. This human rights activism within the cluster of harm reduction projects involved with this research is aimed at ensuring users' access their civil rights and entitlements. Activism is increasingly being adopted as an approach by users themselves.

There is also a broader emphasis to the role of harm reduction work: to transform and educate public servants and social service professionals who come in contact with users, in order to build a network of understanding and supportive contacts who can provide users with appropriate and respectful service. Funders are being educated about the need for more flexible funding criteria to bring a holistic, relationship-based approach to work with users.

Summary of the Harm Reduction Approach in These Projects:

The interventions adopted by the harm reduction projects involved in this research were:

- User-centred - responding to priorities set by the user, setting in motion a more self-directed agenda for personal development and pro-active advocacy
- Focused on long-term relationship building - offering a non-judgmental, inclusive, caring relationship
- Community development oriented - bringing together all those affected by use to create effective and appropriate strategies to reduce harm
- Practical, action-oriented - setting a hierarchy of goals, from more immediate and realistic achievements towards risk-free use or, if appropriate, abstinence
- Integrative, holistic and asset-building - ensuring that users have access to the full range of services and entitlements, and can move from coping strategies towards the foundation for an improved quality of life
- Strategic - aimed at poverty reduction and challenging current policies and systems related to the treatment and exclusion of users

There is a new flavour to the harm reduction work documented here. This approach appears to be a hybrid of typical approaches to harm reduction.

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Swimming against the flow of current program design practices, the harm reduction practitioners challenge common prejudices and barriers through their work to engage socially marginalized citizens.

Section 5: Overview of Harm Reduction Practice in Toronto

Positioning Harm Reduction

Before introducing the harm reduction projects that participated in this research initiative, we should first take a brief look at the range of official responses to substance use in Toronto, and at how harm reduction fits within it.

The City of Vancouver's Framework for Action¹, published in 2001, has already influenced Toronto's response to licit and illicit use.² The framework emerged from a search for comprehensive, long-term solutions to a "street entrenched, open drug scene"³ in the Downtown East Side of Vancouver. Developed through a process of extensive jurisdictional research and exchange, and in consultation with a broad base of community stakeholders, the framework adopts an approach based on the 'four pillars' of prevention, treatment, enforcement and harm reduction.

¹ Donald MacPherson, *A Framework for Action: A Four-Pillar approach to Drug Problems in Vancouver*. (City of Vancouver, revised version, 24 April, 2001). This publication can be found at Vancouver's Coalition's website: <http://www.crimepreventiondrugtreatment.com/pdf%20files/A%20FRAMEWORK%20FOR%20ACTION%20REVISED.pdf> (30 May, 2003)

² For example, the City of Toronto has begun to refer to the four pillars in its consideration of harm reduction. See p. 2, *City of Toronto Staff Report re: Harm Reduction Programs Targeting Drug Users in the City of Toronto*, (memo dated 28 April, 2003 to the Board of Health from Dr. Sheela V. Basrur, Medical Officer of Health).

³ *ibid.*, p.4.

Vancouver's 'Four Pillar' Approach:

- **Prevention** involves education about the dangers of drug use and builds awareness about why people misuse alcohol and drugs and what can be done to avoid addiction. A Framework for Action supports coordinated, evidence-based programs targeted to specific populations and age groups - programs that focus on the causes and nature of addiction as well as on prevention.
- **Treatment** consists of a continuum of interventions and support programs that enables individuals with addiction problems to make healthier decisions about their lives and move towards abstinence. These include detoxification, outpatient counselling and residential treatment, as well as housing, ongoing medical care, employment services, social programs and life skills.
- **Enforcement** strategies are key to any drug strategy. In order to increase public order and to close the open drug scene in the Downtown Eastside, more effective enforcement strategies will include a redeployment of officers..., increased efforts to target organized crime, drug houses and drug dealers, and improved coordination with health services and other agencies to link drug and alcohol users to available programs ...
- **Harm Reduction** is a pragmatic approach that focuses on decreasing the negative consequences of drug use for communities and individuals. It recognizes that abstinence-based approaches are limited in dealing with a street-entrenched open drug scene and that the protection of communities and individuals is the primary goal of programs to tackle substance misuse.”⁴

The pattern of use in Toronto is quite different from that of Vancouver, where open chaotic use is focused in one relatively small geographic area. Nevertheless, this framework quite accurately reflects the response to use in Toronto: a combination of law enforcement, clinical, preventative and harm reduction services which is gradually shifting over time towards prevention and harm reduction approaches.

Local community health centres are supporting such measures as condom distribution, needle exchange and public education about use. Agencies such as the Centre for Addiction and Mental Health are also taking an active interest in the implementation of preventative and harm reduction strategies, while treatment and enforcement approaches persist. Social service agencies have been working to raise awareness in their local police, and to find a more reasonable balance between law

⁴ *ibid.*

enforcement and more understanding, preventative approaches to enforcement.

There has been rising interest in harm reduction within the community, resulting in a proliferation of customized responses amongst community-based agencies. These responses appear to have their own momentum, often emerging not from intentional planning on the part of agencies but simply because harm reduction is effective and more in tune with the humanistic social development perspective of front-line staff.

Over the last decade, social service agencies have become more aware of harm reduction principles, and staff have begun to use the language and experiment with the practice of harm reduction. Many agencies are now formally exploring how to integrate the approach into their programming and organizational systems.

In inner-city Toronto, a basic, yet fairly well developed, infrastructure focuses on public education about use and the distribution of safe paraphernalia including needles, condoms and, more recently, crack kits. There are also a number of networks and informal gatherings of practitioners building the practice of harm reduction in Toronto. Many social service agencies are developing partnerships with these networks and programs, ensuring that users have access to basic preventative and harm reduction services, and facilitating the effective use of scarce resources and the coordination of services.

Social service agencies have thus been presented with an opportunity to create more specialized harm reduction responses. Grounded in an understanding of the user population, these responses focus on additional dimensions of harm reduction: improving quality of life for users, and promoting their access to services and entitlements. The design of the projects documented here was shaped by this context. Funding resulted in the further development of newer, less documented components of harm reduction, including harm reduction housing, trusteeships, and the promotion of users' connections to social services and entitlements. In our paper, we explore this emerging style of harm reduction.

Section 6: Harm Reduction Project Descriptions

At the beginning of the research initiative, each harm reduction project developed a planning framework that succinctly captured its purpose, approach and proposed outcomes. The six diverse projects described below illustrate the focused, pragmatic nature of harm reduction adopted by the projects participating in this research.

Below, we present a brief profile of the six harm reduction projects and their parent agencies:

WoodGreen Community Centre

WoodGreen Community Centre is a United Way member agency in the east end of Toronto neighbourhood known as Riverdale. The agency provides housing, social, cultural, educational and recreational programs for people of all ages. The Public Health Department has confirmed a growing population of users in this part of the city. In response, WoodGreen's Harm Reduction project provides outreach services to users to help them obtain and maintain housing, complemented with case management and regular counselling services. These services take the form of active housing searches, landlord and tenant mediation, eviction prevention, and information and referral to other appropriate and respectful community support programs.

This project is a unique partnership between WoodGreen's InfoLink Housing Help service, South Riverdale Community Health Centre and East Toronto Community Legal Clinic.

Specific Goals of the Project

- To improve as many of the social, economic and health consequences of drug use for the individual, local

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neighbourhoods, community and society, without requiring abstinence from drug use.

- To create an environment where harm reduction becomes our community's response to use.

Project Highlights

In addition to providing for various health, legal and immigration needs, in one year the harm reduction worker has assisted 67 individuals to find housing. Eviction was prevented for eight people through the harm reduction worker's support in negotiations with the landlord at the Ontario Rental Tribunal.

The agency has developed a draft Peer Policies and Procedures Handbook, including job description, confidentiality agreement, honoraria guidelines and supervision checklist. Three peers have been recruited and trained in order to provide supportive information about housing, controlling drug use, and dealing with the stigma attached to homelessness and illicit activities. They also facilitate community development with users.

The peer community development workers organized community forums and focus groups to engage the community in discussions on the effective delivery of harm reduction based strategies and housing support services for users with a focus on supportive housing for active users.

<i>WoodGreen Community Centre – January to December 2002</i>	
Peer Worker Component: (Work done by the HR Group)	
<i>Peer workers recruited and trained</i>	13
<i>Active peer workers</i>	8
<i>Peers earning income/honoraria through HR work</i>	9
<i>Meetings attended by peers</i>	31
<i>Employed in HR work</i>	1
Co-ordination and Integration of Harm Reduction strategies into organization's work (includes work with partner agencies)	
<i>Collaborative inter-agency consultations re: HR clients</i>	10
<i>Staff accessing information from HR Co-ordinator</i>	24
<i>Presentations/workshops with staff and board</i>	2
Partnerships (includes work with outside agencies and community members)	
<i>Meetings with outside agencies</i>	35
<i>Meetings with housed community members</i>	9
<i>Inquiries by outside agencies about HR</i>	10
<i>Community forums held</i>	3
<i>Presentations/workshops to outside agencies</i>	2
<i>People attending above presentations/workshops</i>	95+
<i>Presentations/workshops with housed community members</i>	2
<i>People attending above presentations/workshops</i>	24
<i>Inquiries by drug users for HR services and referrals</i>	77
<i>Community events hosted</i>	6

Dixon Hall

A United Way member agency, Dixon Hall is a multi-service agency that provides social, recreational, and educational programs for low-income people of all ages in the Regent Park area. Dixon Hall offers a variety of services for the homeless including a shelter at 60 Richmond, the School House (another shelter, for mostly older men), employment service, and an alternative housing program to support men and women in long-term housing. The shelters at 60 Richmond Street and the School House operate using harm reduction principles. The consumption of alcohol is permitted at the School House, and while use is not permitted at 60 Richmond Street, people under the influence of alcohol or drugs are welcome.

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This Harm Reduction project provides staff training on a harm reduction approach to service delivery and targeted support to users at their shelters, drop-in facilities, and housing in the downtown core.

Specific Goals of the Project

- To ensure a better quality of life for active users and non-users.
- To become a more effective agency by incorporating harm reduction principles into Dixon Hall's programs.

Project Highlights

The harm reduction worker works with approximately 50 users per year. These people benefit from a meal, discussions about use, and rapport with peers at a Tuesday night social facilitated by the harm reduction worker and the housing preparation/support worker.

Eight users participated in a hike along the Bruce Trail. The trip was very successful - many had not been outside of the city for several years - and another hiking trip is being planned.

<i>Dixon Hall - July to December 2002</i>	
Participation Rates:	
Client inquiries about the HR program	30
Clients working with HR staff	19
Active clients this period (3 or more contacts this period)	11
Housing Related Interventions:	
Crisis interventions to prevent evictions	3
Receiving ongoing support to maintain housing	5
Supported to access housing	4
Participant evictions prevented	8
Direct Service:	
Individuals educated about safer use	21
Group educational opportunities with clients e.g., workshops	10
Clients accessing information or services from other depts	22
Client referrals to other agencies/supports	15
Clients whose lives are more stable (use/housing/health)	15
Peer Worker Component:	
Peers earning income/honoraria through HR work	2
Coordination and Integration of Harm Reduction strategies into organization's work:	
Collaborative intra-agency consultations re: HR clients	50
Staff accessing information from harm reduction program/worker	10
Newsletter articles written	1
Presentations/workshops with staff and board	1
Percentage of target staff trained in understanding Harm Reduction	20%

St. Stephen's Community House

A United Way member agency, St. Stephen's Community House is a multi-service organization that provides a range of services to meet the social, health, education and recreation needs of all age groups living in the west-end of downtown Toronto. Services targeted at the homeless population are run out of the Corner Drop-In where homeless and socially isolated individuals can access food, mental health services, money management, use counselling, support groups and housing support.

It is estimated that 80% of people who come to the Corner Drop-In use alcohol, prescription drugs, illicit drugs or solvents. The Corner Drop-In is one of the few drop-in services accessible to people under the influence of drugs and alcohol. The agency also has a Voluntary Trusteeship program for clients of the Drop-in, designed to assist with budgeting and

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rent payment. The harm reduction worker operates the Trustee program and uses money management services as an entry point to promote long-term change.

Specific Goals of the Project

- To obtain and maintain the housing of users attending the Drop-in.
- To improve the health of users attending the Drop-in.

Project Highlights

In a 6 month period eviction was prevented for ten individuals through negotiations with landlords, appearances before the rent tribunal and ensuring that rent was paid on time. Clients were prevented from going to jail by making sure they appeared for bail appointments. Through budgeting, clients were able to pay off outstanding debts so that \$6,000 was returned to family, friends and landlords.

The harm reduction worker has participated in medical interventions, including taking people to emergency rooms, finding appropriate doctors or accessing medication from pharmacists. The worker assists users to monitor chaotic use, through both identifying triggers and developing strategies so that their use interferes less with their health and life goals. Sipping instead of guzzling alcohol and re-hydrating methods (e.g., use of Vitamin C), have been topics of discussion, as well as education regarding the cross effects of alcohol with medication.

An important component of this program is working with clients to identify non-substance related areas of interest, including recreational activities. Interests have ranged from starting up a knitting business, doing volunteer work, public speaking, shopping and creative writing. The harm reduction worker has supported clients to engage in these activities, in some cases participating in the activity with the client. The worker takes a very holistic approach to people's needs and assists them to access services in a number of different ways.

<i>St. Stephen's Community House - July to December 2002</i>	
Participation Rates:	
Clients working with HR staff (count each person once only)	34
Active this period (3 or more contacts this period)	22
Demographic Profile:	
HIV positive	6
Hep C	10
Clients who have died	1
Housing Related Interventions:	
Crisis interventions to prevent evictions	10
Receiving ongoing support to maintain housing	34
Supported to access housing	2
Landlords who have been contacted	9
Participant evictions prevented	8
Participant evictions	1
Direct Service:	
Clients accessing information or services from other depts	19
Clients involved in trusteeship program	34
Clients accessing income or income support as a result of program	10
Client referrals to other agencies/supports	20
Clients whose lives are more stable (use/housing/health)	30
Partnerships:	
Agencies referring clients to HR Program	3

Fred Victor Centre

Fred Victor Centre is an integrated multi-service agency providing a range and continuum of services for low-income individuals who are homeless or who have been previously homeless. Services, programs and supports include the following:

- A restaurant which serves nutritious, free and affordable meals
- A 38 bed women's hostel
- One-to-one assistance for individuals in need of support as they struggle with health concerns, substance use, and difficulties managing conflicts or maintaining housing
- A women's drop-in and onsite mixed drop-in
- Information, referral support, and services
- 194 supportive housing units

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- Housing Access and Support Services to assist homeless clients in finding and maintaining housing
- An Employment Resource Centre which provides access to job opportunities and resources such as pentium computers, internet, fax, photocopiers, job search support and individual support
- A range of creative arts programs such as an art club, theatre group, camera club and writers group
- Social recreational programs, including community gardening, a computer club, skating trips, etc.

Specific Goals of the Project

- To create an organizational environment where harm reduction becomes our staff and community's response to substance use
- Without requiring abstinence, to improve as many of the social, economic and health consequences of use for the individual and Fred Victor Centre

Project Highlights

The harm reduction coordinator worked with staff to create the Fred Victor Centre's Harm Reduction Action Committee, comprised of key agency staff representing all program areas of Fred Victor Centre. The committee is developing and implementing strategies to integrate harm reduction into all agency programs and services.

In a three-month period, five clients were supported by the harm reduction coordinator, resulting in the prevention of three evictions. 13 clients received ongoing support to maintain their housing.

The harm reduction coordinator has developed a partnership with Boundless Adventures, which provided spaces for ten clients to participate in an adventure trip designed to help individuals build life skills.

<i>Fred Victor Centre - April 1 to June 30, 2002</i>	
Participation Rates:	
Client inquiries about the HR program	30
Clients working with HR staff	16
Active this period (3 or more contacts this period)	13
Users of illegal substances for whom use is causing disruption in their life	16
Housing Related Interventions:	
Crisis interventions to prevent evictions	5
Receiving ongoing support to maintain housing	12
Supported to access housing	4
Participant evictions prevented	3
Direct Service:	
Individuals educated about safer use	12
Clients accessing income or income support as a result of program	2
Client referrals to other agencies/supports	15
Clients whose lives are more stable (use/housing/health)	10
Clients whose lives are less stable (use/housing/health)	6
Peer Worker Component:	
Clients who volunteer with HR activities	2
Coordination and Integration of Harm Reduction strategies into organization's work:	
Collaborative intra-agency consultations re: HR clients	3
Staff accessing information from harm reduction program/worker	40
Presentations/workshops with staff and board	1
Percentage of target staff trained in understanding Harm Reduction	70%
Partnerships:	
Agencies referring clients to HR program	3
HR-related committees that your HR worker is regularly involved in	4

Eva's Initiatives - Eva's Satellite

Eva's Satellite is a 30-bed emergency shelter for homeless youth aged 16 to 24 years. In addition to providing shelter and food, the agency supports youth through counselling, case management and referrals to other agencies. The project stems from the recognition that there are many homeless youth in Toronto who are denied access to other youth shelters as a result of their use and the zero tolerance drug policies in those shelters.

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Specific Goals of the Project

- To ensure that youth who use are afforded the opportunity to reduce the harms associated with that use and to maximize their physical and mental health.
- To ensure youth access to shelter and shelter-related services on an ongoing basis.

Project Highlights

With revisions to its policies about use, the shelter has found that clients who have previously been admitted to and discharged from the shelter in relatively short time frames are now staying significantly longer. For example, one client who has been barred from every youth shelter in Toronto as a result of challenging behaviours due to alcohol consumption has been able to stay at the shelter over the past four months and maintain his employment for the duration of his stay.

The harm reduction worker has worked closely with an average of eight youth per month to develop and implement action plans.

The agency is providing training to all shelter staff in the principles of harm reduction, to enhance the capacity of the staff team to work within the harm reduction framework. Eva's Satellite is also making substantial efforts to improve its relationship with the community. This is of major importance, since the agency is the only harm reduction youth shelter in Toronto, and tends to attract clients who pose many challenges to the community. The agency has developed a positive working relationship with the local police department and is working in partnership with a local church and recreation centre to expand recreation opportunities for its clients. It has also developed a partnership with a federally funded employment program in North York and is now providing employment-related programming one day per week for clients of the shelter.

<i>Eva's Satellite - April 15 to August 25, 2002</i>	
Participation Rates:	
Client inquiries about the HR program	54
Clients working with HR staff (count each person once only)	38
Housing Related Interventions:	
Crisis interventions to prevent evictions	46
Receiving ongoing support to maintain housing	38
Supported to access housing	7
Landlords who have been contacted	7
Participant evictions prevented	8
Direct Service:	
Individuals educated about safer use	38
Group educational opportunities with clients e.g., workshops	12
Clients accessing information or services from other depts in your agency	28
Clients accessing income or income support as a result of program	4
Client referrals to other agencies/supports	27
Clients whose lives are more stable (use/housing/health)	8
Coordination and Integration of Harm Reduction strategies into or organization's work:	
Collaborative intra-agency consultations re: HR clients	68
Staff accessing information from harm reduction program/worker	11
Newsletter articles written	2
Percentage of target staff trained in understanding Harm Reduction	70%
Partnerships:	
Agencies referring clients to HR program	3
HR-related committees that your HR worker is regularly involved in	4

All Saints' Church-Community Centre

All Saints' Church-Community Centre is situated in the heart of downtown Toronto at the corner of Dundas and Sherbourne Streets. The church opened its doors in 1971 to address the diverse needs in the local community, especially of those whose life circumstances are challenged by homelessness, poverty, isolation, illness, and discrimination. The church is open seven days a week and provides a wide range of services such as: safe, secure and affordable housing for women at the Cornerstone Women's Residence; Sunday worship services; drop-in services and the Friendship Centre, which include shelter from the cold, meals, a registry of rooms and affordable housing, a needle exchange and recreation programs; hands-on health care and nursing services through Street

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Health; and affordable clothing through the Clothing Store.

All Saints' Church-Community Centre is working with users, local residents, agencies and stakeholders to develop a community-based harm reduction initiative in the Dundas-Sherbourne area.

Specific Goals of the Project

- To create a healthier neighbourhood where people, both users and non-users, live more peaceably and respectfully.

Project Highlights

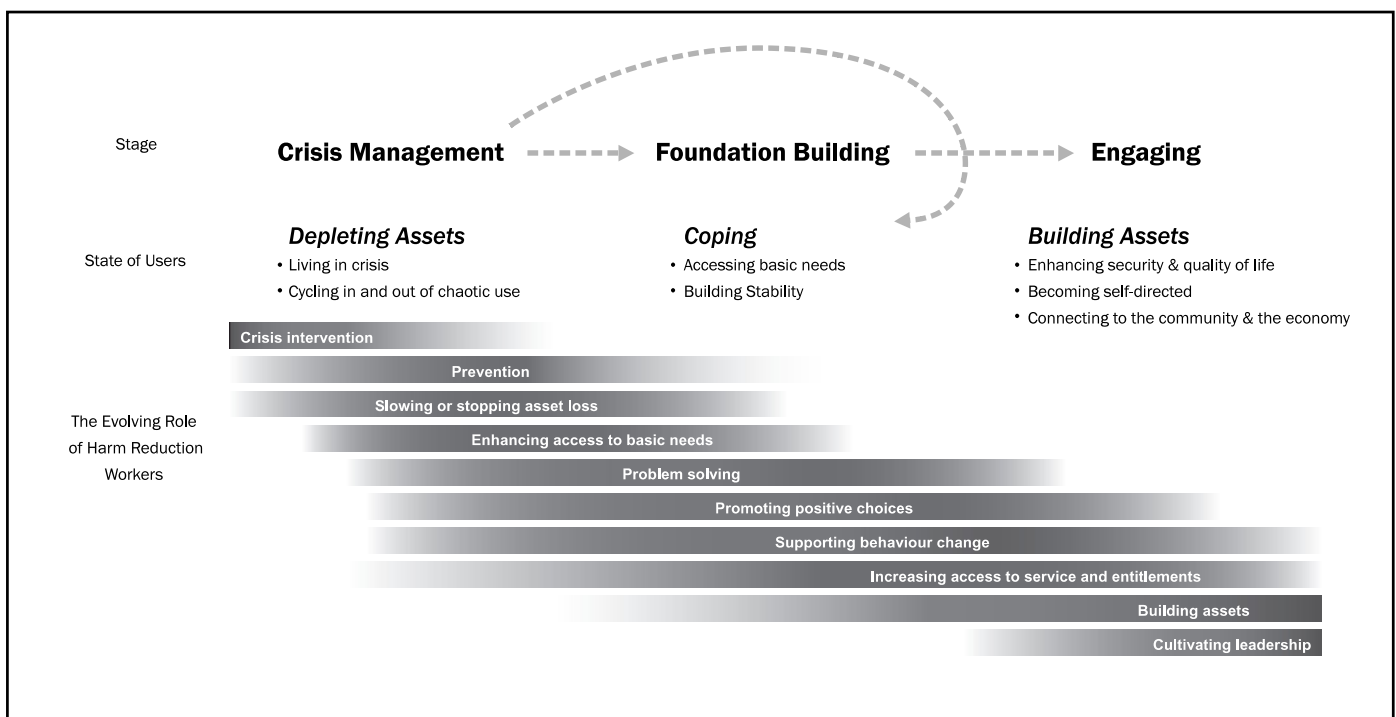
A main component of the All Saints' project has been its work with ten users (the Harm Reduction Group) to build their capacity to serve as peers and conduct outreach in the community. This group met on a weekly basis to plan and implement outreach strategies and educational activities.

In March 2002, the Harm Reduction Group hosted the "Harm Reduction on the 4 Corners Conference", which brought together diverse segments of the neighbourhood to discuss areas of concern about use. Approximately 50 individuals attended this conference.

<i>All Saints' Church – January to December 2002</i>	
Peer Worker Component: (Work done by the HR Group)	
Peer workers recruited and trained	13
Active peer workers	8
Peers earning income/honoraria through HR work	9
Meetings attended by peers	31
Employed in HR work	1
Co-ordination and Integration of HR strategies into organization's work (includes work with partner agencies)	
Collaborative inter-agency consultations re: HR clients	10
Staff accessing information from HR Co-ordinator	24
Presentations/workshops with staff and board	2
Partnerships (includes work with outside agencies and community members)	
Meetings with outside agencies	35
Meetings with housed community members	9
Inquiries by outside agencies about HR	10
Community forums held	3
Presentations/workshops to outside agencies	2
People attending above presentations/workshops	95+
Presentations/workshops with housed community members	2
People attending above presentations/workshops	24
Inquiries by drug users for HR services and referrals	77
Community events hosted	6

Section 7: User Transitions and the Role of Harm Reduction

This research conceptually identified three distinct stages through which users pass as they build stability and reduce the harmful effects of their use-related behaviour and their poverty. Rather than transitioning through these stages in a linear pattern, people tend to cycle in and out of crisis. Below, the progress of users is traced. We also document the ways in which harm reduction workers facilitate change. The results of these interventions will be discussed later, in Section 10: Participant Outcomes.



Stage 1: Crisis

Low-income users live in a situation of extreme poverty, marginality, crisis and humiliation. They may use licit and illicit substances for a complex range of reasons. Often, it is to escape the past: many of the users involved in harm reduction work have histories of abuse and family breakdown that have left them affected from childhood. Some people find using substances gives them a welcome escape from the hard realities of extreme poverty. Many users have disabling physical and mental health issues. Use can also bring them - for better or for worse - into a social community with which they would not otherwise have contact. At this stage, they may be actively engaged in a cycle of chaotic use that further complicates the effects of the poverty in which they live.

- *“An example is people who’ve been de-institutionalized. We’ve seen terrible invasive treatments and then the person is dumped on the street with no resources.” (harm reduction worker)*

Crisis cannot be attributed to use only. We know that although use can cause some people to lose their jobs, destroy personal relationships and undermine their stability, other people can lead engaged, working lives while using.

- *“Money insulates people from the consequences of use - they have more assets to shield them. They have further to fall financially - people here don’t have much more to lose - this is the bottom.” (harm reduction worker)*

It is the combination of use and poverty that exacerbates many of the problems faced by users. Many live with no visible means of support, and those on Social Assistance barely have enough to pay for rent and food.

- *“Imagine this - after their rent, the people who live here [in this housing] have \$195/ month left and they are all smokers. They’re put in a position on OntarioWorks where they have to struggle all the time.” (harm reduction worker)*

Finding and keeping decent affordable housing is a major challenge for users. Homelessness and risk of loss of housing are the natural consequences of an ongoing, long-term depletion of assets. Users are also particularly vulnerable to loss of housing as a result of behaviours associated with use. People in crisis are sometimes evicted because of unhygienic conditions in their living quarters, or for being in arrears with the rent. Still others have had their apartments taken over by crack dealers.

Less obvious and more devastating are the concurrent loss of social connections, the undermining of personal security, self-confidence and

*“The thing that all our clients have in common is that they have a death wish. Things have gotten so bad that they don’t know how to continue on.”
(harm reduction manager)*

identity, and the erosion of skills and employability. Life without shelter and access to basic necessities is life without routine or stability.

The psychological impact of crisis is severe. When people enter programs, they have lost so much of what stabilizes and defines them that they find it extremely difficult to rebuild their lives. In this state of asset depletion they live in the moment, vulnerable to all sorts of crises, and struggling daily to survive. Drugs and alcohol fit into this downward spiral. While substances represent an escape from the hardship of daily life, they simultaneously accelerate the loss of assets, which in some cases is irreversible. Harm reduction workers have seen people with brain damage from excessive alcohol. Others have died from AIDS contracted through intravenous drug use or sexual transmission.

Many users choose to opt out of the shelter system because they find it threatening, dangerous and unhealthy. Because of their choice to use, they will have less access to the social benefits and services that support those in poverty. While a few shelters, food banks, drop-ins, and health clinics are open to users, most do not tolerate people who are using or under the influence while on site. This makes it hard even to find basic support to meet the most essential of needs.

Two key factors determining the outcomes of substance use are gender and substance of choice. Women have quite different reasons for and patterns of use from those of men, since poverty presents them with different choices. Sex-trade workers are more common among female users than male, while women seem to have less experience of incarceration. There are also distinct differences between those who use alcohol and those who use illicit drugs; and, indeed, harm reduction programs tend to focus on one group or the other because the two cultures do not always mix.

There is a strong relationship between use, poverty and incarceration. Underground and illegal street activities (panhandling, sex-trade, dealing etc.) are common for people at this crisis stage. They need to earn money to pay for rent, basic necessities and their drugs or alcohol. People have told us that they would prefer to be involved in legal activities. But for a user, there are generally few options; and in combination with the high public visibility of users on the street, this creates a recipe for arrest and long periods of involvement in the criminal justice system. Incarceration means losing both housing and Social Assistance, further aggravating the cycle of crisis.

Even amongst street-involved people, users are harshly stigmatized, and many are robbed and brutalized on the street. Harm reduction workers indicated that users at this stage are more likely to come in direct contact with police, and many must deal with a lack of respectful treatment by emergency service and health care professionals who often do not know how to cope with people under the influence. In summary, people who use are often socially excluded.

The role of harm reduction workers

What leads a user to approach the harm reduction worker? In most cases, initial contacts are made when there is an imminent or full-blown crisis. The user has either heard about or informally met the harm reduction worker, and found her/him understanding, trustworthy and above all approachable. The harm reduction worker adopts a problem solving strategy at first, responding to and helping to resolve each crisis as it arises. This tends to lead to the identification of new issues; and, in many cases, a long-term relationship starts to grow. For although users may come to harm reduction workers to deal with specific, pressing problems (such as loss of housing, eviction notices, legal troubles etc.), the reason why they wanted help may not be related to the root cause of their instability. It is, however, an entry point that can lead to a long-term working relationship and the opportunity, over time, to deal with root causes.

This early contact between the user and the harm reduction worker is thus often not directly related to substance use. While some harm reduction workers discuss use and strategies to reduce the harm related to use, other workers prefer to let users raise the issue themselves and set their own agenda for discussion and problem solving.

We have seen these relationships build over time for users who often have little contact with people outside their circle of fellow users. They find the non-judgmental, trusting, dedicated contact reaffirming and stabilizing. An “open door” policy sends a message of consistent, supportive availability. This is a powerful message for a person who is used to rejection and isolation, and the relationship prepares the way for an equally powerful phase of stabilization.

At the crisis management stage, harm reduction workers concentrate on slowing and halting asset loss, and preventing further harm. For programs that focus on supporting users to manage crisis, it can be difficult to measure or make statements about harm that has been prevented. Yet the research clearly shows cases in which harm reduction workers have prevented possible suicide attempts and evictions, halted a bank robbery and reduced unnecessary visits to emergency rooms.

Stage 2: Foundation-building

Secure, affordable housing often marks the first step in the transition towards building a foundation of stability, and is a prerequisite for asset gain. Once a person has a roof over her or his head, a level of privacy, personal care and routine can be established. Food and other basic necessities can be secured, and it becomes possible to deal with long-term health issues. Most users are aware of and are practicing basic harm reduction practices, such as using safer paraphernalia and/or substances (for example, many take precautions to prevent the spread of HIV and hepatitis).

When safely housed, users find it easier to create some level of routine that allows them to address the harmful behaviours and patterns related to chaotic use. The great challenge for users is to keep the housing they have found. They must manage their available resources in order to ensure that the rent is paid, and they need to change any behaviours that put them at risk of eviction. It takes a certain amount of self-possession and stability even to begin to make these personal changes; and where use is rampant in the community, the process becomes yet harder.

Gaining access to public assistance entitlements is often the key to finding housing, even if the funds are insufficient for adequate food and other supplies. Income from legal employment is not generally part of the foundation-building equation. Many programs focused on the homeless have discovered that it is one thing to support someone to find a job, but quite another to support her or him to hold onto that job. A job can only come if and when a person has been able to settle and begin to heal the psychological wounds and insecurities created by extreme deprivation.

"I'm not together enough to work." (user)

Access to more stable income is very advantageous, allowing people to take better care of themselves by improving their nutrition, personal hygiene, dealing with pressing medical problems, and increasing their leisure time. This, in turn, builds hope: people begin to realize that both personal change and a better quality of life are possible. They can start to see beyond the daily coping routine, into the future. Once the means of survival are in place, people slowly expand their horizons, connecting more with others and thinking about their next steps.

Long-term behavioural patterns created by marginality, insecurity and poverty take a long time to change. By accessing housing, and basic food and supplies, people have begun to rebuild assets. Nevertheless, they remain extremely susceptible to destabilization and crisis. Many find change stressful, and feel the pull of their substance of choice, comfortable old behaviours, and the social networks that revolve around use. A cycle of stabilization and relapse is very common. In these relapses, people can lose everything that they have worked so hard to achieve. Old pleasures die hard, and fear of change can lead to self-sabotage.

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- *“I don’t know how or why it works. One day things are fine and the next they aren’t. It’s not necessarily about any major occurrence - it’s more about the past - trauma. The cycle is unique for each person. They get ground down by their circumstances. They get tired of trying to be a straight human being. The reasons for relapse are: it’s fun, self-medicating, social, [they can] step outside of themselves and the pain. The consequences, however, are not enjoyable.” (harm reduction worker)*

Stability lays a foundation for the possibility of a healthier, safer and more dignified life. Yet once a user has achieved some level of stability, it does not necessarily mean that she or he will take personal change any further. As we have said, progress through the three stages is not linear, but more like a spiral of advances and setbacks. Many users choose to continue with the same lifestyle, although most want to reduce the harm associated with their use. Others have concurrent disorders that make it impossible for them to consider traditional employment. Still others are of an age where it is difficult to find work, and may have also done such serious damage to their health that they are unable to work. As a consequence, many people choose to stay at this coping stage, eking out a basic life on Social Assistance, and often continuing to use.

Some users achieve stability on their own, changing their patterns of use and building a foundation through their own personal resources and assets. For most, however, without a catalyst of some sort it is not possible to break out of daily coping-oriented work. They become trapped in the structures and institutions that perpetuate dependency and survival-oriented living. If they cannot continue the momentum of asset development, they risk repeating the cycle of asset depletion and destabilization.

The role of harm reduction workers

At this stage, harm reduction workers intervene to support users to make the transition from crisis to a more stable, secure quality of life, however the user may define it. Harm reduction workers are careful to avoid middle class assumptions and values regarding what constitutes a good quality of life.

Once users have addressed the crisis that pushed them to seek help, the relationship with the harm reduction worker often continues responsively, with one-on-one counselling to support the user in solving problems, access necessities and broaden options. Many users do not have adequate access to the most basic ingredients of daily survival.

When basic needs are fulfilled, housing is in place and the cycle of crisis

*“Sometimes, no matter what intervention you make, there’ll be a little change. Often I start with a tangible, less threatening thing and start to build a relationship through problem solving and trust.”
(harm reduction worker)*

has been reduced, the harm reduction worker can then examine the user's situation to see how she or he can further build a base of stability. Harm reduction workers focus on the person as a whole, and develop a comprehensive understanding of the client's circumstances and needs, as the agent of her or his own decision-making.

As noted earlier in **Section 4**, harm reduction workers attempt to support the provision of services in a more integrated fashion. They also play a broker role, putting users in touch with more empathetic, approachable service providers. This can mean that harm reduction workers may be active in booking and accompanying the user to appointments, employing their connections and social power on behalf of the user to ensure access to the best possible service.

The potential for crisis continues. Crises can arise in many different ways and in connection with many different systems: Social Assistance, social housing, immigration, the criminal justice system, and physical and mental health care. As a result, harm reduction workers must have a diverse and in-depth knowledge of the policies and procedures of Canadian social infrastructure.

Support in money management is a vital entry point for stabilization. One program offers a trusteeship service, assuming responsibility for managing a client's money, ensuring that all funds do not go towards use and that major bills are paid (particularly rent). Other programs support users informally to manage their resources.

All the while, the harm reduction worker works with the user on an ongoing basis to promote safer use and to manage harmful behaviours. Most harm reduction workers are involved informally, and with a broader population, in education about safe use and the introduction of less harmful paraphernalia. Through their one-on-one sessions, they support users to make safer, healthier choices about their use and behaviour.

In summary, harm reduction workers intervene to facilitate a transition out of the cycle of poverty and use, slowing and halting asset loss, continuing to support coping strategies, building basic assets, and supporting users to make a shift towards a stronger engagement in society.

“We focus on behaviours associated with substance use - we don't focus on use itself. We address behaviours related to use in order to help people maintain their housing.”

(harm reduction worker)

Stage 3: Promoting Engagement

In this third stage, users gradually shift from survival mode to longer-term thinking. Once they have a regular stream of income and some basic stability, they begin to re-establish a personal identity and self-confidence, becoming ready for more attachment to others and more active, productive use of their time. Housing continues to be central at this stage, as many people move in order to secure improved and increasingly stable residences. Although coping strategies continue, a

foundation is emerging from which they can begin to build assets.

People who continue to use tend to change their patterns of use, reducing chaotic use and gradually slowing the consumption of drugs and/or alcohol. Some people are able to stop. Relapses, however, are still common: as people start to explore and address the issues that trigger their use, they are still dealing with past trauma that makes it difficult to break out of a dependency on their substance of choice (for example, many have suffered abuse as children, experience severe depression and struggle with sexual identity).

At this stage, the tone of asset development changes to longer-term, more strategic investments in self such as improved health-care, training, education, and possibly access to employment. Many people begin engaging in the community by attending community programs and by volunteering. They rebuild family relationships and develop new friendships outside their old user networks, providing positive support and reinforcement for the changes that are occurring.

Some know that they cannot work full-time because of the health and/or other issues that made them homeless and jobless in the first place, but are still interested in working part-time and making a contribution. Others start to look for work. The search can be long and frustrating. People interested in working only seem able to find low paying, insecure, temporary employment which can reduce, rather than rebuild stability.

By engaging, people are building a foundation for long-term personal change, expressing their willingness to act and take risks in order to improve their quality of life and future. The act of engaging builds a broad array of personal assets including social support, self-esteem, the re-establishment of family links, and the development of a desire to contribute to the community. People are grateful for the support they have received, and want to give something back - especially to those who are still struggling with use. Yet if people's newly revived hopes and goals are not realized, they are in danger of losing momentum and sliding backwards again.

*"I think users are bored
- they're all intelligent
people who can do things.
There's not one of them who
couldn't do something. ...
All could do a job. It
would need to be meaningful
work."*

(harm reduction worker)

The role of harm reduction workers

Harm reduction builds social inclusion. Interventions at this stage cultivate the basic ability of users to develop the connections, knowledge, skills and abilities to access their rights and entitlements as citizens. Practitioners know that it is the individual who will create and direct her or his own process of change. The anchor relationship with the harm reduction worker continues to be of prime importance: just knowing that a friendly, accepting, non-judgmental person is always available can give users the confidence to take risks and make dramatic changes in their

While harm reduction workers have, during earlier stages, supported users to access services, the emphasis at this stage is on building users' self-direction and self-advocacy skills. As users become more pro-active in their lives, the role of the harm reduction worker changes, gradually shifting from a responsive, action-oriented role towards the role of providing ongoing problem solving, counselling and encouragement. This shift emerges as a logical result of the empowerment process catalyzed by harm reduction practitioners.

At the engagement stage, it becomes possible for practitioners to break out of the wholly one-on-one approach to delivery of harm reduction services, and involve people in peer groups. Peers are users or ex-users who want to support harm reduction programs, bringing their experience and empathy to bear in supporting other users to deal with the behaviours and harmful consequences of their use. Peers have noted the healing aspect of being able to give back to their communities. There is also an increasing trend of user activism: users are organizing to make strategic change at the policy and systemic levels.

Section 8: Components of Effective Practice

Although our original approach to understanding harm reduction practice was to explore the possibility that there might be different models of programming, obvious commonalities in practice emerged over time among all of the sites. We were thus able to identify a selection of inter-related and inter-connected components of effective practice from which practitioners choose in developing their programs.

The components of practice have been organized to reflect the various levels at which harm reduction workers intervene:

Level 1: Work with Individuals

1. Building “anchor” relationships
2. Crisis intervention and prevention
3. Meeting basic needs
4. Accessing or connecting to services and entitlements
5. Use-related intervention
6. Financial intervention
7. Organizing and engaging users as a part of a community

Level 2: Work within Organizations

8. Management and coordination of client services
9. Integration of harm reduction into organizational practice

Level 3: Work at the Community Level

10. Integration of harm reduction into the community

Level 1: Work with Individuals

Component 1: Building “*anchor*” relationships

We have already written about the dynamics of building long-term relationships of trust in harm reduction practice (see *Section 7*). These “anchor” relationships (as we have named them) are central to effecting change with individual users. The harm reduction worker becomes a trusted confidante, source of information, counsellor and advocate for the user, building a foundation of support, connectedness and identity from which the user can move to stabilize her or his life.

Harm reduction is based on dealing with clients “where they are at” - respecting, honouring, and supporting their ability to make decisions. Harm reduction strategies encourage people to build strengths and to gain a sense of confidence. They can help someone move to a state of control from one of chaos.¹

Relationship-building often takes time. Users have learned to distrust people and have isolated themselves in many ways from relationships that bring obligations and responsibility. The supportive, non-judgmental interactions with harm reduction workers serve to change this pattern, but the process of change can take many months.

Anchor relationships become long-term relationships that wax and wane as users progress through the process of stabilizing their lives, dealing with crisis, reducing use and relapsing. Months can go by uneventfully, and then users can suddenly require the intensive aid of harm reduction workers to resolve crises and to assist them in accessing supports and entitlements.

Harm reduction workers sometimes use the terminology of “case management”, but generally agree that while they see some similarities in approach and function between relationship-building and case management, they reject the clinical approach and the hierarchical power relationships implicit in the latter term.

The harm reduction worker is often the sole person on whom a user can count, no matter how badly she or he behaves or how chaotic life is. Because so much daily harm reduction work is crisis intervention, the harm reduction workers tend to be available on an on-demand basis, and many have cell phones turned on from early morning to evening. Most programs have an “open door” policy, even if it has been a long time since a client last needed support. Honesty, reliability, consistency and availability are critical, which is why staff turnover can undermine a harm

¹ Government and Public Awareness Task Group of Non-Prescription Needle Use Consortium, *The Harm Reduction Information Kit: for professionals working with at-risk populations*. (Non-Prescription Needle Use Consortium, Edmonton: 2000).

“People need to make decisions on their own terms vs. your terms as a harm reduction worker.”

(harm reduction worker)

reduction program.

“We’re cultivating relationships with people who are broken. The only way to move people close to accessing the system is if we say - it’s OK to call me at 7:30 a.m.” (harm reduction manager)

Supportive counselling and problem solving

The focus of the harm reduction relationship is on respectful interchange where the user sets the agenda. Harm reduction workers make themselves available to users on a regular basis, in order to support problem solving, the exploration of choices, and decisionmaking. In many cases, harm reduction workers are qualified to take on a counselling role and they work with users to promote self-directed decisionmaking behaviour.

“For me I kind of try to listen and pick up little things. I would never throw out advice [to users]: ‘you should do this or that’. I try to get them to figure things out - I don’t tell them what to do. I’m strategic with them, letting them set the stage. Once a relationship is there, together we can plan.” (harm reduction worker)

A number of harm reduction workers have taken the initiative to develop a relationship with a clinic director at the Centre for Addiction and Mental Health (CAMH), who provides technical and problem solving support regarding concurrent disorders and the harm reduction approach.

“This arrangement provides a fresh perspective on analysis, how to work with the client, and how to deal with concrete issues. There is also a CAMH hotline number and an onsite CAMH support person to help with issues relating to harm reduction. It’s important to find someone who understands harm reduction, mental health and poverty issues.” (harm reduction worker)

In many respects, the anchor relationship focuses on a negotiation about behaviours, not on use. While this relationship “often starts with a conversation about use and drug of choice” (harm reduction worker), the emphasis is on changing behaviours that put people at risk.

Referral

The goal of many harm reduction programs is to provide respectful referral to appropriate, understanding, harm reduction-oriented services.

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*“Many clients need additional support services - I can’t do it for them, so I refer them to other services, and sometimes they stick with it.”
(harm reduction worker)*

Building independence

At the final research and analysis session, harm reduction workers reacted strongly against the idea that their work might create dependency in users. “Dependency is bad practice” was one response. They agreed that active engagement in users’ affairs - including the use of personal authority and power on their behalf - in order to make things happen is fine; but these interventions are just the beginning of a process of building empowerment and independence.

“We’re doing things for people who aren’t able to do something. We’re sharing our power and modelling behaviour by supporting people to gain access to services and entitlements. This is an essential component of harm reduction work. Over time the person will be able to do it for him or herself.” (harm reduction worker)

Component 2: Crisis intervention and prevention

The first point of contact with harm reduction workers usually occurs when users are in or on the verge of crisis. These crises may be due to such difficulties as an impending eviction from housing, problems with the legal system, or mental or physical illness.

Prevention

Prevention is a critical aspect of this component of harm reduction. Practitioners intervene with landlords to prevent eviction, and may also be involved in changing behaviours that get people evicted: for example, ensuring that rent is paid, or working with the landlord and user about how to maintain the user’s housing.

“[We face] the usual challenges in our housing, most of which have to do with traffic and violence. When people use in their rooms it’s not a problem. It’s when residents start letting people into housing that problems develop. Our housing units are shared amongst eight people. A major issue is how people get along. We say we provide supportive housing; however, during the day there are only two staff.” (harm reduction manager)

“Goals don’t involve use. It’d be more about what’s going on in [the user’s] life. For example I might ask, ‘Where are you passing out? What are the implications? What are you going to do about it?’”

(harm reduction worker)

“Harm reduction is contextual and the work changes over time. If someone comes to me regarding housing, I need to hook him or her up to appropriate services. It depends on where that person is in his or her requirements and what his or her needs are.”

(harm reduction worker)

“I’ve even tied people’s shoe laces! We need to give people breathing space to get back on their feet.”

(harm reduction worker)

“15-20% of the residents create 99% of the problems. They are behavioural problems. It used to be alcohol and psychiatric issues but these have been overshadowed by crack users. They are socially isolated people and their behaviour is cyclical.”
(harm reduction manager)

Through counselling and the existence of a caring relationship, harm reduction workers also are able to alleviate depression, and prevent suicide and other self-destructive behaviours. Simple changes to people’s substance of choice and use patterns can reduce and prevent harm associated with use. When asked by the user, harm reduction workers will make referrals to detox centres, treatment programs and methadone clinics.

“What’s the cost of not doing harm reduction? We’re preventing people from going to jail, from suicide and from using emergency rooms as primary care.” (harm reduction worker)

Accessing emergency services

Crisis intervention often involves supporting users in accessing emergency services. For example, front line medical workers are often not well equipped to work with users in an emergency situation. The harm reduction workers had many stories about clients in crisis being turned away from emergency departments.

“[Crisis interventions] included taking clients to emergency rooms, finding appropriate doctors or accessing medication from pharmacists and accessing home care. The majority of interventions involved applying first aid.” (harm reduction worker)

Crisis interventions come in a surprising variety of forms, and the harm reduction worker needs to be multi-talented and flexible in order to function in this responsive mode.

“In the last few months I needed to arrange a funeral for one of my clients who died. He was on ODSP [Ontario Disabilities Support Program] and I didn’t know that they didn’t handle funerals. I had to deal with the welfare system for that. I also arranged a memorial service for friends of another person who died. His street friends needed a chance to grieve his loss.”
(harm reduction worker)

Advocacy

Harm reduction workers also become advocates for users in other ways: they may attend rent tribunals, escort people to doctors’ appointments and become the user’s voice until she or he can assume that role independently.

“We share our power as educated service workers. We’re advocates and allies.” (harm reduction worker)

Component 3: Meeting basic needs

Before people can stabilize their lives, they need access to the means of survival. This component of harm reduction is fundamentally focused on promoting users’ basic human rights and entitlements as citizens.

Housing referral and support

Housing is a key entry point in stabilizing users. Each project (or parent agency) has an active housing support component, helping users to find, keep and/or improve their housing. This support is often grounded in the provision of information, contacts, referrals and assistance in navigating complex systems. It can also involve supporting users in understanding how their behaviour affects their ability to retain housing. Harm reduction workers often act as brokers within their agencies' housing program, and with landlords to ensure better service and follow-up.

"I often have meetings with landlords and make sure that our housing worker is informed about people's housing status."

(harm reduction worker)

"Our general concern/approach is for housing. If [she or he is] living in the street, we try and get the user into shelter. ... We help people find and keep housing... We work in the community and clients drop by. We also take a case management approach to help arrange for housing and make appointments. Our housing worker will work with harm reduction clients and does an intense one-on-one search. We do have a housing registry with one or two landlords that are very reasonable. One landlord is helping to develop a fuller list of potential housing, rooming houses, in connection with the Rent Bank operator."
(harm reduction worker)

Access to income entitlements

Many programs help users to identify and secure a stable flow of income, allowing them further access to housing and basic necessities. This may come in the form of assisting users to access Ontario Works (OW) or the Ontario Disabilities Support Program (ODSP), or the tax credits to which they are entitled, or other federal income sources or private disability funds.

"I meet clients in drop-ins, on the street and in their homes. I provide advocacy on behalf of clients with income issues with ODSP, OW, and CPP. One client now has a Wheeltrans pass. I work with clients on filling in tax returns and on budgeting." *(harm reduction worker)*

Many users are under-informed about their current income status and their options.

"When people come into the trusteeship, one of the first things I do is to discuss their source of income. Many clients don't know where their monthly income comes from and I have to ask them to describe their cheque. From this we can figure out what form of assistance they're on and we can make sure that they're getting all they're entitled to."

(harm reduction worker)

Providing for basic needs

Being linked to services for people living on the street, many harm reduction projects are able to provide the basic amenities that allow users to take better care of themselves in a dignified way. Included are a broad range of coping assets providing access to quality health care, healthy social interaction, and community. If an agency is not able to provide for basic needs, people are referred to more friendly food banks and shelters as required.

“We have showers, food and basic medical services at the centre. People can also have access to telephones and laundry services.”
(harm reduction worker)

“We also ask about health issues. We introduce people to the Wellesley Health bus, dental concerns are referred to U of T and George Brown. We also provide access to food bank service and where to go for drop-in services in the day.” (harm reduction worker)

“I sometimes have to deal with immigration issues, and do follow up work with lawyers. . . . I could be dealing with probation officers, going to medical appointments, or hooking up with medical practitioners. I could be hooking users up with a methadone clinic or a mental health counsellor. I also support them to hook into ODS, welfare.” (harm reduction worker)

ID clinics

Up-to-date identification is necessary for people to access most services and entitlements; so problems arise when users lose their identification. Harm reduction workers connect users to ID clinics for a replacement. In some cases, workers hold people’s identification if they might lose it because of instability and chaotic use.

Component 4: Accessing or connecting to services and entitlements

The relationship that a user develops with a harm reduction worker is pivotal in getting access to services and entitlements. It moves users beyond coping towards asset-building strategies that support them to engage further in society.

“We’re working with a population that has experienced a great deal of losses. They are severely disadvantaged. Some can’t read and can’t write. I’m often criticized for doing a lot of work with [a particular person]. I took him or her to the doctor, because he or she wouldn’t go otherwise. In the case of one street person, I thought ‘she’ll never get her health card’ - she hadn’t had health care in 4 years. Now she has her card and has also gotten her landed immigrant status too. I jumped up and down when she got that health card. I took her to a doctor I know and made it work. It took two years of work to get to this point. Until that person has the strength to do it him or herself, it’s my role. There is going to be a process and it’s always transitional.” (harm reduction worker)

Throughout our research, we heard stories about users not being able to access services and entitlements. Many welfare intake workers are neither equipped nor prepared to work with active users. Empathetic health care providers must be found so that users can receive proper treatment since, as this research confirms, use (and its related behaviours) makes already inaccessible systems yet more exclusive.

“We’re dealing with any number of time consuming issues: corrections, sitting in court, taking a client to appointments, getting cut off ODSP and the nightmare of reinstatement. If users didn’t have extra help in getting out of jail, they would be homeless. I’m talking a lot with welfare, ODSP, Canada Pension. It’s a bureaucratic nightmare. I’m also doing first aid work. About a third of clients are HIV positive and/or have hep C.” (harm reduction worker)

“We work with people with disabilities and the systems that are supposed to be working for people with disabilities - but they are not. Clients also reveal they have been sexually abused. Unless [the clients are] native, it’s difficult to find trained counsellors that are willing to work with the clients. If [they are] not, it is very difficult to get a medical doctor to refer to a psychiatrist.” (harm reduction worker)

We have already mentioned the pro-active interventions of harm reduction workers designed to connect users to services. This role

“I work with people who don’t necessarily have the skills to do things themselves. For example they go into an office and someone hands them a form and says, ‘Here - fill this out.’”

(harm reduction worker)

“I consistently run into barriers to accessing detox facilities and appropriate mental health for clients especially for clients seeking help for issues stemming from child abuse.”

(harm reduction worker)

continues, linking users into a range of systems and services, and supporting them in developing the high level of functionality required to get what they need from complex bureaucracies. A holistic approach is taken to understanding and responding to users' needs, so that they may profit as best they can from the rigid delivery system of social and private services that has emerged in the last decade.

In some cases, harm reduction workers continue to play a connecting role when their service users progress to the 'engaging' stage of the harm reduction process, and here they can connect users to longer-term asset building strategies. With the support and encouragement of harm reduction workers, users have gone to training programs, returned to school, become volunteers and peer workers, and found part-time or full-time work. The "open-door" policy helps these clients to keep going and sustain the assets that they have developed.

Cultivating respectful referral networks

Rather than create a parallel system of services for users, harm reduction workers have chosen to focus their time and resources on connecting people to existing services and systems. We have noted how harm reduction workers act as advocates in these situations. One harm reduction worker spoke about a chaotic alcohol user with a serious medical condition:

"He hadn't been able to access any medical attention and I thought - why shouldn't he get top notch-care, so I made him an appointment with a middle-class doctor. When he went in to the appointment people freaked because of the way he looked and smelled, and the doctor (who was afraid of him) refused to serve him again. I've learned that we have to be very careful in finding doctors who can deal with the behaviours and class issues related to marginalized users."
(harm reduction worker)

When they can, harm reduction workers develop a roster of empathetic, understanding professionals who become regular stand-by contacts in a diverse range of institutions and systems, including psychiatric, medical, criminal justice (police, legal aid, resettlement), clinical treatment, immigration, social services, social assistance and housing. Harm reduction workers also refer users to peer harm reduction workers who have developed areas of specialization such as housing or trusteeship.

As users work with the harm reduction worker, they develop a heightened awareness of the "lay of the land" regarding community services, and they acquire self-advocacy skills. Over time, users will become informed self-advocates, with the life skills to ensure that they can access the services they require.

Component 5: Use-related intervention

Use-related harm reduction is an ongoing responsibility for harm reduction practitioners: support for use management, the provision of safe paraphernalia, and user education are all integrated into daily interactions with clients. While use-related interventions are the most high-profile and controversial of all, they are just one of many components in harm reduction work.

Support for use management

Use management involves working informally with users to identify the harmful behaviours, effects and implications of their particular patterns of substance use. Harm reduction workers do not expect users to stop using, but to manage their use better. This might involve practices that alleviate the harmful effects of use, choosing safer substances or patterns of use, or reducing use. It might mean understanding the root causes and gaining control of chaotic use, or deciding to stop use and sign into a treatment program.

*“We make sure that there is a pitcher of water available when **the** temperature rises. That really decreases the chance of dehydration. We encourage people to drink one glass of water for each beer they drink. Crack users lose health because of vitamin B loss so we encourage them to add vitamins to their diets.” (harm reduction worker)*

Dixon Hall : Practical harm reduction measures for alcohol users

Dixon Hall operates a number of wet shelters and drop-in centres. Some of the practical measures adopted to decrease harm to users include:

- In the School House service users may drink beer. The alcohol content must be 6% or less
- Staff work with users to seek out barrier-free housing for elderly service users of the wet shelter
- Water coolers are provided at all shelters
- Affordable nutritious food is available for service users. Examples include Tuesday night social, Friday breakfast, fruit and healthy food for snacks at meetings, and fruit and soda drinks at peer meetings and groups
- Group discussions help plan and prepare for use while on out-of-city trips
- The Harm Reduction worker provides information on the benefits of switching from non-beverage alcohol (Lysol) or cooking sherry

“I make suggestions about sipping instead of guzzling alcohol, cross effects of alcohol with medication and reducing alcohol intake when a client needs to go somewhere and accomplish a certain task like a medical, legal or social services appointment.”

(harm reduction worker)

- to something less harmful to the body
- Older and frailer users are encouraged to keep indoors when heat and humidity or cold could pose a problem

Provision of safe paraphernalia

Most of the harm reduction workers involved in this program work closely with community health and other harm reduction agencies that take direct responsibility for the distribution of safe paraphernalia. Condoms are widely available free of charge at community drop-ins and health agencies. Needle exchanges are now an established, accepted aspect of preventive community health in Toronto. Safe crack kits are being distributed in Toronto, although a great deal of tension and controversy still relates to that distribution. In some cases, harm reduction workers provide lip balm to prevent the transmission of hepatitis through sore lips.

This educational work has been spearheaded by the Safer Crack Use Coalition which is made up of users, harm reduction activists and researchers who want to develop a comprehensive model that addresses the health and social needs of crack users.

Raising user awareness of safe use

“The harm reduction approach to education focuses on non-judgmental information about different drugs, their properties and effects, about the law and legal rights, about how to reduce risks and where to get help if needed. It helps youth to develop a wide range of skills in assessment, judgment, communication, assertiveness, conflict resolution, decision-making and safer use... Harm reduction education is based on humanitarianism, pragmatism and a scientific public health approach. The principles of harm reduction drug education are that drug use is normal; it is associated with benefits as well as risks; it cannot be eliminated altogether, but the harms can be reduced; many young people grow out of drug use; education should be non-judgmental; it requires an open dialogue with the young and respect for people’s right to make their own decisions; and it emphasizes positive peer support, not divisiveness.”²

Reducing use-related harm is directly linked to an understanding of safe substance use practice and access to credible, realistic information about harm reduction practices. All of the harm reduction programs hold regular formal awareness-raising sessions for users in addition to the customized, informal one-on-one education. Many harm reduction

² Diane Riley, *The Harm Reduction Model: Pragmatic Approaches to Drug Use from the Area between Intolerance and Neglect*. (Canadian Centre on Drug Abuse, 1993), p.4.

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programs provide a range of information, brochures and contacts for people to learn more about reducing the harmful effects of their substance use, and improving their health.

Peer-based harm reduction programs offer peer education and problem solving on a formal and informal basis. Community events are also organized to give people a chance to socialize, while also learning about safe use.

Transition planning from an abstinence program

People who choose abstinence and become involved in a program need support afterwards, since being discharged to a wet shelter or harm reduction housing lands them back in the very context that they were trying to escape. Harm reduction workers talked about the need for support programs that provided follow-up. Although some links are offered to help users change their social context and the way in which they use their time, the system is ill equipped to serve these people.

“For alcoholics who choose abstinence they become concerned about time and have a constant anxiety that they’ll start using again. People are more likely to survive if they get involved in something that uses their time. Boredom is a huge issue - how they use their time.” (harm reduction worker)

Component 6: Financial intervention

Financial interventions are often critical to stabilizing users’ lives. Use patterns affect rent payment, access to income supports and many other financial areas. In combination with poverty income levels, they leave many users in dire financial straits. Financial interventions allow people to secure adequate income for survival and stable living conditions. In many cases, chaotic use is reduced when harm reduction workers can control users’ access to money.

Trusteeship

One harm reduction program runs a trusteeship service in which users voluntarily become involved. In this program the staff person responsible for the trusteeship works with the user to make decisions about how his or her money will be used: how rent will be paid, how much the user wants to spend on alcohol or drugs each day, week or month, and how to pay debts owing to landlords, friends or family. Other harm reduction programs offer similar systems on an informal basis to help users control their spending.

Trusteeship provides an entry point for stabilization, since it allows staff to become directly involved in ensuring that the user has a sufficient income stream on which to survive, and in supporting the effective management of available resources. In addition, the working relationship and process of financial decisionmaking builds economic literacy and the future ability of users to manage their own finances. Trusteeships are very time consuming and intense interventions.

“We also hold people’s money informally. Some clients are afraid that if they get their money they will use it for drugs when they really want to purchase a TTC pass.”

(harm reduction worker)

“I do a lot of income advocacy because of our trustee role. Clients who come forward want something specific, like tokens. Then I start plugging further into individuals’ issues. How is use interfering with all financial issues? Are they homeless? What are the issues with landlords? I try to deal with one issue at a time.”

(harm reduction worker)

St Stephen’s : Trusteeship provides significant impacts because access to entitlements and benefits are

The trusteeship program provides an excellent opportunity for users to build stability in housing, decrease chaotic use and develop financial literacy skills. In this program the harm reduction worker and user work together to ensure access to all entitlements and benefits for which they are eligible. These can include filing for Ontario Works, Ontario Disability Support Program or Canada Pension Plan. Also, many users had not completed income tax returns for years and were eligible for rebates.

- “Once individuals have access to an income stream”, says Rui Pires, the St Stephen’s harm reduction worker and trustee program manager, “they develop a plan for how to manage money with the trusteeship, predetermining the amount they will use to buy their substance of choice when it can be accessed at specific times in a week. In most cases I pay the user’s rent directly to the landlord at the beginning of each month.”

Payment of rent

Harm reduction workers often intervene with users to ensure that their rent is paid on time. In some cases arrangements are made to pay for rent that is in arrears.

“I assisted nine clients with debt problems - mostly in the form of back rent owing to landlords” (harm reduction worker)

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“We are trying to figure out how to get ODSP to pay for rent directly, and avoid all the administrative work.” (harm reduction worker)

Interventions regarding source of income

Gaining access to income and financial entitlements is often only the beginning of the battle. Many people live in fear of losing their social assistance benefits because of use, or because of their inability to meet consistently the complex procedures, regulations and audit requirements related to staying on the system.

“This past reporting period [6 months] I had 40 interactions (meetings, letters or phone calls) with the Ontario Disability Support Program, Ontario Works or Canada Pension Plan...ensuring clients’ income, reinstating income, applying for additional benefits... or assisting clients to apply for the first time.” (harm reduction worker)

Component 7: Organizing and engaging users as part of a community

In order to combat the stigma and isolation associated with use, many programs pursue a number of strategies to organize users and build a supportive, healthy community that can provide a long-term foundation for community-wide harm reduction.

Access to recreation and community

Many programs offer regular special events that bring people together in a little more formal setting to talk, have fun and share a meal. For example, many drop-in centres organize social events with the added, indirect purpose of promoting harm reduction.

“We run a Tuesday night social, billed as a clean and sober event. People shop, cook a solid meal, and engage in discussion. It has provided a focus for some individuals to be able to fully engage. Users come up with conversation topics such as harm reduction, personal success stories. We had about 20 people at the last meeting... There’s a good bit of peer interaction, and they have solicited advice that helps with negative effects of use.” (harm reduction worker)

Another harm reduction program organized a ‘dry’, white water rafting adventure weekend with a community-minded travel company. It is rare that low-income users have the opportunity to get out of the city and enjoy the therapeutic effects of being in a completely different

“I would like the research to also mention some of the more innovative programs we are developing, like our camping/hiking trip with clients on the Bruce Trail. This really bonded the group that went on the trip.”

(harm reduction worker)

outdoor environment with a group of peers. People feel excited about participating, and gain self-esteem as a consequence.

Peer programs

As users move through the various stages of harm reduction, some gradually engage in the community. Many users and ex-users become highly motivated to get involved in service to their communities and fellow-users. Two of the harm reduction programs in this research pursued the development of peer-based programs. In both cases, the programs were designed for three purposes, although the design of the programs was quite different:

- To enhance the organization’s ability to promote awareness of harm reduction practice amongst users
- To support the process of educating the wider community about harm reduction
- To provide stabilized users and ex-users with an opportunity to use their knowledge and skills to engage in the community

WoodGreen Community Centre : Peer program

WoodGreen set out to develop a peer-driven harm-reduction program, but quickly learned that a peer component takes time and experience to build. By year two, it had the experience, contacts and credibility to start to implement the peer initiative. Design started with a substantial investment in the drafting of Peer Policies and Procedures, including job descriptions, project background, workplan outline, confidentiality agreement, honoraria guidelines, supervision checklist and workplace policies. Groundwork was also laid for the “train the trainer” manual for peers, frontline workers and housing providers.

Five Peer Community Development Workers were eventually hired to foster outreach to community, landlords, residents and stakeholders. The target of this peer project is threefold: to address the needs of individual users, to build social networks, and to promote harm reduction at the community level. The development phase of the project involved a range of activities at these levels.

- User focus groups explored the barriers and challenges to finding and maintaining affordable housing.
- A stakeholder phone survey was completed, and service providers have had an opportunity to explore their view of harm reduction and how their services are delivered, while further honing communication and presentation skills.
- A Community Forum introduced the principles of harm reduction to the South Riverdale Community, and raised awareness of the merging of housing and harm reduction concepts.

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- The peer group has meanwhile been developing documents on the same subject.

The project is still continuing. In its remaining stages, it will revisit the strategies explored at the community forum and spread that information to the community. The last stage is to sift through all the information gathered throughout the project and develop a pamphlet geared towards obtaining and maintaining housing.

One of the main challenges has been to balance the time commitment of the harm reduction housing worker with that of the day-to-day worker, and coordinate their efforts with the busy schedules of the peer community development workers. The team would like to spend more time on skills development, although they are coping with time restraints and limited resources.

Peer-based programs are often educational in focus, and can make a strong and positive contribution to a range of harm reduction activities in the organization. We have learned, however, that they take a long time to develop, since it is important to go through a process of group development, internal discussion and education, and priority setting before the peer group can make a contribution. These complex and resource intensive programs need to be well organized and planned.

“The voice that is least recognized is the voice of users. We have been working with peers to do research and educate the community. They did a questionnaire, talked to community members, analyzed results, and held a community conference. We had about 50 people attend. Peers ran the show. They have continued discussions with the neighbours.”
(harm reduction worker)

“I’m hoping to start a peer program. The plan is that 8 peers will do a community forum within the community. I want to get panels together to discuss housing specifically. We will work with [the local needle exchange] and the Wellesley Health Bus so that peers can benefit from other forms of training, skill development, and be paid.” (harm reduction worker)

User organized groups

A newer phenomenon is the growth of user activism and human rights organizing by users on behalf of their own community. As peer programs begin to grow and spread, and as users begin to define themselves more actively as a community, it is likely that a solid leadership of users and

ex-users will play a role in working to assure the basic human rights of users in Canada. This will further shift harm reduction work out of its grounding in the social work and clinical service delivery practice.

Level 2: Work within Organizations

Component 8: Management and coordination of client services

A basic amount of administration, coordination and bureaucracy is required to manage a smooth running harm reduction program. Yet harm reduction workers busy in the field often dislike the bureaucratic aspect of their job descriptions; and harm reduction services may not easily fit into and meet the requirements of a more traditional social service agency's culture and systems.

Information about participating users

Record keeping is another responsibility of harm reduction workers: they maintain documentation of financial interventions, paralegal information and an ongoing record of the users' progress. Harm reduction workers are careful to avoid more clinical and social work approaches to case management files, dealing instead with users in a more open, informal and transparent way. They do not keep formal records about people's use patterns, nor is there an assumption that users will progress towards engagement. Rather, the notes contain critical information about harm reduction interventions and the priorities for each client. These files provide the institutional memory that is necessary for follow-up, and continuity in the case of staff turnover.

Coordination of staff interventions

Team consultations and case management work focused on the needs of a particular user have become common practice for a number of the organizations in this research project. They aim to improve the effectiveness of referral services, to eliminate overlap of work and to ensure a common philosophy and consistent style of harm reduction interventions.

*"Users are people too!"
(Sign in a harm reduction
worker's office)*

"I work closely with the addiction counsellor to strategize best practices for supporting clients who use chaotically." (harm reduction worker)

Ad hoc consultation regarding harm reduction-related user issues

Many staff from other departments of social service agencies rely on

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harm reduction workers to provide information, guidance and other supports to aid them in serving those users who face harm associated with use. For example, front-line workers involved with seniors may require some support dealing with the behaviours of a member of their weekly community outreach program who is drinking excessively.

Component 9: Integration of harm reduction into organizational practice

All of the harm reduction workers in this research project operate within larger, multi-service organizations. Given the somewhat controversial nature of harm reduction work, the organizations did not necessarily embrace this approach: even after approval at the policy level, harm reduction may not be widely accepted. To effect change in the complex cultures and hierarchical structures of large social service agencies is not easy, particularly when it challenges deeply ingrained cultural values, assumptions and biases. All harm reduction implementation plans include strategies to build awareness, understanding, committed support and wide application of harm reduction principles within the parent organization. A range of these strategies is outlined below.

Gaining formal approval for the harm reduction approach

In many ways, the rationale for a harm reduction approach stems from the realization that organizations, users and the community face serious implications if they ignore the causes of use and the harm that results. Most organizations experience a range of external factors that require an organizational response, such as: the growing use of crack by local marginalized populations; the activism of hostile neighbourhood residents who want to prevent use and consider the organization in particular as the source of drug and alcohol related problems; or housing units for which they are responsible, being turned into safe places to use.

An organization often commits to harm reduction at the policy level, based on an acknowledgement that the harm related to use is growing, will persist, and must be faced realistically and practically from a humanistic perspective. Approval may come quickly, before the organization has had an opportunity to review fully the implications and operational design required for a harm reduction approach.

“Harm reduction at [our organization] is not a reference to an identifiable, discrete and autonomous program operating in addition to the shelter itself; instead, it refers to a set of principles, policies, procedures, programs, and services that are integrated into the operation of the shelter on a continuous basis and in a seamless manner.”
(organizational policy statement)

“I have been working on a better case management system for the housing workers, outreach worker, addiction worker and myself.”
(harm reduction worker)

The organizations participating in the harm reduction research have all discovered that the approval of a harm reduction approach can present a minefield of legal, ethical, operational and policy issues for an organization. We have seen that it can take years of hard work at all levels of the organization before a harm reduction approach is understood and can start to be applied. The degree of intervention will depend on the size and structure of the organization. Multi-service social development agencies whose departments deal with a range of target populations may face more resistance and take longer to internalize the approach than do smaller agencies that are dealing with a single target group.

WoodGreen Community Centre : Integrating harm reduction into an organization

Over the past two years, WoodGreen harm reduction staff has been able to become more strategic and systematic about their work to integrate harm reduction principles and practice further into the day to day work of the agency. Initially, they tried to contact as many WoodGreen staff as possible through workshops, brown bag lunches and meetings, and focused on 20 front line workers in three key departments: seniors services, adult protective support (developmentally delayed, mental health program), and community development housing workers.

The housing program adopted a team-based approach and included the harm reduction housing workers in their meetings. As a result, that housing team has felt more supported in its work and has a better understanding of and ability to apply harm reduction principles. Over time, however, an individualized approach appeared to be more effective in raising staff awareness and changing practice: “Staff are more comfortable with a one-on-one approach. They like to learn by doing. We give people the vocabulary of how to talk to folks,” says Ruth.

WoodGreen had taken on the work of resettling approximately 120 residents of Tent City, placing tremendous pressure on all staff of the organization to provide service to a high needs, multiple-barriered population. Some individuals that were evicted from the site were users of illicit drugs and a high percentage were alcohol users. This experience showed WoodGreen that harm reduction, when applied to an emergency situation, is extremely successful. “The Tent City experience was an unexpected way of pushing awareness of active use and related behaviours. It increased the tolerance of staff here,” recalls Rima Zavys, then Manager of the Harm Reduction Program.

Staff became more comfortable using words previously considered “taboo”. According to harm reduction worker Ruth Yeoman, “Many people

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were living on the WoodGreen site and staff had to be able to call people on their behaviour. In order to house users, we had to educate them about responsibility and appropriate behaviour - such as dealing with guests, people panhandling in the hallway of their own building, increased traffic, dirty needles in the hallway, and reducing harm to other residents.” Harm reduction training improved the staff’s ability to respond to the crisis, and Ruth reflected that they felt more positive about this approach at the end: “three weeks later, when all of those people had been housed and were no longer staying at WoodGreen, there was a general sense that their work was a good thing.”

Staff training

Harm reduction programs tend to make a thorough, ongoing investment in educating organizational staff to be more informed about both substance use and its health implications as well as harm reduction principles and practice. Staff must begin to internalize the language and practice of harm reduction in order to deal more effectively with users who are clients of the organization. The training varies depending on the project, but in all cases works toward a greater integration of harm reduction practice within organizations.

One harm reduction worker explained the rationale for an organization-wide education strategy:

“Sharing information with staff on harm reduction is important because a lot of them struggle with using. Staff see clients’ use as chaotic. We have implemented a storage box for alcohol so that clients do not guzzle booze but know they will have alcohol back when they leave the shelter. Staff see giving a client alcohol while intoxicated or angry is like giving them a weapon ... There is a tough dynamic when there is only one harm reduction worker and many front-line staff. Any problems that happen regarding substances are harm reduction workers’ problem. The trick is to get everyone to take responsibility. Sometimes it’s easier to get an outside person to come in and give advice to other staff. I want some concrete harm reduction strategies for all clients and staff to understand. We need staff to be able to talk openly.”
(harm reduction worker)

Harm reduction workers often take responsibility for organizing and facilitating staff training, which can take the shape of formal departmental workshops, informal brown bag lunches, and one-on-one sharing of ideas and information.

“Other housing workers are very supportive of harm reduction. Harm reduction is a process that involves staff gaining experience working with clients. But there are differences in perception and values. We do need to do more education. There is a good relationship between Housing and Harm Reduction workers but there is tension among other programs. For instance, building services may get calls if people are shooting up in the washroom.” (harm reduction worker)

Interdepartmental communication and coordination

The purpose of increasing communication and coordination of harm reduction services is to extend the approach throughout the organization. Harm reduction workers and their managers spend a great deal of time working within the organization to increase awareness of their programming, and to begin to initiate changes in the way that programs are delivered in the organization. By promoting a holistic approach to service delivery, harm reduction workers gradually influence the organization’s delivery assumptions and structures.

“There now is a funnel towards harm reduction services, whereas before it was sporadic and wasn’t well organized.” (harm reduction worker)

Harm reduction workers often start this process at a more manageable level by promoting and coordinating a team-based case management approach towards users. Periodic meetings are organized among staff who are dealing with a particular user to coordinate interventions, and to ensure that staff are working consistently towards the same goals.

The progress of integration can be slow, for it involves changing organizational structures and procedures. One very pressing issue concerns the extent to which programs should integrate users into existing services. While harm reduction workers are keen to plug their clients into the existing services of the organization, other departments/ staff may want to keep users separate because of the disruption and fear caused by both perceived and real use-related problems.

*“We assembled a harm reduction package of licit and illicit substances as a resource for service users and staff. We provide continuous site support at shelters.”
(harm reduction worker)*

“Because the drop-in centre operates in isolation to other of [the organization’s] services, there have not been interdepartmental issues. Once the centre moves into a building shared with other programs, there will be more tensions. Several staff are anxious about this merge. There is a need to train staff more broadly so that the harm reduction worker is not the crisis worker.” (harm reduction worker)

Organizational policy and procedures

All but one of the organizations involved in this research have struck a harm reduction committee that is responsible for consulting all stakeholders, drafting harm reduction policies, developing organizational procedures and protocols and providing the Board with advice and support for problem solving.

Dixon Hall : Integration of Harm Reduction Approaches into the Organization

Organizational integration is one strategy to decrease pressure on the harm reduction worker. Dixon has been working on multiple levels - individual, organization, and community - building harm reduction practice into the organization to decrease the work of the designated harm reduction worker by:

- Providing training and resources for staff so that eventually all staff will use the approaches related to harm reduction
- Preparing tools for training of staff and users about use
- Developing discussion forums with users
- Facilitating an event for users where they take charge of the agenda and the guest speaker (and may eventually run it with less support from the worker)
- Developing a harm reduction committee made up of 50% plus one users, board members and others, to make policies related to harm reduction clear and consistent throughout the organization
- Having Harm Reduction on the agenda at all board meetings, including providing minutes from the Harm Reduction Committee

These committees often start by drafting official organizational harm reduction policies and statements of purpose. These statements are geared to educate, inspire and direct staff and volunteers in the implementation of a harm reduction approach. (In the Appendix we have provided sample statements for those interested in developing their own.)

Much of the work of the committee and/ or the Board is responsive. Organizations try to take a pro-active approach, anticipating potential legal, ethical and public relations challenges and establishing policies that will guide decisionmaking in the event of a related crisis. But it is early in the day for harm reduction: through conflicts and contradictions, organizations must pioneer new territories and relationships that will, in the long-term, define the harm reduction policy environment.

“It is difficult to work in a team unless staff have experience working together. When you’re working in a specific area, you may not think about more general needs. People fall through the cracks because there are so many restrictions surrounding access to services.”

Organizational policy change often comes in response to the implementation of such harm reduction activities as peer programs which require changes in standard organizational policies and procedures in order to be successfully implemented. Given the hazards of harm reduction work, organizations also have had to develop stronger measures and supports for staff safety. The legal issues related to a non-judgemental approach to use on-site in drop-ins and shelters will perplex Boards who are naturally worried about issues of liability.

Fred Victor Centre : Eviction Prevention in Social Housing

The Fred Victor Centre in downtown Toronto offers housing to 194 low-income people. Over the past 5 years, crack cocaine use has begun to have a negative impact on the quality of life and safety in that community. The main housing complex is designed so that residents live in a group setting with shared living room and cooking facilities. "For group housing we need to select people who can live with others," says Tammy Mackenzie, the harm reduction worker, whose role is to support people to adapt to this living situation and to retain their housing. "It requires a high level of skill to live in this housing and we expect a lot of people. Some units work really well, it's exceptional. ... Others don't work at all." Fred Victor staff estimate that 70% of their residents are using crack, and a high number are chaotic alcohol users. This has resulted in open dealing, prostitution, room take-overs and an increased volume of non-residents using the building.

In response, Fred Victor has adopted harm reduction as an organization-wide policy, and all staff are expected to take a non-judgmental, respectful approach to working with residents. At Fred Victor, "harm reduction is not just about this harm reduction worker; it's not just an isolated little department. We are working to shift the mentality of the organization." The objective is to strengthen support for harm reduction across the organization, building a collaborative approach to dealing with use-related behaviours that disrupt the agency. A harm reduction committee has been established and has developed a statement of principle for the organization. Staff are adopting the principles and approach, and the housing department is working with the community to cope with the issue of use.

Tammy's job is complicated: "I have to play two sides of the coin - I represent a housing provider and I'm responsible for crisis intervention to prevent people from losing that housing. What conditions must be met? What behaviour change is necessary?" She tends to work with people on a short-term basis, by the request of housing staff and/or in response to crises faced by residents, although she does have some longer-standing relationships with socially isolated users. Yet the harm reduction position is only part-time and she can only do so much: "my work doesn't have as much impact as I'd like." Tammy concludes, "We can have big ideas for harm reduction, but without funding and resources, there will be no change."

"[Our organization's] Board still needs an educational component in regard to Harm Reduction. Implementing a harm reduction policy is complicated. Housing policies don't allow for the use of illicit substances. In order to maintain non-profit housing status, we are not able to condone illicit substance use. Boards will not take legal responsibility for illicit drugs. Perhaps that is something the harm reduction workers should be advocating for. The legality of harm reduction housing has not really been discussed. "
(harm reduction worker)

"[Our organization] has taken a very long time to get consensus among staff regarding harm reduction. We have organized an internal harm reduction committee made up of 50% staff and 50% plus one clients to guide harm reduction approach, policy. We need to involve all the different service providers."
(harm reduction worker)

Level 3: Work at the Community Level

Component 10: Integration of harm reduction into the community

Not all harm reduction programs choose to work extensively in the broader community, although most are forced to deal with the repercussions of use outside their own organization's doors. In most cases, harm reduction workers deal with community repercussions on more of an ad hoc basis, although two harm reduction projects have been developed to move the harm reduction approach into the broader community. As one harm reduction program put it, the goal is "to create an environment where harm reduction becomes our community's response to drug use."

There are a number of different components to community-based harm reduction approaches, and all come out of a desire to pre-empt and/or resolve many kinds of social harm that result in communities with high concentrations of low-income, marginalized users.

WoodGreen Community Centre : Eviction prevention with housing providers

WoodGreen has focused on harm reduction housing as an entry point for its work with users. During the course of advocating and intervening on behalf of users to find and maintain housing, Ruth Yeoman, the harm reduction worker, has gained a great deal of expertise in cultivating the understanding and support of for-profit and not-for-profit housing providers. She explained the typical steps that she takes in preventing evictions:

- make verbal contact with the landlord
- determine with both the user and the landlord what the issue is and how it will affect the community
- if necessary, discuss options with the Tribunal, InfoLink or the Centre for Equality and Rights in Accommodation (CERA), especially if it involves a discrimination issue.

- mediate with both the landlord and tenant to seek a satisfactory resolution to the problem
- provide ongoing support to user
- follow-up with the landlord
- evaluate the process

Ruth notes that there are 52 non-profit landlords in the catchment area, 11 shared facilities and 14 seniors buildings - altogether 77 different non-profit housing locations - and she has contacted many of them in the course of her work. She says that it takes time to develop supportive, mutually trustful relationships with landlords: “the greatest challenge was creating a language that allows them to have a better grasp of harm reduction, its meaning and how it can be applied to the day to day working strategies of a housing provider.” Through her contact with them, and with other community stakeholders, she has managed to initiate a change in thinking on a person-by-person basis. As a result, she has developed a roster of landlords who are open to working with, and housing users. Yet it is not always easy to adopt a harm reduction approach when you also have to play the role of landlord: “we face the challenge of duality - being seen as a supporting team to their tenants and being seen as a landlord that has the ability to evict those same tenants”.

A harm reduction approach is also being internalized in the 400 units managed by WoodGreen.

Strategic work with landlords, police, hospitals, legal clinics

In their daily interactions with public officials and other people in positions of authority who deal with users, all harm reduction workers attempt informally to educate and change perceptions and behaviours. Some programs have developed longer-term, pro-active strategies to promote understanding and respectful behaviour, although resources are clearly insufficient to do all the work that is required.

“Emergency rooms, paramedics or firemen do not have enough training in dealing with homeless people. They need to keep in mind basic human rights and dignity. . . We are making some headway in trying to introduce ourselves to local emergency rooms.” (harm reduction worker)

Public education and community development

Harm reduction workers use public meetings, presentations and educational events to promote awareness and tolerance in the community, and to pre-empt community backlash. By bringing together users and other members of the community, they hope that a more peaceful, non-confrontational approach to problem solving can evolve in the neighbourhood. Peer programs are particularly useful on this front, providing well-informed, articulate, peer community leaders who can speak persuasively about harm reduction and engage in constructive debate with other community members.

“[Our program] is in the middle of a very diverse community: homeowners, tenants, businesses, and street homeless. The harm reduction worker tries to be a link between all the different pieces of the community. A number of years ago, the area was very confrontational. It got ugly. The harm reduction worker’s aim is to get key stakeholders to hear one another, and figure out strategies that allow everyone to live in [this area] safely.” (harm reduction worker)

All Saints’ Church-Community Centre : Dealing with neighbourhood tensions related to use

Cabbagetown is an inner-city neighbourhood that offers fashionable, middle-class housing beside one of the poorest neighbourhoods in Toronto. Open use of drugs and alcohol at the “4 corners” of Sherbourne and Dundas streets accompanied by often harmful street activity have created tension and conflict in the neighbourhood. Local residents’ associations were exerting pressure for users to leave.

All Saints’ harm reduction project was designed “to create a healthier neighbourhood where people, both users and non-users, live more peaceably and respectfully”. The project focused on two goals: organizing and building a community of users, and the integration of harm reduction into the community. The first step was to organize a Harm Reduction Group - a peer-group of users that would take responsibility for building links to the community through educational events, public consultations and other more creative activities.

All Saints’ staff person, Barb Panter, informally recruited users at local drop-ins and through other neighbourhood connections, looking for people who had a demonstrated aptitude for leadership and showed an interest in the principles of harm reduction. She offered participants

food, bus tickets and a \$20 honorarium per meeting. “It was important that these meetings be very private, with no distractions,” recalls Barb, who wanted to facilitate the development of a self-directed group of users who would take charge of their own learning agenda. Members of the peer group rapidly learned organizational and leadership skills and quickly took charge of meetings. The process started with self-education about harm reduction and included time for individual participants to process their problems and heal.

Over the first year, the group focused on resolving tensions between local organizations in the immediate neighbourhood, bringing them together to ensure that each had adopted a common statement of harm reduction principles and practice. This increased their consistency, fairness and approachability in working with users. Next, the group began a consultative and educational process with local residents’ associations, talking with homeowners about their fears and hopes for the neighbourhood. In March 2002, the Harm Reduction Group hosted the “Harm Reduction on the 4 Corners Conference”, which brought together 50 individuals from a cross-section of interest groups in the neighbourhood to discuss use, and its impact on the neighbourhood.

As a result, there has been increased positive contact with community members, and All Saints’ learned that the approach engendered the respect of users for their own community: “Integrate users into the community and they care more,” says Barb.

Developing partnerships

Given the holistic nature of the harm reduction approach, implementation gravitates towards a partnership-based model of service delivery. It is impossible for a harm reduction worker to be all things to all people and, as we have already noted, partnerships begin with the development of respectful referral-based partnerships.

“One of the key issues is using on-site. The youth go into the community to use alcohol and drugs. [We are] trying to work with police and community to ease the tensions that have existed.”

(harm reduction worker)

“There is an ongoing need at the [agency] to develop further partnerships with a view of receiving a range of multi-disciplinary support services from other agencies. Priority needs include services related to sexual health, anti-violence, psychiatric assessment and medication monitoring, immigration and refugee adjustment assistance (including language support) as well as literacy and educational supports. These partnerships should then become fully integrated into the case management process, but they should also allow for services on an ad hoc basis to ensure a benefit to the more transient or less service-receptive clients.” (agency paper on harm reduction)

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But most harm reduction programs go further, developing partnerships for highly effective community-based harm reduction service delivery, for collaborative research and learning, and to support ongoing strategic policy change.

Harm reduction agencies establish community harm reduction committees that coordinate services to minimize overlap, ensure common and consistent standards of harm reduction practice, and maximize the efficiency of resources. These inter-agency partnerships are not always smooth, but once established there are many benefits. In one community, the agencies have developed a division of labour based on the programming and strengths of each agency: one agency is responsible for needle exchange, another takes all referrals for housing placement and support, while another coordinates community education work. Programs regularly invite each other's staff to support their on-site programming.

“One staff person from [the local] needle exchange program accompanies me on a street outreach shift once every two weeks.” (harm reduction worker)

“I have a weekly shift at the local needle exchange/drop-in.” (harm reduction worker)

In one program, the harm reduction worker brought four agencies (which operate on the same block, serving the same clients) together to work out a common definition and approach to harm reduction, and to improve the consistency and quality of service to users in the neighbourhood.

“We are trying together, trying to develop policies that all four agencies can live and work with.” (harm reduction worker)

Networking about harm reduction

Most harm reduction workers invest in research, networking and attending harm reduction-related conferences. As we have seen, harm reduction workers and their organizations are thirsty for new knowledge. Networks have developed which both formally and informally provide support, contacts, problem solving, information, learning about effective and innovative approaches, and broadened referral networks. Through this process, a strong foundation for activism in Toronto is beginning to emerge, promoting policy development and advocacy from the grass roots upward.

Section 9: Variables Affecting the Design and Delivery of Harm Reduction Programs

Through the research process, we have identified four main variables that affect the design of harm reduction programs and the delivery of services:

- Target Group - including age, gender and substance of choice
- Purpose of the harm reduction project
- Positioning of harm reduction within the organization
- Staffing

Below, we discuss the influence of these variables on the design of programs.

Target Group

Age

Youth are primarily using substances such as marijuana and alcohol, so programs that work with youth are geared towards prevention and the reduction of harm faced by this “*at risk*” population. The programs tend to offer short-term shelter housing for youth who have been rejected from other shelters for use and use-related behaviours, and work to prevent youth from being incarcerated, and from moving into more serious use and harder substances.

Most users involved in the projects are older. We have learned that older users are more interested in changing their use patterns and building a better quality of life. Deteriorating health often provides the impetus for changing use patterns. In working with older adults, staff recognize the importance of freedom and independent decisionmaking.

Gender

Women, men and transgendered individuals experience poverty and use in different ways, with different implications: such as, how they generate income. There are fewer women in the harm reduction programs in this

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study. Program staff offered one explanation: women with children are afraid to participate in harm reduction programming for fear of having their children taken away.

Substance of choice

Interventions vary depending on the user's substance of choice. Health hazards differ: in the case of alcohol, more emphasis is placed on the use of safer substances to reduce health and safety hazards, while in the case of drug use safer practice and paraphernalia are often the focus. Practitioners talked about different behaviours related to the use of substances: for example, alcohol users were more likely to talk about their use than drug users.

Concurrent disorders

Practitioners referred to the common connection between use and mental and physical health. People with concurrent disorders need specialized interventions.

Purpose of the Harm Reduction Project

Project design is also related to the purpose and entry point for harm reduction services. Some of the participating programs are targeted to residents of transitional shelters and public housing with a view to reducing chaotic use, and coping with the impact of that use on the community of people living together in one building. These programs tend to work primarily at the crisis management stage, and to focus on shorter-term interventions for the specific purpose of responding to destructive, use-related behaviours, as well as to prevent evictions and ensure safety of the individuals at risk.

Other programs have focused on crisis intervention related to money management or housing placement as entry points for stabilizing users. These programs support users to reduce chaotic use at first, and, over time, to build a foundation for longer term stability and possibly for engagement in the community. Although the entry points are specific, these interventions tend to take a holistic, user-driven approach grounded in a consistent relationship with the harm reduction worker. The intensity and depth of these relationships require a labour intensive approach which restricts the number of people who can be served, although it appears that this investment has a stronger impact.

The approach taken by staff greatly affects the way that a program is delivered. For example, the degree to which users participate and are consulted seems to be directly related to the commitment of the practitioner to a community-development approach. Programs that have incorporated peer-based delivery seem better able to facilitate a transition of users to the engaging stage, building leadership and

community. This may be because the peers who become involved are already more stabilized.

In the case of initiatives that have adopted a broader, community-based mandate for harm reduction, it is more likely that collaborative, partnership-based approaches will be adopted, to support the coordinated and efficient use of resources. Where the harm reduction project focused on taking a more consistent approach towards organizations in the same neighbourhood, particularly in addressing the “not in my back yard” (NIMBY) attitude of neighbourhood associations, resources were primarily directed to a community development strategy of cooperation, involving users and building links to the community. In one neighbourhood, a spectrum of community agencies has come together to coordinate the delivery of services.

In other programs, links with communities were often initiated responsively, motivated by the need to resolve problems and deal with behaviours of users. For example, in the youth program a relationship was developed with the local liquor store and the police to ensure fair treatment of youth who were shoplifting liquor, giving them a chance to avoid incarceration and change their behaviour.

Positioning of Harm Reduction Within the Organization

To introduce harm reduction into their organizations, agencies use one or more strategies including: the “back door” approach; a systematic, education based approach; and an official top down approach. The options and timeline for harm reduction interventions vary with the size and complexity of the organization. Harm reduction proponents must be strategic about how to implement the approach and policies, and often work at a range of levels within the organization simultaneously to facilitate the integration of harm reduction into organizational practice. The more complex the organization, the more complex the strategy required. Strategies include: working to gain Board understanding and active support; policy development; working at the departmental level to educate staff to gain support and introduce the language and practice of harm reduction; and working collaboratively with individual staff to provide respectful, holistic service to users.

From our experience, the scope of the harm reduction work can vary, and may be implemented at one or more levels depending on the purpose of the work and the readiness of the organization to embrace and integrate harm reduction.

For different organizations, harm reduction can mean:

- one project or service that the agency offers, complementing many others
- an integrated approach to delivering a department's services
- a set of principles that has been adopted by the Board and is gradually integrated into all departments of an organization
- an approach to dealing with inter-agency tensions and/or conflict within a neighbourhood

All of the agencies involved in this project have formally approved harm reduction as an approach and have made formal statements of principles, yet the challenge is actually to adopt and implement those policies and practices. All agencies have experienced resistance at various levels as they implement harm reduction, from members of the community, staff and funders. It is clear that real integration begins with extensive education, to dispel misperceptions and promote understanding. It is one thing to adopt a "motherhood" statement promoting harm reduction, but another to incorporate harm reduction practice fully into an organization. The harm reduction practitioners say that the pro-active support of their manager is critical to the success of their work, so they can continue to provide services to users while also working strategically within the organization and within the community to promote harm reduction principles. Front-line workers need to function in close collaboration, with a shared understanding of and commitment to their goals; and since it is impossible for one person to take on such an ambitious agenda effectively, the more it is embedded within the organization, the greater its impact and sustainability.

Staffing

During the course of the program, we have learned about the design principles of harm reduction programming from a variety of staffing issues. The greatest challenge faced by harm reduction programs is to find qualified staff and keep them. There are three main aspects to this challenge:

Recruitment of qualified staff

The qualifications for harm reduction work are extensive and difficult to find in one individual. A successful harm reduction worker must demonstrate: independence; an understanding of complex social policies, regulations and systems; technical skills in user counselling and peer education; and an ability to relate to a broad spectrum of people from marginalized users to professionals. She or he must also thoroughly understand and be committed to the harm reduction approach.

Fitting in

Independent, action-oriented and entrepreneurial people who tend to be attracted to harm reduction work may have problems fitting into a structured, institutional setting. We have seen harm reduction staff quit (often early on in their employment) because they could not adapt to the culture and requirements of a large social service agency. They often feel that all the meetings and bureaucracy are time consuming and detract from the real work of harm reduction.

Burnout

Harm reduction workers multi-task, shoulder an excessive workload, and have to be “on” and available all the time. It is imperative for harm reduction programs to take measures to keep staff and prevent burnout. The loss of staff and the related loss of an approachable community presence and institutional memory have set programs back by months.

Although harm reduction workers’ job descriptions vary - according to the target group, the budget available to pay for staff time, and the purpose and design of the program - we have seen that they invariably reflect the ambitious agenda of harm reduction programs. In many programs, one worker is responsible for most of the components of work outlined in Section 8 of this paper. Each worker seeks different strategies to manage the excessive workload and ensure that she or he can dedicate the majority of time to active harm reduction work with users and community.

Harm reduction workers appear to go through a process of growing into their work, defining and refining their job descriptions over time. Harm reduction programs tend to begin with staff organizing their time and resources to best meet the needs of targeted users. In most programs, the initial work is heavily balanced in favour of outreach and building a credible presence in the parent organization and the community. As anchor relationships form, the emphasis shifts to one-on-one interventions. All the while, a basic amount of time is required to fulfil the administrative expectations of the organization and the research requirements of the harm reduction project. Over time, staff begin to carve out a more regular pattern of work. They struggle to set appropriate priorities to make the workload manageable in a situation where demand for services far outweighs resources. It is at this point that it becomes possible to develop a more formal job description for the work. For some samples of these job descriptions, see Appendix B.

Dixon Hall : Dealing with Staff Burnout

Dixon Hall's greatest challenge is having one harm reduction worker and a client base of approximately 200 men and women at the beginning of the harm reduction project. Since the project started, an additional shelter opened, resulting in a 50% increase in potential clients for already overstretched workers.

Tom Allen, the harm reduction worker at Dixon Hall, recalls:

"I arrived at work on Monday a few weeks ago and found myself staring out of the window in a stairwell and feeling completely overwhelmed by the number of things I needed to accomplish that week. This was Monday and I was immobilized... Things are improving but the issue of work load is very real. There needs to be attention to this. I'm pretty sure this is true for all six harm reduction workers in this research project."

The demands of the job are very stressful, and it is clear that harm reduction workers cannot succeed without pro-active, committed support from the organization. A senior manager responsible for harm reduction is critical, to provide a sounding board for the worker when possible and to bring knowledge of the structure, policies and workings of the organization to bear on the design and delivery of a strategy for integrating harm reduction into that organization. At times, the senior manager may need to "go to bat" for the harm reduction program at the level of senior staff and the Board, in order to protect and advance the program, and to achieve policy change and development both within the organization and in the wider community.

The high degree of personal commitment required in harm reduction workers - to their mission and to the users - keeps them working long, dedicated hours. Many organizations have had to develop flexible approaches towards workers, giving them freedom to manage their own time in order to avoid burnout. Lieu time and vacations can provide some relief, but the solution lies in how the work is organized, in organizational support and in acknowledging the limitations of the scope of service possible. Harm reduction workers often speak of the painful process of limiting their caseloads and learning how to say "no" to new work that they cannot perform. If they are spread too thin, they cannot achieve the quality and depth of relationship and of service that have the most impact on users. Serious discussion about the optimum user/staff ratio in harm reduction work is still required.

- *"The program has peaked in terms of the number of clients I can handle. I think it's about 35 clients. I also have clients who are not part of the*

“How many clients can you realistically work with when providing such elaborate services? 10 - 15? What is an appropriate caseload? 300 clients, 50 people? We are setting a cap on the number of clients we will serve. I will talk with staff, especially housing and addiction workers, to set a cap on how many referrals they can make to the harm reduction program. A waiting list would be pointless because most clients do not wait.”

(harm reduction worker)

trusteeship. They only come in occasionally and it tends to be when they are in a chaotic situation.” (harm reduction worker)

St. Stephen’s : Intake capacity

At the time that the harm reduction worker was hired, St. Stephen’s was operating an informal trusteeship system as the entry point for the provision of harm reduction services. In the first year, working with all of the approximately 40 existing people in the trustee program, the harm reduction worker became overwhelmed by their multiple needs, as well as by administrative duties. He also had to develop relationships with housing and addictions staff, so that if people requested they could be referred to other services.

Even though users came into the program through the trusteeship system, the harm reduction worker ended up being involved in many aspects of their lives, such as: meetings with them, home visits, meetings with landlords, income advocacy, referring clients to jobs and medical interventions.

By year 3 of the program the harm reduction worker was working with 20 people, now considered the appropriate number at any given time. St. Stephen’s has a waiting list for users wishing to become involved in the program.

Harm reduction programs are crying out for new resources in order to hire new staff. In the absence of these resources, workers are moving within their organization to build alternative systems to meet some of this excess demand. Two longer-term, though partial, solutions to the problem have emerged: the development of coordinated harm reduction staff teams and the cultivation of respectful referral networks.

- *“I work at four sites each week. Passing on the education and training is the only way to go. I will be doing staff training and working on how to improve communication between staff. There needs to be sharing of responsibilities. It is also important to have a key set of people with expertise. We do have a variety of staff taking on the different pieces of work involved in finding identification, or finding housing. When I go away, I try and ensure that the client is informed and referred to other staff.” (harm reduction worker)*

“I’m trying to refer clients to other services in the community to deal with overload of need.”

(harm reduction worker)

Staffing policies and procedures have to ensure the security and health of harm reduction workers in their day-to-day work. While a tremendously beneficial aspect of harm reduction, active outreach and engagement in the community can subject workers to unexpected hazards and dangers. For personal security, most carry a cell phone, keep the organization

informed of their whereabouts, and avoid going to clients' homes. Harm reduction workers also need to take precautions against contracting hepatitis and the new virulent forms of tuberculosis.

- *“When visiting clients, it can be the other roommates doing illegal activities that puts the staff person in danger. I still don't have a cell phone. Having a student placement (a mature student with experience), working with me helped in remembering information and accompanying me on visits.” (harm reduction worker)*

*“I try not to meet people in the home, more in the coffee shop. I need to be more diligent in telling staff where I'm going when I head off to meet with a client.”
(harm reduction worker)*

Section 10: Participant Outcomes

To document the results of their work with users, the practitioners/researchers recorded the harm reduction interventions they had made and interviewed a sample group of users, developing a picture of the changes, both positive and negative, that had occurred in their lives over the course of a year to a year and a half. This sampling approach has allowed us to draw conclusions about the progress of the broader population of participating users and about the effectiveness of harm reduction. In order to present an authentic picture of these results, we will explore the outcomes in five asset areas.¹

During the planning stage of the research, practitioners/researchers identified the expected outcomes of their harm reduction work (see Appendix A); and the interviews were made on the basis of this document. Although the practitioners/researchers considered that it had captured the anticipated results of harm reduction, they also wanted to put the outcomes into context. In order to show the complexity of the impact on individual users, we have therefore created a series of portraits describing some of the users' stories.

The original list of expected outcomes may have given the impression that every one of the users involved would experience all of the outcomes, while the truth is that most users have only experienced some. Only a few of the sampled users have experienced dramatic change: for most, life is a struggle and progress comes gradually and cyclically.

¹ For a definition of each asset area, please see the methodology section.

Engaging Users - Reducing Harm

Demographics of the Sample Population²

Demographic Information	Sample Population	%	Graph
<i>Total users interviewed (minimum of baseline reach back notes and one interview)</i>	59	100%	
<i>Gender:</i>			
Male	41	69%	
Female	17	29%	
Transgendered	1	2%	
<i>Visible Minority:</i>	17	29%	
<i>Use:</i>			
Alcohol Primarily	24	41%	
Drugs Primarily	35	59%	
<i>Age:</i>			
Youth 16-26	14	24%	
27-39	12	20%	
40-54	27	46%	
55+	5	8%	
Unknown / Unreported Age	2	3%	
<i>Income Supports:</i>			
Ontario Disability Support Program	21	36%	
Ontario Works	19	32%	
<i>Concurrent Disorders:</i>	18	31%	

² When presenting outcomes we have largely used our research findings about the sample population. We also periodically refer to the "program population" - the entire population of users with whom the harm reduction practitioners have worked in the six projects.

Human Assets

“I’m eating well. My job helps me stay well. I also learned in detox how to eat well.” (user)

(The health, skills, knowledge and abilities required for basic stability and quality of life)

Engaging in Holistic Self-care

The majority of users who approach harm reduction workers are older: 75.5% of our sample was over the age of 27. The harm reduction workers said that age is an important motivator in the users’ decision to change use patterns and seek improvements in the quality of life. They speculated that this might be because older users experience significant health problems as a result of their use, and get tired of living a chaotic life.

The harm reduction workers noted that over the course of users’ involvement in harm reduction work, they spent more time on self-care and healing. Of the sample, 31 (53%) reported that they were taking steps to take better care of themselves. 16 (27%) said they had accessed and continue to see medical specialists, including doctors, dentists, optometrists and hearing specialists, to begin addressing long-standing medical issues/concurrent disorders. Users also sought professional counselling to deal with past trauma and related behaviours.

Evelyn : Accesses Multiple Health and Social Services after Many Years

Evelyn, a 50 year old female, was formerly married to a professional, was a published author with two books and had worked as a medical secretary and for a stockbroker. She has used alcohol since the 1970’s, but ended up on the street in 1994 when she drank away all her rent money. In March of 2000 she had a stroke, became disabled and lost some mobility.

Since becoming involved in the Harm Reduction Program, she is living by herself in her first apartment since 1987, and is currently making crafts and selling them to make an income. She had remained sober for the last six months, but had a binge recently for ten days. With the help of the program she did not end up on the street, was able to pay her rent, and kept her small savings intact.

She has had no ID for the past 3 years and is in the process of replacing it: she has just received her OHIP card. She is also currently engaged in physiotherapy to improve her mobility, has just received her first pair of glasses in four years, and is waiting to get major dental work done.

Engaging Users - Reducing Harm

Recently, she has learned how to use the TTC.

She wants to volunteer at a foundation that she believes is doing good work, and to teach. Eventually she would like to have a girlfriend.

She insisted that her profile mention that she thanked God for the centre where she went, and the harm reduction worker who helped to improve many aspects of her life.

Making Choices About Use

It is difficult to make definitive comments about patterns of change of substance use as a result of harm reduction interventions, because all users are unique and patterns of use are complex.

Rather, we put forward some of the observations that the harm reduction workers have made about use-related changes that have resulted from their work.

First of all, it is clear that users are making more informed decisions through the harm reduction knowledge and tools received from the workers. Users are demonstrating more discriminating use of paraphernalia and opting for safer substances. For example, one person was able to shift from drinking mouthwash to cheap sherry, immediately reducing the health hazards involved in drinking. Informed users are sharing their knowledge and safe practice with other users. According to the harm reduction workers, this increased safety of use has had preventative results; for example, reducing the risk of HIV and Hepatitis C infections.

All harm reduction workers reported a reduction in chaotic use and in dangers related to chaotic use, such as passing out on the street, overdoses, and homelessness. In our sample, 14 (23.7%) users had shifted out of chaotic use and were beginning to build stability in their lives. Despite the best efforts of the harm reduction workers, however, at least 7 (11.9%) had experienced many setbacks and were still in a cycle of chaotic use and destabilization.

Many people choose to continue use, but have reduced the extent of their use. In the sample, 25 (42.4%) decreased their use, as a consequence experiencing a number of benefits, such as improved self-care and health, increased ability to save and fulfil basic needs, greater consistency in rent payments and thus more security of housing, and a growth in individual identity and self-esteem. Some choose to go one step further in controlling their use, making a decision to set aside a functional part of the week to engage in a range of activities and to work.

Bill : Planned Moderation in Use

Bill is a single 30 year old male. When he entered the program he lived on the street and was using alcohol. He became involved with the harm reduction worker because his health was deteriorating and he suspected that he had one or possibly two serious illnesses. He was referred to health services and was tested. All of the tests were negative.

Buoyed by the fact that he did not have a life threatening illness he found he had a new lease on life. With the support of the harm reduction worker, he registered for an employment training course aiming “to get into a training program and be part of the labour market.” Bill was a heavy drinker, but is changing his use patterns because of his attendance at the training program: “drinking brings on trouble... Now I don’t drink four days a week because I’m learning and working.”

Bill no longer lives on the street and is sharing a bachelor apartment. He hopes to have full-time work within the next few months.

“Harm reduction is fewer drugs and maybe a safer way of doing them.” (user)

In the sample, 11 (18.6%) had accessed clinical intervention, most often drug and alcohol treatment and withdrawal programs, and 5 (8.5%) had accessed methadone clinics. In some of these cases, treatment does not appear to have resulted in abstinence.

Seven (11.9%) people reduced, then stopped use and then started using again. An additional 10 people (17%) stopped use and had not resumed at the end of the research period.

- *“I have a number of people who have pursued abstinence and are clean and sober today - some have changed substances.” (harm reduction worker)*

Engaging in the economy

The ability to work was not originally seen as a probable outcome for the users participating in the six harm reduction programs, but the results from our sample show remarkable progress towards engagement in the economy by a significant percentage of users. The harm reduction workers noted that, as people stabilize their patterns of use and behaviour, they are able to engage in activities for longer periods of time. This sets the stage for engagement in the community and the economy. Once stabilized, many users have a range of assets that can be drawn upon and even rebuilt.

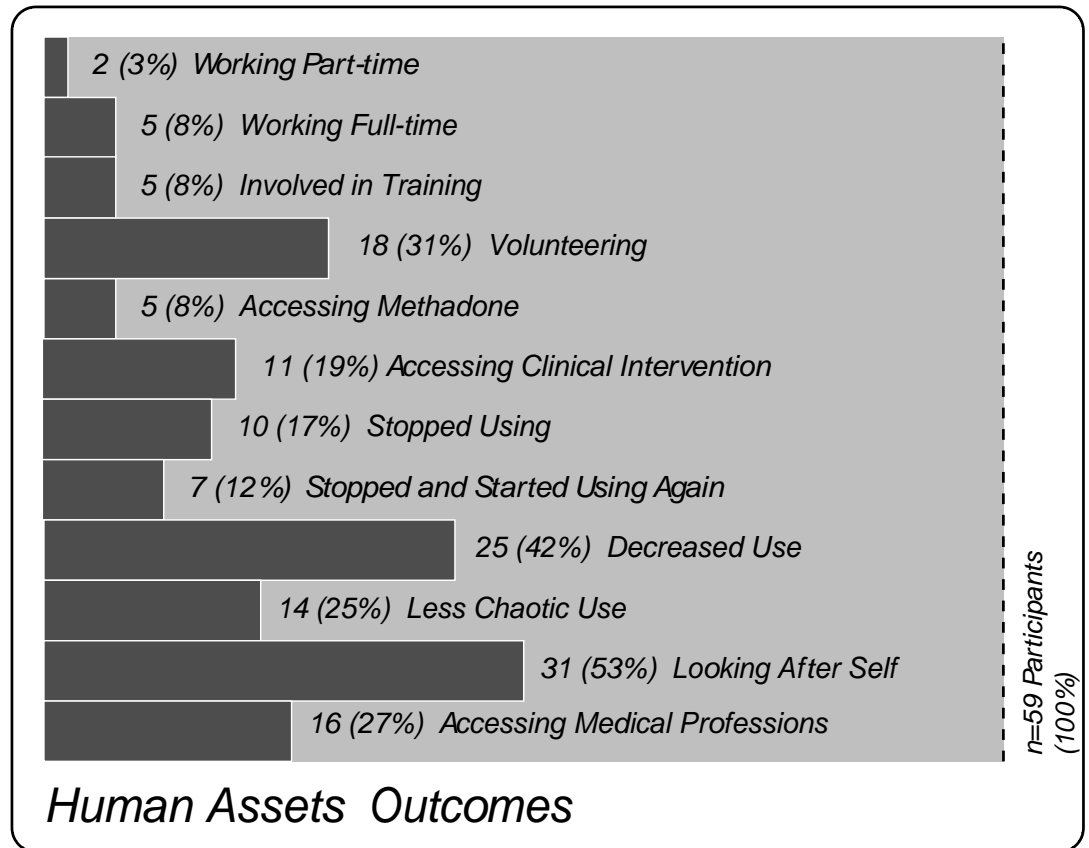
18 (30.5%) users began volunteering in the community. Some were paid in honoraria as peers in harm reduction work, while others have found their own placements in community organizations. Three (5%) are working in full-time, paid employment and 2 (3.4%) are employed in part-time paid employment (in some cases while they continue to use). Three (5%) users have gone back for additional training or schooling.

68% of the users in our sample are on some form of public social assistance and as mentioned earlier 5% are employed full-time. However, we did not get a good picture of how the other 27% piece together an income. To our knowledge, 14 (24%) of the sample continue their involvement in informal sector activity including illegal activities, periodic casual labour, and selling their own products.

Spending longer periods out of incarceration

Of the sample group, 23 (39%) have had involvement in the criminal justice system, and 10 of these were moving in and out of incarceration during the interview period. We have seen the severely destabilizing effects of incarceration on users: for example, there have been cases where users have been let out of jail on Fridays (in the middle of neighbourhoods where use is extensive) with no access to social assistance benefits - and, as a result, no housing - until the following Monday.

Harm reduction workers have also provided assistance to users who are having difficulty accessing adequate legal services and advice. Supports offered and direct interventions made by harm reduction workers have resulted in the prevention of incarceration for at least one user in our sample, and the granting of a pardon for a previous misdemeanour in another case.



Human Assets Outcomes

Physical Assets

“Eight clients have improved housing by changing housing, bringing in home care or finding safer shelters and the quality of housing has improved for some. People are staying in one place for longer periods of time.”
 (harm reduction worker)

(The shelter, services and goods required for basic stability and quality of life)

Improved housing

All of the agencies involved in this project provide housing to low-income people, and the harm reduction project provided services to the users that they house. In some cases, the workers focused specifically on supporting users to access and maintain housing, and worked pro-actively to prevent evictions. Fourteen (24%) of the sample were successfully assisted to find housing when they were in a situation of being homeless or under-housed (couch surfing, or living in shelters). In addition, 7 (12%) of the sample of users were able to move to more affordable, safer, cleaner and more comfortable accommodation. In the one program that focused on linking users to housing, 70% of users in the sample were assisted to find housing.

Users were also supported to keep their rent payments up to date, to pay rent that is in arrears, to stop room take-overs by drug dealers, and to change other behaviours that lead to eviction. In the cases of six (10%) users from the sample, the harm reduction workers were able to prevent eviction. The result has been that the users involved have had longer periods of uninterrupted housing.

- *“I’m seeing fewer crises regarding housing and I’m making fewer trips to the [eviction] tribunals.” (harm reduction worker)*
- *“As individuals become more stable in their housing, they have become more able to address other life issues such as finances and appropriate medical and dental care.” (harm reduction worker)*

Improved access to food and other basic requirements

The stabilizing influence of being housed often results in users improving their access to food and basic requirements. They may start eating meals in the community and accessing food banks; and, over time, we have seen that users begin to make a conscious effort to cook and eat better once they move out of crisis.

Access to information and services

As a result of the interventions, users all increased their knowledge of the services that are available to them, and their understanding of the legal and bureaucratic systems with which they must deal on a regular basis. The one-on-one support that many users received to connect them directly to services and entitlements was effective in increasing not only access to programs and services, but also the consistency, sustainability and quality of those services. For example, some users were shifted from relying on emergency wards for medical treatment to an ongoing relationship with an empathetic family doctor who can provide appropriate care. Some users have had support in dealing with immigration officials, thus accelerating their progress from refugee to landed immigrant status. Over time, about one fifth of the sample of users gained the ability to self-advocate for services, and navigate and deal effectively with bureaucracies.

This increased access to quality services has affected users’ lives in a number of ways, leveraging assets in areas such as improved shelter, health, legal support, and income security.

Increased personal security

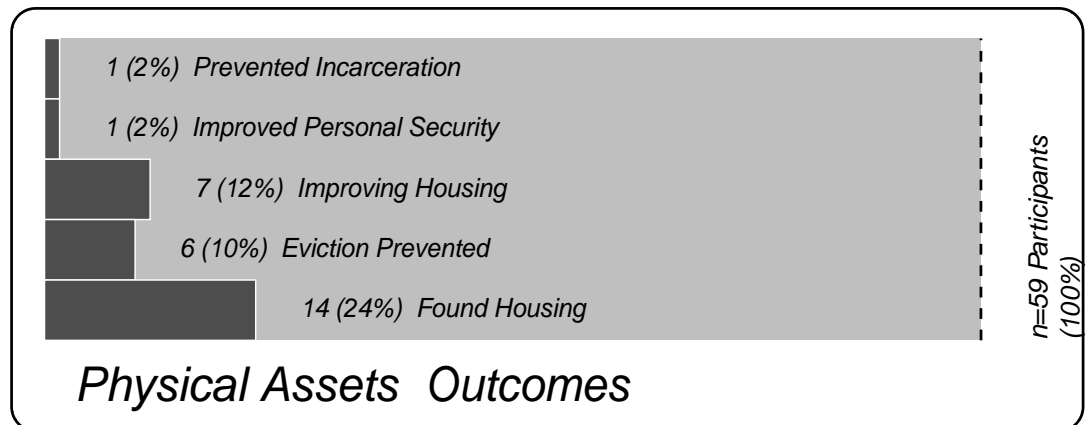
As users have improved their housing and moved into less chaotic use, they have been able to increase their personal security: for example, one woman was able to move off the street and escape from a violent relationship. Through problem solving with the harm reduction worker, some users make safer choices about how and where they use, reducing the danger of their being robbed and/ or beaten. Users are also more likely to keep their possessions and ID safe from loss or theft.

Cheryl : Best-case Scenario

In the summer of 2002, 19 year old Cheryl came to the shelter with her boyfriend. After a few weeks, staff observed tension between the couple. Cheryl appeared battered and bruised and somewhat disoriented. When asked what had happened, she said that she had fallen outside. A few weeks later an incident occurred between Cheryl and her boyfriend in the community. A police check revealed that there was a warrant out for his arrest for assault, and he was sent to jail for 3 months

Soon after Cheryl's boyfriend was sent to jail, staff observed that Cheryl was disoriented, depressed and struggling with her new situation. She had come to depend on him for survival and support. The harm reduction worker discovered that she was consuming large amounts of alcohol and drugs to deal with her depression. The harm reduction worker, community support worker and all front line staff began to work with Cheryl, and over time she was able to decrease her drug and alcohol intake. This change in use helped Cheryl's personal strength grow so that she could begin to look for work.

She gradually became more independant. She eventually moved into her own apartment, is now working, and still keeps in touch with the harm reduction staff. She no longer feels she has to rely on others for support.



Social Assets

(The connections and relationships drawn upon for basic stability and quality of life)

Developing support systems

The act of connecting to a harm reduction worker immediately reduces the isolation felt by users. While it is not clear how it happens, this one relationship becomes instrumental in re-establishing users' trust in people and in themselves, and opens the door for more respectful relationships. Fifteen (25.4%) of the sample noted that the anchor relationship and/or relationships with peers in organized peer programs had been a major source of stabilization for them. In addition, the fact that the harm reduction worker is available over the long-term helps to build stability and increases the sustainability of asset gains made by the user.

Once stabilizing and changing his or her patterns of use, the user often intentionally connects with a new social circle that is not involved in use, and works to establish more positive life patterns. Fifteen (25.4%) had consciously chosen to change friends and/or move, to avoid getting back into destructive patterns of use.

Users may also choose to reconnect with their families. Seventeen (29%) of our sample have reconnected with parents, children and/or other family members, and are gaining further access to a range of practical and moral supports. Re-establishing family relationships is not always positive, however, and can force users to deal with issues from the past that may have contributed to use in the first place.

Involvement in a peer group is an important asset. Those participants actively involved in peer groups noted how important the group was for providing stability and support. Some who had been involved in All Saints' peer group said that they felt the loss of the support and activity of the group after it was discontinued.

- *That was the nature of my sickness, my disease-I didn't like people any more." (user)*
- *"If you start socializing, you get back into it [use]." (user)*
- *"There's been a willingness for many clients to reconnect with family. Family interactions are positive and negative. Family is a huge part of people's lives - and people want to go back. For others it causes angst over unfinished business." (harm reduction worker)*

"Social circumstances have changed - some people have moved to other parts of the city if they are choosing abstinence."

(harm reduction worker)

"Before I came to the group, there was no self." (user)

Engaging in the community

Seven of the eight users who were involved in a peer program reported increased voluntary involvement in their communities and a more active interest in working.



Social Assets Outcomes

Personal Assets

(The emotional resources, self-perception and identity drawn upon for basic stability and quality of life)

Users mentioned the rediscovery of a sense of identity, of feeling better about themselves, and an increased sense of spirituality as a result of the interventions. In at least one case in the sample, we know that a user's close relationship with a harm reduction worker resulted in the prevention of a suicide. Over time, users become more self-directed, looking more to the future, setting more realistic goals for themselves, and taking responsibility for working towards these goals. Most users became more confident and self-assertive: 11 (19%) of the sample became confident enough to self-advocate regarding their housing and other needs.

- *"It feels good to pay your own rent; it's good for your self-esteem." (user)*

A foundation for changed behaviour

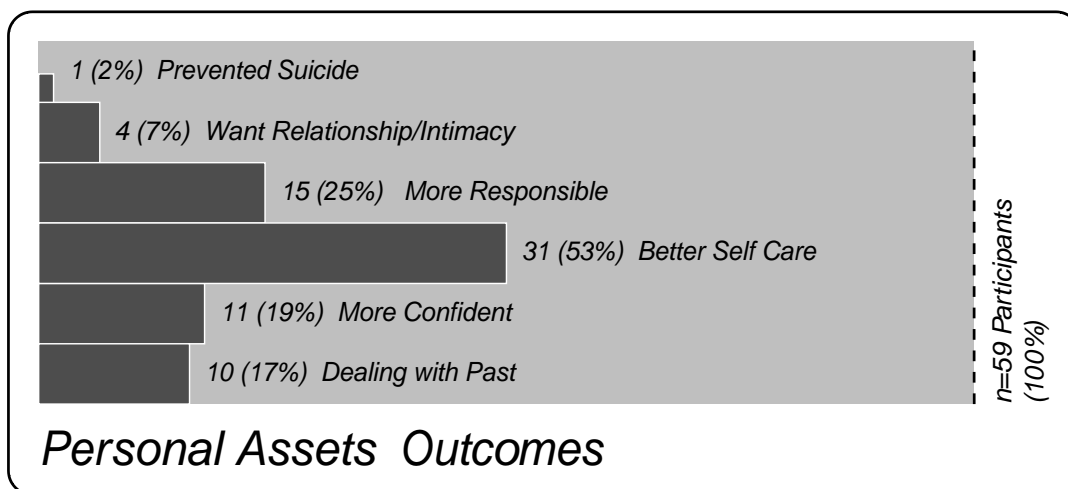
The most striking outcome of harm reduction interventions is that users start making positive choices about their lives, and as a result change their patterns of use to reduce the harmful effects on their health and security. Some users noted that they had intentionally changed both where they live and the people they spend time with in order to move to more positive relationship patterns and avoid triggers of use. Ten (17%) in our sample cited “dealing with past” as an important step that they have taken in the process of healing and addressing the issues that cause them to use.

"I see clients planning more - they identify past behaviours in use. When patterns of use are adjusted, there are changes."

(harm reduction worker)

Users strengthened their interpersonal skills, and presented themselves better: in our sample, 15 (25%) began to meet their responsibilities by going to appointments, following up with commitments, and being on time. They also noted their increased capacity to deal with stress and prevent the cravings that often come in periods of stress or crisis.

- *“When people have been dry for a few months there are changes - they’re more interactive with placement students - more into sharing things about themselves and more ready to socialize.” (harm reduction worker)*



Financial Assets

“This asset area changes most - people paid debt, paid rent and got access to a variety of income supports, and many were able to save.”

(Trusteeship manager)

(The income, resources and entitlements required to build income security, stability and quality of life)

Increased income security

By establishing basic financial security, some users have been able to leverage a wide variety of assets and build stability; but it is clear that the majority of users in the sample live extremely humble lives without the means of fulfilling needs that most people would consider essential.

A number of users have been assisted to access the public assistance allowances, tax credits and Worker Safety Insurance Benefits (WSIB) to which they are entitled. In our sample, 5 (8.5%) were assisted to access income entitlements. The trusteeship program, and similar efforts to assist users to control their money, have been shown to decrease chaotic spending and reduce the cycle of binge-to-bust spending connected to bi-weekly cheques. For example, by paying users’ rent, trusteeship programs have reduced housing instability. Harm reduction workers have assisted users to pay off debts, such as rent arrears or money owing to friends and family, and to pay rent regularly and on time. Reduced use and changed spending habits also make it possible for some users to save money.

Increasing engagement in formal, paid activities

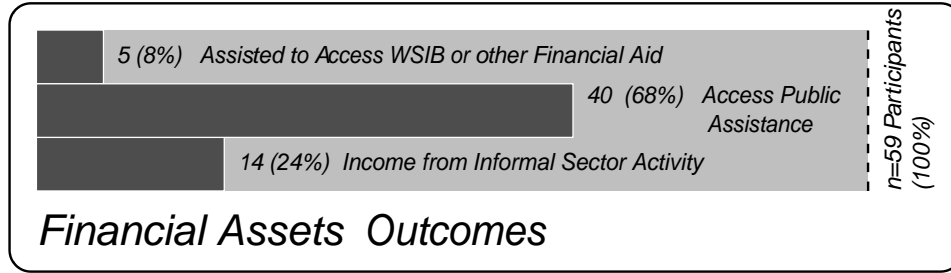
As users stabilized and built foundations for engaging in the economy, a number diversified their sources of income and increased their financial independence by earning money from peer honoraria and paid work. Users would prefer not to make a living from illicit activities if they had some other option. As they reduce or stop use and stabilize their sources of income, some have shifted to a reliance on more formal and legal sources of income.

- *“Once people are more stable, there’s less panhandling and they are less likely to be involved in sex trade, but generate money in other ways.”*
(harm reduction worker)
- *“Some people are able to go on to paid work, and some are still involved in illegal activities - I can’t really say how many and to what extent.”*
(harm reduction worker)

“I beg, borrow, steal, and panhandle. I’m really embarrassed to do that shit... pride - I feel like I’m taking advantage.”

(user)

Engaging Users - Reducing Harm



How Do We Interpret These Results?

Because of the short timeline for the research, the results that we have identified are interim outcomes. We have been able to explore the type and frequency of outcomes, but it is still too soon to learn about the magnitude and sustainability of the changes that have occurred. We can only speculate on the interrelationship and causality of various changes.

Yet these interim results of the harm reduction pilot project are quite remarkable: over a relatively short period, we have seen a significant number of users moving out of crisis into more stable situations with a higher quality of life.

Extrapolating from the sample to the program population, we can safely say that these outcomes have been substantial; and, given that the relationships between users and harm reduction workers are long-term, one would expect to see continued benefits as users stabilize their lives and engage in society in more positive and productive ways.

Section 11: Outcomes at the Project, Organizational and Community Level

The outcomes identified here emerged from interviews with harm reduction practitioners and managers, and the narrative reports that they generated on a semi-annual basis. From these outcomes, we can see that the programs have been in a developmental phase within their organizations and are still in the early stages of working to integrate harm reduction into organizational structures and community responses to the harm caused by use. Harm reduction work is continually evolving to meet the challenges presented by organizational structures, and by the context of poverty, use and social service delivery.

1. Project Level Outcomes:

“Over the last few years we introduced a case management approach which has been much better. We’ve been able to put together a case management system with integrated systems, rules and policies.”
(harm reduction worker)

Below, we describe the components that ensure more efficient and effective delivery of supports and services for users.

Harm reduction practice is becoming more established

The harm reduction projects have evolved a great deal over the past two years, showing signs of moving out of the developmental phase and into the consolidation of harm reduction systems, procedures and practices. Harm reduction workers are exploring, sharing and developing some effective common practices in front-line harm reduction work within social service agencies.

Engaging Users - Reducing Harm

Harm reduction (in this project) has become an integrated approach, connecting users to appropriate and respectful services

Agencies have introduced a more holistic approach to service within their harm reduction programming, supporting users to build their assets. These harm reduction projects effectively broker respectful supports and services. While we have already shown the impact of this increased access for users, we can see that the ongoing relationship between harm reduction worker and user appears to support increased sustainability of change and of the assets that have been developed.

- *“Continuity of outreach worker is particularly important because of cutbacks in other services. You need to follow the individual and make sure things are progressing - not just that a service was delivered.”
(harm reduction worker)*

Harm reduction practitioners are thus catalyzing and sustaining the transformation both of users and of the programming. In addition, harm reduction workers’ advocacy work with other community agencies and public bureaucracies is raising awareness of harm reduction and increasing support for the approach.

The demand for harm reduction services far outstrips agencies’ ability to provide those services

Harm reduction programs are becoming known as safe, approachable entry points for users to gain recognition as a person, and access information, support, and services. As word travels, more users are approaching harm reduction workers for assistance. Unfortunately, harm reduction workers are operating at capacity, and users are now being put on waiting lists.

- *“[Our organization] should have a harm reduction worker at each of its shelter sites. There’s a need and demand for the service. It wouldn’t take long for each new worker to have 20 clients right away. Harm reduction programs are preventative - right now all my work is crisis driven. I get the people who are in crisis.” (harm reduction worker)*

Staff burnout is being reduced

The reduction of staff burnout and turnover has increased the continuity and quality of harm reduction programs. As projects have matured, staff have become better at organizing their time and setting priorities. Procedures such as referrals, more effective targeting, improved staff security, waiting lists and adherence to work hours have allowed staff to balance their workload, reduce stress and increase the potential for staff retention. Staff have reduced the number of people with

“Staff training and certification are required for handling difficult and aggressive behaviours/situations.”

(harm reduction worker)

whom they work, focusing on depth rather than breadth of services. Organizations have also become more effective in supporting staff to do their work, building more collaboration to share the harm reduction workload, supporting clinical supervision, and undertaking the ongoing advocacy required to sustain the approach within an organization.

- *“The greatest challenge when we started was having one harm reduction worker and a growing client base of approximately 200 men and women. The organization has a commitment to harm reduction - lots of staff are now practicing harm reduction.” (harm reduction worker)*

User participation builds engagement

Some programs have successfully involved users in decisionmaking and the delivery of harm reduction services. While the use of peer-based program delivery is fairly new, there have been clear signs that user participation builds leadership and community engagement. Programs become more effective because well-trained peers can connect authentically with other users, offering excellent support. The use of peers broadens the reach of programs by working at two levels: the peers themselves benefit by transitioning into the engagement phase with training and support; and the users with whom they work also benefit. When users engage in the community, they can satisfy their desire to contribute positively, at the same time developing their organizational and leadership skills.

2. Agency Level Outcomes

Agencies have strengthened their ability to respond to use within a harm reduction framework.

Harm reduction is gradually being integrated into organizational policy and practice

The Boards of most of the six agencies involved have formally approved a statement of principle regarding harm reduction, underlining a strong commitment to building it into their work. Most organizations have established advisory committees to review all organizational policies from a harm reduction perspective, to ensure that the organization is positioned to accommodate users within all programs and systems.

“Change trickles through the organization in unexpected ways - it’s not just about changing or removing rules.”

(harm reduction worker)

As we have noted in Section 9, the work of instilling harm reduction practice into departments throughout the organization is painstaking and time consuming.

Engaging Users - Reducing Harm

- *“Harm Reduction workers have also been the target of unprofessional behaviour from other staff who do not “agree” with harm reduction as a strategy, despite the fact that their employer has hired a harm reduction worker to do harm reduction work.” (harm reduction worker)*

One smaller organization has developed a team-based approach to coordinating harm reduction programming. Others have been successful in cultivating a broader understanding of and interest in harm reduction principles, improving the coordination and quality of services. We have learned that pro-active managerial support is essential to progress.

Organizations face many contradictions as they attempt to resolve the complexities of this work. One agency has had to implement a “*law and order*” approach in addition to its harm reduction practice, inviting the police into its housing to do “walk-throughs” in order to control the dealing and related criminal activities that regularly disrupt residents’ lives and threaten their security. But there are signs that harm reduction programs have had some impact on the design of broader organizational programming and the structuring of work processes. It is clear that agencies are embarking on a long-term process that will likely change the way they do business, potentially resulting in the promotion of a more client-centred, holistic, asset-based approach to service design and delivery.

Eva’s Satellite : Policy adapts to youth needs

Eva’s Satellite is a harm reduction shelter for youth who use various substances. It is the only one of its kind in Toronto. The main substances that youth in the shelter use are alcohol and marijuana.

When Eva’s policy prohibited drinking on site, staff found that youth arriving with alcohol would consume leftovers at the door before entering. In some cases, this led to alcohol poisoning. The Centre adjusted the policy so that a storage system was set up in the office: alcohol could be stored overnight and given back to the youth in the morning. This policy change works well for the youth and has decreased the numbers of alcohol related emergencies.

Operating within the shelter system, Eva originally limited the length of stay to a short time. Since the policy regarding the length of stay was adjusted, it has been possible to develop more intensive co-ordinated action plans with youth. Some youth are staying in the shelter for a number of months, and then may move on to Eva’s housing or employment programs.

Another policy change had to do with the discharge policy. When

youth were suspended, the length of time could be for as long as a month. Now youth are suspended for shorter periods depending on the gravity of the offence. The shorter suspension period makes it possible to maintain continuity in the work that is being done with youth.

A broader base of organizational staff is applying harm reduction concepts and practices

As harm reduction has been implemented, a greater number of organizational staff has become more effective in dealing with marginalized users, particularly in terms of language and practical skills. Progress has been uneven, and appears greatest in departments that have more direct contact with users and are therefore more motivated to implement the approach. Where progress has been made, it has reduced the hostility of staff to use and users, and eased the tensions that chaotic use can promote. Users have also experienced more consistent treatment within departments and within agencies.

*“We’ve provided training (8 hours) for staff on harm reduction and improved documentation for case planning and interventions.”
(harm reduction worker)*

The six agencies are playing a leadership role in promoting harm reduction

Agencies are not only making changes within their organizations, but they are also joining and making commitments to Toronto networks and coalitions, such as the Downtown Toronto Task Force on Harm Reduction, and the Safer Crack Use Coalition that are working to improve the policy context of harm reduction.

- *“We signed a declaration of support for the Safer Crack Use Coalition - whose other endorsements include 37 agencies from across Toronto plus an extensive list of individuals, advocates doctors, outreach workers, nurses and researchers. We remain excited that our organization continues to take a proactive stance in promoting harm reduction as the community’s response to drug use.”(harm reduction worker)*

On a practical level, harm reduction workers have dedicated much time to networking, learning and policy work. This has strengthened collegiality and improved people’s support for problem solving. Harm reduction workers are increasingly taking a partnership-based approach in their work, increasing the efficient use of resources and enhancing the quality and accessibility of services.

3. Community Level Outcomes

Collaborative delivery in some neighbourhoods is expanding the reach and effectiveness of projects' harm reduction work

Intentional coordination of services has allowed for specialization and the integration of harm reduction services across organizations within a specific geographic area. This approach optimizes the use of existing resources and reduces the duplication of work and services. It also ensures the consistency of policies, approaches and procedures amongst agencies.

- *“The link to other services and resources reduces stress. It’s a fairly common pattern that reduced stress results in reduced use.” (harm reduction worker)*

Eva’s Satellite : Community partnerships prevent harm

Staff at Eva’s work to build partnerships with the neighbourhood police, and store and mall security. Tony Boodhoo, the harm reduction worker at Eva’s Satellite, noted that “When youth from the shelter become involved in theft and other illegal activities in the neighborhood, we are contacted early and become involved. We now work closely with police and security to monitor youth activities, and in the case of minor offences all try to keep the youth out of the jail system.” In this way, youth are given an opportunity to learn and develop a positive future for themselves.

Service providers and professionals have increased their understanding of use and their awareness of harm reduction principles

The harm reduction projects have worked to target specific service providers and professionals who connect with and have power over users, to improve their relations with users. Through the cultivation of relationships with hospital officials, police, housing providers, neighbourhood associations and emergency service providers, people have learned more about harm reduction principles. A more positive, understanding attitude to use has resulted, as have more constructive relations with users, making services more accessible.

Harm reduction workers tell us that this work tends to progress on a person by person basis, immediately raising awareness, reducing tensions and hostility and changing the behaviour of service providers.

“We are moving forward but it is a very slow process with so many different factors. Really, it’s a paradigm shift. It takes everyone being on board - it’s difficult to do in isolation from the community as a whole. If funders and other services can’t understand, it won’t work. That takes money and time and energy.”

(harm reduction worker)

- *“Landlords are happier because they’re given notice when people are about to move. For both ODSP and welfare workers, we are able to calm clients down so that they’re not rude. Paperwork gets done.” (harm reduction worker)*

It is clear, however, that much work is still needed to transform the attitudes of people who come into contact with users.

- *“Progress has only gone so far. Users continue to be misunderstood, mislabelled, feared and categorized as being ‘all the same’ by many agency staff and the community. In reality, users include people who are parents, TTC drivers, doctors and lawyers from all walks of life. It is important to continue to engage in community and agency education to dismantle the myths associated with users.” (semi-annual project narrative report)*

Harm is already being reduced at the neighbourhood level

Harm reduction workers tell us that as a result of changes in the personal behaviour of users, harmful behaviour in the vicinity of agencies is being reduced. It is known that harm reduction workers have prevented crimes, and that users themselves choose to be less involved in illegal activities. More visible street activity around community agency buildings has declined. In one harm reduction program users paid back debts of over \$6000 to institutions and individuals within the community.

There are early signs that community-based harm reduction approaches reduce community backlash by promoting dialogue between users and residents, and by reducing harmful and inconsiderate behaviour on both sides. Two projects set for themselves the goal of making harm reduction the community’s first response in dealing with the tensions and harm related to open use on the street. These projects have made good initial progress in strengthening communication and building more cooperation and understanding, both on the part of users and concerned community members. The projects have taken a peer-based approach, involving users in community education and consultation. Such peer-based approaches seem to be very effective in engaging users in their community and in building a commitment to solving problems in the neighbourhood.

Yet there is still much to accomplish. Tensions remain with neighbourhood-based, resident organizations, which are increasingly active as drug use escalates and becomes more visible in inner-city neighbourhoods.

Conclusion:

This report has documented the significant positive outcomes of a practical harm reduction approach that is being cultivated by social service agencies in Toronto. While the array of harm reduction-related activities pursued by these front-line harm reduction workers is complex, at its core the approach is very simple.

We have seen that users benefit greatly from an anchor relationship with a caring person. Users' quality of life increases when they are connected to appropriate and non-judgmental mainstream services. As users broaden their engagement with people and social institutions, they begin to stabilize their lives, reducing harm to the individual and the community. Thus, increased social inclusion reduces harm - an ironic finding in a society whose prevalent response to substance use is stigmatization and exclusion.

As long as socially isolated, low-income users continue to experience an inaccessibility of public and social services, there will be a strong rationale for the supports and interventions of front-line workers who can act as bridges or intermediaries between users and the systems that are supposed to serve them. Indeed, all low-income, low-literacy and marginalized people could benefit from such an anchor relationship, which builds connections and access to services.

Given the demonstrated effectiveness of the emerging harm reduction practice of the social service agencies in this pilot project, there is real merit in continuing the work. And there is still much to learn: these pilot harm reduction initiatives are young and evolving through practice. While we know of the positive effects for users, it is still too early to determine the scale and scope of the impact of ongoing harm reduction work within the organizations and communities in which it is pursued. It will likely take another three years of concerted work at the organizational, community and policy levels to integrate harm reduction as a community response to harmful substance use.

The integration of a harm reduction approach into social service agencies offers vital and high impact services to communities in crisis. With an appropriate, coordinated strategy of funding, capacity building and policy development, it seems clear that the progress of harm reduction would be much more substantial and positive, demonstrating the full potential of the approach. Given the harm currently experienced by substance users and communities, and the costs to social services, health and other institutions, we cannot afford inaction. This practical and homegrown approach to harm reduction offers a very effective, comparably low-cost, pro-active and humane solution to a very human problem.

Appendices

List of Appendices:

A. Research Tool:

- Description of anticipated outcomes

B. Job Descriptions:

- Dixon Hall
- All Saints' Church-Community Centre
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- WoodGreen Community Centre
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Appendix A - Research Tool

Brainstormed Participant Outcomes Summary Harm Reduction - Workshop 2

Human: <i>Readiness to Earn Income: health, training and reduction</i>	Personal: <i>Motivation, self-esteem</i>	Social: <i>Communities and support networks: family and friends</i>	Physical: <i>Housing, food, access to services</i>	Financial: <i>Money and possessions</i>
<p>Demonstrating holistic self care by</p> <ul style="list-style-type: none"> • More time spent on self care – Eating a more balanced diet etc. • Improved access to doctors, dentists • Accesses counselling <p>Makes wise choices in active use</p> <ul style="list-style-type: none"> • Using harm reduction knowledge and tools they received from the project • More discriminating use of paraphernalia • Reduction in overdoses and chaotic substance use • Reduced use • Controlled use making decision to have functional part of a week • Types of substances 	<p>Foundation for changed behaviour</p> <ul style="list-style-type: none"> • Increased self-direction • Goals in place, want for a better life • Readiness to accept learning • Improved interpersonal skills • Ability to self-advocate • Increased capacity to deal with stress • Making positive choices • Dealing with past • Increased self-esteem • Identifying past patterns of behaviours/issues that threaten housing • Meeting responsibilities by going to appointments and being on time 	<p>Long term unquestioning solid relationship with HR worker, feels cared about and trust</p> <p>Building a supportive network to reinforce positive changes</p> <ul style="list-style-type: none"> • Connect with peer worker • Existence of social network in a wider context • Re-connect with their families • Act responsibly towards others • Identifies and stays connected with regular agency and medical supports 	<p>Housing:</p> <ul style="list-style-type: none"> • Longer periods of uninterrupted housing • Quality of housing improved • Getting/keeping stable housing <p>Access to information, services and entitlement</p> <ul style="list-style-type: none"> • Eating meals in the community • Accesses food banks • Accesses social assistance • Access to a lawyer • Accesses medical professions, dentist, doctor, optometrist, hearing specialist <p>Longer periods being incarceration free</p> <p>Physical security increases</p> <ul style="list-style-type: none"> • Has and keeps possessions and I.D. 	<p>Income is more stable over longer periods of time</p> <p>Has more steady source of income OW/DSP/W/SIB/CPP</p> <ul style="list-style-type: none"> • More dependence on legal income benefits and entitlements e.g., tax credits • Has some paid income • Peer honoraria <p>More pro-active management of finances</p> <ul style="list-style-type: none"> • Breaks out of cycle of monthly financial crisis • Debt paid off such as rent arrears – or money owing to friends and family • Able to save money

Brainstormed Participant Outcomes Summary from Harm Reduction – Workshop 2

Human: <i>Readiness to Earn Income: health, training and reduction (cont'd)</i>	Personal: <i>Motivation, self-esteem (cont'd)</i>
<ul style="list-style-type: none">• Less chaotic use• Seeks treatment• Stops using• Reduced HIV and Hep C infections	Strengthened Identity <ul style="list-style-type: none">• Increased awareness of spirituality• Ability to self-advocate re: housing and other things
Employability <ul style="list-style-type: none">• Able to engage in activities for longer periods of time• Earning part-time or full-time income including occasional/temp work• Volunteering• Involved in upgrading training or schooling	Demonstrates motivation <ul style="list-style-type: none">• Increased independence

Appendix B - Job Descriptions

Dixon Hall

Harm Reduction Worker

Job Number HHHSD01-04

(1 year contract)

Reports To:

Director, Homeless, Hostels and Housing Services

Classification:

Union - Full time (35 hours per week)

Job Description

Department:

Homeless, Hostels & Housing Services

Supervisor:

Director of HHHS Department

Hours:

Full-time, days and evenings, weekdays and weekends

Salary:

\$31,458 - \$36,136 (full-time, 1-year contract - possibility of extension up to three years)

Job Function:

To provide support to residents and users of Dixon Hall's shelters, housing and drop in as well as train staff in harm reduction approaches to their work.

Duties:

- To provide individual and group support to homeless and formerly homeless and marginally housed people, using a harm reduction model;
- Provide outreach to potential program participants;
- Train with Dixon Hall staff;
- Respond to crises as they develop;
- Work with program participants to develop harm reduction committee, workshops and activities;
- Attend shelter meetings, department meetings, all-staff meetings, and committee meetings;

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- Ensure all relevant information is communicated to supervisor and co-workers;
- Adhere to Municipal Fire Safety, Board of Health guidelines, and Hostel guidelines in operation of program, Ontario Building Code and Municipal By-laws;
- Maintain monthly statistics and complete reports.

Qualifications

- Demonstrated experience working with homeless, formerly homeless, and marginally-housed people;
- Demonstrated experience and training using a harm reduction model and client-centred approach;
- Proven conflict resolution and crisis intervention skills;
- Experience providing individual and group support;
- Experience in group facilitation;
- Ability to handle emergency situations;
- Flexibility in working hours, some traveling required;
- Demonstrated commitment to teamwork approach;
- Experience writing reports and maintaining statistics.

All Saints' Church-Community Centre

Harm Reduction Project Co-ordinator

Duties:

Harm Reduction Group/Direct Service

- Create and facilitate Harm Reduction Group
- Provide on-going support and advocacy for Group members and encourage them to use their skills to further the promotion of HR in their communities and throughout the City
- Facilitate the Group through the research project and the planning and hosting of a community-based HR conference
- In partnership with TREBAS Institute, create a video documenting the work we have done in the HR Group
- Provide crisis counselling, referrals and advocacy to users in the neighbourhood

Interagency

- Chair the Interagency HR Planning Group to facilitate the creation of site-wide HR policies and programs
- Provide staff training in the area of HR, both formally and informally, for all on-site staff
- Continue to educate Board members and diocesan employees around HR
- Write articles on HR and the Project for the various agency newsletters
- Attend other All Saints' and interagency meetings to ensure the principles of HR are adhered to in all our decision-making

Community

- Create and facilitate workshops on HR for community groups
- Attend meetings of various neighbourhood associations
- Ensure the Project is a visible part of the work done at All Saints'
- Participate in the planning and hosting of events hosted by All Saints' for the whole community
- plan and host a video premiere to showcase our video and the HR Group for the whole neighbourhood

St Stephen's Community House

Job Description

Prepared: Tuesday, January 21, 2003

Title:

Harm Reduction Worker

Band:

6 (310 to 359 points)

Category:

Community Worker 1

Program:

Corner Drop-In

Position:

FTE

Supervision:

Manager of the Corner Drop-In

Duties:

- To provide trustee services to clients who frequent the drop-in and actively engage in the use of alcohol and other substances. Trustee services include, receiving, depositing, safeguarding, and administering money on behalf of clients for their own benefit;
- To reduce harm of ongoing active use of addictive substances to clients, within the context of social determinants of health and harm reduction;
- To assist the United Way and its consultants with gathering information regarding the impact of the program on the client population;
- To provide counselling crisis intervention and support to clients in the Harm Reduction Program;
- To facilitate referrals to other supports/agencies for the Harm Reduction clients and to ensure clients' ability to access those supports;
- To work closely with drop-in staff on issues of Harm Reduction;
- To assist the drop-in with day to day activities in a back-up and secondary context;
- To be responsible for all United Way Harm Reduction reporting requirements

Goals:

This harm reduction approach includes assistance with using the substance in a way which is safer; and reducing chaotic bouts of use which are identified as endangering the client's health, housing, employment, wealth, personal safety, mental stability or other issues identified by the client, as being important to keep.

WoodGreen Community Centre Of Toronto

Job Description

Position:

Harm Reduction Worker

Reports To:

Coordinator - InfoLink Community Information And Housing Help Centre

Date Prepared:

July 2000

A. General Accountability

This position is responsible to the Coordinator of InfoLink - Community Information and Housing Help Centre for the provision, within a Harm Reduction framework, of outreach/housing support to drug users in East Toronto. An additional focus lies in community mobilizing around Harm Reduction strategies to assist users in obtaining/maintaining housing and the publication of education material, suitable for drug users in the community. These services will be carried out within the context of WoodGreen's InfoLink - Community Information and Housing Help Centre. The philosophy of this work is in keeping with WoodGreen's commitment to community development and anti-discrimination.

B. Nature And Scope

WoodGreen's InfoLink - Community Information and Housing Help Centre provides information and resources about community and city-wide services and programs in areas such as housing, health care, food assistance, legal services, day care, employment and training. The goal of InfoLink is to link users with the programs and services they require to meet their needs. The large majority of InfoLink users come to WoodGreen's InfoLink seeking assistance with housing related issues.

This position, in co-operation with community partnering agencies is primarily responsible for supporting drug users in East Toronto access/maintain housing. Working within a Harm Reduction context, and with a team of Peer Workers, this position is responsible for engaging community stakeholders in dialogue regarding Harm Reduction approaches and community capacity. Based on input and participation of all relevant stakeholders, the production of public education materials to be used to assist users in housing matters is a key project outcome. Outreach, one-

to-one drug user support, crisis intervention, landlord education, advocacy, documentation and community facilitation are all important aspects of this position.

This position is also responsible for supporting WoodGreen's InfoLink - Community Information and Housing Help Centre, its programs, services, resources, and community partnerships.

Accountable to the Harm Reduction Housing Outreach and Education Project for Drug Users Project Advisory Committee and reporting to the Coordinator of InfoLink - Community Information and Housing Help Centre.

C. Specific Accountabilities

1. Through WoodGreen's InfoLink and/or the resources of other community partners, provide the following housing help services to drug users:
 - intense one-on-one housing search support.
 - access to InfoLink's private landlord registries.
 - landlord and tenant mediation.
 - advocacy and negotiating on behalf of tenant/ users with Social Assistance, legal aid, social housing providers and property managers.
 - legal referrals and information on the Tenant Protection Act.
 - counselling and budgeting.
 - landlord information and education.
 - Toronto Social Housing Connections Access Centre services.
 - referrals to relevant programs that meet other essential needs, such as food access resources, clothing, health, employment and training.
2. Conduct outreach to drug users in the community for the purposes of linking them up with Harm Reduction and housing supports.
3. Organize focus groups and community forums for drug users, landlords, tenants, community members, and local agency staff to discuss Harm Reduction strategies and gain input into Harm Reduction public education materials.
4. Train and supervise Peer Workers, recruited through South Riverdale's COUNTERfit Harm Reduction program and through community and focus group organizing.
5. Test Harm Reduction materials created through the project with all stakeholders, including drug users, tenants, landlords, community members, and local agency staff.

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6. Connect with and utilize the resources of other Harm Reduction projects in developing and implementing this project.
7. Work with landlords and tenants identified through WoodGreen's InfoLink - Community Information and Housing Help Centre to support them in helping tenants who are drug users to keep their housing.
8. Provide ongoing support to tenants who are drug users to maintain and obtain housing.
9. Maintain ongoing communication with the Project Advisory Committee.
10. Share information, and seek input and feedback from tenant, community partners, and existing Harm Reduction working groups throughout the Project.
11. Communicate effectively with users, community partners, the City of Toronto and local politicians.
12. Identify and implement community development and self-help opportunities that involve users.
13. Document issues related to drug use and housing, including:
 - the various resources and supports that are available when users are identified as being at risk of losing their housing or are experiencing difficulties in maintaining housing.
 - the effectiveness of various Harm Reduction approaches in engaging users in program delivery and evaluation.
 - the modelling of possible community capacity strategies.
 - the City of Toronto's role in the promotion of Harm Reduction initiatives.
14. Engage in and support advocacy efforts regarding Harm Reduction.
15. Identify and document gaps in services, resources, and other concerns of users, landlords and community partners.
16. Prepare Project reports and other reports to the funder outlining the knowledge gained through the Project with recommendations identifying future steps and gaps in service.
17. Supervise volunteers, students, and part-time staff.
18. Take part in team and unit meetings.

19. Ensure the anti-racism objectives and community development principles of the organization are achieved within the Project.
20. Participate in regular supervisory sessions with the Info Link Coordinator.
21. Perform other related duties as required by the Manager of Neighbourhood Development.

Position Dimensions:

- social service related degree or equivalent.
- 2 years direct experience in working with vulnerable low income singles in a housing help setting.
- strong crisis intervention, support, and group facilitation skills.
- demonstrated information and referral skills.
- experience working with homeless/ street involved individuals, psychiatric survivors and tenants.
- experience with landlord education.
- experience in supporting community partnerships, facilitating collaborative initiative, community organizing and community development.
- knowledge and awareness of Harm Reduction principles and strategies.
- excellent documentation and evaluation skills.
- experience working with diverse communities.
- knowledge of the Tenant Protection Act.
- knowledge of resources for vulnerable low income singles in the City of Toronto.
- skills in landlord and tenant mediation - an asset.

Fred Victor Centre

Position Description

Position Title:

Harm Reduction Coordinator

Reports To:

Support Work Manager

Date:

June 26, 2002

Job Summary

To lead, develop, and coordinate the Harm Reduction Program and Services at FVC in collaboration with key external partners, FVC community members, and FVC staff. The harm reduction coordinator will be responsible for direct service provision to clients, to develop and maintain programme systems, project evaluation, resource development, and to coordinate harm reduction training and administration.

Major Duties

Case Management:

Initiate, develop, and provide one on one harm reduction case management services to individuals. This includes intake/assessment, selection and implementation of an intervention plan, counselling, advocacy, contracting and goal setting, information and referral, reassessment and evaluation, and disengagement. Develop and maintain confidential client record keeping systems. Record client case notes. Coordinate case management activities with other internal and external support and service providers.

Information and Referral:

Provide information and referral to community members directly.

Group Work:

- Focus Groups - formulate group questions, co-facilitate groups with the part time Peer Support Worker, and analyze the data from the group to facilitate ongoing needs assessment, project evaluation and service development.
- Support Groups - manage the development of the harm reduction support groups facilitated by the part time Peer Support Worker.

Resource to FVC Staff:

- Consultant - consult one on one about harm reduction techniques, approaches, and resources with FVC staff who are themselves providing service to substance users. Provide staff with lists of current community services and resources.
- Staff Training

Staff Workshops:

Conduct a needs assessment for harm reduction, substance use, and addictions workshops. Coordinate and implement training with external presenters.

Appendix C - Statements of Principle

Fred Victor Centre

Harm Reduction Mission, Mandate and Principles

Fred Victor Centre (FVC) is committed to working in partnership with community members to support them in addressing their needs and hopes. FVC strives to work in a non-judgmental way that supports and recognizes the inherent strengths and capacity of the people we work with. We recognize that systemic realities of discrimination based on poverty, class, race, social isolation, trauma, sexuality, gender, and other social inequalities affect both people's vulnerability to, and capacity for, effectively coping with substance-related harm.

We recognize that legal and illegal substance use is part of every community. We recognize that people use substances for a variety of reasons including as a way to manage their lives. We understand that substance use is complex and multi-faceted. We choose to work to minimize the harmful effects of substance use on the people we work with, the community, and the neighbourhood, rather than to simply ignore or condemn people who use substances.

FVC embraces the concept of harm reduction in all aspects of our work. In the process of developing our statements and principles, we have drawn upon the invaluable experiences of other organizations and community groups who practice harm reduction as part of their work. We consider that the following principles are central to harm reduction practice in the services we provide:

- 1.** Harm reduction is a practical strategy that reduces the negative consequences of legal and illegal substance use by integrating a variety of strategies that includes safer use, managed use, and abstinence. In employing harm reduction strategies, we acknowledge that some ways of using substances are safer than others. We do not, however, minimize or ignore the harm and danger associated with the use of legal and illegal substances.
- 2.** Harm reduction strategies meet people "where they are at" and address the conditions of their use as well as the use itself. We include current users and those with a history of substance use in the development of harm reduction programs and policies at FVC. We encourage users and non-users to share information and support each other.
- 3.** Harm reduction interventions and policies must reflect individual and community needs including the commitment to creating a safe and welcoming environment for everyone who uses our services. Access to FVC services is based on a person's behaviour

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and their willingness to follow community agreements and agency policies, rather than solely on whether they use substances. We believe that the quality of individual and community life - not necessarily cessation of substance use - is the measure for successful service, policy, and community development.

We call for the *non-judgmental* and *non-coercive* provision of services and resources for people who use substances and the communities in which they live. We must create viable communities based upon inclusion, participation, and the valuing of all people.

St. Stephen's Community House

Vision and Motto

Our Vision

We envision a future in which St. Stephen's Community House works in partnership and close collaboration with the people and communities we serve to achieve harmony, empowerment, and a better quality of life for all, particularly those who are less advantaged.

Our Mission And Motto

Our mission is to work in partnership with the community to identify and alleviate social problems, and to meet critical social, health, education, and recreation needs.

Creating Opportunities. Strengthening Communities.

Our Strategy

Our strategy is to strengthen the community through creative program development using all available resources.

Specifically, we will endeavour to maintain and enhance our role as a leader and partner in the community by providing:

- A quick response to community needs
- Access to a range of services for children, youth, adults and seniors
- Immigrant and refugee support programs
- Advocacy to improve the quality of life of our community
- Support for community capacity building, and,
- Effective, high impact programs

Our Values

We value inclusive decision-making and collaboration

- House policy and program development are reflective of the needs and aspirations of the communities we serve. Through participation, our community becomes empowered, develops leadership and builds capacity.

Engaging Users - Reducing Harm

- In developing programs, we value the input and collaboration of other organizations and stakeholders.

We value accountability and sound fiscal management

- St. Stephen's Community House is an accountable, fiscally responsible not-for-profit corporation that ensures the quality and effectiveness of our programs and services and the long-term viability of the House through a diverse and strong revenue base.

We value our employees and volunteers

- The House is a responsible employer that promotes team work, respects diversity and fosters a safe, harmonious working environment where our staff and volunteers' contributions are recognized, and they are encouraged to learn and grow.

We value the dignity of every human being

- The House offers programs and activities that promote the dignity and encourage the self-sufficiency of immigrants, refugees and less advantaged people in our community. Programs and services are designed to promote cultural diversity, interaction, mutual understanding and respect.

We value innovation

- The House sustains a tradition of responsiveness to social issues and problems traditionally ignored and/or difficult to resolve, and gives high priority to the creation and implementation of programs which are innovative, culturally sensitive and effective. The special needs of those persons and groups who are least reached, least served and least empowered, and whose needs are not met by mainstream service providers, are a continuing priority.

We value excellence

- The House is committed to the highest standards of quality assurance and professional conduct in the delivery of our services, advocacy and capacity building.

We value our role as an advocate

- The House reaffirms its commitment to speak out with, and on behalf of, our community concerning issues that directly affect their well-being, recognizing advocacy as a major component in the struggle for social and economic justice.

Appendix D - Policy Notes

Policy Notes

These policy issues have been identified by harm reduction workers. They are listed informally here to give a sense of the multiple areas related to policy that harm reduction workers encounter in their daily work.

Policy Issues	
Organizational Policies and Procedures	
	<ul style="list-style-type: none"> • Shelter policies that allow for short stays when longer stays would aid in stabilization. In the youth harm reduction shelter they needed to adjust organizational policy to allow youth longer stays. Staff believed longer stays would help stabilize and eventually have youth move to other youth housing that provided more services • Legal issues related to on-site drug paraphernalia • Legal issues related to holding open alcohol for underage users of alcohol • More pro-active support to other agencies advocating to Public Health for the provision of safe crack kits
Government Systems	
<ul style="list-style-type: none"> • Justice System 	
Lack of HR services provided for users who are incarcerated ? e.g., needle exchange	<ul style="list-style-type: none"> • Users who are incarcerated often continue to use once they are institutionalized. Often this happens in unsafe conditions with people sharing needles and transmitting Hepatitis C and AIDS
Transition for people who have been in the correctional system	<ul style="list-style-type: none"> • Outreach program required at the Don Jail. First national Drug Treatment Court Conference ? users will benefit from the outreach worker?s knowledge about what Drug Treatment Courts can provide and will assist users in addressing their criminal justice issues • Lack of support for users involved in the Criminal Justice System. Two incarcerated users have approached outreach workers and requested assistance in finding housing upon their release and support in accessing a literacy program as a requirement of probation - the transition is challenging ? danger of re-starting the cycle of chaotic use and risking incarceration once again • Lack of services provided to incarcerated individuals that connect to communities upon release: Social services create barriers by not providing financial assistance to individuals on the same day of release from correctional facilities. E.g., if an individual is released on a Saturday from a correctional facility they cannot get to social services until the Monday. Depending on which office they go to, they are unable to make an appointment until 2 or 3 days later. Individuals are required to produce release papers in order to prove incarceration and length of incarceration (to social services). This increases the chances for the individual to re-offend (no money ? fall back on old patterns e.g., forced to commit a crime to get shelter or food). Most landlords will not hold a room or apartment for the two or three days).

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• Shelter and Housing	
Lack of access to affordable housing	<ul style="list-style-type: none"> • Waitlist for Metro Toronto Housing is anywhere from 6 to 10 years • People who are involved in abstinence programs need somewhere to go after the program ? they need stabilization. There?s a major housing crisis. These people also need something to do with their time
Increase of evictions	<ul style="list-style-type: none"> • Time constraints involved in eviction prevention (users most often present in crisis after the case has gone to the Tribunal) ? mediation is very time consuming (can take a week) ? difficult to connect to the landlord • Recent changes passed by the Ontario legislature making it now even easier to evict tenants on just a suspicion of trafficking • Difficult to engage in mediation with for-profit landlords when a vacant unit guarantees a rent increase
Personal safety jeopardized while living in the shelter system	<ul style="list-style-type: none"> • Some users choose not to stay in temporary shelter while looking for more permanent housing and are difficult to contact when a potential permanent housing setting becomes available
Safety in non-profit housing is an issue that needs attention	<ul style="list-style-type: none"> • Non-profit housing provider ? shared accommodation: when individual moved in, all of the rooms had no locks. The harm reduction housing worker had to contact the city to request who was responsible for locks for these individuals? doors. The city referred harm reduction worker back to the housing provider who rented the property. It took four months before locks were placed on everyone?s doors
Shelter stays too short and transition to housing is not supported	<ul style="list-style-type: none"> • Shelter system?s attempt to find housing for individuals is ?one size fits all? i.e., there are always waiting lists for workers and never enough time for individuals to stay in the shelters. Individuals tend to get frustrated and either return to the street or start to look on their own. The end result is not always positive (and so the cycle continues). (This experience was described by the individual interviewed here). The individual has been homeless since 1989
No access to legal aid for housing tribunal cases	<ul style="list-style-type: none"> • East Toronto Community Legal Services, a project partner and member of our CAC recently reported that its board made a decision not to represent individuals who are being brought to the Toronto Housing Tribunal for dealing drugs in the community. Blurred line between dealing and using
• Transportation	
Lack of access to affordable transportation	<ul style="list-style-type: none"> • Necessary to attend appointments with treatment, psychiatrists, housing, HR Outreach Worker. People have a hard time getting access to transportation to get to appointments
• Health	
	<ul style="list-style-type: none"> • By federal regulation, pharmacies must track the history of use by client ? could be a source of discrimination ? lack of privacy • Guidelines provided to methadone practitioners in Ontario by the College of Physicians and Surgeons are sometimes applied rigidly, sometimes flexibly. They are often not applied with a client focus in mind. E.g., prescription of ?carries? restricted ? this results in differences in how methadone is distributed and the types of services users receive. Methadone doctor will not provide carries (take home doses) as he has medical tests to attend to without doctor?s letters,

	<p>however, he will not inform specialist that he is on methadone as he will get different treatment and he will be perceived as drug seeking. The harm reduction worker advocates and requests a letter from the specialist outlining the required tests and acts as a mediator between doctors without the knowledge of each other (to ensure a better quality of life). The College of Physicians and Surgeons (in the Province of Ontario) provides guidelines for practitioners, however, some practitioners see these as regulations and practice them to the letter</p> <ul style="list-style-type: none"> • The medical community refuses to work with people who are drunk or stoned ? they?re dealt with aggressively, with little sensitivity. One client became addicted to a prescribed drug ? was aggressively cut off the drug and went into seizures in his apartment ? ambulance crews also treated him poorly. For some reason, these professionals lose their sense of professionalism when they?re faced with clients under the influence • Waiting list for help for client with cirrhosis and Hep C was 6 months
<ul style="list-style-type: none"> • Social Welfare 	
	<ul style="list-style-type: none"> • What they do has a lot to do with who they are. If they?re not connected to work, they feel worse
<p>Housing allowances aren?t high enough to purchase housing in Toronto market</p>	<ul style="list-style-type: none"> • The largest barrier for this individual was the need for affordable housing and the current rate of income from social services (\$520/month) is not sufficient to live on, let alone pay for groceries and drugs for the month. Most rooms in Toronto at Market rate start at \$450 ? bachelor apt \$550 to \$650/month
<p>People running system don?t work with users</p>	<ul style="list-style-type: none"> • When a person who is a user goes to apply for social assistance they are often not treated well and can be refused service. HR worker often mediates and assists with accessing entitlements
<p>Challenging to identify appropriate resources that provide services to users who have concurrent disorders (e.g., drug use and a psychiatric disorder)</p>	<ul style="list-style-type: none"> • Combination of disorders makes it more difficult to provide effective services
<p>ODSP and OW could deal with informal trustee programs better</p>	<ul style="list-style-type: none"> • The ODSP and Ontario Works programs should be required to notify trustees if the trusteeship is rescinded. It?s set up so the cheques are sent to us, and we dole the money out accordingly. If the ODSP cheque is late, everyone has to wait and that can be disastrous. Landlords don?t like to wait for their rent. In this situation, a client can go to ODSP and rescind the trusteeship without informing us, and we could be out money if we?ve leant them money to get through. Informal trustees should be recorded. Advances become an issue • When ODSP cheque is late, I can spend 15 to 20 minutes in their phone tree ? there really should be a hotline for informal trustee programs
<p>Provincial Trustee</p>	<ul style="list-style-type: none"> • Provincial trustee doesn?t want to take responsibility once clients are stabilized.

Appendix E - Bibliography

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