



A PRACTICE BRIEF

INFRASTRUCTURE FOR HARM REDUCTION IN RESIDENTIAL AND HOTEL SETTINGS



University
of Victoria

Canadian Institute for
Substance Use Research



Purpose

This series provides practice-based and community-informed knowledge regarding implementation of critical substance-use services and supports, including treatment and harm reduction programs that meet the needs of people who use drugs.

Objectives

- To promote community-informed knowledge related to essential substance use services.
- To guide decision makers and practitioners in making policies and designing community-informed services related to substance use services and supports.

About Co/Lab

Co/Lab is a collaborative network for research and knowledge exchange that aims to promote health and health equity for people who use drugs (including alcohol, other licit, and illicit drugs). Co/Lab activities are guided by collaborations with people who use drugs, families, health care providers, researchers and policy makers, and are focused on generating practical evidence that can be used to enhance substance use services and supporting policies.

Co/Lab is funded by Health Canada's Substance Use and Addictions Program. The views expressed in this brief are solely those of the authors.

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Infrastructure for Harm Reduction in Residential and Hotel Settings

This outline is based on recognition that there will always be some individuals who are not comfortable sharing information about their substance use with others, particularly with housing providers, or whose use and harm reduction needs change in unpredictable ways. Individuals at highest risk will be those who do not disclose their use and do not ask for information, supplies or assistance. For this reason, it is most effective to assume that all residents may at some point require harm reduction services and to provide harm reduction services universally and in the most accessible ways possible. Resources on harm reduction and COVID 19 are available [here](#), and [here](#) (the second contains information on overdose response).

1	Harm reduction supplies available at front desk (or from another designated staff person on site)	6	Virtual services and support
2	Resident peer harm reduction workers to assist with distribution, education and witnessed injection	7	Wellness checks
3	Nursing support to assist with accessing safe supply (including opioids, benzos, stimulants, and managed alcohol)	8	Mobile services and support
4	Overdose Prevention Service in a dedicated space for supply distribution, witnessed injection, overdose response & connection to safer supply	9	Coordinate with services providing alcohol delivery and support
5	Witnessed inhalation services	10	Harm reduction training including overdose response for staff and residents

1. Harm reduction supplies available at front desk (or from another designated staff person on site)

A variety of contact points is most effective and can include the following:

- 5 or 10 packs of 1cc and .5cc syringes/alcohol swabs, cookers, waters, vitamin c, tourniquets
- Naloxone kits
- crack pipes (straight pipes)
- Meth pipes (bubble pipes). In BC, meth pipes are available through BCCDC and provided by local harm-reduction services on cost-recovery basis. If meth pipes are to be provided it is easiest to do so from a central spot where money can be stored such as front desk. *In the context of COVID-19, providing a limited number for free may be a good idea to reduce money exchange and further limit potential for sharing of items that come into contact with the mouth.



2. Resident peer harm reduction workers to assist with distribution, education and witnessed injection

Two to three residents can be contracted for 3-4hr daily shifts. Resident harm reduction workers should be identified and trained in collaboration with harm reduction agencies, including gender-diverse and Indigenous-led groups. Resident workers should be paid daily hourly stipends (a living wage) by the organization managing the residence. Tasks include:

- Regular daily check-ins with residents at each unit, providing harm reduction supplies and information, including assistance in buddying up for safer use.
- Designation of a room that allows the resident peer harm reduction worker to separate their work and private residence; the designated space provides storage for supplies and space for witnessed injection and the peer worker is not in the position of having to use their own residence to meet these needs.
- Witnessed injection within residences as needed, and witnessed injection at harm reduction room when suitable and when staffing permits.
- Receiving training, ongoing check-ins, debrief and peer support, from harm-reduction organizations and maintaining regular contact with onsite staff and mobile outreach workers providing harm reduction supply deliveries.
- Providing information on safer supply and connecting residents to nurse and other providers who can prescribe safer supply.

Additional information on engaging peers in harm reduction can be found [here](#) and [here](#).

3. Nursing support to assist with accessing safe supply (including opioids, benzos, stimulants, and managed alcohol)

As outlined in [BCCSU guidance for Risk Mitigation in the Context of Dual Public Health Emergencies](#), safer supply is a prevention strategy for COVID 19 as it can increase stability in people's lives and allow them to shelter in place so they do not have the same need to engage in survival activities or access the illicit drug market. Individuals living in close quarters meet criteria set out in the BCCSU guidelines, and this service will play important role in addressing current issues of: overdose due to adulterated drug supply, increased risk of overdose due to self-isolation and lack of access to supervised injection services, and withdrawal due to lack of substances.

- Nurse support should be onsite if more than 40 residents, with mobile nursing support for smaller sites.
- Model should include prescriber and pharmacist for delivery and dispensing of pharmaceutical safe supply to allow people to shelter in place.

4. Overdose Prevention Service in a dedicated space for supply distribution witnessed injection, overdose response and connection to safer supply

Depending on location, this could be provided in a dedicated space staffed by harm reduction/peer workers.

- Provides a central space for harm reduction supplies and information, and should include an appropriate number of booths for witnessed injections.
- This space would be open regular hours for drop-in witnessed injection and access to supplies, referrals and information.
- Ideally would include spaces where assessments and delivery of safe supply could take place.
- Staffing could include harm reduction/peer workers and nurses.
- Provision of dedicated individual harm reduction counselling.



5. Witnessed inhalation services

- Spaces could include a dedicated covered courtyard space or a open air tent in a sheltered, private location that allows witnessing to be provided by harm reduction/peer workers from an appropriate distance.
- The designated harm reduction/OPS service above could be located in a space that allows for observation of an exterior inhalation service.

6. Virtual services and support

Residents should have access to a phone and text-message based system, whereby they can arrange post-use check-ins or witnessed consumption with peer workers and other harm reduction staff. This system will be more reliable than wellness checks for ensuring the safety of residents consuming substances in their rooms.

Residents should be provided with a number for on-call consumption support during dedicated hours, along with a step-by-step process for arranging support (eg. call/text number during the hours of ___ to ___; await confirmation from staff; consume drugs; staff will check on you within agreed upon intervals, etc.).

7. Wellness checks

Support staff should establish wellness check intervals in collaboration with residents, with the understanding that wellness checks are of limited effectiveness as a means of preventing overdose deaths. Instead of focusing on prescribed intervals for wellness checks, individual residents should be engaged in safety and wellness planning based on their preferences, which may include more frequent or less frequent wellness checks, planning for witnessed injection, using with a friend, phone/text support, or other prevention strategies as described in this document. Discussion of the full range of harm reduction supports available to residents should take place at the beginning of tenancy, with wellness checks positioned as a final measure in the event that a resident has not been seen for a specified period of time.

8. Mobile services and support

Harm reduction supplies (and training and ongoing peer support to resident harm reduction workers) can be provided through agreement with local harm reduction and health services who offer such education. Regular weekly contact should be maintained between mobile harm reduction service provider(s) and onsite staff, including the resident harm reduction worker. Staff and residents should have access to regular training opportunities regarding Naloxone administration and overdose response and harm reduction equipment and related education tools.

9. Coordinate with services providing alcohol delivery and support

Persons who experience medical risk due to alcohol withdrawal should have access to alcohol harm reduction education such as [safer drinking tips](#) and assessment of intoxication could be a focus on site. Information on how to scale up managed alcohol programs can be found [here](#). See www.cmaps.ca for more resources.

10. Harm reduction training including overdose response for staff and residents

All staff including hotel staff should receive training in harm reduction practices including overdose response and naloxone administration with regular updates.



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