International Journal of Drug Policy 53 (2018) 83–89

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Research Paper

Sheltering risks: Implementation of harm reduction in homeless shelters during an overdose emergency

Bruce Wallace[a,*], Katrina Barber[b], Bernadette (Bernie) Pauly[c]

[a] School of Social Work, Canadian Institute for Substance Use Research, University of Victoria, Box 1700 STN CSC, Victoria, BC, Canada
[b] Social Dimensions of Health, Canadian Institute for Substance Use Research, University of Victoria, Box 1700 STN CSC, Victoria, BC, Canada
[c] School of Nursing, Canadian Institute for Substance Use Research, University of Victoria, Box 1700 STN CSC, Victoria, BC, Canada

ARTICLE INFO

Article history:
Received 27 June 2017
Received in revised form 1 December 2017
Accepted 11 December 2017
Available online xxx

Keywords:
Substance use
Harm reduction
Homelessness
Shelters
Overdose

ABSTRACT

Background: The current opioid overdose crisis in North America is heightening awareness of the need for and the challenges of implementing harm reduction, notably within complex and diverse settings such as homeless shelters. In this paper, we explore the implementation of harm reduction in homeless shelters during an emerging overdose emergency.

Methods: The objective of this qualitative study was to identify and understand micro-environment level factors within emergency shelters responding to homelessness and substance use, and the macro-level influences that produce and sustain structural vulnerabilities. We conducted eight focus groups with a total of 49 participants during an emerging overdose emergency. These included shelter residents (n = 23), shelter staff (n = 13), and harm reduction workers (n = 13).

Results: The findings illustrate the challenges of implementing an overdose response when substance use is prohibited onsite, without an expectation of abstinence, and where harm reduction services are limited to the distribution of supplies. In this context, harm reduction is partially implemented and incomplete. Shelters can be a site of risks and trauma for residents and staff due to experiencing, witnessing, and responding to overdoses.

Conclusion: The current overdose crisis heightens the challenges of implementing harm reduction, particularly within complex and diverse settings such as homeless shelters. When harm reduction is limited to the distribution of supplies such as clean equipment and naloxone, important principles of engagement and the development of trust necessary to the provision of services are overlooked with negative implications for service users.

Opioid overdose deaths and non-fatal overdoses have increased significantly in recent years across Canada and the United States (Fischer, Murphy, Rudzinski, & MacPherson, 2016; Rudd, Aleshire, Zibbell, & Matthew Gladden, 2016). Fentanyl and fentanyl derivatives have been recognized as a key factor in the recent surge of overdose deaths (Frank & Pollack, 2017; Misailidi et al., 2017). In response, public health is rapidly scaling-up naloxone programs (Fairbairn, Coffin, & Walley, 2017; Kerensky & Walley, 2017). The provision of naloxone and naloxone training to people who use drugs, harm reduction and social service workers, police, paramedics, and others has meant the reversal of countless overdoses and prevention of death. Evidence-based harm reduction responses that prevent overdoses are well supported by research (Darke & Hall, 2003; Marshall et al., 2011; Stancliff, Phillips, Maghsoudi, & Joseph, 2015). However, questions remain as to the benefits and limits of the distribution of naloxone in specific settings, and the need for implementation of a more comprehensive response (Fischer et al., 2016; Hawk, Vaca, & D'Onofrio, 2015; Kerensky & Walley, 2017).

At the time of this research (December, 2015–January, 2016), unintentional illicit drug overdose deaths were reaching crisis levels in British Columbia (BC), Canada. In April 2016, the BC public health officer declared a public health emergency. By the end of 2016, there were 978 confirmed illicit overdose deaths, and illicit drug overdose deaths became the leading cause of unnatural death in the province (BC Coroners Service, 2017). That year, the rate of illicit drug overdose was approximately 20 deaths per 100,000 individuals, and the city in which the research took place was one of the top three townships in the province for numbers of overdose deaths (BC Coroners Service, 2017). At the end of 2016, fentanyl

* Corresponding author.
E-mail addresses: barclay@uvic.ca (B. Wallace), kbarber@uvic.ca (K. Barber), bpauly@uvic.ca (B.(. Pauly).

https://doi.org/10.1016/j.drugpo.2017.12.011
0955-3959/

was implicated in almost 60% of illicit drug overdose deaths, and by fall, 2017, 80% of deaths were attributed to illicit fentanyl. In BC, the death count continues to rise monthly in 2017, with reported deaths continuing to be higher in each of month of 2017 than the same month in the previous year (BCCDC, 2017).

While an overdose can impact anyone who uses illicit drugs, it is clear that people who experience socio-economic disadvantages such as poverty and homelessness and use drugs bear a disproportionate burden of risks and harms due to the social and economic conditions in which they live. Substance use is often a response to difficult life circumstances, and illicit drug use, particularly the use of opioids, can be a response to dealing with chronic pain, loss, grief, multiple life traumas and stress (Maté, 2008). While causation is complex, there is a clear association between homelessness and increasing use of substances as a way of coping (McVicar, Moschion, & van Ours, 2015). As shelters provide a response to homelessness, these sites may exacerbate risks related to substance use through policies prohibiting use that contribute to secrecy and concealing use. They also increase exposure to pervasive illicit drug selling for all residents and staff, and become sites of illicit drug consumption (Briggs et al., 2009; Wadd et al., 2006). In spite of the fact that there are often high rates of illegal substance use and increased substance related harms among the homeless population, there is a lack of knowledge about the implementation of harm reduction strategies within shelter settings.

Rhodes' (2009) Risk Environment Framework provides a useful model for understanding the role that social environments play in the production of risks and harms, as well as how safer environment interventions can potentially reduce the risk of harms of drug use for people who use drugs (Rhodes et al., 2005; Rhodes, 2009). According to Rhodes (2009) "a risk environment framework envisages drug harms as a product of the social situations and environments in which individuals participate. It shifts the responsibility for drug harms, and the focus of harm reducing actions, from individuals alone to include the social and political institutions which have a role in harm production" (p. 193). At both the micro and macro level, Rhodes focuses on the political, social, economic and policy related factors that are either harm reducing or harm producing (Rhodes et al., 2006; Rhodes, 2002).

McLean (2016) utilized Rhode's risk environment framework to describe how a naloxone distribution policy that ignored contextual factors had limited impact for people who used drugs experiencing poverty due to cost and transportation barriers to obtaining Naloxone. This author recommended interventions to address poverty and isolation as the unaddressed roots of the overdose epidemic (McLean, 2016). Other authors have utilized Rhode's risk environment framework to analyze how people who use drugs perceived an overdose warning campaign. The campaign's weakness was the focus on individual behaviour and lack of acknowledgment of the strong social, economic and structural forces that undermined the impact of the intervention. These included sales tactics, cost and availability of heroin, as well as factors such as trauma, emotional suffering, routine behaviors, and withdrawal (Kerr, Small, Hyshka, Maher, & Shannon, 2013). Similarly, Take Home Naloxone programs constitute a vital public health response focus, but are implemented by placing responsibility for responding to overdoses on people who use drugs (Farrugia, Fraser, & Dwyer, 2017).

The objective of this qualitative study was to identify and understand micro-environment level factors within emergency shelters responding to homelessness and substance use, within the macro-level influences that produce and sustain structural vulnerabilities during an emerging overdose crisis. The results are intended to provide practical knowledge and insights to inform shelter based strategies to mitigate the risks associated with substance use, particularly overdoses, and enhance the implementation of harm reduction within homeless shelters.

Methods

Data collection

Focus groups exploring issues related to substance use and harm reduction in shelters were conducted from December, 2015 to January, 2016. A total of 49 participants participated in eight focus groups that included shelter residents (n = 23), shelter staff (n = 13) or harm reduction workers (n = 13). Each focus group lasted between 40 and 60 min, and was conducted by experienced researchers who have long-standing collaborations with individuals and agencies responding to homelessness and substance use. Focus groups were selected as a method well-suited to exploring experiences with substance use and harm reduction within shelters in order to illuminate a range of individuals' perceptions and experiences, as well as garner insight into possible responses to persistent challenges. Topics for focus group discussions included prevalence and types of substance use, issues arising from substance use in shelters, agency responses to substance use, and specifically the implementation of harm reduction within these settings. All focus groups were audio recorded and the audio files were transcribed. Ethical approval for the study was obtained from the University of Victoria Human Research Ethics Office (#15-304).

The research took place in a large urban center and participants were drawn from two emergency homeless shelters. One shelter is for those identifying as female while the other shelter serves all genders. Both shelters are designated as low-barrier shelters as required by the government funder. Low barrier shelters do not require individuals to abstain from using alcohol or other substances to stay or receive services, but often prohibit substance use onsite (Pauly, Wallace, & Barber, 2017).

Shelter resident participants were recruited by notifications, handbills, posters, or word of mouth by staff. Stipends of $20CDN were provided to shelter resident participants. Focus groups were conducted with individuals that identified as active in their substance use, as well as those that identified as non-using, in recovery, or abstaining from substance use. An email was sent by the shelter manager to all shelter staff inviting them to participate during work time. Shelter staff focus groups were held at the shelter, and scheduled when both frontline staff and case workers could be most available to participate. Additionally, two focus groups were conducted with harm reduction workers who had experience in the provision of harm reduction services within shelters. Harm reduction staff were invited to participate through a third-party email and the agency was supportive of focus groups being scheduled during working hours. Stipends of $20CDN were provided to any staff participants if they participated outside of paid time.

Data analysis

Within social and health sciences, there is an increasing emphasis and recognition of the importance of everyday experiences of people, multiple constructions of reality, and the complexity and ambiguity in everyday life and research processes (Lowenberg, 1993). Interpretive description (ID) is an approach to qualitative data analysis that acknowledges the constructed and contextual nature of reality, while allowing for shared realities (Thorne, 2008; Thorne, 2016). ID begins with real world questions, builds on existing knowledge in the field, and situates new