



Shelter Settings and Substance Use: A Harm Reduction Toolkit

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This toolkit summarizes the harm reduction strategies discussed by guests, staff and leaders at four different emergency shelters in Massachusetts during qualitative interviews for a research study with Boston Medical Center. The purpose of this toolkit is to provide recommendations for shelters aiming to integrate services to better serve people who use drugs.

Spectrum of harm reduction practices used in shelters

The first column of this table names practices used at all four of the shelters that participated in our qualitative study. The second column names practices that were described by study participants at some of the shelters, but not all. The third column describes practices that were discussed by study participants as aspirational, but not currently implemented. We recommend programs seek to implement the strategies outlined in all three columns.

 Practices already established and used regularly	 Practices that are partially or inconsistently implemented	 Aspirational practices to be implemented in the future
Naloxone available to staff and guests with training in its use	Wound care supplies specifically geared toward skin & soft tissue infections (SSTIs)	Complete offerings of safe use equipment including syringes, works, pipes, etc. to promote drug user health
Reverse-motion detectors in bathrooms, or when not available, bathroom checking plans	Safe use supplies: syringes and/or bleach kits, fentanyl test strips, informational pamphlets for drug user health and safe ingestion practices	Safer spaces to use (whether in the shelter or not)
First aid supplies (not specific to wound care)	A “bad date list” (i.e. a list of individuals who may pose a threat to those impacted by the sex trade)	Drug testing kits to test for drug purity, presence of research chemicals, or contaminants (e.g., xylazine and fentanyl test kits)
Safer sex supplies (e.g. condoms and lubricant) available	Full naloxone emergency response kits with supplies for rescue breathing	
Additional beds during severe weather events, or an amnesty policy allowing previously barred individuals to stay during such events	No curfew policy – allow guests to enter and exit the program throughout the day and night	
	“No questions asked” locker policy	
	Policies encouraging guests to “take breaks” rather than barring them	
	Alternatives to confiscating people’s drugs if they are found onsite	

- ⌘ **Naloxone available to staff and guests with training for its use. Specialized equipment for performing rescue breaths:** Naloxone, commonly known by its brand name “Narcan,” is an opioid receptor blocker that reverses an opioid overdose. All the programs that participated in the study had naloxone available for both staff and guests, and all study participants spoke to its life-saving usefulness in shelter settings. When possible, procuring specialized equipment like mouthguards and air pumps to assist with rescue breaths is strongly recommended, since sufficient oxygen in the blood and brain can help keep someone alive until the naloxone starts to work.
 - ⌘ **Reverse-motion detecting bathroom alarms. When not available, instituting bathroom checks:** Another unanimously endorsed and implemented practice involved monitoring bathrooms for overdose risk. Reverse-motion detecting alarms were used at one program, but all programs described measures to periodically check on bathroom spaces.
 - ⌘ **First aid supplies, and when available, supplies specifically for SSTIs:** Skin and soft tissue infections (SSTIs) are common among people experiencing homelessness who also use drugs. Having gauze, antibacterial ointment, gloves, and dressings available so that folks may keep their wounds clean is important in assisting folks care for their health. At minimum, first aid supplies should be available at the front desk or with case management staff.
 - ⌘ **Safer sex supplies:** Condoms and lubricants should be available to shelter guests to promote sexual health and safety.
 - ⌘ **“Bad date” lists:** These are lists where individuals impacted by the sex trade may share information about sex buyers who are dangerous and should be avoided.
 - ⌘ **No curfew policy – allow guests to enter and exit the program throughout the day and night:** The guests we spoke to appreciated the ability to come and go throughout the day and night to their shelter bed. Additionally, if guests do not need to re-register for their bed each day, they are free to pursue other opportunities and obligations like housing, case management, health appointments, and employment opportunities.
 - ⌘ **A “no questions asked” policy for guest lockers:** If possession of substances or safe-use paraphernalia are prohibited in the shelter, then at minimum shelters should provide lockers where guests can store their belongings with no questions asked. This way, guests will be less likely to maintain a tent outside or choose rough sleeping over a shelter bed.
 - ⌘ **Open additional beds during severe weather events or employ “amnesty” policies:** During severe weather, shelter guests asked for the ability to get a shelter bed even if they had recently been asked to take a break from the program or were barred. All program staff in the study also spoke of their practice of taking in extra guests during severe weather.
 - ⌘ **Ask people to “take breaks” rather than barring them:** Instead of barring someone for a behavioral outburst or rule violation, ask them to “take a break.” This could be hours during the day, with the ability to return at night.
 - ⌘ **Don’t confiscate people’s drugs if they are found onsite:** Participants specifically named how deflating and frustrating it can be to have their drugs taken from them if they are caught using them inside. Guests often spend a great deal of time, resources, and effort working to procure doses of drugs to “get well” (avoid withdrawal related illness). Many guests indicated that confiscation does not result in them using less, but rather, feeling like their time, efforts and money have been wasted. As such, confiscation may result in guests deciding not to stay in the shelter.
 - ⌘ **Complete spectrum of safe use equipment including syringes, works, pipes, fentanyl test strips, and information pamphlets promoting drug user health:** Participants in our study discussed having a wider array of harm reduction supplies available at the shelter program as an aspirational practice. Guests said that this convenience would promote healthier use behaviors.
- If people using drugs do not wish to use fentanyl, test strips are the most effective way to detect its presence. These should be available for guests, and staff should be trained in their use. For people who do wish to use fentanyl, test strips do not provide as much value. In these instances, it

is important to have drug checking kits, which test the purity of drugs as well as the presence of contaminants and research chemicals. Xylazine test products are another helpful item.

If a program is unable to provide syringes, at the very least, it should distribute bleach kits so that if people must reuse their needles, they can reduce their risk of contracting HIV.

- ⌘ **Safer spaces to use (whether this is in the shelters or not):** Participants in our study discussed that the ability to use inside of the shelter program promotes safer and healthier habits for their drug use. Participants also spoke about safe consumption sites as a positive step for public health in communities. Many cited their sense that drug use will persist in our communities, and people are often left to unsanitary and risky spaces to use.

Organizations for ordering harm reduction supplies:

- ⌘ **Smoke Works Harm Reduction:** smokeworks.org
- ⌘ **PHRA Points of Distribution:** bit.ly/3TP4OKg
- ⌘ **NASEN:** nasen.org
- ⌘ **Resources for drug checking and informational pamphlets at DanceSafe:** dancesafe.org/product/complete-set-of-all-9-testing-kits
- ⌘ **Drug info cards at DanceSafe:** dancesafe.org/product-category/drug-info-cards

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Tips and tricks for implementation:



- ⌘ Develop relationships with local syringe service programs (SSPs). Ask for supplies to make available at your shelter program.
- ⌘ Look into budget-friendly options for ordering supplies from distributors like Smoke Works Harm Reduction, Points of Distribution (POD), or NASEN (North American Syringe Exchange Network).
- ⌘ Use distribution of syringes, works, pipes, etc. as an entryway to having trusting conversations with folks about their substance use.
- ⌘ Consider community health organizations with registered nurses or street-based medical teams that can drop by to do wound care, prescribe or offer connections to medications for opioid use disorder, and screen for and treat hepatitis C and HIV, etc.
- ⌘ Have conversations with your shelter staff team about substance use policies – are there ways for your shelter team to develop policies that do not prohibit substance use, but rather promote healthier use practices and safe boundaries for your shelter?
- ⌘ Have conversations with your shelter staff team around how to implement core tenants of harm reduction in other areas of shelter services: curfew policies, crisis de-escalation and intervention, severe weather response, etc.
- ⌘ Have peer-staff onsite who can talk about safer use practices with clients: injection, smoking, and other injection alternatives.
- ⌘ Understand that some folks need multiple 10-packs of syringes not because they are going to be taking that many shots, but because they might need 2-3+ syringes for every one injection (difficulty finding veins, etc.).
- ⌘ Connect with local advocacy and public health groups around safe consumption sites and how your team can get involved in supporting their implementation.