People have to clear the way for the participation of people who use substances. Otherwise, there would be a million barriers for them. What we are trying to do is to is to improve accessibility. [Our CHRRT HRSWs] are a part of this strategy."

(CHRRT Partner)

PATHWAYS TO INCLUSION

FINDINGS ABOUT LOW-THRESHOLD COMMUNITY HR

INTRODUCTION

The Community Harm Reduction Response Teams (CHRRT) project is an innovative Harm Reduction (HR) capacity building partnership initiative of ten community-based agencies. It is funded by the Substance Use and Addictions Program (SUAP) of Health Canada, and led by Street Health.

CHRRT's goal is to improve community public health in the face of the growing opioid crisis and the urgent need for accessible, low-threshold Harm Reduction (HR) services in neighbourhoods across Toronto. A key element of the CHRRT plan has been to develop a cadre of well-trained Harm Reduction Support Workers (HRSWs) to scale up the community-based response to high-risk substance use within the local context of poverty, homelessness and social exclusion.

OVERVIEW

At the project launch, all ten partners made a commitment to engage and train in their HR programs community members with lived experience of hardship and substance use. The idea was to involve these natural leaders in paid HR activities, as a way to promote accessible, respectful and effective low-threshold HR services for marginalized people who use substances.

As a part of the CHRRT project, partner agencies pursued a wide range of HR strategies and activities, depending on the needs, interests, and goals of communities and their HRSWs (see sidebar on page 2). Each CHRRT HRSW was employed in one or two of the following three broad HR approaches (see CHRRT KT Paper - *A Day in the Life* which offers more detail about community HR work):

1. HR street outreach (on foot and by van)
2. HR services at community drop-ins or HR offices
3. Systems navigation and accompaniment roles – providing very marginalized service users with one-to-one peer counselling and support to sustain access to services and entitlements

CHRRT partner agencies pursued different types of HR within a range of contexts and missions:

Large Community Health Centres:

1. *Parkdale Queen West Community Health Centre (P-QWCHC) – Systems Navigation*
2. *Regent Park Community Health Centre (RPCHC) – HR outreach and SIS support*

Large multi-service community agencies:

3. *Agincourt Community Services Association (ACSA) – outreach and drop-in sexual health clinics*
4. *Dixon Hall (DH) – housing HR, outreach and accompaniment*
5. *Fred Victor (FV) – HR outreach*
6. *Sistering – HR outreach*

Smaller, specialized social justice and community health organizations:

7. *Maggie's – HR outreach and drop-in*
8. *PASAN – HR outreach and drop-in*
9. *Street Health (lead agency) – HR outreach, drop-in and accompaniment*
10. *Ve'ahavta – HR outreach van*

SHORT-TERM RESULTS – PRE-PANDEMIC (2019)

Low-threshold HR work has impact

Low-threshold HR aims to create multiple entry points for marginalized people in the community to access supports and services. CHRRT's activities connected to large numbers of people in Toronto communities, bolstering staffing and extending the reach partner organizations' health and community service efforts. The 22 HRSWs active in 2019 had interaction with 20,426 contacts across downtown Toronto neighbourhoods that year, primarily through HR outreach and drop-in activities.

These contacts were primarily made through HR outreach and drop-in activities. Promoting trust and access requires long-term efforts and multiple contacts, and each person's situation is unique. Supplies are a key entry point to connecting to marginalized people in the community. Offering people help and a variety of supplies is in itself an act of kindness, slowly building trust and supporting small steps towards safety and stability. HR supports promote health, safety and wellbeing.

In addition to providing access to safe and appropriate kits/hygiene supplies, the HRSWs shared their knowledge and expertise with 4216 other contacts, offering information on how to use substances more safely, and referrals to Safe Consumption Sites (SCS).

HRSWs cultivated strong relationships of trust with marginalized people

HRSWs approach people with kindness and compassion. Strategies to promote respectful relationships include: seeking people's permission to engage; following service users' lead and offering support without trying to direct or even guide; taking time to listen and have an open, non-judgmental conversation; having a sense of humour; treating service users as experts on their own lives; and avoiding empathy gaps (i.e., contradicting or diagnosing people).

- *It's about one drug user spotting another drug user and offering support… this is the nature of being a peer. (CHRRT HRSW)*

CHRRT shift tracking data from 2019 offers a picture of the process of relationship building and its importance in HR work, which can look a lot like 'hanging out'; CHRRT HRSWs reported that they connect in some basic way to an average of 23 service users each shift. It can be difficult to break through barriers and develop rapport with people. Often, they need time to open up and feel comfortable.

- *Feeling safe and unjudged allows people to open up. (CHRRT HRSW)*

"We seem to be in a time when kindness becomes an act of social justice. It is so absent from people's experience on the street. If they experience kindness from people, it is remarkable to them."

(CHRRT Partner)

As HRSWs get to know community members, they 'build rapport' to have a more personal conversation with an average of seven individuals per shift (7089 people). They then go on to have a deeper 'supportive conversation' with an average of three per shift (4336 people), offering problem solving, peer counselling, referrals and support. HRSWs understand that people's moods fluctuate and that they will not always be at their best. HRSWs also provide warm introductions to safe, approachable service providers who understand the stigma and other challenges that marginalized people face in connecting to and retaining services.

Strong relationships promote service access. As HRSWs become a trusted voice in the community, the service users they interact with are more likely to choose to go to a service that they recommend, and entry to services becomes more streamlined. HRSWs connect people pro-actively to appropriate, respectful and safe services and entitlements through referral, advocacy, accompaniment and systems navigation. They offer suggestions about where to go to meet food, shelter hygiene requirements, etc.

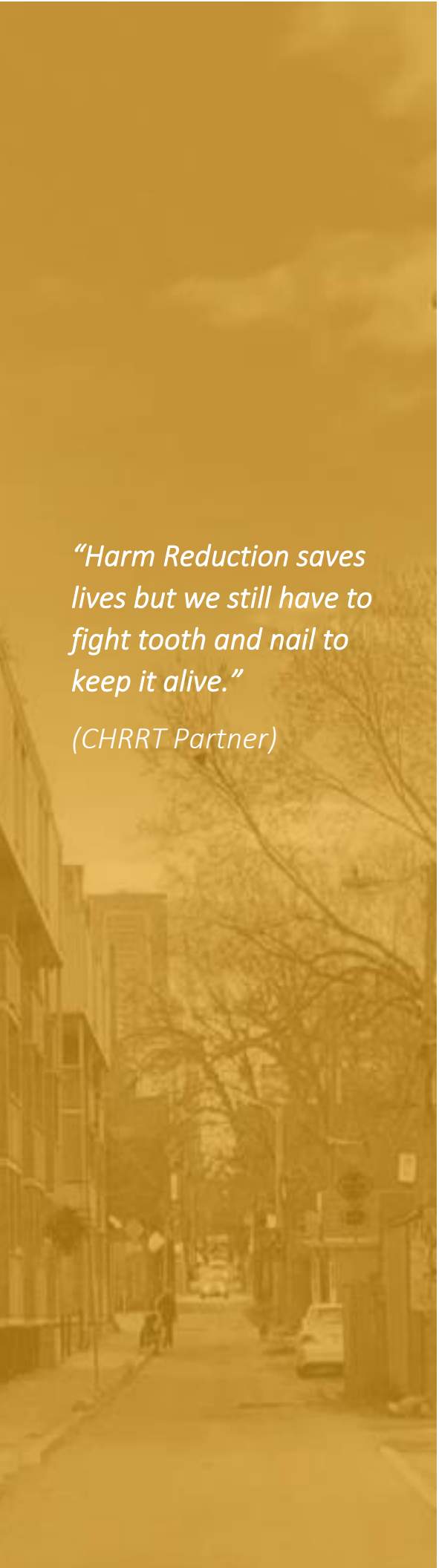
FINDINGS RE: LOW-THRESHOLD HARM REDUCTION

HRSW's 'lived experience' of poverty, stigma and substance use is a key factor in the success of low-threshold HR

The strategy of drawing on the knowledge, experience, credibility and cultural 'belonging' of community HRSWs is highly effective for reaching communities of marginalized people. In a March 2021 street survey of community service users[i], 87% of respondents agreed that it is important for HR workers to have lived experience of substance use and life on the streets. Service users noted how they can approach HRSWs with an expectation of kindness, empathy, generosity and acceptance; they felt themselves more likely to connect with people with lived experience.

Low-threshold HR takes a trauma informed approach to build the resilience of service users and HRSWs

Community HR work takes HRSWs into complex emotional territory. They bring a deep commitment to fairness and justice, and they are keenly aware of the stigma and criminalization of homelessness, poverty, substance use, and the toll of grief on daily life in the community.



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

(CHRRT Partner)

CHRRT HRSWs straddle the status of program participants and paid workers

HRSWs' lived experience and connections to street culture are key assets that community organizations mobilize to promote more accessible and appropriate services. Yet as these workers begin to be paid for their labour, they must navigate a 'grey area', between two very different worlds: providing supports and services in an often-chaotic community environment, while simultaneously being required to fit into formal, hierarchical organizational settings. Further complicating matters is the fact that many HRSW employees start out as clients of the organization they work for, creating many ethical and policy challenges as a result of these conflicting roles.

Low-threshold HR strategies require intensive investment in planning, capacity building, supervision/support and resources

Employing community members to achieve low-threshold goals is complex, difficult work, and it takes money, staff expertise and time. Community organizations usually start with insufficient resources that they have patched together. Program management and HRSW supervision are done 'off the corner of the desk'. While the CHRRT model offered partners additional resources for HRSW training, mentorship, wages and equipment, the success of the programs depended greatly on the championship and entrepreneurship of key staff who were committed to promoting social change in their work.

CONCLUSIONS

Low-threshold HR is more like a pathway to wellbeing than a bridge

Low-threshold approaches do not work towards abstinence, but rather are intended to support people to have greater control over their lives/health/use regardless of where they are along a continuum of wellbeing. People with very few assets (without basic housing, income, and food security) are highly vulnerable to setbacks and can cycle in and out of crisis and homelessness (See Diagram 1 below).

Progress in low-threshold HR can be conceptualized as a non-linear 'pathway' through a complex array of structural barriers, logistical challenges, personal difficulties, and anxieties. Small step by small step, the aim is initially to respond to crisis, and as relationships are established, to promote the conditions for stability and participation; and over time, to promote service users' capacities to make choices, solve problems, manage

chaotic use, reduce harm, and improve their quality of life – whatever pathway they may choose to pursue.

Some people do move towards stability and improved quality of life. However, it is important to note that the outcomes of this work, when defined by members of the community, are more about promoting their sense of connection, wellbeing and dignity, than about 'stabilizing' or reducing substance use.

Diagram 1: HR modalities along a continuum of social and economic engagement

Livelihood Stages	Stage 1 - Crisis - depleting assets	Stage 2 – Coping and foundation building	Stage 3 - Engaging	Stage 4 - Promoting continuity of care
Focus by Stage				
Promote multiple responses and entry points to promote PWUD wellbeing	Reducing hardship and risky/chaotic substance use Building trust	Promoting connection, safety and security, reducing social isolation	Connecting people to supports and services, building community	Sustaining access to services, making choices, improving wellbeing
HR Activities	Outreach to marginalized communities Offering food, kindness, kits and basic needs supplies	Outreach, trust building, referrals, drop-ins, and SIS services Offering food, kits and basic needs supplies, emergency housing	Relationship building, supportive conversations, accompaniment, systems navigation, and volunteer opportunities	Peer counselling, systems navigation Engagement with case management, medical care, counselling, housing

"My idea of outcomes? … Are the individuals that we are working with happy? Are they having their needs met?"

(CHRRT Partner)

Organizations that implement HR successfully have been intentional in their use of HRSW expertise

The CHRRT KT process has shown the powerful potential of strategies that intentionally mobilize HRSWs as agents for engaging the community and service users, and as pathway navigators who can guide people towards connections and support. The most successful organizations have been very intentional in building operational capacity to work with HRSWs, and have purposefully embedded HR perspectives and principles into their organizational fabric. This takes sophisticated planning. Programs and strategies must be agile and responsive in streamlining referrals, de-siloing services, and providing relevant 'just-in-time' service tailored to the specific needs of marginalized service users.

"We don't give enough credit or validation for how much skill and knowledge it takes to do this work."

(CHRRT Partner)

"I sometimes feel like this work is a band aid. It is just not enough to address the crisis."

(PRG Researcher)

HRSWs are vital to this work, but their skills and expertise are often insufficiently acknowledged and resourced

The CHRRT community researchers and HRSWs have been eloquent in expressing their dismay with the way that 'peer-based' HR work is underestimated and under-paid. It is time for funders and mainstream community institutions to recognize the expertise of HRSWs, and properly fund this approach as a key component of long-term community HR strategies.

- *My experiences – using drugs, in jail, with the children's aid society, cops, ambulances, prostitutes – is what brought me to this work. (CHRRT HRSW)*

The CHRRT research has helped to create a better understanding of what 'low-threshold' means

The CHRRT KT process has offered a 'theory of change' to describe how low-threshold HR reaches community members and offers them multiple entry points for help. The approach taken by CHRRT partners in Toronto has been responsive and fluid, depending on their wide diversity of communities and service users.

Nevertheless, there are commonalities to all low-threshold work: it seeks to be both empowering and trauma-informed in its efforts to redress barriers to service. It offers community members respectful choices, so that they can make their own decisions about when and where they will go for the services they choose to access. HRSWs are an integral part of this pathway, receiving support to move along the continuum while offering others a helping hand on the same journey.

Low-threshold Harm Reduction is an emergency response to a systemic crisis

Harm Reduction is a humanitarian response for communities in crisis; it is not solely focused on substance use, but on a wide range of harms created by poverty and exclusion. The work of the CHRRT HRSWs has been a direct rebuke to the often failed, money-wasting, criminalizing mainstream strategies towards substance use, public health, and homelessness.

Yet many of the CHRRT HR managers and HRSWs argue that an emergency HR response strategy is not enough. HR advocates have always pursued a more holistic approach informed by social justice and an awareness of the social determinants of health. Such an approach would start by addressing systemic poverty and homelessness, and provide a safe drug supply: measures critical to stemming this rapidly worsening crisis.

[i] . In a CHRRT March 2021 outreach poll, 87.1% (of 31 respondents)