

The background is a solid light blue. It features several stylized flowers with overlapping petals in shades of pink, yellow, and orange. The flowers are on thin, dark brown stems. There are also several small, stylized butterflies in similar colors scattered across the page.

Towards Access for All

Best & Promising Practices
from Low-Barrier,
Harm Reduction Shelters
in Canada

POLICY BRIEF • MARCH 2024

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About the HIV Legal Network

The HIV Legal Network promotes the human rights of people living with HIV or AIDS and other populations disproportionately affected by HIV, punitive laws and policies, and criminalization, in Canada and internationally. We do this through research and analysis, litigation and other advocacy, public education, and community mobilization.

The HIV Legal Network works on the land now called Canada, which is located on treaty lands, stolen lands, and unceded territories of Indigenous groups and communities who have respected and cared for this land since time immemorial. We work to address the ongoing injustices and resulting health inequities faced by Indigenous Peoples. They contribute to the disproportionate impact of the HIV epidemic on Indigenous communities and the epidemic of violence against Indigenous women, girls and 2SLGBTQ+ people. We are committed to learning to work in solidarity and to dismantling and decolonizing practices and institutions to respect Indigenous Peoples and Indigenous ways of knowing and being.

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Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada

Canada

The page features several stylized, colorful illustrations. On the left, a tall, thin brown stem supports a large flower with overlapping petals in shades of blue, yellow, orange, and pink. Below it, a smaller stem supports a similar but smaller flower. In the upper left, a small butterfly with pink, purple, and yellow wings is shown. In the lower right, two more butterflies of similar colors are depicted. The background is white, and the text is arranged in a clean, modern layout.

Pressing Needs, Forgotten Rights

The Need for Low-Barrier VAW Shelters

Violence against Women (VAW) is the “most pervasive health risk to women and gender-diverse people in Canada.”¹ Indigenous women, racialized women, women living with disabilities, 2SLGBTQ+ individuals, women living with HIV, and women who use drugs are disproportionately exposed to VAW, and thus to its severe physical and mental harms. Globally, women who use drugs — who may have multiple, intersecting identities — experience rates of VAW up to 24 times higher than women who do not use drugs.² Yet those who use drugs are often barred from VAW shelters, vital spaces free from violence with links to otherwise inaccessible health services.

Over the past decade, there has been a shift towards low-barrier models in VAW shelters, emphasizing harm reduction. Even so, gaps persist. Some provincial and territorial policies continue to permit service access refusals based on drug use. Even when access is granted in principle, punitive shelter rules, stigmatizing encounters with staff, encounters with police and child welfare authorities, and uneven harm reduction services bar meaningful access in practice.

Barriers to Access

1. Deeply Entrenched Stigma

People who use drugs are often unfairly portrayed as reckless or dangerous. Pregnant or parenting individuals face particularly harsh judgement, as they are assumed to be neglecting or abusing their children. Yet societal attitudes, laws, and policies around drug use are rooted in morality, stigma, and racism rather than on actual harm and create barriers to health and social services that contribute to drug poisoning deaths and other harms. Within the shelter system, this stigma manifests in rules barring or otherwise preventing individuals who use drugs from accessing services and deterring them from seeking assistance due to fear of judgement or punishment.

2. Punitive Shelter Rules

Punitive rules pose another significant barrier to VAW shelter access. These rules include prohibiting individuals from consuming or possessing drugs on shelter premises, requiring individuals to hand over their drugs to staff and seek staff permission to regain access, prohibiting individuals from having guests, and subjecting individuals to stringent curfew requirements. Breaching these rules can result in stigmatizing encounters with staff or expulsion. Such rules fail to consider the nuanced realities of drug use and deprive those who use drugs of their rights to autonomy as well as critical supports.

3. Interactions with State Authorities

The ways that shelters interact with police and child welfare services further limit shelter access. While shelter staff have a duty to report child abuse, shelters that are quick to call child welfare services rather than support parents often harm rather than protect parents and their children. Shelter staff must not assume the mere fact of drug use warrants child welfare intervention. The default involvement of police or child welfare services poses a risk to women and gender-diverse people who use drugs, as it can lead to unwarranted criminal charges or child apprehension. Such state intervention results in trauma, increased drug use, housing instability, and VAW, particularly for Indigenous, Black, and other racialized women.³

4. Harm-Reduction Half-Measures

Few VAW shelters offer harm reduction measures on site. Even for shelters that are eager to adopt low-barrier, harm reduction models, inadequate government supports may mean they are unable to do so. For instance, while some provinces encourage the adoption of harm reduction practices at shelters or fund harm reduction programs in the community (such as supervised consumption services), others specifically discourage the same. Thus, in many Canadian jurisdictions, shelters simply do not have access to the resources necessary to meaningfully implement a low-barrier, harm reduction model.



Towards Access for All



The Right to VAW Shelter Access

The outright refusal to serve women and gender-diverse people who use drugs in the shelter setting will often amount to discrimination in provincial and territorial human rights legislation. The denial of shelter because of drug use likely also breaches *Canadian Charter of Rights and Freedoms* rights to life, liberty, and security of the person and to freedom from discrimination. Service providers, including shelters, must make efforts to accommodate people who use drugs, up to the point of undue hardship.

Canada's international human rights obligations further affirm the right to VAW shelter access for people who use drugs. Under the *Convention on the Elimination of All Forms of Discrimination against Women*, differential treatment on the basis of drug use is recognized as increasing vulnerability to VAW, which is in turn considered a form of prohibited discrimination. States that do not act to combat VAW because of a person's drug use can be held responsible for VAW. Accordingly, United Nations bodies have consistently urged states to ensure that their VAW shelters are accessible to women who use drugs.⁴

The following steps would enable shelters to accept far more women and gender-diverse people who use drugs, to expel far fewer, and ultimately to save lives:

1. Maintaining Low-Barrier Admissions

Whether it be on admission or through their website, accessible shelters communicate clearly and publicly that they do not bar access to women and gender-diverse people who use drugs. Instead, they communicate that they embrace harm reduction, they do not judge or punish drug use, and their primary goal is to support participants wherever they are.

2. Creating Flexible and Participant-Centred Expectations

Accessible shelters move away from the punitive rules and policing the behaviour of individuals. Instead, they create and communicate expectations for shelter participants based on safety, independent of drug use, with the aim of working with, rather than for, shelter participants.

3. Fostering a Safe and Trusting Environment

Low-barrier shelters foster safe and trusting environments, in which all women and gender-diverse people feel welcome. A trusting environment involves:

- (a) staff trained in harm reduction and who adopt harm reduction values;
- (b) opportunities for staff and participants to learn from each other;
- (c) valuing the voices of people with lived experiences, including appropriately compensating the work of peer support workers; and
- (d) promoting safety proactively, and reducing reliance on state authorities.

4. Recognizing Women's Intersecting Identities

Low-barrier shelters recognize women's individual experiences and provide supports that reflect the unique harms experienced by those with intersecting identities. For instance, they work with Indigenous people to dismantle and decolonize their practices and organizations, work with racialized communities (including newcomers) to address cultural and language barriers, and work with people of diverse gender identities to better understand and support them.

5. Providing Comprehensive, Non-Judgemental Harm Reduction

Low-barrier shelters provide comprehensive, non-judgemental harm reduction supports, including supplies (such as sterile injection and inhalation supplies, biohazard containers for safe sharps disposal, safer-sex supplies, drug-checking strips, and naloxone kits), safer-use education, staff training on harm reduction, overdose prevention and response strategies, peer supports, and referrals to supplementary services. Where resources are a limitation, low-barrier shelters partner with community services.

Looking Forward

Recommendations for federal and provincial governments:

- Provincial and federal governments should increase funding and support to VAW shelters to allow them to adopt low-barrier models, focused on harm reduction.
- Provincial governments should develop VAW shelter policies that are centered on harm reduction principles, removing barriers for all women and gender-diverse people, including those who use drugs.
- Provincial and federal governments should expand harm reduction services more broadly, to meet the needs of women and gender-diverse people.
- The federal government should decriminalize drug possession for personal use, and the selling or sharing of drugs for subsistence, to support personal use, or to provide safer supply.
- Provincial governments should develop and promote child protection policies that recognize drug use as separate from child abuse or neglect.

Recommendations for VAW shelters:

- Establish and maintain low-barrier admissions, including clearly and publicly stating that women and gender-diverse people who use drugs are welcome and will not be punished for drug use.
- Develop and implement policies that establish participant-centred expectations, rather than punitive rules.
- Develop and implement policies that foster a trusting environment, recognizing women's and gender-diverse people's intersecting identities by employing peer workers and laying out how parents will be supported and when authorities will be called.
- Develop and implement policies to ensure that women and gender-diverse people who use drugs have access to comprehensive and non-judgemental harm reduction programs.
- Encourage other VAW shelters to transition to low-barrier, harm reduction models, and support cross-sector collaboration on issues related to VAW shelters and harm reduction.



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- ² United Nations Office on Drugs and Crime, Briefing Paper: Addressing gender-based violence against women and people of diverse gender identity and expression who use drugs, May 2023, available at www.unodc.org/documents/hiv-aids/2023/2314425E_eBook.pdf, at pp. 5-6; see also, L. Gilbert et al., "Intimate Partner Violence and HIV Among Drug-Involved Women: Contexts Linking These Two Epidemics – Challenges and Implications for Prevention and Treatment," *Substance Use & Misuse* 46(2-3) (2011): 295-306, at p. 295.
- ³ See, e.g., Toronto Drug Strategy Implementation Panel, Stigma, Discrimination & Substance Use: Experiences of people who use alcohol and other drugs in Toronto, September 2010, available at www.toronto.ca/wp-content/uploads/2018/01/93e2-stigmadiscrim_rep_2010_aoda.pdf, at pp. 15-16; On the impact of child custody loss, see, e.g., K. Kenny et al., "I felt for a long time like everything beautiful in me had been taken out': Women's suffering, remembering, and survival following the loss of child custody," *International Journal on Drug Policy* 26(11) (2015): 1158-66; E. Wall-Wieler et al., "Maternal health and social outcomes after having a child taken into care: population-based longitudinal cohort study using linkable administrative data," *Journal of Epidemiology & Community Health* 71(12) (2017):1145-1151; E. Wall-Wieler et al., "Maternal Mental Health after Custody Loss and Death of a Child: A Retrospective Cohort Study Using Linkable Administrative Data," *Canadian Journal of Psychiatry* 63(5) (2018): 322-328; E. Wall-Wieler et al., "Suicide Attempts and Completions among Mothers Whose Children Were Taken into Care by Child Protection Services: A Cohort Study Using Linkable Administrative Data," *Canadian Journal of Psychiatry* 63(3) (2018): 170-177; J. Denison et al., "Aboriginal women's experiences of accessing health care when state apprehension of children is being threatened," *Journal of Advanced Nursing* 70(5) (2014): 1105-1116; West Coast LEAF, *Pathways in a Forest: Indigenous Guidance on Prevention-Based Child Welfare*, September 2019, available at <https://westcoastleaf.org/work/pathways-in-a-forest-indigenous-guidance-on-prevention-based-child-welfare/>.
- ⁴ See, e.g., *United Nations Human Rights Council: Addendum to the Report of the Special Rapporteur on Violence against Women, Its Causes and Consequences, Mission to Sweden*, 6 February 2007, A/HRC/4/34/Add.3, at paras. 44, 66; *Concluding observations of the Committee on Economic, Social, and Cultural Rights*, 8 June 2010, E/C.12/MUS/CO/4, at para. 27(d).; *Concluding observations of the Committee on the Elimination of Discrimination against Women*, 31 October 2022, CEDAW/C/ UKR/ CO/9, para. 30(e).



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