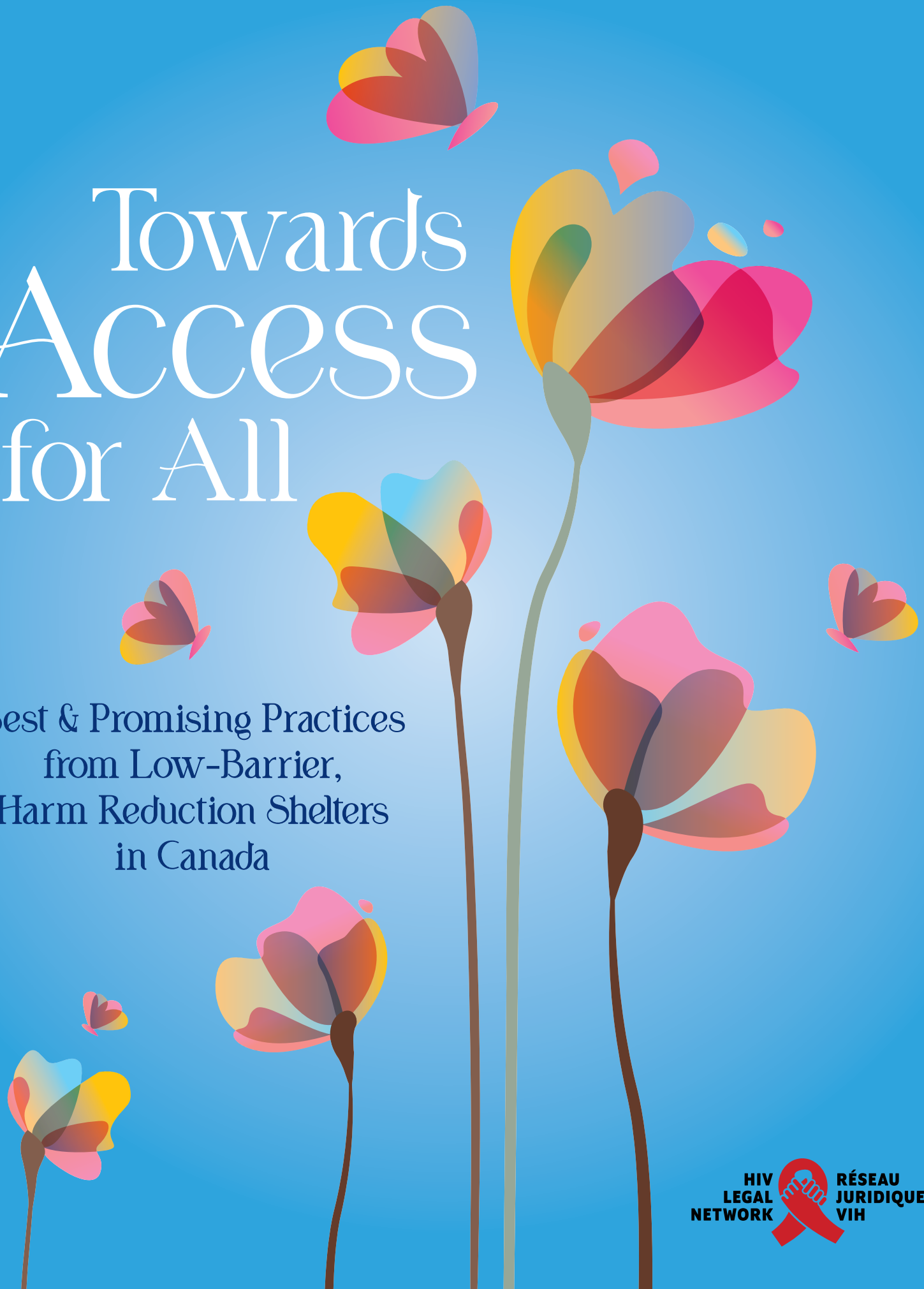
Towards Access for All

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



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RÉSEAU JURIDIQUE VIH

Acknowledgements

The project has been supported by Women and Gender Equity Canada (WAGE). The views expressed herein do not necessarily represent the views of WAGE.

We are grateful to the reviewers of the report: Molly Bannerman (Provincial Director, Women and HIV/AIDS Initiative), Stephanie Sanderson (Outreach Coordinator, North End Women's Centre), Angela Hovey (Associate Professor, Lakehead University), and Marlene Ham (Executive Director, Ontario Association of Interval & Transition Houses).

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

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Introduction

On September 21, 2023, the HIV Legal Network hosted the "Violence Against Women (VAW) Shelter Harm Reduction Roundtable" in Toronto, Ontario.[1] The Legal Network invited front-line staff, directors, and peers from VAW shelters, emergency shelters, and transition houses across Canada. Our goal was to learn from these shelters and transition houses, which are engaged in low-barrier, harm reduction practices. We wanted to understand how these organizations remain accessible to all women and gender-diverse individuals fleeing violence, *including* those who use drugs. In this report, we share those best and promising practices with the aim of promoting shelter accessibility across Canada.

This project stems from the HIV Legal Network's 2020 report, entitled *Gendering the Scene*,[2] which revealed gaps in services for women and gender-diverse people fleeing gender-based violence (GBV) and using drugs — even though "women and gender-diverse people who use drugs experience high rates of gender-based violence."[3] At the time, we found that many VAW shelters maintained abstinence-based policies of denying access to shelter for women and gender-diverse people who use drugs. Moreover, only one province, Ontario, had a policy in place that required shelters to maintain access to those who use drugs.

Today, an increasing number of VAW shelters have moved towards low-barrier, harm reduction models.[4] Yet, gaps remain. Many provincial and territorial policies continue to allow (and even require) service refusal based on drug use.[5] Even where women and gender-diverse people who use drugs are not denied access, insufficient harm reduction services are available, or shelter staff lack the training necessary to serve those who use drugs. In short, too many VAW shelters remain out of reach.

This report is a synthesis of the discussions held during the roundtable, as well as findings from research and community engagement. It represents a roadmap for shelters, and a demand for policymakers.

A Note on Terminology

Drugs: In this report, the term "drugs" refers to controlled or criminalized substances that change physical or mental states, including those that are prescribed and non-prescribed.

Gender-Based Violence (GBV), Violence Against Women (VAW), and Femicide: These terms overlap, but hold distinct meanings. For this report, the terms are defined as follows:

- **GBV:** Harmful acts directed at individuals on the basis of their gender. The acts stem from harmful gender norms and gender-inequality. GBV encompasses both VAW and femicide.[6]
- **VAW:** Acts that result in physical, sexual, or mental harm to women and girls, including gender-diverse individuals. VAW can take the form of **intimate partner violence (IPV),** defined as violence by a current or former intimate partner, and/or **domestic violence (DV),** defined as violence within the private sphere between related individuals.[7]
- **Femicide:** The killing of a woman-identifying person because of her gender.[8] The term has been adopted by advocates to highlight the distinct dangers that women face daily.[9]

Emergency Shelter, Transition Housing, and VAW Shelters: Across Canada, provincial and territorial governments use these terms in inconsistent and often contradictory ways. For this report, the terms are defined as follows:

- **Emergency Shelter:** A facility that provides temporary, short-term accommodation to unhoused individuals and families. Services include the provision of food, clothing, and counselling.
- **Transition Housing:** Also called second-stage housing and supportive housing, a facility that provides temporary accommodation for longer periods of time (typically, from three months to three years), with greater support services, including, for instance, supports in finding more permanent housing.
- **VAW Shelter:** A facility providing temporary accommodation to people who identify as women and who are fleeing VAW. It may take the form of an emergency shelter or a transition house.[10]

Harm Reduction: In this report, the term refers to policies and practices that minimize the negative health, social, and legal consequences of drug use, drug policies, and drug laws.[11] In practice, harm reduction includes, for instance, information on safer drug use, needle and syringe distribution, supervised consumption services, drug checking, and opioid agonist treatment (OAT). **Peer** engagement — or, the involvement of people with lived or living experience of drug use — is central.[12]

Pressing Needs, Forgotten Rights

The Need for Low-Barrier VAW Shelters

Across Canada, women and gender-diverse people are at a heightened risk of violence within their homes. Women and gender-diverse people who are exposed to violence are more likely to use drugs, and women and gender-diverse people who use drugs are more likely to experience violence, with important health consequences. Yet those who use drugs are often barred from VAW shelters.

Violence against Women and Gender-Diverse People in Canada

VAW is considered the "most pervasive health risk to women and gender-diverse people in Canada."[13] Throughout the country, more than four in ten women will experience some form of IPV throughout their lives (not accounting for other forms of VAW).[14] They will be exposed to psychological, physical, and sexual violence.[15] On any given night, thousands sleep in shelters because of violence at home.[16]

VAW exposes women and gender-diverse people to severe physical and mental consequences, including the risk of death.

Globally, VAW is associated with susceptibility to HIV and hepatitis C, and their progression, as violence and trauma limit prevention and treatment.[17] VAW is also associated with disability, chronic pain, traumatic brain injury, post-traumatic stress disorder (PTSD), and other mental health conditions.[18] Consequently, VAW pushes people into poverty, housing and food insecurity, and unemployment. In fact, in Canada, VAW is the leading cause of homelessness among women, which can force them to return to violent situations.[19] Moreover, since 2019, rates of femicides across Canada have only increased.[20] In 2019, 148 women and girls were killed in femicides. In 2020, 160 were killed, while in 2021 and 2022, those numbers went up to 173 and 184 respectively.[21] Regions in Ontario have now begun to declare VAW an epidemic.[22]

Notably, the risks of VAW are disproportionately borne by certain populations, including Indigenous women, racialized women, women living with disabilities, 2SLGBTQ+ individuals, women living in the territories, low-income women, women who sell or trade sex, and women living with HIV:[23]

- Between 2011 and 2021, 21% of femicide victims were Indigenous, despite Indigenous women representing only 5% of all women in Canada in 2021.[24] In 2021, the rate of femicides with Indigenous victims was more than triple that of women and girls overall.[25]
- In 2020, women living with disabilities in Canada were three times more likely to experience violence generally than women living without disabilities.[26] Moreover, over half of women living with disabilities reported experiencing VAW throughout their lives, with 39% having experienced violence at the hands of a spouse.[27]
- In 2018, nearly 49% of women who identified as "sexual minorities" in Canada reported having been physically or sexually assaulted by an intimate partner since the age of 15 — almost double what was reported by heterosexual women.[28]
- In 2019, three in five transgender women in Canada reported experiencing violence by an intimate partner since turning 16 years old.[29]
- In 2018, of 2,300 people living with HIV in Ontario, 29% had experienced intimate partner violence.[30]

Violence against Women and Gender-Diverse People who Use Drugs

Globally, women who use drugs experience rates of VAW up to 24 times higher than women in general.[31] As described by the Eurasian Harm Reduction Association, "the stress and trauma of violence perpetuate the women's drug use, and the actions and behaviours associated with drug use expose them to heightened risk of violence."[32]

> Studies from Canada have repeatedly confirmed that women who experience VAW are more likely to use or become dependent on drugs.[33]

Women report beginning or increasing drug use *because* of their experiences of VAW.[34] In some cases, they do so to cope with emotional or physical pain or with related stressors, such as money or health issues.[35] In other cases, abusive partners pressure women to use drugs.[36] Studies have also linked traumatic brain injuries resulting from VAW to increased substance use and dependence.[37] Notably, every year, an estimated 276,000 women in Canada will experience traumatic brain injuries due to IPV — about 92% of those who are subject to IPV each year.[38]

Regardless of the reasons for drug use, studies from Canada have also found that drug use increases women's vulnerability to VAW.[39] For instance, abusive partners can use women's drug dependence against them, by controlling what, how, and how much they consume.[40] The stigma and criminalization of drug use further prevents women from seeking or obtaining protection. Those who seek out protection, including shelter access, only to be turned away because of their drug use are exposed to continued risks of violence and health risks, including HIV progression without treatment. They are forced to sleep in cars, on the streets, or seek shelter from friends or family.[41] Often, they are forced to return to the homes they fled, where they are most at risk. Indeed, between 2011 and 2021, the largest portion of attempted murders of women and girls occurred at residential locations.[42] Additionally, a study of femicides in Ontario, between 2003 and 2014, found that 69% of the deaths studied were linked to actual or pending separations.[43]

VAW Shelters in Canada

VAW shelters are vital. They provide women and gender-diverse people with a space free from violence. They also link women and gender-diverse people to essential services that are often otherwise out of reach, including healthcare services and harm reduction programming.[44] Even so, in Canada, the VAW space is severely restricted for women and gender-diverse people who use drugs.[45]

Surviving Abuse and Building Resilience — A Study of Canada's Systems of Shelters and Transition Houses Serving Women and Children Affected by Violence

In 2019, the Standing Committee on the Status of Women found that shelter policies often inhibit access to women who struggle with complex mental health and drug use challenges. Specifically, shelter rules that prohibit drug use prevent women from accessing or staying in a shelter. Additionally, shelters are generally under-equipped to properly support women who use drugs. Witnesses before the Committee urged that funding be provided to establish low-barrier, harm reduction shelters and to train employees of shelters to properly support women with drug use challenges.

Source: Canada, Parliament, House of Comments, Standing Committee on the Status of Women, *Surviving Abuse and Building Resilience – A Study of Canada's Systems of Shelters and Transition Houses Serving Women and Children Affected by Violence,* Report of the Standing Committee, 42nd Parl, 1st Sess, No (May 2019 2022) (Chair: Karen Vecchio), at pp. 45-46.

Historically, VAW shelters in Canada have had zero-tolerance policies — women and gender-diverse people were barred from admission if they were noticeably intoxicated, or they were forced to leave the shelter for holding or using drugs.[46] These blanket bans were justified on discriminatory and unfounded beliefs that people who use drugs are inherently dangerous (to shelter staff, other shelter participants, and children), as well as a lack of understanding of the links between VAW and drug use.[47]

Over the past several years, there has been an increasing recognition of the need for low-barrier, harm reduction shelter models — models that not only accept women and gender-diverse people who use drugs, but also actively support them in safely using drugs.[48] For instance, Ontario's 2015 *Violence Against Women Emergency Shelter Standards* require provincially funded VAW shelters to provide access to "all women seeking shelter services, including women who use substances."[49] Following the policy's introduction, an increasing number of shelters in Ontario adopted low-barrier, harm reduction approaches.[50] Manitoba's 2023 *Standards Manual for Gender-Based Violence Programs* state that shelters must not restrict shelter access on the basis of drug use.[51] Similarly, British Columbia's 2023 *Understanding Module* for women's shelters requires them to maintain high levels of accessibility and to have harm reduction and overdose response policies.[52] In 2019, Women's Shelters Canada found that, of 213 VAW shelters surveyed, 60% reported "always" being able to accommodate people who use drugs.[53]

> Even so, most VAW shelters continue to struggle to meet the needs of women and gender-diverse people who use drugs.[54]

Many VAW shelters maintain zero-tolerance policies regarding drug use. In fact, Newfoundland and Labrador and Nunavut mandate zero-tolerance among their shelters.[55] Similarly, shelter policies in Alberta, Manitoba, and New Brunswick continue to link drug use to dangerous behaviour.[56] Unsurprisingly, a 2021 national survey found that, among 500 women and gender-diverse people, those who used drugs were barred from shelters at a rate that was three times higher than those who did not.[57]

Even shelters without zero-tolerance policies are limited in their ability to support women and gender-diverse people who use drugs. For instance, in a survey of 203 low-barrier women's shelters, 79% of shelters reported that it was a "major challenge" to serve women who use drugs.[58] Similarly, a study from British Columbia found that few organizations were equipped to support women affected by violence who were also experiencing mental health and/or drug use concerns.[59] A Canada-wide study identified "the lack of holistic, integrated support where women can speak to their experiences with violence and the resulting impact on their mental health and substance use as one of the largest gaps in services."[60]

Towards a Violence-Free Canada — Addressing and Eliminating Intimate Partner and Family Violence

In 2022, the Standing Committee on the Status of Women found that VAW shelter accessibility remains an issue. Much of the shelter sector is not equipped to work with people who use drugs, or to support members of the 2SLGTQ+ community, despite the acknowledged links between VAW and drug use. The Committee thus concluded that "these women have complex needs that could be addressed through harm reduction strategies and approaches," which require additional funding.

Source: Canada, Parliament, House of Comments, Standing Committee on the Status of Women, *Towards a Violence-Free Canada: Addressing and Eliminating Intimate Partner and Family Violence,* Report of the Standing Committee, 44th Parl, 1st Sess, No (June 2022) (Chair: Karen Vecchio), at pp. 33-34.

The Right to VAW Shelter Access

Women and gender-diverse people have a right to VAW shelter access in both international and Canadian law. Drug use does not, and cannot, diminish that fundamental right.

Canadian Human Rights and Constitutional Law

In Canada, each province and territory has its own human rights legislation, which prohibits discrimination, among public and private institutions, in the provision of goods, services, and accommodations. Although each human rights code is distinct to its jurisdiction and in the protections provided, each code prohibits discrimination based on "disability,"[61] and each code defines "disability" to encompass drug dependence.[62] Accordingly, the outright refusal to serve people who use drugs, including in the shelter setting, will often amount to discrimination on the basis of disability.

To respect the rights of people who use drugs, service providers must make efforts to accommodate them, up to the point of undue hardship.[63] "Undue hardship" is a high threshold, which will only be met in exceptional circumstances — for instance, where the cost of accommodation would substantially affect a service provider's viability, or where there is objective evidence (rather than mere stereotypes) that there would be health and safety risks to employees and clients.[64]

When is Drug Use Protected as a Disability?

The Ontario Human Rights Commission provides that drug use is protected as a disability when patterns of use cause significant impairments or distress. Examples include recurrent use that result in failure to fulfil major work obligations, recurrent use in physically hazardous situations, and continued use "despite persistent social, legal or interpersonal problems caused or aggravated by the effects of the substance."

The Commission also provides that drug use is protected as a disability to the extent that a person is perceived as having an addiction or has had a dependency in the past. For instance, the Commission considers that an employer infringes the right to equal treatment when they refuse "to promote a particular employee because of the perception that the employee has alcohol dependence."

Source: Ontario Human Rights Commission, *Drug or alcohol dependency and abuse as a disability,* December 2009, available at www.ohrc.on.ca/es/node/2861.

The *Canadian Charter of Rights and Freedoms* also protects the rights of those who use drugs.[65] Specifically, the denial of shelter to people who use drugs *because they use drugs* likely breaches the right to life, liberty, and security of the person (s. 7) and to freedom from discrimination (s. 15). Notably, the *Charter* applies only to government actions or institutions.[66] Even so, the *Charter* is important to shelters, as provincial and territorial human rights commissions regularly rely on the *Charter* when deciding cases.[67]

With respect to s. 7, a court has recently confirmed that "the ability to provide adequate shelter for oneself is a necessity of life" and "a matter critical to any individual's dignity and independence."[68] Government actions that impede an individual's ability to provide themself shelter, causing significant psychological and physical harms, thus breach s. 7. The fact that an individual is in a difficult situation related to their drug use is not relevant — what is relevant is whether the government-imposed barriers to shelter "will make the residents' already dire predicament worse."[69]

With respect to s. 15, courts have repeatedly held that the government cannot discriminate based on disability, which includes addiction.[70] A recent case has confirmed that a government's restrictions on access to harm reduction supplies (in this case, safe supply) can "have the effect of imposing an arbitrary or discriminatory disadvantage on those with opioid use disorder."[71] The restrictions withhold legitimate treatment and perpetuate a view that people with addictions are not trustworthy.[72] Thus barriers to harm reduction programming, on the basis of harmful stereotypes, are likely discriminatory under the *Charter*.

International Human Rights Law

International human rights law prohibits discrimination against women and gender-diverse individuals, including those who use drugs. Under the *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW), a treaty that Canada has ratified, states must protect people from any distinction, made on the basis of sex, which impairs their enjoyment of fundamental human rights.[73] VAW is considered one such form of prohibited discrimination.[74]

The Committee on the Elimination of Discrimination against Women (the Committee), tasked with interpreting CEDAW, has confirmed that women who use drugs are regularly denied their rights,[75] which increases their vulnerability to VAW.[76] Under international law, states must therefore ensure that their efforts to combat VAW apply to all women, including women who use drugs.[77] Moreover, states that do not act with due diligence to combat VAW for all women can be held responsible for private acts of violence.[78] For instance, in 2005, the Committee concluded that Hungary had breached its CEDAW obligations because it did not have sufficiently accessible VAW shelters — it did not have shelters that could accommodate a mother and her child living with a disability.[79] The Committee found that the lack of shelters "[constituted] a violation of [...] human rights and fundamental freedoms, particularly [the] right to security of person."[80]

UN bodies have consistently urged states to ensure that their VAW shelters are accessible to women who use drugs. In 2006, for instance, the United Nations Special Rapporteur on Violence against Women and its Causes and Consequences found a protection gap among women in Sweden, as women who used drugs were regularly barred access to VAW shelters (unless they entered addiction rehabilitation centres).[81] Similarly, in 2010, the Committee on Economic, Social, and Cultural Rights urged Mauritius to remove restrictions to shelter for women who use drugs.[82] Most recently, in 2022, the Committee called on Ukraine to "ensure that all women and girl victims of gender-based violence in the State party have access to adequate shelters, [including] women who use drugs and other disadvantaged groups of women."[83]

Barriers to Access

At the roundtable, participants identified the most pressing barriers to shelter access for women and gender-diverse people who use drugs. These include:

1. Deeply entrenched stigma around drug use;
2. Shelter rules that punish drug use and related behaviours;
3. Harmful interactions with state authorities; and
4. Inconsistent and incomplete harm reduction measures.

1. Deeply Entrenched Stigma

People who use drugs are among the most stigmatized in our society.[84] They are often reduced to their drug use, depicted as reckless, dangerous, and criminal, and/or portrayed as entirely powerless to a disease.[85] Women are judged especially harshly, particularly when they are pregnant or have children.[86] They are assumed to neglect or abuse their children, regardless of their circumstances.

Yet, people use drugs for a range of reasons, with a range of outcomes.[87] In most cases, drug use does not result in harm or dependence.[88] Additionally, drug use does not necessarily contribute to child abuse or neglect.[89] As a recent study from British Columbia notes, "drug use is not, as it is commonly understood, universally problematic."[90] Accordingly, drug prohibitions do not reflect drugs' potential for harm. Instead, prohibitions are based on moral ideas about specific groups of people and the drugs they use.[91] Drug criminalization has consistently been shown to increase harm, including drug poisoning deaths and the spread of sexually transmitted and blood-borne infections (STBBIs), without reducing drug use.[92] Child protection laws and the ways in which they have been interpreted and enforced by service providers have also been identified as a source of major concern and fear for parents who use drugs, with negative impacts on parent and child well-being and their access to health care, including harm reduction services, drug dependence treatment, and pre- and post-natal care.[93]

Roundtable participants explained that shelter management, staff, and shelter participants often hold these stigmatizing (and misconceived) beliefs around drug use.[94] They noted that the stigma poses a significant barrier to VAW shelter access.

First, stigma deters women and gender-diverse people from approaching shelter services, out of a fear of judgement or punishment.[95] Women are often left to guess whether a shelter will accept them, as many shelters do not state publicly whether they accept people who use drugs, or whether they follow a harm reduction model. A study from Toronto confirmed that women who used drugs did not trust shelter workers and did not feel comfortable talking to them.[96] As the Ontario Association of Interval & Transition Houses (OAITH) explains, "A woman [who uses drugs] is most likely to continue to navigate and cope with familiar physical, emotional and sexual violence [from an abusive partner or family member] than open herself up to other levels of violence from formal supports and strangers."[97]

> "Women are dying. They need access. They need access to materials, they need access to support, they need access to harm reduction. As an agency, we have to deal with the grief and the loss of [shelter participants] because of their lack of ability to share with us what they actually needed because of the stigma and the shame that comes with substance use, especially for moms."
>
> – Anastasia Adams, Harm Reduction Program Coordinator, Welcome Centre Shelter

Second, stigma leads to punitive shelter rules, as women are portrayed as untrustworthy.[98] These include rules around when women can access their drugs and under what conditions, whether women can have guests and under what conditions, and when women can leave and enter the shelter. Women who are unable to follow these rules are forced to leave. For many who use drugs, these rules are all but impossible to follow, forcing women to conceal their use or leave the shelter. While the rules are justified as necessary for safety, their application is often overly broad, punishing those who use drugs without any attempt to accommodate.

2. Punitive Shelter Rules

The roundtable participants highlighted punitive shelter rules as another significant barrier.[99] As noted above, these rules include: not allowing women and gender-diverse people who use drugs to stay at shelters, prohibiting them from consuming or keeping drugs at shelters, requiring them to hand over their medications or drugs to staff to hold on their behalf, requiring them to ask for permission to access their drugs while at shelters, not allowing them to have any guests while at shelters, requiring them to be at shelters and in their rooms by certain times every night, etc. Breaching these rules can result in stigmatizing and infantilizing encounters with shelter staff and/or expulsions.

Some of the punitive rules stem from provincial and territorial policies. For example, Nunavut's *Family Violence Shelter Minimum Standards* state, "The shelter will have a policy that strictly prohibits the use or possession of alcohol [or] illegal drugs [...] in the shelter."[100] Similarly, Newfoundland and Labrador's *Provincial Transition Houses Operational Standards* state that "the woman must not: be under the influence of drugs or alcohol," and "[shelters] shall prohibit the possession and use of [...] alcohol and illegal drugs [...] inside house facilities and on grounds; off-site at house sponsored/supervised activities; in vehicles operated and/or contracted by the house."[101]

By and large, zero-tolerance policies are rationalized as necessary to create a safe environment, as noted above.[102] The safety of children is viewed as a primary concern, based on fears of their exposure to drugs and people who use drugs.[103] While ensuring the safety of all women and children is rightly a priority, drug use does not necessarily lead to unsafe behaviour. Shelters are thus depriving a "type of woman," who is not inherently violent, of an essential service. As OAITH explains, "VAW shelter workers are building skills and resilience when we support women to manage triggers, instead of scapegoating substance users to differentiate between women who are 'deserving' of support and those who are not."[104]

Shelters have also justified zero-tolerance policies on the perceived need to minimize criminal liability: under the *Controlled Drugs and Substances Act,* holding or storing someone else's drugs could be considered "possession," which comes with criminal penalties. Recently, however, the *Controlled Drugs and Substances Act* was amended such that shelter workers are now exempt from criminal liability for "possession."[105] Specifically, in 2022 an exception was made for social workers, medical professionals, and other service providers in the community who possess drugs while in the course of their duties, on the condition that they lawfully dispose of those drugs within a reasonable period.

Safe for All: Discussion Guide (Ontario Association of Interval & Transition)

When we attempt to divide women into binaries of deserving and underserving, we replicate patriarchy in privileging those who are compliant and are read as victims, over those who are seen as unruly and dangerous. These scripts also involve ideas that result from classist, racist, and ableist narratives. As service providers and program developers, we may use our own systemic power and privilege to decide who can or should have access to VAW shelters. These decisions are often made in the name of greater good — to support and protect non-using women — which thinly veils the convenient reality that denying services to women who use drugs and alcohol is simply easier than working collaboratively to build services that can support a broader range of survivors, and which challenge social norms that stigmatize and criminalize women who use drugs.

Source: Ontario Association of Interval & Transition Houses, *Safe for All,* available at www.oaith.ca/assets/library/SafeForAllmanualManual.pdf.

Other rules around drug access, curfew, and guests are also prohibitive, failing to reflect realities for women who use drugs. For instance, shelters that require women to ask staff to access their drugs put women in a position to breach the rule simply to exercise their fundamental right to privacy and autonomy. Similarly, shelters that say that women need to be at shelters during certain hours may be positioning women who use drugs to breach rules, particularly as drug use does not follow a schedule. Additionally, shelters that place inflexible limits on guests also negate women's power and autonomy, deprive them of access to critical social and other supports, and impede their ability to generate income, including through sex work.[106] Overall, these rules ignore the reality that the safety of all shelter participants, including children, and staff can be protected without such broad and stringent rules.

3. Interactions with State Authorities

Another important barrier highlighted by the roundtable participants is how shelters interact with state authorities, including the police and child welfare services. Shelter staff across Canada have a duty to report child abuse and neglect under provincial and territorial child welfare laws.[107] Roundtable participants explained, however, that when police or child welfare services are called to shelters, shelter participants are often harmed rather than protected.[108] They noted that witnessing these interactions is devastating to both shelter staff and participants.[109]

Indeed, shelters that are quick to contact state authorities pose a risk to women and gender-diverse people who use drugs — increasing the risk that they will be charged for merely possessing drugs or have their child apprehended because of their drug use, regardless of the risk to the child.[110] Research has confirmed that state intervention is often not warranted in these situations.[111] Even so, given the continued criminalization of drugs, and conflation of drug use with child abuse and neglect, traumatization by state authorities is all but inevitable.[112] In studies of the impact of child custody loss on women who use drugs, trauma and profound isolation were identified as key impacts of separation that women dealt with through increased use of drugs.[113] This increased use then led to increased exposure to housing instability and intimate partner violence, among other outcomes.[114] For Indigenous, Black, and other racialized women, the issue is heightened, as they are disproportionately targeted by the criminal legal system and the child welfare system.[115]

Even so, uncertainty around how shelters will engage with state authorities is pervasive. British Columbia is the only province or territory to require its shelters to proactively address safety issues before calling the police.[116] Conversely, Newfoundland and Labrador's policies encourage staff to notify police when women do not cooperate with the zero-tolerance rule.[117] Child welfare services must also be called when a mother violates the zero-tolerance rule. Most other provinces require shelters to contact child welfare services if there is child abuse, or a suspicion of, without linking drug use to child abuse.[118]

4. Harm-Reduction Half-Measures

Finally, the roundtable participants explained that inconsistencies in harm reduction practices restricted access. That is, even shelters that are keen to embrace low-barrier, harm reduction models are restricted in their ability to do so, which limits the supports that women and gender-diverse people can access. At times, it also reproduces stigma that is harmful to women and gender-diverse people who use drugs.

First, the participants highlighted the barriers posed by the jurisdictions in which they work.[119] While some jurisdictions promote harm reduction practices, others discourage or prohibit the same. For instance, in British Columbia, government-funded shelters are expected to have harm reduction supplies and practices, overdose prevention guidelines, and staff with harm reduction training, including overdose prevention.[120] No other province or territory even refers to harm reduction in its shelter policies. In fact, the executive director of a safe consumption site in New Brunswick has seen harm reduction discouraged in that province (See, e.g., "Working in a constrained environment: New Brunswick" textbox, at p. 14).[121] She indicates that all the shelters have zero-tolerance policies, and most search personal effects upon admission, confiscating harm reduction kits, including naloxone and other safe consumption materials.

There is also a disparity in the resources that are available to shelters based on jurisdiction. For instance, if shelters wish to refer residents to supervised consumption services where they can consume their drugs in a supervised environment with access to supports, such as drug checking and sterile drug-use equipment, most of these sites only exist in cities in British Columbia, Alberta, Ontario, and Quebec.[122] Only one consumption site exists in each of Yukon, Manitoba, and New Brunswick. There are no consumption sites in the Northwest Territories, Prince Edward Island, and Newfoundland and Labrador.[123]

Shelters themselves can apply to the federal government (and at the time of writing, in British Columbia, to the provincial government) to operate a supervised consumption site.[124] Provincial governments, however, have the power to deny funding or impose stringent requirements.[125] Thus, these services remain highly vulnerable to political context at all levels of government. For instance, the government of Saskatchewan has repeatedly stated that it will not fund supervised consumption sites. The two sites in Saskatchewan must rely on private donations to survive.[126]

Accordingly, even where shelters are eager to engage in more comprehensive harm reduction practices, there are several barriers that limit them from doing so. Indeed, only a few roundtable participants, based in British Columbia and Ontario, were operating supervised consumption spaces, despite broad support for the measure among the participants.

Working in a constrained environment: New Brunswick

In 2022, New Brunswick had its highest ever recorded rate of substance-related deaths. That year, 86 people died of overdoses, or 10.9 deaths per 100,000 people — more than double the overdose ***mortality*** rate of 2017.[127] Even so, **the province does not have a single low-barrier, harm reduction shelter, targeted to women fleeing violence or otherwise.**[128]

On October 18, 2023, the HIV Legal Network spoke with Debby Warren, Executive Director of Ensemble Moncton, the only safe consumption site in New Brunswick, where people who use drugs can access trained staff and healthcare practitioners.[129] The organization also provides a needle distribution service, naloxone kits, safer-sex materials, a drug-checking service, HIV self-testing kits, and harm reduction education. Today, over 1,500 individuals are registered with the organization. No one has ever been turned away from service.

For years, Debby has advocated for low-barrier, harm reduction shelters in her province, as service users have resorted to camping outside Ensemble Moncton.[130] She explains that 87% of Ensemble's service users are unhoused. Yet there is push-back against harm reduction at shelters: people are refused entry or expelled because they use drugs. To Debby, stigma is the most significant barrier: "It's that adage of 'just say no to drugs,' pull up your socks and go to work, and why should my tax dollars be devoted to you, when you just have to get off your lazy duff and go to work." She has heard people call for all harm reduction work to be designated to an industrial area outside of Moncton. Yet, Debby has seen first-hand how the lack of comprehensive harm reduction in shelters hurts people:

> We have seen their health deteriorate so bad that we don't recognize them as persons we knew. [We] had a [woman] who was eight months pregnant on our doorstep, last November/December, and her baby was born in January. We gave her a cell phone so she could call the ambulance if she went into labour... Another [woman who came to our organization] ... had a stroke and couldn't walk. We put her in an ambulance, she went to the hospital, and then they delivered her back on our doorstep. We don't have the capacity to help her. [We are] not a care home. [This] woman is sick. And it was heavy frost. So that is what we see — people deteriorate.

Debby has started to see signs of change: the Department of Health has begun to develop a harm reduction framework. Once published, the framework is meant to inform and hopefully incorporate harm reduction principles in government services. She hopes it will lead to a meaningful adoption of harm reduction in the shelter sector.

Second, the roundtable participants noted that some shelters have adopted approaches to harm reduction that are not attuned to the realities of drug use.[131] For instance, some shelters support OAT on paper. However, in practice, they require participants to overcome several barriers to access that treatment, such as requiring participants to keep OAT in a locker, which they can only access under staff supervision.[132] Such a policy signals to participants that they are not trustworthy, including with their own health. Even shelters that allow participants to hold on to their OAT may inadvertently stall engagement by not providing necessary supports, including a referral to an OAT service provider, regular transportation to a pharmacy or doctor to take or obtain OAT, or a refrigerator in which to store treatment.[133]

Third, the roundtable participants highlighted the barriers that result from stagnant organizational cultures. Shelters that are making efforts to transition from abstinence-based models to harm reduction models are often hampered in their efforts by boards, management, staff, and shelter participants that hold stigmatizing beliefs about drug use.[134] The roundtable participants noted that some long-time staff can be a challenge to get on board and may ultimately choose to leave. Similarly, the roundtable participants explained that management are often slow to embrace harm reduction, in part, because they are far from the frontlines. In this context, peer support workers are undervalued. They are not compensated or promoted like other staff, despite doing the same work.[135]

As a result, even shelters that have made great strides in adopting low-barrier, harm reduction models face challenges in meeting the needs of women and gender-diverse people who use drugs. Individual staff members can deter women and gender-diverse people from accessing or remaining in a shelter, by perpetuating stigmatizing beliefs. Management can also hamper harm reduction efforts by not properly valuing harm reduction and peers, whose experience is invaluable to women seeking shelter.

Towards Access for All

The roundtable participants were united in calling for low-barrier VAW shelters centred on harm reduction. They agreed that there is no single model to meet the needs of all shelters and shelter participants — "ideally, there will be multiple ways for women and people of diverse gender identity and expression to ensure their specific needs are met through flexible and responsive service models and approaches."[136]

Notably, the roundtable participants agreed that, regardless of the model adopted, harm reduction requires:

- Recognizing the intrinsic value and dignity of all, including people who use drugs;
- Recognizing the rights of all people to non-judgemental health and social services;
- Recognizing that drug use (licit, illicit, prescribed, or unprescribed) is not "good" or "bad";
- Reducing harms associated with drug use, based on what people who use drugs want and need;
- Respecting the choices of people who use drugs, and not forcing choices on them;
- Designing spaces for people who use drugs; and
- Challenging misconceptions around drug use and rejecting the criminalization of people who use drugs.[137]

During the roundtable, participants shared their best and promising practices to enact low-barrier harm reduction models. Their practices focused on:

1. Maintaining low-barrier admissions;
2. Creating flexible, participant-centred expectations (rather than rules);
3. Fostering a trusting environment;
4. Recognizing women's intersectional identities; and
5. Providing comprehensive, non-judgemental harm reduction supports.

"Harm reduction is solidarity. Harm reduction is clarity. Harm reduction is meeting people where they are at. Harm reduction is non-judgemental. Whether or not I use drugs, that doesn't value who I am as a human being [...]. Harm reduction saved my life."

– Peer Support Worker, Sistering

1. Maintaining Low-Barrier Admissions

First, accessible shelters do not bar access to women who use drugs.[138] Instead, they communicate, publicly (such as on their websites or upon inquiry) or to participants upon admission, that they embrace harm reduction, they do not judge or punish drug use, and their primary goal is to support participants wherever they are. Best and promising practices include:

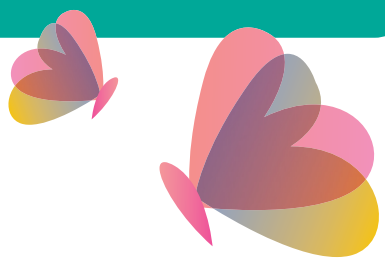
- **Sistering (Ontario)** is clear on its website that it is open to women who have experience with "substance use and mental health issues; [are] sex workers; have interactions with the criminal justice system; have experienced, or are experiencing, trauma and violence; are immigrant and refugees; have health issues and disabilities; [or] are without legal status."[139] They explain that they take a harm reduction approach, stating that about 70% of their residents have engaged, or are engaging, in drug use.[140]
- **YWCA Hamilton (Ontario)** states that it is open to women who use substances and that it takes a harm reduction approach, offering withdrawal management and a safe consumption space.[141] The website also describes partnering with Keeping Six (Hamilton Harm Reduction Action League), a community-based organization led by people who use drugs, which allowed for the development of a program that integrated peer workers.
- **North End Women's Centre (Manitoba)** explains upon admission that participants must be willing to live in a communal and harm reduction setting, meaning the space is not "sober."[142]
- **Marguerite's Place (Newfoundland and Labrador)** writes on its website that they "utilize a harm reduction approach, meaning applicants do not have to be sober to apply or be accepted."[143]
- **Blooming House (Prince Edward Island)** states on its website that the shelter is "inclusive to all women or those who identify as women" and that they "keep [their] barriers to access very low," allowing anyone access, regardless of drug use.[144]

The roundtable participants explained that they are regularly updating their policies to respond to evolving understandings of harm reduction and the state of drug use in the community.[145] They affirmed that being accessible to people who use drugs has not been detrimental to the safety and security of others in their shelters and has not outweighed the benefits associated with the low-barrier model.[146]

Policy Spotlight: Family Violence Shelter Standards

All women, with or without dependents, who experience violence and/or abuse will be provided access to emergency shelter services, regardless of their ability, race, sexual orientation, political or religious beliefs, ethno-cultural background, Indigenous identity, or whether they identify as two-spirited, cisgender, or transgender women. **All women and their dependents are provided access to emergency shelter services, including but not limited to women with mental health needs, disability needs, or who use substances.** Shelters are committed to reducing barriers that may impact women and their dependents accessing shelter services. [...]

Source: *Family Violence Shelter Standards,* Government of Northwest Territories, 2019, available at www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/family-violence-shelter-standards.pdf, at p. 5.



"Everyone deserves a place to live, a place to call home, a place to feel like they belong, around people who care. They deserve to live."

– Stephanie Sanderson, Outreach Coordinator, North End Women's Centre

2. Creating Flexible and Participant-Centred Expectations

Second, accessible shelters do not punish drug use, or behaviours stemming from drug use (such as carrying injection material or drugs, staying out past curfew, etc.).[147] They move away from the "detective or police lens,"[148] and instead create expectations based on safety, independent of drug use, with the aim of "working with, rather than for" shelter participants.[149] Best and promising practices include:

- **WIN House (Alberta)** explains to participants upon admission that they are not required to be abstinent during their stay.[150] Instead, they provide participants with information about safer drug use and work with them to create a safety plan. If a participant's behaviour while using becomes disruptive to the peaceful enjoyment of the shelter by others, the participant will be asked to remain in their personal space, which a staff will regularly monitor for the participant's safety. Participants will only be asked to leave if their behaviour poses a risk. For instance, if a participant becomes violent, they will be asked to leave immediately. Conversely, if a participant leaves a needle in the common space, the shelter will have a conversation with the participant about keeping the common space safe for other participants, including children.
- **The Vivian (British Columbia)** allows participants to have licit/illicit and prescribed/unprescribed drugs on their person, in their apartments, or in the safer consumption space.[151] Staff and participants work together to create a response plan in the event of an overdose, to ensure that staff are aware of what participants want or need. The Vivian also allows participants, many of whom generate income through sex work, to have visitors, with safety plans in place in case a visitor becomes violent.
- **Welcome Centre Shelter (Ontario)** allows participants to have licit/illicit and prescribed/unprescribed drugs on site but asks participants to keep them in their units.[152] Participants' belongings are not subject to scrutiny. If drugs are found in shared spaces, staff will speak to participants about why they should keep their substances in their units, including for the safety of other participants and their children. The shelter emphasizes creative solutions to potentially troubling behaviour, rather than expulsion.

Policy Spotlight: Violence Against Women Emergency Shelter Standards

The ministry expects that shelters provide access to all women seeking shelters services, including women who use substances. **The shelter will have a policy and procedure that outlines how they will provide support to women who use substances, which could include the assessment of immediate safety needs and relevant community supports.** The written policy and procedure will outline how the shelter will respond to women who are in possession of substances and/or use substances on shelter premises.

Source: *Violence Against Women Emergency Shelter Standards,* Government of Ontario, 2015, s. 2.9.

Roundtable participants explained that moving away from strict and punitive rules has been beneficial and has allowed staff to respond to issues more productively. Once staff understand the shelter's harm reduction philosophy, they can consider what the shelter participants want and need, and what will result in the best outcome for all.[153]

3. Fostering a Safe and Trusting Environment

Third, 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.

(a) Staff adoption of harm reduction: The roundtable participants explained that creating a trusting environment requires hiring staff that share harm reduction values.[154] Training all staff and management in the principles of harm reduction (such as approaching drug use without judgement) and practical aspects of working with people who use drugs (such as the procedures to administer naloxone during an overdose) is critical.[155] Counselling, as well as other mental health supports, are also vital, to ensure that staff do not burn out, but remain committed to the harm reduction model.[156] Best and promising practices include:

- **Welcome Centre Shelter (Ontario)** asks interviewees to complete questionnaires on harm reduction knowledge and values, to ensure that interviewees share the shelter's values.[157] The shelter also engages in staff training, to clarify to staff that harm reduction is the goal rather than drug use reduction or abstinence. The shelter creates a space for staff to ask questions about the harm reduction model, without judgement.
- **Marguerite's Place (Newfoundland and Labrador)** states in its job postings that staff must have "knowledge of harm reduction, feminist approach, trauma-informed approach, anti-racist and anti-oppressive frameworks" and "experience working in an inclusive environment, working with trans, Indigenous, 2SLGBTQIA+, nonbinary, sex working women, and women who have been impacted by the criminal justice system."[158]
- **Blooming House (Prince Edward Island)** has its offices set up such that management and staff share a space.[159] The space allows management to have insight into what the staff are doing and fosters an open relationship where staff and management can learn from each other.
- **The Vivian (British Columbia)** pre-screens individuals before they come in for an interview, to ensure that they understand the work, the populations, as well as the harm reduction approach.[160] The Vivian also offers staff and peer workers counselling, in recognition of the challenging environment in which they work and the trauma that they may experience as a result.

(b) Opportunities for learning between shelter staff and participants, and among participants: The roundtable participants stressed the need to create meaningful relationships between staff and shelter participants, and among shelter participants.[161] The relationships allow shelter participants to feel comfortable and thus to make their wants and needs known. They also allow staff and participants to learn from each other. For instance, some roundtable participants explained that these relationships have allowed staff to have productive conversations with non–drug using shelter participants concerned about drug use in the shelter.[162] Best and promising practices include:

- **The Vivian (British Columbia)** encourages informal interactions between participants and staff, to create opportunities for mutual support and education. For instance, they offer participants opportunities to learn how to cook with staff.[163] The Vivian also holds more formal monthly participant meetings, to bring staff and participants together, to get feedback on their policies, and to develop solutions together to any issues that have come up.
- **Sistering (Ontario)** hosts a weekly breakfast, named "Kapow," in partnership with Parkdale Queen West Community Health Centre, to support sex workers.[164] The breakfast brings together peers, shelter participants, and community members. Activities at the breakfast include, health education workshops, safer sex and drug use information, mindfulness-based stress reduction, bad date reports, safer sex work strategies, as well as games, movies, and arts and crafts.
- **YWCA Saskatoon (Saskatchewan)** management has an open-door policy for staff and participants.[165] Staff and participants know that they can go to management for one-on-one conversations, to voice their thoughts and concerns. The shelter also holds regular house meetings, to hear from the participants about what services and programs they want and need. Additionally, the shelter organizes community dinner and movie nights for staff and participants to connect.

(c) Valuing lived experience: The roundtable participants agreed that lived experience is just as valuable as educational qualifications and that there is a need to formally employ people with lived and living experience of drug use.[166] Intentionally integrating people who use drugs into staff helps build legitimacy among shelter participants who use drugs, facilitates a safe and trusting environment, and enhances knowledge of drug use for staff without lived experience.[167]

Roundtable participants stressed that in hiring peers, shelters must be careful not to tokenize them, but to adequately value them.[168] Thus, shelters must ensure that peers are compensated adequately (comparable to the pay of other staff) and are given access to benefits (which may require advocating with insurance companies who may not understand the realities of drug use) that include critical mental health and other supports necessary for staff working in such challenging environments.[169] Best and promising practices include:

- **The Vivian (British Columbia)** participants have opportunities for paid peer work across RainCity Housing programs and partner sites, where they also have opportunities for career advancement.[170] Peers provide education regarding safer use and overdose prevention and response, connect participants to other supports in the community, and retrieve inappropriately discarded harm reduction supplies. Peers also connect with the community, referring individuals to housing, health services, and outreach support, as well as conducting naloxone training and drug checking.
- **Sistering (Ontario)** employes peers whom they compensate and train in harm reduction.[171] Peers are involved in determining the most effective interventions to reduce harms related to drug use. They make and distribute harm reduction kits and education materials and provide referrals to government and counselling services. Sistering also provides programs to support peer mental health and well-being. For instance, in 2019, Sistering established a partnership with Toronto Public Library, creating a book club for peers. During the COVID-19 pandemic, the shelter also established a journaling program, bringing people together virtually for a journaling practice.

"We applied harm reduction philosophy beginning in 2000, so we've been doing this work for 23 years. We've made advances and we continue to. It's a journey, we are constantly and continuously learning and responding to the issues as they come up. Right now, with the public health crisis, things are always changing, the drug supply is always changing, and I think one of the most important pieces for us as an organization is the implementation of peer practice."

– Danièle Hurley, Associate Director, RainCity Housing and Support Society (The Vivian)

(d) Promoting safety proactively: The roundtable participants agreed that police and child welfare services can fracture trust between and among shelter participants and staff.[172] There must therefore be clear policies or expectations, among staff and participants, around when police will be called, and to support women and gender-diverse people who use drugs and are pregnant or parenting. Roundtable participants stressed that drug use or possession, in and of itself, never justifies the involvement of state authorities, and that shelters should aim to support shelter participants and resolve issues internally before bringing in authorities.

With respect to police, some roundtable participants noted that it was useful to build positive relationships with the police, so that when police involvement is necessary, the police have a better understanding of the space they are entering and can contribute to positive outcomes by working together with the shelter staff.[173] Roundtable participants also expressed the importance of training staff on police powers and limits, so that they know when police are overstepping. Similarly, roundtable participants noted the importance of always taking down police officers' badge numbers and names to hold them accountable.[174] Best and promising practices include:

- **Blooming House (Prince Edward Island)** has a policy regarding when the police will be called. The policy acknowledges that "the population we serve can have a complicated relationship with the police" and stresses that police presence "should be limited to situations of necessity," which is linked to safety.[175] The policy also explains what powers the police do and do not have and clarifies that there are only limited situations in which the police can enter the shelter.
- **YWCA Saskatoon (Saskatchewan)** has established a relationship with the Police and Crisis Team (PACT), which pairs police officers with a mental health professional to respond to issues involving mental health and/or substance use.[176] The shelter calls PACT when outside intervention is required, which they limit to situations in which there are few staff members on site and they feel that a shelter participants' behaviour is dangerous, or when staff need assistance in determining whether a participant needs to go to the hospital for a mental health issue. The PACT mental health professional often takes the lead with direction from shelter staff. The police often step aside. In some cases, the police will physically distance themselves, so that they are not seen by shelter participants. Outcomes have mostly been positive, with few arrests or charges resulting.
- **The Vivian (British Columbia)** established a relationship with the Vancouver Police Department's Sex Worker Liaison, who worked primarily with women in Vancouver's Downtown Eastside.[177] The liaison would be the first person to respond to any issues that required outside intervention. Program participants and peers at The Vivian are also encouraged to share information about unsafe drugs in the community, as well as violent sex work clients, to protect one another.

Policy Highlight: Women's Transition Housing and Supports Programs

Standard: Safety from violence protocols are developed and implemented for women and children who are at risk of violence or who have experienced violence.

Will meet the standard:

- Maintaining the safety and security of women and children who are at risk of or fleeing violence or who have experienced violence, who are accessing [Women's Transition Housing and Supports Programs] services is paramount. All policies and procedures are guided by this principle. Service providers have robust plans to maintain client safety while in receipt of services. Facility security measures in place to protect client safety while on site.

Will not meet the standard:

- The organization does not have proactive policies and procedures in place to protect women and their children from violence. Staff are often responding to incidents where violence is threatened. The police are called regularly to the house to intervene.
- Organizational policies and procedures for protecting women and their children from violence are dated. Staff training is also not kept up to date.

Source: *Women's Transition Housing and Supports Programs, Understanding Module,* Government of British Columbia, 2023, at Element 4.6.3.a.

With respect to child welfare services, the roundtable participants stressed the need to understand child abuse and neglect as separate from drug use.[178] The roundtable participants noted that strategies should be used to support parents, without stigmatizing or punishing their drug use — for instance, through childcare programs or designated spaces for drug use separate from spaces for children. Moreover, participants noted that if legitimate concerns exist regarding a child, conversations with parents are key to find ways support the parents, before involving child welfare services.[179] Best and promising practices include:

- **WIN House (Alberta)** has several programs in place to support mothers at their shelter.[180] For instance, the shelter offers respite childcare, to offer temporary relief to mothers. Additionally, the shelter has a school program, in which staff transport children to a nearby school to ensure they are safe and do not fall behind. The shelter also asks participants to keep their drugs in a private locker, and not to leave them in their rooms, or in shared spaces, for the safety of children.
- **The Vivian (British Columbia)** partners with Sheway when a participant is pregnant and wants additional supports.[181] Sheway provides health and social services to women who are pregnant and who use drugs, up until two years after giving birth. They provide prenatal, postnatal, and infant healthcare; education; and counselling for nutrition, child development, addictions, HIV and hepatitis C, housing, and parenting. Sheway also assists in providing daily nutritious lunches, food coupons, food bags, nutritional supplements, formula, and clothing.
- **Welcome Centre Shelter (Ontario)** asks participants to keep their substances on their person or in their apartments for the safety of the children at the shelter.[182] The shelter offers children and family programming called Patsy's Place, through which they engage directly with children and parents. They are currently in the process of redesigning Patsy's Place, to provide more holistic family planning, including connecting families to mental health services and providing children with more support to access healthcare and education.

"You will not find a more stigmatized group than moms who are using substances. [...] The definitions for, say, neglect or substance use are so broad that the people caught in that ambiguity are usually the women who are accessing our services. We try to really work from a viewpoint of: the woman right in front of us, how does she fit within the bigger system? How can some of the interpersonal issues we're seeing with her actually be explained by broader structural issues? That's been really helpful to the staff. [...] For example, the staff really struggled with simple things like, 'this is neglect because that mom's not changing diapers enough.' That's not neglect, that's poverty. Diapers are very expensive."

– Lady Laforet, Executive Director, Welcome Centre Shelter

4. Recognizing Women's Intersecting Identities

Fourth, low-barrier shelters recognize women's individual experiences and provide supports that reflect the unique harms experienced by women 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, or work with people of diverse gender identities to better understand and support them. Best and promising practices include:

- **The Vivian (British Columbia)** hires Indigenous cultural liaisons who facilitate Indigenous teachings and other cultural activities, such as building cleanses, talking circles, and arts-based practices and connect program participants to cultural and spiritual programs and Elders in the community.[183] Indigenous liaisons also help participants navigate colonial systems, including various social and legal areas. They also work with managers and staff to understand the history of colonization and its ongoing impacts, and to address cultural gaps.
- **North End Women's Centre (Manitoba)** avoids the use of "resident" language at the request of the community, given Canada's history of residential schools.[184] Instead, they use the term "participant." Additionally, the Centre provides healing and wellness programs based on traditional teachings of the Medicine Wheel, to increase wellbeing. They offer cultural activities, including drum making, sweat lodges, and medicine picking, with the aim of increasing women's knowledge of Indigenous traditions and to help people reconnect with their culture. In 2022, the Centre introduced a Newcomer/Settlement program, partnering with Mount Carmel Clinic, to provide trauma support services to increase newcomers' wellbeing. The Centre also encourages relationship building between newcomers and Indigenous participants, to create meaningful connections and mutual understanding.
- **YWCA Hamilton (Ontario)** operates a safe consumption space on site (see "5. Providing Comprehensive, Non-Judgemental Harm Reduction," at p. 23) that is exclusively for women, trans, and non-binary people.[185] In doing so, YWCA Hamilton has connected many people to crisis support including emergency reproductive healthcare services, mental health services, and gender-affirming healthcare services.
- **Adsum for Women and Children (Nova Scotia)** implemented a trans-inclusion policy over a decade ago, in recognition that gender-diverse individuals are vulnerable to violence, including in shelters that service men.[186] They offer a "Beyond the Binary Training" to staff and participants, to better understand and support gender-diverse individuals. They also provide gender-diverse participants with money to purchase gender-affirming gear from a local sex-positive, trans-owned shop. Finally, they have had their policies and procedures translated to Arabic, in response to an increase in women arriving at the shelter whose first language is Arabic.

"Communities are inclusive. That means drug users are included. That means Indigenous people are included. That means sex workers are included in our communities."

– Danièle Hurley, Associate Director, RainCity Housing and Support Society (The Vivian)

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.[187] Low-barrier shelters also work to understand what drugs (and drug combinations) are prevalent in the community. Where resources do not allow for a full suite of harm reduction supports on site, low-barrier shelters partner with community services. Examples include:

- **The Vivian (British Columbia)** offers a comprehensive set of harm reduction services. The supplies offered on site include sterile injection and smoking equipment, drug-checking strips, naloxone kits, sharps disposals, and safer-sex supplies.[188] The Vivian's overdose prevention and response strategies include the Brave Button service and a safer consumption space. The Brave Button is placed in each apartment and bathroom and, when pressed, alerts staff that there is an emergency. The Vivian also maximizes community connections, in helping participants connect to safe supply and OAT, as well as other health, social, and legal services.
- **Fort Nelson Aboriginal Friendship Society (British Columbia)** offers drug-checking strips, naloxone kits, sharps disposals, safer-sex supplies, and HIV self-testing kits.[189] The Friendship Society employs a harm reduction coach and offers safer-use and safer-sex education, including information on STBBIs. A health clinic is linked to the space where participants can take OAT.
- **North End Women's Centre (Manitoba)** provides many harm reduction materials, including sterile injection and smoking equipment, drug-checking strips, naloxone kits, sharps disposals, safer-sex supplies, and HIV self-testing kits.[190] They have also partnered with a local Indigenous program, Ka Ni Kanichihk's Go Ask Auntie program, to conduct STBBI testing.
- **Welcome Centre Shelter (Ontario)** offers multiple harm reduction supplies on site, including sterile injection and smoking equipment, drug-checking strips, naloxone kits, sharps disposals, and safer-sex supplies.[191] The Welcome Centre has "brave sensors" in their bathrooms, which monitor for signs of overdoses and other emergencies. The shelter also has a harm reduction coordinator and a registered nurse practitioner on site every day. A general practitioner attends the site once a week, and a drug poisoning audit is conducted every month. The Welcome Centre also connects participants to a safe consumption site, which is within walking distance of the shelter.
- **YWCA Hamilton (Ontario)** provides critical harm reduction supplies, including sterile injection and smoking equipment, naloxone kits, sharps disposals, and safer-sex supplies.[192] The shelter operates a safe consumption space on site. The shelter also partners with several service providers, including housing and mental healthcare services, legal and peer supports, and Shelter Health Midwifery to provide reproductive healthcare on site.

"For me personally, the change I've seen in the shift to harm reduction is less people dying [...]. Previously, there were a lot of people overdosing and dying. Now they are being saved because of naloxone, because of harm reduction, and because of the work we do every day. That's the biggest difference that I've seen [...]. There were a lot of deaths when I [lived there]."

– Stephanie Sanderson, Outreach Coordinator, North End Women's Centre

Most of the roundtable participants felt constrained by the environments in which they work and the lack of resources available to shelters. Even so, the roundtable participants highlighted how they have gradually implemented increasingly comprehensive harm reduction strategies in the face of those barriers, and in response to the evolving drug use in the community. They highlighted how those gradual steps have allowed their shelters to accept far more women who use drugs, to expel far fewer of those women, and ultimately to save lives.

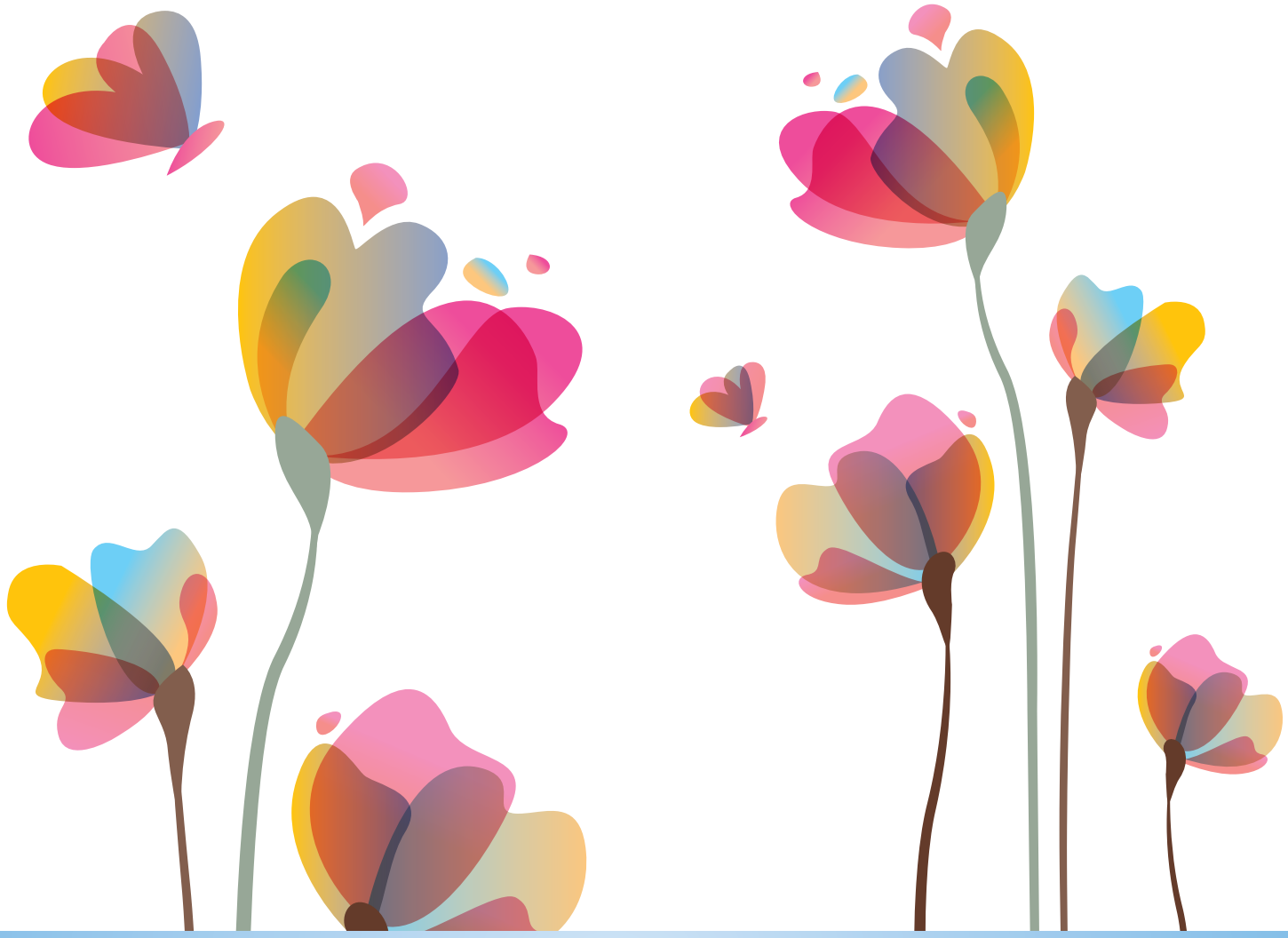
A Path to Healing and Safety: Harm Reduction Strategies for Women and Family Shelters

As an agency, we were pushed towards harm reduction work from our professional experiences and commitment to supporting equitable access to shelter for all. We were moved to question our pathway, remove the lens of criminalization we were unintentionally operating from, and see the full humanity and potential of our service users, who are most often deemed disposable and dangerous by society.

We moved from 12 beds for single women and 10 families off-site, with an 80-person "barred" list [...] to: 32 beds for single women, space for upwards of 29 families, routinely under 10 women on various service restrictions (violence, enduring harassment, enduring high amount property damage), data driven weekly and daily-in programs, with a fully robust harm reduction program and a harm reduction lens to all work.

The result: More clients able to access. More clients housed. More women supported.

Source: Welcome Centre Shelter, *Roundtable Presentation,* 21 September 2023.



Looking Forward

The current restrictions to VAW shelter access to women and gender-diverse people who use drugs is untenable — the restrictions exacerbate the harms they face and do so in clear violation of Canada's human rights obligations. The following recommendations are borne from the HIV Legal Network's synthesis of the roundtable discussions and a review of the literature. They did not necessarily emerge directly from the dialogue of the participants.

Recommendations for the federal and provincial governments

- Provincial and federal government should increase funding and support to VAW shelters to allow them to improve capacity and accessibility to all women and gender-diverse people, including those who use drugs. Funding and support must allow shelters to provide services geared towards those who use drugs, such as needle and syringe programs, naloxone training and naloxone kits, drug checking, and supervised consumption services, as well as programs to address the needs of specific populations, including Indigenous women.[193]

- Provincial governments should develop VAW shelter policies that are attuned to the realities of drug use and centred on harm reduction principles and removing barriers for *all* women and gender-diverse people, including those who use drugs. These policies must prohibit abstinence-based and other punitive policies that restrict access to shelters for women and gender-diverse people who use drugs. Review mechanisms must be established to ensure that shelters are meeting these policies.

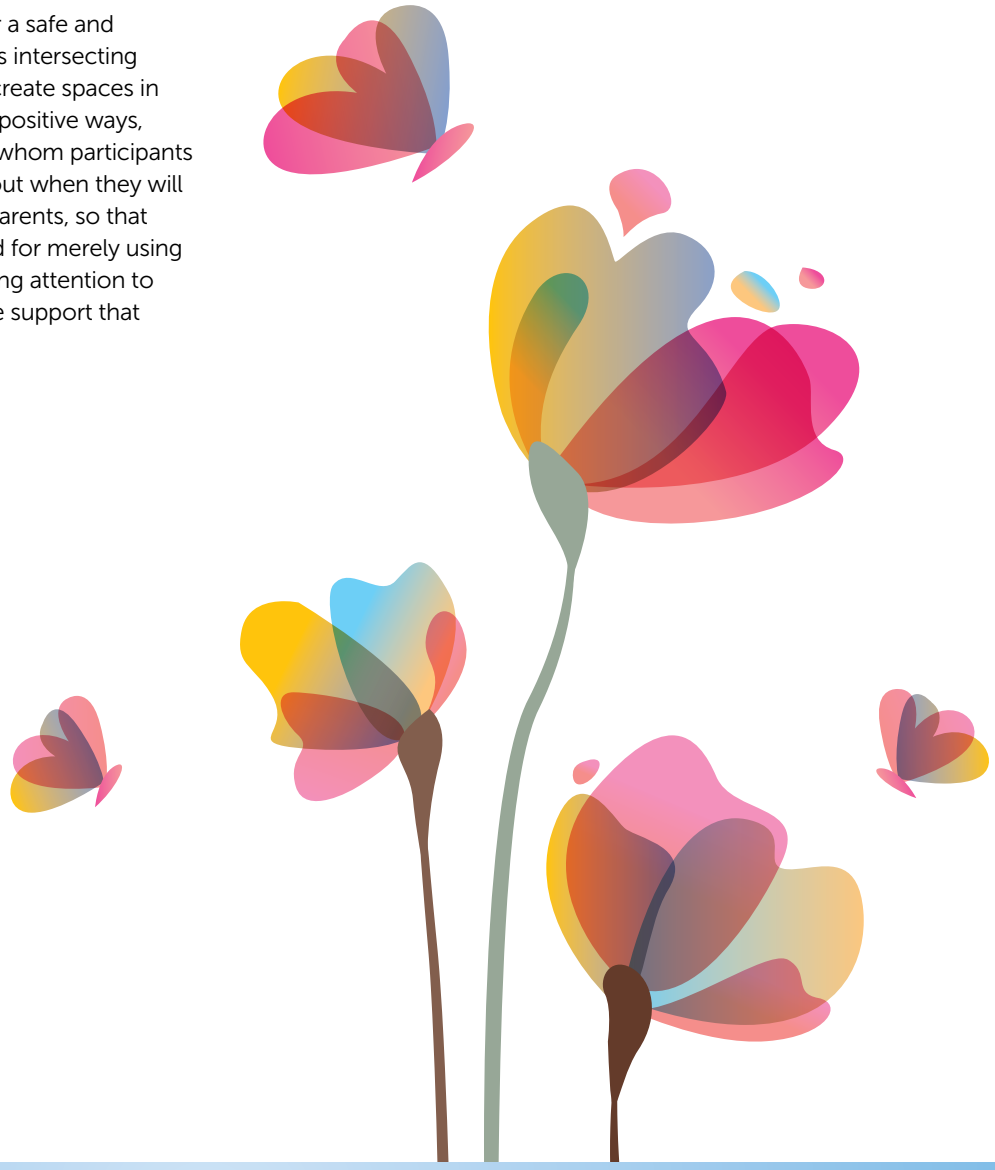
- Provincial and federal governments should increase funding and support to harm reduction services tailored to the needs of women and gender-diverse people who use drugs, including multifaceted, low-threshold interventions that address gender-based violence, transphobia, homophobia, racism, trauma, mental health, housing, and sexual and reproductive healthcare, and safe supply and supervised consumption services, to allow for greater availability of harm reduction supports throughout the country. Services should be accessible to pregnant people and to people caring for children, and staff should be trained to provide a culturally sensitive and non-judgemental environment that encompasses services driven by lived expertise, mobile, or women-only services, including in rural, remote, and Indigenous communities.

- The federal government should decriminalize and remove all sanctions for the possession of all drugs for personal use and the sharing or selling of drugs for subsistence, to support personal drug use costs, or to provide a safer supply. All criminal records from previous offences related to these activities should be fully expunged, and the federal government should implement non-custodial alternatives for drug offences, in collaboration with Indigenous, Black, and other communities disproportionately affected by drug offences. Regulatory barriers to prescribing or otherwise accessing illegal drugs should be removed, and the expansion of a safer supply of drugs to curtail the harms of the unregulated drug market should be funded and expanded. A single public health legal framework for controlled substances that enables the legalization and regulation of all controlled substances should also be established.[194]

- With the meaningful participation of women and gender-diverse people who use drugs, provinces should amend or develop policies for child protection authorities that do not conflate parental substance use with neglect and implement policies that protect parents who use drugs from the apprehension of children from their custody without evidence of neglect or mistreatment. Provinces should also provide resources to train staff to ensure these policies are upheld in practice and that services are provided in a gender-sensitive, trauma-informed, and culturally competent manner.

Recommendations for VAW shelters

- Develop and implement policies that are centred on maintaining 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 or related behaviours. These policies should also clearly state what harm reduction programs are available at shelters, so that women and gender-diverse people fleeing violence know whether a shelter will be able to meet their needs.
- Develop and implement policies that establish flexible and participant-centred expectations, rather than rigid and punitive rules. Policies should encourage staff to move away from a "police" lens, and to instead work with shelter participants to create a safe environment, regardless of drug use, including through the development of safety plans with shelter participants that allow their wants and needs to be heard and provide staff with necessary information to respond to concerning situations proactively and productively.
- Develop and implement policies that foster a safe and trusting environment, recognizing women's intersecting identities. Shelters should seek funding to create spaces in which staff and participants can interact in positive ways, including by employing peer workers with whom participants can relate. Shelters should also clearly lay out when they will call the police, and how they will support parents, so that participants know they will not be punished for merely using drugs. Shelters should ensure they are paying attention to women's intersecting identities and provide support that responds to their needs.
- Develop and implement policies and seek the corresponding funding to ensure that shelters are providing comprehensive and non-judgemental harm reduction programming. Shelters should be aware of harm reduction and other programs for people who use drugs available in their community, such as supervised consumption services and OAT, and ensure that those programs are available to their shelter participants, including by assisting participants in accessing those.
- Work with other VAW shelters who are working under abstinence-based models, to encourage and facilitate their transition to low-barrier, harm reduction models, and support and facilitate cross-sector collaboration on issues related to VAW shelters and harm reduction, including by creating awareness campaigns, community forums, and advocacy.



Appendix 1:

VAW Shelter Harm Reduction Roundtable

Where and When:

Toronto, Ontario, on September 21, 2023

Participants included:

The Vivian, RainCity Housing
Vancouver, British Columbia

Forth Nelson Aboriginal Friendship Society
Fort Nelson, British Columbia

WIN House
Edmonton, Alberta

YWCA Saskatoon
Saskatoon, Saskatchewan

North End Women's Centre
Winnipeg, Manitoba

Welcome Centre Shelter
Windsor, Ontario

Sistering
Toronto, Ontario

YWCA Hamilton
Hamilton, Ontario

YWCA Peterborough Haliburton
Peterborough & Haliburton, Ontario

Marguerite's Place
St John's, Newfoundland and Labrador

Blooming House
Charlottetown, Prince Edward Island

Adsum for Women and Children
Halifax, Nova Scotia

Presentations:

- Shelter Access for Women and Gender-Diverse People who Use Drugs: The Right to Care and Shelter (HIV Legal Network)
- Empowering Women: A Path to Healing and Safety, Harm Reduction Strategies for Women and Family Shelters (Welcome Centre Shelter)
- Providing Low-Barrier Housing and Support in the Context of Housing First to Female Identified, Non-Binary and Two Spirit Sex Workers in the Downtown Eastside of Vancouver (The Vivian)

Guided Discussions:

- Defining "harm reduction": What does "harm reduction" mean at your shelter? What kinds of policies and practices flow from that "harm reduction: approach?
- Understanding when to contact authorities: What is your shelter's policy regarding when the police will be contacted? What is your shelter's policy regarding when child welfare services will be contacted?
- Key takeaways: What did you learn today that you will bring back to your shelter?

Appendix 2:

Shelter Accessibility in Provincial and Territorial Policies

The Shelter Accessibility chart highlights the degree to which provincial and territorial policies guarantee VAW shelter accessibility to women and gender-diverse people who use drugs. The **green cells** (●) highlight policies that foster accessibility. The **yellow cells** (■) highlight policies that may contribute to barriers based on how they are interpreted. The **red cells** (◥) highlight policies that clearly pose barriers to access. The chart does *not* speak to the extent to which policies are enforced in each province and territory.

We have included in the chart all available provincial and territorial policies applicable to VAW shelters (as defined in the report). Most policies were obtained directly from provincial and territorial government representatives. Nova Scotia, Prince Edward Island, Quebec, and Saskatchewan confirmed that they do not have policies applicable to VAW shelters, and Yukon did not respond so it is unclear whether the territorial government has VAW shelter policies that are simply not available to the public, or if no such policies exist.

	Are shelters required to provide access to people who use drugs?	Are shelters required to have harm reduction policies?	Are shelters required to proactively protect safety, rather than rely on police?	Is the duty to report child abuse linked to substance use?	Are shelters required to ban visitors?	Are shelters required to provide access to gender-diverse residents?	Are shelters required to provide access to people regardless of ability?
Alberta[195]	No. One may be denied access if they are "under the influence" and deemed to present a risk to others. (■)	No. (◥)	No. However, shelters must work with police to clarify roles and expectations. (■)	Yes. Shelters must comply with the child welfare act, which links child abuse to drug use.[203] (◥)	No. However, visitors are not guaranteed. (■)	No. Shelters must not discriminate based on "sexual orientation." Gender is not mentioned. (◥)	Yes. Shelters must not discriminate based on "mental or physical disability." (●)
British Columbia[196]	No. However, shelters should have a "high level of accessibility." (■)	Yes. Shelter should have harm reduction supplies and practices in place. (●)	Yes. Shelters must have robust plans to maintain client safety, without requiring police intervention. (●)	No. Shelters must have safety measures to protect children and support parents. (●)	No. However, visitors are not guaranteed. (■)	Yes. Shelters must be accessible to gender-diverse clients. (●)	Yes. Shelters must be as accessible as possible. (●)
Manitoba[197]	Yes. (●)	Yes. Shelters should provide harm reduction services and use a harm reduction approach. (●)	No. However, shelters must have safety procedures, including on police cooperation. (■)	No. However, shelters are encouraged to follow the child welfare guide, which links abuse to drug use.[204] (■)	No. However, visitors are not guaranteed. (■)	Yes. Shelters must not discriminate against "transgendered women." (■)	Yes. Shelters must not discriminate based on "physical or mental capabilities." (●)
New Brunswick[198]	No. One may be denied access if displaying "disruptive behaviour" due to drug use. (■)	No. (◥)	Yes. Staff must ensure safety, and police are only required in limited circumstances. (●)	Yes. "Alcoholism and drug abuse" are considered indicators or abuse or neglect.[205] (◥)	No. Clients are allowed visitors. (●)	Yes. Shelters must comply with human rights law, which protects gender identity and expression.[206] (●)	Yes. Shelters must comply with human rights law, which protects physical and mental disability.[207] (●)
Newfoundland and Labrador[199]	No. Women must not be "under the influence of drugs or alcohol" and the use of "alcohol and illegal drugs" is prohibited on site. (◥)	No. (◥)	No. Police must be notified if a client is not "cooperative." (◥)	Yes. Child welfare services must be called when a parent violates the zero-tolerance policy. (◥)	Yes. Clients must meet friends and relatives away from the shelter. (◥)	Yes. Shelters must comply with human rights law, which protects gender identity and expression.[208] (●)	Yes. Shelters must meet the needs of clients with disabilities.[209] (●)
Northwest Territories[200]	Yes. All women, including women who use substances, must be provided access. (●)	No. However, shelters must have policies to respond to on-site use and to support those who use. (■)	No. However, shelters must have policies to improve and maintain safety in the shelter. (■)	No. Shelters have a duty to report suspicions of abuse. (●)	No. However, visitors must sign confidentiality agreements. (■)	Yes. Shelters must be accessible to gender-diverse clients. (●)	Yes. Shelters must be accessible to women "with disability needs." (●)
Nunavut[201]	No. Shelters must strictly prohibit the use and possession of "alcohol, illegal drugs, or weapons in the shelter." (◥)	No. (◥)	Yes. Staff must ensure safety, and police are only required in limited circumstances. (●)	No. Shelters have a duty to report abuse and must support clients to foster positive parenting. (●)	No. However, visitors are not guaranteed. (■)	Yes, shelters must comply with human rights law, which protects gender identity and expression.[210] (●)	Yes. Shelters must comply with human rights law, which protects physical and mental disability.[211] (●)
Ontario[202]	Yes. All women, including women who use substances, must be provided access. (●)	No. However, shelters must have policies to respond to on-site use and to support those who use. (■)	Yes. Staff must ensure safety, and police are only required in limited circumstances. (●)	No. Shelters have a duty to report abuse and must work with clients to establish supports for children. (●)	No. However, visitors must sign confidentiality agreements. (■)	Yes. Shelters must be accessible to gender-diverse individuals. (●)	Yes. Shelters must be accessible regardless of ability. (●)

Note: (●), (■), (◥) are to assist in the Visual Accessibility of this document.

References

1 Roundtable participants were asked to send us copies of their shelter policies (as well as any relevant provincial policies) and to respond to a questionnaire, detailing their harm reduction practices. An outline of the roundtable, including participants, presentations, and discussion questions, can be found in Appendix 1: VAW Shelter Harm Reduction Roundtable.

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[61] *Alberta Human Rights Act*, RSA 2000, c A-25.5, s. 4 (Alberta); *Human Rights Code*, RSBC 1996, c 210, s. 8 (British Columbia); *Human Rights Code*, CCSM c H175, s. 9(2) (Manitoba); *Human Rights Act*, RSNB 2011, c 171, s. 2.1 (New Brunswick); *Human Rights Act, 2010*, SNL 2010, c. H-13.1, s. 9(1) (Newfoundland and Labrador); *Human Rights Act*, RSNS 1989, c 214, s. 5(1) (Nova Scotia); *Human Rights Code*, RSO 1990, c H19, ss. 1-2 (Ontario); *Human Rights Act*, RSPEI 1988, c. H-12, Preamble (Prince Edward Island); *Charter of Human Rights and Freedoms*, CQLR, c C-12, s. 10 (refers to "handicap") (Quebec); *Saskatchewan Human Rights Code, 2018*, SS 2018, c S-24, s2(1) (Saskatchewan); *Human Rights Act*, SNWT 2002, c 18, s. 5(1) (Northwest Territories); *Human Rights Act*, SNu. 2003, c 12, s. 7(1) (Nunavut); *Human Rights Act*, RSY 2002, c 116, s. 7 (Yukon).

[62] See, e.g., Alberta Human Rights Commission, *Disability, illness, and injury,* available at https://albertahumanrights.ab.ca/issues-at-work/disability-illness-and-injury; British Columbia's Office of the Human Rights Commissioner, *Human rights in BC*, available at https://bchumanrights.ca/human-rights/human-rights-in-bc; *Horrock v Northern Regional Health Authorities*, 2015 MBHR 3 (Manitoba); New Brunswick Human Rights Commission, *Guidelines on Cannabis, Alcohol and Drug Addictions,* December 2018, available at www2.gnb.ca/content/dam/gnb/Departments/hrc-cdp/PDF/Guideline-Cannabis.pdf; Newfoundland and Labrador Human Rights Commission, *Guidelines for Workplace Alcohol and Drug Testing Policies*, available at https://thinkhumanrights.ca/resources/legal-guidelines/guidelines-for-workplace-alcohol-and-drug-testing-policies; *Human Rights Act*, RSNS 1989, c 214, s. 3(l) (Nova Scotia, "dependency on drugs or alcohol" forms part of definition of "physical disability or mental disability"); Ontario Human Rights Commission, *Policy on preventing discrimination based on mental health disabilities and addictions*, June 2014, available at www.ohrc.on.ca/en/policy-preventing-discrimination-based-mental-health-disabilities-and-addictions; Prince Edward Island Human Rights Commission, *A Guide to the PEI Human Rights Act*, August 2012, available at www.gov.pe.ca/photos/original/YRTK_eng.pdf; *Hydro-Québec v. Syndicat des employé-e-s de techniques professionnelles et de bureau d'Hydro-Québec, section locale 2000 (SCFP-FTQ)*, 2008 SCC 43 (Quebec); Saskatchewan Human Rights Commission, Frequently Asked Questions About Sick, Injured, or Disabled Employees, 14 January 2020, available at https://saskatchewanhumanrights.ca/wp-content/uploads/2021/01/EmploymentFAQs.pdf; *Union of Northern Workers v Government of the Northwest Territories*, 2019 CanLII 18391 (Northwest Territories); *Human Rights Act*, CSNu, c H-70, s. 1 (Nunavut, see definition of "disability," which includes "dependency on alcohol or another drug"); Yukon Human Rights Commission, *Complaint Form Guide*, 2020, available at https://yukonhumanrights.ca/wp-content/uploads/2020/11/YHRC-2020-Complaint-Form-Guide-EN.pdf.

[63] See, e.g., Alberta Human Rights Commission, *Duty to Accommodate,* April 2021, available at https://albertahumanrights.ab.ca/what-are-human-rights/about-human-rights/duty-to-accommodate; *French v Selkin Logging Ltd*, 2015 BCHRT 101 (British Columbia); *New Flyer Industries Ltd v National Automobile, Aerospace, Transportation and General Workers Union of Canada (CAW-CANADA), Local 3003 (Salvador Grievance)*, [2010] MGAD No 43 (Manitoba); New Brunswick Human Rights Commission, *ibid.*; *Maharajh v Atlantic Offshore Medical Services Limited*, [2020] NLHRBID No 6 (Newfoundland); *Yullie v Nova Scotia Health Commission,* [2017] NSHRBID No 10 (Nova Scotia); Prince Edward Island Human Rights Commission, *Your Rights: Duty to Accommodate*, available at www.gov.pe.ca/photos/original/hrc_duty_accomm.pdf; Ontario Human Rights Commission, Undue Hardship, June 2016, available at www.ohrc.on.ca/en/policy-ableism-and-discrimination-based-disability/9-undue-hardship; *Windsor Regional Hospital v. Ontario Nurses' Assn. (Mee Grievance)*, [2015] OLAA No 133 (Ontario); *Human Rights Act*, SNWT 2002, c 18, s. 11 (Northwest Territories); *Human Rights Act*, SNu. 2003, c 12, ss. 1, 12 (Nunavut); *Human Rights Act*, RSY 2002, c 116, s. 8.

[64] See, e.g., *British Columbia (Superintendent of Motor Vehicles) v British Columbia (Council of Human Rights)*, [1999] SCJ No 73, at para. 41, [1999] 3 SCR 868 (SCC).

[65] *The Constitution Act, 1982, Schedule B to the Canada Act 1982 (UK), 1982*, c 11.

[66] *The Constitution Act, 1982*, *ibid*, s. 32(1).

[67] See, e.g., *Law Society of British Columbia v Andrews*, [1989] SCJ No 6, at para. 38, [1989] 1 SCR 143 (SCC); *Dickason v University of Alberta*, [1992] SCJ No 76, at para. 170, [1992] 2 SCR 1103 (SCC); *Gwinner v Alberta (Minister of Human Resources and Employment)*, [2002] AJ No 1045, at para. 94, 217 DLR (4th) 341 (Alta QB), aff'd [2004] AJ No 788, 245 DLR (4th) 158 (Alta CA). See also *Taylor-Baptiste v Ontario Public Service Employees Union*, 2015 ONCA 495, leave to appeal refused [2015] SCCA No 412 (SCC).

[68] *The Regional Municipality of Waterloo v Persons Unknown and to be Ascertained*, 2023 ONSC 670, at paras. 96, 101. See also *Bamberger v Canada (Board of Parks and Recreation)*, 2022 BCSC 49; *Prince George (City) v Stewart*, 2021 BCSC 2089; *Poff v City of Hamilton*, 2021 ONSC 7224; *Black et al v City of Toronto*, 2020 ONSC 6398; and *Vancouver (City) v Wallstam*, 2017 BCSC 937; *Abbotsford (City) v Shantz*, 2015 BCSC 1909; *Victoria (City) v Adams,* 2008 BCSC 1363.

[69] *The Regional Municipality of Waterloo v Persons Unknown and to be Ascertained*, *ibid*, at para. 107; followed in *Black v Alberta*, 2023 ABKB 123, at para. 78.

[70] See, e.g., *Black v Alberta*, *ibid*, at paras. 116, 120; citing *Canada (Attorney General) v PHS Community Services Society,* 2011 SCC 44, in which people who use drugs were acknowledged to be a historically marginalized group in the context of s. 7; and *Canada (Attorney General) v Bedford*, 2012 ONCA 186, in which drug addiction was found to be a form of disability in the context of s. 7 (affirmed without comment on this point 2013 SCC 72). See also *Simons v Ontario (Minister of Public Safety)*, 2020 ONSC 1431, at para 80; *Wright v College and Association of Registered Nurses of Alberta (Appeals Committee)*, 2012 ABCA 267, at para. 51.

[71] *Black v Alberta*, *supra* note 69, at para. 124.

[72] *Black v Alberta*, *supra* note 69, at para. 124.

[73] *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW), 18 December 1979, United Nations, Treaty Series, vol. 1249, p. 13 (entered into force 3 September 1981), at art. 1 and 2.

[74] *General Recommendation No. 28 on the Core Obligations of States Parties under Article 2 of the Convention on the Elimination of All Forms of Discrimination against Women*, 16 December 2010, CEDAW/C/GC/28, at para. 19.

[75] *Concluding observations on the 4th periodic reports of Kyrgyzstan: Committee on the Elimination of Discrimination Against Women*, 11 March 2015, CEDAW/C/KGZ/CO/4, at para. 33; see also Open Society Foundations, *The Impact of Drug Policy on Women*, 2015, available at www.opensocietyfoundations.org/uploads/05b0d17a-4337-460a-8950-7804d0ad26fe/impact-drug-policy-women-20160928.pdf, at pp. 3-6.

[76] See, e.g., United Nations Office of the High Commissioner of Human Rights, *Gender stereotyping: OHCHR and women's human rights and gender equality,* available at www.ohchr.org/en/women/gender-stereotyping.

[77] *General Recommendation 19 on Violence Against Women*, 1992, A/47/38, at para. 24.

[78] *General Recommendation 19*, *ibid*, at para. 9.

[79] *Report of the Committee on the Elimination of Discrimination against Women*, 18 March 2005, A/60/38, at pp. 27-39.

[80] *Ibid*, at pp. 37-38, at para. 9.3.

[81] *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.

[82] *Concluding observations of the Committee on Economic, Social, and Cultural Rights,* 8 June 2010, E/C.12/MUS/CO/4, at para. 27(d).

[83] *Concluding observations of the Committee on the Elimination of Discrimination against Women,* 31 October 2022, CEDAW/C/UKR/CO/9, para. 30(e).

[84] 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 p. 7.

[85] See, e.g., Toronto Drug Strategy Implementation Panel*, ibid*; Ontario Association of Interval & Transition Houses*, supra* note 11; J. Barnable, *Opioid Harm Reduction: See the person, stop the stigma,* Canadian Red Cross, June 2022, available at www.redcross.ca/blog/2022/6/opioid-harm-reduction-see-the-person-stop-the-stigma; Toronto Public Health, *Quick Facts: Myths about Substance Use,* April 2018, available at www.toronto.ca/wp-content/uploads/2018/05/9114-Myths-About-Substance-Use.pdf; First Nations Health Authority, *5 Myths About Addiction*, 2018, available at www.fnha.ca/Documents/FNHA-Myths-About-Addiction-Factsheet.pdf.

[86] See, e.g., Toronto Drug Strategy Implementation Panel, *supra* note 84, p. 16; Sistering, *HIV Legal Network VAW Shelter Harm Reduction Roundtable* (*Roundtable*), 21 September 2023.

[87] See, e.g., *supra* note 84.

[88] See, e.g., Canadian Mental Health Association, *Substance use and addiction*, available via https://ontario.cmha.ca/addiction-and-substance-use-and-addiction/; Government of Canada, *Stigma around drug use,* September 2023, available at www.canada.ca/en/health-canada/services/opioids/stigma.html.

[89] A. Hovey et al.*, supra* note 34, at p. 120.

[90] J. Boyed et al., "Mothers Who Use Drugs: Closing the Gaps in Harm Reduction Response Amidst the Dual Epidemics of Overdose and Violence in a Canadian Urban Setting," *American Journal of Public Health,* 112(2) (2022), 191-198, at p. 195.

[91] HIV Legal Network, *Submission to the Special Rapporteur on Health: Questionnaire on Racism and the Rights to Health (Drug Policy)*, June 2022, available at www.hivlegalnetwork.ca/site/submission-to-the-special-rapporteur-on-health-questionnaire-on-racism-and-right-to-health/?lang=en.

[92] *Ibid.*

[93] Other barriers include stigma and judgement from healthcare and social service providers, lack of childcare limiting ability to participate in or attend treatment, limited financial resources, lack of transportation, limited family or social support, criminalization of drug possession, and lack of treatment and care that addresses both drug use and prenatal care. See, for example, Canada FASD Research Network's Action Team on Prevention from A Women's Health Determinants Perspective, *Substance Use During Pregnancy: An Overview of Key Canadian Policy and Practice Areas*, 2014, available at https://cewh.ca/wp-content/uploads/2014/09/Canadian.Policy-on.Subst-Use-+-Preg.Sept-2-2014web.pdf; Shulga et al., *Developing Gender-Sensitive Approaches to HIV Prevention among Female Injecting Drug Users*, International HIV/AIDS Alliance, 2011, available at https://idpc.net/publications/2011/11/developing-gender-sensitive-approaches-to-hiv-prevention-among-female-injecting-drug-users; International AIDS Society, *Women who Inject Drugs: Overlooked, Yet Visible*, 2019, available at www.iasociety.org/sites/default/files/2019__IAS__Brief__Women_who_inject_drugs.pdf. See also A. Hovey et al.*, supra* note 34, at p. 120.

[94] E.g. Welcome Centre Shelter, *Roundtable*, 21 September 2023; HIV Legal Network Interview with Debby Warren, 18 October 2023.See also E. Muth et al.*, supra* note 45, at pp. 17-18: "Some staff assume that negative behaviors that arise in the shelter are a result of substance use… These reported beliefs of staff were not tested or supported by evidence. Nonetheless, when shelter staff have negative beliefs about substance use and the women who use, it may prevent them from supporting harm reduction approaches."

[95] See, e.g., Government of Canada, *Stigma around drug use, supra* note 88.

[96] Toronto Drug Strategy Implementation Panel, *supra* note 84, at p. 14.

[97] Ontario Association of Interval & Transition Houses*, supra* note 11, at p. 11.

[98] See, e.g., Ontario Association of Interval & Transition Houses*, supra* note 11, at pp. 11-14; e.g. Sistering, Welcome Centre Shelter, *Roundtable*, 21 September 2023; HIV Legal Network Interview with Debby Warren, *supra* note 94.

[99] See also, E. Muth et al.*, supra* note 45, at p. 17.

[100] Government of Nunavut, 2009, *supra* note 55, s. 4.4.7.

[101] Government of Newfoundland and Labrador, 2010, *supra* note 55, s. 2.1.3, standard 13(c).

[102] Ontario Association of Interval & Transition Houses*, supra* note 11, at pp. 8-9; E. Muth et al.*, supra* note 45, at p. 22.

[103] E. Muth et al.*, supra* note 45, at p. 18.

[104] Ontario Association of Interval & Transition Houses*, supra* note 11, at p. 11.

[105] *An Act to amend the Criminal Code and the Controlled Drugs and Substances Act*, SC 2022, c 15.

[106] See, e.g., S. Goldenberg, *Addressing Violence and Overdose Among Women Who Use Drugs—Need for Structural Interventions*, Jama Network Open, 2020; HIV Legal Network Interview with Debby Warren, *supra* note 94.

[107] Canadian Child Welfare Research Portal, *Frequently Asked Questions,* available at https://cwrp.ca/frequently-asked-questions-faqs. See also, A. Hovey et al.*, supra* note 34, at pp. 110-111; E. Muth et al.*, supra* note 45, at p. 18.

[108] E.g. Sistering, *Roundtable*, 21 September 2023. See also, A. Hovey et al.*, supra* note 34, at pp. 113-114.

[109] E.g. Welcome Centre Shelter, *Roundtable*, 21 September 2023. See also, A. Hovey et al.*, supra* note 34, at pp. 113-114.

[110] A. Hovey et al.*, supra* note 34, at pp. 111, 120.

[111] A. Hovey et al.*, supra* note 34, at pp. 120-121.

[112] See, e.g., Toronto Drug Strategy Implementation Panel, *supra* note 84, at p. 16; Sistering, *Roundtable*, 21 September 2023.

[113] 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.

[114] See, e.g., K. Kenny et al., *ibid*; 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) (2917):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/.

[115] See, e.g., Toronto Drug Strategy Implementation Panel, *supra* note 84, at pp. 15-16.

[116] Government of British Columbia, 2023*, supra* note 52, Element 4.6.3.a.

[117] Government of Newfoundland and Labrador, 2010*, supra* note 55, s. 2.1.3, at Form A-5.

[118] Government of British Columbia, 2023*, supra* note 52, Element 4.6.3.a; Government of Northwest Territories, 2019*, supra* note 49, at pp. 6, 11, 16; Government of Nunavut, 2009, *supra* note 55, ss. 3.3.8, 3.3.9; Government of Ontario, 2015, *supra* note 49, ss. 3.5, 3.6.

[119] E.g. The Vivan, *Roundtable*, 21 September 2023.

[120] Government of British Columbia, 2023*, supra* note 52, at Element 4.6.3.c.

[121] HIV Legal Network Interview with Debby Warren, *supra* note 94.

[122] Government of Canada, *Canadian supervised consumption sites statistics,* October 2023, available at https://health-infobase.canada.ca/datalab/supervised-consumption-sites-blog.html; Government of Canada, *Federal actions on the overdose crisis,* December 2023, available via www.canada.ca/en/health-canada/services/opioids/federal-actions/overview.html#a6.

[123] Government of Yukon, *Supervised consumption site*, available at https://yukon.ca/en/places/safe-consumption; Ensemble Moncton, *Our Services*, available at https://ensemblegm.ca/. See also S. Smellie, "As Newfoundland drug deaths soar, calls grow for overdose prevention site," *The Globe and Mail*, 25 August 2023; Government of Prince Edward Island, *Harm Reduction Services and Supports,* 7 September 2023, available at www.princeedwardisland.ca/en/information/health-and-wellness/harm-reduction-services-and-supports; J. Keele, "Supervised drug consumption site promised for Manitoba," *CTV News*, 19 October 2023; Sunshine House, *Mobile Overdose Prevention Site,* available at www.sunshinehousewpg.org/mops.

[124] See, e.g., Sereena's in Vancouver, British Columbia, which provides low-barrier housing to women fleeing violence and runs a women-only supervised consumption space on site: Atira, *Sisterspace: Women-only Overdose Prevention Site,* April 2021, available at https://atira.bc.ca/what-we-do/program/sisterspace.

[125] A. Foreman-Mackey and C. Kazatchkine, *Overdue for a Change: Scaling Up Supervised Consumption in Canada*, Canadian HIV/AIDS Legal Network, February 2019, available at www.hivlegalnetwork.ca/site/overdue-for-a-change-full-report/?lang=en.

[126] See, e.g., CBC News, "Saskatoon supervised consumption site receives no part of province's addiction funding for 4th year," 27 March 2023; J. Simes, "'Continued resistance': Saskatchewan government won't fund supervised consumption," *Toronto Star*, 27 October 2023; D. Zakreski, "Province tells doctors it has no plans to fund supervised consumption sites in Sask," *CBC News*, 6 November 2023; Ontario HIV Treatment Network, A review of supervised inhalation services in Canada, July 2022, available at www.ohtn.on.ca/rapid-response-a-review-of-supervised-inhalation-services-in-canada.

[127] Government of New Brunswick, *Opioid Related Harms in New Brunswick: Deaths, Overdoses and Take Home Naloxone Kits, 2022 – Quarter 4,* May 2023, at p. 3.

[128] HIV Legal Network Interview with Debby Warren, *supra* note 94.

[129] Ensemble Moncton, *supra* note 123.

[130] See V. Blanch, "Death of homeless man devastates front-line workers who tried to help," CBC News, 24 November 2022; V. Blanch, "9 overdose calls in 24 hours prompt RCMP warning in Moncton area," CBC News, 22 December 2022; D. Haggett, "Overdose prevention site in Moncton becomes mini-tent city," CTV News, 12 January 2023; S. Lapointe, "Harm reduction advocate concerned about reduced services in Moncton," Global News, 22 August 2023.

[131] See also, E. Muth et al., *supra* note 45, at p. 18.

[132] Ontario Association of Interval & Transition Houses, *supra* note 11, at p. 12.

[133] Ontario Association of Interval & Transition Houses, *supra* note 11, at p. 12.

[134] E.g. The Vivian, YWCA Saskatoon, YWCA Hamilton, YWCA Peterborough Haliburton, Welcome Centre Shelter, *Roundtable*, 21 September 2023.

[135] E.g. Sistering, WIN House, The Vivian, *Roundtable*, 21 September 2023.

[136] United Nations Office on Drugs and Crime, *supra* note 6, at p. 16.

[137] E.g. Sistering, The Vivian, YWCA Hamilton, YWCA Peterborough Haliburton, Welcome Centre Shelter, *Roundtable*, 21 September 2023.

[138] See also, K. Guthrie, et al., *Guidance Document for Harm Reduction in Shelter Programs: A Ten Point Plan*, The Works, Toronto Public Health, March 2021, available at www.toronto.ca/wp-content/uploads/2021/06/9633-10PointShelterHarmReduction210528AODA.pdf, at p. 5; E. Muth et al., *supra* note 45, at pp. 19-20; Ontario Association of Interval & Transition Houses, *Harm Reduction Needs Assessment Ontario VAW Shelters,* 2022, at p. 3.

[139] Sistering, *Low-Barrier Drop In,* available at https://sistering.org/low-barrier-drop-in.

[140] Sistering, *Who We Are,* available at https://sistering.org/about-us.

[141] YWCA Hamilton, *Carole Anne's Place (CAP),* available at www.ywcahamilton.org/housing/cap.

[142] North End Women's Centre, *Roundtable*, 21 September 2023; see also, North End Women's Centre, *Transitional Housing*, available at https://newcentre.org/transitional-housing.

[143] St. John's Status of Women Council, *Marguerite's Place*, available at https://sjwomenscentre.ca/programs/marguerites-place.

[144] Blooming House, *About Us,* October 2022, available at https://bloominghouse.ca/about.

[145] E.g. YWCA Hamilton, *Roundtable*, 21 September 2023.

[146] E.g. Welcome Centre Shelter, *Roundtable*, 21 September 2023.

[147] See also, K. Guthrie, et al., *supra* note 138, at p. 7; E. Muth et al., *supra* note 45, at pp. 19-20.

[148] YWCA Saskatoon, *Roundtable*, 21 September 2023.

[149] Welcome Centre Shelter, *Roundtable*, 21 September 2023.

[150] WIN House, *Roundtable*, 21 September 2023.

[151] The Vivian, *Roundtable*, 21 September 2023.

[152] Welcome Centre Shelter, *Roundtable*, 21 September 2023.

[153] E.g. Welcome Centre Shelter, Adsum for Women and Children, *Roundtable*, 21 September 2023.

[154] E.g. YWCA Peterborough Haliburton, Welcome Centre Shelter, Marguerite's Place, Blooming House, The Vivian, *Roundtable*, 21 September 2023. See also E. Muth et al., *supra* note 45, at p. 19: "training reduced staff fears of working with women actively using, dispelled internalized beliefs that are unhelpful to residents… and facilitated staff having more informed conversations with the shelter residents about their substance use."; Ontario Association of Interval & Transition Houses, 2022, *supra* note 138, at p. 34: "It would be beneficial for this training to be expanded to include training for organizational leadership including executive directors and board members as this training can provide direction for the expansion of harm reduction frameworks within a VAW shelter setting."

[155] E.g. Blooming House, Adsum for Women and Children, Welcome Centre Shelter, *Roundtable*, 21 September 2023.

[156] E.g. Blooming House, Welcome Centre Shelter, Adsum for Women and Children, YWCA Peterborough Haliburton, The Vivian, *Roundtable*, 21 September 2023.

[157] Welcome Centre Shelter, *Roundtable*, 21 September 2023.

[158] See, e.g., St. John's Status of Women Council, *Hiring: Housing Support Worker, Marguerite's Place*, 15 December 2022, available at https://sjwomenscentre.ca/category/marguerites-place/; and St. John's Status of Women Council, *Opportunity: Marguerite's Place Program Coordinator,* 28 June 2022, available at https://sjwomenscentre.ca/2022/06/28/opportunity-marguerites-place-program-coordinator.

[159] Blooming House, *Roundtable*, 21 September 2023.

[160] The Vivian, *Roundtable*, 21 September 2023.

[161] E.g. YWCA Peterborough Haliburton, Sistering, The Vivian, *Roundtable*, 21 September 2023. Consider also, A. Hovey et al., *supra* note 34, at pp. 116-119: "Both mother and nonmothers worked together at times to ensure that children were fed when their mothers were unable to prepare food due to substance use.... [The] supportive approach [allowed for] compassion and understanding of her fellow residents."

[162] E.g. Welcome Centre Shelter, *Roundtable*, 21 September 2023.

[163] The Vivian, *Roundtable*, 21 September 2023.

[164] Parkdale Queen West Community Health Centre, *Kapow (Knowledge and Power or Women),* available at https://pqwchc.org/programs-services/harm-reduction/kapow-knowledge-and-power-of-women.

[165] YWCA Saskatoon, *Roundtable*, 21 September 2023.

[166] E.g. WIN House, The Vivian, Blooming House, Sistering, *Roundtable*, 21 September 2023.

[167] E.g. The Vivian, *Roundtable*, 21 September 2023; see also, K. Guthrie, et al., *supra* note 138, at pp. 8-9.

[168] E.g. The Vivian, *Roundtable*, 21 September 2023. Consider also, United Nations Office on Drugs and Crime, *supra* note 6, at p. 15: "Planning and resourcing strategies must enable the meaningful involvement of women and people of diverse gender identity and expression who use drugs. Their leadership is a foundational element in the design, implementation, monitoring and evaluation of all services."

[169] E.g. YWCA Peterborough Haliburton, *Roundtable*, 21 September 2023.

[170] The Vivian, *Roundtable*, 21 September 2023.

[171] Sistering, *Roundtable*, 21 September 2023; see also, Sistering, *Harm Reduction*, available at https://sistering.org/harm-reduction.

[172] E.g. Sistering, Welcome Centre Shelter, YWCA Peterborough Haliburton, *Roundtable*, 21 September 2023.

[173] Peer Worker at Sistering, *Roundtable*, 21 September 2023.

[174] E.g. YWCA Peterborough Haliburton, *Roundtable*, 21 September 2023.

[175] Blooming House, *supra* note 144.

[176] YWCA Saskatoon, *Roundtable*, 21 September 2023; see also, Saskatoon Police Service, *Police and Crisis Team*, available at https://saskatoonpolice.ca/pact.

[177] The Vivian, *Roundtable*, 21 September 2023; see also, Vancouver Police Foundation, *Cst. Linda Malcolm's Unprecedented Support of Vulnerable Women*, available at www.vancouverpolicefoundation.org/2022/12/part-2-linda-malcolm.

[178] YWCA Peterborough Haliburton, Sistering, *Roundtable*, 21 September 2023. Consider also, A. Hovey et al., *supra* note 34, at pp. 115-116: "Interestingly, the use of harm reduction approaches enabled staff to support mothers whose children engaged in substance use while in the shelter."

[179] Consider also, A. Hovey et al., *supra* note 34, at pp. 119: "...there must be clear parameters on what constitutes harm reduction and the responsibilities of staff to ensure that it does not become an 'anything goes' approach...Women also advocated for programs that would support age-appropriate communication with children about substance use and its impacts.... Such education would help children to understand things that they might see in shelter and from their own parents...."

[180] WIN House, *Roundtable*, 21 September 2023; see also, WIN House, *Resources available at WIN House,* available at www.winhouse.org/resources.

[181] The Vivian, *Roundtable*, 21 September 2023; see also, F. Scott, *Housing First Case Studies: The Vivian*, The Homeless Hub, 2013, available at www.homelesshub.ca/sites/default/files/attachments/Vancouver_HFCaseStudyFinal.pdf.

[182] Welcome Centre Shelter, *Roundtable*, 21 September 2023; see also, Welcome Centre Shelter, *Programs & Services,* available at ww2.welcomecentreshelter.com/programs-services.

183 The Vivian, *Roundtable*, 21 September 2023.

184 North End Women's Centre, *Roundtable*, 21 September 2023. See also, North End Women's Centre, *Service Areas*, available at https://newcentre.org/service-areas.

185 See, M. Vaccaro, "Safer Drug Use Space for Women, Trans and Non-Binary People," *Homeless Hub,* 29 August 2022, available at www.homelesshub.ca/blog/safer-drug-use-spaces-women-trans-and-non-binary-people.

186 Adsum for Women and children, *About*, available at https://adsumforwomen.org/about-us-1.

187 See also, K. Guthrie, et al.*, supra* note 138, at pp. 6-8; E. Muth et al.*, supra* note 45, at pp. 21-22.

188 The Vivian, *Roundtable*, 21 September 2023.

189 Fort Nelson Aboriginal Friendship Society, *Roundtable*, 21 September 2023.

190 North End Women's Centre, *Roundtable*, 21 September 2023.

191 Welcome Centre Shelter, *Roundtable*, 21 September 2023.

192 YWCA Hamilton, *Roundtable*, 21 September 2023; YWCA Hamilton, *Carole Anne's Place (CAP), supra* note 141.

193 See, e.g., United Nations Office on Drugs and Crime*, supra* note 6, at pp. 3; E. Muth et al.*, supra* note 45, at p. 17.

194 See, e.g., United Nations Office on Drugs and Crime*, supra* note 6, at pp. 2, 5.

195 *Women's Shelter Program Manual*, Government of Alberta, 2002.

196 *Women's Transition Housing and Supports Programs, Understanding Module*, Government of British Columbia, 2023. Note there are no shelter standards available to the public. We have examples of what would be considered "sufficient" or "insufficient" during an operational review. "Transition housing," as defined in British Columbia, is inclusive of VAW shelters.

197 *Manitoba Standards Manual for Gender-Based Violence Programs,* Government of Manitoba, November 2023.

198 *Standards and Procedures for Transition Houses*, Government of New Brunswick, 2008. Note, the government has confirmed they are in the process of developing new policies. "Transition houses," as defined in New Brunswick, is inclusive of VAW shelters.

199 *Provincial Transition Houses Operational Standards*, Government of Newfoundland and Labrador, 2010, available at https://thanl.org/wp-content/uploads/2017/07/transition_operational_standards_2010.pdf. Note, the government has confirmed they are in the process of developing new policies. "Transition houses," as defined in Newfoundland and Labrador, is inclusive of VAW shelters.

200 *Family Violence Shelter Standards*, Government of Northwest Territories, 2019, available at www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/family-violence-shelter-standards.pdf.

201 *Family Violence Shelter Minimum Standards*, Government of Nunavut, 2009.

202 *Violence Against Women Emergency Shelter Standards*, Government of Ontario, 2015.

203 *Child, Youth and Family Enhancement Act*, RSA 2000, c C-12, s.3(ii)(F).

204 *Reporting of Child Protection and Child Abuse: Handbook and Protocols for Manitoba Service Providers,* Government of Manitoba, 2013, available at https://www.gov.mb.ca/education/childcare/resources/pubs/ece_protocol.pdf, at p. 31.

205 *Child Victims of Abuse and Neglect: Protocols*, Government of New Brunswick, 2005, available at www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/Protection/Child/ChildAbuseProtocols05-e.pdf, at p. 15.

206 *Human Rights Act*, RSNB 2011, c 171, s. 2.1(n).

207 *Ibid*, s. 2.1(i) and (j).

208 *Human Rights Act*, 2010, SNL 2010, c H-13, s. 9(1).

209 *Ibid.*

210 *Human Rights Act*, CSNu, c H-70, s. 7(1).

211 *Ibid*.

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