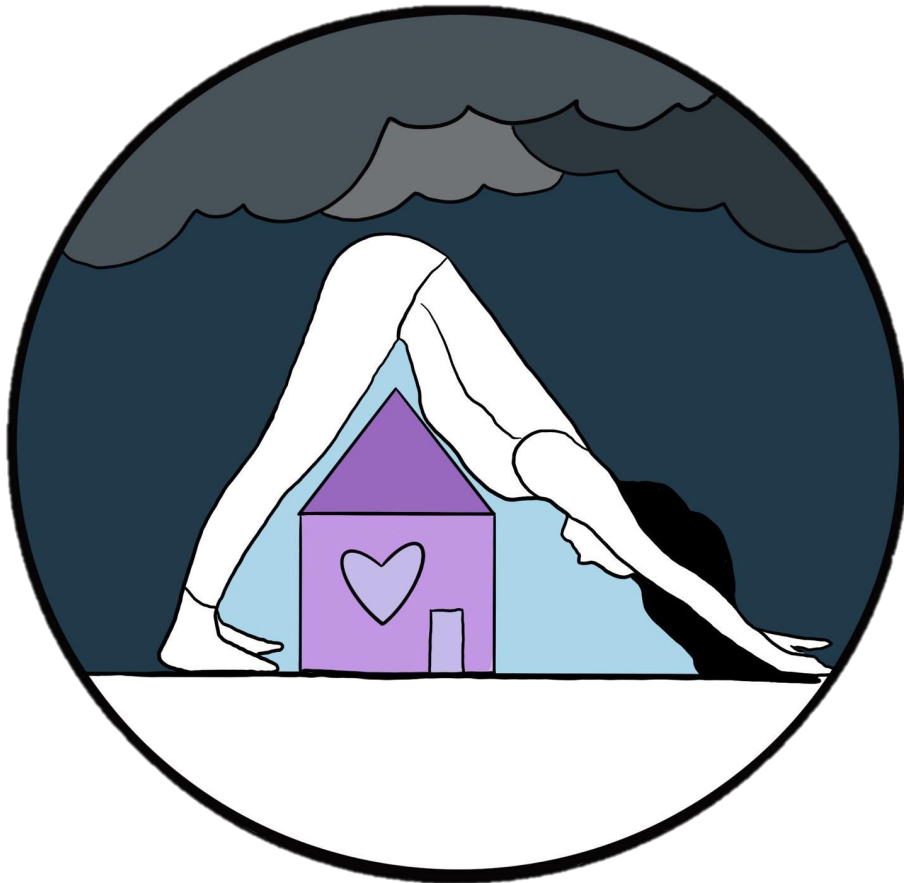


# Addressing Inclusion of Women who Use Drugs in Shelters.

Handouts:



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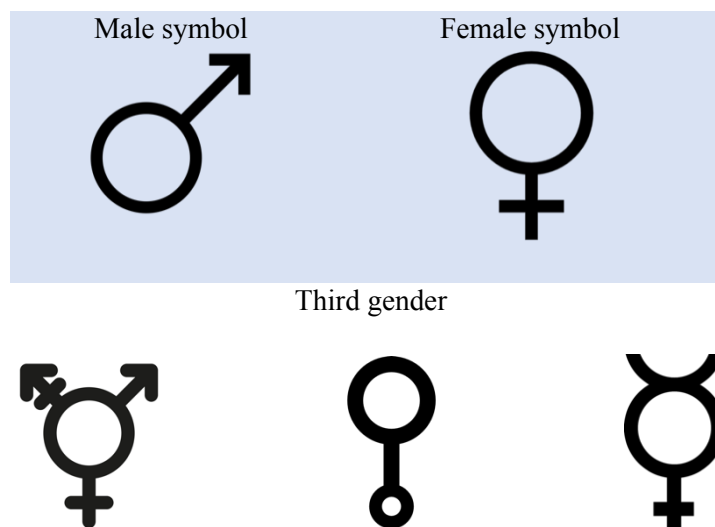
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## Module 2, Session 1

### Addressing stereotypes and fears

#### 2.1 Gender roles and expectations

Online version: Gender symbols to be used during the group discussion 3 - on gender roles and expectations



## Module 3, Session 1

### Stigma and discrimination

#### 3.1 Link to stigma training materials

Additional reading and training material:

**Putting Together the Puzzle - Stigma, Discrimination and Injecting Drug Use**  
**[AIVL Training Module for Health Care Professionals and Students](#)**<sup>1</sup>

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<sup>1</sup> AIVL. [Putting Together the Puzzle. Stigma, Discrimination and Injecting Drug Use](#). Training Module for Health Care Professionals and Students. 2013

## Module 4, Session 1

### Shelters and Harm Reduction

Slide 2 gives a short overview of the harm reduction package and the broader harm reduction approach (that includes advocating for decriminalisation and the importance of social support networks).

Women are not required to follow a long list of strict rules, and are encouraged to develop house functionality in collaboration with other residents.

#### 4.1 Case study – a shelter without drug exclusion rules ; Stigma Safe house, Slovenia

Stigma Safe House is a women's shelter in Ljubljana, Slovenia run by a harm reduction NGO in response to an assessment demonstrating that many women who use drugs including recently incarcerated women were otherwise facing violence with no safe place. The shelter is intended for women who use drugs who have experienced or are experiencing violence in family, relationship or in the streets and who need a safe environment.

Abstinence is not required for entering Safe House however use of drugs and alcohol in the house still is forbidden. Any illicit drugs brought to the house have to be put away and placed in special lockers. Users who choose to abstain or enter therapy are offered adequate support. The safe house hosts workshops and offers residents involvement in volunteering or work placements. The staff accompany and support clients during doctor visits, court hearings etc.

Women are not required to follow a long list of strict rules, and are encouraged to develop house functionality in collaboration with other residents. Entering and exiting the house is voluntary. Clients may stay at the house for a year and a half with potential for extension. Since 2016, the organisation also has two support flats of the Ljubljana housing fund at its disposal for residents who have achieved a certain level of stability.

**Results:** Stigma safe house has strongly contributed to the decrease of unsafe drug use practices, homelessness and exposure to violent relationships.<sup>2,3</sup>

#### 4.2 Further reading

- [Gender sensitive harm reduction programming<sup>4</sup>](#)
- [Practical guide for service providers on gender-responsive HIV services<sup>5</sup>](#)

If you want to learn more about Harm Reduction, see this online course: [Using Harm Reduction to Deal with Drug Use<sup>6</sup>](#)

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<sup>2</sup>Društvo. [Safe House for Female Illegal Drug Users – Victims of Violence](#). 2022

<sup>3</sup> Cultural Gender Practices Ne Cultural Gender Practices Network. [WoW Award were Presented](#). 2020

<sup>4</sup> WHRIN. [Gender Sensitive Harm Reduction Programming](#). Best Practice Series. 2022

<sup>5</sup> UNODC. [Addressing the specific needs of women who inject drugs. Practical guide for service providers on gender-responsive HIV services](#). 2016

<sup>6</sup> [Drug Use and Harm Reduction](#). London School of Hygiene and Tropical Medicine, INPUD, MdM. 2020

## Module 8, Session 2

### Policy barriers

#### 8.1 International examples and guides

Further information on decriminalisation and drug policy:

- [Introducing the drug decriminalisation e-course<sup>7</sup>](#) or [Drug Decriminalisation e-course<sup>8</sup>](#)

Additional reading on international guidelines on human rights and drug policy:

- [International Guidelines on Human Rights and Drug Policy<sup>9</sup>](#)

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<sup>7</sup> IDPC. *Introducing the Drug Decriminalisation e-Course*. 2021

<sup>8</sup> Health[e]Foundation. *Drug Decriminalisation e-Course*. 2021

<sup>9</sup> UNDP. *International Guidelines on Human Rights and Drug Policy*. 2020

## Module 9, Session 2

### Tools to enable inclusion of clients who use drugs in shelters

To complete what we have seen briefly during the workshop, you can refer to the table below to clearly understand the difference between a stimulant and a depressant drug.

Drugs	Effects
Stimulants: Cocaine/Crack, MDMA/ecstasy, amphetamines (speed, ice, crystal), tobacco, caffeine, ATS, Ritaline	Speeding up bodily functions, increasing heart rate and raising blood pressure (speed up the central nervous system)
<b>Depressants:</b> all opioids as morphine, heroin, opium, Fentanyl, codeine, oxycodone, methadone and buprenorphine And alcohol, benzodiazepines (as Valium)	Slowing down bodily functions, feeling relaxed and calm (slow down the central nervous system)

#### 9.1 Naloxone training

Please contact your local harm reduction service provider to inquire about naloxone availability and use. It is also important to know how to apply rescue breathing.

- Stimulate** – shout, clap, touch their foot or shoulder.
- Airway** – gently tilt their head back and lift their chin.
- Ventilate** – give 1 breath every 5 seconds.
- Evaluate** – check breathing and if the person is not breathing, continue to give breaths.

#### 9.2 Do's and don'ts when responding to opioid overdose

- ♣ DO attend to the person's breathing by performing rescue breathing
  - ♣ DO administer naloxone and utilize a second dose, if there is no response to the first dose.
  - ♣ DO put the person in the "recovery position" on their side, if you must leave the person unattended for any reason.
  - ♣ DO stay with the person
- 
- ♣ Do not slap or forcefully try to stimulate the person; it will only cause further injury. If you cannot wake the person by shouting, the person is likely unconscious and needing rescue breathing.
  - ♣ Do not put the person into a cold bath or shower. This increases the risk of falling, drowning, or going into shock.
  - ♣ Do not inject the person with any substance (e.g., saltwater, milk, stimulants, salt). The only safe and appropriate treatment is rescue breathing (and naloxone if available).
  - ♣ Do not try to make the person vomit drugs that may have been swallowed. Choking or inhaling vomit into the lungs can cause a fatal injury.

### 9.3 Drug consumption rooms/supervised injection sites integrated within shelters – examples: Example from Netherlands:

For many years, the Netherlands, has been a pioneer in integrating safe spaces for drug consumption in shelters, allowing clients to either use drugs in their own bedrooms, or in dedicated shared spaces. Hostel Pannekoekendijk supports people who use drugs and are homeless. The Hostel includes consumptions rooms and a wide range of wrap-around social, psychological, and health support. The service provides drug use paraphernalia and opioid agonist therapy as well as on-site support for users who wish to end drug use. People can stay as long as they wish or need to<sup>10</sup>.

#### Example from Canada

These are extracts from guidelines developed to be responsive to COVID conditions in Toronto where it was recognised as imperative to provide harm reduction services, including safe spaces for consumption:

- Harm reduction services and supports are in place prior to residents moving into the site.

- Each site creates and maintains a harm reduction positive living environment that encourages and normalizes residents to adopt or continue **safer** drug use practices.

- Staff are trained on harm reduction, as well as overdose prevention, recognition and response, including the use of naloxone

- Marginalized voices are centred in program design by intentionally including (gender diverse) and differently abled people in the planning and implementation processes.

- Harm reduction services are designed to meet the diverse needs and preferences of people living at the site and delivered in an anti-oppressive way, ensuring that they are LGBTQ2S+ friendly, culturally safe, and free from stigma.

Safe spaces for consumption mean:

- Safer inhalation and smoking space, for example, a dedicated covered courtyard space or an open air tent in a sheltered, private location that allows harm reduction/peer workers to witness from an appropriate distance<sup>11</sup>

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<sup>10</sup> Kasper R., Integrating Harm Reduction in Homeless Services, HR4Homelessness, Resource Hub & Good Practice Collection, FEANTSA

<sup>11</sup> Guthrie K., Garrard L., Hopkins S., "Guidance document for harm reduction in shelter programs: a 10 point plan", The Works, Toronto Public Health, March 2021



## 9.4 Guidance document for harm reduction in shelter programs

Recommendations for shelters and residential housing to adjust their services to accept homeless people regardless their use of drugs:

- |  |   |
|--|---|
| <b>1</b> Harm reduction supplies available at front desk (or from another designated staff person on site)   | <b>6</b> Virtual services and support   |
| <b>2</b> Resident peer harm reduction workers to assist with distribution, education and witnessed injection   | <b>7</b> Wellness checks  |
| <b>3</b> Nursing support to assist with accessing safe supply (including opioids, benzos, stimulants, and managed alcohol)                             | <b>8</b> Mobile services and support  |
| <b>4</b> Overdose Prevention Service in a dedicated space for supply distribution, witnessed injection, overdose response & connection to safer supply | <b>9</b> Coordinate with services providing alcohol delivery and support              |
| <b>5</b> Witnessed inhalation services   | <b>10</b> Harm reduction training including overdose response for staff and residents |

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<sup>12</sup> Willson M, Phillips R, Jensen K, Pauly B, Ranger C, Teal T, Toombs K “[Infrastructure for Harm Reduction in Residential and Hotel Settings](#).” Canadian Institute for Substance Use Research. 2020

## 9.5 Examples of safe disposal units, or sharp containers which can be installed in bathrooms or toilets, with practical instructions



## 9.6 Sharps Disposal Do's and Don'ts

### Do's...

- ✓ Do...Place used needles and other sharps in a sharps disposal container or in another hard sided container with a lid (and label "Household sharps do not recycle or throw in trash")
- ✓ Do...Keep all needles and other sharps and sharps disposal containers out of reach of children and pets.
- ✓ Do...Teach children not to pick up needles and to tell an adult if they find one.
- ✓ Do...Pick up improperly discarded sharps with latex gloves, tweezers or tongs with the tip pointing away from you.
- ✓ Do...Dispose of sharps in a community drop box, harm reduction agency, pharmacy (when available) or Interior Health public health centre, mental health and substance use, or primary care site.
- ✓ Do...Wash your hands thoroughly with soap and water after disposal.

- ✓ Do...Contact a sharps retrieval and disposal service in your community if you are uncomfortable picking up sharps yourself.
- ✓ Do...Visit Interior Health's Safe Needle Disposal webpage for more information.

### Don'ts...

- ✗ Do not put sharps in the garbage.
- ✗ Do not put sharps in the recycling bin.
- ✗ Do not put sharps in the toilet or down the drain.
- ✗ Do not toss sharps on the ground.
- ✗ Do not try to remove or break off the tip of a needle or re-cap it if used by another person.

### 9.7 Additional guidance on needle stick injury

Note, the risk of any kind of infection from needle stick injury outside a medical setting, is very small. If skin is pierced, wash with soapy water and call a doctor to determine whether any further action is required.<sup>13</sup>

In settings with no NSP or limited access to injecting equipment, and as a last resort, include messages about the use of bleach to disinfect syringes.<sup>14</sup>

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<sup>13</sup> Neuhauser F. Infection Risk from "Sharps" Injuries for Non-healthcare Workers University of California, Berkeley Glenn Shor, Department of Industrial Relations Rebecca Jackson, Department of Industrial Relations Report for: Commission on Health and Safety and Workers Compensation March 26, 2015 [https://www.dir.ca.gov/chswc/Reports/2015/sharps\\_3-25-15.pdf](https://www.dir.ca.gov/chswc/Reports/2015/sharps_3-25-15.pdf)

<sup>14</sup> Brochure about cleaning syringes and bleach kits from The Humboldt Area Center for Harm Reduction (HACHR), California, HACHR Brochures (wordpress.com)

## **Rinse out the blood (you may not be able to see the blood).**

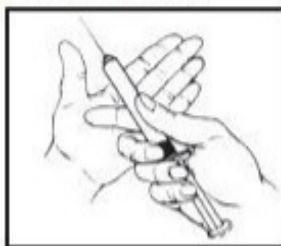
Soak our spoon (cooker)  
in water and shake it.



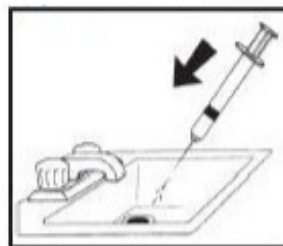
Fill up the syringe  
with water.



Tap or shake the  
syringe for 30 seconds.



Empty the syringe &  
repeat with new water.



## **Disinfect the syringe with pure bleach.**

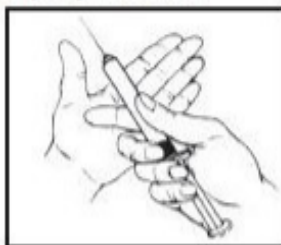
Soak our spoon (cooker)  
in bleach and shake it.



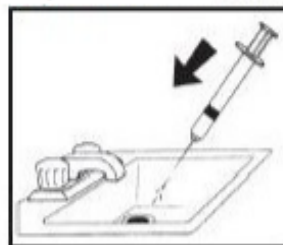
Fill up the syringe  
with bleach.



Tap or shake the  
syringe for 30 seconds.



Empty the syringe &  
repeat with new bleach.



## **Rinse the syringe with fresh water.**

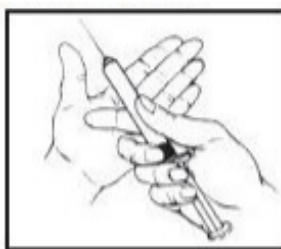
Soak our spoon (cooker)  
in water and shake it.



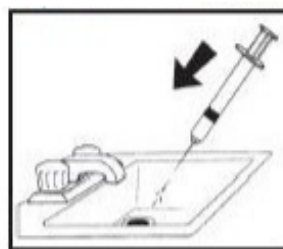
Fill up the syringe  
with water.



Tap or shake the  
syringe for 30 seconds.












Empty the syringe &  
repeat with new water.



## 9.8 Language guide about drug use

### LANGUAGE REFERENCE GUIDE

	WHAT TO SAY 	WHAT NOT TO SAY 	AND WHY TO SAY IT 
	<b>People/person who use/s drugs</b>	Drug user; drug abuser; druggo; druggies; drug fiend; acronyms (PWUD, etc.)	<i>Person-first language recognises our collective humanity. Removes moral judgment e.g. 'abuser' or constructing people using drugs as a 'problem'. Take care to state the complete phrase or term. Acronyms can dehumanise and objectify, reducing people to a set of capital letters and should be avoided in verbal communication.</i>
	<b>People/person who inject drugs</b>	Injector; junkie; smack-head; injecting drug user; meth-head; acronyms (PWID, IDU, etc.)	<i>'Injector' defines a person solely on the basis of a practice they engage in. Slang and shortcuts can, implicitly or explicitly, be judgemental and pejorative, and acronyms should be avoided.</i>
	<b>People/person who smoke drugs</b>	Pothead; chuffer; meth-head	<i>Communities can reclaim identity by taking back or 'reclaiming' terms, but this does not mean others should adopt these terms without constraint.</i>
	<b>People/person who use/s drugs occasionally or opportunistically</b>	Recreational drug user	<i>People use drugs for many reasons and can experience drug use as 'recreational' even if their drug use is regular, frequent, or 'dependent'.</i>
	<b>People/person with drug dependence</b>	Addict; drug addict; drug abuser; problem[atic] drug user; misuser; substance abuser*; person who is addicted	<i>'Addict' language is based on morality and negative connections. It describes people as compromised and as if they are a collection of symptoms. Pathologising, disempowering, and creates barriers for people. *People/person with a substance use disorder – see explanation on "substance use disorder" below.</i>
	<b>Drug dependence</b>	Addiction; drug addiction; substance abuse; substance use disorder <sup>15</sup>	<i>Addiction-as-disease model is highly contested, based on an arbitrary set of symptoms that label people as sick, dangerous, disempowered, and unable to exercise agency, choice, and self-determination. Drug dependency relates to the physical/psychological connection to a chemical/compound within framework of tolerance, adaption and withdrawal. Does not carry the historical and political connotations of 'addiction'. <sup>15</sup> "Substance Use Disorder": sometimes the use of definitions can be complex e.g. DSM V replaced "addiction" in the previous version (DSM IV) with "substance use disorder" – this was viewed as a step forward.</i>

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<sup>15</sup> Words matter: Language statement and reference guide

9.9 Language guide about gender diversity

YAY	NAY
"LGBTQ people when compared to the general population"	"LGBTQ people when compared with their heterosexual peers"
Trans and gender diverse people have any sexual orientation including heterosexual, queer, lesbian, gay, bisexual, pansexual, asexual etc.	
Trans and gender diverse, transgender, trans person	Trans*, transgendered, transgenderism, tranny, pre-op/post-op, sex & gender diverse. 'Transgender' is an adjective, not a noun or verb. It shouldn't be used on its own, e.g. 'a trans' or 'the transgender'
Transitioning, affirming gender	Transing, transgendering, trans'd
Men, women and non-binary people	Men, women and trans
Gender-affirming healthcare, transition-related healthcare	Gender reassignment, sex change, sex reassignment
Gay and bi men (cis and trans)	Gay, bi and trans men
Man, man with a trans experience, trans man	Transman (as in tallman instead of tall man)
Sex characteristics include chromosomes, hormones, gonads and genitals. Body parts don't have genders.	Biological sex is male, female or intersex, biologically male, biologically female
Ask: "What is your pronoun?"	"What is your preferred pronoun?"
Woman, woman with a trans experience, trans woman	Transwoman (as in tallwoman instead of tall woman)
Think: "Would I ask a cisgender person this?"	"Have you had the surgery?" / "Tell me more about your genitals?" / "What is your real name?"

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<sup>16</sup> [A language guide. Trans and Gender Diverse Language. ACON. 2019](#)

## Module 10, Session 2

### Action planning for concrete change

#### 10.1 Action plans

1: Desired change:

Steps to achieve the change	Human or other resources required	Person/s responsible	Time frame
1.			
2.			
3.			
4.			
5.			

2: Desired change:

Steps to achieve the change	Human or other resources required	Person/s responsible	Time frame
1.			
2.			
3.			
4.			
5.			

## Module 11, Session 2

### Closing and conclusion of the practical workshop



#### 11.1 Workshop Evaluation Form

**Date** : \_\_\_\_\_

**Location of training** : \_\_\_\_\_

**Trainer(s)** : \_\_\_\_\_

**Instructions:** Please indicate your level of agreement with the statements listed below in #1-8.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The objectives of the training were clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Participation and interaction were encouraged.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The topics covered were relevant to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The content was organized and easy to follow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. This training experience will be useful in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The trainer was knowledgeable about the training topics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The training objectives were met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The time allotted for the training was sufficient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



*(More questions on back / next page ™ )*

1. What did you like most about this training?

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2. What aspects of the training could be improved?

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3. Do you have specific comment as future trainer/facilitator? Is there some part of the training you don't feel comfortable and would need more guidance (if yes, please indicate which ones and precise feedback)

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4. Please share other comments here:

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**Thank you for your feedback!**