



Best Practices for Harm Reduction in Austin/Travis County Homelessness Response System

Background

Creating a comprehensive harm reduction strategy for homelessness services requires a multi-faceted approach that addresses the needs and challenges faced by individuals with differing and sometimes critical needs. Not every program has the ability and/or resources to implement all the best practices described here, and so each provider should seek to fill gaps within their own service delivery by fostering partnerships with harm reductionists and other community organizations. This guide should be used as a generalist approach to harm reduction, recognizing that there is no one “right way” to reduce harm. While all housing intervention types require most strategies, for example Housing First, some intervention types may have specific and unique characteristics. For example, emergency shelters require more consideration of the built space and environment because of the emergency situation that requires immediate sheltering. We invite providers in our homelessness response system to do the exploratory work of (re)designing services to align with harm reduction principles.

What is Harm Reduction?

Harm reduction is a well-researched, evidence-based approach aimed at addressing substance-related harms and minimizing death, disease, and injury. It is a public health and safety measure not unlike other widely accepted safe practices; the use of a seatbelt while in a motor vehicle or free condoms on a college campus are forms of harm reduction. The primary aim is to reduce preventable harm and early mortality. As these examples demonstrate, the definition of harm reduction is expansive and not limited to substance usage. However, for the purposes of this best practices guide for our community of folks experiencing homelessness in Austin TX, the Systems Improvement Committee and its harm reduction workgroup finds it imperative that these best practices focus on harm reduction strategies around drug usage to reduce stigma, promote safety, and increase education and understanding around the unique needs and experiences of persons who use drugs.

Harm reduction is the only global drug policy response that has proven to save lives and money at the same time as increasing quality of life. At the most fundamental level, Harm Reduction recognizes that all people deserve safety and dignity. Harm reduction centers the lived and living experience of PWUD (People Who Use Drugs), especially those in underserved communities, in these strategies and the practices that flow from them.¹

Drug and alcohol use is a part of some participant’s lives. Harm reduction accepts that individuals will and can use drugs and engage in other behaviors that may cause harm. Harm reduction reduces the risks and harmful effects associated with substance use and/or other behaviors that may result in negative consequences (*i.e.*, sexual wellness, HIV/Hep C). In conjunction with Housing First principles, harm

¹ <https://www.samhsa.gov/sites/default/files/harm-reduction-framework.pdf>

reduction means that individuals do not have to abstain from drugs and/or alcohol to be eligible to enter housing and are not evicted solely for a failure to maintain abstinence. Harm reduction creates an environment free of shame, blame or judgment.

Key Principles of Harm Reduction

1. Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them
2. Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others
3. Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies
4. Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm
5. Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them
6. Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use
7. Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm
8. Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

What is Naloxone?

Naloxone (also known by the brand name Narcan®) is an over-the-counter medication called an “opioid antagonist” and is used to counter the effects of opioid overdose, for example morphine or heroin overdose. Specifically, naloxone is used in opioid overdose to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally. Naloxone is not a controlled substance (i.e., non-addictive), prescription medication. Naloxone only works if a person has opioids in their system; **the medication has no effect if opioids are absent**. Although traditionally administered by emergency response personnel, naloxone can be administered by minimally trained

laypeople, which makes it ideal for treating overdose in people who have been prescribed opioid pain medication and in people who use heroin and other opioids. **Naloxone has no potential for misuse.**²

Best Practices in Harm Reduction

The following table is a guide outlining best practices for implementing harm reduction opportunities across housing and Emergency Shelter (ES) interventions with ‘X’'s denoting a recommended best practice in a given area.

Opportunities for Harm Reduction	Housing	Shelter
Training and Education		
Require staff/case manager trainings in: <ul style="list-style-type: none"> ▪ Harm Reduction training that includes but is not limited to federal options for harm reduction, which includes naloxone, de-escalation, overdose reversal, safe syringe disposal, fentanyl/xylazine testing strips and overcoming stigma ▪ Substance Use Disorder (SUD) as a behavioral health issue ▪ Offering participant engagement opportunities to build trusting relationships amongst staff, between staff and participants, and amongst participants themselves. ▪ LGBTQ+ Equity Training 	X	X
Require staff/case manager trainings in participant advocacy/landlord facilitation	X	
All service providers and volunteers working with participants are familiar with rescue breathing and/or trained in CPR and know the whereabouts and how to use heart defibrillators and Naloxone for emergency situations; interested participants are also encouraged to receive same training	X	X
Dedicated staff to track inventory and expiration of Naloxone supplies	X	X
Built Space and Environment		
Any security presence is unarmed	X	X
Signage is posted in common areas and on each floor with information and directions about rescue breathing, CPR and Naloxone/Narcan administration	X	X
Offer safe disposal options for used medical supplies	X	X
Offer free storage to secure personal belongings		X
Provide separation for people who choose sobriety from alcohol and substance use, and people who use substances		X
Create overdose prevention safety where individuals are under the supervision of peers and trained staff. Ensure enough staff to monitor spaces		X

² <https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/>; <https://www.cdc.gov/stopoverdose/naloxone/index.html>; <https://narcan.com>

TRAUMA INFORMED DESIGN

The architecture and design of a building can produce better outcomes for clients:

1. De-institutionalization or homelike design – this may not always be aesthetic choices; it can be a feeling the built space evokes. The design should not create feelings of confinement.
2. Colorful, fluid, and open spaces; look and feel is open but at the same time secure.
3. Maximize daylight and provide access to nature (physical and visual).
4. Clear circulation and wayfinding.
5. There are a variety of space types which can accommodate individuals, small groups, and large groups.
6. Create a sense of community in the built space by including courtyards, community kitchens, or libraries.
7. Participants are provided safe, hygienic, calm physical spaces

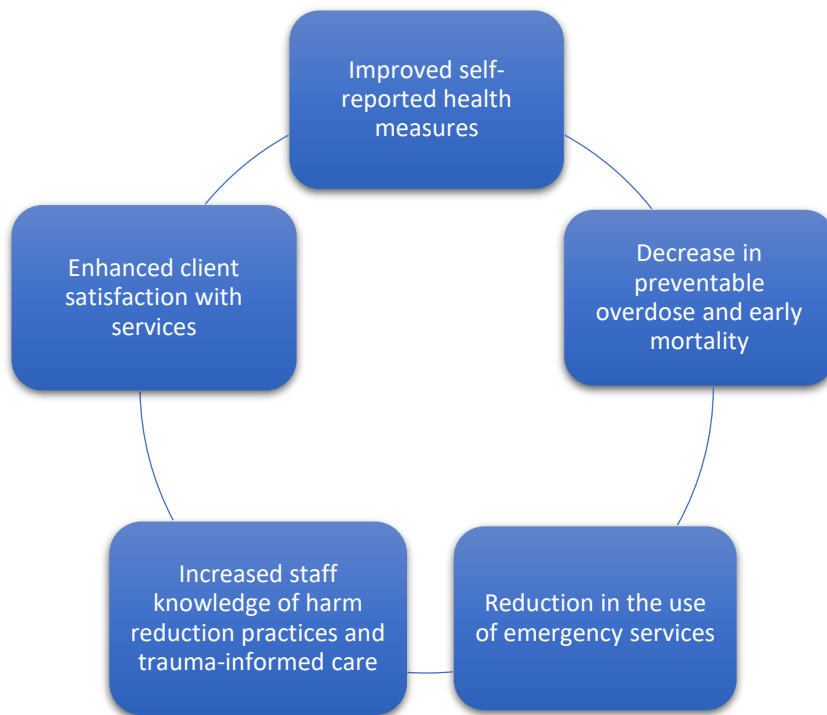
Service Delivery	Housing	Shelter
When working with a client, focus on behavior rather than the use of substances.	X	X
Staff to engage with participants around drug use safety planning prior to move-in. This is a time of major life transition and increases vulnerability to overdose.	X	X
Accept clients into housing programs with an assessment that offers, but does not mandate, supportive services to maintain housing.	X	
Implementation of social events to foster connection and community	X	X
Provide access (transport to/from or invitation to site) to local agencies that provide Medication Assisted Treatment (MAT), syringe access, and sexual health and wellness (including HIV, HCV, and other STI testing) programs	X	X
Provide warm handoff to community partners to enhance connection and uptake of services	X	X
Offer trainings to participants around: <ul style="list-style-type: none"> • Budgeting, money management education • Housekeeping 	X	X

<ul style="list-style-type: none"> • Food • Eviction Prevention and Tenants Rights • HIV/AIDS Awareness and Testing Training • HCV Awareness and Testing / Training 		
Certified peer support specialists for all (to include resources for low barrier, direct linkage to detox, certified peer support trainings [mental health, reentry, recovery], MAT and residential treatment for anyone wishing to stop use or use less chaotically as well as sexual health and wellness).	X	X
Self-directed, individualized case management plans that utilize SMART goals and promote participant choice and variety of services	X	X
Create a safe space for clients to provide feedback about services for continued growth and development	X	X
Setting up a voluntary participant group to check-in on wellness of participants who are new and/or may have issues adjusting (i.e. Buddy system, mentoring)	X	X
Provide regular programming that informs PWUD: <ul style="list-style-type: none"> • To decrease stigma that exists amongst users of different drugs or administration thereof • Safer use trainings 	X	X
Align client’s residential lease agreements with the standard TAA leases provided to the general public	X	
Ensure facility is a Sobering Center referral partner and understand when it is appropriate to utilize them	X	X
Organizational Culture	Housing	Shelter
Organizations introduce staff to concepts of harm reduction and recovery	X	X
Organizational culture respects client decisions about their lives	X	X
Foster belief that people can grow and recover	X	X
Provide transparency around service philosophy	X	X
Policy and Procedure	Housing	Shelter
Participants are offered flexible visitation policies with guests	X	X
Admission policies do not screen out people who use drugs	X	X
Do not do drug screens for admission or continued participation in program	X	X
Flexible curfew policies that allow for employment and individual needs	X	X
Develop a transparent grievance policy, including but not limited to security and staff, that allows for anonymity	X	X
Have clear and transparent policies around room checks that prevent unnecessary searches of personal property	X	X
Provide flexible policies around storage of prescribed and over the counter medications, including naloxone	X	X

By implementing these best practices, homelessness service providers can effectively support individuals experiencing homelessness and substance use disorders while reducing the negative consequences associated with drug use.

EVALUATION AND OUTCOMES

Regularly evaluate the effectiveness of harm reduction strategies and services through data collection, client feedback/satisfaction surveys, and outcome assessments. Use this information to identify areas for improvement and adjust as needed. The figure below highlights some of the measurable outcomes that an organization can expect to see by utilizing harm reduction practices.^{3 4}



FEEDBACK OPPORTUNITIES

It is critical to provide space for honest feedback of services to foster a continued evolution of harm reduction services and systems improvement. The harm reduction workgroup recommends that these spaces be provided to clients within all organizations, though if this is not an option, feedback of services is always welcome in the Continuum of Care governance meetings.

We encourage clients to attend these spaces and let their voice and experience be heard. To attend a meeting, please visit the [ECHO website](#) for more information about our Continuum of Care Governance meetings and the calendar.

³ <https://nida.nih.gov/research-topics/harm-reduction>

⁴ <https://www.samhsa.gov/find-help/harm-reduction>

RESOURCES

Hotlines	
<p>Never Use Alone If you plan to use by yourself, call this peer-run hotline. Operator asks for name/location/#. If you are unresponsive after using, they will send an EMS.</p>	877-696-1996
<p>Mandy's Line Connection line for people struggling with substance use. Staffed by peers who have lived experience with using drugs. Does not push people into treatment.</p>	800-943- 0540
<p>Integral Care Crisis Services If you are experiencing a mental health crisis, call 24/7</p>	512-472-HELP (4357)
<p>Outreach, Screening, Assessment, Referral Hotline Call to find available substance use treatment and services.</p>	844-309-6385
Toolkits	
<i>For Peers</i>	
Pregnancy and Substance Use Toolkit	
Medication for Opioid Use Disorder Tool Kit for Peer Recovery Specialists	
<i>For Providers</i>	
How to Treat Trauma Embedded in the Nervous System: A free toolkit for mental health professionals	
Further Guidance	
For a complete list of resources considered by the Harm Reduction Workgroup, please visit this link:	
NASTAD - Applying Harm Reduction in Housing Settings	
Click here for Further Guidance for Harm Reduction	