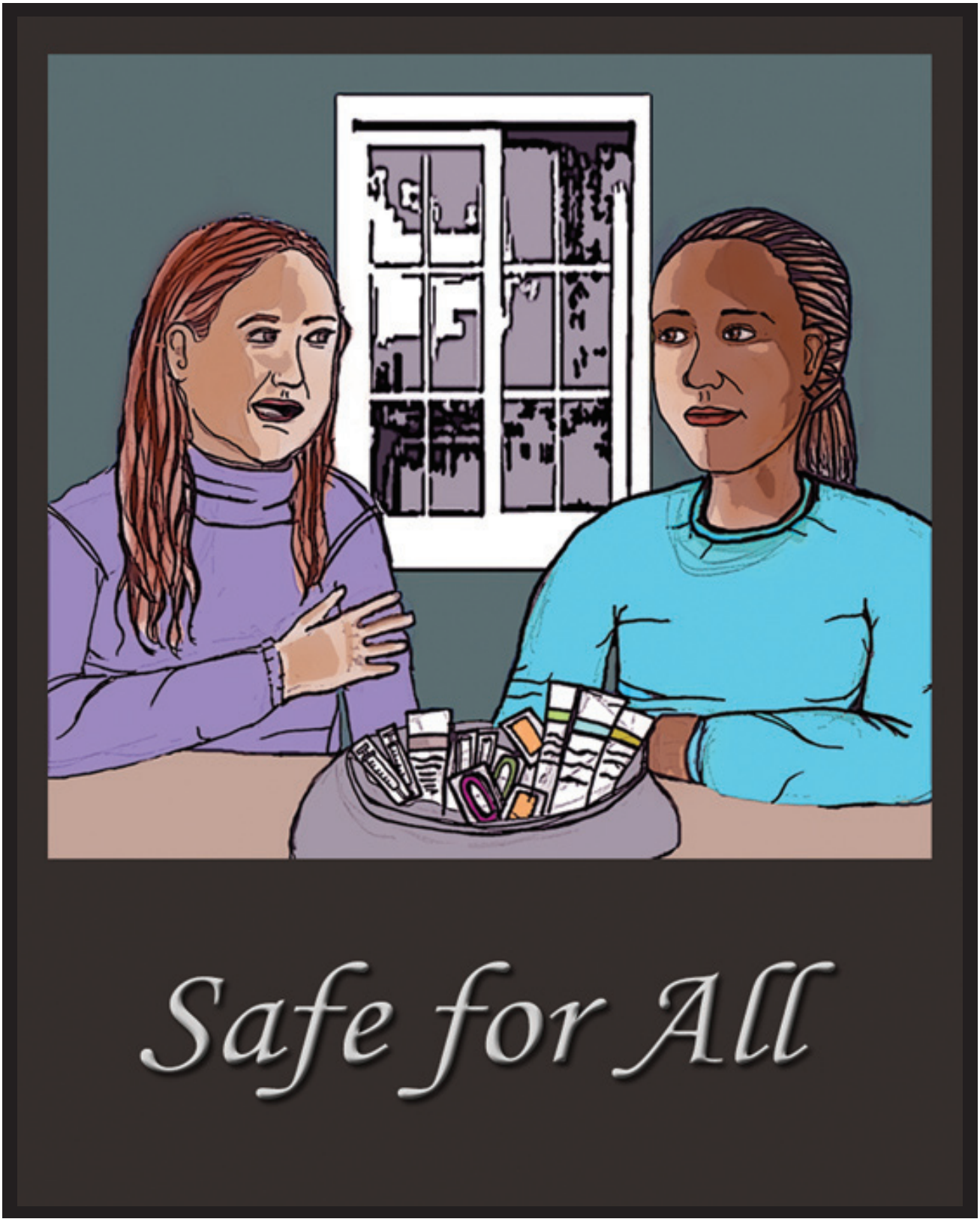

Discussion Guide

Ontario Association of Interval & Transition Houses

ACKNOWLEDGEMENTS

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Women's Community House

This project was produced by the
Ontario Association of Interval and Transition Houses

Filmmaker Susan Tiihonen

Susan Tiihonen is artist, activist and queer mom. She is a graduate of the Film Production Program at Confederation and the Assaulted Women and Children's Counsellor Advocate Program at George Brown College. After thinking she had left "the industry" (the film production world) for women's advocacy work, she found herself marrying two of her passions, movie making and women's issues, in the creation of films For Her Own Good: Emotional Resiliency After Abuse and Safe for All. When not making movies, she can be found running after her toddler Silas.

Consultant/Writer Bo Yih Thom

Bo Yih Thom has close to 20 years experience in anti-oppression and anti-violence movements. She is a Chinese dyke, feminist counsellor, and activist, who is particularly concerned with sex worker and drug user rights. She primarily uses trauma informed harm reduction frameworks in her counselling practice, along with holistic tools such as meditation and auricular acupuncture. She also teaches with the Assaulted Women and Children's Counsellor Advocate Program at George Brown College in Toronto.

Developer/Project Coordinator Margaret Alexander

Margaret has been an activist and educator in the women's anti-violence movement for over 16 years. She has worked in both women's shelter and rape crisis services, developing pro gramming that provided support and advocacy to women who had experienced violence, as well as delivering anti-oppression training to frontline shelter workers all over the province. She is also a teacher at George Brown College in the Assaulted Women and Children's Coun selor/Advocate Program. Margaret has authored a number of training publications including: Intimate Partner Violence and the Workplace, Supporting Survivors, Supporting Employment: A Workshop for Career Development Practitioners, An Integrated Anti-Oppression Framework for Reviewing and De veloping Policy: A Toolkit for Community Service Organizations, Initiating Support for Female Victims of Human Trafficking in Toronto: Findings & Recommendations Report, and Training for Change: An Integrated Anti-Oppression Framework.

ABOUT OAITH

OAITH is a provincial coalition founded by women's shelter advocates in 1977. Membership includes primarily first stage emergency shelters for abused women and their children, as well as some second stage housing programs and community-based women's service organizations. The association works with member agencies to educate and promote change in all areas that abused women and their children identify as important to their freedom from violence.

OAITH operates from an integrated, feminist, anti-racist/anti-oppression perspective on violence against women. We recognize that violence and abuse against women and children occurs as a result of unequal power and status of women and children in society. We also recognize that all racism and oppression of women is a form of violence.

We are committed to:

- Removing barriers to equality for all women and children
- Ensuring the voices and experiences of all abused women are heard when working for social change
- Increasing awareness through education, public advocacy and empowerment for OAITH member agencies
- Assisting shelters in offering support and services to women
- Offering training of to OAITH member shelters
- Working with our equity-seeking allies in the community to end all forms of violence and oppression of women

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ABOUT
WHAT IS HARM REDUCTION?

Harm reduction is a framework for working with people who use drugs that strives to reduce the harmful consequences of risky behaviour. It includes practical strategies, philosophies, and social change agendas.

Harm Reduction emerged in the 1980s as a response to the growing HIV/AIDS epidemic among men who have sex with men (MSM). Focus populations involved gay and bisexual men, as well as men who may identify as straight, but who have sex with other men. Harm reduction initiatives sought to connect with and provide practical strategies (safer sex supplies and information) to MSM communities regardless of sexual identity. Harm reduction has since developed as a strategy to promote health among other groups who are considered to engage in high risk activities including sex worker and drug user communities. It's continued focus on health promotion involves not only practical strategies to address physical health, but also seeks to challenge stigma and other social factors which create barriers to accessing support and ultimately work to undermine women's emotional and psychological well being.

Harm Reduction is predicated on the following Basic Tenets:

- **Recognizes the intrinsic value and dignity of human beings**

This framework does not divide women into binaries of survivors who are deserving of support vs. drug users who are underserving of support, or who are seen to undermine the healing of non-using women. In this model, violence faced by all women, including women who live in using communities, must be addressed on both individual and systemic levels. In other words, we can get a sense of the effectiveness of a feminist movement by how/if it supports those who are most on the margins.

- **Seeks to maximize social and health assistance, disease prevention and education, while minimizing repressive and punitive measures**

Harm Reduction does not approach drug use as a criminal or medical issue, but as a pattern of coping that can impact physical, emotional, and spiritual health. It recognizes that criminalization is a result of the stigma associated with substance use which creates barriers to accessing support. A woman is less likely to discuss and problem solve around risk factors if disclosure leads to differential services, the denial of services, social isolation, or threats to her freedom or ability to protect family members and children from systems (namely child welfare, immigration, and criminal justice systems).

- **Recognizes the right for comprehensive, non-judgemental medical and social service and the fulfillment of basic needs of all individuals and communities, including users, their loved ones, and the communities affected by drug use**

This tenet calls for harm reduction support to be integrated throughout support services, including VAW shelters. Harm reduction has a ripple effect within communities. As the health of individual women is increased, so is the health of her family and community. Drug users do not live in a vacuum. A woman who uses drugs is intimately connected to non drug users in her role as a parent, partner, friend, and support. We also know that communities with harm reduction programs have lower rates of HIV and Hepatitis C than those who do not.

- **Does not judge licit and illicit drugs and drug use as good or bad, rather it looks at people`s relationship to drugs, emphasizing the reduction of drug related harm and the encouragement of safer drug use**

Harm reduction does not take a moral stance on drug use by defining it as good or bad. The focus is on how a woman feels about her substance use, what's working or not working, what could be working better. Harm reduction conversations can focus on the level of control a woman has in relation to using, including amount and frequency, whether she is using to cope with stressors or pain, and her level of satisfaction with substance use as coping. Enhancing personal control over using also involves physical safety and interpersonal power. Does she have access to her own, new, safer use supplies and information? Does she know how to inject herself, or does she rely on someone else? Does she have her own drug dealer? Who decides when, how much, or if she uses? Does she have a safe place to use and come down? Unlike the Disease model where substance use goals are focused on achieving and maintaining abstinence, viable harm reduction goals can involve anything from changing use patterns, to maintaining a safe home, to reducing dependence on an abusive partner.

- **Recognizes the competency of a user to make choices and change her life, including her drug use**

Harm reduction frameworks understand that a woman is in the best position to decide what will and what will not work for her. A woman is able to make decisions to cope positively even when she is using. Using itself can also be a positive choice. A woman's process must be respected. It is the work of support workers to meet a woman where she is at, and to support her in her ability to guide her own process. A harm reduction framework necessitates that all goals and support plans are co-created with or defined by the woman herself.

- **Demands that the individuals and communities affected by drug use be involved in co-creation of strategies for harm reduction interventions and programs**

Harm reduction situates people who use drugs at the forefront of change movements, and program and policy development where substance users are impacted. Non-using supports are positioned as allies instead of as experts. In terms of VAW shelters looking to incorporate harm reduction principles, there is a call to take direction from and involve survivors who use in meaningful ways.

- **Expects accessible, flexible, non-judgemental drug treatment**

There are currently many barriers to residential treatment and day programs. Examples include:

- Abstinence based
- Punitive
- Generic models developed for white, middle class men
- Most treatment centres do not allow women to connect with outside supports or family (including children)
- Women who are primary caregivers risk CAS scrutiny when accessing services
- 12 step models are widely used with few alternatives
- Trauma informed models are not widely used

- **Supports accessible distribution of sterile drug use and safer sex equipment**

Harm reduction frameworks of decades ago used an exchange model, in a political context where syringe distribution programs were very new and policies were designed to protect against the littering of used needles. It was thought that a 1:1 exchange would be an effective way to ensure that all needles were returned. This policy proved ineffective because drug use is at the same time criminalized - it increases vulnerability to have to carry used needles. It is also impractical. Proper disposal techniques and the strategy of distribution instead of exchange is promoted today. People who access harm reduction programs have access to an unlimited amount of safer use and safer sex supplies, and are not required to provide identifying information. Harm reduction services also provide people with private and confidential ways to dispose of used works.

- **Challenges current drug policies and their consequences, such as misrepresentations of drug users, misinformation about drug use, and law reform**

Harm reduction recognizes that the War on Drugs is actually a war on people. It calls for action around drug law reform to reduce punitive measures, and promotes the distribution of accurate information about drugs. This information includes ways to prevent health problems associated with substance use including how drugs work, preventing, and handling overdose.

WHY IS IT IMPORTANT TO SUPPORT WOMEN WHO USE DRUGS OR ALCOHOL IN VAW SHELTERS?

VAW shelters are for all women who are moving towards freedom from violence. 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.

Drugs and alcohol make things messy. Supporting women despite or regardless of substance use and drinking can activate a range of challenging emotions and value based dilemmas that are often hooked into our own personal, systemic, historical, and cultural pain. It can tap into conflicts and force us to work through our own challenging experiences in ways that are uncomfortable. And yet these opportunities ultimately move us in the direction of individual and societal healing.

We know too well the many barriers that exist on our healing journeys. The deep pain that accompanies survivorship is often muted or buffered by the use of drugs and alcohol. Flashbacks, intrusive thoughts, body memories, overwhelming feelings, and the bottomless ache of emptiness are temporarily abated. As women who survived, we didn`t have choices or control over what happened to us or how to cope with it. In adulthood, our work together is to foster an environment free of shame, one that cultivates empowerment regardless of coping patterns. To deny services to women who use drugs is to deny support to the survivors among us who are most marginalized.

WHO BENEFITS FROM 12 STEP AND DISEASE MODEL?

The 12 Step or disease model of substance use is based on the idea that substance dependence is a disease. It is the most popular contemporary model in dealing with substance use and is widely used across hospital, residential, and community based addiction programs. The disease model assumes that an individual is powerless over unwanted substance use. Experts, ranging from peers who have enjoyed longer periods of abstinence, to social workers and doctors, are seen to possess information that can guide a woman to achieving and maintaining sobriety. Within the 12 Step model, failure to achieve abstinence from drugs and alcohol is largely seen as a result of failure to conform to the model's directives.

The 12 Step Model has helped countless individuals effectively take their lives back from substance use by achieving and maintaining abstinence. Yet for many others, the model is not sufficient. Many people who drink or use drugs do not want to be abstinent and benefit from models of substance use support that normalize substance use as a valid choice or reality. Even in cases where a woman has a goal of abstinence, small steps and opportunities to build on successes can be essential, along with the understanding that all change processes involve a negotiation between old and new patterns. Supports that can stay in place despite drug use or drinking send a strong message that a woman is worth hanging in with. We know it is harmful to tell a woman to leave her abuser, yet similar judgements, when applied to substance users, are still considered helpful and appropriate. Telling or expecting a woman to simply stop using drugs or alcohol is stigmatizing, isolating, and ineffective. It creates conditions where women who survive violence in using communities cannot access support from the very spaces that are created to empower women to live with dignity and without violence.

The disease model has grown to be so popular because it serves patriarchal systems such as medicalization and capitalism. It emerged during Prohibition, a time when "social evils" associated with alcohol consumption were having devastating effects on both private and public life. The disease model was convenient during this period when the manufacture, sale, and consumption of alcohol was illegal because it claimed that alcoholism was a medical condition that effected only a small percentage of the population. This conceptual shift meant that a small minority of people would succumb to destructive patterns as a result of drinking, while the majority of the population could consume alcohol without harmful consequences. The disease model provided a rationale for private companies to manufacture, excessively promote, and profit from alcohol sales without being called into moral question, while the medical system could establish itself as the expert in the diagnosis and treatment of people who live with unwanted substance use. Peer led models that understood substance dependence as a disease and which promoted a prescriptive 12 Step formula also gained in popularity to the point where today, 12 Step has emerged as the peer support model for addressing substance use concerns.

The 12 Step/disease model's centrality creates many barriers for women who fall outside of this model. Within criminal justice systems, women who are ordered to complete drug treatment programs are often later charged for failing to comply with court orders that mandate the completion of a treatment program. Often, women are seeking support, but do not identify with the underlying philosophies of the 12 Step model, and are then seen as non-compliant or resistant. Shelters and many other community based support systems who rely on referrals to 12 Step programs can also fall into the trap of misunderstanding, mislabelling, and further stigmatizing women who use drugs or alcohol.

Challenges posed by the 12 Step model for many trauma survivors include:

- Requires buy-in to the idea that you are powerless over unwanted substance use
- Abstinence from all drugs is understood as the only viable goal
- Few groups exist for women only
- Expertise is situated outside of the person seeking change
- Model is prescriptive and generic
- Tone of support is directive
- Groups are white, male, and heterosexual dominated
- Higher Power and God are often used interchangably
- Meetings involve prayer
- Support falls away during using periods

WHAT ARE COMMON BARRIERS IN VAW SHELTERS FOR SURVIVORS WHO USE DRUGS OR ALCOHOL?

No drug use policies
A woman who is surviving violence and who uses drugs will not access VAW shelters because she knows she will run the risk of being further criminalized and will be treated poorly by shelter staff and other residents. Stigmatizing language and policies are other forms of violence. A woman in this situation is most likely to continue to navigate and cope with familiar physical, emotional and sexual violence rather than open herself up to other levels of violence from formal supports and strangers (VAW shelter workers), and systems. If she takes the risk to access a VAW shelter and is discharged for using, she will most likely return to her abuser.

Moral or values based policies vs. behaviour based policies
At times VAW shelters argue that women who use drugs create an unsafe environment for women fleeing violence because since substance use or drinking was present while abuse was happening. This argument creates a false binary. Women who use drugs and who would benefit from VAW services are not only also fleeing violence, but are surviving violence where substance use plays a role. It is our work to support all women to cope positively with triggers. 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. Policies that focus on behaviour (i.e. abusive language) are clear, and do not single out groups of women based on coping patterns.

Assumptions about a woman`s readiness to live free of violence
Some trauma experts maintain that women who use drugs and alcohol are not actually ready to begin or continue healing. This assumption is problematic because it ignores the reality that substance use is a way that many women cope with the effects of trauma. How can we ask a woman to forego the coping strategies that have helped her survive so far? Our work is most effective when we build resilience and a range of coping skills. Taking away coping or judging creates shame and replicates patterns of violence. Further, some trauma survivors accept drug use as a part of life, and do not want to be abstinent from drugs or alcohol. These same women however, are most likely interested in creating conditions that nurture and protect personal power.

Strict curfews

Support with realistic problem solving and flexibility regarding curfews can be very helpful for women who use drugs, as patterns of use and unforeseen circumstances can play a role in women missing curfew. A VAW shelter that is willing to work with women through these circumstances will be better able to support a woman to leave her abuser. Shelters that discharge women who use drugs because of circumstances related to drug use are ultimately positioning a woman to return to her abuser.

Accessing safer use supplies

A woman who injects drugs and who carries new injection equipment is invested not only in her own health, but in the health of the broader community. Unfortunately, she is usually seen as a threat. The stereotype that a drug user does not care about her health leads to an invisibilization of positive coping and responsible behaviours. When a woman's safer use supplies (otherwise known as "works") are taken away, she will get the message that she is doing something shameful, and that her body is not deserving of protection. This stigma plays out further when she has to ask a worker to access her works. Personal lockers would be useful so women can maintain a level of privacy around use. In cases where a woman is discharged due to conflict after business hours, it is unlikely that she will feel comfortable enough to ask for her works. She is then cast out into a situation of heightened vulnerability since stress creates triggers to use, even when conditions for safer use are limited or unavailable. Shelters exist in Toronto where on site use is prohibited, yet safer use supplies are accessible to residents. This contradiction is a strategy to balance both the needs of the shelter, and the reality of people who use the services. If your shelter is not in a region that has harm reduction programs to partner with, you can contact the Ontario Harm Reduction Distribution Program (OHRDP) at 1-866-316-2217.

Sharps Containers

Many community agencies that prohibit on-site drug use have moved to installing bio hazard or sharps containers in bathrooms. Despite clear signage and follow up, service users without a safer place to inject (privacy, light, running water, no abuser) will turn to agency washrooms. Because substance use is prohibited within the agency, people could not practice safe disposal practices, so often tried to flush syringes down the toilet. While this practice led to plumbing problems, women were able to continue to access services while maintaining a tentative degree of privacy and safety around injection drug use. Agencies who installed sharps containers retained their no onsite drug use policies, but had less plumbing problems. Proper sharps containers prevent

children or other adults from retrieving used syringes. Agencies addressed questions about sharps containers on the level of individual and community health. In situations where a woman injects drugs off site, she can now safely dispose of her used needle in a private and accessible space, a practice that will raise the overall level of her community's health.

Fear of promoting drug use

A common argument against harm reduction is that harm reduction (providing information and practical strategies to reduce the risks associated with substance use) promotes or enables use. Harm reduction does not make people use drugs. Harm reduction offers ways to enhance individual and community health while substance use is happening. If the staff at your shelter were to receive training on safer drug use, would all the staff begin using drugs? Would any of the staff who didn't use drugs before, go home and start using because they now have safer use information? Perhaps some staff, who have a relationship with substance use, may feel triggered to use. These same staff will likely be managing triggers to use in other areas of daily life. The experience of managing triggers effectively (often with support) are positive experiences that ultimately strengthen one's sense of self. A woman who is fleeing violence and is striving towards abstinence or otherwise changing her substance use pattern is building resilience when she copes with triggers to use. The support of VAW shelter workers and peers can be essential during these times.

Methadone

Long term opiate users can access methadone treatment programs which provide methadone as an alternative to pain medication. Methadone reduces the level of high risk behaviors involved in getting drugs and can ultimately link opiate users into a broader range of health, medical, and social support services. Methadone also has its own set of challenges including emotional and physical symptoms that can be difficult to manage. As with all medical systems, an advocate can be extremely useful. VAW shelters who understand the impacts of methadone, as well as related advocacy issues will be better positioned to support a woman who uses methadone as she moves towards freedom from violence. Practical considerations for women using methadone include transportation support to travel to and from the doctor and pharmacy. Many methadone users must go to the pharmacy daily to get a "drink" or dose of methadone. Additionally, a woman may need support when she returns, depending on the climate of the pharmacy, doctor's office, if she ran into people she knows from her using community, or if she is coping with a trigger to use outside of her methadone prescription. Women who are allowed 'carries' (a daily dose of methadone that she is able to keep and administer at home), will need a space in the refrigerator with a locked box to store the medication.

Being 'productive' during the day
Shelters often have policies that prevent women from sleeping during the daytime. These policies provide structure and encouragement for women to work on life goals. However, there is an assumption that women are positioned to do this work in certain ways. A woman who is dealing with chaotic drug use, or who is living with a serious substance use dependency may actually need to sleep. Sleeping or bed rest is essential in coping with withdrawal. A woman who is changing her substance use patterns may need a lot of time in bed to deal with both the physical and emotional (often trauma informed) effects of not using. Shelters that have flexibility and can support a woman to stay in bed or negotiate a limited schedule for a month or two will most likely be supporting that same woman in time to get up in the morning and do her life work. The same woman, in a shelter with strict guidelines that do not allow sleeping or bed rest during the day will most likely be discharged and may return to her abuser within a few weeks following her arrival at the shelter.

WAYS TO SUPPORT WOMEN

Harm Reduction knowledge integrated across staff teams
Competency in harm reduction strategies and philosophies is important to build among all staff at VAW shelters. It is a growing trend in community agencies that all staff, including front desk staff and management, receive basic harm reduction training. While there may be staff with a greater expertise, the value of all staff having basic information is in reducing stigma, and the ability to provide immediate access to safer use strategies, a basic tenet of harm reduction.

On site harm reduction supports
VAW shelters could partner with feminist harm reduction programs or workers to provide on-site support to women who use drugs. Services could include the distribution of safer use supplies, education regarding safer use, vein and lung health, living better with HIV or hepatitis C (HCV), information around contaminated street drug trends, and counselling support. Group support is also useful in reducing stigma and isolation. Both groups and individual harm reduction supports can be easily shaped to make links between substance use and survivorship, creating VAW programming and services that are relevant to women who use drugs or alcohol.

Counselling Themes

Counselling themes that are relevant for non-using women are also relevant for survivors who use drugs. Additionally, harm reduction approaches support women to heighten personal power and control as people who do use drugs. It supports women to manage drug use and its impact on other areas of life in ways that feel positive and work for her. This empowerment based approach is compatible with feminist counselling where highlighting positive coping is central, and where goals and directions are flexible, defined by the woman herself, and co-created with her support systems. General themes may include physical, emotional, and spiritual health, safety planning, trauma and survivorship, grief and loss, decreasing and coping with the impacts of systems violence, relationships, a safe home, and positive parenting. Counselling that supports women to manage the various impacts of trauma can be very useful since many survivors use drugs and alcohol to get a break from the physical and emotional impacts of violence. Some women may also want support to address broader triggers to use. These same women may be moving toward abstinence, interested in changing or reducing use, or anywhere on the spectrum from satisfied with, to proud of, being a person who uses drugs. The key is to take the lead from the woman herself, and to recognize the value of a broad range of goals and healing work, without pushing women towards reduction or abstinence.

Auricular Acupuncture

The National Acupuncture Detoxification Association (NADA) trains substance use counsellors in a safe, 5 point ear acupuncture protocol, offered as an adjunct to counselling. This 5 point protocol helps to reduce withdrawal symptoms by addressing anger, sadness, fear and emotional balance, while stimulating qi (internal life energy) in the kidneys, liver, and lungs (organs who are strongly impacted by substance use). This protocol can be used with women who are striving to maintain abstinence, as well as with women who do not have an abstinence goal. The acupuncture helps women connect with the internal ability to make positive changes. While originally developed to address substance use, it is now known that the NADA protocol is also helpful as a general body treatment, and is useful for people who have survived trauma, and also for those who are living with anxiety or depression. Because of its many benefits, VAW shelters could offer this service without singling out women who use drugs, and a broader range of residents would benefit from access to this treatment. Shelters who are unable to train counsellors to provide the NADA protocol could partner with other feminist service providers (usually in the substance use field) to provide services on site.

Support as women become incarcerated
A woman will most likely lose her community supports when she gets arrested. The supports she will have access to in jail are very limited. It is so important to continue to link with her while she is inside. This can happen through letter writing and visits. Accepting collect calls is the easiest way to ensure that a woman at your shelter can stay in touch. You can also contact the woman`s social worker in the jail, who can set up regular phone sessions. It is paramount in these situations, that women do not lose their beds. Having no place to go upon release back into the community will create circumstances where returning to an abuser is the most viable option.

Position on Sex Work
For some women who use drugs, and for many who do not, sex work is a viable career choice. VAW shelters that stigmatize and criminalize women who choose sex work are alienating survivors and creating binaries that reinforce patriarchal morals and laws. A harm reduction approach to sex work is interested in supporting a woman to work with a high degree of personal power and control, which includes a focus on physical safety and emotional comfort.

Willingness to advocate
Too often, service providers and doctors will conflate a woman`s concerns with substance use, taking the position that if she didn't use, she wouldn`t have certain problems. Women`s health, safety, and emotional concerns are often ignored when using is present. Women who use drugs and who are also HIV positive are often denied HIV medications based on the assumption that she won`t take her medication regularly. The importance of a strong feminist advocate that can use a harm reduction approach is essential to approaching the situation without judgement and with clarity.

SUMMARY

Women who use drugs and alcohol are already accessing VAW services. This will not change. We can only impact how survivors who use feel and relate to the services that are being offered. This work is ally work, and will be most effective when women who use drugs or alcohol are positioned to inform policies and shape programming.

RESOURCES

ONTARIO AND CANADA

Directory of Needle Exchange Programs in Ontario:
http://www.ohrdp.ca/needle-exchange/

Safer Drug Use: A Harm Reduction Pocketbook - Printable
http://library.catie.ca/PDF/ATI-20000s/26125.pdf

Ontario Harm Reduction Distribution Program
WEBSITE: http://www.ohrdp.ca/
ADDRESS: 200 Princess Street, Kingston, Ontario K7L 1B2
TELEPHONE: (613) 544-9735
TOLL FREE: (866) 316-2217
FAX: (613) 544-1980

SERVICES:Education and Outreach, Needle Exchange Programs and Harm Reduction Services. The Ontario Harm Reduction Distribution Program provides harm reduction materials, such as sterile water, cookers, tourniquets, filters, vitamin C (acidifier) and alcohol swabs to Ontario's needle exchange and harm reduction programs. As well, the OHRDP acts as knowledge broker and provides a website for additional information including a directory of needle exchange programs and satellites in Ontario. The program is funded by the Ontario Ministry of Health and Long-Term Care, Hepatitis C Secretariat

Canadian Prison Advocacy and Outreach Coalition
Website: http://www.cpaoc.ca/

SERVICES: CPAOC is composed of non-governmental organizations, incarcerated people and ex-incarcerated people across Canada that work with people in prison on HCV/HIV/AIDS and/or human rights, health promotion and harm reduction issues. The mandate of CPAOC is to advocate for human rights, harm reduction (such as Prison-based Needle and Syringe Programs) in regards to HCV/HIV/AIDS and other systemic issues in all federal prisons and provincial institutions in Canada.

Association of Ontario Health Centres: Directory of Community Health Centres
WEBSITE http://www.aohc.org/
SERVICES: Resources and Directories
The Association of Ontario Health Centres represents & promotes community-governed primary health care centres in Ontario. The AOHC provides leadership for the promotion of non-profit, community-governed, interdisciplinary primary health care in Ontario.

Prisoners' HIV/AIDS Support Action Network (PASAN)
WEBSITE: http://www.pasan.org/
ADDRESS: 314 Jarvis St. #100 Toronto, Ontario M5B 2C5
TELEPHONE: (416) 920-9567
TOLL FREE: (866) 224-9978
FAX: (416) 920-4314
EMAIL: info@pasan.org
SERVICES: Education and Outreach, Needle Exchange Programs and Harm Reduction Services, Resources and Directories
PASAN is a community-based network of prisoners, ex-prisoners, organizations, activists and individuals working together to provide advocacy, education and support to prisoners on HIV/AIDS, Hep C and related issues. They accept collect calls from prisoners in Canada.

Auricular Acupuncture
WEBSITE: www.acudetox.com/nada-protocol/training.html
If you are interested in getting trained in auricular acupuncture, go to the website for the National Acupuncture Detoxification Association (NADA). You can enter Canadian cities in the Trainer Directory, even though the website lists US states only.

TORONTO

Shelters with Harm Reduction Policies

Eva's Satellite
WEBSITE: http://www.evasinitiatives.com/e-satellite.php
PHONE: 416-229-1874
FAX: 416-642-2677
EMAIL: info@evas.ca
SERVICES: Emergency shelter for homeless youth ages 16-24

Fred Victor Caledonia Shelter
WEBSITE: www.fredvictor.org
PHONE: 416-644-1734
FAX: 416-644-1740
SERVICES: Homeless men, women and couples, 18 years and over * trans-positive services * pets allowed

Nellie's
WEBSITE: www.nellies.org
ADMINISTRATION PHONE: 416-461-8903
CRISIS PHONE SHELTER: 416-461-1084
TTY PHONE: 416-461-7561
FAX ADMINISTRATION: 416-461-0970 ;
FAX SHELTER: 416-461-0976
MAILING ADDRESS: 970 Queen St E, Box 98118, Toronto, ON, M4M 1J0
SERVICES: Single women 16 years and over or women with children, who are homeless or leaving violence. All Nellie's facilities are trans-women positive

Support services

Breakaway Addictions Services, Harm Reduction Outreach Team
WEBSITE: www.breakawayaddictions.ca
PHONE: 416-953-2227
SERVICES: Counselling and practical support for people who use drugs, including in reach to women's prisons and auricular acupuncture * trans positive services

Fred Victor Women's Day Program
WEBSITE: www.fredvictor.org/womens_day_program
PHONE: 416-392-9292
SERVICES: Drop-In support services for homeless and marginally housed women 18 years and over without children including people who use drugs. trans-positive services

Maggies: The Toronto Sex Workers Action Project
WEBSITE: www.maggiestoronto.ca
ADDRESS: 298 A Gerrard St. E. 2nd Floor, Toronto, ON, M5A 2G7
PHONE: 416-964-0150
HARM REDUCTION SERVICES: Distribution of safer sex literature, condoms and other materials. Needle exchange and safer crack use kits. Assistance in reporting bad dates

Queen West Community Health Centre
WEBSITE: www.ctchc.com
PHONE: 416-703-8480
FAX: 416-703-7832
ADDRESS: 168 Bathurst St, Toronto, ON, M5V 2R4
HARM REDUCTION SERVICES: Education, anonymous HIV testing by appointment, needle exchange, one-to-one counselling, referrals and advocacy
SERVICE AREA: College St (north) to Lake Ontario (south), Dovercourt Rd (west) to University Ave (east)

Regent Park Community Health Centre
WEBSITE: www.regentparkchc.org
PHONE: 416-364-2261
FAX: 416-364-0822
ADDRESS: 465 Dundas St E, Toronto, ON, M5A 2B2
HARM REDUCTION SERVICES: Distribution of harm reduction supplies, needle exchange and education
SERVICE AREA: Gerrard St E (north) to King St E (south), Sherbourne St (west) to Don River (east) * boundaries may vary for some programs

Sherbourne Health Bus
PHONE: 416-324-4170
SERVICES: Mobile health services for homeless and marginalized people. Distribute harm reduction information and materials

South Riverdale Community Health Centre - Women's Harm Reduction Program
WEBSITE: www.srchc.ca/harm-reduction-materials-information
CONTACT: Molly Bannerman
PHONE: 416-461-3577 ext. 232
SERVICES: Distribute harm reduction information and materials, Women's Circle Group, Peer support, education, Bad Date Reporting
MOBILE SERVICES: For information, please call (416) 451-1951.

Woodgreen Community Services
650 Queen Street East
Toronto, Ontario
TELEPHONE: 416-645-6000 X1150
Email: cjames@woodgreen.org
WEBSITE: http://www.woodgreen.org/ServiceDetail.aspx?id=211
HARM REDUCTION SERVICES: Needle Exchange Programs and education

Street Health
WEBSITE: http://www.streethealth.ca/home.htm
ADDRESS: 338 Dundas St. E. Toronto, Ontario M5A 2A1
TELEPHONE: (416) 921-8668
FAX: (416) 921-5233
EMAIL: info@streethealth.ca
HARM REDUCTION SERVICES: needle exchange program, street-outreach and access to primary health care

TRIP Project
WEBSITE: http://www.tripproject.ca/trip/
TELEPHONE: (416) 703-8482 x125
EMAIL: info@tripproject.ca
HARM REDUCTION SERVICES: Resources and Directories
The site is targeted at the club and party scene and has information on safer drug use, safer sex and safer partying.

The Works Toronto Public Health Needle Exchange Program
WEBSITE: http://www.toronto.ca/health/sexualhealth/sh_the_works.htm
ADDRESS: 277 Victoria St. Toronto, Ontario M5B 1W2
TELEPHONE:(416) 392-0520
FAX: (416) 392-0810
SERVICES: Education and Outreach, Needle Exchange Programs and Harm Reduction Services, Social and Community Services

Coalitions

Safer Crack Use Coalition (SCUC): safercrack@yahoo.ca

Toronto Drug Users Union : torontodrugusersunion@gmail.com

Scarborough Community Harm Reduction Action Network:
PHONE: 416-338-6112
CONTACT PERSON: Wendy Otsu, email: wotsu@toronto.ca
SERVICES: Community-based network of agencies and individuals working to develop and deliver services related to harm reduction

Toronto Harm Reduction Task Force
PHONE: 647-222-4440
WEBSITE: www.torontoharmreduction.org
EMAIL: info@torontoharmreduction.org

OTTAWA

Street Health Centre Hepatitis C Program -
Ontario Hepatitis C Nursing Program
ADDRESS: 235 Wellington St. Kingston, Ontario K7K 0B5
TELEPHONE: (613) 549-1440
EMAIL: info@streethealth.kchc.ca
SERVICES: Education and Outreach, Needle Exchange Programs and other Harm Reduction Services

Wabano Centre for Aboriginal Health
WEBSITE: www.wabano.com
ADDRESS: 299 Montreal Road, Ottawa, Ontario K1L 6B8
TELEPHONE: (613) 748-5999
FAX: (613) 748-9364
EMAIL: info@wabano.com
SERVICES: Education and Outreach. A needle exchange and safer inhalation program are available onsite and as part of their Mobile Health & Addictions Outreach service.

Oasis Program: Sandy Hill Community Health Centre
ADDRESS: 221 Nelson St., Ottawa, Ontario K1N 1C7
TELEPHONE: (613) 569-3488
FAX: (613) 569-3484
EMAIL info@sandyhillchc.on.ca
WEBSITE: www.sandyhillchc.on.ca/mainEngl/home_engl.html
HARM REDUCTION SERVICES: a drop-in centre, needle exchange services and complementary care.

SUDBURY

ACCESS AIDS Network
ADDRESS: 111 Elm St. Sudbury, Ontario P3C 1T3
TELEPHONE: (705) 688-0500
TOLL FREE: (800) 465-2473
FAX: (705) 688-0423
WEBSITE: www.accessaidsnetwork.com
SERVICES: Education and Outreach, Support Groups, Testing, Needle Exchange Programs and Harm Reduction Services, Individual Support and Counseling, Social and Community Services

THUNDER BAY

AIDS Thunder Bay
ADDRESS: 574 Memorial Avenue Thunder Bay, Ontario P7B 3Z2
TELEPHONE: (807) 345-1516
TOLL FREE: (800) 488-5840
FAX: (807) 345-2505
EMAIL: info@aidsthunderbay.org
WEBSITE
SERVICES: Education and Outreach, Support Groups, Testing, Needle Exchange Programs and Harm Reduction Services, Individual Support and Counseling

CAMBRIDGE, KITCHENER, WATERLOO AND AREA

AIDS Committee of Cambridge, Kitchener, Waterloo & Area (ACCKWA)
ADDRESS: 2B-625 King Street East Kitchener, Ontario N2G 4V4
TELEPHONE: (519) 570-3687
FAX: (519) 570-4034
WEBSITE: www.acckwa.com
SERVICES: Needle Exchange Programs and Harm Reduction Services, Individual Support and Counseling

LONDON

London Harm Reduction Coalition
ADDRESS: 299 Egerton St. London, Ontario N5Z 2H2
TELEPHONE: (519) 936-0706
EMAIL: londonhrc@yahoo.ca
SERVICES: Education and Outreach
This coalition develops and delivers educational and supportive programs and research for the community and other at-risk populations in order to reduce harm for individuals who use substances.

DURHAM REGION

John Howard Society of Durham Region
ADDRESS: 75 Richmond St. W, Oshawa, Ontario L1G 1E3
TELEPHONE: (905) 579-8482 x244
FAX: (905) 435-0352
WEBSITE: http://www.jhsdurham.on.ca/harmreduction/
SERVICES: Project X-Change and Project “C” For Yourself - Needle Exchange Programs and Harm Reduction Services, Individual Support and Counseling, Social and Community Services