



**PARKDALE
QUEEN WEST**
Community
Health Centre



South Riverdale
COMMUNITY
HEALTH CENTRE

HARM REDUCTION SATELLITE SITES

**A GUIDE FOR OPERATING HARM
REDUCTION HUBS FROM THE HOMES
OF PEOPLE WHO USE DRUGS**

**PROVIDING LOW-THRESHOLD HIV, HEPATITIS C
AND OVERDOSE PREVENTION IN RESIDENTIAL
AND OTHER COMMUNITY SETTINGS**

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Dedication and Acknowledgements

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We dedicate this to the spirit and memory of Leon “Pops” Aylward, Raymond Jewett. Both Pops and Ray died from overdose and the drug war in Spring 2019. Pops was a key member and force behind the Moss Park Overdose Prevention Site, and a member of the harm reduction Satellite team where he helped develop Satellite roles for people who use drugs in the shelter system in Toronto. Ray also died from a poisoned drug supply, was a member of the Satellite team, and established the Overdose Response Trainer role in the building where he lived – a role which served as a model for other communities and buildings across the city. We are deeply appreciative of the time we got with each of them; for all they generously taught us and that we carry with us.

About our Organizations

South Riverdale Community Health Centre's (SRCHC) mission is to improve the lives of people that face barriers to physical, mental, spiritual and social well-being. We do this by meaningfully engaging our clients and communities, ensuring equitable access to primary health care, and delivering quality care through a range of evidence informed programs, services and approaches.

Parkdale Queen West Community Health Centre (PQWCHC) is a community-based health service organization located in South-West Toronto. We offer a broad range of services, including primary health care, dental care, harm reduction, health promotion, counselling, and community development programming. PQWCHC's mission is providing equitable, accessible, urban healthcare for people where, when, and how they need it.



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All information was up to date at the time of writing, but is subject to change.

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Introduction

Almost all harm reduction initiatives were created by people who use drugs (PWUD), out of necessity, in response to neglect and discrimination from existing health care and social services, or because no one else was responding to their needs. Needle and syringe programs, naloxone distribution programs, supervised injection and witnessed use, to name a few, all began because people who use drugs took things into their own hands.

The term “Satellite sites” is used to refer to informal harm reduction hubs operating out of the homes of people who use drugs. Informally operating in Toronto for over 20 years, these sites offer, at a minimum, access to sterile drug use supplies outside of more formal settings like health centres. Many Satellite sites offer much more than this - including naloxone and overdose response training, safe needle disposal, and referrals to health care services. In many cases these sites still operate informally, without added structure or external support. In some cases, they benefit from a connection with an external community health centre that can offer support, recognition, and remuneration for this important work.

This program guide was developed based on our experiences at two Toronto-based community health centres developing Satellite site programming out of the homes of people who use drugs: South Riverdale Community Health Centre and Parkdale Queen West Community Health Centre. We share our experiences in the hope that it will be helpful for community-based service providers who would like to develop similar programming, or explore other models of providing health and harm reduction services to people who use drugs, particularly in residential and other community settings.



Program History

At Parkdale Queen West Community Health Centre (PQWCHC)

It's hard to pinpoint exactly when the Satellite program came to be, “officially.” Many people who use drugs and were clients of Queen West Community Health Centre (which has since merged with Parkdale Community Health Centre to form PQWCHC) were playing this role informally throughout the early 2000s, particularly since there were few other harm reduction supports or resources in the West end of Toronto at the time. Over time, these informal networks took shape into a more structured program. Strachan House, a collective living setting that houses around 80 people, many among them people who use drugs, was among the first more “formal” resident-run Satellite sites in the West end of Toronto some time around 2010.

At Parkdale CHC, the Satellite program began in 2017. A needs assessment involving longstanding harm reduction clients and Parkdale area community members who use drugs was conducted to figure out how to better reach people who were isolated from services. This led to Parkdale CHC receiving a one-year pilot project funding from the Toronto Urban Health Fund. The program was modeled off the work of several community members who were already distributing harm reduction supplies independently, and the model at South Riverdale Community Health Centre. In 2018, following the merger of Queen West and Parkdale CHCs, the two Satellite programs were merged. New positions were created, bringing the team to 10 Satellite workers, and 3 shelter-based Satellite workers.

At South Riverdale Community Health Centre (SRCHC)

The COUNTERfit Harm Reduction Program began in 1998 by the late drug-user advocate Raffi Balian. His philosophy included the belief that any programming for people who use drugs should be directed and implemented by people who use drugs. This meant that all programming would meet the unique needs of the community. As such, Raffi recognized that the natural networks of people who use drugs were more effective in reaching people with information and supplies than some of the standardized methods such as agency-based needle exchanges or foot outreach. The physical area covered by the COUNTERfit program is also fairly large, and, unlike downtown Toronto where people tend to congregate in smaller geographical spaces, networks of people who use drugs in East York and West Scarborough are largely dispersed and are often hidden in apartment buildings.

The Satellite program started informally in 1999 as a volunteer-based initiative, connecting key community members who were doing secondary distribution in their homes with COUNTERfit's operation base at South Riverdale Community Health Centre. In 2010, formal funding was received for the program, first through the provincial AIDS Bureau and later through the City of Toronto, to cement the work into a core function of the centre. There are currently 12 community-based Satellites, two service-based Satellites, and one Satellite Organizer, with additional support provided by COUNTERfit's current Program Coordinator.

Why Satellite Sites?

We need programs that address structural barriers people face when accessing services – People who use drugs face a range of barriers in accessing mainstream health care. Many do not feel comfortable accessing services in more traditional settings, because of stigma, lack of privacy, or concerns around police surveillance and criminalization. Satellite sites are a way of addressing many of the structural barriers that prevent people from getting access to what they need.

We need more overdose prevention in residential settings – As the overdose and drug poisoning crisis rages on, it has become clear that people who use in residential settings and at home are particularly exposed to overdose and overdose death, because when people use at home or indoors, they are often using alone. Across Ontario, 76% of people who died from opioid overdose were in a private residence at the time. There is a lack of overdose prevention initiatives in private homes. Satellite sites are a way of filling this gap and scaling up overdose prevention and response in residential settings.

We need to scale up responses led by and for communities of PWUD who are most impacted by the drug war and the overdose crisis – Women of all backgrounds, racialized people, particularly Black and Indigenous community members are disproportionately targeted for criminalization and policing and are less likely to access traditional harm reduction services. These same communities are also most impacted by the war on drugs and the overdose crisis. Needle & syringe programs and supervised consumption sites reach higher rates of men than women. Evaluation of Satellite programs show that they tend to reach higher rates of women and racialized people who use drugs. This is why Satellite sites are a contribution toward bridging these systemic gaps.

Satellite programs are adaptable and transferable to non-urban settings, and other communities – While our experience is with operating Satellite programs in Toronto, Satellite programs offer a model that could be easily applied to rural and remote or other non-urban settings. Having Satellite sites in under-resourced settings, or areas where health services are stretched to cover a large geographic area, can be effective in ensuring better coverage to meet the needs of people who use drugs. Satellite programs can also be tailored to the needs and contexts of specific communities that are often disconnected from existing health or harm reduction services (for example, some examples of similar programs exist that are specific to reaching gay and queer men who use drugs in party or chemsex settings).

There is a lack of overdose prevention initiatives in private homes. Satellite sites are a way of filling this gap



Integrating HIV and hepatitis C prevention with overdose response programs is more effective – Often, HIV, hepatitis C and harm reduction programs operate very separately. Harm reduction programs are often under-funded and focus on the bare minimum of distributing safer drug use supplies. HIV and hepatitis C prevention is not always the top priority of community members who need to focus on subsistence and survival, or who are in the midst of contending with the ongoing devastation of the overdose crisis. Satellite workers are trained to offer information about HIV and hepatitis C that is embedded in peoples' realities and drug use practices. Integrating these priorities is more effective, and enables programming that speaks to the specific preoccupations of people who use drugs in different settings.

We need to be able to get information out quickly – Satellite workers are really effective at getting the word out quickly when necessary. Sharing information quickly about bad batches of drugs circulating in particular areas, for example, can be critical and life-saving, and satellite workers are especially well placed to access people who are harder to reach through regular communication channels. This information exchange goes both ways. Satellite sites are also a great way to get information about what is happening in community - drug trends, police activity, etc. Services should strive to learn from the communities they serve. Community knowledge and expertise can then inform the practice of service providers. This mutual information exchange is a good way to keep your eyes and ears on the ground and develop programming that is responsive to changing realities.

Years into the overdose crisis, we desperately need new ways to respond – To end the overdose crisis we need to multiply efforts and find innovative ways of responding. In places that have been able to scale up supervised consumption and overdose prevention sites, we're confronted with the reality that these measures alone are not enough, and that we've hit a ceiling in terms of how many people they can protect. We need to reflect on different models - witnessed use, shelter-based sites, safer supply programs - and new ways of responding to ensure no one is left behind.

Guiding Principles and Values

Mutual aid – recognition not exploitation

Most, if not all, harm reduction initiatives began because people who use drugs took it into their hands to respond to needs they were seeing in their community that were being neglected by existing health services.

Recognizing the ways that peer/informal mutual support networks protect health and well-being is at the core of Satellite programs. Satellite programs recognize that people who use drugs have already been doing this work – and continue to do so in the absence of adequate services and health care. Satellite programs are not intended to replace or interrupt existing networks of mutual aid or peer support among people who use drugs, but to reinforce them. Similarly, Satellite programs must strive to not exploit existing support networks, or use people who use drugs simply to reach program objectives. Satellite programs are built to strengthen these informal support networks, provide recognition for this work, and provide the resources necessary to sustain them.

Leadership of People Who Use Drugs – “nothing about us without us”

Community development is about members of impacted communities coming together to define the issues that they face and to identify responses collectively. Satellite programs should strive to support this, and build the ability of people who use drugs to participate in this process. The Vancouver Declaration refers to a 2006 manifesto created by a group of people who use drugs from around the world (see Further Reading section), affirming the need for the meaningful engagement of people who use drugs in healthcare, justice, and all aspects that concern their lives. This is where the expression Nothing About Us Without Us emerged in drug user activism (borrowing from disability activism). Satellite programs should strive to center the experiences and cultures of people who use drugs in their development and operation – this includes seeing the diverse cultures among people who use drugs as assets. Satellite sites will operate best if they are led by people who use drugs. This means that programs should be designed and operated by people who use drugs, from the satellite workers to their supports and links with the host organization.

Safe Access

Access to harm reduction programs is limited for many people who use drugs. This can occur, for instance, in the form of restrictive opening hours that have not been adapted to the needs of people who use drugs. Drug use, of course, can happen at any time day or night, and therefore ensuring 24/7 access to supplies where possible is important. Secondly, due to stigma and criminalization, many people who use drugs cannot or will not access a traditional harm reduction program. Parents, for example, can be particularly vulnerable to the threat of child apprehension if drug use is suspected, particularly if they come from racialized, queer or Indigenous communities. Satellite sites can fill this type of gap, providing safer, less conspicuous access to harm reduction supplies and education.

“If she overdoses at least I’m there to help her out. She doesn’t want to use in front of her kids, because once she did overdose in front of them. So it doesn’t interfere with their daily lives. It’s discrete for them to just zip over to my place for 20 minutes.”

Decriminalization

The war on drugs and the policing and criminalization of drug users have worsened the burden of HIV and hepatitis C among people who use drugs, and deepened the overdose crisis. Raffi Balian, founder of the Satellite program at SRCHC, referred to supervised consumption sites as “demilitarized” zones in the war on drugs; in other words, a space where drug laws cannot be enforced. Satellite sites can be seen similarly, as a way of expanding and multiplying zones of relative safety and non-enforcement. Advocating for decriminalization of drug use and drug possession goes hand in hand with building spaces and services where repressive drug laws cannot be enforced, and developing stronger harm reduction programs for people who use drugs.



Setting up the Program

In the following section, we will lay out some of the steps that were helpful in developing the Satellite site programs at our agencies. As different communities have different levels of access to harm reduction services, some of this advice may be easier or more difficult to implement based on environment.

Evaluating Needs: Impacted Communities & Local Context

Evaluating and assessing the unique needs of people who use drugs in your community is a critical part of developing a Satellite program. It is important to include both current clients who use drugs, as well as the broader community of people who use drugs but who don't currently access other services at your agency. Some ways to connect with people who are not currently accessing services through your agency might include: having a presence at other agencies/services, targeted outreach to specific buildings or areas, or asking an existing service user to bring a friend. Participation in any focus group or needs assessment should be incentivized to recognize people's time and expertise.

Evaluating what the existing barriers are to accessing harm reduction services in your community is an important first step. In the initial needs assessment and ongoing program evaluation at PQWCHC, the three most common barriers identified by participants to accessing services at a fixed site harm reduction program at a health centre were:

- Distance (including ability to cover transportation costs)
- Inadequate opening hours (little to no access on evenings and weekends)
- The need for greater privacy / discretion when accessing services

Some questions that are helpful to ask yourselves during this initial needs assessment process might include:

- Which communities are most impacted, or differentially impacted, by the war on drugs and criminalization? How are we involving racialized communities, particularly Black and Indigenous communities, in developing a Satellite program? How are we involving women who use drugs?
- Who lives in the community or catchment area that our agency serves? Are there certain linguistic communities or ethnocultural communities that should be involved, or that a Satellite program should be trying to connect with?
- Where do people use drugs? Depending on the built environment of your area or catchment, people might be using drugs primarily outdoors or in public areas. In more residential areas, drug use might be happening primarily indoors. Lots of people use drugs – just because you don't see it doesn't mean it's not there.

- Which areas are underserved in your area? Which residential buildings (including supportive housing, social housing, or rooming houses) have higher needs for harm reduction or overdose supports? Looking at EMS data on the origin of overdose calls, if it's available, might be helpful here.

“The health centre only has certain hours; if I didn't get there by the weekend, then I would need to use old ones [needles].”

Questions you might want to ask community members:

- What are the main barriers to accessing harm reduction supplies (& other supports) that you currently face? (Location; distance; discretion/privacy)
- Would you access harm reduction supplies (& other supports) through a resident in your building? Why or why not?
- What are the minimum services or supplies that you think a Satellite site should have?
- Where are the highest needs buildings for drug use supports and overdose prevention?
- Who are you most comfortable accessing services from, and why? (A housing worker; outreach worker; someone else who uses drugs, etc.)
- What other roles could, or should, a Satellite worker play in supporting the health of people who use drugs? (i.e., HIV or hepatitis C testing on site, access to drug checking, etc.)

Recruiting Satellite Workers

In recruiting new Satellite workers, it is crucial that certain factors are taken into consideration. First, Satellite workers are providing harm reduction supplies from their homes. Understanding the impacts that having people come to your door, potentially at any time of day, is essential. A key way to avoid creating instability for a new Satellite worker is to hire people who are already doing this work. These workers are more likely to have already established boundaries around who can access their homes and at what times. They have also established that they value harm reduction by accessing supplies for themselves and their social networks.

When recruiting Satellite workers, it is important to think about the range of actors involved in the drug trade and communities of people who use drugs. Many people move into and out of drug selling. Engaging people who sell or exchange drugs in harm reduction programming can be a great way to reach people who otherwise don't typically engage with harm reduction services.

Among other things you should consider:

- How many workers does your agency have the capacity to adequately support? In the experience of SRCHC and PQWCHC, each program includes roughly 10 Satellite workers. Starting off with a smaller team and scaling up, based on the needs of Satellite workers and the capacity of the organization, is important in creating a sustainable platform.
- Recruiting Satellite workers from communities who are most impacted by the Drug War, particularly Black and Indigenous communities, and who bear the burden of HIV and hepatitis C is critical. Consider which communities traditional or fixed site harm reduction programs are not reaching. Why? Meaningfully engaging with these communities, seeking leadership, and prioritizing the hiring of Satellite workers with connection to these same communities should always be a key priority when recruiting. This includes linguistic minority communities who face discrimination and additional barriers in accessing many services.
- Consider hiring people for the long haul. Satellite workers are often most effective after having established themselves in a given building, area, or community. This takes time. You should avoid hiring Satellite workers on short term contracts and understand that, generally speaking, the longer workers are in their role, the more established their connections and networks will be with other people in their community.

IN OUR EXPERIENCE

At COUNTERfit, identifying new Satellites is generally done in two ways. We use an anonymous online database to track unique service users and the supplies they access. It is easy to then identify service users who are taking more supplies than they can possibly use themselves. Since they are a regular client, we already have an established rapport with them. The other method we use is our mobile delivery service. Mobile workers provide deliveries and can get to know service users by location and quantity of supplies, and can make recommendations for new Satellite locations.

At PQWCHC, we primarily recruit Satellite workers through word-of-mouth. We will ask community members and clients who they know who is already playing this role informally, and who is trusted in community. We also identify potential Satellite workers when individuals pick up large quantities of supplies from our fixed site harm reduction distribution program. Sometimes we will do targeted recruitment in buildings that are high priority through postings in stairwells, laundry rooms, and elevators.



Promoting Satellite Sites

Importance of discretion and privacy

Given that Satellite workers are operating from within their homes, deferring to them about decisions over how, if and when information is shared about their site is essential, both for their safety and the sustainability of their site. Just because they have taken on a role related to their lived or living experience of drug use does not mean personal information should be discussed or shared with colleagues, other Satellite workers, or service users. This is especially true of aspects of their lives where they may face criminalization. Satellite workers may, in the context of their own lives, share drugs with friends, provide injection assistance, move in and out of other roles in the drug trade, or work in the sex trade. None of these should be looked at as deficits, but rather, as potential sources of expertise.

See section *Respect for Satellite Workers' Privacy* for more discussion on this topic.

Getting the word out

Promoting or openly sharing information about operating Satellite sites can be very sensitive, given the stigma and criminalization faced by people who use drugs. Certain housing providers can have a negative association with harm reduction, or not want the presence of drug use in their buildings to be known. They might mistakenly believe that offering harm reduction supports will "attract" drug use, or cause problems such as discarded drug litter. Openly sharing information about where a Satellite site is located or who operates one, might unintentionally "out" a Satellite worker as someone who uses drugs, opening them up to harassment by neighbours or potential discrimination or eviction by housing providers.

See section on *Tenancy Support* for more information on this topic.



IN OUR EXPERIENCE

One Satellite worker at SRCHC put a poster up in a municipal housing building when they moved in. This is what happened:

“I was approached by the police and the superintendent who came to my door. They told me number one, I didn’t have permission to put up signs – that the signs had to be approved and go through a committee. I had put “now distributing naloxone – get your kits for overdose! Or if you need a responder” [...] I put my apartment and my phone number for me to respond to reverse an overdose. The police told me that if I use naloxone, I could be charged and in jail, or I could be sued. They didn’t realize at the time that literally a week before, they [the provincial government] opened up naloxone to the general public for free. They thought you had to have a prescription for naloxone and you couldn’t use it on others unless you were a medical professional. I explained to them that I had training to use it, it was open to the general public. I gave them my boss’ card – Raffi – and told them to contact him. They told me straight out that they would not be contacting him. I asked for their card, and he called them and straightened them out – he explained how naloxone works, how the rules have changed, and that it was open to the general public. For some reason my superintendent forgot about my work until I was being investigated about why I had so much traffic coming to my apartment. They asked me invasive questions, like who was using in the building, what they were using, were there people using or dealing in my apartment, if I myself used and they made me take out all of my supplies, physically drag them out to the hallway (they wanted to inspect my apartment), they took a picture of my certificate, refused to take my boss’s card. Security came back at least three more times within a week, asking the same questions and making me bring out all my stuff again. Shortly after the last visit, I got raided by the police – and they found nothing illegal. And then a few months later I got a letter. It said that I was practicing harm reduction without permission, we do not support harm reduction, that I was being paid an honorarium and not claiming my income (which was not true), and that I had to cease and desist or I would be facing eviction.”

This anecdote, while in many ways a worst-case scenario and not something that is common in our experience, highlights the need for discretion and support, particularly in public housing settings where residents may experience increased surveillance or more restrictive policies.

Some Satellite workers are comfortable openly promoting their site and live in a housing situation where this is possible. In our experience, most Satellite workers choose to operate their site discreetly, sharing information about their site only through word of mouth among their friends, neighbours, and social networks. Some ways that Satellite workers choose to promote their site might include:

- Making business cards with the Satellite worker’s phone number on it (this allows them to provide their address only by phone, allowing for privacy and safety).

- A note on the door indicating hours of operation, a phone number, or a sign indicating “naloxone on site.”
- Asking people who sell drugs to share Satellite workers’ contact information with customers in their area or building.
- Creating a map of your neighbourhood or City with the approximate location of Satellite workers, and contact information to reach them.
- Asking outreach workers from other agencies to connect clients to a Satellite site.
- Setting up an outreach table in the lobby of their building for a few hours to connect with new clients, when this is permitted by the housing provider. This could include promotional material for other services offered by your agency. This can be particularly effective on cheque days when there is more traffic. See section on Additional Program Offshoots for more information on this model.

Best practices:

- Satellite workers should always have the final say in deciding whether to promote, and how to share, information about their Satellite site.
- Any decision to post written information about a Satellite site should be made carefully, and only after a period of “feeling out” the building to gauge dynamics and potential issues.
- Word-of-mouth is the most reliable way to promote Satellite sites in a way that also protects the privacy and safety of Satellite workers.



IN OUR EXPERIENCE

At PQWCHC, Satellite workers are not core staff, but work as “independent contractors.” This means they are clients and can access services at the health centre. As a result, any information regarding their involvement in programs or services is protected by confidentiality; in the event that we are asked whether a Satellite worker is distributing supplies from their home, we are bound to honour the privacy of that person, just as we would be bound to honour the privacy of any other client who engages in secondary distribution of harm reduction supplies from their home.

At SRCHC, Satellite workers are staff, and as such can’t access health care. We have a relatively easy referral path to a downtown east partner community health centre. For some staff this system works well, but for our more marginalized Satellite workers (SWs), or those who live in Scarborough, it is more difficult, because we are the closest place that has clinicians who specialize in working with people who use drugs. Even as a fairly well-resourced program that has been running successfully for years, we constantly need to evolve and look for creative solutions to ensure people are able to access the services they need.

Worker Roles

The Satellite worker role includes the following:

- Develop connections with people in your drug use and social networks and/or in your building and surrounding area.
- Distribute safer injection supplies, safer crack smoking supplies, condoms, naloxone/naloxone training, harm reduction information (safer use, bad dates lists, bad drug alerts, etc.), and other harm reduction materials when they are needed (especially evenings and weekends).
- Support tenants when responding to overdoses when they occur in your building through provision of naloxone and overdose response training.
- Provide overdose response training to people in your networks and other residents in your building.
- Collect used syringes and return to the health centre for safe disposal.
- Attend weekly/monthly check-ins with Satellite Coordinator/Organizer and pick up new supplies on a regular basis.
- Collect and share information on community trends (e.g. bad drugs, policing, etc.).
- Keep accurate records (including number of contacts, supplies distributed, referrals made, etc.).
- Attend Harm Reduction Satellite Team Meetings and trainings as required.
- Allow periodic visits from the Satellite Coordinator to see what additional outreach supports in your building might be needed.
- Adhere to agency confidentiality agreement to ensure clients' rights to privacy.

“It’s all about keeping people safe – checking up on them 3 or 5 minutes after their injection, talking to them, seeing where they are at once they have gotten their hit into them.”

“Seeing someone come back to life before you. It’s a tough act to follow. There hasn’t been any overdoses in the building in over a month and I think that’s because of us.”

The Satellite Program Coordinator/Organizer role includes the following:

- Support Satellite Site Workers in their role: identify support and professional development needs; facilitate the creation of safe working conditions; support and debrief following critical or emotionally difficult incidents.
- Organize regular team meetings among Satellite workers to build a community of practice and to counteract isolation that can come with the role; organize regular workshops/trainings on themes relevant to the Satellite worker role, as well as other topics of interest.
- Compile relevant statistics on output and conduct ongoing evaluation to ensure program is meeting objectives.
- Recruit new Satellite workers within buildings and areas where there is a need for additional harm reduction and overdose prevention supports, in collaboration with the Satellite workers and other community members who use drugs.
- In more densely populated or higher-needs buildings, implement additional on-site supports, to ensure Satellite worker is not overburdened and is adequately supported. See section on *Additional Program Offshoots/Add-ons* for more discussion on this topic.
- Ensure adherence to harm reduction best practices, most recent overdose response best practices, and safety standards regarding sharps disposal.
- Ensure oversight of the Satellite Program is directly informed by PWUD and developed in collaboration with Satellite workers (e.g. Community Advisory Group, etc.)
- Advocate for Satellite workers, particularly around housing, legal issues and other areas that might impact their role.



A note on advocacy

Advocating for Satellite workers is one of the most important aspects of the Satellite Coordinator/Organizer role. As people who use drugs, Satellite workers inevitably face structural violence, criminalization and stigma. Working as a Satellite worker can sometimes expose people to these factors because it requires “putting oneself out there”. Operating a Satellite site can also sometimes attract unwanted attention from neighbours, building managers, and other community members. The Satellite Coordinator/Organizer should ensure that they are prepared to advocate for the Satellite worker in various settings when needed, and should ensure they have organizational backing.

See sections *Support with Tenancy* and *Support Around Criminalization and Policing* for more discussion on these topics.

Other roles that support the program

It is important to build in redundancy in all harm reduction programs, but particularly for Satellite Programs. If the Satellite Organizer/Coordinator needs to go on leave, for example, there should be at least one other person who is not only trained to do the role, but is also well-known to the Satellite workers and has some relationships and trust built in, as Satellite workers are often some of the most marginalized employees in the organization.

It’s also worth considering having a secondary support person available to Satellite workers that does not play a supervisory role. While it’s possible to play a support and supervisory relationship at the same time, the power differentials can create a dynamic where a Satellite worker doesn’t feel comfortable sharing certain

aspects of their work and/or life, but could benefit from added support or feedback on an issue related to their role. If there is an end to the working relationship and there are hurt feelings, this also helps maintain a relationship between the Satellite worker and the organization without potentially losing those broader supports.

Minimum standards for operating a Satellite site

- Maintain a hygienic environment - your place should be reasonably clean.
- Store harm reduction materials in a safe manner (in sealed bags or storage containers). Keep your own supplies separate from supplies you give out.
- Store returned and used syringes in a safe manner and bring back to the health centre regularly for proper disposal (or reach out for help if needed).
- Keep relevant statistics on the number of people reached, supplies distributed, referrals made, etc.
- Take care of your cellphone, check and return messages regularly, let the agency know if cellphone is damaged, lost, or stolen.
- Let us know about interactions with your building manager, superintendent, or landlord that might impact your tenancy (warnings, eviction attempts, etc.) so the agency can troubleshoot and support you.

Distribution quotas for harm reduction supplies

Some programs have distribution quotas, or minimum amounts of harm reduction supplies that the Satellite worker is expected to give out each month. Other programs don’t have distribution quotas, preferring to address low numbers if it comes up but not setting an explicit number. Here are some things to consider with each model:



Things to consider

Distribution quotas	No distribution quotas
<ul style="list-style-type: none"> • This can help ensure that you are reaching as many people as possible with limited resources. • This can help the Satellite worker set targets and work toward them. • If the person struggles to reach the minimum standards established, they may be inclined to hide this information, which might undermine trust or transparency. 	<ul style="list-style-type: none"> • Some Satellite sites may not be high volume in terms of distribution, but play an important function on other levels (for example, reach a higher proportion of people who are isolated from other services, or respond to many overdoses). • Structural factors (displacement of PWUD, evictions, changes in drug supply) can cause distribution numbers to fluctuate. • This model might result in little incentive to promote the Satellite site or connect with more or new people.

Operations

Different Models for Running a Satellite Site

A key to running a successful Satellite program is flexibility in allowing for a range of models. This allows you to adapt to the conditions of a building, the needs of a local community, and the capacity of the Satellite worker. The model of a given Satellite site will depend on a number of factors, mainly:

- The comfort level of the Satellite worker, for example, regarding who they will allow into their home and for what reason
- The scale of need, as well as the kinds of needs, in a given building or area
- The built environment of the building (for example, if it's a rooming house, apartment tower, or public housing; if the building has common areas; if the building is accessible to the public or not, etc.)
- The extent to which the Satellite worker is already familiar with, or connected to, individuals in their building

The decision regarding which model to choose is generally a process that takes place in conversation between the Satellite Coordinator/Organizer and the Satellite worker, taking into account the various factors at play. Decisions regarding the model chosen should always defer to the choices, needs, and comfort level of the Satellite worker, given they are working from their own home, and given the demanding nature of the work. It is also a decision that might shift over time. For instance, some SWs who initially allowed for friends and neighbours to use drugs in their home might decide after some time they are no longer comfortable allowing this because they are burdened with responding to overdoses repeatedly.

Most of the time, a combination of each of these models (described below) will be used at the same Satellite site. Given that this work takes place in the context of Satellite workers' personal lives means that there will be some variation in the model depending on who is accessing services. To give an example, a Satellite worker might be comfortable allowing a long-time friend to use drugs in their home, whereas with a new contact, they might prefer to simply provide supplies at the door.

Door service

This refers to when the Satellite Worker will provide the requested supplies to a client at their door. This allows Satellite workers to maintain a boundary by not allowing people to enter their home.

“I have a boundary at the door, and people respect that.”



Door service: Things to consider

- This might undermine confidentiality by exposing the person seeking services to surveillance (from other buildings residents, or surveillance cameras installed in hallways)
- An advantage of this approach is that building residents seeking services or in need of supplies can drop by to see if the Satellite worker is available. This can be helpful for people without a phone.
- This model does not provide the added benefits of having someone use in their home, for example, advice on injection techniques/safety, overdose response if needed, etc.

Delivery

This refers to when a Satellite worker drops off supplies at the unit/home of the person requesting supplies (for example, after receiving a request by someone in their building or area by cellphone or text message). This allows a level of discretion for a Satellite worker who might not want to draw unwanted attention from neighbours or building managers due to an increase in visitors to their unit.



Delivery: Things to consider

- This approach can be advantageous in buildings with greater surveillance (for example, social housing buildings).
- This might be an approach used by Satellite workers with clients who have a hard time respecting or understanding boundaries. The Satellite worker might prefer to not disclose their exact location to certain people if they feel, for example, their operating hours will not be respected.





Dropping in

This refers to when a Satellite worker allows someone to come into their home. This provides greater discretion for people accessing services. It also provides for more engagement with clients, providing an opportunity for conversations around referrals to services, information about drug quality/bad batches, or information sharing around safer injection practices, to name a few examples.

! Dropping in: Things to consider

- Being able to communicate and assert boundaries is important if a Satellite worker is allowing people into their home, both to maintain their safety as well as to ensure their role and approach is sustainable. De-escalation and conflict resolution training for the Satellite team is essential to support this model. See section on Training for more information.
- Satellite workers will make their own decisions regarding who they do and don't allow into their home. That being said, waiting to build trust or rapport before inviting someone in, or having a friend or mutual acquaintance "vouch" for that person, can be useful to ensure discretion and safety. It's important to consider dynamics around safety and gender here as well.
- In the context of a pandemic like Covid-19, services like Satellite sites and other informal or mutual-aid based networks become even more critical. Service users will still have access to Satellite sites as many other services are closed. Satellite workers will need to be supported around safety measures (for example, access to personal protective equipment). Some Satellite workers may choose to strictly do door service or drop-offs in this context. Others will choose to continue to host people in their network, and should be equipped with the tools and knowledge to do this as safely as possible.

Using at a Satellite site

Of course, people use drugs in their home, and often use with other people. Using in your home provides familiarity, comfort, and some refuge from policing and criminalization faced by people who use – because of choice or circumstance – in public spaces. It also allows for observed or witnessed injection/consumption, and for someone to intervene and respond in the event of overdose.

"I have some people who can use at my place ... They are both single moms. And a guy who's been paying for his gear [at the pharmacy] for 20 years. He'll use at my place if it's something new, if it's a new source, so I'm there if he drops."

! Using at a Satellite site: Things to Consider

- Under most tenancy laws in Canada, the tenant is responsible for their guest (or guests), including any damage caused to property. The Satellite worker should use discretion in who they allow into their home. Again, waiting to establish a level of trust or having a mutual friend "vouch" for someone can be useful.
- Often, supportive housing and public housing have additional rules or regulations, in addition to tenancy laws for example, regarding guests. Be sure to verify if this is the case.
- Sometimes the increased traffic of people using in a Satellite site can mean that the Satellite worker is around drugs more often, and might be using more often than they might otherwise want to. Taking the time and space to reflect periodically on goals related to what level of drug use feels right for the SWs is important.
- Turning away people who want to use on site and who would otherwise use alone could increase their risk of overdose, and the risk of not having someone to respond if needed. If the Satellite worker is not comfortable having someone use in their home, but thinks that person is at risk for overdose, they might offer one of several things:
 - Accompany that person to their home to observe them using there
 - Check in on the person after 5-10 minutes, either by knocking on their door or calling/texting them
 - Ask that person if they know someone they can use in front of and who can respond to an overdose if needed
- Responding to overdoses repeatedly, particularly in your home without the additional resources and supports that exist, for example, in a supervised consumption site, can take a big emotional toll. It needs to be made clear to Satellite workers that it is okay to scale back, or to shift the way that they choose to operate their site. For more discussion on this, please see the section *Support for Satellite Workers*.

IN OUR EXPERIENCE

At both PQWCHC and SRCHC, as the overdose crisis deepened over the past years, many Satellite workers began shifting their operating model due to the fatigue and emotional burden of repeatedly reversing overdoses among their friends and neighbours. This is a personal decision on the part of the Satellite worker and should be respected. Many Satellite workers, when making these shifts in operating model, were confronted with feelings of guilt at turning people away, which we needed to make space for discussing and working through both individually and in group settings. Out of this process, we elaborated on a series of strategies for supporting people at risk of overdose without hosting them in your home for Satellite workers who needed to make this shift. For more discussion on this topic, please see section on Additional Program Offshoots.

Assisted injection

Some people who use drugs provide injection assistance to friends and acquaintances. The experience of PWUD and research shows that among people who use drugs, women and people with disabilities rely on another person to inject them more often than others. People can have difficulty self-injecting due to vein access/vein damage, withdrawal, disability, or lacking this skill/knowledge. We also know that when people who need injection assistance don't have access to it, they are more likely to experience increased rates of infection, vein damage, other poor health outcomes, and other negative outcomes, including overdose. Since March 2020, Health Canada has allowed supervised consumption sites in Canada to offer peer assisted injection as a regular service. This is the result of the recognition that assisted injection is a very common practice in community, and that not allowing assisted injection is a major barrier in accessing supervised consumption and overdose prevention sites. Because of this reality and the advocacy efforts of people who use drugs, peer assisted injection is now increasingly offered at supervised consumption sites.



Assisted injection: Things to consider

- There is starting to be more widespread recognition from regulatory bodies and research of the importance of offering injection assistance to those who need it. See Further Reading section for more information.
- Satellite workers should not be imposed to provide assisted injection if they don't feel comfortable doing so. It is possible that a person who provides injection assistance that results in bodily harm or overdose may be criminally or civilly charged, and that this is a risk that many choose to take on regardless. It should be made explicit that it is in no way an expectation related to their involvement in the program.
- This should only be something offered by a Satellite worker to trusted clients, and if they have the necessary skills and experience to do so. Workshops and training on safer injection techniques, vein care, and prevention of soft tissue infections, as well as discussions on providing injection assistance, is important for all Satellite workers, though particularly for those providing this service. See section on Training for more information.
- Some supervised injection sites allow for "peer-to-peer" assisted injection. In some cases, they have a short contract/agreement, signed by both the person providing and the person receiving injection assistance, that could provide some legal protection. This may be something the Satellite worker considers using if they offer injection assistance.
- Expectation of chipping: Often people providing injection assistance will receive something (e.g. drugs) as a gesture of recognition. Given the role of the Satellite worker providing services, it could be a conflict of interest to receive something from a client as a gesture of thanks. The Satellite worker should be encouraged to think about what impact this might have on the person receiving other services through their Satellite site. These kinds of questions should be an ongoing discussion amongst Satellite workers at team meetings and trainings, in order to establish shared expectations.

See *Further Reading* section for more information on assisted injection.

“My building’s pretty big. It’s 24 floors ... I just started telling my neighbours, this is what I’m doing now, and then they just tell everybody else, and it’s kind of just like, you’re going to the dealer’s house, I’m on the same floor, might as well come and get your gear at the same time.”



Safeguarding against burnout when choosing service model

When a Satellite worker is new to their role, it is generally a good idea to begin slowly, and make decisions to offer additional services after operating a Satellite site for a certain period of time. This helps to gauge level of need, potential safety issues, as well as building dynamics. Sometimes Satellite workers new to the role can overextend themselves out of a desire to serve their community and a commitment to the work. This can lead to burnout, emotional exhaustion, and difficulty in asserting boundaries with people accessing their services. It can also be hard to scale back once this has happened. Satellite Coordinators/Organizers need to be vigilant to not place direct or indirect pressure on Satellite workers to overextend themselves, or to prioritize program outcomes over the physical and emotional safety of Satellite workers. Worker health and well-being is intimately tied to program health.

In summary:

- Discretion is key. People who use drugs continue to be subject to legal repression and discrimination. Encourage Satellite workers to use their discretion when choosing a model, and, when in doubt, to err on the side of caution.
- When choosing a model, be mindful of what might draw unwanted attention from neighbours or building managers, or be an unnecessary “heat score.” That being said, under most tenancy laws, individuals are allowed to receive guests. Knowing tenants’ rights, as well as the limits of those rights, is critical to ensure the housing status of Satellite workers is not jeopardized.
- Think about the long haul. Encourage Satellite workers, particularly people new to the role, to build up their role slowly. Recognize that demand for their services will likely build over time.
- Supporting Satellite workers, particularly following critical incidents and overdose, is one of the most important parts of the role of Satellite Coordinator/Organizer. This might include: being available to debrief by phone, regular check-ins, or group sessions with other Satellite workers to discuss work related stress, grief, and loss. See section on Support for more discussion on this.

Resources and Materials: Remuneration

Satellite workers need to be compensated fairly as they are providing expertise and labour. Systemic discrimination, poor labour standards, and low rates of pay all contribute to exploitation and burnout of workers with lived/living experience of drug use. Satellite programs should strive toward ensuring adequate remuneration and working conditions among Satellite workers, particularly as they provide an essential service.

See *Further Reading* section, specifically “Consulting with People who Use Drugs: Do’s and Don’ts” from HIV/AIDS Legal Network resource for more discussion on this topic.

Different agencies use different methods to remunerate Satellite workers. Each method comes with its own advantages and disadvantages. Several options for remuneration are:

- **Regular wages** – Similar to other paid staff members, this entails a regular deposit of wages, based on a pre-determined number of hours, every two weeks as a paycheck. Given the difficulty in calculating specific number of hours per week that SWs might be working, this might need to be based on an average.
- **Honoraria-based compensation** – Honoraria is typically made on a non-routine basis as a token of appreciation for services offered.
- **Invoicing as independent contractors** – Just as an independent contractor would invoice for services rendered, Satellite workers could invoice the agency on a weekly or monthly basis, at a previously agreed upon rate.

Worker health and well-being is intimately tied to program health.

! Things to consider with different remuneration models:

Regular wages	Honoraria	Invoicing as independent contractors
<ul style="list-style-type: none"> • This will likely entail the SW having a bank account, as well as legal status to work. • This would likely entail the agency issuing an annual T4 slip, and SWs declaring this as income, which may impact social assistance payments. • This model may support the recognition of SWs as staff, and facilitate their meaningful involvement in the agency. • Depending on organizational policy, as an employee, they may not be able to access services at your agency. 	<ul style="list-style-type: none"> • Depending on the tax threshold, individuals are not obligated to declare honoraria as income; this may reduce the likelihood that involvement in the program would impact income received through social assistance. • When honoraria is dispensed as cash (for example, on a weekly basis, or at team meetings) this can support with things like attendance. • From a fiscal perspective, honoraria can generally not be given to the same person on a regular basis; this might be a remuneration method preferable for individuals playing a more occasional Satellite role. • You can't receive honoraria from the same organization if you're on payroll there; this model would mean SWs could not have multiple roles. 	<ul style="list-style-type: none"> • The responsibility to declare this as income lies with the SW; the agency would not necessarily need to issue a T4, depending on the amount. • If the remuneration is dispensed in person, this can support with attendance and other expectations attached to the role. • This model provides for more flexibility for temporary interruptions in a SW's involvement in the program (for example, if they need to take a leave of absence).



Resources and Materials: Cellphones

Provision of cellphones to Satellite workers is a resource critical to them being able to properly do their job. Cellphones provide the following:

- **Safety** for Satellite workers if they find themselves in a dangerous situation.
- **Greater access to services** offered by Satellite workers, for example, by facilitating entry into a building, by allowing people accessing services to coordinate times with the Satellite worker, or allowing the Satellite worker to indicate their availabilities on a voicemail.
- **Ability to call EMS** when required without delay, for example in the event of an overdose or other health emergency that requires additional support.
- **Boundaries** – they allow people to turn off their phone if they need a break.
- **Communication** – Cellphones facilitate timely communication between the Satellite Coordinator/Organizer and the Satellite Site Worker, to share time-sensitive information (for example, information about bad batches of drugs), and to seek out support when needed. This is particularly helpful when covering large geographic areas, particularly in non-urban settings.

Training & Workshops

The following is a list of workshops and trainings that we provide for Satellite workers. The first list includes workshops which are offered systematically to all new Satellite workers (ideally within the first several months of starting in their role). The others are workshops and trainings which are offered on a periodic basis and are highly recommended. Since organizing workshops and trainings can be a time-consuming process, we often partner with other harm reduction programs or other agencies, so that they can be offered to multiple teams at the same time. That being said, it is important to ensure that some trainings be offered exclusively for Satellite workers so that the specific context and realities of Satellite work can be addressed.

Satellite workers should co-develop workshop content and co-facilitate if they are comfortable. This way team members are meaningfully engaged, and they can speak to the specific ways the topic interacts with their work as Satellite worker. The workshops and trainings that are focused on specific communities should be delivered, or co-facilitated, by a member of that community wherever possible.

Core Training

Harm Reduction Approaches

This workshop provides an overview of the principles, ethics, and foundations of harm reduction. It includes the role of personal choice in harm reduction, how to support using non-directive approaches, and the history of harm reduction. This workshop also provides an overview of the different safer drug use supplies that are available, and harm reduction best practices when using and distributing the supplies.

Boundaries and Ethics in Satellite Work

This workshop/discussion looks at the ways that “personal” and “professional” worlds overlap when doing harm reduction work as people with lived experience/who use drugs and who are offering services out of their homes. It invites participants to look at situations that might involve a conflict of interest, to identify their own comfort zones and limits in their role as Satellite worker, and how to effectively establish and communicate boundaries, particularly when working from your home. It also looks at the ways that ethics or standards from other harm reduction programs or traditional workplaces need to be adapted for Satellite work.

Safe Injection Techniques, Managing Infections

This workshop discusses best practices when injecting. It includes the differences and preferences for needle length, brand, and gauge, as well as needle safety, vein care, and managing common soft-tissue infections including abscesses, phlebitis, and cellulitis. It also discusses the most common ways of getting endocarditis and septicemia, and how to avoid this. It also provides supportive tips for finding your veins and not missing your shot.



Overdose Response & Naloxone

This workshop provides in-depth discussion of overdose response including overdose prevention, overdose identification, differentiating between a heavy nod and an overdose, naloxone administration, rescue breathing and airway management, and aftercare. It also looks at issues involved when communicating with EMS services, as well as the Good Samaritan Drug Overdose law, where it protects you, and where it doesn't.

HIV Prevention, Testing, and Treatment

This workshop provides an overview of core HIV knowledge on prevention, testing, and treatment. It integrates this knowledge into the context of harm reduction work, and for Satellite workers specifically, including HIV related stigma, how to engage people in conversations about HIV risk, and the specifics of transmission in the context of sharing or re-using drug use material. The workshop also discusses how to link people to testing and treatment and how to address some of the common barriers involved.

Hepatitis C Prevention, Testing, and Treatment

This workshop provides an overview of core hepatitis C knowledge on prevention, testing, treatment, and prevention of reinfection. It looks at the specific hepatitis C related risks when using drugs with someone else, or sharing or re-using drug use material including cookers, filters, and doing washes. The workshop discusses some of the barriers to testing and treatment, the role of Satellite workers in addressing those barriers, and how to support someone during and following hepatitis C treatment, including the prevention of reinfection.

Crisis De-escalation and Conflict Resolution

This workshop looks at how to prevent, mediate, de-escalate, and resolve conflict in the context of harm reduction work and Satellite work. It looks at some of the common triggers that can lead to crisis, the role of clear and consistent boundaries, ways to manage crisis while ensuring safety, as well as self-awareness and your own emotional state in conflict situations. The workshop also discusses strategies for debriefing post-crisis, and tips for restoring the relationship to prevent future crises.

“[Regarding responding to overdose] I’m finding I am less stressed and freaked out. I used to panic, and now I breathe, I know I have that, I have time to think, to get the breathing going, assess them.”

Supplemental Training

Sex Work

This workshop provides a look at the central role of sex workers in harm reduction movements and services, and addresses the need for cultural competence and anti-stigma when working with, or providing services to, sex workers. It includes a discussion of the specific realities, working conditions, and health and safety issues faced by sex workers. It also provides an overview of safer sex practices and how to negotiate safer sex in the context of sex work.

Indigenous Harm Reduction, and Cultural Safety

This workshop looks at how the War on Drugs in Canada emerged from colonial practices. The workshop discusses Indigenous approaches to harm reduction, principles of non-interference, and the potential role of traditional medicines in harm reduction with Indigenous communities. It examines the barriers that many face when accessing health and harm reduction services, including anti-Indigenous racism. The workshop discusses the ways that non-Indigenous harm reduction programs and workers can work toward greater cultural awareness and safety for Indigenous clients who use drugs.



Referrals and Active Listening

This workshop provides an overview of core active listening strategies when interacting with service users, including non-judgmental and non-directive communication styles, and body language. It also discusses ways to support linking people to services and care, including addressing the personal and structural barriers to healthcare and other services.

Withdrawal Management

This workshop provides information on withdrawal management for those who, by choice or necessity, are seeking to reduce or stop using particular substances. It is an opportunity for participants to share strategies on alleviating the symptoms of withdrawal, medications that have been helpful, as well as how to reduce risk when weaning off higher risk substances like alcohol, benzos, or GHB.

Legal Rights with Police

This workshop provides an overview of legal rights when interacting with police on the street or in a residential setting. It includes a discussion of police powers of search and seizure, when they have the right to enter a Satellite workers home, as well as skills to use when communicating with police. This workshop also discusses the Good Samaritan Drug Overdose Law, when it protects you and when it doesn't.

Legal Rights with Housing

This workshop provides an overview of legal rights and responsibilities related to housing and tenancy, with a focus on how tenancy laws are often used against people who use drugs. It includes a discussion of how to protect yourself from eviction, recourse in the event of landlord harassment, and specific considerations for those living in social housing.

Preventing Burnout

This workshop provides an opportunity to discuss stressors related to the Satellite worker role, and strategies for managing it. It provides an overview of strategies that support self-reflection, reading your own emotions, identifying your limits, and adopting a non-reactive response to stress. It focuses on how to identify signs of burnout and fatigue (numbness, going into “saviour” mode), individual and team-level strategies for emotional resilience in the face of stressful work, and how to work toward this in the day-to-day.

Support for Satellite Workers

Program Monitoring: Supporting the Activities of Satellite Workers

Satellite workers' performance is reviewed through regular program activities. Workers attend monthly workshops/training sessions, submit weekly or monthly data on services provided, and periodic site visits by the Satellite Program Coordinator/Organizer to troubleshoot any issues that the Satellite workers may be having.

Regular communication and check-ins with Satellite workers is critical to ensure the program is effective and that Satellite workers feel supported. Having a more structured evaluation at the three month mark, and then regularly once or twice a year, can be a good opportunity to provide feedback, share concerns, and identify goals - for both the Satellite worker, as well as the program coordinator or person supervising. This should also be an opportunity for the Satellite worker to share feedback about what is working and what isn't working around support and supervision.

See *Appendices: Check-in Template for Satellite Workers; and Satellite Site Activity Template.*

Support with Tenancy

Given the fact that Satellite workers are playing their role primarily from their own home, putting in place specific supports to maintain tenancy, prevent eviction, and minimize potential issues with landlords is an essential part of the support that a Satellite program should provide.

What the law says

It should be noted that distributing harm reduction supplies under the Canadian Criminal Code is not an illegal act. In most contexts, landlords can attempt to evict tenants if they have reasonable grounds to believe that illegal activity is occurring in their tenant's unit. Generally, a tenant has the right to receive guests in their unit at their discretion, as long as it doesn't interfere with the quality of life or "reasonable enjoyment" of other tenants' units. It is important to note that tenancy laws differ from province to province; for specific laws that pertain to your jurisdiction, consult your local legal clinic or tenant rights organization.



! Things to consider


- Some housing providers and supportive housing agencies will have additional rules and regulations that tenants are expected to adhere to, on top of existing tenancy laws. These can be related to, for example, the presence of guests, or hours when visitors are permitted. Be sure to consult the lease, or tenant code of conduct, in these settings to ensure the Satellite role will not expose the Satellite worker to additional risks.
- While in most contexts, having guests is within the tenant's rights, the tenant is usually responsible for the behaviour of their guests. This underlines the importance that the Satellite workers use discretion regarding who and when they allow into their home. It also underlines the importance that the Satellite worker be supported in developing this judgement and exercising discretion.
- Sometimes Satellite workers can face unwanted attention by neighbours. This can be tricky as other tenants, who may have stigmatizing views of people who use drugs, may escalate their concerns to a landlord. Satellite workers should be encouraged to reveal as little information as possible to hostile tenants, and seek to de-escalate conflict whenever possible.
- It is important not to overstate the power of landlords. Keep in mind that landlords have to provide a warning or a notice requesting the tenant cease specific behaviour before moving to attempt eviction. As our local legal clinic tells us: "When in doubt, don't move out."
- Sometimes, Satellite workers may need tenancy support that has nothing to do with their Satellite role. This is something that a Satellite program should be able to provide support with, particularly because it supports retaining workers in their role, and because people who use drugs are disproportionately subject to harassment, discriminatory housing policies, and eviction.

Here are some specific tenancy protections you may consider putting in place:

- Have a housing lawyer or paralegal on call in the event of an eviction attempt. These processes are often very time sensitive, so you will want to make sure you are able to act quickly.
- Posting a certificate detailing the role of the Satellite worker in their home, detailing their right to carry large quantities of harm reduction supplies, and agency contact information, in the event that the presence of supplies is questioned by a landlord or building manager during a visit. This can also help in the event of a visit from police.
- Provide periodic training to Satellite workers on their rights as tenants, including issues such as: how to deal with harassment from landlords or building superintendents, how to proceed if issued a warning or if facing an eviction proceeding, etc.

- Specific training should be provided on managing guests' behaviours. This should include crisis de-escalation and conflict resolution. For repeated conflict with the same client, it is a good idea to offer mediation.
- If tensions are building with a landlord or other residents, you may consider temporarily "pausing" certain Satellite activities until the situation is stabilized. For example, the Satellite worker may decide to not allow guests for a period of time if this has been causing issues with their landlord, and fulfil their role by visiting clients or providing supplies or services elsewhere to avoid unwanted attention.

Openly operating a Satellite site, vs. Operating 'under the radar':

 Things to consider	
Openly operating a Satellite site	Operating 'under the radar'
<ul style="list-style-type: none"> • This model will allow the Satellite worker to more easily promote their services and connect with other residents. • This model may attract unwanted attention from other building residents who are hostile to people who use drugs or to harm reduction. • If there are issues in or around the building, for example, discarded drug litter, the Satellite worker might be blamed or become the scapegoat for broader issues. 	<ul style="list-style-type: none"> • This model allows for greater privacy and discretion from nosy or hostile landlords, building managers, and residents. • This model allows the Satellite worker to have more control over gradually "scaling up" their operation, providing for time to set boundaries, assess needs, and ensure the role is sustainable for them. • This model decreases the Satellite worker's chances of falling onto the radar of law enforcement.

Respect for Satellite Workers' Privacy

Satellite programs are different from traditional harm reduction programs because they unfold in the privacy and intimacy of peoples' homes. As a result, program coordinators should not expect the same level of control over the setting in which Satellite work unfolds that they might expect with other programs.

Satellite workers are recruited based on their lived experience and expertise as someone who uses drugs or has done so in the past. It is unreasonable to expect SWs to "leave behind" parts of this experience that are seen as inconvenient to the program. For instance, Satellite workers may, in the context of their own lives, share or exchange drugs with friends, provide injection assistance to those who are unable to self-inject, work in the sex trade, or a range of other activities that are separate from their role as a Satellite worker. These aspects of their lives are not aspects that the program should seek to exercise control over. The effectiveness of Satellite programs is because of peoples' involvement in the drug (and or sex) trades, not despite of it. This experience and expertise gives Satellite workers' credibility, and ensures they remain close to the realities and needs of their community. Satellite workers have a reasonable expectation of privacy, and Satellite Coordinators/Organizers should name power dynamics and try to minimize them to build a relationship built on trust and support.

Doing site visits for the Satellite Coordinator/Organizer should be done with respect for the Satellite workers' privacy. Visits should always be arranged in advance. Satellite Coordinators/Organizers should not approach site visits as an inspection, but as an opportunity to see the set-up of the Satellite site and identify where additional supports might be needed. Site visits can be an important opportunity for those supporting Satellite workers to learn more about the context and setting that the Satellite worker is operating within. Additionally, any coordinator or organizer hired for the support and supervision of Satellite workers should have a high level of comfort around drug use, as well as strong boundaries.





Supporting Workers with Lived Experience & Expertise of Drug Use

There's been a lot of important work written on supporting peer workers, or workers with lived experience and expertise of drug use. For a more detailed discussion of this, read *Harm Reduction at Work: A guide for organizations employing people who use drugs*. This resource provides guidance on some potential points of tension, and how to approach them.

Satellite workers are working from their homes, and within their personal networks. For this reason Satellite workers should not be expected to adhere to the same set of expectations as other workers with lived experience who, for example, are working at a supervised consumption site or in a more formal setting. As mentioned previously, there are a range of other facets of people's lives that are outside the scope of their role as a Satellite worker. Programs should be mindful of not exercising undue control over parts of their lives that are separate from their work role. For example, individuals can be involved in the sex trade, the drug trade or otherwise. There is inevitably going to be an even large grey area in what is expected or appropriate as a Satellite worker. Ideally this is an ongoing dialogue, grounded in good harm reduction philosophy.

People who move in and out of drug selling have an important role to play in harm reduction services; they are often well-positioned to connect with people who are not typically connected to existing harm reduction services. Further, many look out for their customers and are well placed to communicate important information regarding drug strength and concentration. See Further Reading section for resources that provide a more in-depth discussion of this.

“My biggest accomplishment? Definitely saving lives. Nothing beats that. I like to think also that I’ve made some difference in my role in my time as a Satellite worker. These are pioneering jobs, and we’re defining them, in terms of what they look like, what needs to be done, and I feel really privileged to be a part of building something like that.”

Here are some guiding principles which have been useful for us:

- It is not appropriate to expect sobriety, as people work from their homes and someone might show up at a Satellite worker's door right after they've done a shot or gotten high. The emphasis should be on building self-awareness about when they are able to provide service, and when they are not.
- Expectations that workers not use drugs with clients, which might be standard in other programs, should not apply to Satellite workers. The focus should be on the two parties negotiating safety (for example, staggering use), as opposed to the Satellite worker abstaining from use altogether.
- Ongoing discussion at the individual and team level should take place regarding ethical issues that arise, situations that might present a conflict of interest, and the overlaps between Satellite workers' personal and professional lives. Having these conversations together can be important to normalize areas people may be struggling with, set common expectations, and troubleshoot issues that come up.
- Accommodate breaks or temporary pauses in operation. Leaving town for a while, going to jail, spending time in the hospital, are all part of life, and the program structure should accommodate temporary absences (for example, not to discontinue pay if someone is in jail or hospital, or needs a temporary break).
- Transitioning into a job or work role can be an intense process for people who might be new to this. People can often put unrealistic expectations on themselves. Treating the experience as an opportunity to explore and feel out whether the role is right for the individual is important - whether as a Satellite worker or in another role. Workers should be provided with supervision and support which regularly communicates expectations, especially if Satellite workers look to transition to more traditional harm reduction roles.

Supporting workers to identify and establish boundaries

Supporting Satellite workers to establish boundaries is critical. This includes supporting team members in assessing the following things:

- Knowing when to “close up shop” for the night. No one should be on call or responding to others' needs around the clock. If the Satellite worker is in a busy building, establishing hours of operation can be a good way to set clear boundaries between “work” and personal life.
- Learning to decide when the Satellite worker is willing to invite someone in to use, when they are interested in using with them, and when they are not interested in being around someone using drugs altogether.
- Understanding that how someone operates their Satellite site can fluctuate over time, in dialogue with their needs. Someone who might be hosting a dozen people a day may need to take a step back and only offer door service for a period of time.

- Exercising discretion about who the Satellite worker lets into their home. Satellite workers should be supported in offering door service or adapted service with people who aren't able or willing to respect their boundaries.

When it comes to operating a Satellite site, we prefer an approach that invites the worker to reflect on their role, builds self-awareness, and anticipates potential areas of conflict of interest. We've found that having a rigid "code of conduct" type of approach does not realistically take into account the complexity of Satellite workers' role or the context of their lives.

Supporting Satellite workers in the workplace

Working with coworkers, other programs, and organizational leadership to create safe conditions of employment, and unlearn dominant cultural stigma against people who use drugs, is one of the most important things you can do to ensure Satellite workers are respected in their role. We all need to be aware of how the war on drugs, anti-drug user stigma and surveillance, "trickles down" into daily life, everyday interactions, and casual practices. Here are some things you might want to consider:

- Offer periodic trainings or workshops for other staff on harm reduction and cultural competency when working with people who use drugs;
- Make sure overall agency policies are adapted and do not inadvertently punish people who use drugs; focusing on job performance, not drug use, is important (for example, insisting on a criminal record check creates unfair barriers to employment);
- Inform workers of their right to request reasonable accommodations if they need them, or temporary leave if required;
- Address stigmatizing behaviour from colleagues; engage people in dialogue to express the harm that was done, and discuss how to avoid similar behaviour in the future.

Supporting Satellite workers around overdose

As workers with lived/living experience of drug use, responding to overdose can inevitably bring up difficult emotions, even if the act of reversing overdose has become normalized for many. The support needs of workers who use drugs are going to be different than workers who don't use drugs, in part because they are responding to overdoses among family and friends. Responding to an overdose can be both empowering and traumatic. Reactions to overdose on the part of the Satellite worker will vary depending on the circumstances, the relationship to the person, and their own state of mind. Many can develop a traumatic stress response. One of the defining challenges of the overdose crisis is that there is no "post" trauma moment because the very nature of the crisis is ongoing. Without adequate supports, this can lead to burnout, numbing, an aggravation of depression and anxiety, and other impacts on well-being.

"If it hadn't been for checking up on him, it might have been too late. I put the mask on him, watched the colour drain back into him. If he had been in the bathroom for too long without checking, I honestly think he would have lost too much air."

A couple of important supports related to this should be considered:

- **Opportunity to debrief in the immediate aftermath:** Satellite workers should be able to have someone trusted on call to provide some emotional coaching and talking through immediately following overdose. This period should be focused on emotional safety, venting, and containment of stress responses. Any constructive feedback that needs to be provided should wait at least a day or two until after a level of emotional safety has been reached.
- **Focus on aspects that the Satellite worker can control or exercise agency over:** In the hours or days following a traumatic overdose, try and identify areas where the Satellite worker can express their agency in the situation (for example, having a conversation with the person who overdosed about overdose safety planning).
- **Don't lose sight of overdose risk for Satellite workers themselves:** Where possible, and when the Satellite worker is open to this, have honest conversations about the relationship between stress and drug use. Sometimes we can overlook the risk of overdose faced by workers themselves, since they are in a position of providing this support to others. Develop a safety plan with them.

See section below on *Specific Support Regarding Grief and Loss* for more discussion on this.



IN OUR EXPERIENCE

At South Riverdale we have worked to support employment for people by not requiring police record checks for some positions. In some cases, we have also worked to help people receive pardons. Any organization that values lived experience will need to recognize that marginalized people who use drugs are very likely to have police records due to the nature of criminalization and the people who tend to be targeted by police.



Support Around Policing and Criminalization

People who use drugs face criminalization in both their personal lives and their work lives. This can look many different ways, from casual surveillance from landlords and neighbours, as described previously, to unwanted attention from security guards, or unwarranted interrogation from healthcare providers and pharmacists.

Satellite workers, because of their real or presumed, past or present drug use, are going to be more exposed to policing and criminalization. There are protections you can put in place to reduce these vulnerabilities.

Specific supports around policing and criminalization to consider:

- Provide Satellite workers with a certificate they can post in their home (or card they can carry in their wallet) in the event of a visit from police, which describes their role, the reason they are in possession of large quantities of drug use equipment, and that they are authorized by your agency/the health authority to distribute supplies and engage with people who use drugs. Drug use paraphernalia can still be used as evidence of drug possession or trafficking in many jurisdictions, so providing this proof of employment is important.
- Provide in depth training for Satellite workers regarding their rights with police, including what to do if police visit them in their home, powers of arrest, searches, and what to do if arrested or detained.
- Ensure that Satellite workers know and understand the federal Good Samaritan Drug Overdose law, where it provides protection, and where it doesn't. [See Pivot Legal resource in *Further Reading* Section].
- Have criminal lawyer contacts who have a good reputation and experience working with people who use drugs on hand who accept legal aid or can work pro-bono in the event of legal issues.
- If a Satellite worker is providing injection assistance to trusted friends or a partner, or has provided them with the drugs, they need to be aware of the legal risks involved in the event of an overdose. Please refer to section *Operations: Assisted Injection* for more on this topic.

Most tension or conflict that might emerge from operating Satellite programming can likely be dealt with through informal mediation.

If a Satellite worker encounters legal trouble:



Things to consider

- Distributing harm reduction supplies from your home is not an illegal act. It is very unlikely that operating a Satellite site in and of itself will cause any legal issues. That being said, if there is other illegal activity taking place in the home of the Satellite worker, activities related to the Satellite site (for example, foot traffic, presence of drug paraphernalia) could be used as evidence. Providing a letter or affidavit from your agency explaining that these activities are in relation to their Satellite role is an important way you can support the Satellite worker if facing charges. See *Appendix: Satellite Site Certificate*.
- Simple possession of drugs remains a crime in Canada. In addition to this, many casual activities that are associated with procuring drugs can legally be considered "trafficking": buying drugs together, scoring for a friend, sharing your drugs with a friend who is in withdrawal, exchanging goods or services for drugs—these can all be considered trafficking. This highlights the ways that Canadian drug laws criminalize people's daily survival and underscores why agencies employing people who use drugs need to support them legally, including in these grey areas considered "trafficking." Legal support is also about supporting their health and well-being.
- People sell drugs or engage in other illicit economies for a range of reasons (such as social assistance rates that don't cover rent; exclusion from formal economies and the job market). The expectation that Satellite workers be law abiding "model citizens" is not realistic, and contradicts their very job qualifications. Some Satellite Site workers may move into and out of drug selling at different moments due to economic necessity or various other reasons. The focus should be on their ability to carry out the work, openness to self-reflection and looking at situations that might be a conflict of interest, as opposed to arbitrary designations of being "law abiding."

Some thoughts on advocacy

Those coordinating Satellite programs and supporting Satellite workers should be skilled in mediating conflict and comfortable with playing an advocacy role. Most tension or conflict that might emerge from operating Satellite programming can likely be dealt with through informal mediation. To provide an example, if a building manager or landlord is against the idea of providing on-site harm reduction supports, you might emphasize the supportive and stabilizing role that a Satellite Worker plays in terms of safe needle disposal and reducing drug litter in building common areas, in reducing ambulance and police visits to the building by responding to overdose and connecting people to necessary health and social supports.



If informal mediation doesn't get you where you need to be, consider which advocacy tools you have at your disposal to move the issue forward, for example, leveraging organizational power, reaching out to supportive community partners, contacting media, etc.

IN OUR EXPERIENCE

In Toronto, many of us working in harm reduction faced significant barriers gaining access to municipally operated public housing buildings to offer outreach services and other sorely needed harm reduction and overdose supports. This, despite the fact that municipally operated public housing continues to face among the highest rates of overdose in the City. Gaining access to key buildings and responding to requests for services on the part of building residents, meant advocating for access both on the building level, and on the city-level. This included:

- appealing to sympathetic building managers or superintendents to allow access to outreach workers to meet with residents in common areas;
- asking residents to write letters supporting the presence of these services in their building and emphasizing the need;
- involving supportive City councilors and other municipal departments to host meetings between harm reduction agencies and the public housing provider to move the issue forward.

Please see section *Additional Program Off-shoots* for more information on ways to gain access to residential buildings.

Individual and Group Emotional Support

Bi-weekly or monthly home visits, and/or supervision meetings at the host organization, should be built in to all program structures. One-on-one supervision and support meetings provide a venue for the Satellite worker to identify issues at home or in the work, and troubleshoot and find resources. During home visits, site-specific issues can be identified and addressed (for example, helping to organize supplies). Key information and education also happens both ways in this kind of interaction – up to date best practices, neighbourhood drug trends, and so on.

Group supports are also invaluable for similar reasons. Energy that is created by multiple workers facilitates robust conversation and sharing of information. And although Satellite workers are often key members of communities, the work itself can be isolating. The importance of connecting with peers in this role is no less crucial than in any other harm reduction work.

Another limit of traditional models is that they often center on individual loss, and rarely account for collective experiences of grief.



IN OUR EXPERIENCE

In COUNTERfit's Satellite program, workers meet monthly for training, which also connects workers socially – most live in neighbourhoods in the east end of Toronto, but walking distances are significant and transit is not laid out well in this part of the city. In late 2017, we recognized that a few of our Satellite workers – significantly, these were all women – were responding to dozens of overdoses in their buildings every month. We decided to set up a support meeting to address overdose, in a gender-specific venue where workers could share tips and information. One worker shared her experience in experimenting with micro- or bumper- dosing her partner with naloxone during an overdose to bring the partner back, but not send them into withdrawal. This practice (though not attributed to this worker particularly) is now commonly used in overdose prevention sites.

Specific Supports Regarding Grief and Loss

Many existing supports for workers (i.e., Employee Assistance Programs) are generally not adapted to the specific context of harm reduction work, or the needs of workers with lived experience of drug use. Many traditional grief and loss supports and trauma resources are event-based, and do not take into account the ongoing and compounding nature of loss faced by people who use drugs and those close to them in the overdose crisis. Another limit of traditional models is that they often center on individual loss, and rarely account for collective experiences of grief. Collective trauma requires collective responses.

Here are some of the things we have put in place to support Satellite workers and other community members around ongoing grief and loss of loved ones during the overdose crisis:

- Regular spaces to memorialize those who have died from overdose or other traumatic death (violence, etc.). Having collective spaces for people to share and be heard in their grief are important, as are individual spaces for those who are more private.
- Facilitate access to individual counselling services that are low-barrier, with counsellors who are trained in ongoing grief and loss issues and have a harm reduction approach. Ask workers and community members what the barriers are to seeking counselling and work to reduce those barriers.
- Group supervision (sometimes called “clinical supervision”) is a space for service providers to discuss work related issues in a structured format. This often includes discussions around ethics, boundaries, obstacles when working with certain individuals, work stressors etc. Given the highly emotionally demanding nature and the many grey areas involved in Satellite work, it is important this be made available to Satellite and other harm reduction workers as it is made available for counsellors, social workers, and other professionals.
- Setting up opportunities for workers to connect with others, in informal ways at other agencies or with those who are doing similar work, can be a good way to break isolation and recognize common experiences. Organizing a program exchange or social events is an important way to address the isolation that comes with grief.



IN OUR EXPERIENCE

People who use drugs continue to die from drug overdose, violence, poverty, and complications of HIV/AIDS and Hepatitis C. The Memorial Project was created to provide an inclusive space for people who use drugs to mourn, support each other, and strengthen resolve to end the Drug War and its devastating impacts on our communities. COUNTERfit's Drug Users' Memorial Project was established to acknowledge the high number of deaths in our community. People who use drugs continue to be stigmatized, criminalized and marginalized on a daily basis. These effects are heightened for those of us who are living in poverty, doing sex work, infected with HIV and/or Hepatitis C, struggling with mental health challenges, and/or who are from racialized, Black or Indigenous communities. Currently, there is no public memorial commemorating such deaths. The Drug Users' Memorial Project has created a permanent outdoor sculpture to remember and celebrate the lives of people who use drugs who have died due to this cruel and needless war on people who use drugs.

See more resources on grief and loss supports in the *Further Reading* section.

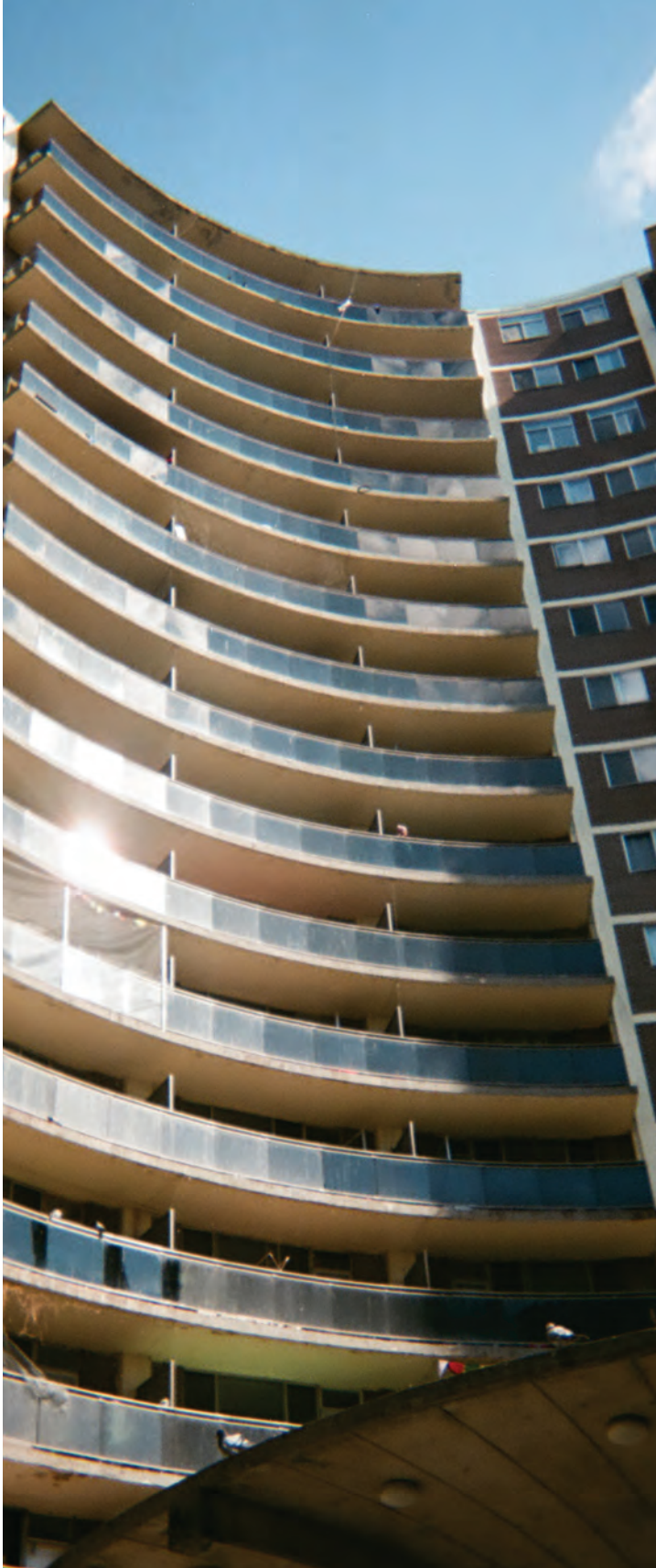
Some Additional Thoughts on Worker Safety

Much of this document has been focused on worker support and emotional well-being. Discussions about worker safety should be an ongoing dialogue among Satellite workers as well as between Satellite Coordinator/Organizer. Approaches to worker safety should not unfold in a prescriptive or one-size-fits-all way, and safety as defined by the worker should always be centered. Conversations about safety should unfold closely with ongoing training and discussion as a team about identifying, asserting, and communicating boundaries. To provide an example, in the past, agencies have insisted that a Satellite worker only work during agency operating hours (among the reasons, to be able to reach out for support if needed). In this case, the worker felt safer working evening/nighttime hours, since this was when their community was awake and available to be called upon if needed for support or backup. Centering the agency's idea of safety in this situation would undermine the actual safety of the worker.

Safety and gender issues

Women who use drugs are at increased risk of violence. In the context of a Satellite site, some workers may be vulnerable to physical and sexual violence, as well as threats from service users. On-going support and communication for Satellite workers who are women is essential.

Pictured left: COUNTERfit's Drug Users' Memorial Project



IN OUR EXPERIENCE

In the COUNTERfit program, there have been examples of women who have been vulnerable to male guests who come under the premise of getting supplies but then attempt to stay and use the site to use drugs. In these cases, we have provided a variety of support initiatives, including home visits, emotional support, and training. At COUNTERfit, we have also seen a trend in the Satellites operated by women – namely that they provide on average more overdose interventions. They have been more likely to respond to overdoses at any time, day or night. For this reason, we have provided ad-hoc support groups to recognize and mitigate the impacts of being an overdose responder.

Support for Satellite Workers: In Summary

- Satellite workers should not be expected to operate their Satellite site openly, as this may expose them to unwanted attention from landlords and other neighbours, or unintentionally “out” them as someone who uses/used drugs.
- When beginning to operate a Satellite site, in our experience, it is best to begin to operate discreetly, or “under the radar,” to provide a period to adapt and feel out dynamics within the building or among neighbours.
- Respect for Satellite workers’ privacy is critical. Other activities that take place in their home unrelated to their Satellite role should not be of concern to the program.
- Satellite workers need their own approach to ethics and boundaries that might not be in line with what is expected of other harm reduction workers. Building space to self-reflect, build common expectations across the team, can support this.
- Make sure that the Satellite program is addressing stigma, discrimination and surveillance in the workplace, and work toward creating safer workplaces for people who use drugs.
- Implementing specific legal supports, including trusted lawyers on call, can protect Satellite workers around policing and criminalization.
- Gendered power differences can make women Satellite workers more exposed to harassment or violence. Working out specific ways to support them is essential to their safety.
- Emotional support, including specific supports around grief and loss, is arguably the single most important aspect of a Satellite program, particularly in the context of the ongoing overdose and drug poisoning crisis. Supports should be integrated into every aspect of the program, including both individual and group formats.

Additional Program Offshoots

The following additional program offshoots are initiatives that we have put in place to support Satellite programs, to implement additional programming to support Satellite workers in high-needs buildings, and to scale up harm reduction and overdose prevention in residential settings where it is needed. They are all optional additions to Satellite programs that might be useful to consider, depending on available resources, and the needs of your local community.

Shelter-based Satellite Workers (“Overdose Response Trainers”)

As the overdose crisis accelerated in recent years, the need for overdose prevention and response supports in shelter settings became increasingly dire. In response to alarming rates of overdose and preventable deaths at nearby shelters, the Satellite Program at PQWCHC developed a new role: Shelter-based Satellite workers, who are called “Overdose Response Trainers”. The Overdose Response Trainers are recruited among shelter residents to provide a peer-based, low-barrier opportunity for overdose related supports among other shelter residents. This role has a similar pay structure to the Satellite worker position. Their role involves:

- Distribution of naloxone;
- Provision of training on overdose response best practices (including administering naloxone, rescue breathing, responding to atypical overdoses and aftercare);
- To share “community intel” regarding drugs being used by shelter residents, for instance: strength/concentration, bad batches, and side effects;
- To provide, if possible and when they are able, “witnessed” or observed injection to friends or acquaintances who are at higher risk for overdose (for instance, because they are using alone). Note that it is not realistic for a Satellite worker who is casually employed in this way to provide this on a broad scale, or in any kind of systematic way in a large shelter setting. Wherever possible, we should be advocating for shelter-based overdose prevention or supervised consumption sites. See Further Reading section for additional resources on peer-witnessed injection and other shelter-based programming.

In our experience, Shelter-based Satellite workers do not distribute harm reduction supplies. This is because, in the Toronto context, most shelters are mandated to provide access to harm reduction supplies. This is also because in most shelter settings, the need for harm reduction supplies would be too large, and potentially overwhelming, for a single Satellite worker to manage.

The creation of the Shelter-based Satellite worker role was made by taking into account specific realities in shelter settings:

- Many shelters have “zero tolerance” policies for drug use, creating conditions that force people to hide their drug use and place them at risk.
- Some shelters distribute harm reduction supplies and naloxone to residents. In these settings, shelter residents are often reluctant to access supplies from shelter staff, because it “outs” them as someone who uses drugs, potentially attracting unwanted attention and surveillance, or stigma. Providing a peer-based alternative can provide greater anonymity when accessing supplies.
- People who use drugs have the most relevant experience regarding overdose response, and are best placed to share this knowledge with other people who use drugs and community members. Shelter staff, who are often overworked and under-resourced, sometimes lack this knowledge or experience.
- Having a worker who can be “eyes and ears” on the ground can be useful in relaying information about the needs of shelter residents, drug use dynamics, information about bad batches, etc., to other harm reduction workers to inform programming and respond to community needs in a timely way.



Things to consider

- Shelters can be chaotic environments with a lot of competing and complex needs. Special attention should be made to ensure the role of the Shelter-based Satellite worker is emotionally sustainable and logistically feasible.
- Regular communication between the Satellite Coordinator/ Organizer and shelter staff is essential to understand needs on the ground, to clarify the role of the Shelter-based Satellite worker, to support shelter staff in following harm reduction and overdose best practices, and to ensure the shelter-based Satellite worker is adequately supported.
- The person recruited to be a Shelter-based Satellite worker should have a strong sense of boundaries and understanding of the need for confidentiality. While ideally, a shelter-based Satellite worker should have a generally positive relationship to shelter staff, in certain settings if they are perceived as too close to staff it might undermine trust from other shelter residents.
- These roles are generally tied to the shelter or host site, and limited to shelter residents. This means that if the person leaves the shelter, they would no longer play this role, and someone else would be recruited. This presents challenges around consistency, and loss of income for the worker; this should be made clear during recruitment.

Pop-up Overdose Response Health Fairs in building lobbies or common areas

This is another example of programming related to overdose that can be easily scaled up and adapted to different residential settings. Pop-up Overdose Response Health Fairs consist of setting up a table in the lobby or common areas (e.g., recreation room) of high needs buildings. The table, staffed by a Satellite worker or Outreach worker, distributes naloxone and provides brief training to building residents on overdose response, including rescue breathing and responding to atypical overdoses.

! Things to consider

- Identifying priority buildings should be made in close collaboration with other Satellite workers and community members, to determine best approaches, and to share relevant information about building dynamics and needs.
- If you have access to EMS information regarding overdose calls, referring to this can be helpful in identifying buildings or areas with higher rates of overdose to prioritize for targeted initiatives.
- Involve, whenever possible, a resident from that building in staffing the information table or health fair. This will help make contact and gain trust of other building residents, and help with identifying an approach that is respectful of existing building and community dynamics. Understanding that you are a guest is important to approach this in a respectful way.
- Providing snacks, or coffee, might help attract building residents, and provide a casual opportunity to strike up conversation.

Seeking permission from a landlord or building manager is likely necessary. Some buildings might be more or less receptive to this kind of outreach taking place on site – it might take some time to build this relationship. Here are some strategies for gaining access that have been useful for us:

Ways to gain access to residential buildings to operate programming

- It might be useful to frame an outreach initiative of this kind in more general terms, as opposed to specifically focused on harm reduction and drug use. This provides “cover” that might help you gain access to a building. For instance, calling an event or outreach table a “health fair” instead of “drug overdose training session.” This will also support building residents to access services more discreetly.
- Having a conversation with the building manager or landlord and offering to provide a needle sweep to collect discarded syringes can be a good way to access a building to “feel it out” or as a pretext for getting in.
- “Piggy-back” on organizations that already have an established program or presence in a building. This can strengthen partnerships with other services, and help connect with community members who you might not reach otherwise.

Naloxone & OD floor reps or “ambassadors”

In higher density buildings or other residential settings which are experiencing a significant amount of overdoses, you might need to reflect on additional measures to multiply overdose prevention and response efforts. This might also be a measure you consider in buildings where there is already a Satellite site, but where more support is needed.

Naloxone & OD floor reps, or “ambassadors,” are people who live in the building who have been trained in administering naloxone and have agreed to having naloxone available on hand, in case a neighbor needs it. They identify themselves with a sticker on their apartment door indicating “naloxone on site”, allowing them to be easily identifiable to neighbours. See image below:



FOR OVERDOSE RESPONSE TRAINING CONTACT: _____

Naloxone & OD floor reps are not intended to be the single go-to responder in the event of an overdose (though they may also have this expertise as well), but rather someone who agrees to ensuring they have naloxone in their unit to ensure quick and easy access for other residents and neighbours when needed.

“Well, they didn’t know how to use [naloxone] first, at all. So, I trained them on how to use it and what to do, and one of them had an incident where he had to use the naloxone. He was a little scared that he wasn’t going to do it properly. I was there with him, because he came to get me. And I watched over him while he was doing it. I let him do the work on his own so he would know how to do it.”

Drug checking

Certain jurisdictions in Canada have drug checking services available to test for the composition and concentration of substances bought off the street or otherwise on the illicit market, including at supervised consumption sites. Involving Satellite workers in drug checking services can be an effective way to gather and share information about the quality of drugs, including batches that are contaminated or cut with other substances, batches that are more concentrated, or other factors that might increase overdose risk.

Satellite workers, people who use drugs, and people involved in the drug trade, including drug sellers, are able to bring in samples of drugs they purchase from people who sell drugs. This allows them to then communicate the results (quality, concentration, purity) to the person who sold or provided them the drugs. This allows people who sell to communicate relevant information to their customers, and over time, exerts an upward pressure on the drug market. It also enables Satellite workers, and other PWUD to communicate to clients who are receiving drugs from the same supply in a targeted and timely way. This way local information about drug quality can be effectively shared through informal networks.

Drug checking operates in something of a legal grey area. In Canada, the unauthorized possession of criminalized drugs is prohibited under the Controlled Drugs and Substances Act (CDSA). Therefore, in order to operate without the risk of criminal prosecution, health agencies need to receive an exemption from the CDSA from the federal government to offer this service. These bureaucratic and legal barriers mean that drug checking is not commonly available, and as a result communities of people who use drugs are not able to access critical information regarding drug quality to stay safe, safeguard health and protect lives.

It should be noted that given the current legal framework of checking services in Canada, Satellite workers who are providing this service without a federal CDSA exemption may risk criminal prosecution and should not be asked to do this in the context of their role as a Satellite worker. (The same risk would apply to other service users when transporting their drug sample to a drug checking service). If they are already doing this in the context of their own life, however, information from drug checking services can provide critical information that can be shared with other Satellite workers and local communities of PWUD.

“The flow of the information is so important – so I can share this with client, so they have the best up to date information of where to spend their money is when the stakes are so high for all of us. Bad batches, weak batches, batches that would require twice as much water, batches that cause weird reactions.”

Agency-based Satellite Sites

Community-based Satellite sites, as referenced in this document, are very effective. However, there are other types of Satellites that can offset the burden on Satellite workers, particularly in buildings that have high levels of drug use and related activity. Where partnerships are possible with landlords (such as supportive or social housing providers), setting up a service-based Satellite can introduce access to supplies within residential settings, but without necessarily involving individual tenants. In this model, a harm reduction worker (ideally a worker with lived/living experience), provides distribution, support, information and referrals on a regular basis (e.g., weekly) somewhere in the building. This service is advertised and promoted by staff at the hosting agency. An additional benefit to this model is that residents can often be hesitant to disclose drug use to housing support workers who are employed by their landlords (due to fear of judgment, over-surveillance and/or eviction).

Examples of Service-based Satellites:

- Supportive housing provider that operates a drop-in on the main floor of the residential building. A harm reduction worker from an external agency comes once a week during mealtimes to connect with people who use drugs.
- Harm reduction program partners with social service agency that has space in social housing building. Residents can access harm reduction worker on a weekly basis, but retain discretion/anonymity because they can use the premise that they are accessing a social worker for other reasons.
- Supportive housing provider has an office in a building for residents to access housing workers. Harm reduction worker comes weekly for distribution/education/info/referrals, and educates agency workers on harm reduction at the same time.



Participatory Program Design & Advisory

Some thoughts on decision making and leadership

Recognizing the specific contributions of Satellite workers to program development, and ensuring the leadership and meaningful engagement of people who use drugs, are guiding principles to the Satellite programs described here. Having a participatory decision making structure is one important way to try and work toward this. Here are some things to consider to help build that as a program:

- Provide Satellite workers with training to facilitate team meetings, run workshops and trainings. Leadership should, wherever possible, reside with Satellite workers.
- Set program goals and objectives collectively. This can help create a sense of ownership over the program, as well as motivation in reaching collective goals. Have an annual program visioning day or session.
- Involve Satellite workers in recruitment, hiring, evaluation activities. Set expectations about minimum standards or shared expectations related to employment together wherever possible.

Having a participatory, ground-up and community-informed program structure can sometimes be challenging in workplaces or larger agencies that are accustomed to more traditional approaches to running programs and rolling out decisions. This can sometimes create a culture clash, but these clashes can generate important dialogue around, for example, what the meaningful engagement of people who use drugs means at a program-level, or what grounding your program in the values and principles of harm reduction movements entails.



Community Advisory groups

You might want to consider establishing a community advisory group, particularly if you do not already have one at your agency, or if your agency is new to developing harm reduction programs. A community or client advisory group can take on many different forms, but here are some things to consider:

- Try and ensure the composition of the group is representative of the communities that you serve, including those you are mandated to serve but who maybe currently do not access services as often. This might entail having designated or reserved seats on the advisory group for members of specific communities. (For example, designated seat for Indigenous community representative; sex worker community representative; youth; etc.)
- Consider scope: is this group providing feedback on all your harm reduction programs? Just your outreach programs?
- Establish a clear role: is the purpose of the group to provide feedback on program operations? Advise you on priority areas or strategies for reaching specific communities?
- Provide compensation to recognize peoples' time and expertise.



IN OUR EXPERIENCE

At PQWCHC, we established a Community Advisory Group to provide feedback and guidance to the development of both Satellite and Outreach programs, both of which hadn't existed previously. We intentionally convened a group of people from communities disproportionately (or differentially) impacted by criminalization and related health harms. We recruited people who were not current clients, through targeted outreach in certain buildings, partnerships with other social service agencies, and incentivized refer-a-friend systems. We did this in the hopes of gaining insight into how to develop outreach programs responsive to the needs of people who weren't currently coming to the health centre for services. The purpose of the group evolved over time - what began as a group that advised on specific program directions, or provided feedback on high priority areas to run programs and do outreach, ended up evolving into an informal community of practice around supporting workers with lived experience in the overdose crisis. In allowing for flexibility, this group was able to be more responsive to emerging needs.

Program Monitoring and Evaluation

Evaluating Satellite programs

The evaluation of a Satellite program will depend on what your goals are, expectations of your funder, and what information you are able to meaningfully collect. Collecting only quantitative information (number of harm reduction supplies distributed, number of people you reached) only tells part of the story. If you are able to determine your own evaluation activities, try and ensure you are collecting information that is meaningful and relevant to you, the Satellite workers, and that could help with program improvement by showing where there are remaining gaps or needs. Some questions you might want to consider asking:

- Are we increasing the ability of people who use drugs to access harm reduction supplies, naloxone, overdose response training?
- Are we addressing the barriers encountered by people who use drugs in accessing harm reduction supplies, or in adopting safer drug use strategies?
- Are we increasing access to health care and social supports by providing referrals and linking people to the services they need?
- Are we adequately supporting communities of people who use drugs with the tools and information to respond to overdose?

It's important to involve Satellite workers in the design and evaluation of program activities. This can also provide valuable insight into the benefits or drawbacks of how they are operating their site.

How do you meaningfully consult people who use drugs & clients in developing and evaluating a Satellite program? (Don't forget to compensate people for their time and expertise). Some ideas might include:

- A focus group with people who use drugs on what they want to see in a Satellite program
- Anonymous questionnaires, or surveys for people who use drugs
- A community mapping exercise with harm reduction workers or outreach workers with lived experience from other agencies.

Please refer to resource in *Further Reading* section "Consulting with people who use drugs: Do's and Don'ts" by the HIV/AIDS Legal Network.

Satellite Worker Portraits

Iye Sanneh #iyeprints

"Satellite work is vital. Responding to overdoses, giving out supplies, and referring people to services to best support their needs like overdose prevention sites, other satellite workers in their area, food banks, making a bad date report, employment or wound care and medical services. The best and most important part of being a satellite workers in the connections you make with people. The trust you build and the rapport you have with people accessing your services. I built enough trust to be in bandos and trap houses as well as welcomed into people's homes. With one person who comes to my satellite site, we talk about dogs. She does her tester shot to make sure her Fentanyl is the right concentration. I'm just there to chit chat and make sure if she goes under I can use Naloxone and bring her back. Her tester shot was a success and she was able to safely use. I stayed for a bit, we chatted about dogs and she told me stories of her first dog as a kid. I met her where she was at. Satellite was a success. One more life saved. This picture shows Doja and Marcus."



Tamara Grant



"Being a satellite worker during a global pandemic proved to be challenging. Not wanting to risk my own health but also the health people using my satellite site, I had to start being creative. Dropping harm reduction supplies from my 11th floor balcony proved to be risky and unrealistic. Not wanting people to suffer more from the virus I masked up and headed back down to the front lines where we are so badly needed. And I'm sure my neighbours below me are happy I am not potentially dropping harm reduction supplies onto their balconies."

Closing Thoughts

Satellite programs are not only effective health initiatives for people who use drugs, but a tool to build community power. Satellite programs enable organizations and communities of people who use drugs to:

- Extend the reach of harm reduction equipment and services beyond the walls of a health centre or agency;
- Strengthen existing mutual aid networks among people who use drugs, including connecting people who are structurally or socially isolated to healthcare and other services;
- Facilitate the development of information exchange networks and access points regarding critical and time-sensitive information around drug quality;
- Provide a high-impact, low-barrier response to the drug poisoning and overdose crisis.

Satellite programs show that listening, closely and attentively, to communities of people who use drugs is essential to shape and develop responsive programs. Initiatives such as Satellite programs that seek to build community power provide a vital mechanism for harm reductions organizations to seek leadership – and learn – from people who use drugs.

References & Further Reading

Harm reduction & housing

Tenant Overdose Response Organizers – A project of the Downtown East Side Collaborative, Vancouver, B.C.
<https://dtescollaborative.org/toro-project/>

Bardwell, G., Collins, A. B., McNeil, R., & Boyd, J. (2017). Housing and overdose: an opportunity for the scale-up of overdose prevention interventions?. *Harm reduction journal*, 14(1), 77. Available from: <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0203-9>

Fred Victor Centre and Jim Ward Associates. Towards effective strategies for harm reduction housing. Toronto: Wellesley Institute; 2009. Available from: <https://www.wellesleyinstitute.com/publications/towards-effective-strategies-in-harm-reduction-housing/>

Pauly, B, Reist, D, Schactman, C, Belle-Isle, L. Housing and harm reduction: A policy framework for Greater Victoria. Victoria BC: University of Victoria, Centre for Addictions Research BC; 2011. Available from: <https://dspace.library.uvic.ca/handle/1828/4791>

Vancouver Coastal Health. Housing overdose prevention site manual. Vancouver: Vancouver Coastal Health; 2018 February. Available from: <http://towardtheheart.com/assets/uploads/15199414897XVa5ZXFmqJ87TnVZTmzrEz9zbNWuNZAtvfxE5I.pdf>

Peer witness, supervised injection in shelter settings

Canadian Research Initiative in Substance Misuse, Canadian Institutes of Health Research. Supporting people who use substances in shelter settings during the COVID-19 pandemic: National Rapid Guidance Document, Version 1. May 17, 2020. Available from: <https://crism.ca/wp-content/uploads/2020/06/CRISM-Guidance-Supporting-People-Who-Use-Substances-in-Emergency-Shelter-Settings-V1.pdf>

Bardwell G, Boyd J, Kerr T, McNeil R. Negotiating space & drug use in emergency shelters with peer witness injection programs within the context of an overdose crisis: A qualitative study. *Health Place*. 2018 Sep; 53:86–93.

Evaluations of Satellite programs & harm reduction in community settings

Kolla, G & Penn, R (2020). Evaluation of the Parkdale Peer Satellite Program. Toronto: Parkdale Queen West Community Health Centre. Available from: <https://pqwchc.org/wp-content/uploads/Evaluation-of-Parkdale-Peer-Satellite-Program-14Feb2020.pdf>

Strike, C., Kolla, G. (2013). Satellite Site Program Evaluation, COUNTERfit, South Riverdale Community Health Centre CHC. Toronto: Dalla Lana School of Public Health, University of Toronto.

Kolla, G., & Strike, C. (2020). Practices of care among people who buy, use, and sell drugs in community settings. *Harm Reduction Journal*, 17, 1-12. Available from: <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00372-5>

Kolla, G., & Strike, C. (2020). Medicalization under prohibition: the tactics and limits of medicalization in the spaces where people use illicit drugs. *Drugs: Education, Prevention and Policy*, 1-11.

Assisted Injection

Legal Network guide on assisted injection: Pearhouse, R., & Elliot, R. (2007). A Helping Hand: Legal Issues Related to Assisted Injection at Supervised Injection Facilities. *Canadian HIV/AIDS Legal Network*, 1–50. Available from: <http://www.aidslaw.ca/site/a-helping-hand-legal-issues-related-to-assisted-injection-at-supervised-injection-facilities-3/?lang=en>

Kolla, G., Kenny, K. S., Bannerman, M., Boyce, N., Chapman, L., Dodd, Z., et al. (2020). Help me fix: The provision of injection assistance at an unsanctioned overdose prevention site in Toronto, Canada. *International Journal of Drug Policy*, 76, 102617. Available from: <http://doi.org/10.1016/j.drugpo.2019.102617>

Gagnon, M. (2017). It's time to allow assisted injection in supervised injection sites. *CMAJ : Canadian Medical Association Journal = Journal De l'Association Medicale Canadienne*, 189(34), E1083–E1084. Available from: <http://doi.org/10.1503/cmaj.170659>

Sessi Kuwabara Blanchard. Canada Quietly Lifts Ban on Peer Injection Assistance at Safe Consumption Sites. Article on Filter. May 18, 2020. Available from: <https://filtermag.org/peer-injection-assistance/>

Meaningful Engagement of People Who Use Drugs & Peer Work

Balian, R and White, C. For: Open Society Foundations. Harm reduction at work: A guide for organizations employing people who use drugs [Internet]. New York, NY: Open Society Foundations; 2010. Available from: <https://www.opensocietyfoundations.org/uploads/170e646d-bcc0-4370-96d7-7cf2822a1869/work-harmreduction-20110314.pdf>

BC Centre for Disease Control. Peer payment standards for short-term engagements [Internet]. 2018. Available from: http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/peer_payment-guide_2018.pdf

Canadian HIV/AIDS Legal Network. "Nothing about us without us" - Greater, meaningful involvement of people who use illegal drugs: A public health, ethical, and human rights imperative. 2005. Available from: <http://www.aidslaw.ca/site/wp-content/uploads/2013/04/Greater+Involvement+-+Bklt+-+Drug+Policy+-+ENG.pdf>

Canadian AIDS Society. Peerology: A guide by and for people who use drugs on how to get involved. Canadian AIDS Society; 2015. Available from: <http://www.cdn aids.ca/wp-content/uploads/Peerology-Final-PDF-with-Image.pdf>

Toronto Harm Reduction Task Force. Information guide for peer workers and agencies [Internet]. 2nd ed. Toronto ON: Toronto Harm Reduction Task Force; 2013. Available from: <http://www.canadianharmreduction.com/sites/default/files/PEERGUIDE2013.pdf>

Greer, AM, Newman, C, Burmeister, C, Burgess, H, Coll, M, Choisl, P, et al. Peer Engagement Principles and Best Practices: A Guide for BC Health Authorities and other Providers (version 2). Vancouver, BC: BC Centre for Disease Control; 2017. Available from: <http://towardtheheart.com/assets/uploads/1516141269o4KkCMkq2ytmhxVyGjcQ9DSWtUol1d8FLnzYdlv.pdf>

Association Québécoise pour la promotion de la santé des personnes utilisatrices de drogues. Projet RePAIR. July 2018. Available from: https://aqpsud.org/wp-content/uploads/2019/03/AQPSUD_PROJET_RePAIR_vf.pdf

International Network of People who use Drugs. Statement and Position Paper on Language, Identity, Inclusivity and Discrimination. International Network of People who Use Drugs. 2011;1-6. Available from: http://www.inpud.net/INPUD_Statement_Position_Paper_on_Language_Identity_Inclusivity_Discrimination_Nov2011.pdf

International Network of People who Use Drugs. The Vancouver Declaration. April 2006. Available from: <https://www.inpud.net/en/vancouver-declaration#:~:text=We%20are%20people%20from%20around,stereotyped%20as%20dangerous%20and%20disposable.>

Good Samaritan Drug Overdose Act

PIVOT Legal Society. Good Samaritan Drug Overdose Act Fact Sheet: What You Need to Know. Available from: https://www.pivotlegal.org/fact_sheet_what_you_need_to_know_about_the_good_samaritan_drug_overdose_act

Janet Butler-McPhee, Sandra Ka Hon Chu, Emily van der Meulen. Canadian HIV/AIDS Legal Network and the Law Foundation of Ontario. The Good Samaritan Drug Overdose Act: The Good, the Bad, and the Ugly. Available from: <http://www.aidslaw.ca/site/the-good-samaritan-drug-overdose-act-the-good-the-bad-and-the-ineffective/?lang=en>

Grief and loss support for workers

AIDS Bereavement and Resiliency Program of Ontario. Resources for Harm Reduction Agencies. Available from: <https://abrpo.org/programs-and-resources/harm-reduction-resources/>

Vikki Reynolds. Resources & Assorted videos on resisting burnout, responding to death, debriefing and solidarity. Available from: <https://vikkireynolds.ca/opioid-epidemic-responses/>

Perreault Y. When Grief Comes to Work: Managing Grief and Loss in the Workplace. ABRPO. 2011:1-220. Available from: http://www.catie.ca/sites/default/files/When%20Grief%20Comes%20to%20Work_e.pdf

Kolla, G., & Strike, C. (2019). 'It's too much, I'm getting really tired of it': Overdose response and structural vulnerabilities among harm reduction workers in community settings. *International Journal of Drug Policy*, 74, 127-135.

Harm reduction best practices

Strike C, Hopkins S, Watson TM, Gohil H, Leece P, Young S, et al. Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who use drugs and are at risk for HIV, HCV, and Other Harms: Part 1. Toronto ON: Working group on Best Practice for Harm Reduction Programs in Canada; 2013. Available from: http://www.catie.ca/sites/default/files/BestPracticeRecommendations_HarmReductionProgramsCanada_Part1_August_15_2013.pdf

Strike C, Watson TM, Gohil H, Miskovic M, Gobinson S, Arkell C, et al. The Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: Part 2. Toronto ON: Working group on Best Practice for Harm Reduction Programs in Canada; 2015. Available from: <http://www.catie.ca/sites/default/files/bestpractice-harmreduction-part2.pdf>

Kolla, Gillian. Recommendations for Building a Harm Reduction & Substance Use Continuum of Care. Developed for the Toronto Central Local Health Integration Network. March 2018. Available from: <https://pqwchc.org/wp-content/uploads/Harm-Reduction-Continuum-of-Care-TCLHIN-March2018.pdf>

Certificate of Employment example



PARKDALE
QUEEN WEST
Community
Health Centre

Parkdale Queen West Community Health Centre

hereby grants this

Certificate of Employment

to



HARM REDUCTION SATELLITE WORKER

Harm Reduction Satellite Workers have been trained by Parkdale Queen West Community Health Centre (PQWCHC) to do community outreach, provide education, respond to overdose and distribute safer drug use (e.g injection kits, crack pipes, etc.) and safer sex supplies (e.g. condoms). As such, they may have large quantities of new and/or used drug use supplies, including naloxone and other materials that reduce the harms associated with substance use.

Harm Reduction Satellite Workers are representatives of PQWCHC as part of our Parkdale Satellite Program. Our goal is to decrease the harms associated with the isolation of substance users in targeted high use locations of Parkdale. Satellite Workers engage people in high-needs locations and distribute safer drug use and sex supplies and information, collect used supplies, and connect people to PQWCHC's Harm Reduction and healthcare resources and supports.

[Program Coordinator Name]
Harm Reduction Satellite Coordinator
T: 555-555-5555
E: name@agency.org



Activity Record Form: COUNTERfit Harm Reduction Program

FIXED SITE - SATELLITE SITE

Date: _____ Time: _____

Name: _____ New: Yes No

Address: _____

Gender: Male Female Transgender/Fluid Age: _____

Harm Reduction Kits

- Injection: SM: _____ LG: _____
- Crystal Meth: _____
- Crack: _____
- Chasing the Dragon: _____
- Body Piercing: _____
- Snorting: _____
- Safer Sex: _____

Injection Equipment

- Needles: OUT: _____ IN: _____
- Sterile Water: _____
- Cookers: _____
- Alcohol Swaps: _____
- BZK Wipes: _____
- Filters: _____
- Tourniquets: _____
- Vitamin C: _____

Safer Sex Supplies

- Condoms: _____ Internal: _____
- Dental Dam: _____ Lube: _____

Bins/Sharps Containers

- Personal Black: _____
- Small: _____
- Medium: _____
- Large: _____

Inhalation Equipment

- Straight Stems: _____
- Crystal Meth Pipes: _____
- Foil Sheets: _____ Package: _____
- Mouthpiece: _____
- Push Stick: _____
- Screens: _____
- Straws: _____

Other Equipment

- Female Hygiene Supplies: _____
- Lip Balm: _____
- Matches: _____
- Socks/Underwear: _____
- Transit Fare: _____
- Vein Cream: _____

Referrals

Check all those provided during transaction.

- Addiction Services (e.g. detox/drug treatment)
- Clinical Service Providers – HIV Care
- Clinical Service Providers – Other Care (e.g. immunizations)
- Clinical Service Providers – Primary Care
- Clinical Service Providers – Urgent Care
- Community Event (Overdose Awareness Day, Drug Users Memorial)
- Community-based HIV Service Providers
- Harm Reduction Services
- Hep C Teams
- Hep C Testing other (non-Hep C team)
- Hep C Treatment other (non-Hep C team)
- HIV/STI Testing
- Mental Health Service Providers (e.g., other counselling)
- Other Community-based Service Providers (e.g. faith-based services/ spiritual support, social service, women's specific services, housing etc.)

Additional Services Provided (check all that apply)

- Brief Counselling** (e.g. brief, focused crisis intervention, 'just listening' or can include more formal counselling, can be done by phone/text/in-person, etc.)
- Harm Reduction Teaching** (e.g. informal verbal and/or written harm reduction information, health teaching, etc.)
- Indigenous Traditional Services** (e.g. traditional teachers, Elders, healers)
- Practical Support** (e.g. food, water, transit tickets, rides to appointments/services, accompaniment to appointments, help with getting ID, completing other forms, etc.)

Initial here:

Satellite Worker Check-in Template

Satellite worker: _____ Date: _____

Trends at Satellite Site & Community needs	
What are the main needs of people coming to your site? (Supplies; a place to use; referrals; needle disposal)	
What are the main communities you're connecting with? (Mostly people who inject; mostly people who smoke; mostly people who use down; mostly people who use stimulants; sex workers)	
What are some ways you could connect with others who aren't already accessing services through your satellite site?	
Have you been able to keep inventory of all necessary supplies? Are there times you run low? Did anyone ask for supplies which we don't offer, or that you didn't have? Are there ways we can support to keep you stocked-up?	
What specific needs have come up recently among people coming to your satellite site? (Example: wound care; support with social assistance issues; hep C testing, etc.) Is there something we could put in place to support that?	

Community / building trends	
Have you had any interactions with building managers / superintendents or neighbours that you're worried about, or that we should be aware of?	
Are there any trends in terms of policing or arrests that have affected your building / area recently?	
What drug trends are you seeing in your building / among people coming to your site? (For example, strength, contamination, purity, specific side-effects)	

Overdoses	
Has anyone overdosed in your building in the past while? Is it someone you're connected with? Are there supports that you can offer? (i.e., safety planning)	
Were you involved in responding to any overdoses recently? How was that experience? Were you able to get the support you needed following? Do you have any questions or things you were unsure about?	

Supports	
Is there any support you need in fulfilling the expectations of this role? (Filling out stats sheets; organizing your space; bringing back used needles, etc).	
Are there any workshop / training topics that would be helpful to address at a team gathering / meeting?	
Are there any safety issues you want to flag, or talk through?	
Have there been any situations recently where you've had to deal with your boundaries being crossed, or needing to assert them? How did it go? (e.g. someone overstaying their welcome at your site). Any ethical situations that you were unsure about?	
Is there any kind of support in your own life that you would want our help with? (For example, getting a doctor; applying for social assistance; etc).	

[During 3-month supervision / performance review]	
Since my last supervision, what is my most meaningful accomplishment? What does this say about what's important to you?	
What's working well? What's working less well?	
What does wellness as a worker mean to you? What can we put in place to work toward that?	
What's next? What goals do you have related to your satellite role for the coming months? What support do you need on our end to reach those goals?	

Follow-ups:



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**PARKDALE
QUEEN WEST**
Community
Health Centre



South Riverdale
COMMUNITY
HEALTH CENTRE

**WE DEDICATE
THIS TO THE
LIVES OF ALL OF
OUR COMRADES
LOST TO THE
WAR ON DRUGS.**