

The Salvation Army Harm Reduction Guidelines for Emergency Shelters

Salvation Army emergency shelters play an important role in meeting basic needs for people experiencing homelessness and protecting them from serious harm. Emergency shelters are often a last resort for people who may otherwise sleep in places where they are exposed to environmental dangers or interpersonal risks.

The goal of emergency shelters is to help people meet their basic needs, secure and retain housing, and connect with community-based support services. The Salvation Army is committed to ensuring that our emergency shelters are **welcoming** and **as accessible as possible**, including to individuals with mental health and substance use challenges.

Background

The Salvation Army's International Headquarters has developed a position statement on ['Alcohol in Society'](#) and **Salvation Army officers and soldiers practice a lifestyle free of alcohol and non-medicinal drugs** as a way of enhancing wellbeing and health. In the context of social services delivery, this matter of Salvationist faith in practice is necessarily held in tension with other convictions and obligations, including our territorial mission, values, goals and principles in the Canada & Bermuda territory, and the federal and provincial laws to which we are subject as a publicly funded service-provider:

The Salvation Army in Canada & Bermuda exists to share the **love** of Jesus, meet human **needs**, and be a **transforming influence** in the communities of our world.

The Salvation Army holds **dignity** as a [core value](#): we respect and value each other, recognizing everyone's worth.

The Salvation Army has identified **social justice** as one of its [strategic priorities](#): to promote dignity, with a focus on those experiencing marginalization or vulnerability, including service delivery that respects and values people and standing up against situations of injustice that oppress and marginalize people.

The **Operating Principles for Emergency Shelters** state that we will use harm reduction [principles](#) to guide emergency shelter service delivery and use behaviour-based criteria for



restricting access to shelter.

As a service provider, The Salvation Army has **a duty to accommodate clients seeking or utilizing TSA services and programs**. This means we have a legal obligation to reduce and/or eliminate barriers experienced by individuals, based on prohibited grounds of discrimination. In certain jurisdictions, substance use disorders (addiction) are considered disabilities which must be meaningfully accommodated. [For more on this see Accommodation Guidelines & Sample Accommodation Plan in the Social Services Toolkit – INSERT LINK].

The Salvation Army, in Canada, Bermuda, and around the world, has a long history of immediate, practical response to human suffering, and supporting safety for those in risky situations.

Our Harm Reduction Approach

The Salvation Army recognizes that [harm reduction](#) is a spectrum, and that, as a public health intervention, **it prevents the loss of human lives**.

The Salvation Army prefers to operate programs and services at the abstinence end of the harm reduction spectrum but acknowledges that abstinence may not always be feasible given the complex realities surrounding substance use. Structural factors have contributed to a social and health crisis in Canada, particularly in use of [opioids](#) to treat physical and psychic pain.

The Salvation Army recognizes that **stigma** surrounding substance use may have caused people to feel worthless. But **we are committed to showing love, offering hope, and protecting the dignity of others** as a matter of organizational mission and commitment to following Jesus.

The Salvation Army uses **person-centred principles** to guide emergency shelter service delivery. These principles are as follows:

- **Respect:** Staff treat program participants with dignity and respect, putting the person at the centre of decision-making and recognizing that an individual's autonomy and self-determination will guide their plan of care. Staff understand that individuals have a right to their choices. Staff communicate clearly and consistently that if participants choose to use drugs or alcohol this will not impact emergency shelter service delivery.



- **Trauma and Violence Informed Care:** Staff acknowledge the impact that trauma and abuse have on the development and behaviour of survivors. Staff understand that people who have experienced trauma in their lives or who are living with physical and/or mental health issues may rely on drugs or alcohol as a way to cope with emotional, psychological or physical pain. Staff ensure that knowledge about trauma is integrated into policies, practices and physical settings. [For more on this see [Trauma-Informed Practice Guide](#) & [Fidelity Table](#) in the Social Services Toolkit.]
- **Non-Judgment:** Staff recognize that a non-judgmental approach is critical to building relationships of openness and trust with program participants that can lead to positive life change. Staff also use a non-judgmental approach to ensure service is provided objectively and consistently to each individual.
- **Practicality:** Staff take a practical approach, making program participant safety the main priority.
- **Opportunity:** Staff use the time a person is accessing a program or service to support them in meeting their own goals, including connections and referral to substance use disorder resources and services, as desired.

Staff who are not comfortable taking this approach to harm reduction should refer clients to a coworker who is prepared to respond in this way and speak with their supervisor.

Behaviour-Based Criteria

Salvation Army emergency shelters use behaviour-based criteria rather than sobriety-based criteria to determine access to or restriction from emergency shelter. That is, decisions about admission, early discharge, and restriction from services are based on behavioural standards and not on absolute sobriety. In each unit, **transparent policies and procedures** are in place to ensure this.

Behaviour-based criteria allow a client to gain admission to and maintain their bed at an emergency shelter if they are under the influence of drugs or alcohol, as long as they are not behaving in a way that poses a risk to themselves or others. [See [Sample Behaviour-Based Follow-Up Table](#) in the Social Services Toolkit.]

For instance, if a person is acting aggressively, or is threatening clients or staff, the person may be turned away or discharged. Staff would first attempt to calm the client and de-escalate the situation. If de-escalation does not occur, the client would be assisted to access



another shelter or alternate accommodation.

Or, if a person is intoxicated to the point that they may be at risk of alcohol poisoning or a drug overdose, the person would be transferred to emergency medical personnel rather than be admitted to shelter.

Behaviour-based criteria may vary from community to community:

- Where The Salvation Army operates the only emergency shelter in a community, the behavioural criteria would be as minimal as possible to ensure that every person seeking shelter is provided access.
- Where funding agreements/community service plans stipulate, The Salvation Army may establish higher-barrier shelters. These shelters will continue to ensure that individuals are referred appropriately and not discharged to homelessness.
- Emergency shelters that serve youth and/or families with children set behavioural standards that reflect the risks and safety needs of minors. This includes the risks to intoxicated youth if they do not have a safe place to stay for the night.
- In extreme weather conditions, behavioural standards may be adjusted to address the increased risk of injury, illness or death for those in need of emergency shelter.

Simple possession of alcohol and drugs, stored securely with a client's belongings, is not usually a problematic 'behaviour,' in and of itself. **Staff search and seizure of client belongings for these items is discouraged.**

Each emergency shelter manages their risk and liability recognizing that, wherever possible, no one is to be turned away with no place to stay.

Harm Reduction Products

Harm Reduction products are made available to emergency shelter clients. These are supplied by a public health agency or by contract with another service provider. Policies and procedures are in place to guide client access to these products. In some jurisdictions, supply of harm reduction products is a matter of compliance with operating/service agreements.

Methadone, Suboxone and other Opioid Agonist Treatments (OATS) may be stored on behalf of clients who have a prescription, treated in the same manner as other prescription medications, as per medication policies and procedures.



In the case of opioid overdose, **Naloxone** is to be used as a life-saving measure by residents or staff who have had appropriate training. Operational policies and procedures will be in place to guide the safe and appropriate use of this drug, and staff training will be ensured. (Please note that as per [Accreditation Standards](#) 15.2.3 and 15.3.2 Emergency Shelter staff are to be trained and governed by a policy on Naloxone use.)

Harm Reduction Programs

Since The Salvation Army intends to create environments where [alcohol, cannabis and illegal drugs are not permitted on-site](#), clients seeking safe-use sites, managed alcohol, supervised maintenance, or other harm reduction programs are referred to other service, or public health providers with qualified professionals and peers. Salvation Army emergency shelter providers are encouraged to develop cooperative working arrangements with harm reduction agencies in the community.

Related Documents

- [Territorial Operating Policy on Controlled Substances](#)
- Territorial Operating Policy on Medication Storage (forthcoming)
- Accommodation Guidelines (forthcoming)
- Medication Storage Guidelines (forthcoming)
- [FAQs on Recreational Cannabis](#)
- [FAQs on Medical Cannabis](#)
- [Behaviour-Based Follow-Up Table](#)
- James Rowe, '[A Pragmatic Exchange: A Short History of the Health Information Exchange and the Reconciliation of Christian Faith & Harm Reduction](#)', The Salvation Army Crisis Services, Australia Southern Territory, 2013.

