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**COM-CAP**

Community Opioid / Overdose  
Capacity Building

Public  
Health  
Ontario

Santé  
publique  
Ontario

# Learning Exchange: Supports for Workers Responding to Overdoses in Ontario

October 29, 2021

# About Community Opioid/Overdose Capacity Building

Community Opioid/Overdose Capacity Building (COM-CAP), started in 2019, is a four-year project funded by Health Canada's Substance Use and Addiction Program. The goal of COM-CAP is to support community-led responses to opioid/overdose-related harms in communities across Ontario. The supports focus on strengthening the knowledge, skills, and capacity of the key stakeholders involved:

- The Ontario College of Art & Design University (OCAD U) - Health Design Studio
- University of Toronto- Strategy Design and Evaluation Initiative
- Black Coalition for AIDS Prevention
- Chatham-Kent Public Health
- NorWest Community Health Centres
- The Municipal Drug Strategy Coordinators Network of Ontario
- The Ontario Network of People Who Use Drugs

PHO collaborates with external partners in developing COM-CAP products.



# Acknowledgements

# Ontario Network of People who use Drugs (ONPUD)



# Learning Exchange Overview

# Agenda and objectives

## OBJECTIVES

- Discuss information about the needs of workers experiencing grief and loss due to drug poisoning
- Describe current and future supports, challenges, and opportunities to support workers responding to overdose
- Identify resources for supporting workers responding to overdose

## AGENDA

Item	Speakers/Panelists
Welcome and overview	<ul style="list-style-type: none"><li>• Pamela Leece, Public Health Ontario</li><li>• Tish Mizon, Ontario Network of People who use Drugs</li></ul>
Presentations	<ul style="list-style-type: none"><li>• Gillian Kolla, Canadian Institute for Substance Use Research, University of Victoria</li><li>• Juno Zavitz, Breakaway Community Services</li><li>• Triti Khorasheh, Public Health Ontario</li></ul>
Panel discussion	<ul style="list-style-type: none"><li>• Randy Roberts, Ontario Network of People who use Drugs</li><li>• Jordynne Lindsay, Chatham-Kent Public Health</li><li>• Thomas Egdorf, AIDS Bereavement and Resiliency Program of Ontario (ABRPO)</li></ul>
Facilitated discussion	<ul style="list-style-type: none"><li>• Pamela Leece &amp; Tish Mizon</li></ul>
Wrap up	<ul style="list-style-type: none"><li>• Pamela Leece &amp; Tish Mizon</li></ul>

# Polls



# Presentations

# Impacts of Overdose on Harm Reduction Workers

Gillian Kolla on behalf of the Impacts of Overdose  
Research Team  
October 29<sup>th</sup>, 2021

**MAP** Centre for  
Urban Health  
Solutions

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# Background

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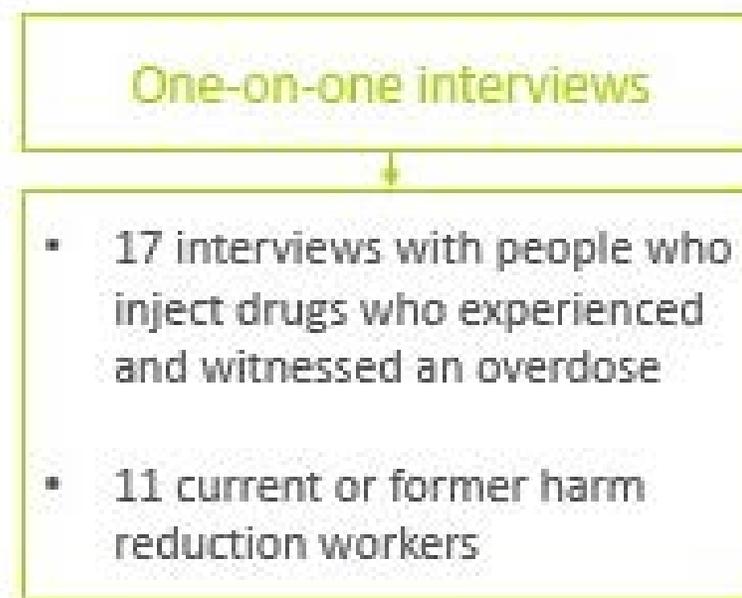
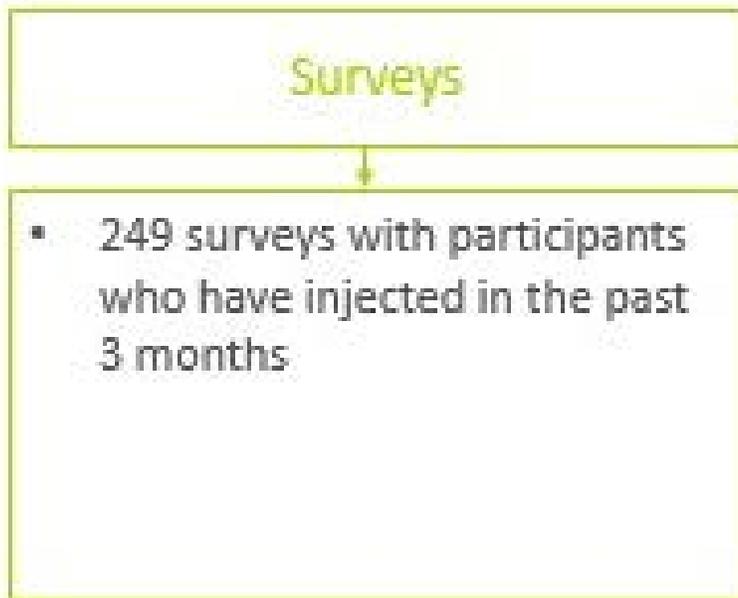
- People who use drugs & harm reduction workers have been at the forefront of designing and implementing overdose response strategies
- Limited research on the impacts of experiencing, witnessing and responding to overdose
- Lack of formal supports for people experiencing overdose, overdose response, and overdose-related losses

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# Data collection – early 2019

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- Recruitment from 4 Toronto-area organizations that run Overdose Prevention or Supervised Consumption Sites



# Brief Report #1

- A **brief report** on experiences and impacts of overdose on harm reduction workers
- **3 additional brief reports in preparation**
  - Experiences of overdose among people who inject drugs
  - Experiences of overdose among people experiencing homelessness
  - Coping strategies and resources people would find useful

## IMPACTS OF OVERDOSE ON FRONT-LINE HARM REDUCTION WORKERS IN THE CITY OF TORONTO

February 19, 2021

Toronto continues to experience a devastating increase in fatal and non-fatal overdoses, with over 1500 people who have died from opioid-related overdose in the past five years [1]. To respond, harm reduction workers have been at the forefront of designing and implementing overdose response and prevention strategies. There is an urgent need to understand how experiencing, witnessing, and responding to overdose in the current crisis is affecting harm reduction workers. This report summarizes the impact of overdoses and overdose-related loss on harm reduction workers and strategies to address their support needs. We have conducted this preliminary analysis to help inform the development of interventions and strategies to support the health and well-being of harm reduction workers in Toronto.

### WHAT WE DID

The Impacts of Overdose Study is a community-based research project that aims to look at the impacts of overdose on people who use drugs and harm reduction workers in Toronto. Data collection occurred in early 2019, and the themes presented here emerged from the one-on-one interviews that were conducted with 11 harm reduction workers from Toronto harm reduction programs with supervised consumption services (including: the Parkdale site of Parkdale Queen West Community Health Centre, South Riverdale Community Health Centre, Moss Park Overdose Prevention Site, and St. Stephen's Community House). Six of the harm reduction workers we interviewed identified as women, while the other 5 identified as trans, non-binary, or male. Additionally, 6 of the harm reduction workers identified as Black, Indigenous, or People of Colour.

We asked staff about their experiences witnessing and responding to overdose, the emotional and physical reactions that overdose responses were having on them, the strategies they were using to attempt to cope with these experiences, and their suggestions on how workplaces can better support them and their clients. Interviews were audio-recorded, transcribed, and analyzed to identify key themes. Below, we highlight some of the preliminary themes that were identified.

**Prepared by:** Triti Khorasheh, Gillian Kolla, Kathleen Kenny, Ahmed Bayoumi from the MAP Centre for Urban Health Solutions, with support from Community Advisory Committee members.

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# Impacts of overdose

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- Emotional reactions

- Feelings of helplessness, stress and anger were common & tied to preventable nature of losses
- Guilt was common and manifested in different forms: survivor's guilt, guilt around not having been able to do more, guilt at being unable to properly grieve multiple and repeated losses

“You feel guilty that you spent more time thinking about someone else and grieving that loss, and paying more attention to that loss, than you did another loss that was also significant. Because right now, in the last couple years, there's just been no time to give proper attention to death.”

- Changes to social relationships & in patterns of drug use

- People reported being overwhelmed by the continuous losses
- Not wanting to get too close to people due to anticipatory loss
- Some using drugs to cope with loss, others reported using less, or changed patterns of use

“I am drowning. I am trying to stay afloat. I am, like, a little bit above water.”

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# Experiences of overdose not confined to work

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- Workers experienced overdoses in both their professional & personal lives
  - Including their own overdoses, and those of friends, family members, colleagues, or clients
  - They felt more prepared and equipped to respond to overdoses at work due to access to oxygen, naloxone, and colleagues for back-up and support
  - The trauma from multiple overdoses in multiple settings compounded

“I would have time to process and think about it. But it starts, it just starts to compound. It does bring up a lot of other losses. And then, if you haven't really dealt with the grief of those losses, then you're like, suddenly, suddenly triggered to deal with it in a particular way.

- Difficulty in setting boundaries between professional and personal spheres

“It's not like you can just turn off caring. You're thinking about them when you're at home or whatever. And then, it's just like 'Oh cool, I'm in bed and I'm like, crying about someone from work'.”



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# Helping to support clients with loss

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- Almost total lack of resources for people who use drugs who require support for overdose-related grief and loss
- Harm reduction workers are trying to fill this gap and provide supports while also attending to their own emotional needs
- Structural issues (lack of housing) and stigma and discrimination faced by clients compound the difficulties in providing support
  - “I think that the hospitals are a big thing. When people go in on overdoses, a lot of times, people are treated like third rate citizens. And they're treated like they don't matter.”

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# Workplace supports & gaps

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- Major source of support: others involved in front-line overdose response
  - “But I feel conscious of talking to other people who are in the work about it, because I feel like everyone is in this sort of fried state, where I'm like, 'You're like coping with stuff. Like, you don't need to also hear my stuff.’”
- Hesitancy to open up to supervisors about emotional impacts of the work
  - Fear of negative repercussions on their employment
- Gap: Lack of access to benefits and counselling
  - “Most people working in harm reduction, like, the majority of people are contract and don't have access to any sort of support. There's just not the consideration that that's a necessary part of the job.”
- Gap: Complete inadequacy of Employee Assistance Programs (EAP)
  - “And then, the times I have gone to EAP, I'll say, it's very harmful to send people to anything that's like, eight weeks. Because they try to do this work with you in eight weeks.”

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# Recommendations

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- Expansion of organizational employment policies to include adequate pay, benefit coverage, sick days and vacation days for part-time and contract workers
- Need for organizations to dedicate resources for individual and collective grief and loss supports & external, qualified, easy-to-access supports for staff
- Supports for PWUD workforce development & professional development
  - That is grounded in realities of workers and not based on formal schooling or credentials
- Need for dedicated supports for clients to support them with loss and overdose-related experiences
  - Well-resourced to address complex and multiple intersecting traumas people have faced

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# Recommendation

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- Need to move beyond supports and address the structural factors and social determinants of health that impact health, well-being and overdose risk
  - Decriminalization of people who use drugs
  - Safer supply and drug market regulation
  - Affordable housing crisis
  - Intractable poverty and food insecurity

“Well, housing number one. Seriously people who've lost their housing, like, how can you grieve properly, if you don't have a roof over your head?”

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# Thank you!

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- Our thanks and sincere gratitude to all of the people who participated in the research study and shared their stories with us
- **Research Advisory Team:** Jason Altenberg, Molly Bannerman, Zoe Dodd, Michelle Firestone, Brian Flores, Sarah Grieg, Les Harper, Gab Laurence, Chris Leonard, Steph Massey, Zoey Medland, Stephanie Moulton, Yvette Perreault, Alexandra Perry, Lorie Steer, Carol Strike, Debbie Thomas
- **Core research team:** Kathleen Kenny, Triti Khorasheh, Gillian Kolla, Ahmed Bayoumi
- Funding for this study was provided by: Canadian Institutes of Health Research (CIHR) and the Canadian Research Initiative on Substance Misuse (CRISM)
- Questions or comments: [gilliankolla@gmail.com](mailto:gilliankolla@gmail.com)

# Grief, Loss and Wellness Initiative



Juno Zavitz (they/them): Program Coordinator

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# Grief, Loss and Wellness Initiative

Launched January 2021; funded by:

SUAP (worker wellness, grief & death response for harm reduction sector)

MOH (youth and family support)

City of Toronto (grief kits, immediate support via warmline)

## **Mandate:**

To provide:

- a) direct service *and* capacity building supports
- b) To address grief & loss, worker wellness in the overdose crisis



# Needs Assessment: Initial Findings in 2020

- Existing focus was on capacity building for workers:
  - Self care, resiliency, “hard skills”
  - No “direct service” supports
- Existing support (EAP, management staff) was not the right fit
- Workers apprehensive about accessing supports from one’s own agency
- Many best practice guidelines, research and recommendations
- Workshops/training to enhance resiliency, crisis response, self care, professional skills

# Modalities on Offer

- Traditional counselling, psychotherapy, peer support
- Arts-based healing practices
- Grief & Loss counselling
- Indigenous-specific support: herbal medicines, songs, drumming
- NADA & general acupuncture
- Cupping
- Massage therapy
- Somatics therapy
- Spiritual counselling, use of ritual

## **Future modalities:**

- Additional Indigenous-specific supports, spiritual wellness
- Death doula/palliative supports
- Bursary model
- Rapid response team

# Preliminary Recommendations in Supporting Frontline Harm Reduction Workers



- Offer supports during working hours
- Focus on **direct service before capacity building**
- “Menu model”
- Wellness support = grief support
- Group and individual support
- Broad eligibility
- Wellness-oriented spaces (back-door approach)

# Next steps...

- Rapid response teams – crisis response, debrief, immediate grief & loss support
- Capacity building/training for staff to support skill development in responding to grief and loss
- Bursary model – enhancing options of wellness supports
- Continued policy development
- Advocacy to funders re: worker wellness, grief and loss – happening at provincial level



## Direct Grief, Loss and Wellness Services: Intake for Workers

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# Preliminary results from a Rapid Review: Organizational supports for workers responding to overdose

Triti Khorasheh, Research Coordinator

October 29, 2021



## Background

- Emotional toll of overdose response and community loss on workers
- Gap in understanding current organizational supports provided to workers

**“Toxic drug crisis, pandemic have left front-line workers struggling to cope”<sup>1</sup>**

Globe and Mail, 2021



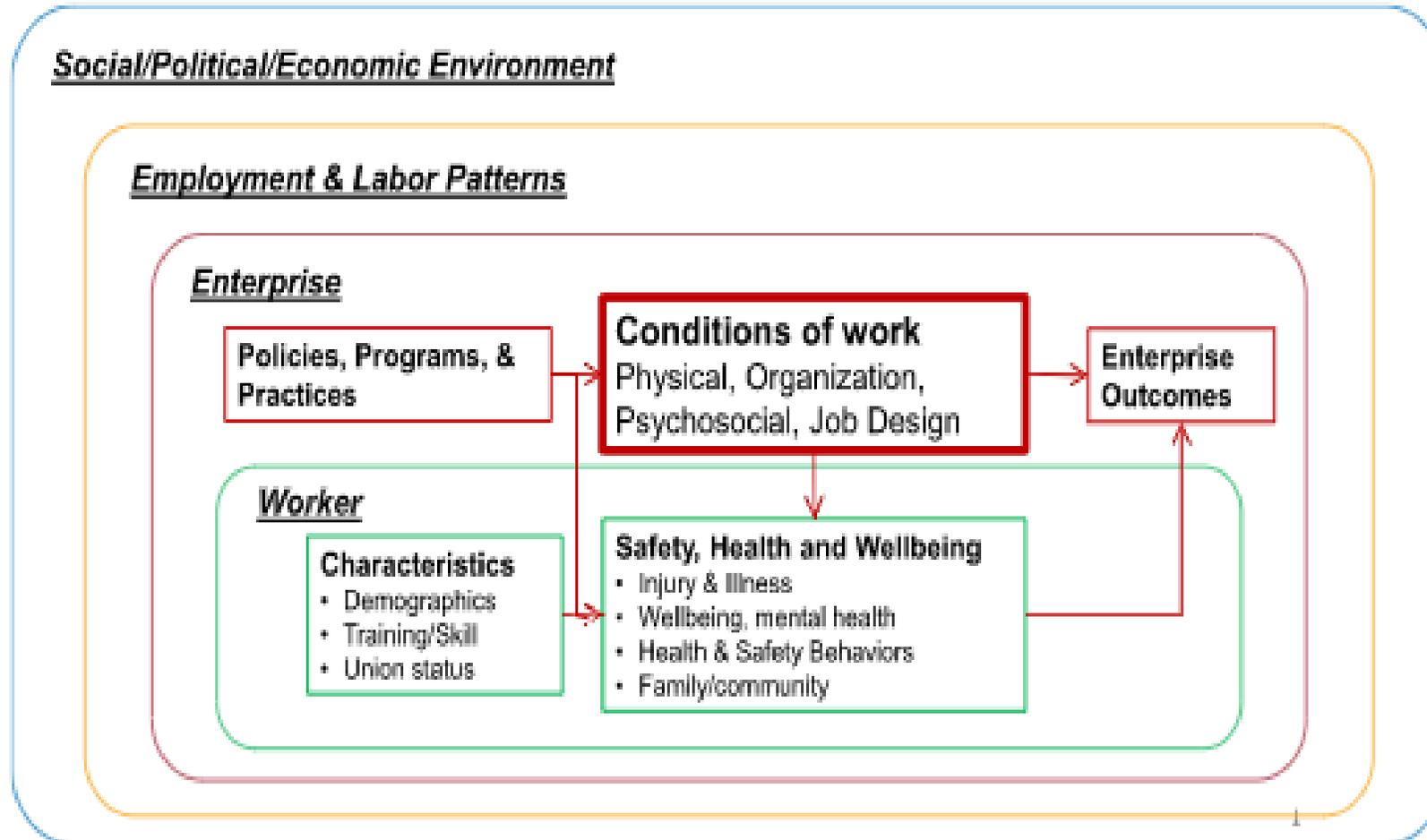
## Objectives and Scope

What current organizational supports are cited in the published and grey literature for workers responding to overdoses in the community?

- **Workers**
  - Formally or not formally employed for overdose response
- **Supports**
  - Organizational supports that protect and promote health and well-being
  - Excludes individual personal habits and self-care activities
- **Sectors**
  - Substance use, mental health/substance use, harm reduction, HIV/AIDS, healthcare

# Guiding Frameworks

## The Centre for Work, Health, and Well-being<sup>2</sup>



# Guiding Frameworks

## National Institute for Occupational Safety and Health: Issues relevant to the Total Worker Health Approach<sup>3</sup>

### Prevention and Control of Hazards and Exposures

- Biological Agents
- Chemicals
- Ergonomic Factors
- Physical Agents
- Psychosocial Factors
- Risk Assessment and Management

### Built Environment Supports

- Accessible and Affordable Health Enhancing Options
- Clean and Equipped Breakrooms, Restrooms, and Lactation Facilities
- Healthy Workspace Design and Environment
- Inclusive and Universal Design
- Safe and Secure Facilities

### Community Supports

- Access to Safe Green Spaces and Pathways
- Healthy Community Design
- Safe and Clean Environment (Air and Water Quality, Noise Levels, Tobacco-Free)
- Safe, Healthy, and Affordable Housing Options
- Transportation and Commuting Assistance

### Compensation and Benefits

- Adequate Wages and Prevention of Wage Theft
- Affordable, Comprehensive, and Confidential Healthcare Services
- Chronic Disease Prevention and Management Programs
- Continual Learning, Training, and (Re-)Skilling Opportunities
- Disability Insurance (Short- and Long-Term)
- Employee Assistance and Substance Use Disorder Programs
- Equitable Pay, Performance Appraisals, and Promotions
- Minimum Guaranteed Hours
- Paid Time Off (Sick, Vacation, Caregiving, Parental)
- Prevention of Healthcare Cost Shifting to Workers
- Retirement Planning and Benefits
- Work-Life Programs
- Workers' Compensation Benefits

### Healthy Leadership

- Collaborative and Participatory Environment
- Corporate Social Responsibility
- Responsible Business Decision-Making
- Supportive Managers, Supervisors, and Executives
- Training
- Worker Recognition, Appreciation, and Respect

### Organization of Work

- Adequate Breaks
- Comprehensive Resources
- Fatigue, Burnout, Loneliness, and Stress Prevention
- Job Quality and Quantity
- Meaningful and Engaging Work
- Safe Staffing
- Work Intensification Prevention
- Work-Life Fit

### Policies

- Elimination of Bullying, Violence, Harassment, and Discrimination
- Equal Employment Opportunity
- Family and Medical Leave
- Human and Natural Resource Sustainability
- Information Privacy
- Judicious Monitoring of Workers and Biomonitoring Practices
- Optimizing Function and Return-to-Work
- Prevention of Stressful Job Monitoring Practices
- Reasonable Accommodations
- Transparent Reporting Practices
- Whistleblower Protection
- Worker Well-Being Centered
- Workplace Supported Recovery Programs

### Technology

- Artificial Intelligence
- Robotics
- Sensors

### Work Arrangements

- Contracting and Subcontracting
- Free-Lance
- Global and Multinational
- Multi-Employer
- Non-Standard
- Organizational Restructuring, Downsizing, and Mergers
- Precarious and Contingent
- Small- and Medium-Sized Employers
- Temporary
- Unemployment and Underemployment
- Virtual

### Workforce Demographics

- Diversity and Inclusivity
- Multigenerational
- Productive Aging across Lifecourse
- Vulnerable Workers
- Workers with Disabilities



## Approach

### Search

- 4 electronic databases – MEDLINE, Embase, PsychINFO, & CINAHL
- Google

### Selection

- Targeted grief, trauma, stress or burnout as the primary focus
- Focused on substance use, harm reduction, mental health, HIV/AIDS or healthcare sector
- Newsletters, commentaries, editorials with specific programs/examples

### Analysis

- Grouped common supports into categories using the Total Worker Health approach



## Key Findings

**10 records  
that met our  
criteria:**

Most from Canada or the United States

Qualitative papers, reports, guidance documents, review

Types of workers:

- Harm reduction workers including workers with living/lived expertise
- Workers at supportive housing agencies including workers with living/lived expertise
- Health care professionals
- Workers in HIV/AIDS services
- “Lay employees” – not formally employed in overdose response

## Compensation and Benefits

Facilitating access and referrals to support services and resources

e.g., internal or external support services and resources such as counselling

Training and skill development opportunities

e.g., opportunities for training around grief, loss, trauma

**Less than 50% of records:**

- Health benefits, paid time off, Employee Assistance Programs, adequate wages



# Organization of Work

## Enabling mutual support

One-on-one informal support, mentorship, mutual networks, support groups

Dedicated resources to enable support

## Providing opportunities to debrief

Group or individual debriefs

Considerations for when it was done, by who, how often



## Healthy Leadership

- **Strengthening management support**
  - Regular check-ins, connecting staff to supports
- **Providing clinical supervisors and external support roles**
  - Debriefs, counselling and grief support
- **Fostering collaborative and participatory environments**
  - Integrating workers in policy development



## Less Common Support Categories

Support categories	Types of support
<b>Organizational policies</b>	<ul style="list-style-type: none"><li>• Grief and loss policies</li><li>• Integrating grief into orientation processes</li><li>• Including grief as part of an organizational wellness plan</li></ul>
<b>Community support</b>	<ul style="list-style-type: none"><li>• Centralized supports including resources, staff</li><li>• Collaboration/coordination</li><li>• Addressing inequities in Indigenous communities</li></ul>
<b>Workforce demographics</b>	<ul style="list-style-type: none"><li>• Building the cultural competence and cultural safety of staff</li><li>• Increasing the number of Indigenous workers</li></ul>



## Initial Gaps for Practice and Research

Addressing  
inequities

Understanding  
workers'  
perspectives

Effectiveness for  
different workers,  
settings, and  
contexts

Unintended harms

Factors at multiple  
levels that shape  
workers' well-  
being

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## Panel discussion



## Facilitated discussion

## Grounding exercise

### AIDS Bereavement and Resiliency Program of Ontario Grounding Course Audio Clip

AIDS Bereavement and Resiliency Program of Ontario (ABRPO). Grounding Course [audio clip]. Toronto, ON: ABRPO; 2021. Available from: [https://abrpo.org/wp-content/uploads/grassblade/1672-grounding\\_resource-4/story\\_content/external\\_files/feet.mp3](https://abrpo.org/wp-content/uploads/grassblade/1672-grounding_resource-4/story_content/external_files/feet.mp3)

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