MAP Centre for Urban Health Solutions

REPORT

# 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.

[1] Toronto Public Health. Toronto overdose information system [Internet], Toronto, ON: Toronto Public Health; 2021 [cited Jan 31]. Available from: https://public.tableau.com/profile/tphseu#!/vizhome/TOISDashboard_Final/ParamedicResponse

MAP Centre for Urban Health Solutions

# WHAT WE HEARD

## Impacts of overdose

Experiencing, witnessing, and responding to frequent fatal and near-fatal overdoses has impacted harm reduction workers in all aspects of their lives. These impacts are particularly intense since people reported losing friends and family members—as well as colleagues and clients—to overdose. The lack of government action and funding to address the overdose crisis has also contributed to negative emotional reactions. Harm reduction workers described the following health, social, and emotional impacts of overdose:

- **Emotional reactions:** For many, feelings of helplessness, stress, and anger were common. Harm reduction workers explained feeling anger towards the lack of political response and funding, and overall preventable nature of losses. Harm reduction workers also spoke of the experience of stigma and self-blame regarding their own overdose or an overdose of an important person. Some harm reduction workers also discussed the avoidance of certain situations following an overdose experience or loss. Many described feelings of guilt associated with overdose, including survivor's guilt, guilt about not being in a position to prevent overdose, not doing enough to help, or with grieving the loss of multiple people at one time.

"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."

- **Mental health and physical reactions:** Some harm reduction workers experienced heightened anxiety and worry, and impacts to their sleep.
- **Changes to social relationships:** Several harm reduction workers stressed not wanting to form new relationships or get too close to people due to anticipatory loss, or grief that is felt before an impending loss. Feelings of isolation and lack of interest in seeking out social interactions were also described.
- **Involvement in overdose advocacy:** Many harm reduction workers were involved in political activism; yet, some reported being burnt out or too overwhelmed to get more involved.
- **Changes in patterns of drug use:** For harm reduction workers who used drugs, their use of drugs decreased, while others mentioned no changes or increases in use. Harm reduction workers also noted changes to the way they used drugs—for example, no longer using alone and accessing overdose prevention services (OPS).

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

## Workplace supports for harm reduction workers

*Gaps identified*

Harm reduction workers highlighted significant gaps in the availability and adequacy of workplace supports for overdose and overdose-related loss. A key gap was the lack of universal access to benefits and counselling. Instead, harm reduction workers spoke of workplaces offering Employee Assistance Programs (EAP), and participants reported that negative experiences with such programs were frequent. They highlighted the harms of the short-term counselling model, and counselling providers' lack of essential community-based knowledge on the overdose crisis, multiple losses, and complex trauma.

"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."

Other gaps included the lack of support from management related to debriefs following overdoses, understanding the current context and impact of overdoses, and advocacy around the overdose crisis. Harm reduction workers also described a reticence to open up to management or supervisors regarding the emotional impacts of their work, for fear of potential negative repercussions on their employment. These gaps have forced workers to seek out their own forms of support. A major source of support has been from co-workers and others involved in the overdose crisis through individual and structured support—for example, through the Frontline Workers Support Network. Although helpful, many discussed the lack of resources supporting harm reduction worker-led initiatives and not wanting to further burden co-workers similarly experiencing grief, loss, and burnout.

"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."

## Experiences of overdoses in the community

Harm reduction workers have experienced multiple overdoses in their professional and personal lives including their own and those of friends, families, colleagues, or clients. The nature of these overdoses is complex, stigmatized, and traumatic. In the context of the overdose crisis, harm reduction workers are dealing with multiple and ongoing overdoses and overdose-related losses among other losses of important people. They are also often processing multiple traumas. Many spoke of the ongoing trauma associated with overdose losses, which has been compounded by the reactivation of previous traumas resulting from systematic inequities and oppressions.

"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, or you're thinking about it in a particular way."

Participants also spoke of encountering overdoses outside of work and in their communities. These overdoses also often involved fentanyl, required naloxone administration, and occurred alone or in the presence of another individual. Generally, harm reduction workers felt more prepared to respond to overdose in workplace settings due to access to oxygen, naloxone, protocols, and trained staff. Harm reduction workers noted challenges with setting boundaries between professional and personal spheres and needs.

"People are having a really hard time, and then, 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'."

## Helping to support their clients with their loss and overdose experiences

*Gaps identified*

Harm reduction workers described system gaps and barriers for supporting clients who had experienced their own overdose or overdose-related loss.

For many, the funding uncertainty and lack of resources for harm reduction programming including supplies, outreach activities, hours of operation, and wrap-around services was a significant gap in being able to support clients. Another gap was policies and services that address the specific needs of communities with lived experiences of oppression, including women, and Indigenous, Black, and other racialized communities who are affected by systemic sexism and racism. For some participants, addressing structural stigma and discrimination from healthcare services including paramedic services and emergency departments was also a critical gap. Participants highlighted how previous experiences of discrimination within the healthcare system influenced their willingness to access healthcare.

"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 it's, like, they're treated like they don't matter."

## Recommended potential actions

*Workplace supports for harm reduction workers*

The need for additional workplace support was underlined. Participants noted that a range of options were necessary to address the diverse ways of dealing with grief and loss. Suggested strategies included:

- **Expanding organizational employment policies to include adequate pay, benefit coverage, and sick and vacation days for part-time and contract workers:** Harm reduction workers identified adequate pay, benefits, and sick and vacation days as critical for dealing with ongoing grief and loss for all workers, regardless of contract status. Understanding and helping navigate the implications of pay and benefits for workers who are receiving social assistance were also noted.

"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."

- **Establishing an external role with appropriate qualifications to support staff:** Many harm reduction workers found that existing EAP programs were not helpful or adapted to their realities. They also stated that they would feel more comfortable sharing experiences with a trained professional that was not involved in a supervisory role, in management, or in monitoring their performance at their place of work. Community-based knowledge of the overdose crisis and skills in addressing complex trauma is necessary for such a role.

"...this is often a role that is different from your manager, or different from your supervisor. Sometimes it's an external person. Sometimes, it's someone in-house, but it's someone whose role is to support your emotional health and safety, as it relates to your work."

- **Dedicating resources for individual and collective grief and loss supports:** The sense of community among co-workers experiencing collective loss played a central role in dealing with grief. Therefore, many emphasized the need to create supportive spaces and resources for harm reduction workers to come together to share experiences and debrief. Harm reduction workers also noted the importance of offering community-based services and resources that promote well-being at the workplace such as access to counselling, workshops, and acupuncture.

### *Helping to support their clients with loss and overdose experiences*

The need for a range of options to better support people who use drugs, their families, and friends dealing with overdose-related losses were identified. Suggested supports included:

- **Post-overdose support:** Developing harm reduction strategies that support the specific needs of people post-overdose including connections to care, naloxone distribution, and education are needed.
- **Access to community-based counselling:** Offering community-based and harm reduction-informed counselling for clients accessing harm reduction programs and families.
- **Opportunities for grief and loss supports:** Providing individual and collective opportunities to honour overdose-related losses including discussions on end-of-life care and memorial projects.
- **Community support:** Creating anti-oppressive and culturally supportive environments that focus on community needs, connectivity, and well-being. Harm reduction workers felt that having such supports embedded within harm reduction programming and led by peers would be helpful. There is particular need for group-specific supports for women, people who identify as Indigenous, people who identify as Black, and other communities.
- **Moving beyond supports:** Many also highlighted the need to move beyond support services and focus on interventions to prevent overdose such as the scale-up of safer supply, as well as action on the structural determinants that impact health and well-being such as housing. Establishing structures for organized advocacy for policy change may help to make advocacy more effective while relieving individuals engaging in advocacy with few supports.

"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?"

## CONCLUSION

The impacts of overdose and overdose-related loss are profound among harm reduction workers in Toronto. While the findings reported above come from the period prior to the COVID-19 pandemic, the observed increase in overdose-related deaths during the COVID-19 pandemic, as well as loss of access to community and social supports that pandemic-related restrictions entailed, means that the impacts of responding to overdose, overdose-related death, and other losses have likely worsened. Ensuring harm reduction workers have adequate benefit coverage, access to external, paid forms of emotional support from therapists trained in complex trauma, and opportunities to collectively process grief and loss is urgently needed.

Funding support was provided by the Canadian Institutes of Health Research through the Catalyst Grant: HIV/AIDS Community-Based Research Program (FRN-156903) and the Canadian Research Initiative in Substance Misuse (SMN-139150).