

CREATING A SAFER WARMING SPACE

THE FOLLOWING RECOMMENDATIONS ARE FINDINGS FROM OUR COMMUNITY PRACTICE CALL OUR PANEL OF PRESENTERS: ANGIE, BRANDON, CHINOOK, OPHELIA, AND SANDRA.

ARE ALL PEOPLE WITH LIVED EXPERIENCE WHO ARE WORKING OR VOLUNTEERING AT A WARM SHELTER.

How do we keep people safe in a warming space?

- It's important to offer and operate these services, with minimal rules and restrictions.
- Need to acknowledge that there is a need for people to use drugs while accessing a warming space.
- No abstinence or sober requirements.
- Having staff who currently or formerly used drugs.
- Ensuring people have a space to safely store their belongings. Carry a pack of cigarettes as a de-escalation technique.
- Warming spaces are not safe if police are there.
- Many people do not feel safe in shelters located in a church.
- Listen to people who are accessing the services. They are the experts in their own life and can provide real suggestions about their safety requirements.
- Provide spaces and supplies for people to consume drugs - inhalation, sniffing, injection, etc.



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● How do we support volunteers with lived or living experience?

- People who are employed don't receive adequate support, let alone volunteers. We need to make sure everyone receives good mental, physical, and emotional support working in a warming space.
- Providing an honorarium is the bare minimum. People deserve to be paid for their expertise.
- Volunteer/work at warming spaces doesn't end when the shift is over. Living experience workers are forced to respond to overdoses or other traumatic events when they go back to where they are living.
- Allowing volunteers to have a say in how these spaces are run is really important.
- Having a space for volunteers to be able to use drugs while they are on shift. Creating an open dialogue for this to happen.
- Access to counselling for volunteers and staff.
- Facilitate a debriefing session at the end of a shift. This is important to discuss important events that may have happened while on shift at a warming space. This can be done daily or weekly.
- Do a team outing with staff and volunteers. People live very stressful lives and deserve some fun and pleasure. This helps team building and character building.



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● Why are the current resources not being utilized?

- Most shelters or warming spaces don't suit all the needs of people who use drugs such as inhalation.
- A lot of these spaces require people to be sober or abstinent from alcohol or drugs which doesn't align with the values and needs of people who use drugs.
- People get their stuff stolen at typical supervised consumption sites or shelters. Many don't have places to store people's carts or belongings.
- Supervised consumption sites and shelters just aren't safe for people who use drugs.
- There is a lack of racial and cultural safety.
- They are not in a great location for people to use. A lot of people are living in encampments or outside of the city where they would have to pay for transportation to get to and from the services. They are generally not accessible for people.
- There is a lack of overall mental and physical safety.
- There isn't a lot of awareness of services that are available in the community. There needs to be a lot more outreach and educational campaigns for people while people are in school.
- The staff at these sites can be very paternalistic, judgemental, stigmatizing, and discriminatory. People don't feel safe around a lot of the people working in these services.



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● What should the role of medical staff should be in warming spaces?

- Healthcare providers should provide assistance for consuming drugs such as helping people find viable veins that they can use to inject.
- Healthcare providers can help with wound care, especially with the influx of xylazine and other contaminants being found in the drug supply. They can help assist someone in cleaning and sterilizing their wounds.
- They can bring medical-grade equipment and supplies to support people who use drugs.
- Support people who may have trench foot or frostbite, providing a medical assessment and referring people to emergency services.
- Using their medical knowledge to share with people to ensure they are as safe as possible while using drugs.
- Medical staff or volunteers should be the ones who deal with the police if that situation ever happens.
- Healthcare providers need to be willing to work side by side with people who use drugs and not override their authority.
- If people want to access safer supply, opioid agonist therapy, or withdrawal management services, the medical doctors could have a discussion with the client and see which option may be best for them.

THANK YOU TO ALL OUR PANELISTS FOR PROVIDING SUCH GREAT INSIGHTS FROM THEIR OWN EXPERIENCE. WE COULDN'T DO IT WITHOUT YOU!



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