SHELTER RIGHT

A BLUEPRINT FOR INCLUSIVE SHELTERS IN CANADA

HIV LEGAL NETWORK

RÉSEAU JURIDIQUE VIH

ABOUT THE HIV LEGAL NETWORK

The HIV Legal Network promotes the human rights of people living with HIV or AIDS and other populations disproportionately affected by HIV, punitive laws and policies, and criminalization, in Canada and internationally. We do this through research and analysis, litigation and other advocacy, public education, and community mobilization.

The HIV Legal Network works on the land now called Canada, which is located on treaty lands, stolen lands, and unceded territories of Indigenous groups and communities who have respected and cared for this land since time immemorial. We work to address the ongoing injustices and resulting health inequities faced by Indigenous Peoples. They contribute to the disproportionate impact of the HIV epidemic and the housing crisis among Indigenous communities. We are committed to learning to work in solidarity and to dismantling and decolonizing practices and institutions to respect Indigenous Peoples and Indigenous ways of knowing and being.

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INTRODUCTION

Shelters are more than temporary accommodation. They are essential services. They represent a safe space and a lifeline for many — and especially people who use drugs, who are overrepresented among people who are homeless and grappling with Canada's toxic drug crisis. Shelters often connect people to vital services that are otherwise out of reach, including healthcare. Without access to shelter, for example, people are significantly less likely to access or remain on HIV treatment than people with housing.[1] In short, shelters protect the health and well-being of those who need them. In doing so, they also reduce strain on public healthcare systems.

In 2024, the HIV Legal Network met with low-barrier shelters across Canada. We met with front-line staff, directors, and peers from emergency shelters, homeless shelters, and transition houses. We wanted to understand how these organizations work to promote the rights and health of people who use drugs. We also conducted a policy scan, obtained through direct government contact, online searches, and access to information requests, to understand how Canadian jurisdictions promote shelter accessibility.

Today, most shelters in Canada are failing to serve people who use drugs. Some provincial and territorial governments have begun to recognize these gaps and are requiring shelters to be more accessible. However, many other governments are moving in the opposite direction, imposing greater restrictions on the rights of people who use drugs and forcing them to live in harsh and life-threatening conditions.

This report is a synthesis of the Legal Network's conversations with low-barrier shelters and findings from research. It is an urgent call to all levels of government to reimagine shelter access for people who use drugs in Canada — to finally meet their needs and protect their rights.

TERMINOLOGY

Homelessness[2] refers to the lack of safe, stable, and/or adequate housing. It encompasses a range of living conditions, which can and do coincide, including (but not limited to):

- **Sheltered homelessness** (living in a shelter) or **unsheltered homelessness** (living in streets, parks, transit stations, encampments, vehicles, or other outdoor locations);
- **Hidden homelessness** (without stable housing but not in public or visible spaces, e.g. couch-surfing, living in motels, or other precarious arrangements) or **visible homelessness** (without stable housing but living in public areas, like streets, or spaces that are easily identifiable as serving the unhoused, like shelters); and
- **Chronic homelessness** (six or more months of homelessness within a 12-month period) or **temporary homelessness** (less than six months of homelessness within a 12-month period).[3]

Shelters are temporary accommodation designed to support people experiencing housing insecurity.[4] There are several types of shelters, including (but not limited to):

- **Homeless shelters** — temporary accommodation for people experiencing homelessness;
- **Transition houses** — longer-term accommodation for people experiencing homelessness, including additional supports to move people towards stable housing;
- **Domestic violence shelters** — specialized accommodation for people fleeing domestic violence, often including counselling, safety planning, and other supports;
- **Youth shelters** — specialized accommodation for young people (typically 16-24 years old) experiencing homelessness, with a focus on education, employment, and counselling; and
- **Seasonal shelters** — temporary accommodation to prevent exposure-related harm during winter or extreme weather conditions.

Harm reduction refers to practices that prioritize the safety, dignity, and well-being of people who use drugs.[5] Harm reduction seeks to minimize or prevent harm, rather than punish or exclude individuals. Some key harm reduction interventions include naloxone, sterile supplies, and supervised consumption services. Harm reduction services may also connect people to primary care, counselling, and other supports.

THE NEED FOR SHELTER

The need for shelters in Canada has never been more critical. Yet, those most in need are the least likely to have access, with devastating consequences for their health, safety, and survival.

Across the country, affordable and adequate housing is increasingly out of reach. In 2023, Canada faced an estimated shortage of 4.3 million homes affordable to very low– and low-income households.[6] By 2024, three in five adults feared losing their home,[7] while 2.4 million people were in "core housing need," lacking affordability, suitability, or adequate living conditions.[8]

With fewer housing options available, more people are being pushed into homelessness. Each year, 265,000 to 300,000 people experience homelessness in Canada, though this is likely an underestimate, as many people experiencing hidden homelessness remain uncounted.[9] Ontario has the largest homeless population, with an estimated 80,000 people experiencing homelessness in 2024 — a 25% increase from the previous year.[10]

The nature of homelessness is also changing. More people are now experiencing chronic homelessness, meaning they are unhoused for extended periods, while unsheltered homelessness continues to rise.[11] In other words, more people are homeless for longer and in increasingly dangerous conditions.

> "The severe housing shortfall, and the soaring cost of rental accommodations, have [...] meant that there are only very limited options available to very low-income households. The Advocate heard that many of these apartments have no running water or extreme infestations of rodents, and bedbugs. Some encampments residents said **they would rather live outside than try to live in the uninhabitable housing options that are available to them**."
>
> The Office of the Federal Housing Advocate, *Upholding Dignity and human rights: the Federal Housing Advocate's review of homeless encampments – Final report*, 2024, available at https://publications.gc.ca/collections/collection_2024/ccdp-chrc/HR34-19-2-2024-eng.pdf. Emphasis added.

SYSTEMIC BARRIERS TO HOUSING

For many communities, the housing crisis is worsened by systemic discrimination based on race, disability, gender, and more. People who use drugs are among those most affected by discrimination.[12]

The ongoing criminalization of people who use drugs fuels stigma, criminal charges, incarceration, and criminal records, which in turn limit access to housing.[13] In many cases, drug use is used as a justification for eviction — every province and territory allows evictions by law when tenants engage in criminalized activities, including drug-related activities, even without a criminal charge or conviction.[14]

Nationally, between 2020 and 2022, "substance use issues" (and the consequent eviction of people who use drugs) was the second most common cause of homelessness, after insufficient income.[15] Additionally, two-thirds of individuals experiencing homelessness reported "substance use issues" as a current health challenge.[16] Similarly, in a 2024 Ontario survey, 41% of participants reported most recently losing their housing due to "justice involvement" and 32% due to "addiction."[17] People who use drugs are facing discriminatory renting and eviction practices and their healthcare needs are not being met.

The risk of homelessness is compounded by intersecting forms of discrimination, including racism, particularly anti-Indigenous and anti-Black racism; gender-based discrimination, particularly affecting women, 2SLGBTQ+ people, and gender-diverse people; and ableism, disproportionately affecting people with disabilities.[18]

A national study on homelessness from 2020 to 2022 found that:

- 30% of individuals experiencing homelessness were Indigenous, despite Indigenous people making up only 5% of the population, according to census data at the time;
- 20% were Black, though Black Canadians comprised just 4% of the population; and
- 13% were 2SLGBTQ+, despite this group making up only 4% of the general population.[19]

"The ongoing dispossession of Indigenous Peoples through policies that worsen or maintain poor conditions that people live in demonstrates how, in many rights areas, social and economic marginalization is a direct contributor to violence. Indigenous women, girls, and 2SLGBTQQIA people experiencing some of the highest rates of poverty, homelessness, food insecurity, unemployment, and barriers to education and employment. **These conditions are a direct result of colonial governments, institutions, systems, and policies, and make it difficult to meet one's basic needs."**

National Inquiry into Missing and Murdered Indigenous Women and Girls, *Reclaiming Power and Place: Executive Summary of the Final Report*, 2019, p. 22. Emphasis added.

THE HEALTH IMPACTS OF HOMELESSNESS

Poverty and a lack of stable housing cause serious health risks. People are exposed to extreme weather, violence, food insecurity, and lack access to clean water, sanitation, and hygiene facilities. Accessing healthcare without a fixed address is also far more difficult. Without a fixed address, people face barriers to obtaining health cards, securing prescriptions, or following treatment plans as they lack secure spaces to store medication or other supplies. One study of people living with HIV who use drugs found that people experiencing homelessness were significantly less likely to use anti-retroviral treatment (ART) than people who had housing, and if they received ART, were less likely to remain on treatment and subsequently achieve a suppressed viral load.[20]

Notably, without stable housing, people who use drugs are pushed into isolation, for fear of punishment or criminalization. The consequent unpredictability and lack of routine, which affect where someone will be from day to day or their access to transit, create additional barriers to accessing life-saving healthcare services, including harm reduction services, such as:

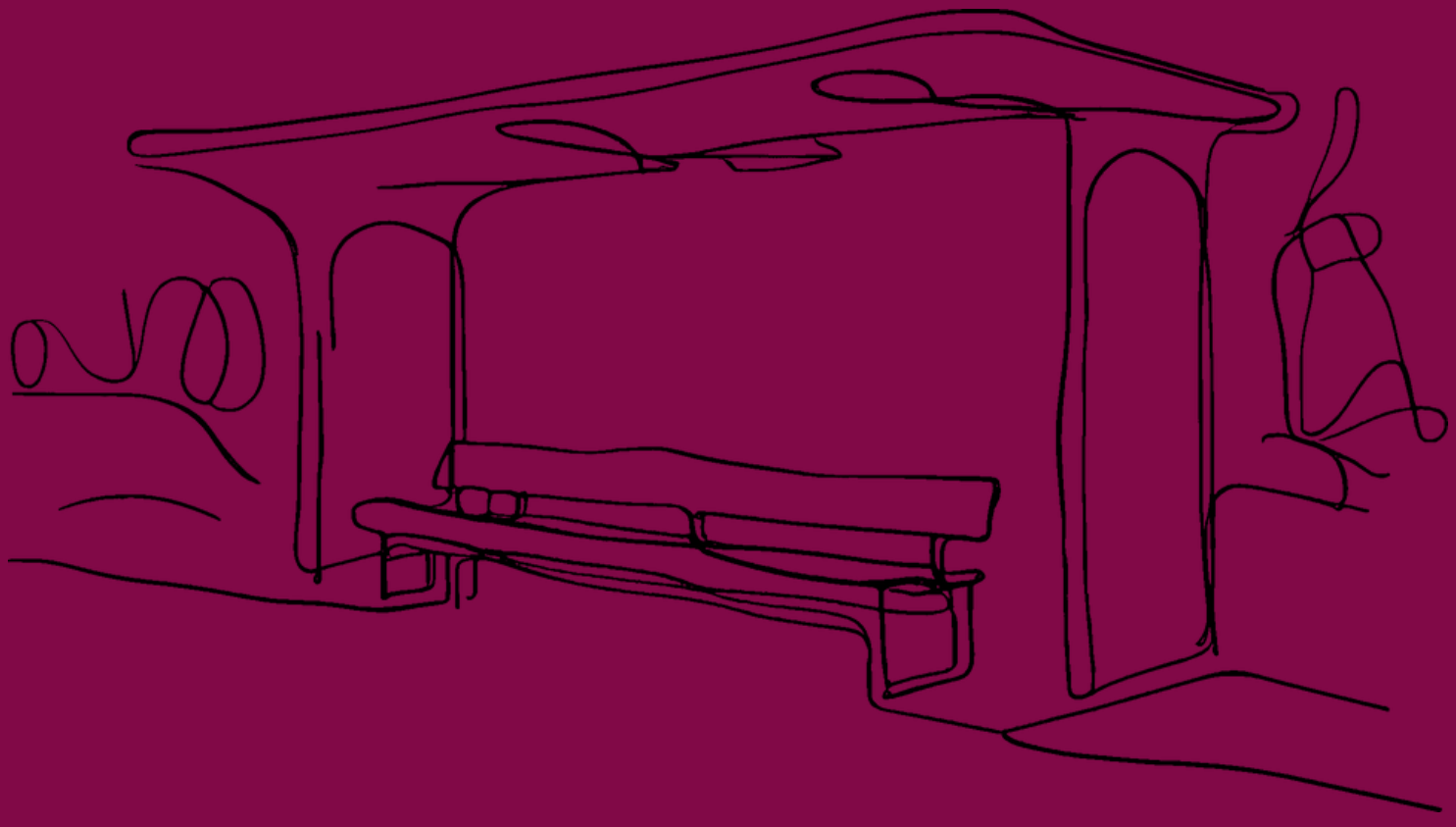
- Supervised consumption sites, which provide access to sterile equipment, drug-checking services, and overdose prevention support;
- Naloxone distribution programs, which can reverse overdoses as they happen; and
- Safer supply programs, which can reduce reliance on the toxic, unregulated drug supply.[21]

Due to the threat of criminalization or punishment, people who use drugs may engage in rushed and risky consumption practices, such as sharing drug-use equipment, which dramatically increases the risk of contracting sexually transmitted and blood-borne infections (STBBIs), including HIV and hepatitis C (HCV).[22] Using drugs alone also significantly increases the risk of fatal overdose, caused by the toxicity of the supply and the lack of support people who could administer naloxone.[23] Studies confirm that people who use drugs are at greater risk of overdose-related hospitalization when experiencing homelessness.[24] Once hospitalized, they are more likely to require intensive care and prolonged stays. Even more concerning, people experiencing homelessness account for an increasing proportion of overdose deaths.[25] In Ontario, for example, nearly one in six opioid overdose deaths in 2021 involved unhoused people.[26]

The lack of accessible, low-barrier shelters in Canada is not just a policy failure, it is a crisis. The exclusion of people who use drugs — including Indigenous people, racialized people, 2SLGBTQ+ communities, women fleeing violence, and other marginalized groups — from safe and stable housing is driving avoidable harm and death. Without urgent action, the cycle of homelessness, criminalization, and preventable death will continue.

"In Canada, Black communities endure the highest rate of homelessness among racialized groups, with youth being significantly impacted. Unsheltered homelessness is twice as likely for Black individuals, particularly Black women. [...] **The child welfare, criminal justice, and education system are just three examples of systems that perpetuate anti-Black racism and expose Black communities to a higher risk of homelessness. We could tell similar stories about healthcare, immigration, and other systems as well.** Preventing homelessness within Black communities in Canada is an urgent imperative that requires targeted interventions to address the systemic disparities that contribute to their higher risk of housing instability."

Homeless Hub, *Black Communities*, 2024, available at https://homelesshub.ca/collection/population-groups/black-communities/. Emphasis added.



THE RIGHT TO SHELTER

Housing is a fundamental human right. It provides the stability and security necessary to enjoy other basic rights, including the right to life and the highest attainable standard of health.

ADEQUATE HOUSING AS AN INTERNATIONAL HUMAN RIGHT

Under international human rights law, including treaties ratified by Canada, every person has the right to adequate housing without discrimination.[27] Adequate housing must be secure, affordable, habitable, accessible, culturally appropriate, and located in areas with access to essential services.[28] This right explicitly prohibits discrimination on various grounds, including "health status" and "other status."[29] Given the widespread stigma and criminalization faced by people who use drugs, United Nations' bodies have affirmed that drug use must not be a basis for discrimination in housing.[30]

Homelessness is a *prima facie* violation of the right to housing. It infringes on several other fundamental rights, including the right to life, the right to health, and freedom from cruel, inhuman, or degrading treatment.[31] Governments are thus required to take meaningful action to address homelessness, including:

- Providing safe, secure, and dignified emergency accommodation with necessary supports and without discrimination.
- Eliminating laws or policies that penalize people for being homeless, including laws that criminalize behaviours associated with homelessness, such as drug use.
- Ensuring access to justice for those experiencing violations of their rights, including government failures to address homelessness.
- Regulating private actors to prevent discrimination against individuals experiencing homelessness.[32]

"Homeless persons and persons living in informal housing are frequently subject to criminalization, harassment and discriminatory treatment because of their housing status. **They are denied access to sanitation facilities, rounded up and driven from communities and subjected to extreme forms of violence."**

Guidelines for the Implementation of the Right to Adequate Housing – Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context, UNGA, 43rd Sess, A/HRC/43/43 (2019). Emphasis added.

THE RIGHT TO HOUSING UNDER CANADIAN LAW

In 2019, Canada passed the *National Housing Strategy Act* (NHSA), which formally recognized the right to adequate housing for the first time in domestic law.[33] The federal government also developed a *National Housing Strategy* (NHS), which claims to take a human rights–based approach to housing and prioritize those in greatest need.[34] Notably, the NHSA and NHS do not create enforceable legal obligations for provinces and territories, which are primarily responsible for housing. Instead, provinces and territories participate voluntarily, largely because they rely on federal funding for housing initiatives.

The *Canadian Charter of Rights and Freedoms* (the *Charter*) places clearer legal obligations on all levels of government to protect the rights of people experiencing homelessness — including people who use drugs.[35] The *Charter* applies primarily to government entities and actions, but can extend to privately operated shelters if they receive significant government funding and/or perform a public function, such as fulfilling provincial, territorial, or municipal shelter mandates.[36]

Although the *Charter* does not explicitly protect the right to housing, it offers crucial legal safeguards:

- **SECTION 7 — THE RIGHT TO LIFE, LIBERTY, AND SECURITY OF THE PERSON:** While some courts have held that governments do not have a positive obligation to provide shelter per se,[37] courts have confirmed that access to shelter is a necessity of life and that interfering with an individual's ability to shelter themselves violates s. 7.[38] Governments cannot fund or run shelters that exclude people on arbitrary grounds, such as drug use, if doing so worsens an already dire situation. While the case law has primarily focused on encampment evictions, the same reasoning extends to shelters. Governments cannot impose policies that leave people without shelter simply because they use drugs.

- **SECTION 15 — THE RIGHT TO EQUALITY AND FREEDOM FROM DISCRIMINATION:** The *Charter* prohibits discrimination based on disability, which courts have recognized to include "drug use disorders."[39] Recent decisions have confirmed that government-imposed restrictions on harm reduction services can be discriminatory because they arbitrarily restrict access to healthcare and reinforce harmful stereotypes that people who use drugs are untrustworthy or undeserving.[40] By extension, excluding people from shelters based on drug use is likely a form of discrimination under s. 15. Additionally, the *Charter* protects individuals from discrimination based on race, sex, and sexual orientation, all of which intersect with homelessness.[41] Courts have consistently held that shelters must be truly accessible and designed to meet people's diverse needs.[42] The jurisprudence thus confirms that shelters cannot impose rules that effectively exclude marginalized groups or restrict shelter access based on harmful stereotypes.

Under both international and domestic law, Canada must address homelessness by providing accessible, non-discriminatory shelter options to those who need them. This includes eliminating barriers for people who use drugs and ensuring that shelter policies do not perpetuate stigma, criminalization, or exclusion.

A WIDESPREAD FAILURE

Provincial and territorial governments, which are primarily responsible for housing, must ensure that shelters are accessible to all individuals experiencing homelessness, without discrimination. Most are failing to do so, leaving shelter accessibility at the discretion of individual providers.

A PATCHWORK OF INADEQUATE SHELTER POLICIES

Alarmingly, only five provinces — British Columbia, Alberta, Manitoba, Ontario, and Newfoundland — have formal shelter policies. Among these:

- Only Manitoba and Newfoundland explicitly require shelters to be accessible to people who use drugs and to incorporate harm reduction practices.
- British Columbia and Ontario mandate accessibility, generally, but lack the specific language needed to ensure that shelters are accessible to people who use drugs.
- Alberta explicitly prioritizes sobriety and recovery over harm reduction in shelter policy, promoting exclusionary practices that violate fundamental human rights.[43]

In other jurisdictions, shelters operate under individualized agreements with provincial or territorial governments, or pursuant to municipal government policies. Some of these agreements and policies contain harm reduction requirements, but others effectively exclude people who use drugs from shelters:

- In Ontario, Toronto's shelter standards clearly prioritize the needs of people who use drugs, for instance, by explicitly stating that all people have a right to shelter and that shelters must work towards eliminating barriers to access.[44]
- In the Yukon, shelter agreements explicitly incorporate harm reduction principles, for instance, by requiring shelters to provide services "from a person-centred, accessible, strengths-based, trauma informed, housing first, culturally appropriate approach, with empowerment and dignity at the centre of care provision."[45]
- In Alberta, Edmonton's municipal shelter policy states that admission decisions should not be based on drug use but, concerningly, only allows harm reduction practices focused on "recovery" and "sobriety," which effectively denies many people who use drugs shelter access.[46]

"Indigenous women, girls, Two-Spirit, and gender-diverse people are experiencing some of the most egregious right to housing violations across Canada. They are over-represented in almost all aspects of housing insecurity, homelessness, and poverty, and are disproportionately impacted by violence and trauma linked to precarious living situations. These violations are a result of historic and ongoing colonial violence [against] Indigenous Peoples that dispossesses them from their land, cultures, languages, and ways of doing and being. **[Many] shelters across Canada continue to function within colonial frameworks and intersect with other systems, such as the child welfare system, splitting families, and erecting obstacles in creating pathways to healing and reconnection of families and communities disrupted by colonial process and institutions."**

Women's National Housing & Homelessness Network, *National Standards for Emergency Shelters Across Canada*, July 2024. Available at https://womenshomelessness.ca/wp-content/uploads/National-Standards-for-Emergency-Shelters-Across-Canada.pdf. Emphasis added.

THE CONSEQUENCES OF A FRAGMENTED, INCONSISTENT SYSTEM

The absence of overarching provincial and territorial standards has contributed to a deeply fractured system, in which people who use drugs face arbitrary rights violations based on where they live. The complexity of overlapping municipal, provincial, and territorial policies also makes accountability nearly impossible, allowing governments to deflect responsibility while failing to take meaningful action.

As a result, the shelter system remains largely inaccessible to people who use drugs. Indeed, a 2021 national survey found that, among 500 people, those who used drugs were barred from shelters at a rate three times higher than those who did not.[47] Contributing to this inaccessibility are four key barriers:

1. ENTRENCHED STIGMA AND DISCRIMINATION — People who use drugs face deep-seated stigma, often perceived as being dangerous or lacking self-control.[48] This harmful stereotyping is often reflected in shelter culture, including among staff, deterring individuals from seeking shelter due to fear of judgement or mistreatment. The stigma is amplified for Indigenous, racialized, and 2SLGBTQ+ people, and women who often do not have access to cultural or gender-specific services in shelters.

2. EXCLUSIONARY AND PUNITIVE RULES — Many shelters impose strict zero-tolerance policies, prohibiting drug use or possession entirely.[49] Many shelters also enforce rules that indirectly exclude people who use drugs, such as rigid curfews that are difficult to follow for people managing withdrawal or cravings, and other strict policies that fail to accommodate for the realities of drug use.[50] These rules force people who use drugs to choose between shelter access and their health needs.

3. HARMFUL INTERACTIONS WITH STATE AUTHORITIES — Many shelters are quick to engage law enforcement, immigration authorities, and child welfare agencies in response to perceived drug use, among other concerns, which often increase harm rather than provide protection.[51] This increases the likelihood of criminal charges and incarceration; loss of immigration status and removal from the country; and child apprehension. For Indigenous, Black, and other racialized people, the issue is heightened, as these groups are disproportionately targeted by criminal legal, immigration, and child welfare systems. These realities make many shelters unsafe for people who use drugs, forcing them to remain unsheltered.

4. EXCLUSIONARY AND PUNITIVE RULES — Access to harm reduction varies dramatically across shelters and jurisdictions.[52] Some shelters prohibit or discourage harm reduction, or do not have resources to provide harm reduction, leaving people with few safe options to use drugs. Even where harm reduction is available, services are at times misaligned with the realities of drug use — for instance, by requiring participants to keep OAT or safe supply in lockers only accessible through staff. Thus, even shelters that aim to provide harm reduction face challenges in meeting the needs of people who use drugs.

Given the failures of the shelter system in serving people who use drugs, encampments have become a survival strategy for many and the number of people living in encampments has surged. Today, for many, encampments provide the safety, security, and community that the shelter system is failing to offer.[53] Yet, rather than working towards a more accessible shelter system, many governments are actively criminalizing people experiencing homelessness. They are evicting and displacing encampment residents, pushing them further into instability; confiscating and destroying personal property, including essential survival gear; issuing fines and arrests for simply existing in public spaces; challenging court decisions that uphold the rights of encampment residents; rolling back harm reduction services, denying essential healthcare to those who use drugs; and proposing mandatory treatment rather than investing in evidence-based care.[54]

The inaccessibility of the shelter system is a clear policy failure. Rather than criminalizing homelessness, governments at all levels must take meaningful action to fulfill their human rights obligations.

"**Where are people who use drugs who reside in [encampments] meant to go?** As described by a recent report commissioned by the Association of Municipalities of Ontario..., the 375 housing beds announced by the government alongside the closure of [Supervised Consumption Services] represents only 6% of the additional capacity needed to end encampments in the province. **A massive housing crisis coupled with a toxic drug crisis means they have but two options: to move to even more isolated locations to avoid police, where they are subject to greater risk of death and other harm, or to remain in their dwelling and risk arrest, criminalization, and incarceration**."

HIV Legal Network, *Safer Municipalities Act, 2024 – Restricting Public Consumption of Illegal Substances Act, 2024 – Submission of the HIV Legal Network*, 2025, available at www.hivlegalnetwork.ca/site/hiv-legal-network-submission-january-2025-safer-municipalities-act-2024-restricting-public-consumption-of-illegal-substances-act-2024/?lang=en; citing J. Donaldson et al., "Municipalities under pressure: The human and financial cost of Ontario's homelessness crisis," *HelpSeeker*, 2025, available at https://www.amo.on.ca/sites/default/files/assets/DOCUMENTS/Reports/2025/2025-01-08-EndingChronicHomelessnessinOntario.pdf. Emphasis added.

A BLUEPRINT FOR INCLUSIVE SHELTERS

Across Canada, government inaction, lack of resourcing, and stigma have left most shelters failing to meet the needs of people who use drugs. Despite these challenges, several shelters have demonstrated that a low-barrier, harm reduction–focused approach is not only possible, but that it is essential. These service providers provide key insights into what it means to "shelter right."[55]

1. LOW-BARRIER AND NON-PUNITIVE SHELTERS:

- Do not bar access based on drug use.
- Do not punish drug use. Instead, they address problematic behaviour, rather than drug use itself, and respond through de-escalation and other restorative practices.
- Do not impose strict and punitive rules. Instead, they involve participants in decision-making processes and conflict resolution.

Trinity Community Centre (Peterborough, Ontario)

As a low-barrier drop-in and overnight program in Peterborough, Trinity was designed to serve those who have been excluded from traditional shelters, including individuals with service restrictions or safety concerns. Notably:

- Trinity does not impose sobriety or force abstinence.
- Trinity encourages safer drug use practices, providing harm reductions services on site.
- Trinity does not issue permanent service restrictions. Restrictions range from 24 to 72 hours, taking into consideration risk and vulnerability levels.

Despite the city-run overflow shelter never reaching capacity, encampments grew because traditional shelters remained inaccessible. Since opening in December 2023, over 400 unique individuals have used Trinity — reaching capacity and filling 45 beds nightly. Trinity is proof that people do not refuse shelter — shelters refuse people when they fail to meet their needs.

Prairie Harm Reduction (Saskatoon, Saskatchewan)

Prairie Harm Reduction (PHR) in Saskatoon, formerly AIDS Saskatoon, provides youth homes and semi-supported family housing designed to be low-barrier, harm reduction–focused, and non-punitive. Unlike traditional shelters, PHR does not require sobriety or ban people for drug use, instead prioritizing support, safety, and stability:

- Sobriety and abstinence are not required to access the site.
- People are encouraged to use drugs safely at PHR's supervised consumption site.
- People are encouraged to store their drugs safely and access harm reduction supplies on site.
- No one is permanently banned. If a person engages in violent behaviour, they may be asked to leave temporarily. They will be welcomed back after a debrief with shelter staff.

Uquutaq Society (Iqaluit, Nunavut)

Uquutaq Society operates Nunavut's first and only low-barrier shelter, a critical step towards accessible sheltering in one of the most under-resourced territories in Canada. Before Uquutaq opened its low-barrier program in 2020, all shelters in the region required sobriety for entry. Despite significant challenges related to staffing, resources, and infrastructure, the organization is making important strides in creating a more inclusive shelter system by:

- Offering shelter regardless of drug use.
- Providing condoms, naloxone, and needle disposal while aiming to expand harm reduction services as resources allow.
- Providing daily meals, a critical intervention given that 70% of program participants experience food insecurity.
- Only permanently restricting access in cases of repeated physical violence or property damage.

2. INTEGRATED HEALTHCARE IN SHELTERS INVOLVES:

- Partnering with healthcare providers to ensure that people obtain necessary care, including STBBI testing and treatment, supervised consumption services, opioid agonist therapy, and/or safer supply.
- Providing harm reduction materials, without barriers, including sterile drug use equipment, naloxone kits, drug-checking supplies, and safer sex supplies, among other supplies.[56]

Tommy Sexton Centre (St. John's, Newfoundland)

The Tommy Sexton Centre is both a shelter and Newfoundland's primary harm reduction hub, ensuring that participants can access healthcare, sterile drug use equipment, and other support services, including referrals to healthcare. One of the only harm reduction–focused shelters in Newfoundland, the Centre provides low-barrier, short-term accommodation to people of any gender identity over 16 years old, giving priority to those identifying as living with or at risk of HIV and/or HCV:

- Those staying at the shelter have access to The Safe Works Access Program (embedded in the Centre), which distributes sterile injection and smoking kits, naloxone, fentanyl and benzo test strips, and safer sex supplies at the shelter and more.
- The shelter offers STBBI counselling and prevention support, as well as linkage to testing and treatment through the provincial STBBI program.
- Staff connect people with opioid agonist therapy clinics, and support them in their therapy, and some individuals can pick up their doses directly at the shelter.
- The shelter facilitates referrals to other healthcare services, ensuring clients have access to the medical care and support networks they want and/or need.

Benedict Labre House (Montreal, Quebec)

Benedict Labre House (BLH) in Montreal provides 24/7 drop-in services and transitional housing for people experiencing homelessness, particularly those who use drugs or have mental health challenges. The organization operates on a harm reduction philosophy, ensuring people can access essential services without judgement. Among its promising practices:

- BLH operates the first indoor safer inhalation site in Montreal, with booths available Monday to Friday. A safe injection space is also available.
- BLH distributes sterile injection and smoking equipment, naloxone, drug-checking strips, and safer sex supplies.
- A nurse visits regularly to assess withdrawal symptoms and connect people with opioid agonist therapy, if they express a desire to do so, as well as offer HIV and HCV testing.

3. SAFE AND TRUSTING SHELTERS:

- Hire staff with lived experience of homelessness and drug use. They value their voices and integrate their input into shelter policies and practices.
- Meet the diverse needs of people experiencing homelessness, including cultural and gender-specific needs of Indigenous, racialized, and 2SLGBTQ+ people.
- Employ staff that share harm reduction values. They are trained in harm reduction principles (e.g. approaching drug use without judgement) and practical aspects of working with people who use drugs (e.g. procedures to administer naloxone during an overdose).
- Protect safety proactively, training staff in de-escalation techniques and working with participants on expectations for living in a communal environment.

Our Relatives' Place (N'Dinawemak) (Winnipeg, Manitoba)

Our Relatives' Place (N'Dinawemak) is an Indigenous-led, 24/7, low-barrier shelter in Winnipeg providing emergency accommodation, food, showers, and wraparound support services. Unlike other shelters in the city, Our Relatives' Place integrates and centres Indigenous values, lived experience, and harm reduction into all aspects of care, ensuring that people who use drugs or face systemic barriers receive compassionate, stigma-free support:

- Over 50% of staff have experienced drug use and homelessness. The shelter hires directly from its community and supports staff through ongoing training and wellness services.
- In the aftermath of an overdose, staff and participants receive debriefing and cultural healing supports, ensuring mental health care is prioritized for both participants and staff.
- The shelter offers traditional healing practices alongside Western healthcare, as well as Two-Spirit peer groups. The shelter has partnerships with Mount Carmel Clinic, which provides family medicine, and Kanikanichihk, which offers HIV and STBBI testing twice a month.

Main Street Project (Winnipeg, Manitoba)

Main Street Project (MSP), open since 1972, operates with a deep commitment to harm reduction, non-judgemental support, and inclusivity. Unlike traditional shelters, MSP provides a safe, accessible environment for people who use drugs, ensuring that drug use is not a barrier to care but an opportunity for connection and support:

- Staff include many people with lived experience. Lived experience is prioritized in hiring, and staff who may be triggered by certain experiences are supported with accommodations.
- Staff and participants are treated as equals, and relationships between them are built on trust and mutual respect. Participants are actively engaged in setting community expectations, rather than being subject to rigid rules.
- MSP never reports participants for drug use, possession, or selling or trading drugs. Staff focus on de-escalation and community engagement to maintain safety.

Despite limited resources, MSP provides a sense of home and community. Guests refer to MSP as "family," a place where they experience unconditional support and respect. By eliminating barriers, rejecting punitive policies, and offering tangible harm reduction supports (including sterile injection and smoking equipment, naloxone, and safer sex supplies), the shelter ensures that people who use drugs are not pushed further into crisis but instead welcomed into care.

Resilience Montreal (Montreal, Quebec)

Resilience Montreal is a low-barrier, Indigenous-led shelter and support centre serving the Cabot Square area. Established in 2019, it operates with a strong emphasis on accessibility, ensuring that the most marginalized — people who use drugs, those experiencing homelessness, and individuals often excluded from other shelters — have a place to go:

- Instead of hiring security guards, the shelter has intervention workers act as both de-escalation specialists and social workers, handling conflict resolution without force. Police are only called for imminent threats of violence (e.g. a weapon is pulled). Even then, staff try to de-escalate internally first.
- The shelter meets with neighbours, builds relationships, and works to address their concerns. This includes holding regular meetings with neighbours; hiring shelter participants to clean the neighborhoods and do light landscaping for local businesses; and hosting cultural activities, like Indigenous cooking and arts events with community members.

Resilience Montreal exists for those who have been turned away elsewhere, constantly adapting to legal threats, government neglect, and gentrification pressures. Their commitment to community engagement, low-barrier access, and harm reduction — despite intense opposition — demonstrates a powerful model for survival and advocacy in the face of systemic exclusion.

The experiences of these shelters highlight the importance of a low-barrier, harm reduction–focused approach in making shelters accessible to people who use drugs. By implementing non-punitive policies, integrating healthcare access, fostering a trusting environment that is responsive to the diverse and intersecting needs of people experiencing homelessness, shelters can create safer and more inclusive environments for all people in need of support.

AN URGENT APPEAL TO SHELTER RIGHT

Meeting the needs and rights of people experiencing homelessness, including people who use drugs, requires leadership, support, and resourcing from all levels of government. We call on all levels of government to take **urgent action** to ensure that shelters are accessible, low-barrier, and responsive to the needs of people who use drugs.

1. TO FEDERAL, PROVINCIAL, AND TERRITORIAL GOVERNMENTS:

- **Increase Shelter Funding:** Increase funding for shelters to allow them to improve capacity and accessibility to all people, including those who use drugs. Funding must allow shelters to provide services geared towards those who use drugs, such as sterile drug use equipment distribution, naloxone training and naloxone kits, and supervised consumption services, as well as programs to address cultural and gender-specific needs.

2. TO THE FEDERAL GOVERNMENT:

- **Establish National Shelter Standards:** Develop clear, nationwide standards for shelters that are based on human rights principles and in consultation with people with lived experience of homelessness. These standards should ensure that every shelter respects the dignity and rights of its users. Federal funding for housing should be conditional on meeting these standards.
- **Link Funding to Harm Reduction:** Make federal funding for housing contingent upon adherence to harm reduction strategies. This means that shelters must actively work to meet the needs of people who use drugs through their policies and practices.
- **Decriminalize People who Use Drugs:** Decriminalize and remove all sanctions that harm people who use drugs, including prohibitions on the possession of all drugs for personal use and the sharing or selling of drugs for subsistence, to support personal drug use costs, or to provide a safer supply.

3. TO PROVINCIAL AND TERRITORIAL GOVERNMENTS:

- **Prohibit Discriminatory Shelter Policies:** Enact legislation that specifically bans any shelter from discriminating against or excluding individuals based on characteristics such as drug use, gender, race, or disability.
- **Mandate Harm Reduction Practices:** Require that all shelters implement harm reduction approaches, defined in consultation with people who use drugs, as a core part of their service delivery, ensuring that they actively minimize risks and promote health and safety.
- **Ensure Accountability Through Oversight:** Establish independent oversight bodies to monitor shelter operations and ensure they comply with mandated standards, to help maintain high standards of service and protect the rights of shelter users.
- **Prohibit Drug-Related Rental Restrictions and Evictions:** Remove all barriers to renting related to drug use. Ensure that evictions are never justified based on drug use.
- **Prohibit Punishment of Public Drug Consumption**: Remove sanctions for the consumption of drugs in public, particularly among people who are forced to live in public spaces, including encampments.

These recommendations are designed to create a coordinated approach across all levels of government to improve shelter services, ensure fairness, and enhance the safety and well-being of all individuals experiencing homelessness.

We urge policymakers to act now. End discriminatory shelter policies. Fund harm reduction. Prioritize housing for all.

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[12] S. Quayum et al., *supra* note 3; J. Caspersen et al., "2023 Report on Homeless Counts in BC," *The Homelessness Services Association of BC*, 2024, available at www.bchousing.org/sites/default/files/media/documents/2023-BC-Homeless-Counts.pdf; A. Palepu et al., "Substance Use and Access to Health Care and Addiction Treatment among Homeless and Vulnerably Housed Persons in Three Canadian Cities," *PLOS One* 8:10 (2013); M. Grinman et al., "Drug problems among homeless individuals in Toronto, Canada: prevalence, drugs of choice, and relation to health status," *BMC Public Health* 10:94 (2010).

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