



As VAW shelter staff and advocates seek systemic change for abused women coping with trauma, mental health and substance use, many shelters are looking to create more accessible and trauma-informed shelter programs and policies. Stemming largely from safety concerns for both the individual resident and the larger shelter community, shelter programs often have rules in place surrounding the storage and dispensation of resident medications. In developing medication management policies, striking a balance between safety concerns and the empowerment of residents and their rights to confidentiality and self-determination can prove challenging.

There is very limited research on “promising practices” in the development of trauma-informed medication management policies in VAW shelters. Indeed, the lack of Canadian resources necessitated an examination of American resources designed to assist domestic violence (DV) shelters in developing their medication policies. Although limited in the American context as well, model medication policies provide insight into balancing resident autonomy and broader safety concerns.

The literature makes note of various statutes that may have implications for how women’s shelters screen and admit residents and how they store and handle medications (Colorado Coalition Against Domestic Violence, 2013; National Center on Domestic Violence, Trauma & Mental Health, 2011). Although referring to federal statutes in the American context, similar provincial laws are in place here in Canada and are worth noting. Ontario, for example, has the Accessibility for Ontarians with Disabilities Act (2005) which sets out that goods and services must be provided in a way that respects the dignity and independence of people with disabilities, including those with mental health disabilities and addictions. The Ontario Human Rights Code, additionally, provides for equal rights and opportunities, and freedom from discrimination in a range of areas, including housing. The Colorado Coalition Against Domestic Violence (2013) noted that inquiring about a resident’s medications or medical condition is both unnecessary and illegal, and an examination of relevant provincial laws may produce a similar conclusion.



# RESIDENTS SHOULD

have private access to individual “locked-spaces”

The model medication policies consulted argue that staff and volunteers should not document, monitor or dispense residents’ medication (National Center on Domestic Violence, Trauma & Mental Health, 2011). Instead, they suggest that shelters provide all residents with an individual “locked space”, such as a lock-box, locker, or personal cabinet. The model policies also see residents furnished with an appropriate entry mechanism that is checked out only to the survivor and kept solely in her possession, with back-up entry to be kept in the office, only to be used if that the entry mechanism is lost or not returned. (Colorado Coalition Against Domestic Violence, 2013).

The National Center on Domestic Violence, Trauma & Mental Health (2011) set out that these locked-spaces should be provided for the storage of both medications and valuables. In order to ensure the safety of the larger shelter community, the policies suggest asking residents to sign an agreement that all medications (prescription and over-the-counter) be securely stored in survivors’ individual locked-spaces at all times. These policies see neither the storage units containing individual locked-spaces, nor their keys, kept in the shelter offices. Instead, a promising practice is seen locating storage units in accessible areas where residents have private and secure access to their “locked-spaces” at all times.

# THE INTEGRITY

of residents’ medication should be respected

The literature makes specific mention of circumstances wherein a resident indicates that she requires access to a refrigerated storage space. In order to respect the integrity of certain medications (such as antibiotics or methadone “carries”) and facilitate proper storage, model policies insist that a refrigerated space should be provided to residents in the manner that provides the greatest possible privacy and autonomy (National Center on Domestic Violence, Trauma & Mental Health, 2011). The policies further highlight furnishing all residents with a small individual lock box that can be kept in the refrigerator as a promising practice. The Colorado Coalition Against Domestic Violence (2013) recommended purchasing a small refrigerator to be used solely for the storage of medications (in lock boxes) as added step to ensure the safety of the larger shelter community.

# MEDICAL MARIJUANA

Individuals with a medical need, and who have proper authorization, may access cannabis for medical purposes in Canada. As discussed, promising practices discourage shelter staff from asking individuals about health conditions or prescription drug intake. This makes it conceivable that residents may have medical marijuana on their person when arriving and staying at shelters without the knowledge of shelter staff (Colorado Coalition Against Domestic Violence, 2013). Given the potential dangers of improper or accidental ingestion, especially among children, Health Canada (2016) produced bulletin titled “Information bulletin: safety and security considerations when producing cannabis for your own medical purposes”. In this bulletin, a number of simple storage precautions are highlighted for individuals with access to medical marijuana. Among these suggestions was a recommendation that cannabis be stored in a safe, or an equally protected location, such as a cabinet, closet or trunk. Health Canada also suggested that, in environments frequented by children, cannabis and cannabis products be stored in childproof containers to avoid accidental ingestion.

Health Canada’s guidelines and recommendations appear to be aligned with the safety precautions set out in the model policies. While the American resources consulted provide a strong framework, the lack of Canadian resources available to assist shelters in developing trauma-informed medication storage and dispersal policies disclose a need for more literature in this area.