

Guidance on Community Consultation and Engagement Related to Implementation of Supervised Consumption Service

Prepared by the Dr. Peter Centre
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Acknowledgements:

The Dr. Peter AIDS Foundation thanks the British Columbia Ministry of Health for supporting the development of this document, *Guidance on Community Consultation and Engagement Related to Implementation of Supervised Consumption Service*.

Introduction

This guidance document is intended to assist British Columbia's regional health authorities (RHAs) with the community consultation and engagement process related to implementation of supervised consumption service (SCS). This guidance may be most helpful to RHAs outside of Vancouver, where SCS has not yet been implemented. It reflects the Dr. Peter Centre (DPC) experience with community consultation and engagement in relation to integrating its services into the community over the years, and our learnings from the experience of others.

Two processes are outlined: key stakeholder consultation and a broader community consultation. Both contribute to meeting Health Canada's requirement for a Section 56.1 exemption for medical purposes under the Controlled Drugs and Substances Act for activities at a supervised consumption site. The Community Advisory Committee (CAC), referenced in the key stakeholder process, is a valuable tool for both the organization and key stakeholders. It provides an opportunity for ongoing communication and collaborative problem-solving on issues, or misunderstandings, which may arise related to SCS operations. In time, with relationships established and better understanding of SCS, the frequency of, and need for, the committee can be re-evaluated.

Appendix A is a sample Terms of Reference for a SCS Community Advisory Committee; Appendix B is a brief summary of DPC's Community Support Material in its Section 56 Application; Appendix C is material generously provided by Ottawa's Sandy Hill Community Health Centre from their recent SCS community consultation process.

This guidance document is just that – guidance. Organizations and communities are encouraged to adapt, build upon, or integrate, successes from previous community consultation experiences, including integration of culturally-based engagement practices.

The Dr. Peter Centre is available to RHAs and RHA-designated SCS locations, via phone or in person, to provide guidance and support in adjusting any of the enclosed material to meet RHA-specific needs, and to support the community consultation and engagement process.

Dr. Peter Centre Lessons Learned: Community Consultation and Engagement

The Dr. Peter Centre's day health program, operated by the Dr. Peter AIDS Foundation, opened its doors in a disused wing of Vancouver's St. Paul's Hospital, in 1997. The concept, already in place in Europe and the United States, was responding to the health care needs of young gay men with HIV/AIDS living in the community. This was an era of rampant HIV/AIDS-related stigma and discrimination. It was also the beginning of Vancouver's Downtown Eastside HIV epidemic through injection drug use.

The Foundation brought together an inter-agency committee to help bring the day health program concept to reality. During the process, community organizations and key stakeholders were invited to tour the proposed physical location and provide advice. The inter-agency advisory committee provided guidance on operations and staff hiring and, on conversations with the neighbourhood in relation to the Centre's proposed permanent location in the west end's Mole Hill neighbourhood.

The galvanizing impetus for the Dr. Peter Centre (DPC) to consider integration of SCS was two overdoses in the day health program – fortunately neither fatal. In April 2002, the DPC announced it had implemented SCS, because BC’s registered nurses regulatory body confirmed it was within the scope of registered nursing practice, for the purposes of preventing illness and promoting health. When the DPC made this information public, it simultaneously sent a letter to its donors and supporters outlining the compelling nursing practice obligation for DPC to provide this service. We were incredibly grateful for the positive response – donor encouragement and financial support continued unabated, including their pledges to the \$1.5 million capital campaign for the new Dr. Peter Centre, which officially opened in September 2003.

Community Consultation and Engagement Process

Goal: Supervised Consumption Service (SCS) is Successfully Integrated into Public Health and Health Care Services and the Community

Objectives:

To establish a respectful community engagement process that supports Regional Health Authorities to engage the communities in order to improve understanding of:

- a) Harm reduction as a necessary part of Public Health and substance use services, including the lifesaving and ongoing health benefits of providing overdose prevention measures, blood-borne pathogen prevention, safer injection practices, and SCS;
- b) The implementation of emergency overdose prevention sites into residential and other locations (if applicable); and
- c) The planned SCS as part of a continuum of care at the location, including nursing, social services referrals, etc.

1. Key Stakeholder Consultation and Engagement

- a) Develop Terms of Reference for Community Advisory Committee, see sample Appendix A;
- b) Develop key stakeholder list;
- c) Identify lead staff for planning and executing details of key stakeholder consultation and engagement process, including facilitators and recorders for meetings;
- d) Develop Agenda for Key Stakeholder Consultation Meetings, using Appendix C, page 9, as a guide;
- e) Develop a tour plan for proposed location, using Appendix C, page 10, as a guide;
- f) Develop Facilitator Script, using Appendix C, page 13, as a guide and adjusted for the one-on-one nature of the key stakeholder meeting;
- g) Develop a sketch of the location’s proposed SCS space (if area bears some additional description);
- h) Develop Frequently Asked Questions (FAQ), using Appendix C, page 15, as a guide;
- i) Develop a take-away packet of information;
- j) Develop Feedback Sheets, using Appendix C, page 23, as a guide.
- k) Initiate personal contact with each identified key stakeholder; invite for a tour and to participate in your Community Advisory Committee; consider more than one key stakeholder per tour, when assessed that the key stakeholders would have similar knowledge base and common interests.

2. Community Consultation and Engagement

- a) Identify the geographic area that would be considered the most proximal community identified with your location;
- b) If at all possible, hold the tours at the proposed location, using the same tour plan as used in the key stakeholder consultation; if necessary to hold meetings off site, using photos of current site and sketch of proposed SCS space and adjust script accordingly;
- c) Determine the number of meetings of groups of 15 that would be reasonable to undertake, e.g., Sandy Hill set a target of 200 registrants, limited each group to 15, and held three simultaneous group sessions per evening;
- d) Consider most effective methods to promote and attract participants to community consultation sessions;
- e) All the tools in Section 1, Key Stakeholder Consultation and Engagement, are adjusted for the group sessions;
- f) Instructions for Staff Managing Registration, Appendix C, page 20;
- g) Sample Registration Sheet, Appendix B, page 21.

Appendices

Appendix A. Sample Terms of Reference for Supervised Consumption Service (SCS) Community Advisory Committee

Appendix B. Brief Summary of DPC's Community Support Material in Section 56 Exemption Submission

Appendix C. Sandy Hill Community Health Centre Community Consultation Material¹

¹ Generously provided by Rob Boyd, OASIS Program Director, Sandy Hill Community Health Centre, who gave permission for this material to be shared with health care colleagues in British Columbia.

Appendix A

Terms of Reference

Supervised Consumption Service (SCS)

Community Advisory Committee

I. Purpose

The purpose of the Community Advisory Committee is to support Regional Health Authorities and their partners in their commitment to integrating SCS into health care. The Committee provides a forum for open communication between a proposed RHA-designated SCS location and its surrounding community, to freely exchange information, discuss issues, and fulfill its purpose by being solution-focused and responsive to community concerns.

II. Composition and Operations

- A. The Committee will be chaired by key staff of the proposed RHA-designated SCS location. It will consist of interested citizens invited by the RHA-designated location to volunteer to work with the RHA and its partners to support the integration of SCS into health care. It is an advisory group, not a decision making body. Members agree to operate in accordance with the Terms of Reference.
- B. The Committee will be composed of key stakeholders. The RHA-designated location will determine who needs to be invited to join the committee, in order for the committee to achieve its purpose. A range could include the following:
 - RHA-designated key staff at proposed location
 - local Business Improvement Association or Chamber of Commerce
 - police department representative for geographic area
 - health / social service organizations with links to proposed location
 - local businesses adjacent to proposed location
 - housing complexes adjacent to proposed location
 - local hospital with links to proposed location
 - local Indigenous nation representative
 - representative from advocacy group for people who use drugs
- C. The Committee will initially meet monthly, with the intention of evolving to every other month or quarterly, when members concur a less frequent meeting schedule is of sufficient frequency. When SCS and communications with key stakeholders are well established, it may be mutually determined that the advisory committee can be discontinued.

- D. Secretariat support will be provided by staff at the proposed RHA-designated location. The committee will establish, based on general agreement, a specific week/day to meet. Secretariat support will distribute an agenda and minutes.

III. Duties and Responsibilities

The committee has responsibility to:

- A. Provide support to proposed RHA-designated location in its commitment to providing an overdose prevention site/supervised consumption service.
- B. Advise on the range of feedback about the project in the community; provide to the committee constructive suggestions on the feedback;
- C. Review proposed RHA-designated location response to any community related complaints, which may be received;
- D. Work with proposed RHA-designated location to help establish ways of communicating with the community in regards to constructive steps taken and positive action taken benefits of the service.

IV. Accountability

The Committee Chair has the responsibility to make periodic reports to the RHA senior leader with overall responsibility for implementation of SCS.

Appendix B

Brief Summary of Community Support in Dr. Peter Centre (DPC)

Section 56 Exemption Submission

The DPC community support material was grounded in the community's experience of DPC having provided the service for 14 years. The community articulation of support may be helpful to share with RHA-related stakeholders, as additional evidence that SCS can be successfully integrated into health care and community.

Available is a 3-minute video prepared by the DPC for deposition at the Toronto Board of Health meeting, in which the Board approved support of three locations in Toronto that will be integrating SCS. It contains footage of the DPC's immediate neighbourhood block, including the park, elementary school, playground, and day care. It also contains key quotes from letters of support by the West End Business Improvement Association (BIA), West End Residents Association, Vancouver Police Department, etc. The video can be accessed from our website at this location: <http://www.drpeter.org/dr-peter-centre/knowledge-transfer/community-support-for-sis/>

The video was also part of a presentation on integration of SCS into health care and community by Maxine Davis, DPC Executive Director, at the Kamloops ASK Wellness September 2016 AGM.

Cities across Canada have requested copies of DPC letters of support so they can share with their respective BIA, police dept., etc.; the West End BIA Executive Director has been generous in meeting with BIA Executive Director's from other cities; likewise, the VPD lead for the neighbourhood has met with police dept. representatives from other cities.

The following community letters are available:

- West End Business Improvement Association
- West End Residents Association
- Mole Hill Community Housing Society (located same city block as DPC)
- Central Presbyterian Church (located in city block behind DPC)
- Positive Living Society of BC
- Providence Health Care (St. Paul's Hospital located across the street)
- Vancouver Police Department

Appendix C

Sandy Hill Community Health Centre Community Consultation Material

Sample Community Consultation Agenda	Page 9
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Sandy Hill
Community Health Centre
Centre de santé
communautaire Côte-de-Sable
Every One Matters.
Chaque personne compte.

**Sandy Hill Community Health Centre
Community Consultation
Proposed Supervised Injection Service Model
Agenda**

- 6:30-6:45 Welcome and Group Tours of Oasis**
- 6:45-7:15 Questions about Supervised Injection**
- 7:15-7:45 Feedback on Proposed Supervised Injection Service Model**
- 7:45-8:00 Individual feedback forms**
- 8:00 Adjournment**

(please note: while media are not permitted in the sessions, we anticipate that media may be outside the Centre requesting interviews. If you have any concerns, please speak with Centre staff).

Tour Highlights (adapt as necessary)

Waiting Area

People will wait inside to use the supervised injection service.

½ hour prior to the service opening, we will have an extra staff person who can provide supervision to the waiting areas on this floor and the main floor as well as monitor what is happening outside the Centre.

There is always at least one person at the Oasis reception desk and two at Central Reception.

Junction

700 people who inject drugs use this service every year.

3000 contacts

86500 syringes last year (35 725 came in through Junction, OPH is going to be providing more specific regarding returns by area)

Everyone who comes in gets either a health teaching (fentanyl, bad crack, safe disposal) or a referral (connecting them to other activities). Last year there were 4000 referrals out of the Junction alone.

This would be the point of contact for people to enter into the supervised injection service

Injection Room

We expect that most of the people who are using this service are already using the Junction to pick up supplies. We do anticipate a small increase in contacts due to the fact that we offer this service. (I have estimated a 10-20% increase over the year but that is speculation). Local research and experience in places that operate SIS, is that people will not travel more than 10-20 minutes to use a supervised injection service.

This space will be modified to accommodate 4-6 injection stations. We are currently exploring different designs but consider them to be like the cubicles you would see in a library—a private space with dividers. (on screen image of inject space)

We want to provide as many spaces as possible in order to minimize wait times and ensure that people use our supervised injection service. But we also need to ensure it is safe and that staff have room to intervene in emergency situations like overdoses.

Each injection would take approximately 20 minutes including the reesterilization of the injection station.

We are initially hoping to operate the service Monday to Friday from 9 am to 5 pm. This is peak time for accessing other services in the Centre and will help keep the costs down.

We will have a nursing station and a small treatment area where we could administer oxygen, first aid and provide a space for short term observation.

The nurse does not inject the drugs but can assist in finding a vein.

Once they are cleared to go by the nurse they will be referred to the post injection drop in space for ongoing monitoring or connection to other services.

Hallway

An important part of Oasis services is our community development work. We support people with lived experience to get involved in advocacy work and in issues that affect the health of their community. We know that when people are engaged, they naturally start wanting to take better care of their health.

Overdose Awareness Day is one example and International Drug User Memorial Day is another. This is a community that has experienced a lot of loss and premature death.

When we reviewed our charts for people who have died, the average age for men was 45 and for women was 42.

We have three case managers, two who work with people who use opiates (heroin, fentanyl) and one who works with people who use crack or are involved in sex work. Their job is to support people's treatment plan and to connect them to services outside the Centre.

Drop-in Post injection

50-70 people per day come through the Drop in.

10 000 contacts per year

180 workshops

4000 referrals

It is a place where people can check us out, do people here look like me, how are the staff treating them, is it safe to talk about my drug use or sex work here. It is a place where we build community, people can socialize, take part in workshops and recreational activities.

Our model includes a role for people from this community to help out as paid staff in this space to provide additional resources for observation and to assist with basic human needs.

Medical

We offer a walk in medical clinic for people who inject drugs, smoke crack or who do street sex work.

We offer primary health care to people who use drugs who have HIV, are on our methadone and suboxone program or use our intensive case management services.

We offer HIV treatment and, once engaged in service, have a very high success rate in getting people's HIV under control (below detectable level). Our success rate is as high and in some cases even higher than other affected communities.

We also are involved in linking people to Hep C treatment. New treatments have a very high cure rate 95% of people can be cured of Hep C—(this is conditional on genotype but too complex a nuance for this tour)

Primary Health Care: approximately 600 people, HIV+ 80,

250-300 people on methadone or suboxone.

We have trained 20 people on naloxone (OPH is now over 150 trained)

Our methadone/suboxone program has one of the highest retention rates in the Province at just over 80%.

Intensive Case Management

10 case managers

120 clients

Housing First philosophy

Taking people with severe substance use disorder and supporting them to find and maintain permanent housing.

This program has been positively evaluated by external evaluators for fidelity to the Housing First Model, successful implementation within the community and high housing retention outcomes.

Session Facilitators

Safety

Be respectful—seek first to understand

Give everyone a chance to speak

Recognize that people with lived experience or loved ones with lived experience may be in the room

Contact cards are in your packages should anything trigger you or should you want to get more information about where to go for assistance.

Process

We are not here to debate, we are here to answer your questions, listen to your concerns and to get feedback on our proposed model.

We will be recording questions and concerns on flip charts during the meeting. Let us know immediately if we did not capture what you said correctly.

You also have individual feedback sheets in your package which we encourage you to fill out. These sheets will be included in an appendix to our exemption application. So what you write, will be read by decision makers.

Please include your address or postal code on the individual feedback form so that we can separate the feedback from our local community from the feedback from outside our community.

We will take all feedback from all sessions and summarize it into themes. We will be providing an official response to the feedback in our application. It will also be posted on our website.

SIS

Supervised injection is a service where people bring their pre-obtained drugs to use under the supervision of a nurse who is trained to provide advice and health teaching, assess for health care needs, connect to other health services and to intervene in the event of an overdose or other adverse drug using event.

The proposed service will complement the wide range of addictions and mental health services offered by our Centre and is intended to reduce the frequency of public injecting, overdose death and behaviours associated with the spread of HIV and hepatitis C and to link people to care.

Q&A

We are not here to debate, we are here to provide the Centre's response to any questions you have.

In order to ensure everyone has a chance to ask questions we will allow one follow up question to each question if necessary.

What questions do you have about supervised injection?

Feedback

Go through each step, reminding people of the different stages, just like on the sheets.

Note to recorders

Write clearly and legibly

If you are unclear, ask for clarification or verify you have captured it correctly

Do not engage in debates or arguments regarding what is being said.

**PROPOSED SUPERVISED INJECTION SERVICE (SIS)
AT SANDY HILL COMMUNITY HEALTH CENTRE
FREQUENTLY ASKED QUESTIONS**

WHAT IS IT YOU ARE PROPOSING TO DO?

SHCHC is putting together a proposal to expand its services to people who use drugs to include supervised injection services (SIS). SISs exist all over the world using a variety of different models. The model of our service will be small-scale and integrated into our existing programs and services. SISs have been shown to save lives by reducing overdose deaths and drug use practices which can lead to disease transmission or other health problems. There is also a lot of evidence to show how they reduce public drug use, drug litter and do not contribute to increased crime. SISs also connect marginalized people in our community to other health and social services.

The proposal will be submitted to Health Canada for review and approval. The service may initially be funded as a research implementation project and will be studied to make sure it is accessible to those who need it and have minimal impact on other programs and services as well as the local neighbourhood.

If you have more questions or concerns, you can contact

(Name)

Executive Director

(Name)

Oasis Program Director

WHAT IS A SUPERVISED INJECTION SERVICE?

A supervised injection service is a health service that provides a hygienic environment where people can inject pre-obtained illicit drugs in the presence of trained staff. SISs are staffed by nurses, program workers, people with lived experience and others who can provide education about safer injecting, overdose prevention/intervention, health care services and linkages to other services in the Centre and in the community. At SHCHC, we would integrate this service into the existing complement of health services we offer so that people who inject drugs at the SIS can also seek primary care, health promotion, case management, Housing First services, addictions and mental health counseling, methadone and suboxone treatment, access to safer injecting and smoking equipment & drop-in services in addition to referrals to other community services offsite.

WHY PROVIDE SIS?

Extensive research of SISs has demonstrated that they reduce overdose deaths, reduce behaviours that can cause HIV or Hep C infection (sharing of needles or other injection supplies), increase use of primary health care, social, and substance use treatment services, are cost-effective, reduce public use and discarded drug equipment, and do not contribute to more crime in the area near the service.

In September 2011, the Supreme Court of Canada recognized that SISs decrease the risk of death and disease with no discernible negative impact on the public safety around the service and that the operation of these health services is in accordance with the principles of fundamental justice.

DO SISs ALREADY EXIST?

Yes, there are currently two SISs in Vancouver, Canada: within the Dr. Peter Centre, an HIV/AIDS service organization which provides SIS to clients living with HIV, as one part of its other health services and Insite, a stand-alone facility that is the largest of its kind in the world, designed to meet the specific needs of the neighbourhood in the Downtown East Side of Vancouver. SISs started in Europe and there are now over 90 worldwide.

Three community agencies in Montreal, three in Toronto and one other in Ottawa are also in the process of preparing an exemption to establish an SIS. Thunder Bay and London are currently conducting assessments to determine the need for supervised injection services in their city.

WHY A SIS AT SHCHC?

The 2012 Toronto and Ottawa Supervised Consumption Assessment (TOSCA – conducted by researchers at U of T and St. Michael’s Hospital) assessed the need and feasibility of SISs in Toronto and Ottawa. The study found that Ottawa would benefit from having two sites and that these should ideally be integrated into existing health services that are already working with people who inject drugs.

According to Ottawa Public Health there are between 1500 and 5600 people who inject drugs in Ottawa. Ottawa has the highest rate of HIV (13%) and Hep C (73%) amongst people who inject drugs in Ontario (Ottawa Public Health, Harm Reduction Needs Assessment, Technical Report). Fatal and non-fatal overdoses are also a concern in Ottawa. There are approximately 48 drug –related deaths in Ottawa each year, 40 related to drug overdose and 8 related to infectious disease deaths (TOSCA, 2012)..

TOSCA reported that 29% of people who inject drugs had overdosed in the previous six months. Other overdose research in Ottawa shows that 911 is called less than 50% of the time when an overdose occurs amongst people who inject drugs.

The Participatory Research in Ottawa Understanding Drug use (PROUD) study showed that **75%** of people who inject drugs would use a SIS if the service were available in Ottawa. A second study showed that of those who would use a SIS, **83% said they would use one at SHCHC.**

The SHCHC has the busiest harm reduction supply distribution service in Ottawa. Annually, we provide over 95 000 syringes to approximately 700 people who inject drugs and nearly 22, 000 glass stems to over 1100 people who smoke crack.

Our service is integrated within the Oasis Program which is one of the largest and most comprehensive harm reduction based services in Ontario. Other Oasis services include a Drop-in/health promotion centre, a walk in medical clinic, primary care, HIV and hepatitis C treatment, methadone and suboxone treatment, case management services and mental health and addictions counselling. The Oasis program has approximately 35 000 service contacts a year with people living with or at risk of HIV and hepatitis C who experience barriers to accessing health care due to their severe substance use and mental health disorders.

SHCHC was invited to be part of a research project to evaluate the feasibility of SIS models in Ontario, led by investigators at the Ontario HIV Treatment Network (OHTN). A grant proposal will be submitted in March 2016 to the Canadian Institutes of Health Research. We should find out if the grant is accepted in the fall of 2016.

SHCHC Board of Directors has endorsed the idea of SIS services at SHCHC and has tasked the Senior Management Team to bring forward an application for exemption to operate a SIS in our building at 221 Nelson Street. We view SIS services as a partial solution to some of the most egregious aspects of injection drug use in our community: overdose, HIV and hepatitis C, and public injecting.

WHY WOULD SOMEONE USE A SIS?

People use SISs for a variety of reasons. In focus groups and interviews with people who use drugs, as part of the TOSCA and PROUD studies, people said the primary reasons they would use a SIS were that they could use drugs in a safe and clean place where they would have less risk of being robbed, assaulted, being arrested or confronted by the police; would have access to sterile and new drug use equipment and be able to safely dispose of used drug equipment; and have access to health professionals and support staff. Overdose intervention was also a commonly reported health-related reason. In Ottawa, 75% of people who use drugs report they would be willing to use a supervised injection service, 55% said they would use it daily. People who inject in public and people who had experienced homelessness were more likely to say they would use a SIS. We anticipate that most of the people who would use a SIS at our Centre are already accessing other services.

WHAT IS THE PROCESS/TIMELINE FOR THIS SERVICE AT SHCHC?

In order to operate an SIS, SHCHC has to apply to Health Canada for an exemption from the Controlled Drugs and Substances Act—Section 56. This section has just been amended by the Canadian government, outlining 26 conditions that must be met before the Health Minister can consider an exemption application. Ideally the exemption application will be completed by **June 2016** at which point we are required to send our application to the Mayor, the Chief of Police, the Medical Officer of Health, the Ontario Minister of Health and Long Term Care, the Ontario Minister of Community Safety and Correctional Services, The College of Nurses and the College of Physicians and Surgeons of Ontario with a request for a letter of comment on the proposal. Once completed we will submit the application along with the letters to Health Canada. **Our hope is to submit the exemption application in the Fall of 2016.** We do not know how long it will take before Health Canada approves or denies our application.

HOW WILL IT WORK HERE? WHAT WILL IT LOOK LIKE?

We are in the final stages of designing the model of service for SHCHC and are now seeking additional community input. We have decided to operate this SIS within our existing building in order to provide rapid access to other programs and services and reduce costs for the service by taking advantage of the existing infrastructure in our Centre.

Individuals who wish to use the SIS will be directed to our needle/syringe and crack pipe program staff for intake where they will be assessed for eligibility and must agree to adhere to the SIS code of conduct. In addition, the nurse will perform a pre and post injection assessment of each individual's current health status, needs and risk of overdose. Assessments will also allow for an opportunity to engage SIS participants in harm reduction teaching, primary health care and substance use treatment services.

The injection room will have 4-6 private injection stations, which will minimize the pre-injection wait time while providing ample room for accessibility, privacy, minimizing conflict potential and to allow staff room to assist individuals who overdose or experience other adverse drug using events. Hours of

service are dependent on our ability to secure additional resources. At maximum, we estimate a SIS at Sandy Hill could serve 80-150 people per day the majority of whom are already accessing services at the Centre.

The injection stations will be separated to offer maximum privacy so that the participants cannot see each other, their injection practices or their drugs, but open so that a nurse can supervise/observe. Upon entering the injection room, individuals will receive sterile injecting equipment, and safer injecting counselling and information, then they will be directed to an injection station.

The nurse will provide injection-related first aid and link directly to the Oasis clinic for clinical assessment/treatment and basic primary care needs. In the event of an overdose, the nurse will lead the intervention, supported by the Junction Worker.

As well, there will be a post-injection assessment service in the Oasis Drop in where people will be asked to wait so that they can be observed for any negative drug reactions. We hope to secure resources to employ people with current or past experience with injection drug use to assist with drop in tasks, to watch for signs of people in distress, and to facilitate access to other services in the Centre and in the community.

The SIS will be discreet and well-integrated within our current location. All staff will be provided with a thorough orientation to the service and will be supported to provide guidance to clients who are coming in for this service. In addition, Oasis staff will be provided with training and orientation appropriate to their role with the SIS.

HOW WILL THIS IMPACT OUR CURRENT SERVICES AND CLIENTS?

Additional staff and funding will be sought when we are granted an exemption to run the service. The proposed SIS will operate on our first floor with service users using the main entrance (as they currently do for existing Oasis services). The SHCHC has used a “main greeter” role to assist in monitoring waiting rooms and the immediate vicinity of our entrance and this position will be enhanced during times the SIS is operating. Some methadone and suboxone services may be moved to the 4th floor Health Services team for those who do not wish to access this service in the same program as the SIS. Additional resources will be sought to enable the use of “peer workers” in the Drop-in in post-injection observation and support. Due to new amendments in the Controlled Drugs and Substances Act it is unlikely that peer workers will be permitted to work in the injection room.

We expect that many of the people who will use the SIS are already clients of SHCHC, and that it is only a small incremental step from picking up supplies to use drugs to using those drugs in a private injection room in the SHCHC.

WON'T THIS SERVICE TRIGGER PEOPLE WHO ARE TRYING TO QUIT USING DRUGS?

SHCHC believes that the decision to stop using drugs is as much a right as the decision to use them. The concern that harm reduction programs might trigger clients who are trying to stop using drugs was the most common opposition when Community Health Centres first began hosting needle and syringe distribution programs in the 1990's, it was an identified concern when the Oasis Program moved in to SHCHC in 2007 and again when methadone services were integrated within the Oasis Program in 2011. Individuals who are trying to stop using drugs (including alcohol) are constantly barraged by a host of

triggers in popular culture and the general environment. People who want to stop using drugs learn about their triggers and prepare themselves for these inevitabilities. SHCHC provides a wide range of services oriented toward supporting clients who are trying to manage or stop their drug use—this will continue within the context of an SIS on site.

We will be conducting consultations specifically we individuals who use our services who are further along in their recovery and we will be undertaking an assessment of our common space (waiting areas) and practices to determine what additional changes we could make ensure access to our services for the wide variety of people who use our services.

WILL THE POLICE TARGET SIS USERS?

In Vancouver, the police support SIS and do not target people coming in/out of the SIS sites. Ottawa Police Services have indicated that they will review our exemption application and make comments related to the public safety aspects of the application. Ottawa Police have always been a key partner of the SHCHC and we are committed to engaging with them to ensure the police understand why and how the service will operate, and to clarify respective roles and responsibilities, promote effective communication, resolve early friction and conflicts, and continue to build positive relationships between police and staff working in harm reduction services. SHCHC will also seek to work with the City in taking the lead to engage the Ottawa Police, Public Health and Paramedic Services.

WHAT WILL THE NEIGHBOURS THINK?

Many of our partner agencies are already supportive of this expansion of our harm reduction services, which we have learned through our various networks, presentations and ongoing dialogues. However, when people hear about a SIS in their community there are sometimes concerns about public safety and/or a negative impact on property values. There is no evidence that SISs or other harm reduction services promote or increase drug use or contribute to more crime in neighbourhoods where they are located. In fact, most studies of the impact of SISs find that occurrences of things like thefts, vehicle break ins, discarded needles and drug use in public spaces decrease after SISs are established.

WHERE CAN I GET INFORMATION ABOUT SIS & DRUG USE IN OTTAWA?

The Toronto Ottawa Supervised Consumption Assessment Study report can be found here:

<http://www.stmichaelshospital.com/pdf/research/SMH-TOSCA-report.pdf>

The Ontario HIV Treatment Network (OHTN) Rapid Response Service entitled “*What is the Effectiveness of Supervised Injection Services?*” can be found here: <http://www.ohtn.on.ca/Pages/Knowledge-Exchange/Rapid-Responses/Documents/RR83-Supervised-Injection-Effectiveness.pdf>

Participatory Research in Ottawa Understanding Drug use (PROUD) data releases can be found here:

<http://theproudproject.com/category/proud-out-loud/>

Ottawa Public Health 2013 technical document to support Ottawa’s Harm Reduction Strategy can be found here: <http://ottawa.ca/calendar/ottawa/citycouncil/obh/2013/03-18/Report%20C%20-%20Supporting%20Document%202%20-%20EN.pdf>

Registration Instructions

1. Each group capacity is 15 people.
2. Ask each registrant **which official language** in which they would like to provide feedback.
3. Assign them to a group A or B if they would like to speak French.
4. French language packages are available. Anything we produced has been translated into French. **Materials from outside sources has not been translated.**
5. Provide all registrants with a package and ask them to **fill out a name tag.**
6. Direct them to the lower lobby.
7. When groups are getting full (10+) inform people that the session is filling up and that they have the option of registering now for next week's session.
8. **Sessions are full when they reach 15 people.** Offer to pre-register people to the next week's session and request that they arrive by 6:20 to check-in in case there are people on a waiting list.
9. Group C has capacity for up to 5 more participants should there be extenuating circumstances (unable to make other nights, they are a community leader etc.)
10. Rob, JF, Luc, David and Matt all have decision making authority for anything that arises in the course of the consultation. Please seek them out.
11. **Media are not permitted in the building** unless authorized by David, Rob or Matt.
12. If media are present outside at the end of the session, please warn people as they are leaving and offer them the alternate exit.
13. **DO NOT ENGAGE IN ANY DEBATES OR ARGUMENTS REGARDING THE PROPOSED MODEL OR THE CONSULTATION PROCESS.** Encourage them to write any comments down on their feedback form and remind them that they will be submitted as an appendix to the exemption application.
14. Media can come into the building after the consultation is completed. Centre staff will be **available for media interviews at approximately 8:20** after a short debrief of group facilitators, recorders and spokespersons.

Sandy Hill Community Health Centre
Community Consultation
Proposed Supervised Injection Service Model
Monday April 4 2016

Group A (Reception—Francophone group, bilingual if required)

This group has a francophone facilitator and recorder. Ask all registrants if they will be providing feedback in English or French.

Name	Home or Work Address or Postal Code
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Name	Home or Work Address or Postal Code
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Pre injection Waiting Area

What I like about proposed pre injection waiting area

What I don't like about the pre-injection waiting area

What I would change about the pre-injection waiting area

Comments



Name	Home or Work Address or Postal Code
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Injection Room

What I like about the proposed Injection Room

What I don't like about the proposed Injection Room

What I would change about the proposed Injection Room

Comments



Name	Home or Work Address or Postal Code
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Post Injection Drop In

What I like about the Post Injection Drop In

What I don't like about the Post Injection Drop In

What I would change about the Post Injection Drop In

Comments



Name	Home or Work Address or Postal Code
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Linkages to Service

What I like about the Proposed Linkages to Service

What I don't like about the Proposed Linkages to Service

What I would change about the Proposed Linkages to Service

Comments
