



SCS RECOMMENDATIONS

BY PEOPLE WHO USE DRUGS IN VICTORIA

A report from Victoria's 5th Annual Convergence by/for People Who Use(d) Illicit Drugs, October 18, 2016

As an essential part of the community process to establish supervised consumption services (SCS) in Victoria BC, is to gain the perspectives of those who would use such services, a survey of 203 people who use drugs (PWUD) was conducted in Summer, 2016.

On October 18, 2016, SOLID and AVI hosted the *5th Annual Convergence by/for People Who Use(d) Illicit Drugs*. The convergence provided a unique opportunity for SOLID to facilitate a discussion of the findings from the survey with a broader community of people who use drugs. Preliminary results from the survey were presented to more than twenty-five of the sixty or more people who attended the convergence.

It is vital that people who would potentially use services are consulted and meaningfully engaged in the development of these services. This has been well established in the adoption of documents and principles such as "Nothing about us without us"¹ and the Greater Involvement of People with HIV/AIDS². Such principles have been adopted by drug user organizations nationally (Collective Voices, Effecting Change)³ and are considered best practices and consistent with principles for patient orientated or patient centred care and research. This report summarizes feedback from two group sessions and lays out the recommendations for implementation of SCS that reflect the perspectives of service users. The preliminary results from the SCS survey presented at the convergence by CARBC researchers are contained in the Attachment (Attachment 1).

Acknowledgements: We would like to acknowledge the collaboration from the Centre for Addictions Research of BC (CARBC) and their role in conducting the SCS survey and sharing the findings at Convergence. We would also like to acknowledge AIDS Vancouver Island and the Society of Living Illicit Drug Users who organized and hosted the peer Convergence. Thanks also to the YES2SCS campaign and specifically the YES2SCS Peer Advisory Committee for the ongoing collaboration in the SCS Survey process and at Convergence.

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Statement of Demands

Six months ago, the Province declared a public health emergency – we demand immediate, local emergency responses.

Working on an application for a federal exemption for supervised consumption services is NOT an emergency response – an emergency response MUST be the IMMEDIATE creation of SCS services.

Interim responses are required in Victoria NOW. These must include:

1. Interim crisis funding for harm reduction agencies that are responding to overdose events and training others in Naloxone.
2. Satellite harm reduction sites immediately established and staffed in locations experiencing overdose events.
3. Interim exemption policy by provincial government to allow the creation of SCS while federal approval is pending.
4. Access to widespread OST dispensing, including prescription heroin through HR sites and CHCs
5. Access to drug testing equipment
6. Suspend local police enforcement of the war on people who use drugs.
7. Meaningful engagement of PWUD in responses to ODs, and engagement of service users locally and at BC's Joint Task Force and the Federal Opioid Summit

Recommendations for SCS from Peer Convergence

Where should SCS be located?

Consistent with survey findings, a downtown location for SCS was the overwhelming consensus. Participants identified downtown as central to many other services they access and close to bus routes and recommended the SCS not be located in a residential neighborhood. Should more than one SCS be implemented, the groups recommended the Rock Bay/Burnside area as a second location.

Stand Alone Site versus Integrated Site?

Participants identified an overwhelming need for an immediate stand-alone SCS that ensures privacy for service users and separation from other services and the general public. While prioritizing the need for a stand-alone service, people recognized the possibility for eventual integrated services, and had specific recommendations if services are integrated in existing services. Participants expressed not wanting to see SCS integrated into drop-in services where they access other necessities, such as Our Place drop-in center. These spaces were identified as lacking cultural safety due to perceived judgemental attitudes toward PWUD and increased potential for criminalization. There were strong concerns voiced about the lack of privacy if SCS were integrated into existing housing or shelters, specifically mentioning Rock Bay Landing. However, people did identify the need for SCS in the area of Rock Bay, but strongly suggested it be located nearby to the shelter, not within it. There were strong recommendations for multiple sites to meet the unique needs of the downtown and Rock Bay communities

Atmosphere and Environment: “It’s all about the workers”

Participants voiced strong recommendations of the need for culturally safe care as central to harm reduction services at the SCS⁴. Cultural safety was described as a combination of the services’ atmosphere and environment, as well as staff characteristics and abilities. People identified the need for a safe and welcoming environment that is non-institutional or highly medicalized due to past experiences of stigma. Repeatedly people identified the importance of a clean and comfortable environment that fosters a sense of safety, openness and feels non-judgemental.

Specifically, they referenced the need for open, friendly and non-judgemental staff as creating this type of atmosphere at the SCS. They highlighted the need for workers with overdose experience, both lived experience and experience responding to overdose. The word “compassionate” was used repeatedly. Participants often referenced AIDS Vancouver Island (AVI) staff as an example of a setting that role modeled how they would like to be treated at the SCS. The need for cultural safety and sensitivity training was referenced several times as well.

Peer Inclusion

The participants repeatedly highlighted the necessity and importance of peer support and peer workers within SCS. People expressed long histories of experiencing stigma and discrimination in accessing health care services creating mistrust and potential reluctance to access SCS when established. To bridge this barrier to access, they recommended the inclusion of peer workers who have current relations to the street community as imperative to engagement of the population the SCS seeks to serve. Specific recommendations to have SOLID) involved through ongoing peer advisory and peer roles were made.

Service Design and Layout

The SCS survey found that the private cubicle model of Insite (Vancouver’s safe injection site) was the overwhelming recommendation for layout. When presented to groups at Convergence, this finding was confirmed

as they identified the need for personal space at the SCS, whether that be private cubicles or small rooms. Adequate space and privacy is critical and came up many times throughout discussions.

Participants identified the need to limit the potential for people congregating outside of the SCS and provided options for reducing outside congregation such as providing adequate space for intake and indoor space for people to wait when the SCS is busy. An intake room was described as a cultural safe space especially for those who have not accessed the SCS before. Overall, adequate, indoor space at the entrance was preferred rather than people being outside of the SCS for privacy and fears of police.

Participants identified the need for a comfortable “chill out” or “nod out” room to go after injecting. The environment of this specific room should be relaxed and non-medical. There should be an option to stay in the room for as long as 30 minutes or as needed. However, they were mostly opposed to a mandatory post-injection wait time in the chill out room. People also identified the need for snacks and juice to be provided to service users in this space.

In discussions of service design, participants identified the need for an inhalation room as well, but identified this need as less significant, as the risk for overdose is not as great with inhalation compared to injection drug use. The groups discussed female only times or space at the SCS, and largely rejected the absolute need for it, but were not opposed to a small, separate, female only space. It’s imperative the site be accessible to those with mobility concerns or assistive devices.

SCS Operation and Services Offered: “There are lots of places to shower and eat”

Participants recommended an independent body operate the SCS and not linked to existing services not culturally safe for PWUD or where using the SCS would then identify them as a PWUD to their other service users such as their housing or shelter provider, healthcare worker, or places providing meals. There was a discussion of worker-service user relations, with participants suggesting a policy dictating no barring of service users, with violence as possibly the only exception. Rather, service users may be asked to leave for a period of time, but will not be permanently barred from accessing.

People made it very clear that the requirement to show government ID would be a significant barrier to access, and identified the importance of the acceptance of aliases in accessing the site. The groups discussed how historically services for PWUD in Victoria are often too small to accommodate the population and recommended the SCS ensure it can accommodate the volume of service users.

There were suggestions to incorporate some ‘community bridging’ programs with the SCS. Participants recognized the importance of creating positive dynamics between the SCS and the greater Victoria community, and had suggestions such as community gardening or social enterprises, to engage and support the greater Victoria community.

Participants expressed that the SCS need not offer other services, such as social assistance or housing services which are provided elsewhere and rather focus on providing culturally safe care specific to PWUD. They did identify the need to link the SCS to detox and treatment services, and continually referenced gaps in these services in Victoria. There were recommendations for comprehensive harm reduction to treatment services, wherein people can receive immediate access to detox and treatment through the SCS when they are ready for it. One service that was considered acceptable to integrate into the SCS is opioid substitution therapies.

Law Enforcement Concerns

There were strong concerns presented around the presence of police in, and in the vicinity of, the SCS. It was recommended there be no police around the SCS, or a specific “no fly” zone for police, and that police only be

welcome inside when called by staff. The groups had great insights around the differences between space and criminalization in Victoria compared with Vancouver, and are concerned of how police will handle SCS operating in Victoria, as Victoria does not have a space like the downtown eastside of Vancouver, where drug use has become spatially segregated. Victoria's unique relationship between space and criminalization bolsters the need for peer inclusion and advisory. People also expressed concern about security cameras as both triggering and a potential barrier to access, and recommended they not be used if possible.

Bottom Line Recommendations: “One building, it’s called SCS, where people feel comfortable”

Participants who attended the Convergence conference had one overwhelming recommendation; a culturally safe, stand alone safe consumption service must be implemented in Victoria immediately. The sense of urgency is palpable, and the inclusion of peer voices and workers is imperative to implementing a site that will respond to complex needs of PWUD and will reduce barriers to accessing this life-saving service. Current responses to the public health emergency in Victoria are inadequate.

References

1. Canadian HIV/AIDS Legal Network, et al. (2008). *Nothing about us without us- A manifesto by people who use illegal drugs*.
2. UNAIDS (1999). *From Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS*. Geneva, UNAIDS.
3. Canadian Association of People Who Use Drugs (CAPUD) (2014). *Collective voices, effecting change: Final report of National Meeting of Peer-Run Organizations of People Who Use Drugs*. Victoria, BC
4. Pauly, B. M., et al. (2013). *Creating culturally safe care in hospital settings for people who use drugs*. CARBC Bulletin #11. University of Victoria, Victoria BC, Centre for Addictions Research of British Columbia.

Attachment #1: SCS Survey Preliminary Results

Presented by Dr. Bruce Wallace Ph.D

Six months into the declared public health overdose emergency, one-on-one surveys with 203 people who inject drugs (PWID) were conducted from June to August 2016. Survey questions focused on drug use, risks, overdose, overdose responses including Naloxone use, and guidelines for implementation of supervised consumption services (SCS) for the City.

Within the first six months of the 2016 overdose crisis

- 30% of participants reported having overdosed and public injecting was common,
- Almost two-thirds (62%) of participants reported drug use in public washrooms and washrooms at social service agencies.
- 79% of participants believed they had taken a drug cut with another substance in the last six months and most (70%) believed the substance was Fentanyl.
- Of those who overdosed, 55% reported being administered Naloxone.
- Half (53%) of participants reported having a Naloxone kit and 38% reported administering Naloxone at an overdose event.
- Naloxone was as likely to be provided at an overdose by a peer or shelter or harm reduction worker as it was by a paramedic with ambulance services or at the hospital ER.
- Fully 87% of participants stated they would use a safe consumption site if established.
- The primary reasons to use a SCS was related to preventing and responding to overdoses, while SCS would also be accessed to inject indoors away from the public and to be safe from both crime and the police.
- Almost all (96%) choose Victoria as the preferred city in the Capital Region for SCS sites with most (71%) recommending the site be downtown and Rock Bay/Burnside being selected as the second choice of location.

Other Services: The services ranked as most important to be included in a SCS were most often related to preventing and responding to overdoses as well as health services including health services related to drug use such as HIV and HCV testing and safe injecting services. Most (82%) of participants believe there should be a safe inhalation room included for smoking crack and crystal meth. Participants most often preferred the layout of a SCS to emphasize privacy with private cubicles highly preferred over more open plans such as shared tables.

Location: Survey participants said they would use a SCS service within existing services such as the community health centre, shelter and drop-in. *However, the most recommended site was 'a service designed specifically for people who use drugs' which was preferred more than all other options combined. Indeed, 67% of participants believe people who use drugs should be involved in running the safe consumption service.*

Policies: The most acceptable policy for the site would be to have injections supervised by a trained staff member who can respond to overdoses. There was mixed acceptability for policies that put restrictions on use of the site such as; a 30 minute time limit on injections, being required to show a client number, and requiring post-injecting monitoring in the site.

Unacceptable policies for a SCS included: being requiring to show government ID, having to live in the neighbourhood as a condition of accessing the services, not being allowed to assist in the preparation and injections, restrictions on sharing drugs and the use of video surveillance cameras on site.