



# Supervised Consumption Services Stakeholder Engagement Summary

## Kamloops

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## Introduction

Since the provincially declared public health overdose emergency was declared on April 14, 2016, overdose deaths have continued to escalate in the Interior Health (IH) region and across the province. IH has implemented a multi-pronged approach to address the overdose emergency, which includes exploring the possibility of offering supervised consumption services (SCS).

Kamloops and Kelowna were chosen as communities to investigate the feasibility of offering SCS, since these are the two largest cities in the region and had the highest rates of fatal and non-fatal overdose in 2016.

Planning for SCS in any community requires significant local stakeholder engagement, followed by an application to Health Canada for an exemption under Section 56 of the federal *Controlled Drugs and Substances Act* prior to implementation.

Interior Health's SCS stakeholder engagement occurred in three phases from April to December 2016.

The purpose of the stakeholder engagement was to:

- 1) Inform provincial and local stakeholders, IH staff and the public about IH's plans to apply for an exemption to operate SCS in response to the public health overdose emergency.
- 2) Stimulate dialogue through consultations with key stakeholders to raise awareness of the benefits of SCS as a harm reduction tool.
- 3) Obtain opinions and respond to concerns in order to meet criteria required for an SCS exemption and build support for SCS in the community.

**This report represents a summary of the results of the stakeholder engagement process in Kamloops. A broader, more detailed report will be included in an application to Health Canada for an exemption under Section 56 of the *Controlled Drugs and Substances Act*.**

## Stakeholder Engagement – A Phased Approach

**Phase 1:** April 1 - August 15, 2016

**Phase 2:** August 16 – October 31, 2016

**Objectives for Phase 1 and 2:**

- Educate about the benefits of SCS and harm reduction.
- Engage stakeholders to determine readiness to engage and their willingness to support the application for an exemption necessary for the implementation of SCS.
- Use key stakeholder feedback to identify proposed locations for SCS in the community.
- Provide opportunity for stakeholders to voice opinions and any concerns related to the proposed activities of SCS.

**Phase 3: November 1 – December 16, 2016.**

**Objectives for Phase 3:**

- Engage stakeholders for input on proposed model in Kamloops:
  - Kamloops: Mobile Unit
- Educate about the benefits of SCS and harm reduction.
- Use key stakeholders feedback in addition to overdose data and operational considerations to put forward recommendations to IH's Senior Executive Team.
- Provide stakeholders an opportunity to voice opinions about any concerns related to the proposed model and suggested locations for SCS.

**\*\*This summary document covers the results of stakeholder engagement for Phase 3 only.**

## Phase 3 – Stakeholders and Methods of Engagement

There were several groups of stakeholders engaged during this phase. They include:

- People who use drugs (PWUD)
- Interior Health staff
- Partners/contracted agencies
- Addictions Physicians
- Emergency service providers
- Business Improvement Associations
- Aboriginal partners
- Municipal staff and leaders
- School District 73 Board of Education
- General public

The methods used to engage the above stakeholders and gather feedback:

- Stakeholder meetings
- Focus groups

- Surveys
- Online feedback form

## Summary for Each Stakeholder Group

### People Who Use Drugs (PWUD)

Two focus groups were held in partnership with the Kamloops Aboriginal Friendship Society and New Life Community Centre to determine clinical and operational needs of PWUDs regarding supervised consumption services (SCS). A total of 30 people, ranging in age from 20-60 years, participated.

A total of 65 surveys were completed by PWUDs to determine their clinical and operational needs regarding SCS. The surveys were facilitated by IH street nurses, mental health and substance use staff, and seven partner agencies. Out of 65 surveys, 51 respondents said they would use SCS.

#### **Benefits, Concerns, and Recommendations**

The majority of PWUD spoken to and surveyed did indicate that they would use a mobile SCS if offered. Although, roughly half indicated they would adjust their use to accommodate a mobile service and likely only for a short period of time. The group raised a number of concerns regarding a mobile SCS, including: the inability to consume via inhalation, having to wait too long (i.e. greater than 15-20 minutes) for the mobile service to arrive to access services, safety and security of users and fear of being targeted by the police and community for accessing the site.

### Interior Health Staff, Partner/Contracted Agencies, Divisions of Family Practice, Addictions Physicians

Two stakeholder meetings were held, which combined IH staff with contracted and partner service providers. The first meeting included staff from contracted and partner agencies.

The second meeting included a representative from the Divisions of Family Practice, addictions physicians, IH staff, and representatives from contracted agencies.

#### **Benefits, Concerns, and Recommendations**

Overall, IH staff and partner and contracted agencies are supportive of offering SCS in Kamloops. However, they did raise concerns regarding the safety and security of staff and users of a mobile unit. They also raised concerns regarding how to deal with upset community members approaching the mobile unit while operating.

Physicians working in the addictions field have been mixed in their support for SCS overall. Their main concerns are that the mobile SCS will take away from other services along the continuum of care, and that the service won't reach enough of the using population in Kamloops.

The Divisions of Family Practice have been neutral in their opinions regarding a mobile SCS in Kamloops. They have requested that local IH staff conduct more engagement meetings with their members; to provide them the opportunity to voice their opinions and concerns related to the SCS model and proposed locations.

### **Emergency Service Providers, Business Improvement Associations, Community agencies, Aboriginal Partners**

A total of seven formal stakeholder meetings were held in Kamloops to receive input on the proposed mobile unit option for SCS and discuss any concerns. Attendees included: City of Kamloops, RCMP, BC Ambulance Service, Kamloops Fire Department, Aboriginal and community agencies, Business Improvement Associations, and School District 73 Board of Education.

### **Benefits, Concerns and Recommendations**

Emergency service providers in Kamloops were neutral in their opinions regarding SCS. The main concerns raised include: increasing the number of people who use drugs to Kamloops, that the mobile service will take away from other services along the continuum, that it won't reach enough of the using population, and the potential impact on emergency services to respond to emergencies at the mobile site.

The North Shore and Kamloops Central Business Improvement Associations have primarily been opposed to SCS being offered in Kamloops. Their main concerns include: the impact to businesses if a mobile SCS is located near them, safety and security of staff and users, public safety around the mobile site, that it will take away from other services along the continuum, and that it won't reach enough of the using population.

Kamloops Aboriginal Friendship Society and White Buffalo Aboriginal and Metis Health Society were supportive of SCS based on the knowledge of their clients' needs and current gap in services for urban Aboriginal. Local First Nation engagement sessions have been attempted through the Letter of Understanding meetings with the Secwepemc Nation, but due to conflicting schedules, a face to face meeting has been planned for January 2017. The local First Nation health leadership is aware of a SCS in Kamloops and has not raised any direct concerns to IH. FNHA acknowledges the need for OD services and is in discussion with IH about opportunities to support First Nation clients at SCS. As such, FNHA has not expressed any concerns about a SCS and has indicated their support of SCS plans in Kamloops.

### **Municipal Staff and Leaders**

There were six meetings held with City of Kamloops representatives through all phases of engagement including at council meetings, Community Action Team meetings, and the Social Planning Council. Some included presentations from Interior Health staff to city council, while others were meetings that included other community stakeholders.

At a council meeting on September 13, 2016 Kamloops City Council passed a motion to support the concept and principle of supervised consumption services in Kamloops but also noted they were interested in seeing more details, once available, including information on a potential location or locations within Kamloops, as well as hear results from the engagement process.

### **General Public**

An online feedback form was posted on the IH public website to receive opinions from the general public about offering SCS in their community.

Respondents were asked to provide feedback on at least one of the following options:

- General Feedback
- Kamloops Supervised Consumption Services

Respondents were then provided fields to comment on their perceived benefits, concerns, recommendations and 'other' comments related to SCS. Postal code was a mandatory field to be filled out.

The online feedback form informed respondents that all submissions received before December 15, 2016 would be included in the IH application for exemption to Health Canada under Section 56 of the federal *Controlled Drugs and Substances Act*, and that the information received through the form was not confidential.

### **Benefits, Concerns and Recommendations**

Based on our public engagement, those in support and opposed are relatively equally divided. In general, the public expressed need for further public education on the benefits of SCS and harm reduction, including success stories. Additionally, there is general sentiment that money would be better spent on upstream interventions such as prevention, rehab/detox, housing and other social services.

## **Mitigation Strategies to Address Concerns**

The following provides information on mitigation strategies to address concerns that were raised during consultations:

### **Staff and Public Safety:**

Interior Health has processes in place to protect the safety of its employees and neighbours for all community clinics and services. Starting in November 2016, all Interior Health staff are required to complete violence prevention training by March 2017.

As a part of the process for exploring offering SCS, Interior Health's Manager of Security met with a security company to outline needs for identified service locations/options. The security company provided recommendations, including suggested locations in which to place security cameras, which have been analyzed for cost and feasibility of implementation.

Further, each potential SCS model will undergo a detailed violence risk assessment in compliance with WorkSafeBC. The assessment will include a full review of the sites and recommendations to ensure the safety of staff and the public.

**Increased Demand on Emergency Service Providers:**

Evidence supports that mobile SCS units are effective in reducing the rates of emergency calls to emergency services providers, as well as reducing the amount of visits to emergency departments due to illicit drug overdoses.

An objective of the mobile SCS unit is to increase the connection and referrals between people who use the mobile SCS and other health-care services. Interior Health will continue engagement with emergency services and service providers to review the impact and effectiveness of the mobile SCS.

**Discarded Needles:**

Research supports that in areas in which a supervised consumption service had been implemented, there were significant reductions in public (injection) drug use and publicly discarded syringes and injection related litter. Increasing the number of and access to sharps bins also reduces the amount of discarded syringes within the area.

**Safety and Security of Clients/Users:**

Interior Health will maintain ongoing consultation with the RCMP to collaborate on security and safety for those accessing the service. Further, Interior Health will maintain ongoing community education and engagement on the activities of the mobile SCS and the benefits of the service.

**Impact to Current Resources:**

SCS is a service in an addition to existing services and will not take away from current programs. Kamloops currently has a comprehensive continuum of Mental Health and Substance Use services in place.

**Concern of the Reach of the Mobile SCS**

By embedding the mobile SCS in the current overdose prevention services, the mobile SCS will act as an additional tool to provide access to services along the continuum of care to a marginalized population. The staffing model will include both a nurse and social worker. Staff will provide harm reduction counselling and wound care and provide connections and referrals to other required services along the continuum of care. Interior Health will also continue to monitor the needs of the service user population and adjustments to service delivery could be considered if required.



## Conclusion

This report summarizes the results of the stakeholder engagement process in Kamloops to inform *Community Views – Criteria P* for Interior Health’s application to Health Canada for an exemption under Section 56 of the *Controlled Drugs and Substances Act*.