



Interior Health
Every person matters

Supervised Consumption Services Stakeholder Engagement Summary

Kelowna

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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 1 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 Kelowna. 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 locations and models in Kelowna:
 - Kelowna Mobile Unit
 - Space at 477 Leon Ave. owned by Ki-Low-Na Friendship Society
- 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 suggested SCS location and/or model.

****This summary document covers the results of stakeholder engagement for Phase 3 only. Also, because Interior Health has decided to proceed with the mobile option only, this document will only cover engagement done on that option.**

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
- Divisions of Family Practice and Addictions Physicians
- Emergency service providers
- Business Improvement Associations
- Aboriginal partners
- Municipal leaders
- 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 Ki-Low-Na Friendship Society and Living Positive Resource Centre to determine clinical and operational needs of PWUDs regarding supervised consumption services (SCS). A total of 49 people, ranging in age from 20-60 years, participated.

A total of 83 surveys were completed by PWUDs to determine their clinical and operational needs regarding SCS. The surveys were facilitated by IH mental health and substance use staff, and seven partner agencies. Out of 83 surveys, 66 respondents said they would use SCS.

Benefits, Concerns, and Recommendations

PWUD stated overwhelmingly that they would use this service, although, there is a significant proportion requesting the service include an option for inhalation.

Concerns were raised around confidentiality and potential stigma associated with accessing SCS. Additionally, PWUD mentioned a need for better relationships to be developed with Opioid Agonist Treatment providers, including work on stigma reduction, trauma informed care and harm reduction practice.

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

Three stakeholder meetings were held, which combined IH staff from Outreach Urban Health and mental health and substance use with contracted/partner service providers and addictions physicians.

A separate meeting was also held with contracted and partner agencies.

Benefits, Concerns, and Recommendations

IH staff suggested that SCS will help to relieve some of the pressure on the Outreach Urban Health clinic. However, they did raise concerns regarding staff safety and liability concerns with parking a mobile unit in certain areas.

Overall, partner/contracted agencies were supportive of offering SCS in Kelowna. They specified that a mobile option can provide response to several priority areas and to those who are prohibited from certain areas downtown. They did suggest that a location on Leon Avenue would support the high population of PWUD in the area and would be close to other services where relationships have already been

established. However, they did suggest that the mobile option presents an ethical challenge of building an expectation among service users that the service will always be there and always be flexible with location. Additionally, they expressed the need for adequate performance measures and reporting for proper evaluation and transparency.

The Divisions of Family Practice were neutral in their opinions regarding SCS. The physicians in Kelowna working in the addictions field have not been supportive overall. Some physicians believe that SCS will increase rates of consumption for some users and there will need to be a strong effort to demonstrate to the community that users are moving along the continuum of care and the service is achieving deliverables.

Emergency Service Providers, Business Improvement Associations, Aboriginal Partners

A total of 13 formal stakeholder meetings were held in Kelowna to receive input on the proposed options for SCS and discuss any concerns. Attendees included representatives from: City of Kelowna, RCMP, Kelowna Fire Department, Okanagan Nation Alliance, Downtown Kelowna Association, and the School District 23 Board of Education.

Benefits, Concerns and Recommendations

Emergency service providers in Kelowna were neutral in their opinions regarding SCS, although they are concerned that SCS will not address ODs that occur in residential areas.

Although the Downtown Kelowna Association is opposed to an SCS site on Leon Avenue, they indicated they would be supportive of mobile SCS in Kelowna.

Ki-low-Na Friendship Society is supportive of SCS and had agreed to partner with IH for the proposed SCS in downtown Kelowna on Leon Avenue. Local First Nations engagement sessions have been done through Letter of Understanding meetings with Okanagan Nation Alliance. First Nations partners have not expressed any concerns with a SCS. The First Nations Health Authority (FNHA) acknowledges the need for OD services and is in discussion with IH about opportunities to support First Nations clients at SCS. As such, FNHA has not expressed any concerns about SCS and indicated they support SCS plans in Kelowna.

Municipal Staff and Leaders

There were three formal meetings held with City of Kelowna through all phases of engagement including council meetings; while City staff and elected officials were also engaged at community stakeholder meetings. Some meetings included presentations from Interior Health staff, while others were less formal.

Kelowna City Council has been very supportive of the concept of supervised consumption service and noted they were interested in seeing more details, once available, including information on a potential location or locations within Kelowna.

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
- Kelowna 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. The majority of members of the public responded specifically about the proposed 477 Leon Ave. location and were opposed to that site. 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.

Liability:

Interior Health has worked in collaboration with key stakeholders, including the RCMP and City of Kelowna, to identify the proposed stopping locations for the mobile SCS unit in order to ensure the locations are feasible and will not pose any liability concerns.

Stigma and Confidentiality Concerns:

Addressing the stigma of addiction is an ongoing priority for Interior Health. In order to address the stigma of addiction, Interior Health will continue to provide ongoing public education, community engagement and staff training. Interior Health will ensure that the mobile SCS unit is recognizable to people accessing services by using a subtle object identifier. The external appearance of the mobile SCS unit will be plain and not easily identifiable to the general public.

Continuum of Care:

Interior Health's staffing and operational models are designed to provide health services along the continuum of care. 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. Harm Reduction services exist to enhance and develop trusting relationships among vulnerable and marginalized people who use drugs. By providing low barrier harm reduction services, we are able to foster trusting relationships which allows staff to provide health services along the continuum of care and referrals for further treatment.

SCS Hours:

Regular hours and locations will be maintained barring any unforeseen circumstances. Expected changes to the operating schedule will be communicated well in advance. Various communication methods will be utilized such as posters, flyers, social media and word of mouth. Collaboration and partnership with key community agencies will be used in order to share unplanned changes to hours and/or location in a timely manner to service users.

Conclusion

This report summarizes the results of the stakeholder engagement process in Kelowna 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*.