



Sandy Hill  
Community Health Centre  
Centre de santé  
communautaire Côte-de-Sable

# Community Consultation Report

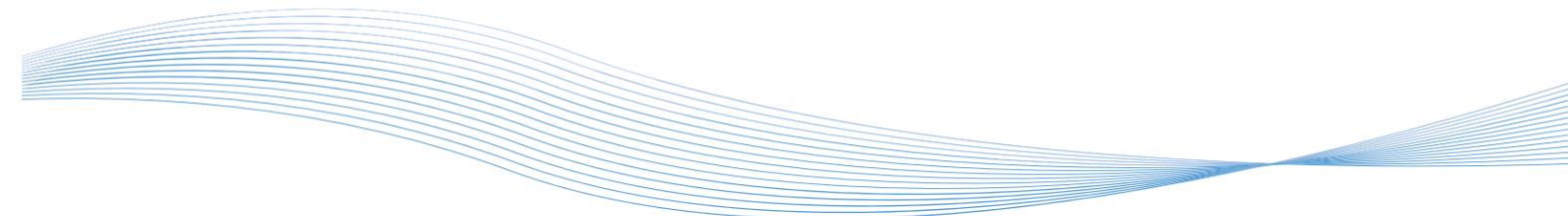


on proposed model to add a small scale supervised injection service at 221 Nelson street

September 2016

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A person wearing a blue long-sleeved shirt is holding a red plastic tray. The tray contains a clear plastic container with compartments holding various medical supplies, including syringes, vials, and other small items. The background is slightly blurred, showing what appears to be a clinical or laboratory setting.

## Sandy Hill CHC community consultation report on proposed model to add a small scale supervised injection service at 221 Nelson street

### SIS model development

In the fall of 2012, Oasis staff developed a proposed model of service delivery for the integration of supervised injection services (SIS) within the Oasis program of the Sandy Hill Community Health Centre (Sandy Hill CHC). This model was then presented to internal stakeholders (i.e. Sandy Hill CHC staff and clients of the Oasis program) during an internal consultation process, which took place in the first six months of 2013, in order to gather feedback on the proposed model. The proposed hours of service at the time we initiated the consultation process was during Oasis' current operating hours (Monday to Friday, 9:00 a.m. to 5:00 p.m.) in order to emphasize the integrated model of care.

In April 2016, the Sandy Hill CHC conducted general public consultations targeting the local neighbourhood, on four consecutive Monday nights. Notice of consultation were posted in both official languages in local neighbourhood newspapers and newspaper websites (IMAGE, ECHO), on the door at the main entrance to the Centre and on the Centre's website, and promoted through Twitter and

Facebook. The consultations were highly discussed and promoted by all local media starting from week one. Interested parties were encouraged to register through an email address created for the consultation, in order to ensure a space and to indicate in which official language they preferred to provide feedback on our proposed SIS model.

People requesting registration who identified that they lived outside the neighbourhood, or who indicated that they wanted to come to support us, were discouraged from attending the neighbourhood consultations and were offered to book an alternative consultation time. Emails were sent to local community associations (Action Sandy Hill, Lowertown Community Association) and business improvement areas (ByWard Market, Rideau) offering private consultation meetings.

Consultations were conducted in both official languages in a facility that met all obligations under the *Accessibility for Ontarians with Disabilities Act*.

## The consultation process

In order to maximize the knowledge of participants, all but two consultations were conducted in the Centre, where all participants were given a facilitated tour of the Oasis program to show how the proposed service would be integrated within existing treatment services. One peer consultation was held at another Community Health Centre, and the Market BIA consultation was held during their regular meeting in the ByWard Market.

A maximum of 50 spaces were available for each consultation. None of the consultations turned anyone away because they were full.

Consultations began at 6:30 p.m. sharp and finished at 8:00 p.m., latecomers were not admitted. Five (5) latecomers were offered pre-booking for the following week's consultation. On the last evening, an extra staff person was available to provide a quick tour for latecomers so they could join consultation groups in progress. No one arrived late on the last evening.

Community members were divided into three groups, in order to facilitate participation and due to space restrictions. One group had a francophone facilitator and recorder.

Each group facilitator explained basic rules necessary to ensure safe participation of all people.

1. Recognize that people may feel very strongly on both sides of the issue, seek first to understand each other's viewpoint.
2. Recognize that lived experience is in the room, both people who use drugs and people who live in drug affected communities. Be cautious of your language.
3. Talking about substance use may make you

uncomfortable and feel you need to reach out for support, you have been provided with an Oasis business card. If you are concerned about something you have heard and want to talk to someone, please call us.

4. We are not here to debate. We are here to listen to your concerns and answer any questions you have. Once you have asked all your questions, we would like to get specific feedback on the model we are proposing.

In addition, the Sandy Hill CHC accepted all requests to consult with groups we had not identified as stakeholders.

Participants were provided with a folder which included:

- an agenda for the consultation;
- SIS Frequently Asked Questions;
- OHTN research summary on supervised injection;
- copies of PROUD Outloud newsletters outlining local need for SIS;
- a multi-page feedback form to facilitate written feedback.

## SIS consultation results

- Flipcharts from 20 sessions (195 participants).
- 48 individual feedback sheets (handed in after each session, or dropped off afterward).
- Letters were not included in the analysis.

## Analysis

All content of individual feedback sessions and consultations was entered into spreadsheets using the headings provided. Where possible, postal codes were translated into City of Ottawa neighbourhoods.

The spreadsheets were loaded into NVivo 11 Pro qualitative analysis software.

Each sheet and each consultation were coded as a separate "case" with attributes such as neighbourhood, language, date of consultation, context, and given a category of "Local", "Potential Client" or "Everyone else". The community consultations held at the centre in the month of April were classified as

"Everyone else". Individual feedback cases were classified according to neighbourhood, with Sandy Hill, Lowertown and Byward Market considered "Local" and all else as "Everyone Else", though it was evident that there were "Potential Clients" individual feedback. Consultations held with people who use drugs were classified as "Potential Clients".

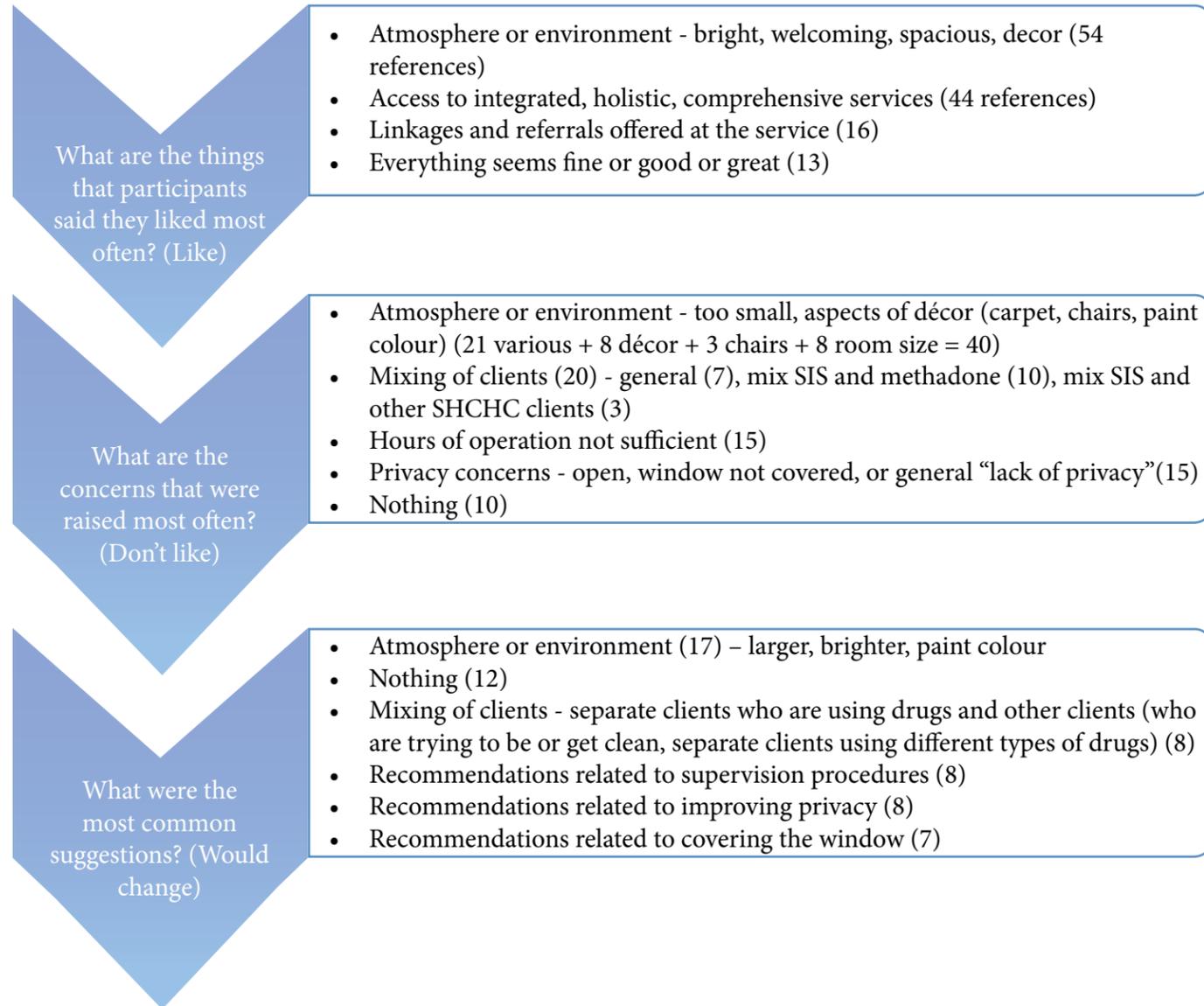
All content was coded to themes as they emerged. Themes were then organized and grouped afterward.



# Analysis 1: Summary of opinions

Themes (nodes) were cross tabulated with the consultation questions of “Like”, “Don’t like“, “Would change”, “Comments”, as well as the “Questions” from the consultation session “Q&A”.

The analyst then selected the highest number of references and opened the cell to summarize the nature of the comments.



# Analysis 2: Comparisons of stakeholder groups

## 1. Local (Sandy Hill, Lowertown, ByWard Market) and Action Sandy Hill

**Most common likes:**  
(33 references)

- Access to services (8) - continuum of care, many services available, medical services
- Atmosphere/environment (6)
- Location (6) - at SHCHC, in a CHC, with medical clinic, with other services, central
- Mixing of clients good (3)
- Integration with Junction (3)

**Most common dislikes:**  
(21 references)

- Mixing of clients (using drugs, not using drugs) in same spaces (5)
- Related to the atmosphere/environment (4) - congestion is intimidating, too small
- Nothing (4)
- Openness/privacy concerns (3)
- Room size (3)

**Most common suggestions/would change:**

- Nothing (5)
- Atmosphere/environment - Room size (4)
- Separate/segregate clients (3) - in waiting room (1), after drug use (2)

**Most common comments:**

- Overall support (11): 1 opposed (“I respectfully disagree with SIS.”); 2 wish for other location (“I wish that this program was not in a residential neighbourhood.”; “I still have some reservations about a SIS at this address.”); 9 in support (“I am a neighbor and I am assured.”; great initiative; needed; “I am in support.”; « Je suis d'accord. »; “Makes the most sense.”; “I am fine with the proposal”
- Neighbourhood concerns (6): public safety, attract more people using drugs, property value, vandalism;
- Location (6): makes sense due to existing service (3); lives in area and assured of location at SHCHC (2); not assured of SHCHC location (2);
- About the consultation process and tour (6): good/excellent process; well done tour; one concern re: availability of results/response.

**Most common themes for Q&A**

- Benefits of SIS (8 references): mostly questions about what the benefits are/would be (in terms of harm reduced, OD avoided, cost savings, positive impact on community) and how we would measure/evaluate.
- Application process (5 references): questions about the application process, what approvals are needed, timelines of the exemption.
- Evaluation (5 references): questions about how we will measure success, impact.
- Consultation process (4): questions about the consultation process, feedback received, did we consult the potential users/stakeholders on the model and if they would use it.
- Police (4): questions about Police procedures/role, relationship with police, can they veto?
- Exemption, funding, information or education, model, neighbourhood concerns, Vancouver/Insite, drug use, potential SIS clients, treatment/access to treatment (3 references each).

2. Clients (potential clients): ONPAHR, DUAL, NESI-Somerset West

Note: not possible to separate individual feedback sheets by potential clients vs. everyone else or local, therefore this only included consultation session flipchart notes.

Most common suggestions/  
would change:  
(9 references)

- About specific aspects of the booths (7);
- RN supervision details (3);
- Privacy (3);
- Waiting room (2).

Most common themes:

- Questions about SIS procedures (9): about restrictions, barring, testing, behavior management, injecting;
- Privacy (4); anonymity, especially from doctors/medical/methadone (5); 9 references total;
- Recommendations about the booths (7);
- About RN staffing and supervision (6);
- Recommendations about the waiting room, how people will be identified as SIS clients (5);
- Recommendations about post-injection activities (5);
- Comments and recommendations about post-cocaine use (5);
- What information/assistance/education will be provided to clients, potential clients, peers? (4) (how to inject, how to access service, what procedures are);
- Questions about assisted injection (3).

## Sandy Hill CHC response to key recommendations/concerns identified by community consultations



## Physical space

Most comments about the physical space were favourable. However, concerns were expressed about the current condition of the proposed injection room and open windows to the street in the post-injection drop-in space.

## Injection room

The Centre intends to renovate the proposed injection room by removing the carpeting, repainting the room, blocking the window in the room through which someone from outside could look inside.

## Post-injection drop-in

Oasis clients are currently using this space and have not identified any privacy concerns related to the open windows. The windows are partially tinted, making it difficult to see in during the daytime. Sight lines are further impaired by artwork that has been positioned at the lower portions of the windows.

This issue is more problematic in the evenings, when the interior lighting is brighter than the exterior lighting, and the drop-in space is visible from the streets. Large blinds already exist that cover the entire area of these windows, and they will be lowered at sunset.

The main furnishing in the room is a large table around which all drop-in clients sit. This will be replaced by smaller tables to allow for a calmer, more private atmosphere.

## Hours of service

We originally proposed that the SIS would be open during current Oasis business hours (Monday to Friday, 9:00 a.m. to 5:00 p.m.) to maximize the integration of the SIS with other Oasis services.

All stakeholders indicated that they did not feel that the hours of service were sufficient. We have re-organized our model of service to expand to 12 hours per day, 7 days per week.

We have updated our budget to include the expansion of Oasis services to 84 hours per week. These services will be available to all Oasis clients regardless of whether or not they use the SIS.

In addition, the Centre is committed to exploring adding more services over time with the goal of improving access to other clients of the Centre.



## Mixing of clients who are using drugs with those who are trying to stop/further along recovery

The Centre 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. Despite concerns raised at time, we introduced methadone into our model of care. More than five years later, our methadone program has a 12-month retention rate of 81%, much higher than the provincial average of 56%.

The mixing of clients who are at varying stages of recovery from their substance use disorder is a current reality at our Centre. Our Centre averages between 250 and 300 service contacts per month for people picking up injecting equipment and we have people who are under the influence of drugs and alcohol in the waiting room and in the drop-in on a daily basis. Use of substances on site will be restricted to the injection room; therefore, there should be no substantial difference in the experience of someone accessing other services at the Centre.

Centre staff will continue to assist clients accessing services in managing their triggers while at the centre, and will work with other clients to prohibit discussions about drug use in the waiting area.

Research studies have found that people who are starting methadone are at a high risk for overdose during the first 4-6 weeks as they continue to use illicit opioids while we slowly increase their methadone dose. During this time, they could access the SIS to ensure their safety.

We will explore the possibility of moving part of our methadone practice to the 3<sup>rd</sup> floor primary care program of the Centre, in order to provide clients with an additional option that would not require them to access the programs and services of the Oasis program.

## Clients accessing other substance use treatment services in the Centre

In addition, the Centre provides services to people with substance use disorder who do not inject drugs and are not marginalized. Last reporting year, Addictions and Mental Health Services provided individual counselling to 1045 individuals and 320 group sessions with a combined attendance of 3399.

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.

The Centre is planning to undertake a trauma-informed assessment of our common space (waiting areas, entrance) and practices to determine what additional changes we could make to ensure access to our services for the wide variety of people who use our services.

The planned addition of a Mobile Greeter role will help facilitate access to the Centre for clients who are not accessing the SIS by providing a presence in waiting areas and the immediate vicinity of the Centre.

Once the SIS is operational, people with substance use disorder who are looking for treatment options would need to factor this into their decision about where they would choose to go for treatment, just as they do now, knowing that we are a downtown location that also serves people actively using drugs.

## Neighbourhood concerns

When people hear about 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.

It is important to note that Ottawa Police Services will continue to respond to calls related to criminal behaviour and public nuisance in the neighbourhood around our Centre. The only protection afforded to clients accessing our SIS is for the possession of drugs for personal consumption.

However, we do recognize that our Centre is located in a downtown neighbourhood where there can be a higher concentration of people using all substances, alcohol being especially problematic, and who may be psychotic. This can be quite unnerving to the general public and neighbourhood residents and businesses. Neighbours could call our Mobile Greeter who is trained and experienced in working with people who are exhibiting problematic behaviours, regardless of whether they are a client of the Centre or not.

The Mobile Greeter will monitor the immediate neighbourhood surrounding the facility to ensure clients are arriving and leaving safely. The cellphone number of the Mobile Greeter will be available on the Centre's website, should neighbours have a concern regarding behaviours of an individual in the vicinity of the SHCHC. The Mobile Greeter will not intervene in potentially violent situations. They will contact Ottawa Police Services if the intervention is beyond their skills or scope. The Main Greeter will be monitoring for loitering, public injecting, individuals purchasing or selling drugs and any other suspicious activity.

The Centre will work with partner agencies, including Ottawa Police Services, in an attempt to address chronic and more serious public nuisance issues.



## High risk injecting

Feedback from potential clients of SIS was clear that the Centre should allow SIS participants to engage in “high risk” injecting behaviours, specifically injecting in the neck or groin or having other clients inject them in the injection room. A common concern regarding prohibiting these behaviours within SIS, is the fact that those who engage in these more risky behaviours are at higher risk of overdose, but they would be consequently excluded from accessing SIS. Thus, these individuals would be at greater risk of overdose death and complications in the community.

Given the chronic nature of substance use disorder and sometimes long-term or frequent injection drug use, certain clients may have increasing difficulties accessing patent veins in their arms. Therefore, some clients are forced to move to other areas of the body where venous access remains. Injecting into the neck, groin, legs or feet are considered higher risk for things like abscesses, nerve damage and bacterial infection.

Some people who use injection drugs cannot or will not inject themselves and therefore rely on another person to inject them. While supervising injections is within the scope of practice of nurses in Ontario, the nurse is not permitted to inject the individual due partly to the unknown composition of the drugs being injected. People requiring assisted injection are especially vulnerable as they have less control over the injection practice and, by extension, their health than a self-injector.

Turning people away from an SIS will mean that the behaviour that we are concerned about in a health care environment will take place in a community environment where the risk is increased due to limited response and less hygienic conditions. We may also have obligations under the Access for Ontarians with Disabilities Act to ensure access to services for all Ontarians regardless of ability.

The Sandy Hill CHC continues to consult with local, provincial and national health and legal experts to consider legal and ethical obligations related to high risk injecting.

**THIS IS NOT  
a supervised injection site.**



**This IS preventable.  
We CAN do better.**



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Community Health Centre**

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**Every One Matters.  
Chaque personne compte.**

**September 2016**

