Fort St. John Community Action Team

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Peer Coordinator Job Posting

Fort St. John Community Action Team – Peer Coordinator

P/T Temporary Position - varied hours up to a maximum of 30 hours/month; February - August 2020

The Fort St. John Community Action Team (FSJ CAT) is looking to fill a part-time Peer Coordinator position. This position will report directly to the FSJ CAT Project Manager at Urban Matters CCC. For more information about the FSJ CAT please go to www.healthyfsj.ca.

Job Description

- Manage all Peer payment for Peers attending FSJ CAT meetings at the FSJ Hospital and Working Group meetings (varied locations). Includes gaining Peer signatures for payment, tracking payments through a spreadsheet, and having correct cash ready to pay Peers in person at the end of meetings
- Be the liaison/point person for Peers who sit on the FSJ CAT and others who are interested in this work. This includes fielding phone calls, texts and emails from Peers and helping to connect them up with information they may need
- Support Peer program management alongside the Peer Initiatives Working Group (specific programs are still being determined)
- Work with the Accounting Team at Urban Matters to ensure an adequate source of funds is maintained to pay Peers throughout the project. Will be responsible to get authorization for all other expenses incurred in advance and will be required to submit monthly summary reports to the Urban Matters team
- Report back to CAT Steering Committee bi-weekly and the larger CAT monthly

The Ideal Candidate possesses the following skills and qualities:

- Is highly organized and reliable
- Is confident and effective at handling and managing money
- Is a great communicator
- Is patient and empathetic
- Has access to a phone, an email account, and a reliable vehicle
- Gets along well with all types of people and has some knowledge about conflict resolution
- Is able to set personal and professional boundaries and stick to them
- Has experience working with Peers (people with lived/living experience using substances) and has an in-depth understanding of substance use, addiction and harm reduction

Other Details

This is a part-time temporary position with an anticipated variable workload of **15-30 hours depending on activities, with a maximum of 30 hours per month. The Coordinator will be paid $30/hour on a biweekly cycle** and will be hired as a temporary employee of Urban Matters CCC (www.urbanmatters.ca/). Please note, the successful candidate must also undergo a criminal record check prior to entering the position.

To apply, please send a cover letter, resume and three references to Julianne Kucheran – jkucheran@urbanmatters.ca by January 24th, 2020. Qualified applicants will be interviewed during the week of January 27th-January 31st, 2020. Please note references that are provided may be contacted prior to an interview to determine candidate eligibility and suitability for the position.

Peer Journey Maps

PEER JOURNEY MAPS

DRAWN BY ALISA FROH

COVID-19 One-Pagers

COVID-19 Assessment and Testing Information

Which tool/service to use?

- If you are experiencing symptoms of COVID-19 (fever, cough, difficulty breathing), you can use the BC-COVID-19 Self-Assessment Tool (https://bc.thrive.health/covid19/en) or call 8-1-1 to speak to a qualified professional for free
- If your symptoms become worse, call your family doctor or nurse practitioner
- Anyone with cold, influenza, or COVID-like symptoms can now be assessed and get a CoVID-19 test from a physician, nurse practitioner or local community collection centre (see list in section below) – there is no longer a requirement to be referred by a health care provider or by calling 8-1-1
- If you are looking for non-medical information about COVID-19 you can call the BC COVID-19 Information number at 1-888-COVID19 (1-888-268-4319) or text 604-630-0300

Non-Medical COVID-19 Information

BC has a phone service to provide non-medical information about COVID-19, including information about travel restrictions and social distancing. Information is available in more than 110 languages, 7 days a week from 7:30 am – 8pm Pacific Standard Time.

Call 1-888-COVID19 (1-888-268-4319) or **text 604-630-0300** to access this information.

Northern Health COVID-19 Online Clinic and Information Line

If you have symptoms and require more care or need help caring for another member of your household, you can call the **Northern Health COVID-19 Online Clinic and Information Line at 1-844-645-7811**

You can also call this number to get an appointment at a COVID-19 community collection centre.

BC COVID-19 Self-Assessment Tool

https://bc.thrive.health/covid19/en

This self-assessment tool can help determine if you need further assessment or testing for COVID-19.

If you have underlying medical conditions or who are in your third trimester of pregnancy and have respiratory symptoms consistent with COVID-19, you should contact their doctor/nurse practitioner/maternity care provider as applicable and follow their advice.

The tool is only intended for assessment of COVID-19. You might have symptoms that are unrelated to COVID-19 and may require medical attention. If you are unsure or feel very sick, call your family doctor/nurse practitioner, or call 8-1-1.

If you have respiratory symptoms that can be managed at home, Public Health is requesting that you self-isolate until the following conditions are met:

- At least 10 days have passed since the start of your symptoms
- AND your fever is gone without the use of fever-reducing medications such as Tylenol or Advil

- AND you are feeling better.

Coughing may continue for several weeks and does not mean that you can pass on the virus and must isolate yourself.

If your symptoms worsen or you become short of breath, call your family doctor/nurse practitioner for immediate medical attention. If you are unable to reach them, seek care in a COVID-19 Assessment and Treatment Centre, Urgent and Primary Care Centre, or Emergency Department

HealthLink BC

For medical questions about COVID-19, you can call HealthLink BC at 8-1-1 (toll-free in BC) or 7-1-1 for the deaf and hard of hearing. Translation services are available in more than 130 languages.

Staff COVID-19 Testing – Information for BC Health Care Workers

http://www.phsa.ca/staff-resources/covid-19-resources-for-staff/staff-covid-19-testing

Anyone with cold, influenza or COVID-like symptoms can now be assessed and get a COVID-19 test from a physician, nurse practitioner or local community collection centre. There is no longer a requirement to be referred by a health care provider or by calling 8-1-1. If you are not experiencing any symptoms you do not require a test.

The community collection centres in the Peace Region are listed below. Please note that you may be asked to wait outside prior to your test, so please dress appropriately for the weather.

Fort St. John Health Unit	
Address	10115 110 Ave, Fort St.John, BC V1J 6M9
Hours	Monday – Friday 8:30 am – 4:00 pm
Special Criteria and Consideration	The general public, health care workers and staff can call the **Northern Health COVID-19 Online Clinic at 1-844-645-7811** for referral and to make an appointment at site.

Dawson Creek Health Unit	
Address	Rm 157-1001 110 Ave, Dawson Creek
Hours	Monday – Sunday 8:30 am – 4:00 pm
Special Criteria and Consideration	The general public, health care workers and staff can call the **Northern Health COVID-19 Online Clinic at 1-844-645-7811** for referral and to make an appointment at site.

Hudson's Hope Health Centre	
Address	10309 Kyllo St, Hudson's Hope
Hours	Monday – Friday 8:30 am – 4:00 pm
Special Criteria and Consideration	The general public, health care workers and staff can call the **Northern Health COVID-19 Online Clinic at 1-**

	844-645-7811 for referral and to make an appointment at site.

Chetwynd Primary Care Clinic	
Address	5500 Hospital Rd, Chetwynd – Side staff entrance door
Hours	Monday – Friday 8:30 am – 4:00 pm
Special Criteria and Consideration	The general public, health care workers and staff can call the **Northern Health COVID-19 Online Clinic at 1-844-645-7811** for referral and to make an appointment at site.

Tumbler Ridge Community Health Unit	
Address	220 Front St, Tumbler Ridge
Hours	Monday – Friday 9:00 am – 4:30 pm
Special Criteria and Consideration	The general public, health care workers and staff can call the **Northern Health COVID-19 Online Clinic at 1-844-645-7811** for referral and to make an appointment at site.

List of Public Washrooms and Handwashing Facilities in and around Fort St John

Public Facilities	Location	Access	Availability
Centennial Park Washrooms Men and Women Toilets and running water available	Street	Closed	Mid May Refurbishing
Mathews Park Washrooms Men and Women Toilets and running water	91st Street and 8th Avenue	Closed	Mid May Refurbishing
Surerus Park Washrooms Men and Women Toilets and running water	86th Street and Jack Road	Closed	Mid May
Toboggan Hill Park Port a Potty	93rd Street and 93rd Ave	Closed	May-Sept
Kin Park Port a Potty	96th Street and East By Pass	Closed	May-Sept
College Park Port a Potty	119th Ave near Northern Lights College	Closed	May-Sept
North West Walking Trails Port a Potty	118th Ave and 100 Street	Closed	May- Sept
Cultural Centre Port a Potties (2) Handwashing Station	10015 – 100th Ave	***Open***	***Open***

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List of Current Basic Needs in and Around Fort St. John

Current Needs
Public Washrooms: Men and Women Toilets and running water
Access to Handwashing and Showers
Food Security
Access to Safe Accommodation
Access to Self- Isolate and Safely Social Distance
Access to Care Kits and Harm Reduction Supplies and Needle boxes.
Hand Sanitizer, Hygiene Products and Disinfecting Products (Lysol Wipes)
Children and Infant Supplies: Diapers, Baby Food, Formula
Access to PPE: Masks and Gloves. Where to get supplies and if possible distributed
Mental Health Support: Feeling Helpless, Lonely, No one to talk to about challenges they are facing, Anxiety about uncertain future.
Clarity with all the information being passed down. Confusing to know what is correct and to be relied upon. Where to access this information.
Many need food items and general supplies brought to them as they are not able to leave home due to underlying health issues

Waiting to provide summary of survey prior to including any recommendations

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Food Providers during COVID-19

Accessing Food during COVID-19 in Fort St. John:

Food Agencies to contact in Fort St. John

Salvation Army	
Address	10116 100th Ave Fort St. John
Hours	Drop in only Monday -Friday 10am-4pm
Who is it for	Men, Women 19+ Emergency Shelter year-round Parents and children in at risk situations
Services Provided	• Offers 3 meals and 2 snacks daily • Access to laundry, showers, toilets, TV, support staff, • Caseworkers on site and ICMT daily, • Harm reduction kits available, • Member of Food Banks BC and Operates FSJ Food Bank
Program Changes in response to COVID-19	• 26 Beds are now operating as COVID expansion shelter for anyone who must self-isolate but do not have the means to. • Bagged lunches at the door instead of sit down lunch during pandemic
Contact Information	Cameron Eggie Executive Director 250-785-0506

Community and Family Services Food Bank	
Address	10116 100th Ave Fort St. John
Hours	Drop in Monday-Friday 10am – 4pm
Who is it for	Everyone in the community
Services Provided	• Food including fresh produce and Meat, dairy, Toiletries, clothing vouchers, medical fund assistance • Bagged lunches Monday through Friday
Program Changes in response to COVID-19	• Pre-Packaged food bags, • One person allowed in at a time • Delivery for seniors or anyone who can not make it to food bank, can call ahead and place order
Contact Information	250-785-0500

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Women's Resource Society Outreach Store	
Address	10051 100 Ave, Fort St John
Hours	Monday to Friday 10am - 2pm
Who is it for	Women only. Open for Men on Wednesdays
Services Provided	• Food, clothing, hygiene products, household necessities and other essentials for women and children and Men in need • Non-perishables and Meat packages offered
Program Changes in response to COVID-19	• Limiting number of people in building, • Started food delivery program - application process to receive delivered food
Contact Information	Lisa (250)787-1121

NEAT – Nourish Program	
Address	1003- 95 Ave Fort St. John BC
Hours	Monday-Friday
Who is it for	Low-income families, isolated seniors
Services Provided	• 1 big meal per day
Program Changes in response to COVID-19	• The meal drop aspect of the Nourish program is for the COVID-19 situation
Contact Information	Can register through the Women's Resource Centre

Fort St. John Friendship Society	
Address	1003- 95 Ave Fort St. John BC
Hours	Monday to Thursday 8:30am-4:30pm
Who is it for	Aboriginal communities
Services Provided	• Full Hot Breakfast Monday to Thursday
Program Changes in response to COVID-19	• The meal drop aspect of the Nourish program is for the COVID-19 situation
Contact Information	(250)785-8566

Grant Opportunities

The following is a list of current grant opportunities with suggestions for groups that could potentially apply

- Food Banks BC Emergency food funding- for groups like the Salvation Army and Women's Resource Centre that already have food banks.
- Plan H Connectiveness Grant- This is restricted to First Nations communities, Regional Districts and Municipalities. We might want to approach the City on this one.
- Plan H Healthy Communities Engagement- same as above
- Shell Canada- possible but it would have to be a non-profit applying (we could use one of them to apply)
- IMAGINE Grant- same as for Shell
- Vancouver Foundation- possible and the project has to be led by a registered charity.
- Peavy Mart Community Agriculture Grant- This is a good one for Community Gardens such as run by the City through NEAT. The Peace Community Church at Taylor is applying for a community garden project.
- Nutrition Education Grant- This is best fitted for NEAT.
- Indigenous Agriculture and Food Systems Initiative- For FN communities

Harm Reduction Supplies and Access During COVID-19

Supporting Harm Reduction Distribution within the context of COVID-19

Northern Health has released guidelines around supporting the distribution of harm reduction supplies during the COVID-19 pandemic. These guidelines provide information around key messages for harm reduction supply providers as well as links to additional resources. These key messages are listed below:

Harm Reduction supply distribution

- Public access to medical facilities and public spaces is limited at this time due to COVID 19, this includes spaces where peers or people who use drugs (PWUD) may access HR supplies in our communities
- In order to continue to provide much needed supplies and connections to health care, staff should message to PWUD any changes to supply accessibility, times available, modes of pick up or if the location is closing
- Sites may request that PWUD call ahead to ensure staff have supplies ready for when they arrive
- Registered sites should continue to order supplies as needed weekly/monthly to avoid stock piling
- Please continue to distribute supplies as usual and note that if there is a specific request for supplies for an individual who requires quarantine or isolation, additional supplies may be provided for the 14-day period.
- If you are awaiting your next order to arrive and are temporarily low on any supplies, connect the local PHRN or Regional Nursing Lead for Harm Reduction.
- Individuals can also be referred to nearby existing sites in community if your stock is low
- HR supplies can be prepackaged to speed dispensation and minimize exposure
- Encourage and allow individuals to stock up on HR supplies in order to distribute to other peers as well as minimize visits to HR sites. This practice can work to promote broad distribution and support individuals to stay home
- Limit number of clients on-site to maintain social distancing, screen for symptoms at that door
- Please include harm reduction/COVID messaging with all HR supplies to raise awareness and public education

The following link leads to a BCCDC resource that is being recommended to be included in harm reduction kits:

http://www.bccdc.ca/Health-Info-Site/Documents/COVID19-harm-reduction.pdf

Take Home Naloxone Program

- HR sites should continue to encourage THN training through alternative methods whenever possible such as online training modules (http://www.naloxonetraining.com/), or via telephone call with a staff member

Outreach Team Guidance

- Outreach distribution can support further distribution of supplies and allow staff to meet people where they are at vs having them access public sites
- Staff should maintain social distancing and hand hygiene practices
- If two staff members are travelling in a vehicle together it is advised that both wear masks

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- Wear masks, and eye protection if handing over supplies to a client or in close proximity
- Screen clients for symptoms over phone where possible, ensure adequate protection if they screen positive
- Use premade HR supply packages for rapid dispensation
- Have clients deposit their own used sharps in container to minimize direct contact
- Remind clients to maintain social distancing verbally or through use of extra signage

Additional Resources for Review:

Northern Health: COVID-19 information and resources for community partners who work with vulnerable people.

BCCDC: http://www.bccdc.ca/health-info/diseases-conditions/covid-19/vulnerable-populations/people-who-use-substances

https://harmreduction.org/wp-content/uploads/2020/03/COVID19-harm-reduction-providers-1.pdf

BCCSU: https://www.bccsu.ca/resources-substance-use-and-covid-19/

Access to Harm Reduction Supplies in Fort St. John

The following locations in Fort St. John currently distribute harm reduction supplies to those who need them:

Fort St. John Health Unit	
Address	10115 110 Ave, Fort St.John, BC V1J 6M9
Hours	Monday – Friday 8:30 am – 4:00 pm
Fort St John Mental Health & Addiction Services	
Address	Pioneer Square, 9900 100 Ave, Fort St John, BC
Hours	Monday-Friday 8:30 am – 4:30 pm
Fort St. John Pharmacy and Wellness Centre	
Address	9730 101 Ave, Fort St John, BC V1J 2A8
Hours	Monday – Saturday 7:30 am – 8:00 pm (Drive Thru only)
Shoppers Drug Mart Pharmacy (Need to confirm if still providing supplies)	
Address	10351 100th Street, Fort St. John, V1J 3Z2
Hours	Monday – Friday 7 am – 8pm, Saturday and Sunday 10 am – 6pm
No Frills Pharmacy (need to confirm if still providing supplies)	
Address	9831 98a Ave #1, Fort St John, BC V1J 1S3
Hours	Monday-Sunday 9am – 8 pm Seniors only 8 am – 9am Tuesdays and Thursdays
Fort St. John Women's Resource Society	
Address	10051 100th Avenue, Fort St. John, V1J 1Y7
Hours	Monday – Friday 9:00 am – 4:00 pm
Fort St. John ICM Team	
Address	8407 112 Avenue, Fort St. John, V1J 2A4 (250) 261-7271 Provides mobile services

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Appropriate Personal Protective Equipment and Access

PPE – Personal Protective Equipment refers to:

- Masks
  - Cloth mask and/or bandanas – the Federal Medical Health Officer has stated that individuals who are out in the community could wear homemade cloth masks and/or bandanas to help reduce the spread of the COVID virus
  - Surgical mask such as the regular blue or white coloured masks that have loops to go around the ears or strings to tie behind the head – recommendation is to keep for individuals/health care providers that are working directly with suspected/confirmed COVID positive individuals within the 2 metre/6 foot distance as compared to wearing in the community for instance to the grocery store
    - The purpose of these masks is largely to prevent the person wearing the mask who may have been exposed to spread the virus to others.
    - It does add some benefit should the virus droplet come into contact with the mask as the COVID droplets are large enough that they will not go through the mask
  - N95 masks such as green or white coloured masks – these masks only have to be worn if the individual/health care provider is providing care within the 2 metres/6 feet distance and the individual is receiving an aerosolizing procedure for instance receiving oxygen greater than 6 L/min, medication through a nebulizer mask machine, CPR
    - The purpose of these masks is largely to prevent the person wearing the mask to be expose to the virus due to these high-risk treatments as compared to regular breathing.
- Eye protection
  - Safety glasses – for low risk areas such as the community when individuals and community health workers will be working with individuals and cannot maintain 2 metres/6 foot distance
  - Safety goggles/face shield – for high risk areas such as the emergency department, Intensive Care Unit
- Gowns
  - Able to use disposable aprons laundered regularly if there is a concern regarding splash
  - Disposal isolation gowns not required in community particularly in an individual's home
- Gloves
  - Not required for regular functions such as opening doors, delivering meals as hand washing is the best defense

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Funding provided by CAI Community Action Initiative Healthy FSJ

Current PPE Recommendations

Community	Personnel	Activity	Stage 1 Type of PPE or Procedure
Home	Patients with respiratory symptoms	Any	Maintain spatial distance of at least 2 metres. Provide medical mask if tolerated, except when sleeping
	Caregiver	Entering the patient's home but not providing direct care or assistance	Medical mask
	Caregiver	Providing direct care or when handling stool, urine, or waste from COVID-19 patient being cared for at home	Gloves Medical Mask Apron (if risk of splash)
	Health care workers	Providing direct care or assistance to a COVID-19 patient at home	Medical mask Gown Gloves Eye protection
Public areas (e.g. schools, shopping malls, train stations)	Individuals without respiratory symptoms	Any	No PPE required

PPE and Harm Reduction FAQs

- What is the personal protective equipment response during the COVID-19 outbreak?
    - For overdose response, administer naloxone and call 9-1-1. If you give respirations (rescue breaths) during an overdose response, use the disposable one-way pocket valve masks and gloves found in Take Home Naloxone (THN) kits.
- Should I wear a mask all the time? Should I wear two masks?
    - Masks should only be used during periods of higher risk. Wearing two masks can actually increase risk.

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Healthy FSJ

March Newsletter

WORKING GROUP CALL OUT

We are still looking for people to join our working groups. If you are not part of one of the working groups please review the list embedded in the 2020-02-25 CAT meeting minutes, or contact Jeryn Mackey (jerynmackey@urbanmatters.ca) for a list of the working groups and tasks.

Alisa Froh prepared a visual representation of the journey maps of local peers.

UPCOMING TASKS/DEADLINES

MIDPOINT REPORT - DUE APRIL 14

The Steering Committee and project manager are currently working on this report to ensure that it will be submitted before the deadline

PEER WORLD CAFE - POSTPONED

The Peer World Cafe that was scheduled for March 19 has been postponed, as have the scheduled one-on-one interviews with local peers. The CAT will be informed as soon as this event has been rescheduled.

ART JOURNALING - JUNE/JULY

The FN Engagement/Education and Awareness Group has been in contact with a professional who hosts art journaling sessions. She is open to hosting a session for peers once it is possible to do so. The art could then be displayed as an art walk during overdose awareness week.

OVERDOSE AWARENESS WEEK AUGUST

At the time of this newsletter, we are planning for Overdose Awareness Week to take place as planned in early/mid August.

STEERING COMMITTEE UPDATE

We hope that you are all staying safe and healthy during these difficult times. While it is not currently possible for us to meet as a group, and although several CAT events have been postponed due to the COVID-19 pandemic, we are brainstorming ways to continue the important work of the CAT. The Steering Committee will continue to have bi-weekly meetings via teleconference, and we are reviewing the tasks in our work program to see if there are any that do not require public gatherings that can be shifted to earlier dates.

ISSUE 1
03/2020

FORT ST. JOHN COMMUNITY ACTION TEAM NEWSLETTER

GENERAL UPDATES

Hello everyone, and welcome to the first issue of the Fort St. John Community Action Team (CAT) newsletter. Since it is not currently possible for us to meet as a group we will be sending out these newsletters to keep everyone apprised of work that is going on and to keep up the momentum of the CAT project. The work of this project is very important and we want to make sure that it is continued as much as possible, even during the current COVID-19 pandemic. Please take the time to review the newsletter and follow up with your working group leads as needed. We have also attached a one-pager on safer use during the COVID-19 pandemic - please make it available and distribute as you see fit.

Overdoses are still killing more people in Canada than COVID-19, and it is very important that we continue our work as a CAT. The measures being taken to control COVID-19 - such as the closure of public services and social distancing - will also severely impact vulnerable populations. The BC Centre for Disease Control has information on all aspects of COVID-19, including recommendations for those who are particularly vulnerable:

http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/vulnerable-populations

CAT MEMBER SPOTLIGHT

We would like to say thank you again to Alisa Froh, April Davis, and Cindy Nichols for their work preparing and presenting the Cultural Safety and Humility workshop last month. We all truly appreciate your commitment and hard work. The workshop was a great way to make sure that all members of the CAT are on the same page when it comes to implementing culturally safe practices in our daily work and in the work of the CAT.

If you have any updates that you would like added to the next newsletter, please email them to Jeryn Mackey at jmackey@urbanmatters.ca

WORKING GROUP UPDATES

SERVICE REVIEW AND ANALYSIS

Dr. Carson McPherson has partially completed the Overdose Prevention Site feasibility study. At this point he has not begun the business case for a mobile overdose response unit and this portion of the project work is on hold.

FIRST NATIONS ENGAGEMENT/ EDUCATION AND AWARENESS

The Co-leads of the First Nations Engagement/Education and Awareness working group held a meeting via teleconference on 03/23 to revise our event schedule. The proposed timeline (which is subject to change as needed) is as follows:
Peer Art Journaling Session - June/July
Overdose Awareness Week - August
(Naloxone training sessions to take place during overdose awareness week)

YOUTH-RELATED INITIATIVES

We are exploring ways to publicize the youth survey that was intended to be launched at the FSJ Tradeshow. We have received funding for prizes for youth who complete the survey.

PEER-RELATED INITIATIVES

The Peer World Cafe that was scheduled for March 19 has been postponed until further notice, as have the one-on-one interviews that were scheduled to take place.

FAMILIES AND FRONT LINE SUPPORT

The tasks from this group have been distributed among the other working groups as no one has signed up to be part of this working group.

Services Review & Gaps Analysis

PREPARED FOR:

The Fort St. John Community Action Team

Fort St. John Substance Use & Addictions Services Review & Gaps Analysis

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Urbanmatters.ca

June 2020 | File: 4498.0002.01

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Fort St. John Addictions Services Review & Gaps Analysis

Prepared for: The Fort St. John Community Action Team

Prepared by: Urban Matters C.C.C.
10808 100th St.
Fort St. John BC V1J 3Z6
Phone: (250) 785-9697

Date issued: June 15, 2020

Project No.: UM4498.0002.01

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We kindly acknowledge that this report was supported through funding from the BC Ministry of Mental Health and Addiction's Community Action Initiative. This work would not have been possible without the collaborative efforts of many dedicated and knowledgeable members of the Community Action Team. The work completed was built upon existing research and data inventories that were provided by Northern Health Authority and the Fort St. John Women's Resource Society. We thank the many voices of those with Lived Experience including our Peer Group, the Northern Sun Helpers, multiple key informants, the community, and attendees of the Stronger Together Focus Groups who provided key insight to inform this work.

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1.0 Background, Purpose and Process

The Fort St. John Community Action Team (the FSJ CAT) is a community-based group of diverse stakeholders and partners who have come together to collaborate on community-led responses to the opioid overdose public health emergency in Fort St. John and the surrounding Peace region.

As part of its programming over the past year, the FSJ CAT deemed it key to identify needs of the community in terms of substance use and addiction, create an inventory of the services that are currently being offered throughout the community in terms of addictions and overdose prevention, treatment, and aftercare, and identify where some of the gaps lie when Fort St. John's assets are compared to a full spectrum of substance use and addiction services.

The first step in undertaking this services review was to establish community context by summarizing Census statistics, Homelessness Count statistics, Overdose statistics, and BC Emergency Response data.

An inventory of available services in the areas of harm reduction, detox, treatment and recovery was then tabulated. Supplemental details for eight of the thirty-one identified services were recorded through interviews (selected based on proximity to Fort St. John and to represent a diverse variety of services). The details that were recorded are:

- Wait lists
- Wait times
- Current staffing
- Requirements/pre-requisites for use of service
- Restrictions based on demographics

Once the current available services and their parameters were identified, it was key to understand community need in terms of services and supports along the spectrum of substance use and addiction. To identify and understand this need, direct quotes and feedback were summarized from various engagement opportunities over the past year with Peers (those with lived or living experience with opioids), with family members of those in active addiction, and with the general public.

The available services and the demonstrated need were then compared to a full spectrum of services and best practices frameworks from the BC Ministry of Mental Health and Addictions and First Nations Health Authority to determine key gaps and areas for improvement. Finally, there are suggested recommendations for key next steps the FSJ CAT can take to start bridging some of the gaps in services. The recommendations from the report are summarized as follows:

1. Explore the possibility of completing a detox feasibility study for Fort St. John.
2. Explore the feasibility of a Foundry in Fort St. John
3. Explore the feasibility of a Safe Supply/Overdose Prevention Service model in Fort St. John

Appendix A at the end of the report provides a detailed inventory of the 31 services that were identified, including contact information, description of services, accreditation information, and admission criteria.

2.0 Current Context

To understand the current context of Fort St. John and the surrounding region prior to documenting available services and identifying gaps, various sets of data were collected and analyzed, including data from:

- Statistics Canada/Census
- The 2018 Homelessness Count prepared by Homelessness Services Association of BC, Urban Matters and BC Non-profit Housing Association (the Fort St. John Women's Resource Society was the lead local agency)[1]
- Northern Health Overdose Statistics
- BC Coroner's Service & BC Centre for Disease Control Overdose Statistics
- BC Emergency Health Services Paramedic Data

The following key data will help understand the current landscape of Fort St. John.

Statistics Canada/Census Statistics

From the Census data, one can see that Fort St. John has had a steady increase in population between 2011 and 2016 (+8.3%), greater than that of the rest of the Peace River Regional District (PRRD) and the province. What this number doesn't account for is the transient or shadow population that lives temporarily in Fort St. John for work-related endeavours.

Population				
	2011	**2016**	**Change**	**% Change**
Fort St. John (CY)*	18,609	20,155	1,546	8.3%
Fort St. John (CA)**	26,380	28,396	2,016	7.6%
Peace River Regional District	60,082	62,942	2,860	4.8%
BC	4,400,057	4,648,055	247,998	5.6%

Age				
	Fort St. John (CY)	**Fort St. John (CA)**	**Peace River Regional District**	**BC**
Total	20,155	28,395	62,945	4,648,055
0 to 14	4,270	6,070	13,440	691,390
15 to 24	2,885	3,880	8,370	546,540
25 to 54	9,795	13,320	27,250	1,882,125

[1] Homelessness Services Association of BC, Urban Matters and the BC Non-Profit Housing Association. 2018 Report on Homeless Counts in BC. Accessed at: http://hsa-bc.ca/wpcontent/uploads/2018/12/Final.2018.Report.on_.Homeless.Counts.in_.B.C.V4.pdf

* City

** Census Agglomeration

55 to 64	1,745	2,870	7,410	679,020
65 and over	1,460	2,255	6,475	848,985
65 to 74	810	1,380	3,925	489,305
75 and over	640	880	2,545	359,670
75 to 84	435	635	1,925	250,480
85 and over	205	245	620	109,190

In terms of age, the greatest concentration of the population in Fort St. John lies in the 25 to 54 category, with the average age being 33.1 and the median age being 31.4. This differs largely from the provincial average where the average age in BC is 42.3 and the median age is 43.0.

Another parameter that is useful to examine in this report is the low income cut off (after tax) for Fort St. John. The low income cut off (after tax) refers to an income threshold, which is defined using 1992 expenditure data base information, below which economic families or persons not in economic families would likely have *devoted a larger share of their after-tax income than average to the necessities of food, shelter and clothing*. More specifically, the thresholds represented income levels at which these families or persons were expected to spend 20 percentage points or more of their after-tax income than average on food, shelter and clothing[2]

While the percentage of residents that fall under the low income cut off is lower in Fort St. John than the overall provincial numbers, Fort St. John still sees 4.3% of its population under the low income cut off barrier (after tax) which is a total of 845 people in the city.

Low Income Cut Off (LICO) – After Tax – Actual Numbers 2015				
	Fort St. John (CY)	**Fort St. John (CA)**	**Peace River Regional District**	**BC**
Total	845	1,090	2,855	491,645
0 to 17	240	310	860	99,330
0 to 5	90	120	335	29,250
18 to 64	575	730	1,855	345,345
65 and over	30	50	135	46,965

Low Income Cut Off (LICO) -After Tax – Percentage 2015				
	Fort St. John (CY)	**Fort St. John (CA)**	**Peace River Regional District**	**BC**
Total	4.3%	3.9%	4.8%	11.0%
0 to 17	4.8%	4.4%	5.7%	12.1%
0 to 5	4.7%	4.7%	6.1%	11.2%
18 to 64	4.2%	3.9%	4.8%	12.0%
65 and over	2.4%	2.5%	2.3%	6.0%

[2] https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/Page.cfm?Lang=E&Geo1=POPC&Code1=0298&Geo2=PR&Code2=59&SearchText=British%20Columbia&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=PR&GeoCode=59&type=0

Homeless Count Statistics

A homeless count was completed in Fort St. John in 2018 that records a point in time count (PIT) reflecting how many respondents consider themselves homeless and key characteristics of the respondents. Overall there were 61 people in Fort St. John that considered themselves homeless (66% sheltered and 34% unsheltered). The majority of the respondents who identified as homeless were male (75%) and almost 60% of the respondents identified as Indigenous. Another Homeless Count was completed in March 2020; however, the data from that count was not available at the time of writing.

Homeless		
	Number	**Percent**
Total	61	100%
Sheltered	40	66%
Unsheltered	21	34%

Gender		
	Number	**Percent**
Male	39	75%
Female	13	25%
Another gender identity	0	0%
Respondents	52	100%
Don't know/no answer	9	
Total	61	

Age		
	Number	**Percent**
Youth (under 25 years)	4	8%
Adult (25-54 years)	36	71%
Senior (55 years and over)	11	22%
Respondents	51	100%
Don't know/no answer	10	
Total	61	

Indigenous Identity		
	Number	**Percent**
Indigenous identity	30	59%
Non-Indigenous identity	21	41%
Respondents	51	100%
Don't know/no answer	10	
Total	61	

Many homeless respondents also identified as having health conditions. In particular, 63% identified as having an addiction, while 35% identified as having a mental illness.

Health Conditions		
	Number	**Percent**
No Health Conditions	8	16%
1 Health Condition	12	24%
2 Health Conditions	18	37%
3 Health Conditions	6	12%
4 Health Conditions	5	10%
Respondents	49	100%
Don't know/no answer	12	
Total	61	

Types of Health Conditions		
	Number	**Percent**
Medical condition/illness	21	43%
Physical disability	17	35%
Addiction	31	63%
Mental illness	17	35%
Respondents	49	100%
Don't know/no answer	12	
Total	61	

Fourteen (27%) of the respondents who identified as homeless stated that they are currently youth in care or were youth in care in the past.

Youth in Care		
	Number	Percent
In care, currently or in the past	14	27%
Not in care, currently or in the past	37	73%
Respondents	51	100%
Don't know/no answer	10	
Total	61	

Lastly, a good portion of the homeless respondents (67%) claimed to be homeless for more than one year (57%) 1-5 years, 4% 5-10 years and 6% 10+ years homeless), which means the homelessness experienced in Fort St. John is often more chronic versus acute or episodic.

Length of Time Homeless		
	Number	Percent
Under 1 year	16	33%
1 year to under 5 years	28	57%
5 years to under 10 years	2	4%
10 years or more	3	6%
Respondents	49	100%
Don't know/no answer	12	
Total	61	

Overdose Statistics

The following graphs, figures and statistics show overdose statistics in Northern BC and in Fort St. John. Some show data around suspected overdoses in communities, while others show critical overdose deaths.

This first figure shows visits to emergency departments with suspected overdoses per quarter for the last three years. So far in 2019, the suspected overdoses have decreased substantially in Fort St. John as compared to its 2018 statistics. It is key to note that of all the communities listed, after Prince George, Fort St. John along with Dawson Creek and Quesnel consistently have seen substantial overdose numbers from 2017-2019.

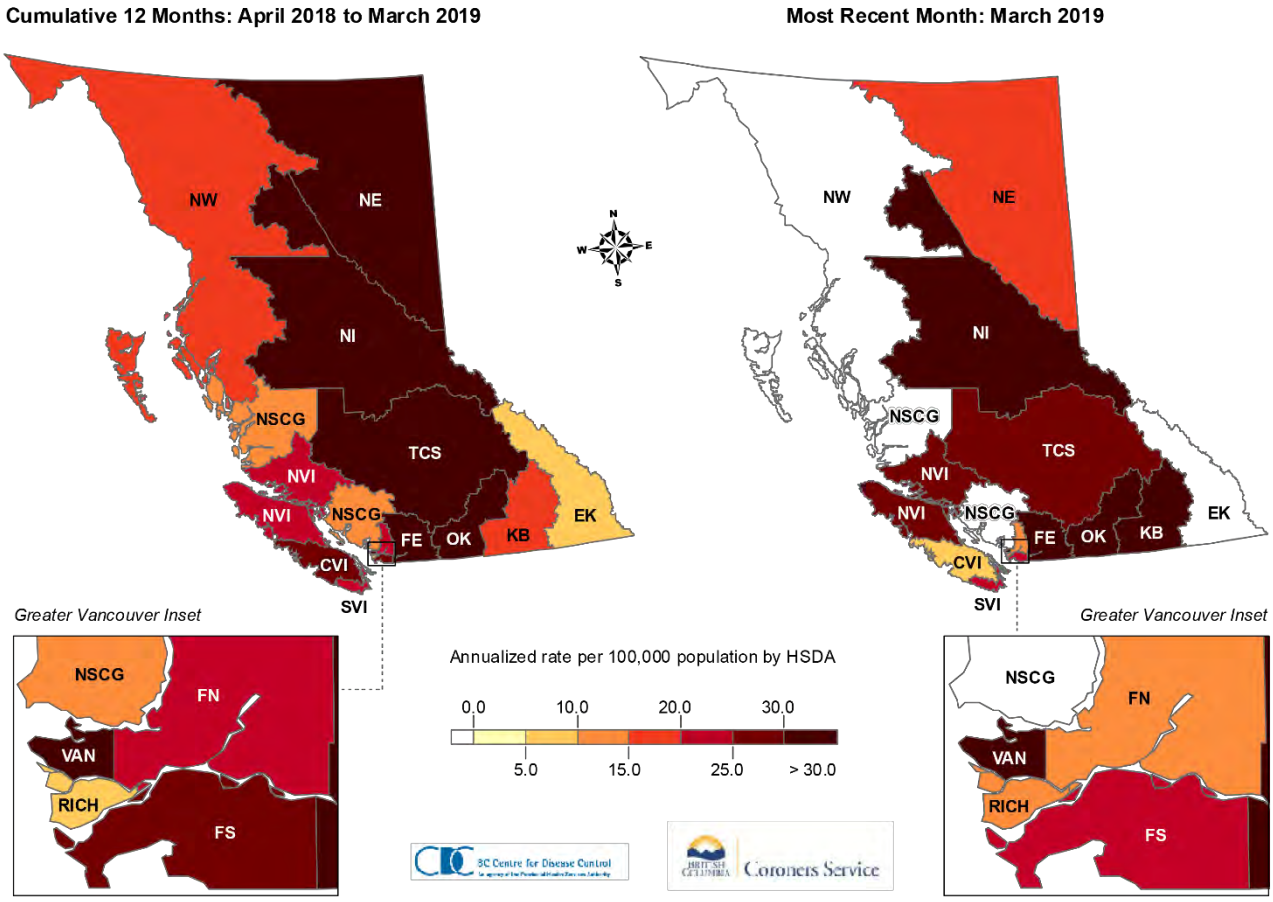
Figure 1: Public ED Enhanced Surveillance – Number of Opioid or Suspected Opioid Overdoses by Quarter[3]

	2017				2018				2019	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Atlin				< 5		< 5				
Burns Lake	< 5	< 5			< 5		< 5	< 5	< 5	< 5
Chetwynd	< 5	7	< 5	< 5	< 5	6	< 5			
Dawson Creek	13	23	14	15	13	11	12	< 5	10	< 5
Fort Nelson	< 5	< 5		< 5		< 5	< 5	< 5		
Fort St James	< 5	< 5	< 5		< 5		< 5			
Fort St John	< 5	7	14	< 5	8	16	6	9	< 5	< 5
Fraser Lake			< 5	< 5						
Hazelton	9	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	
Kitimat	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	
Mackenzie	< 5			< 5	< 5	< 5	< 5		< 5	
Masset						< 5				
Prince George	58	85	90	65	84	81	65	69	55	10
Prince Rupert	< 5		< 5				< 5		< 5	
Queen Charlotte City	< 5		< 5				< 5			
Quesnel	11	12	21	16	11	< 5	7	< 5	< 5	< 5
Smithers	< 5	< 5	< 5		< 5	< 5	< 5	< 5		< 5
Stewart			< 5							
Terrace	< 5	6	6	< 5	< 5	< 5	< 5	< 5		< 5
Tumbler Ridge	< 5	< 5	< 5					< 5		
Valemount		< 5								
Vanderhoof	< 5	< 5	< 5				< 5			

[3] Northern Health Authority, *Figure 3: Number of Suspected Overdoses by Reporting ED Community By Quarter*. 2019, Digital Image. Available from: https://www.northernhealth.ca/sites/northern_health/files/health-information/health-topics/overdose-prevention/documents/public-ed-surveillance-opioid-reporting-may-2019.pdf

The following heat map graphic shows the geographic distribution of overdose deaths by Health Service Delivery Area, and is corrected to an annualized rate per 100,000 people. From April 2018 – March 2019, the heat map shows greater than 30 people per 100,000 people would have died from an illicit drug overdose death in Northeast BC. This is in contrast with March 2019, where the annualized rate has dropped to between 15 and 20 in Northeast BC.

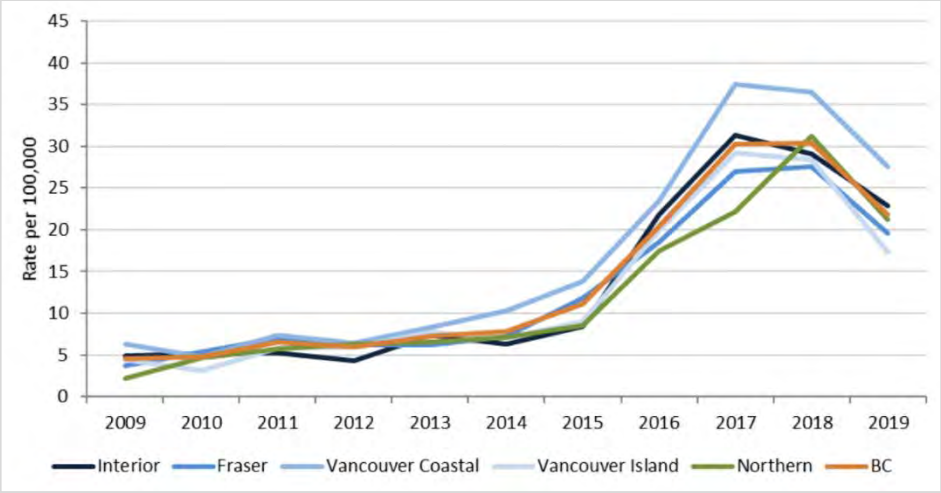
Figure 2: Geographic Distribution of Illicit Drug Overdose Deaths by Health Service Delivery Area[4]



The graph on the following page shows overdose death rates by Health Authority in the province of BC. You can see a marked increase in 2018 of overdose related deaths in Northern BC, with an approximately 1/3rd decrease in 2019 (31.2 annualized death rate to 21.2).

[4]BC Centre for Disease Control, Geographic Distribution of Illicit Drug Overdose Deaths by Health Service Delivery Area. 2019, Digital Image. Available from: http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/Geographic_Distribution_IDD_HSDA_monthly_update.pdf

Figure 3: Illicit Drug Overdose Death Rates by Health Authority, 2009 – 2019 [5]



When the statistics are viewed in terms of Health Services Delivery Area and per 100,000 people, the numbers show that there are greater illicit drug overdose deaths in Northeast BC than any other area in Northern BC. The Northeast also hasn't experienced as much of a decline in deaths in 2019 as the other areas in the North.

Figure 4: Illicit Drug Overdose Death Rates by Health Services Delivery Area per 100,000, 2009-2019 [6]

HSDA	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
East Kootenay	1.3	0.0	1.3	2.6	5.1	5.0	2.4	15.6	8.4	9.5	0.0
Kootenay Boundary	2.6	3.9	5.1	5.1	2.5	3.8	7.4	13.5	20.7	15.7	25.6
Okanagan	4.3	5.2	8.1	4.6	9.3	7.5	11.6	20.5	40.4	32.3	26.2
Thompson Cariboo	7.8	7.4	2.3	4.1	6.8	5.8	5.8	29.3	28.5	35.8	24.2
Fraser East	3.2	7.8	10.9	6.9	6.8	5.4	13.8	21.6	33.7	30.1	28.3
Fraser North	3.8	4.3	4.0	4.8	5.5	7.9	11.1	15.8	21.9	21.3	14.0
Fraser South	3.7	5.3	8.0	7.2	6.6	7.5	11.6	19.6	28.5	31.6	20.9
Richmond	1.6	2.0	2.0	0.5	1.5	1.5	3.0	6.7	13.2	6.0	8.9
Vancouver	9.6	6.6	10.9	10.0	12.2	15.2	20.7	34.1	54.9	56.2	41.9
North Shore/Coast Garibaldi	2.2	2.2	2.9	2.1	4.2	5.2	5.5	10.4	14.7	13.2	8.2
South Vancouver Island	4.1	3.5	4.6	5.6	6.9	6.0	6.6	19.4	25.5	29.5	15.0
Central Vancouver Island	5.0	2.3	6.5	7.6	9.0	9.2	11.9	19.8	34.5	29.5	14.2
North Vancouver Island	4.2	3.4	8.3	3.3	7.4	5.6	10.3	21.9	29.4	22.1	31.8
Northwest	0.0	4.1	1.4	0.0	8.1	2.7	8.0	13.4	10.7	16.0	11.1
Northern Interior	3.6	5.0	5.6	8.4	5.5	7.5	10.3	15.7	23.7	39.0	22.6
Northeast	1.5	4.5	10.4	8.7	7.0	11.0	5.6	25.4	31.1	31.0	28.8
Total	4.6	4.7	6.5	5.9	7.2	7.8	11.1	20.4	30.3	30.3	21.8

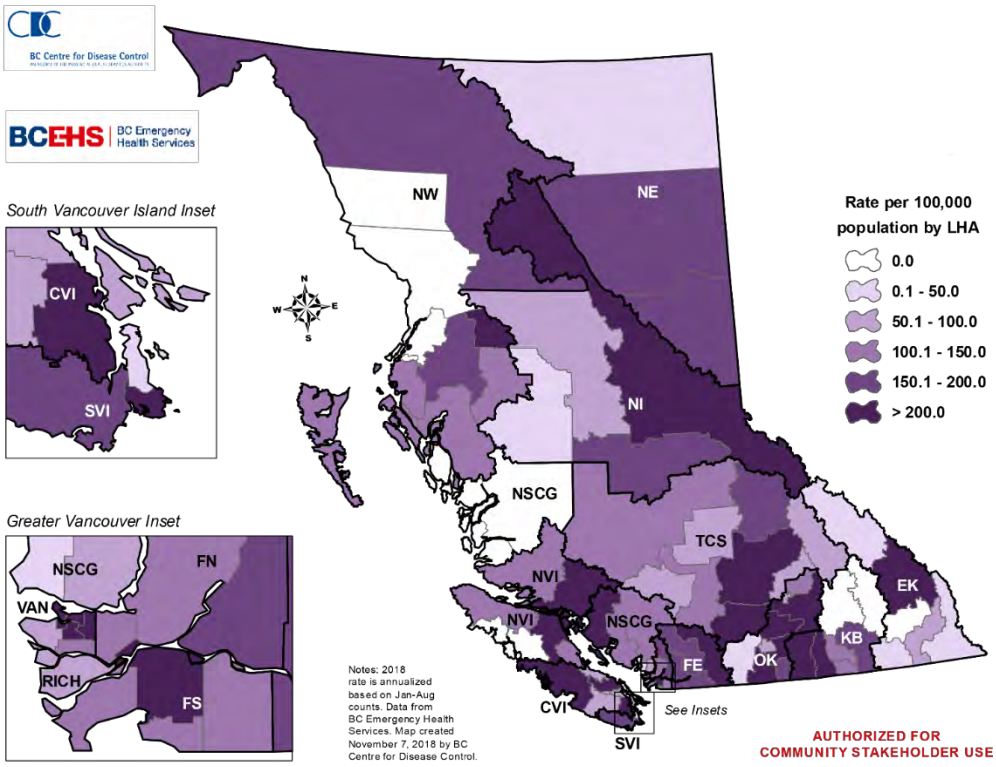
[5] BC Coroners Service, *Figure 5: Illicit Drug Overdose Death Rates by Health Authority, 2009-2019*. 2019, Digital Image. Available from: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

[6] BC Coroners Service, *Table 12: Illicit Drug Overdose Death Rates by Health Services Delivery Area per 100,000, 2009-2019*. 2019, Digital Image. Available from: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

BC Emergency Response Data

The following graphic portrays the rate (annualized to 100,000) of people that paramedic or emergency response personnel attended to in 2018 by local health area. In the Northeast of BC where Fort St. John is located, the rate is 150-200 people per 100,000 where paramedics attended an illegal drug event.

Figure 5: Paramedic-Attended Illegal Drug Event Rates in British Columbia by Local Health Area 2018 (Jan to Aug)[7]



Overall, it is apparent that overdoses, specifically critical ones, have been substantial in Northern BC, particularly within the past three years. This is consistent with the rest of BC since the overdose epidemic was officially considered a public health emergency in BC in 2016[8]. In 2019, Fort St. John and the rest of Northeastern BC continue to carry a greater burden of overdose related deaths than the rest of Northern BC (28.8 overdose-related deaths per 100,000 in Northeastern BC compared to 22.6 in the Northern Interior and 11.1 deaths per 100,000 people in Northwestern BC).

[7] BC Emergency Health Services and BC Centre for Disease Control, *Paramedic-Attended Illegal Drug Event Rates in British Columbia by Local Health Area 2018 (Jan-Aug)*. 2019, Digital Image. Available from: http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/bcehs_lha_no_counts.pdf

[8] Ministry of Mental Health and Addictions. Escalating BC's Response to the Opioid Crisis Report. Accessed at: https://www2.gov.bc.ca/assets/gov/overdose-awareness/mmha_escalating_bcs_response_report_final_26feb.pdf

Limitations Around Data & Information Gaps

Fully and accurately capturing the burden of the overdose epidemic in Fort St. John is difficult for several reasons. A few of the noted challenges are listed below:

- There are numerous data sources for opioid overdoses (e.g. hospital-based emergency department visits, ambulance data, coroner's report, drug checking or overdose prevention services, take home Naloxone distribution information, etc.), but they are often fragmented and are not coordinated across sources. For example, if a person has had an overdose event, and survived it with a neighbour reversing the overdose with Naloxone, but refused to call an ambulance or go to the hospital, then his overdose event would not be captured by any of health care service based database.
- While much has improved after the official declaration of a public emergency in BC, overdose cases may still not be recorded or coded properly when they are reported.
- With multiple potent and unpredictable substances available including several fentanyl analogues (e.g. carfentanyl), it is suggested that fentanyl-focused testing and data cannot reflect true overdose risk (e.g. the Fort St. John Women's Resource Society tests people's drug supplies for fentanyl, but this test does not recognize carfentanyl)
- Overall, stigma from service providers and the community can create inevitable barriers that stop people from sharing, reporting and accessing services – this creates limitations in substance use and overdose data being captured in the official surveillance.

In the next section, available services in Fort St. John and the surrounding areas are listed and examined.

3.0 Scan of Services: What are the Current Conditions?

The Community Action Team was given several lists of prevention, detoxification, treatment and aftercare services and programming that currently exist in Fort St. John and the surrounding Peace Region; these are summarized in the table below. In this table we identify the general category each service falls under (e.g. outpatient treatment, residential treatment, withdrawal management, etc.) the name of the program, the organization that runs it, and the general description of the service. Additional detailed information about the service, including address and contact information can be found in Appendix A.

Acronym Legend:

First Nations Health Authority – FNHA
Northern Health Authority – NHA
Intensive Case Management Team – ICMT

Existing Programs and Services		
Service Category	**Name and Organization**	**Description**
Harm Reduction/Prevention	Fort St. John Health Unit - NHA	Provides Naloxone, safe injection kits, safe inhalation kits, safe sex products
Harm Reduction/Prevention	Fort St. John Mental Health and Addiction Services - NHA	Provides Naloxone, safe injection kits, safe inhalation kits, safe sex products
Harm Reduction/Prevention	Fort St. John Pharmacy & Wellness Centre	Provides Naloxone, syringe exchange
Harm Reduction/Prevention	Fort St. John Intensive Case Management Team – NHA	Provides Naloxone, safe injection kits, safe inhalation kits, safe sex products
Harm Reduction/Prevention	Fort St. John Women's Resources Society – Non-profit	Provides Naloxone, safe injection kits, safe inhalation kits, safe sex products, and drug testing
Residential Treatment	North Wind Wellness Centre (Farmington) -FNHA	Bio-Psycho-Social affective-based treatment program. 45-day, culturally based, residential treatment program for ages 19 and up
Outpatient Treatment	Aboriginal Family Services Dawson Creek – Non-profit	Family support, drug and alcohol counselling, and high-risk pregnancy program for substance use and substance-affected women
Outpatient Treatment	Chetwynd Mental Health & Addictions Community Program - NHA	Intake, crisis response, short term counselling (individual, family, group), longer term case management, life skills support for activities of daily living, medication management, psycho-educational groups, education, psychiatric consultation
Outpatient Treatment	Chetwynd Tansi Friendship Centre – NHA/Non-profit	Responds to mental health concerns, issues of anger, addictions, grief, and trauma for anyone who self-Identifies as being of Aboriginal descent (First Nations, non-Status, Metis, and Inuit) and their significant others.

Outpatient Treatment	Dawson Creek Mental Health & Addictions Community Program	Intake, crisis response, short term counselling (individual, family, group), longer term case management, life skills support for activities of daily living, medication management, psycho-educational groups, education, psychiatric consultation
Outpatient Treatment	Fort Nelson Aboriginal Friendship Society – NHA/Non-profit	Confidential and professional counselling sessions for individuals or groups for the following: misuse of alcohol or drugs, feelings of loneliness, isolation, sadness or depression, anxiety, or any other addiction or mental health concern
Outpatient Treatment	Fort Nelson First Nation Health & Wellness Alcohol and Drug Abuse Program – FNHA	Provides mental health crisis management, assessment, counselling referrals for treatment, follow up and after care. Has a specific solvent abuse program.
Outpatient Treatment	Fort Nelson Mental Health & Addiction Services Interprofessional Team (IPT) – NHA	Intake, crisis response, short term counselling (individual, family, group), longer term case management, life skills support for activities of daily living, medication management, psycho-educational groups, education, psychiatric consultation
Outpatient Treatment	Fort St John Friendship Society – NHA/Non-profit	Provides assessments, one-on-one counselling, referral services, supportive counselling and education, gives presentations and workshops on alcohol and drug-related issues
Outpatient Treatment	Fort St John Mental Health & Addiction Services – NHA	Intake, crisis response, short term counselling (individual, family, group), longer term case management, life skills support for activities of daily living, medication management, psycho-educational groups, education, psychiatric consultation
Outpatient Treatment	Nawican Friendship Centre (Dawson Creek) – NHA/Non-profit	Provides counselling, information, resources, guidance, and programs for the comfort and betterment of native and non-Native citizens of Dawson Creek and area.
Outpatient Treatment	Tumbler Ridge Mental Health & Addictions Community Program – NHA	Intake, crisis response, short term counselling (individual, family, group), longer term case management, life skills support for activities of daily living, medication management, psycho-educational groups, education, psychiatric consultation

Day Treatment	Fort St John Day Treatment Program – NHA	Age group: 19+ Provides a continuous intake, staffed with nurses and clinicians, programs for clients with addictions or concurrent issues in a group module format, recreational/leisure support, nutrition education, works in collaboration with community partners, offers recovery beds, and general practitioners provide some client support (sessional time) Does not provide individual case management and there is no psychiatry services are available for this program at this time
Withdrawal Management	Fort Nelson General Hospital - NHA	Two allocated beds for substance use withdrawal that are augmented with MHA clinical services. Support for hospital withdrawal and community follow-up services will be done by a MHA clinician/nurse who is part of an InterProfessional Team (IPT)
Withdrawal Management	Nechako Youth Treatment Program (Prince George) – NHA	There is one acute bed for medical detoxification that can be utilized on short notice if it is available (youth program)
Withdrawal Management	Prince George Adult Withdrawal Management Unit - NHA	Regional adult program, 14 bed unit with 6 dedicated beds for acute, 6 non acute beds and 2 transition beds; program service is for detoxification, assessment and recommendation for follow-up case management or treatment in community services; referrals are accepted from many different sources; step down program allows for assessment of readiness for services through group model work; collaboration of services with community partners for treatment planning beyond detoxification, referred to community supportive recovery beds or Addictions Day Treatment Program; supported by general practitioners through sessions and an interprofessional team.
Withdrawal Management	Prince Rupert Regional Hospital – NHA	One allocated bed for substance use withdrawal that is augmented with MHA clinical services. Support for hospital withdrawal and community follow-up services will be done by a MHA clinician/nurse who is part of an InterProfessional Team (IPT).

Intensive Case Management	Fort St John Intensive Case Management Team (ICMT) Outreach Services – NHA	ICMT provides transitional assistance with: establishing linkage and access to Primary Care, daily activities, physical health, family life, employment, housing assistance, advocacy, financial support, harm reduction support and treatment centre options, continuity of care, education, liaising with community resources for food security options, harm reduction supplies, etc.
Intensive Case Management	Dawson Creek ICMT Outreach Services - NHA	ICMT provides transitional assistance with: establishing linkage and access to Primary Care, daily activities, physical health, family life, employment, housing assistance, advocacy, financial support, harm reduction support and treatment centre options, continuity of care, education, liaising with community resources for food security options, harm reduction supplies, etc.
Substance Affected Programming	Fort Nelson Mental Health & Addiction Services Interprofessional Team (IPT) - NHA	The Mental Health & Addiction community programs do not offer specific substance affected programming but will support those who are affected by someone else's substance use
Substance Affected Programming	Fort St John Mental Health & Addiction Services - NHA	The Mental Health & Addiction community programs do not offer specific substance affected programming but will support those who are affected by someone else's substance use
First Nations Mobile Support	Fort St John First Nations Mobile Support Team - NHA	Suicide and mental illness prevention and intervention strategies, prevention and promotion activities, intervention activities, consultation for urban Aboriginal populations on cultural interventions, act as supportive connections for communities and staff with Integrated Primary Care Homes and services, crisis response when communities are impacted by critical events and require services and support exceeding existing capacities, regular, pre-scheduled visits, assist and support with accessing resources through existing services, including in-hospital capacity building around service provision and discharge plans
Supportive Recovery Services	Fort St John Supportive Recovery Beds	There are 4 supportive recovery beds contracted to deliver low to moderate support in a safe, structured living arrangement, free of alcohol and illicit drugs,

	Northern Centre of Hope – Salvation Army – NHA/Non-profit	in which the client resides during the course of their recovery
Opiate Agonist Therapy	Chetwynd Mental Health & Addictions Community Program – NHA	Provides opiate agonist therapy services to individuals with drug dependency within a primary health care environment.
Opiate Agonist Therapy	Dawson Creek Opiate Agonist Therapy Program – NHA	Provides opioid substitution (methadone/suboxone) treatment services to individuals with drug dependency. Offers individual counselling, education, support, and methadone treatment interdisciplinary case management
Opiate Agonist Therapy	Fort St John Mental Health & Addiction Services – NHA	Provides opioid substitution (methadone/suboxone) methadone treatment services to individuals with drug dependency and offers individual counselling, education, support, and methadone treatment interdisciplinary case management.
Other Community Services	Fort St. John Community Bridge	Provides homelessness prevention services, low income housing, family services, parenting programs, youth programs, women's outreach and counselling, Meaope transition house

Key Characteristics of Services

Further information was collected from those organizations from the inventory above that are specifically located in the direct Fort St. John area to determine current levels of service provision. The one exception in the list is the residential treatment supplied at Northwind Wellness Centre (located in Farmington, near Dawson Creek BC). It was felt that it was important to explore this resource further due to it being the only residential treatment option in the region.

The organizations were asked questions regarding the following dimensions: wait lists, current staffing, requirements/pre-requisites for use of service, demographic restrictions (if any). The results are tabled below.

Fort St. John Friendship Society	
What types of services does your organization provide?	Counselling, counselling referral, referral for treatment, addiction services and assessments
Is there currently a wait list for the services your organization provides?	First come first served. Clients call or walk in
Are there wait times to access your services? What are they?	No wait time
Are you currently fully staffed?	While the Society offers lots of programs, there is one person (Alfred) working with Addictions. He prefers it that way, "one man show" as he puts it. He tries to fit people in as soon as possible when they need support.
What would someone need to access your services?	Nothing
Is there a specific demographic that your services focus on?	Mostly youth and adults, there isn't any demographic he doesn't work with

Fort St. John Pharmacy & Wellness Centre	
What types of services does your organization provide?	Naloxone, syringe exchange (need to bring a needle to get a needle), methadone program
Is there currently a wait list for the services your organization provides?	Walk-in available, no waitlists
Are there wait times to access your services? What are they?	No wait time
Are you currently fully staffed?	Yes
What would someone need to access your services?	No requirement – whoever comes in is helped
Is there a specific demographic that your services focus on?	No – we serve everyone

Northern Centre of Hope: Fort St. John Salvation Army	
What types of services does your organization provide?	Offer 3 different types of housing: 1. Emergency/weather shelter – 24 beds (more beds open in winter) 2. Lower barrier/entry level – for people who are leaving the streets and are ready to move into housing, but still have addictions or issues that can make this challenging 3. Transitional housing – people are required to be stable, be in an abstinence program, submit to a drug test, and have a support worker they meet with. They can stay up to 2 1/2 years, and there are male and female sections
Is there currently a wait list for the services your organization provides?	It depends if people are eligible and which housing they want to get into. It is handled by the case worker
Are there wait times to access your services? What are they?	Possibly 1-2 months. There is a drop-in program for food, showers, referrals. People who choose to can then can get into housing
Are you currently fully staffed?	Yes, need staff, always needs staff. It is hard to retain people
What would someone need to access your services?	It is low barrier, anyone who needs a bed can come in
Is there a specific demographic that your services focus on?	No – we serve everyone

Northwind Wellness Centre (Farmington)	
What types of services does your organization provide?	Aftercare – trauma informed, deal with a variety of addictions
Is there currently a wait list for the services your organization provides?	First come first served. There are intake packages that have to be filled out. The Centre can only take 10 people at a time.
Are there wait times to access your services? What are they?	The program is 6 weeks in duration, and then there is a 2-week break. If an applicant does not get in right away, they will have to wait another 8 weeks to apply.
Are you currently fully staffed?	yes
What would someone need to access your services?	14 days sober, have a pre admin medical, current TB test, at least 19 years of age, referred by a drug and alcohol counsellor
Is there a specific demographic that your services focus on?	Mainly have First Nation clients, but they will take anyone

Northern Health/ Fort St. John Specialized Services	
What types of services does your organization provide?	Specialized programs for mental health and substance use that cannot be provided by the general team that included psychiatric liaison nurse, First Nation mobile support team, Intensive Case Management Team
Is there currently a wait list for the services your organization provides?	No waitlist
Are there wait times to access your services? What are they?	No wait time
Are you currently fully staffed?	Yes
What would someone need to access your services?	Self-referral, agency or a form in the hospital
Is there a specific demographic that your services focus on?	Over 19 years of age, otherwise no. Some programs have considerations (i.e. First Nation Mobile Unit)

Fort St. John Women's Resource Centre	
What types of services does your organization provide?	Drop-In Centre, Outreach, family and poverty law, second stage housing for women, naloxone kits, fentanyl testing
Is there currently a wait list for the services your organization provides?	No wait time
Are there wait times to access your services? What are they?	No waitlist
Are you currently fully staffed?	Yes – fully staffed, but have a high volume of clients (example: over 2000 ppl annually for law)
What would someone need to access your services?	Living at or below the poverty line
Is there a specific demographic that your services focus on?	Women, but all genders can use the services at certain times. (i.e. there are specific times when men can use the outreach store)

Northern Health/ Mental Health and Addictions Services	
What types of services does your organization provide?	• Community response (short-term crisis intervention) o Monday- Friday 830-430 • Assessment, treatment and support • Assistance with accessing residential treatment/withdrawal management services • Have 2 psychiatrists that work within our office and if anybody wants to be connected with a psychiatrist it needs to be a doctor to doctor referral. So the client would need a referral sent on their behalf from their family doctor.
Is there currently a wait list for the services your organization provides?	Waitlist for the case manager and psychiatrist
Are there wait times to access your services? What are they?	About 2 weeks for the case manager, a little longer for the psychiatrist
Are you currently fully staffed?	Not fully staffed but close
What would someone need to access your services?	A Physician/hospital referral or community referral is welcomed, but is not required for most programming. The only service that a medical referral is required for is to a psychiatrist.
Is there a specific demographic that your services focus on?	No

New Day in the Peace Ministries	
What types of services does your organization provide?	Residential/after care for adult women dealing with addictions
Is there currently a wait list for the services your organization provides?	No waitlist – have moved into a new facility and have 6-7 beds
Are there wait times to access your services? What are they?	First come first served. Sometimes they get referrals. Prospective clients are invited to come out for a 1-week trial. It is recommended for women to stay for one year.
Are you currently fully staffed?	2 paid staff, volunteers, looking for night shift people (always looking) – once capacity is reached will need more staff
What would someone need to access your services?	Our services are word of mouth, there is an assisted living application, sometimes doctor referrals or Salvation Army referral
Is there a specific demographic that your services focus on?	Women 19 years of age and over

4.0 Assessing Needs in the Community Through Engagement

What Has Been Heard from the Community

To supplement the list of services and service characteristics that were collected, it was also deemed important to capture qualitative feedback from the community, especially from those who currently use or have used the services in the region, as well as family members of those with living or lived experience. Below are some of the general responses and quotes (direct quotes where indicated with quotation marks) around service offerings and capacity from various community engagement events and focus groups that have occurred over the last year.

Opioid Dialogues

- Need **Nasal spray Naloxone**
- We should have First Aid training with a **mandatory Naloxone** component
- A **detox** facility is absolutely necessary
- More opportunities for **education and awareness**

Peers Through Interviews & Focus Groups

- "I've been waiting and it's going to be over a month before I can see anybody at **mental health**."
- "I think we need more counselling, cause like you have a waiting list at **mental health**."
- "They told me, Keep using, Keep using. And I was kind of shocked. Cause I'm like I'm an addict who wants to get clean, but there was **NO help for me**."
- "I don't have a **doctor**."
- "It's really hard for an addict to wait 4 days, to go to **treatment**"
- "Like I wish there was NA During the day; NA is at 8 o'clock at night; there is no bus/transportation and I need a babysitter."
- "We thought it would be cool if we walked around with **Back packs with like condoms, needles, Narcan**. Just give them support. Tell them about meetings, tell them about Narcan. Tell them about how it's ok to stay there and save your friends life, and that you wont be reprimanded."
- "I need **counselling** now. I can't keep waiting."
- Well I didn't care for the nurses. They were **rude**. - They treat you like you're a piece of dirt, when you go there, and I don't like it because you had a few on you, and that I think **because I'm native.**
- "I think they should have a **drop in centre** where they have pool tables, couch and chairs where you can just chill out. A T.V Right? Just where you can have showers"
- "**Native counsellors** that got out there; just street workers- People who are out and about. Just going around, talking"
- "You gotta do it now! We should get a **detox** here"
- "Addicts don't want to travel! To go to **detox**, they are already sick right. Like it's hard to get there"
- "There needs to be more **youth programs**."
- "Something constructive. **Animals**"
- "**Grief counselling** kind of gets you to the source of what's wrong."
- "But with or without a **safe injection site**, people are going to use. So you might as well make it safe right?"
- "Do need a **drug site**. I do believe they need a drug site."

- "No **detox or treatment** centres in town"
- "No **men's centre**."
- "Nothing for **youth**. 90% of dopers in town are teenagers. Dad is out at camp, mom is laying around, the child has no supports"
- "No **child psychologist** in town"
- "**Youth** will not get any mental health support unless they are presenting in crisis (suicide)".
- "Not enough **gender-specific supports**. No sex workers organization here. No **rape crisis centre** or counselling available. Transition houses not low barrier enough"
- "The way funding is distributed across BC is very problematic. In the North East, HR capacity is lacking and most funds get eaten up by travel. It's just not fiscally responsible to have one team of support in FSJ responsible for all of the North East because all of that funding goes towards gas and travel."
- "**Detox** is a 4.5 hour drive for some communities, such as Grand Prairie"
- "Nothing for **the elderly** (55+). Polypharmacy is an issue for Elders here. Many Elders on the red road (sober their full life), then they are prescribed over 20 pills for a fall and develop an opioid addiction. Partly because Nations only have access to health care one day per month. Traveling doctors prescribe opioids because of a lack of time. They are here 4 hrs a day (1.5 hours travel each way, 1 hr lunch break), and that is divided between 50 patients. Prescribing is the easiest and quickest way. Also, big pharma offers perks to prescribers."
- "The shelter here can be a **colonialist** and degrading place"
- "**Lack of resources** for patients and families. Many handbooks at public health clinic discontinued because outdated, but they are not updated and replenished."
- "**Silos** in service delivery: Schools, service providers, are all separate. Some organizations won't collaborate because it's a conflict of interest/liability and privacy issues. '*Can you just collaborate to help my daughter?*"
- "Society is not supportive of parents at risk of child apprehension"
- "No **employment supports**"
- "Need the **Foundry** – needs to attach itself to an already existing youth org which doesn't exist in FSJ."
- "No **counseling** resources for those in recovery"
- "No **resources for rape**"
- "8 month wait list for the single **counsellor** in town @ Community Bridge"
- "One **counsellor** at Mental Health and Addictions, has no personal experiences with substance use"
- "**Youth** must go to Prince George to receive services, hard on families. Some transit but can't get a transit ticket without a credit/debit card"

5.0 Provincial Efforts and Best Practices for Communities

Best Practices Around a Full Spectrum of Services

The Ministry of Mental Health and Addictions[9] has set out six key priorities to help guide communities in their community-led responses to the opioid crisis. These priorities are:

1. Saving Lives
2. Ending Stigma
3. Building a Network of Treatment and Recovery Services
4. Creating a Supportive Environment
5. Advancing Prevention
6. Improving Public Safety

Out of these six priorities, the area that is most relevant for this report is **Building a Network of Treatment and Recovery Services.** The Ministry lays out the following recommended actions for this priority:

- Addressing the need for a safer drug supply
- Expanding community-based harm reduction services
- Ensuring the availability of naloxone
- Proactively identifying and supporting people at risk of overdose
- Connecting people with a substance use disorder to appropriate treatment and recovery services.

They also recommend investing in vital social supports such as housing and childcare and other poverty reduction measures to ensure those that are accessing treatment and care will be able to do so in a fully supported and sustainable way.

The BC Coroners Service also organized a Death Review Panel[10] that reviewed illicit drug overdoses and identified three areas of focus:

1. The need to provincially regulate and appropriately oversee treatment and recovery programs and facilities to ensure that they provide evidence-based quality care, and that outcomes are closely monitored and evaluated;

2. The need to expand access to evidence-based addiction care across the continuum, including improved opioid agonist therapies (OAT) and injectable opioid agonist therapies (iOAT) access, as well as a full spectrum of recovery supports; and,

3. The need to improve safer drug-use, through the creation of accessible provincial drug checking services using validated technologies.

[9] Ministry of Mental Health and Addictions. Escalating BC's Response to the Opioid Crisis Accessed at: https://www2.gov.bc.ca/assets/gov/overdose-awareness/mmha_escalating_bcs_response_report_final_26feb.pdf
[10] BC Coroner's Service. Illicit Drug Overdose Deaths in BC Jan 1, 2009 – Mar 31, 2019. Accessed at: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/news/2018/2018pssg0019-000572.pdf

First Nations Focus

The Ministry of Mental Health and Addictions continues to reinforce the importance of reconciliation in community-led responses to the opioid crisis and suggests supporting culturally safe mental health and wellness initiatives, informed by Indigenous experiences, needs and priorities. First Nations Health Authority (FNHA)[11] offers a list of 'Opportunities to Reclaim Wellness' where they state the importance of

- Culturally safe health and social services;
- Connection to land, culture and traditional healing;
- Destigmatizing substance use; and
- Providing alternatives to abstinence-only healing approaches

Culturally safe health and social services are shown to reduce barriers to accessing care. This includes culture-based approaches to harm reduction. FNHA shows that being committed to reducing harm in communities includes respecting where each individual is on their health and wellness journey and providing supports at each phase of the healing.

Connection to land, culture and traditional healing also helps to prevent increased risk of substance use as well as providing a supportive, non-judgmental space where people are free from stigma.

Youth Focus

In their report, the Ministry of Mental Health and Addictions speaks to initiatives that will be implemented in the Canada-British Columbia Emergency Treatment Fund Bilateral Agreement that will have a youth focus. Below are some of the upcoming initiatives:

- New Foundry centres will open for a total of 11 centres in the province, to expand access to substance use care for youth
- Expanded treatment capacity across all Foundry sites in the province to support youth with problematic opioid use

[11]First Nations Health Authority. Overdose Data and First Nations in BC: Preliminary Findings. Accessed at: http://www.fnha.ca/newsContent/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb.pdf

6.0 Gaps Analysis – What's Missing in Fort St. John?

Based on reviewing the available services in Fort St. John, paired with considering feedback from Peers, family members of Peers and community members, and looking at best practices frameworks from the Ministry of Mental Health and Addictions, the following is a summary of the main perceived gaps in services in Fort St. John:

1. **Medical Detoxification**

   In identifying that Fort St. John does not have its own detoxification centre in the city, this is a major barrier for people living in Fort St. John or surrounding communities who are ready to take the first step in managing their addiction. The nearest facilities with detoxification capabilities are: a few detoxification beds in Fort Nelson (but not a full facility), a medical detox centre in Grand Prairie (approximately two hour drive from Fort St. John) and a full detoxification facility in Prince George (approximately five hour drive).

   It has been communicated by Peers and family members of those using substances that when someone decides to come off of substances, there is a small window of time where motivation is high enough and logistically someone can get to the medical detox facility (through bus transportation or via a ride from a family or friend). In some of the dialogues and discussions with Peers, they indicated travel can be inconvenient and difficult to organize when someone wants to access detox, especially if coming from a rural area or First Nations reserve. From the comments received through this review it is evident that further discussion needs to take place as to the value of a medical detoxification centre or facility in Fort St. John. Such a facility could allow more local residents to embark on the journey of getting clean and getting well and would also be an important component of a full spectrum of services for Fort St. John.

2. **Safe Supply and/or an Overdose Prevention Service**

   Presently, there are no facilities or organizations in Fort St. John or surrounding communities that offer a safe supply of opioids to substance users. Similarly, there is a lack of provision of an overdose prevention site or facility where people can consume substances under supervision and with appropriate testing on the drug supply. The BC Ministry of Mental Health and Addictions recommends that all communities address the need for a safer drug supply and identify key technologies that will lend to drug testing.

   During dialogues and discussion with Peers, many believe that if people in the community are going to use anyways, that there is an important opportunity to provide a clean supply to help save lives in the community.

3. **Youth programming**

   Another area where barriers and gaps exist in Fort St. John are in services for youth under the age of 19. From our follow up questions with many of the services listed in this report, it is apparent that youth cannot access both the day treatment and residential treatment as a minor. While some of the other counselling, prevention and intervention services that are available in the Fort St. John area do take minors into their programming, there still are major gaps that exist for youth who use substances to get support they need.

   Some of the Peers, families and community members that participated in discussions and dialogues identified that youth only can access help if they are in extreme crisis which is often much too late. They

also identified that youth don't want to leave their families and travel by themselves to Prince George to access services. Lastly, several people stated that there is a need for a child psychologist in town and more dedicated youth programming overall that is geared towards prevention and early intervention. There is now a child psychiatrist providing services out of the Ministry of Child and Family Services office in Fort St. John.

In their report12, the BC Ministry of Mental Health and Addictions address the youth gaps with the opportunities of Foundries being able to provide some treatment programming and supports. We discuss recommendations in terms of next steps with a Foundry in Section 7.0.

4. Low Barrier Counselling

By way of the feedback from Peers, family members and the community, it is apparent that there is a need and desire to see greater opportunities for counselling at various stages of one's substance use journey. Some informants refer to waitlists to access services, while others talk about wanting greater access to specific types of counsellors such as a First Nations counsellor, a grief counsellor, a youth counsellor or a women's trauma counsellor for instances such as sexual violence. One person shared that they would like to see more counselling available at the recovery stage after treatment, while another person stated they would like to see more counsellors with lived experience so they may relate on a deeper level to substance users.

While through the resource inventory in this report there seems to be several dedicated centres and programs with counselling available, it would be worth taking a deeper examination into what the community's needs are, and how Fort St. John can provide a fuller variety of options for diverse demographics, including marginalized populations. Additionally, having greater options for counselling overall will add to a robust spectrum of services for Fort St. John.

5. Culturally Safe and Relevant Services

Some of the feedback from participants in the dialogues shows that the Indigenous experience in medical facilities and accessing social and medical services hasn't always been very positive. They are often stigmatizing and isolating experiences, based on colonial and racist attitudes.

The Ministry of Mental Health and Addictions and First Nations Health Authority both discuss in their reporting the recommendation to continually review and examine services to ensure they are as culturally safe and relevant as possible for all cultures in a community. With a reconciliation-based approach in service provision, this means ensuring any racist or colonial attitudes in organizations are seriously approached and dealt with. There is also a Cultural Safety course offered for Northern Health staff by the Provincial Health Services Authority.

Beyond just ensuring there are culturally safe spaces and services, there is the recommendation that Indigenous voices and experiences help shape service provision and delivery and that culturally relevant ways of healing such as living off the land and traditional healing and treatment methods and approaches are explored. Additionally, ensuring there are ways remote and rural communities can

[12] Ministry of Mental Health and Addictions. Escalating BC's Response to the Opioid Crisis Accessed at: https://www2.gov.bc.ca/assets/gov/overdose-awareness/mmha_escalating_bcs_response_report_final_26feb.pdf

access programming, whether it be that more fulsome programming is brought to First Nation communities, or that there is transport set up for members to come to Fort St. John, continued efforts should look at ways to make full access to the spectrum of services available as easy as possible. The Aboriginal Patient Liaison workers located at the Chetwynd General Hospital, Dawson Creek District Hospital and Fort St. John Hospital are filling key roles supporting patients and families in these ways.

7.0 Moving Forward with Services

Recommended Next Steps

1. Based on the direction from the BC Ministry of Mental Health and Addiction to focus on a full spectrum of services, paired with the feedback from community members who expressed gaps in services, the first recommendation for next steps is to ***Explore the possibility of completing a detox feasibility study for Fort St. John.***
2. Similarly, the Ministry also suggests having a stronger youth focus in a full spectrum of services and makes reference to eleven new Foundry centres that will open in BC. This, in conjunction with continual suggestions from the community and parents around improving services for youth, leads to the second recommendation which is to ***Explore the feasibility of a Foundry in Fort St. John***[13].
3. Lastly, another area where Peers and those in the community see Fort St. John being able to make a difference in decreasing overdose deaths is the creation of a safe supply or overdose prevention service. This could take on many forms, such as a fixed site, a mobile site, mobile outreach, peer outreach, or an episodic overdose prevention site. The first key step to creating this resource in the community would be to ***Explore the feasibility of a Safe Supply/Overdose Prevention Service model in Fort St. John[14].***

[13] Since the initial release of this report, an Expression of Interest was submitted to Foundry BC by the Fort St. John Friendship Society.
[14] Since the initial release of this report, a feasibility report has been completed

Appendix A – Detailed Service Description

The following table provides detailed information about existing programs and services, including location and address, admission criteria, and a detailed description of the services offered.

Harm Reduction/Prevention	
Fort St. John Health Unit	
Contact Information	10115 110 Avenue Fort St. John BC V1J 6M9 Phone: 250-263-6000 Monday-Friday 8:30am-4:30pm
HSDA	NE
HA	NHA
Age Group	All Ages
Admission Criteria	N/A
Description of Services	Provides Naloxone, safe injection kits, safe inhalation kits, safe sex products
Accredited (Y/N)	N/A

Fort St. John Mental Health and Addiction Services	
Contact Information	9900 100 Ave Fort St John, BC V1J 5S7 Phone: 250-263-6080 Monday-Friday 8:30am-4:30pm
HSDA	NE
HA	NHA
Age Group	All Ages
Admission Criteria	N/A
Description of Services	Provides Naloxone, safe injection kits, safe inhalation kits, safe sex products
Accredited (Y/N)	N/A

Fort St. John Pharmacy and Wellness Centre	
Contact Information	9730 101 Ave Fort St John, BC V1J 2A8 Phone: 250-785-3234 Monday- Friday 8:00am – 7:00pm, Saturday 9:00am – 4:00pm
HSDA	NE
HA	Privately run
Age Group	All Ages
Admission Criteria	Charge for needles
Description of Services	Provides Naloxone, needle exchange
Accredited (Y/N)	N/A

Fort St. John Intensive Case Management Team	
Contact Information	Fort St. John Hospital 8407 112 Ave Fort St. John, BC V1J 2A4 Phone: 250-261-7271 Everyday 9:00am – 8:15pm
HSDA	NE
HA	NHA
Age Group	Adults ages 19+
Admission Criteria	N/A
Description of Services	Provides Naloxone, safe injection kits, safe inhalation kits, safe sex products
Accredited (Y/N)	N/A

Fort St. John Women's Resource Society	
Contact Information	Fort St. John Hospital 8407 112 Ave Fort St. John, BC V1J 2A4 Phone: 250-261-7271 Everyday 9:00am – 8:15pm
HSDA	NE
HA	Non-Profit
Age Group	Adults ages 18+
Admission Criteria	N/A
Description of Services	Provides Naloxone, safe injection kits, safe inhalation kits, safe sex products and drug testing
Accredited (Y/N)	N/A

Residential Treatment Programs	
North Wind Wellness Centre	
Contact Information	Box 2480 Station A Dawson Creek, B.C. V1G 4T9 Telephone: (250) 843-6977 Fax: (250) 843-6978 https://northwindwellnesscentre.ca
HSDA	NE
HA	FNHA
Age Group	Adults ages 19+ and youth ages 13-18
Admission Criteria	Applicants must be alcohol and drug free for a minimum of 14 days prior to admission (detox recommended), must have a complete physical/medical exam prior to admission and the pre-admission medical report must include current medical documentation of a clinically diagnosed mental or physical illness that corresponds with the current prescribed medication. Although mainly for Aboriginal people, will accept non-Aboriginal as well.
Description of Services	10 beds. North Wind Healing Centre implements a Bio-Psycho-Social affective-based treatment program to help participants heal from the heart. a 45-day, culturally based, residential treatment program for ages 19 and up and a two-week program for youth ages 13 to 18. The treatment program consists of biopsychosocial, cultural/spiritual, trauma informed, life-skills, recreational, relapse prevention, yoga, health/risks education and 12-step recovery. Spiritual support is provided through a sweat lodge, pipe and other ceremonies and openness to other spiritual belief systems. Applicants will also attend self-help groups such as AA, NA and CA.
Accredited (Y/N)	N

Outpatient Treatment Programs	
Aboriginal Family Services Dawson Creek	
Contact Information	1405-102 Avenue Dawson Creek BC V1G 2C8 Phone: (250) 782-1169 Fax: (250) 782-2644
HSDA	NE
HA	Non-profit
Age Group	N/A
Admission Criteria	N/A
Description of Services	Family support, drug and alcohol counselling and runs a high-risk pregnancy program for substance use and substance affected women
Accredited (Y/N)	N/A

Chetwynd Mental Health & Addictions Community Program	
Contact Information	5125 – 50th Street SW (across from Post Office) Box 148 Chetwynd, BC V0C 1J0 Phone: (250) 788-7300 Fax: (250) 788-9877
HSDA	NE
HA	NHA
Age Group	All Ages
Admission Criteria	Must have substance use or substance affected issues and be willing to engage in services.
Description of Services	The Mental Health & Substance Use community programs offer services that include a combination of functions with Interprofessional teams, as well as some specialty services, i.e. Developmental Disabilities Mental Health (DDMH), Acquired Brain Injury (ABI), etc. Youth addictions counselling and referral, elderly services counselling, early psychosis, eating disorders, vocational and recreation rehabilitation is also available at most community programs. Community programs provide assessment, treatment and referrals for adults. Services include: • Intake • Crisis Response • Short Term Counselling (individual, family, group) • Longer Term Case Management • Provides Life Skills support for activities of daily living • Medication management • Psycho-educational groups • Education • Psychiatric consultation
Accredited (Y/N)	Y

Chetwynd Tansi Friendship Centre	
Contact Information	5301-South Access Road PO Box 418 Chetwynd BC V0C 1J0 Phone: 250-788-2996 Fax: 250-788-2353
HSDA	NE
HA	NHA/Non-profit
Age Group	All Ages
Admission Criteria	N/A

Description of Services	Responds to mental health concerns, issues of anger, addictions, grief, and trauma for anyone who self-Identifies as being of Aboriginal descent (First Nations, non-Status, Metis, and Inuit) and their significant others. Uses an approach based upon Aboriginal culture and traditions that addresses the body, mind, spirit, and emotions. Offers sharing and talking circles; cultural ceremonies (drumming, smudges, sweats, pipe ceremony); medicine walks; workshops on bullying, anger, grief, and listening; basic suicide intervention training and mental first aid; and peer support. Accepts self referrals. Serves Chetwynd and the communities of Saulteau and West Moberly First Nations.
Accredited (Y/N)	N

Dawson Creek Mental Health & Addictions Community Program	
Contact Information	1001 - 110th Avenue Dawson Creek, BC V1G 4X3 Phone:(250) 719-6525 Toll free: 1-888-592-2711 Fax: (250) 719-6540
HSDA	NE
HA	NHA
Age Group	All ages for Substance Use Services
Admission Criteria	Must have substance use or substance affected issues and be willing to engage in services.
Description of Services	The Mental Health & Substance Use community programs offer services that include a combination of functions with Interprofessional teams, as well as some specialty services, i.e. Developmental Disabilities Mental Health (DDMH), Acquired Brain Injury (ABI), etc. Youth addictions counselling and referral, elderly services counselling, early psychosis, eating disorders, vocational and recreation rehabilitation is also available at most community programs. Community programs provide assessment, treatment and referrals for adults. Services include: • Intake • Crisis Response • Short Term Counselling (individual, family, group) • Longer Term Case Management • Provides Life Skills support for activities of daily living • Medication management • Psycho-educational groups • Education • Psychiatric consultation
Accredited (Y/N)	Y

Fort Nelson Aboriginal Friendship Society	
Contact Information	5012-49 Avenue Fort Nelson BC V0C 1R0 Phone: 250-774-2993 Fax: 250-774-2998
HSDA	NE
HA	NHA/Non-profit
Age Group	All ages
Admission Criteria	Must have substance use or substance affected issues and be willing to engage in services.
Description of Services	This program offers confidential and professional counselling sessions for individuals or groups for the following: • Misuse of alcohol or drugs • Feelings of loneliness • Isolation • Sadness or depression • Anxiety • Any other addiction or mental health concern
Accredited (Y/N)	N

Fort Nelson First Nation Health & Wellness Alcohol and Drug Abuse Program	
Contact Information	5001 Dene Etene Road RR1 Mile 295 Alaska Highway Fort Nelson, B.C.V0C 1R0 Phone: 250-774-2300 Fax: 250-774-7989
HSDA	NE
HA	FNHA
Age Group	All ages
Admission Criteria	N/A
Description of Services	Offers a community based approach to those individuals or families that are seeking to maintain or contain a healthy lifestyle. Provides mental health crisis management, assessment, counselling a referrals for treatment, follow up and after care. Has a specific solvent abuse program.
Accredited (Y/N)	N

Fort Nelson Mental Health & Addiction Services Interprofessional Team (IPT)	
Contact Information	Fort Nelson Health Unit Bag 1000 - 5217 Airport Drive Fort Nelson, BC V0C 1R0 Phone: 250-774-7092 Fax: 250-774-7096
HSDA	NE
HA	NHA
Age Group	All ages
Admission Criteria	Must have substance use or substance affected issues and be willing to engage in services.
Description of Services	The Mental Health & Substance Use community programs offer services that include a combination of functions with Interprofessional teams, as well as some specialty services, i.e. Developmental Disabilities Mental Health (DDMH), Acquired Brain Injury (ABI), etc. Youth addictions counselling and referral, elderly services counselling, early psychosis, eating disorders, vocational and recreation rehabilitation is also available at most community programs. Community programs provide assessment, treatment and referrals for adults. Services include: • Intake • Crisis Response • Short Term Counselling (individual, family, group) • Longer Term Case Management • Provides Life Skills support for activities of daily living • Medication management • Psycho-educational groups • Education • Psychiatric consultation
Accredited (Y/N)	Y

Fort St John Friendship Society	
Contact Information	10208-95 Avenue Fort St John BC V1J 1J2 Phone: 250-785-3411
HSDA	NE
HA	NHA/Non-profit
Age Group	All ages
Admission Criteria	N/A

Description of Services	Provides assessments, one-on-one counselling and referral services to individual, families or groups who are concerned about the effects of alcohol and/or drugs on their lives. Provides supportive counselling and education to individuals considered at risk for developing substance abuse problems. Also provides presentations and workshops on alcohol and drug related issues to schools and agencies and other interested groups. provides outreach to First Nations communities one day per week.
Accredited (Y/N)	N

Fort St John Mental Health & Addiction Services	
Contact Information	#300-9900-100 Avenue Fort St John BC V1J 5S7 Phone: 250-263-6080 Fax: 250-263-6012
HSDA	NE
HA	NHA
Age Group	All ages for Substance Use Services
Admission Criteria	Must have substance use or substance affected issues and be willing to engage in services.
Description of Services	The Mental Health & Substance Use community programs offer services that include a combination of functions with Interprofessional teams. Youth addictions counselling and referral, early psychosis, eating disorders, vocational and recreation rehabilitation is also available at most community programs. Community programs provide assessment, treatment and referrals for adults. Services include: • Intake • Crisis Response • Short Term Counselling (individual, family, group) • Longer Term Case Management • Provides Life Skills support for activities of daily living • Medication management • Psycho-educational groups • Education • Psychiatric consultation
Accredited (Y/N)	Y

Tumbler Ridge Mental Health & Addictions Community Program	
Contact Information	220 Front Street Box 1205 Tumbler Ridge V0C 2W0 Phone: (250) 242-5505 Fax: (250) 242-3595
HSDA	NE
HA	NHA
Age Group	All ages
Admission Criteria	Must have substance use or substance affected issues and be willing to engage in services.
Description of Services	The Mental Health & Substance Use community programs offer services that include a combination of functions with Interprofessional teams, as well as some specialty services, i.e. Developmental Disabilities Mental Health (DDMH), Acquired Brain Injury (ABI), etc. Youth addictions counselling and referral, elderly services counselling, early psychosis, eating disorders, vocational and recreation rehabilitation is also available at most community programs. Community programs provide assessment, treatment and referrals for adults. Services include: • Intake • Crisis Response • Short Term Counselling (individual, family, group) • Longer Term Case Management • Provides Life Skills support for activities of daily living • Medication management • Psycho-educational groups • Education • Psychiatric consultation
Accredited (Y/N)	Y

Day Treatment Programs	
Fort St John Day Treatment Program Fort St John Mental Health & Addiction Services	
Contact Information	#300-9900-100 Avenue Fort St John BC V1J 5S7 Phone: 250-263-6080 Fax: 250-263-6012
HSDA	NE
HA	NHA
Age Group	Adults Age 19+
Admission Criteria	Clients must be willing to engage in services and able to participate Must be free of acute mental health issues such as acute suicidal ideation, acute psychosis, or GAF rating below 30 High-risk, pregnant females are viewed as enrollment priority Clients must be attached to a case manager willing to complete the referral application and provide individual sessions as required (for MHAS staff, the core assessment must be completed as part of the individual sessions). Clients must be screened for appropriateness at intake and/or prior to referral using the referral application
Description of Services	The Adult Addiction Day Treatment program provides a client centered approach to wellness. The program focuses on assisting individual's to achieve greater responsibility for their individual recovery, provides access to resources for on-going support and uses the harm reduction model to promote quality health and well-being. • Provides a continuous intake • Staffed with nurses and clinicians • Provides programs for clients with addictions or concurrent issues in a group module format • Recreational/leisure support • Nutrition education • Does not provide individual case management • Works in collaboration with community partners: MHAS Case Managers, Native Friendship Centres, Needle Exchange Programs, and Community Supportive Recovery beds etc. • GP's provide some client support (sessional time) • No psychiatry services are available for this program at this time
Accredited (Y/N)	Y

Withdrawal Management Programs	
Fort Nelson General Hospital	
Contact Information	5315 Liard Street Bag 1000 Fort Nelson, BC V0C 1R0 Phone: (250) 774-8100 Fax: (250) 774-8110
HSDA	NE
HA	NHA
Age Group	Adults 19+
Admission Criteria	N/A
Description of Services	Two allocated beds for substance use withdrawal that are augmented with MHA clinical services. Support for hospital withdrawal and community follow-up services will be done by a MHA clinician/nurse who is part of an InterProfessional Team (IPT). The MHA clinician/nurse attends the hospital each day to see patients who might have mental health or substance use issues, completes an assessment, and provides inpatient treatment suggestions, by taking part in "huddles" and discharge planning to ensure withdrawal services are provided in the hospital, and appropriate services and community supports are in place when the patient is discharged.
Accredited (Y/N)	Y

Nechako Youth Treatment Program	
Contact Information	1308 Alward Street Prince George, BC V2M 7B1 250-565-2881 Fax 250-565-2883
HSDA	NI
HA	NHA
Age Group	Youth
Admission Criteria	N/A
Description of Services	There is one acute bed for medical detoxification that can be utilized on short notice if it is available.
Accredited (Y/N)	Y

Prince George Adult Withdrawal Management Unit	
Contact Information	1308 Alward Street Prince George, BC V2M 7B1 Phone: 250-565-2175 Fax: 250-565-2883
HSDA	NI
HA	NHA
Age Group	Adults 19+
Admission Criteria	N/A

Description of Services	The AWMU program provides substance misuse management for adults through medical detox, integrated case management, family and community care management, education, recreational activities, and individual, family, and group support. Details: • Regional program • 14 bed unit with 6 dedicated beds for acute, 6 non acute beds and 2 transition beds • Client with addiction and/or Mental Health and Addiction concerns • Program service is for detoxification, assessment and recommendation for follow-up case management or treatment in community services • Referrals are accepted from many different sources such as, NH Mental Health & Addiction programs across the region physicians, community agencies, emergency department, community programs, self referrals, RCMP etc. • Waitlist management of beds • Step down program allows for assessment of readiness for services through group model work • Collaboration of services with community partners for treatment planning beyond detoxification, referred to community supportive recovery beds or Addictions Day Treatment Program • Supported by GP's through sessions and an interprofessional team.
Accredited (Y/N)	Y

Prince Rupert Regional Hospital	
Contact Information	1305 Summit Avenue Prince Rupert, BC V8J 2A6 Phone: (250) 624-2171 Fax: (250) 624-2195
HSDA	NW
HA	NHA
Age Group	Adults 19+
Admission Criteria	N/A
Description of Services	One allocated bed for substance use withdrawal that is augmented with MHA clinical services. Support for hospital withdrawal and community follow-up services will be done by a MHA clinician/nurse who is part of an InterProfessional Team (IPT). The MHA clinician/nurse attends the hospital each day to see patients who might have mental health or substance use issues, completes an assessment, and provides inpatient treatment suggestions, by taking part in "huddles" and discharge planning to ensure withdrawal services are provided in the hospital, and appropriate services and community supports are in place when the patient is discharged.
Accredited (Y/N)	Y

Intensive Case Management	
Fort St John ICMT Outreach Services	
Contact Information	#172 – 8407-112 Avenue Fort St John, BC V1J 0J5 Phone: 250-261-7271 Fax: 250-261-7526
HSDA	NE
HA	NHA
Age Group	Adults 19+
Admission Criteria	The target population for ICMT are adults 19 years of age or older with problematic substance use or chronic dependence with or without mental illness, concurrent disorders (substance use and mental illness) or co-existing functional impairment. Individuals will be facing complex challenges related to health, housing (e.g., being homeless or unstably housed), poverty, and face barriers in accessing existing health or social service. Some may be involved with the criminal justice system and in need of additional services. They require more intensive services than are available in the traditional mental health and substance use system of care.
Description of Services	The overall purpose of the Intensive Case Managment Team (ICMT) is to improve health care and outcomes for individuals and families who are impacted by problematic substance use or addiction with or without mental illness, and are experiencing functional challenges related to community living, including housing and income, through the provision of intensive community- based outreach services. ICM Team provides transitional assistance with: • Establish linkage and access to Primary Care • Daily activities • Physical Health • Family life • Employment • Housing assistance • Advocacy • Financial support • Harm Reduction Support and • Treatment Centre Options • Continuity of Care • Education • Liaising with community resources for Food Security Options, harm reduction supplies, etc.
Accredited (Y/N)	N

Dawson Creek ICMT Outreach Services	
Contact Information	1001-100th Avenue Dawson Creek, BC V1G 4X3 250-719-6525
HSDA	NE
HA	NHA
Age Group	Adults 19+
Admission Criteria	The target population for ICMT are adults 19 years of age or older with problematic substance use or chronic dependence with or without mental illness, concurrent disorders (substance use and mental illness) or co-existing functional impairment. Individuals will be facing complex challenges related to health, housing (e.g., being homeless or unstably housed), poverty, and face barriers in accessing existing health or social service. Some may be involved with the criminal justice system and in need of additional services. They require more intensive services than are available in the traditional mental health and substance use system of care.
Description of Services	The overall purpose of the Intensive Case Managment Team (ICMT) is to improve health care and outcomes for individuals and families who are impacted by problematic substance use or addiction with or without mental illness, and are experiencing functional challenges related to community living, including housing and income, through the provision of intensive community- based outreach services. ICM Team provides transitional assistance with: • Establish linkage and access to Primary Care • Daily activities • Physical Health • Family life • Employment • Housing assistance • Advocacy • Financial support • Harm Reduction Support and • Treatment Centre Options • Continuity of Care • Education Liaising with community resources for Food Security Options, harm reduction supplies, etc.
Accredited (Y/N)	N

Substance Affected Services	
Fort Nelson Mental Health & Addiction Services Interprofessional Team (IPT)	
Contact Information	Fort Nelson Health Unit Bag 1000 - 5217 Airport Drive Fort Nelson, BC V0C 1R0 Phone: 250-774-7092 Fax: 250-774-7096
HSDA	NE
HA	NHA
Age Group	All Ages
Admission Criteria	Must be affected by someone else's substance use (parent, adult/youth children, spouse, etc)
Description of Services	The Mental Health & Addiction community programs do not offer specific substance affected programming but will support those who are affected by someone else's substance use
Accredited (Y/N)	Y

Fort St John Mental Health & Addiction Services	
Contact Information	#300-9900-100 Avenue Fort St John BC V1J 5S7 Phone: 250-263-6080 Fax: 250-263-6012
HSDA	NE
HA	NHA
Age Group	Youth and Adults
Admission Criteria	Must be affected by someone else's substance use (parent, adult/youth children, spouse, etc)
Description of Services	The Mental Health & Addiction community programs do not offer specific substance affected programming but will support those who are affected by someone else's substance use
Accredited (Y/N)	Y

First Nations Mobile Support	
Fort St John First Nations Mobile Support Team	
Contact Information	Fort St John Hospital & Peace Villa Facility 8407-112 Avenue, Fort St John BC V1J 0J5 Phone: 250-261-7271 Fax: 250-261-7526
HSDA	NE
HA	NHA
Age Group	Adults 19+
Admission Criteria	Services target the health and well-being of individual First Nation community members and their families and will be available within First Nations communities.
Description of Services	The First Nations Mobile Support Team members have specialized training in mental health and substance use disorders and they provide a continuum of services such as: • Suicide and mental illness prevention and intervention strategies • Prevention and promotion activities (e.g. community education events) • Intervention activities (e.g. risk assessments, mental health & addictions assessments, case management and care planning for individuals in their communities) • Consultation for urban Aboriginal populations on cultural interventions • Act as supportive connections for communities and staff with Integrated Primary Care Homes and services. • Crisis response when communities are impacted by critical events and require services and support exceeding existing capacities • Regular, pre-scheduled visits (e.g. one day per week in individual communities). • Assist and support with accessing resources through existing services, including in-hospital capacity building around service provision and discharge plans. The First Nations Mobile Support Team collaborates with individual First Nation communities to improve and refine culturally responsive care and services for communities and individuals and support community-driven Nation-based local health planning.
Accredited (Y/N)	N

Supportive Recovery Services	
Fort St John Supportive Recovery Beds	
Contact Information	Northern Centre of Hope – Salvation Army 9824 99th Avenue Fort St John, BC Phone: 250-785-0372 Fax: 250-785-0646
HSDA	NE
HA	NHA/Non-Profit
Age Group	Adults 19+
Admission Criteria	Clients must be actively and willingly engaged in services with a case manager, must be accessing substance use services, must be TB tested negative, is in the actions stage in the stages of change and must not have a safe, substance-free living situation to support recovery. Those who meet the financial requirements may be subsidized for a bed.
Description of Services	4 supportive recovery beds contracted to deliver low to moderate support in a safe, structured living arrangement, free of alcohol and illicit drugs, in which the client resides during their recovery. Also provides services for clients who have completed primary withdrawal management and who may be waiting to enter or are participating in a therapeutic program outside of supportive recovery such as the day program, or those in the process of reintegrating back into the community. May also be used during times of crisis when there is a high risk of relapse. Supportive Recovery Services do not provide intensive residential treatment. Supportive recovery is responsible to provide support and safety through a model of peer/lay support and structured activities including activities of daily living.
Accredited (Y/N)	N

Opiate Agonist Therapy	
Chetwynd Mental Health & Addictions Community Program	
Contact Information	5125 – 50th Street SW (across from Post Office) Box 148 Chetwynd, BC V0C 1J0 Phone: (250) 788-7300 Fax: (250) 788-9877
HSDA	NE
HA	NHA
Age Group	Adults 19+
Admission Criteria	Opioid dependent. Wanting to reduce harm or drug use
Description of Services	Provides opiate agonist therapy services to individuals with drug dependency within a primary health care environment.
Accredited (Y/N)	N

Dawson Creek Opioid Agonist Therapy Program	
Contact Information	Dawson Creek Health Unit 1001 110th Street Dawson Creek, BC V1G 4X3 Phone :(250) 719 6525 Fax:(250) 719-6540
HSDA	NE
HA	NHA
Age Group	Adults 19+
Admission Criteria	Opioid dependent. Wanting to reduce harm or drug use
Description of Services	Provides opioid substitution (methadone/suboxone) treatment services, offers individual counselling, education, support, and methadone treatment interdisciplinary case management
Accredited (Y/N)	Y

Fort St John Mental Health & Addiction Services	
Contact Information	Suite 300-9900-100 Avenue Fort St John BC V1J 5S7 Phone: 250-263-6080 Fax: 250-263-6012
HSDA	NE
HA	NHA
Age Group	Adults 19+
Admission Criteria	Opioid dependent. Wanting to reduce harm or drug use
Description of Services	Provides opioid substitution (methadone/suboxone) methadone treatment services to individuals with drug dependency and offers individual counselling, education, support, and methadone treatment interdisciplinary case management.
Accredited (Y/N)	Y

Other: Non-profit Christian Organizations	
A New Day In the Peace Ministries	
Contact Information	RR #1, Site 5, Comp 22 Station Main Fort St. John BC V1J 4M6 Phone: 250-785-1008 Email: info @newdayministries.ca Website: www.newdayministries.ca
Age Group	Women 19+
Admission Criteria	None mandatory, although often they will receive referrals from doctors of the Salvation Army
Description of Services	Residential/after care for adult women dealing with addictions. The core program is a curriculum of bible-based teachings. The team who works with the residents are counsellors with their masters degrees, prayer ministers, and experienced mental health workers. The focus is on dealing with the root causes of addiction and the overarching goal of the program is to see people find lifelong freedom from addiction. The facility is in a country setting and elements of working on a farm is integrated into the daily program. Residents are encouraged to commit to 12 months of training and living at the centre.
Accredited (Y/N)	N; application to Assisted Living Registry of BC has been submitted and pending approval
Other Community Services	
Fort St. John Community Bridge	
Contact Information	10142 101 Avenue, Fort St. John, BC V1J 2B3 Phone: 250-785-6021 Fax: 250-785-4659 Website: http://communitybridge.ca/ Monday to Thursday: 9am–5pm, Friday: 8:30am–4:30pm
Age Group	Different programs cater to different age groups
Admission Criteria	Each program has different admission criteria
Description of Services	Offers a range of community programs and services including: • Pregnancy outreach • Community based victim services • Parenting and family programs • Youth programs • Homelessness prevention program • Meaope Transition House • Youth programs • Sexual abuse intervention • Women's counselling and outreach

12 Step Programs		
Community	**Age Group**	**Number of Meetings per Week**
Charlie Lake Alcoholics Anonymous	Adults	1
Chetwynd Alcoholics Anonymous	Adults	2
Dawson Creek Alcoholics Anonymous	Adults	5
Dawson Creek Cocaine Anonymous	Adults	2
Dawson Creek Narcotics Anonymous	Adults	1
Fort Nelson Alcoholics Anonymous	Adults	2
Fort Nelson Narcotics Anonymous	Adults	1
Fort St. John Alcoholics Anonymous	Adults	7
Fort St. John Alcoholics Anonymous Family Group	Family members impacted by another's substance use	1
Fort St. John Narcotics Anonymous	Adults	3
Tumbler Ridge Alcoholics Anonymous	Adults	1

Appendix B – Glossary of Abbreviations

Acronym	Meaning
CA	Census Agglomeration
CAT	Community Action Team
CY	City
BC	British Columbia
FSJ	Fort St. John
FNHA	First Nation Health Authority
ICMT	Intensive Case Management Team
IPT	Interprofessional Team
IOAT	Injectable Opioid Agonist Therapies
PIT	Point in Time Count
NHA	Northern Health Authority
OAT	Opioid Agonist Therapy

Services Review Brochure

FORT ST. JOHN AND SURROUNDING AREA

SERVICES AND PROGRAM INDEX

PREVENTION
TREATMENT
DETOXIFICATION
AFTERCARE

PREPARED BY URBAN MATTERS C.C.C FOR THE

FORT ST. JOHN COMMUNITY ACTION TEAM

ACKNOWLEDGMENTS

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Prepared For	The Fort St. John Community Action Team
Prepared By	Urban Matters C.C.C. 10808 100th St, Fort St. John, BC V1J 3Z6 Phone: 250-785-9697
Issued	June 2020

The Community Action Team was given several lists of prevention, detoxification, treatment and aftercare services and programming that currently exist in Fort St. John and the surrounding Peace Region; these are summarized in the following pages. This pamphlet identifies the general category under which each service falls (e.g. outpatient treatment, residential treatment, withdrawal management, etc.) the name of the program, the organization that runs it, and a general description of the service. For more detailed information about any of the organizations or services, readers can reach the individual organizations using the contact information provided.

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HARM REDUCTION/PREVENTION SERVICES

FORT ST. JOHN HEALTH UNIT	
Contact Information	10115 110 Avenue, Fort St. John BC V1J 6M9 Phone: 250-263-6000 Monday-Friday 8:30am-4:30pm
Age Group	All Ages
Admission Criteria	N/A*
Services	• Provides Naloxone • Provides Safe Injection Kits • Provides Safe Inhalation Kits • Provides Safe Sex Products

FORT ST. JOHN MENTAL HEALTH AND ADDICTION SERVICES	
Contact Information	9900 100 Ave, Fort St John, BC V1J 5S7 Phone: 250-263-6080 Monday-Friday 8:30am-4:30pm
Age Group	All Ages
Admission Criteria	N/A
Services	• Provides Naloxone • Provides Safe Injection Kits • Provides Safe Inhalation Kits • Provides Safe Sex Products

FORT ST. JOHN INTENSIVE CASE MANAGEMENT TEAM	
Contact Information	Fort St. John Hospital - 8407 112 Ave, Fort St. John, BC V1J 2A4 Phone: 250-261-7271 Everyday 9:00am – 8:15pm
Age Group	Adults ages 19+
Admission Criteria	N/A
Services	• Provides Naloxone • Provides Safe Injection Kits • Provides Safe Inhalation Kits • Provides Safe Sex Products

HARM REDUCTION/PREVENTION SERVICES

FORT ST. JOHN WOMEN'S RESOURCE SOCIETY	
Contact Information	10051 100 Ave, Fort St John, BC V1J 1Y7 Phone: (250) 787-1121 Monday-Friday 8am – 4pm
Age Group	Adults ages 18+
Admission Criteria	N/A
Services	• Provides Naloxone • Provides Safe Injection Kits • Provides Safe Inhalation Kits • Provides Safe Sex Products • Drug testing

AFTER HOURS ACCESS TO HARM REDUCTION KITS	
Fort St. John Pharmacy and Wellness Centre	9730 101 Ave, Fort St John, BC V1J 2A8 Phone: 250-785-3234 Monday- Friday 8:00am – 7:00pm, Saturday 9:00am – 4:00pm
Amanda's No Frills Pharmacy	9831 98A Ave, Fort St. John, BC V1J 1S3 Phone: 250-785-2527 Monday - Friday 9:00 am - 6:00 pm, Saturday 9:00 am - 5:00 pm, Sunday 10:00 am - 5:00 pm
Shoppers Drugmart Pharmacy	10351 100 St, Fort St. John, BC V1J 3Z2 Phone: 250-785-6155 Monday - Sunday 8:00 am - 10:00 pm

* N/A: Indicates that, at the time of data collection, no admission criteria were specified

RESIDENTIAL TREATMENT PROGRAMS

NORTH WIND WELLNESS CENTRE	
Contact Information	Box 2480 Station A, Dawson Creek, B.C. V1G 4T9 Telephone: (250) 843-6977 Fax: (250) 843-6978 https://northwindwellnesscentre.ca/
Age Group	Adults ages 19+
Admission Criteria	• Applicants must be alcohol and drug free for a minimum of 14 days prior to admission (detox recommended) • Applicants must have a complete physical/medical exam prior to admission • Pre-admission medical report must include current medical documentation of a clinically diagnosed mental or physical illness that corresponds with the current prescribed medication. • Primarily for Aboriginal people but will accept non-Aboriginal people as well
Services	• 10 beds - North Wind Healing Centre implements a Bio-Psycho-Social affective-based treatment program to help participants heal from the heart. • 45-day, culturally based, residential treatment program for ages 19 and up • Treatment program consists of biopsychosocial, cultural/ spiritual, trauma informed, life-skills, recreational, relapse prevention, yoga, health/risks education and 12-step recovery. • Spiritual support is provided through a sweat lodge, pipe and other ceremonies and openness to other spiritual belief systems. Applicants will also attend self-help groups such as AA, NA and CA

OUTPATIENT TREATMENT PROGRAMS

ABORIGINAL FAMILY SERVICES DAWSON CREEK	
Contact Information	1405-102 Avenue, Dawson Creek BC V1G 2C8 Phone: (250) 782-1169 Fax: (250) 782-2644
Age Group	N/A
Admission Criteria	N/A
Services	• Family support • Drug and alcohol counselling • High-risk pregnancy program for substance use and substance affected women

CHETWYND MENTAL HEALTH & ADDICTIONS COMMUNITY PROGRAM	
Contact Information	5125 – 50th Street SW (across from Post Office) Box 148 Chetwynd, BC V0C 1J0 Phone: (250) 788-7300 Fax: (250) 788-9877
Age Group	All Ages
Admission Criteria	• Must have substance use or substance affected issues and be willing to engage in services
Services	Community programs include: • Combination of functions with inter-professional teams • Some specialty services: Developmental Disabilities Mental Health (DDMH), Acquired Brain Injury (ABI), etc. • Youth addictions counselling and referral, elderly services counselling, early psychosis, eating disorders, vocational and recreation rehabilitation available at most community programs. • Community programs provide assessment, treatment and referrals for adults Services include: • Intake, crisis response, short term counselling (individual, family, group), Longer Term Case Management, life skills support for daily living activities, medication management, psycho-educational groups, education, psychiatric consultation

OUTPATIENT TREATMENT PROGRAMS

CHETWYND TANSI FRIENDSHIP CENTRE	
Contact Information	5301-South Access Road PO Box 418, Chetwynd BC V0C 1J0 Phone: 250-788-2996 Fax: 250-788-2353
Age Group	All ages
Admission Criteria	N/A
Services	• Responds to mental health concerns, issues of anger, addictions, grief, and trauma for anyone who self-Identifies as being of Aboriginal descent (First Nations, non-Status, Metis, and Inuit) and their significant others. • Approach based upon Aboriginal culture and traditions that addresses the body, mind, spirit, and emotions • Offers sharing and talking circles; cultural ceremonies (drumming, smudges, sweats, pipe ceremony); medicine walks; workshops on bullying, anger, grief, and listening; basic suicide intervention training and mental first aid; and peer support • Accepts self referrals • Serves Chetwynd and the communities of Saulteau and West Moberly First Nations.

OUTPATIENT TREATMENT PROGRAMS

DAWSON CREEK MENTAL HEALTH & ADDICTIONS COMMUNITY PROGRAM

Contact Information	1001 - 110th Avenue, Dawson Creek, BC V1G 4X3 Phone:(250) 719-6525 Toll free: 1-888-592-2711 Fax: (250) 719-6540
Age Group	All ages for Substance Use Services
Admission Criteria	Must have substance use or substance affected issues and be willing to engage in services.
Services	Community programs include: • Combination of functions with inter-professional teams • Some specialty services: Developmental Disabilities Mental Health (DDMH), Acquired Brain Injury (ABI), etc. • Youth addictions counselling and referral, elderly services counselling, early psychosis, eating disorders, vocational and recreation rehabilitation available at most community programs. • Community programs provide assessment, treatment and referrals for adults Services include: • Intake, crisis response, short term counselling (individual, family, group), Longer Term Case Management, life skills support for daily living activities, medication management, psycho-educational groups, education, psychiatric consultation

FORT NELSON ABORIGINAL FRIENDSHIP SOCIETY

Contact Information	5012-49 Avenue, Fort Nelson, BC V0C 1R0 Phone: 250-774-2993 Fax: 250-774-2998
Age Group	All ages
Admission Criteria	Must have substance use or substance affected issues and be willing to engage in services
Services	Offers confidential and professional counselling sessions for individuals or groups for the following: • Misuse of alcohol or drugs • Feelings of loneliness • Isolation • Sadness or depression • Anxiety • Any other addiction or mental health concern

OUTPATIENT TREATMENT PROGRAMS

FORT NELSON FIRST NATION HEALTH & WELLNESS ALCOHOL AND DRUG ABUSE PROGRAM	
Contact Information	5001 Dene Etene Road, RR1 Mile 295 Alaska Highway Fort Nelson, BC V0C 1R0 Phone: 250-774-2300 Fax: 250-774-7989
Age Group	All ages
Admission Criteria	N/A
Services	• Offers a community based approach to those individuals or families that are seeking to maintain or contain a healthy lifestyle • Provides mental health crisis management, assessment, counselling a referrals for treatment, follow up and after care • Has a specific solvent abuse program

FORT NELSON MENTAL HEALTH & ADDICTION SERVICES INTERPROFESSIONAL TEAM (IPT)	
Contact Information	Fort Nelson Health Unit - 5217 Airport Drive, Fort Nelson, BC V0C 1R0 Phone: 250-774-7092 Fax: 250-774-7096
Age Group	All ages
Admission Criteria	Must have substance use or substance affected issues and be willing to engage in services.
Services	Community programs include: • Combination of functions with inter-professional teams • Some specialty services: Developmental Disabilities Mental Health (DDMH), Acquired Brain Injury (ABI), etc. • Youth addictions counselling and referral, elderly services counselling, early psychosis, eating disorders, vocational and recreation rehabilitation available at most community programs. • Community programs provide assessment, treatment and referrals for adults Services include: • Intake, crisis response, short term counselling (individual, family, group), Longer Term Case Management, life skills support for daily living activities, medication management, psycho-educational groups, education, psychiatric consultation

OUTPATIENT TREATMENT PROGRAMS

FORT ST JOHN FRIENDSHIP SOCIETY

Contact Information	10208-95 Avenue, Fort St John, BC V1J 1J2 Phone: 250-785-3411
Age Group	All ages
Admission Criteria	N/A
Services	• Provides assessments, one-on-one counselling and referral services to individual, families or groups who are concerned about the effects of alcohol and/or drugs on their lives • Provides supportive counselling and education to individuals considered at risk for developing substance abuse problems. • Provides presentations and workshops on alcohol and drug related issues to schools and agencies and other interested groups • Provides outreach to First Nations communities one day per week

FORT ST JOHN MENTAL HEALTH & ADDICTION SERVICES

Contact Information	#300-9900-100 Avenue, Fort St John, BC, V1J 5S7 Phone: 250-263-6080 Fax: 250-263-6012
Age Group	All ages for Substance Use Services
Admission Criteria	Must have substance use or substance affected issues and be willing to engage in services
Services	Community programs include: • Combination of functions with inter-professional teams • Some specialty services: Developmental Disabilities Mental Health (DDMH), Acquired Brain Injury (ABI), etc. • Youth addictions counselling and referral, elderly services counselling, early psychosis, eating disorders, vocational and recreation rehabilitation available at most community programs. • Community programs provide assessment, treatment and referrals for adults Services include: • Intake, crisis response, short term counselling (individual, family, group), Longer Term Case Management, life skills support for daily living activities, medication management, psycho-educational groups, education, psychiatric consultation

OUTPATIENT TREATMENT PROGRAMS

TUMBLER RIDGE MENTAL HEALTH & ADDICTIONS COMMUNITY PROGRAM	
Contact Information	220 Front Street , Box 1205, Tumbler Ridge, BC V0C 2W0 Phone: (250) 242-5505 Fax: (250) 242-3595
Age Group	All ages
Admission Criteria	Must have substance use or substance affected issues and be willing to engage in services
Services	Community programs include: • Combination of functions with inter-professional teams • Some specialty services: Developmental Disabilities Mental Health (DDMH), Acquired Brain Injury (ABI), etc. • Youth addictions counselling and referral, elderly services counselling, early psychosis, eating disorders, vocational and recreation rehabilitation available at most community programs. • Community programs provide assessment, treatment and referrals for adults Services include: • Intake, crisis response, short term counselling (individual, family, group), Longer Term Case Management, life skills support for daily living activities, medication management, psycho-educational groups, education, psychiatric consultation

DAY TREATMENT PROGRAMS

FORT ST JOHN DAY TREATMENT PROGRAM FORT ST JOHN MENTAL HEALTH & ADDICTION SERVICES	
Contact Information	#300-9900-100 Avenue, Fort St John, BC V1J 5S7 Phone: 250-263-6080 Fax: 250-263-6012
Age Group	Adults Age 19+
Admission Criteria	• Clients must be willing to engage in services and able to participate • Must be free of acute mental health issues such as acute suicidal ideation, acute psychosis, or GAF rating below 30 • High-risk, pregnant females are viewed as enrollment priority • Clients must be attached to a case manager willing to complete the referral application and provide individual sessions as required (for MHAS staff, the core assessment must be completed as part of the individual sessions) • Clients must be screened for appropriateness at intake and/or prior to referral using the referral application
Services	• Adult Addiction Day Treatment program provides a client centered approach to wellness. • Program focuses on assisting individuals to achieve greater responsibility for their individual recovery, provides access to resources for on-going support and uses the harm reduction model to promote quality health and well-being • Provides a continuous intake • Staffed with nurses and clinicians • Provides programs for clients with addictions or concurrent issues in a group module format • Recreational/leisure support • Nutrition education • Does not provide individual case management • Works in collaboration with community partners: MHAS Case Managers, Native Friendship Centres, Needle Exchange Programs, and Community Supportive Recovery beds etc. • General Practitioners provide some client support (sessional time) • No psychiatry services are available for this program at this time

WITHDRAWAL MANAGEMENT PROGRAMS

FORT NELSON GENERAL HOSPITAL	
Contact Information	5315 Liard Street, Fort Nelson, BC V0C 1R0 Phone: (250) 774-8100 Fax: (250) 774-8110
Age Group	Adults 19+
Admission Criteria	N/A
Services	• Two allocated beds for substance use withdrawal that are augmented with MHA clinical services • Support for hospital withdrawal and community follow-up services will be done by a MHA clinician/nurse who is part of an InterProfessional Team (IPT) • MHA clinician/nurse attends the hospital each day to see patients who might have mental health or substance use issues, completes an assessment, and provides inpatient treatment suggestions, by taking part in "huddles" and discharge planning to ensure withdrawal services are provided in the hospital, and appropriate services and community supports are in place when the patient is discharged

NECHAKO YOUTH TREATMENT PROGRAM	
Contact Information	1308 Alward Street, Prince George, BC V2M 7B1 Phone: 250-565-2881 Fax: 250-565-2883
Age Group	Youth
Admission Criteria	N/A
Services	• One acute bed for medical detoxification that can be utilized on short notice if it is available.

WITHDRAWAL MANAGEMENT PROGRAMS

PRINCE GEORGE ADULT WITHDRAWAL MANAGEMENT UNIT

Contact Information	1308 Alward Street, Prince George, BC V2M 7B1 Phone: 250-565-2175 Fax: 250-565-2883
Age Group	Adults Age 19+
Admission Criteria	N/A
Services	• Provides substance misuse management for adults through medical detox, integrated case management, family and community care management, education, recreational activities, and individual, family, and group support. Details: • Regional program • 14 bed unit with 6 dedicated beds for acute, 6 non acute beds and 2 transition beds • Program service is for detoxification, assessment and recommendation for follow-up case management or treatment in community services • Referrals are accepted from many different sources such as, NH Mental Health & Addiction programs across the region physicians, community agencies, emergency department, community programs, self referrals, RCMP etc. • Waitlist management of beds • Step down program allows for assessment of readiness for services through group model work • Collaboration of services with community partners for treatment planning beyond detoxification, referred to community supportive recovery beds or Addictions Day Treatment Program • Supported by General Practitioners through sessions and an interprofessional team.

INTENSIVE CASE MANAGEMENT

FORT ST JOHN ICMT OUTREACH SERVICES

Contact Information	#172 – 8407-112 Avenue, Fort St John, BC V1J 0J5 Phone: 250-261-7271 Fax: 250-261-7526
Age Group	Adults 19+
Admission Criteria	• Target population for ICMT is adults 19 years of age or older with problematic substance use or chronic dependence with or without mental illness, concurrent disorders (substance use and mental illness) or co-existing functional impairment. • Individuals will be facing complex challenges related to health, housing (e.g., being homeless or unstably housed), poverty, and face barriers in accessing existing health or social service. Some may be involved with the criminal justice system and in need of additional services. They require more intensive services than are available in the traditional mental health and substance use system of care.
Services	• Overall purpose of the Intensive Case Managment Team (ICMT) is to improve health care and outcomes for individuals and families who are impacted by problematic substance use or addiction with or without mental illness, and are experiencing functional challenges related to community living, including housing and income, through the provision of intensive community- based outreach services. ICM Team provides transitional assistance with: • Establish linkage and access to Primary Care • Daily activities • Physical Health • Family life • Employment • Housing assistance • Advocacy • Financial support • Harm Reduction Support and • Treatment Centre Options • Continuity of Care • Education • Liaising with community resources for Food Security Options, harm reduction supplies, etc.

INTENSIVE CASE MANAGEMENT

DAWSON CREEK ICMT OUTREACH SERVICES

Contact Information	1001-100th Avenue, Dawson Creek, BC V1G 4X3 Phone: 250-719-6525
Age Group	Adults 19+
Admission Criteria	• Target population for ICMT is adults 19 years of age or older with problematic substance use or chronic dependence with or without mental illness, concurrent disorders (substance use and mental illness) or co-existing functional impairment. • Individuals will be facing complex challenges related to health, housing (e.g., being homeless or unstably housed), poverty, and face barriers in accessing existing health or social service. Some may be involved with the criminal justice system and in need of additional services. They require more intensive services than are available in the traditional mental health and substance use system of care.
Services	• Overall purpose of the Intensive Case Managment Team (ICMT) is to improve health care and outcomes for individuals and families who are impacted by problematic substance use or addiction with or without mental illness, and are experiencing functional challenges related to community living, including housing and income, through the provision of intensive community- based outreach services. ICM Team provides transitional assistance with: • Establish linkage and access to Primary Care • Daily activities • Physical Health • Family life • Employment • Housing assistance • Advocacy • Financial support • Harm Reduction Support and • Treatment Centre Options • Continuity of Care • Education • Liaising with community resources for Food Security Options, harm reduction supplies, etc.

SUBSTANCE AFFECTED SERVICES

FORT NELSON MENTAL HEALTH & ADDICTION SERVICES INTERPROFESSIONAL TEAM (IPT)	
Contact Information	Fort Nelson Health Unit, 5217 Airport Drive, Fort Nelson, BC V0C 1R0 Phone: 250-774-7092 Fax: 250-774-7096
Age Group	All Ages
Admission Criteria	Must be affected by someone else's substance use (parent, adult youth children, spouse, etc)
Services	• The Mental Health & Addiction community programs do not offer specific substance affected programming but will support those who are affected by someone else's substance use

FORT ST JOHN MENTAL HEALTH & ADDICTION SERVICES	
Contact Information	#300-9900-100 Avenue, Fort St John BC V1J 5S7 Phone: 250-263-6080 Fax: 250-263-6012
Age Group	All Ages
Admission Criteria	Must be affected by someone else's substance use (parent, adult youth children, spouse, etc)
Services	• The Mental Health & Addiction community programs do not offer specific substance affected programming but will support those who are affected by someone else's substance use

FIRST NATIONS MOBILE SUPPORT

FORT ST JOHN FIRST NATIONS MOBILE SUPPORT TEAM	
Contact Information	Fort St John Hospital & Peace Villa Facility 8407-112 Avenue, Fort St John BC V1J 0J5 Phone: 250-261-7271 Fax: 250-261-7526
Age Group	Adults 19+
Admission Criteria	Services target the health and well-being of individual First Nation community members and their families and will be available within First Nations communities.
Services	The First Nations Mobile Support Team members have specialized training in mental health and substance use disorders and they provide a continuum of services such as: • Suicide and mental illness prevention and intervention strategies • Prevention and promotion activities (e.g. community education events) • Intervention activities (e.g. risk assessments, mental health & addictions assessments, case management and care planning for individuals in their communities) • Consultation for urban Aboriginal populations on cultural interventions • Act as supportive connections for communities and staff with Integrated Primary Care Homes and services. • Crisis response when communities are impacted by critical events and require services and support exceeding existing capacities • Regular, pre-scheduled visits (e.g. one day per week in individual communities). • Assist and support with accessing resources through existing services, including in-hospital capacity building around service provision and discharge plans. The First Nations Mobile Support Team collaborates with individual First Nation communities to improve and refine culturally responsive care and services for communities and individuals and support community-driven Nation-based local health planning.

SUPPORTIVE RECOVERY SERVICES

FORT ST JOHN SUPPORTIVE RECOVERY BEDS

Contact Information	Northern Centre of Hope – Salvation Army 9824 99th Avenue Fort St John, BC Phone: 250-785-0372 Fax: 250-785-0646
Age Group	Adults 19+
Admission Criteria	• Clients must be actively and willingly engaged in services with a case manager • Must be TB tested negative • Must be in the actions stage in the stages of change and must not have a safe, substance-free living situation to support recovery. Those who meet the financial requirements may be subsidized for a bed
Services	• There are 4 supportive recovery beds contracted to deliver low to moderate support in a safe, structured living arrangement, free of alcohol and illicit drugs, in which the client resides during their recovery • Provides services for clients who have completed primary withdrawal management and who may be waiting to enter or are participating in a therapeutic program outside of supportive recovery such as the day program, or those in the process of reintegrating back into the community • May also be used during times of crisis when there is a high risk of relapse. • Supportive Recovery Services do not provide intensive residential treatment. • Supportive recovery is responsible to provide support and safety through a model of peer/lay support and structured activities including activities of daily living.

OPIATE AGONIST THERAPY

CHETWYND MENTAL HEALTH & ADDICTIONS COMMUNITY PROGRAM	
Contact Information	5125 – 50th Street SW (across from Post Office), Box 148 Chetwynd, BC V0C 1J0 Phone: (250) 788-7300 Fax: (250) 788-9877
Age Group	Adults 19+
Admission Criteria	• Opioid dependent • Wanting to reduce harm or drug use
Services	• Provides opiate agonist therapy services to individuals with drug dependency within a primary health care environment

DAWSON CREEK OPIOID AGONIST THERAPY PROGRAM	
Contact Information	Dawson Creek Health Unit 1001 110th Street, Dawson Creek, BC V1G 4X3 Phone :(250) 719 6525 Fax:(250) 719-6540
Age Group	Adults 19+
Admission Criteria	• Opioid dependent • Wanting to reduce harm or drug use
Services	• Provides opiate agonist therapy services to individuals with drug dependency within a primary health care environment

FORT ST JOHN MENTAL HEALTH & ADDICTION SERVICES	
Contact Information	Dawson Creek Health Unit 1001 110th Street, Dawson Creek, BC V1G 4X3 Phone :(250) 719 6525 Fax:(250) 719-6540
Age Group	Adults 19+
Admission Criteria	• Opioid dependent • Wanting to reduce harm or drug use
Services	• Provides opioid substitution (methadone/suboxone) methadone treatment services to individuals with drug dependency • Offers individual counselling, education, support, and methadone treatment interdisciplinary case management

OTHER: NON-PROFIT CHRISTIAN ORGANIZATIONS

A NEW DAY IN THE PEACE MINISTRIES	
Contact Information	RR #1, Site 5, Comp 22, Station Main Fort St. John BC V1J 4M6 Phone: 250-785-1008 Email: info @newdayministries.ca Website: www.newdayministries.ca
Age Group	Women 19+
Admission Criteria	None mandatory, although often they will receive referrals from doctors of the Salvation Army
Services	• Residential/after care for adult women dealing with addictions • Core program is a curriculum of bible-based teachings. • The team who works with the residents are counsellors with their masters degrees, prayer ministers, and experienced mental health workers. • Focus is on dealing with the root causes of addiction and the overarching goal of the program is to see people find lifelong freedom from addiction • The facility is in a country setting and elements of working on a farm are integrated into the daily program. Residents are encouraged to commit to 12 months of training and living at the centre

12 STEP PROGRAMS

COMMUNITY	AGE GROUP	MEETINGS PER WEEK
Charlie Lake Alcoholics Anonymous	Adults	1
Chetwynd Alcoholics Anonymous	Adults	2
Dawson Creek Alcoholics Anonymous	Adults	5
Dawson Creek Cocaine Anonymous	Adults	2
Dawson Creek Narcotics Anonymous	Adults	1
Fort Nelson Alcoholics Anonymous	Adults	2
Fort Nelson Narcotics Anonymous	Adults	1
Fort St. John Alcoholics Anonymous	Adults	7
Fort St. John Alcoholics Anonymous Family Group	Family members impacted by another's substance use	1
Fort St. John Narcotics Anonymous	Adults	3
Tumbler Ridge Alcoholics Anonymous	Adults	1

ADDITIONAL SERVICES AND RESOURCES

ABORIGINAL PATIENT LIAISONS

North Peace (Fort St. John and Fort Nelson)	Fort St. John Hospital 8407 112 Ave, Fort St. John, BC V1J 0J5 Phone: 250-261-7418
South Peace	Chetwynd Primary Care Clinic 5125 – 50th Street SW (across from Post Office) Box 148 Chetwynd, BC V0C 1J0 Phone: 250-788-7202
Dawson Creek	Dawson Creek Health Clinic 11100 13 Street, Dawson Creek, BC V1G 3W8 Phone: 250-782-6190

ONLINE RESOURCES

BC CENTRE FOR DISEASE CONTROL (BCCDC)	http://www.bccdc.ca/our-services/programs/overdose-response
TOWARD THE HEART	https://towardtheheart.com
HEALTHY FSJ	http://www.healthyfsj.ca/
FIRST NATIONS HEALTH AUTHORITY (FNHA)	https://www.fnha.ca/
NORTHERN HEALTH AUTHORITY (NHA)	https://www.northernhealth.ca/health-topics/overdose-prevention

OPS Feasibility Study

OVERVIEW OF FORT ST. JOHN

FEASIBILITY & ANALYSIS
FOR THE CITY OF FORT ST. JOHN

PREPARED BY:
DR. CARSON MCPHERSON
JILLIAN RICHMAN, MAIS

JUNE, 2020

Terms of Reference

OPS- Overdose Prevention Sites

SCS- Safe Consumption Sites

SIS- Safe Injection Sites

PWUS- Person(s) who Use Substances

HIV- Human Immunodeficiency Viruses

HCV- Hepatitis C Virus

EMS- Emergency Medical Services

RCMP- Royal Canadian Mounted Police

CSI- Crime Severity Index

OAT- Opioid Agonist Therapy

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PART 1: FORT ST. JOHN OVERVIEW

Between January and April 30, 2020, the Northern Health Authority has seen the highest rate of illicit drug toxicity deaths, with 28 deaths per 100,000 individuals, as compared to British Columbia's (BC) overall rate of 22 deaths per 100,000 individuals (BC Coroners Service, 2020).

In BC, the substances that contribute to the greatest health harms and health care costs are: tobacco (12%), alcohol (10%), and other illegal substances (2%). When considering the economic impact in 2002, nearly $40 billion was attributed to problematic substance use in Canada. Of this, tobacco accounts for nearly 43% of the costs and alcohol nearly 37%. Illegal substances account for over 20% of the economic burden of substance use despite its seemingly low impact on the burden of disease of 2% (Northern Health, 2012).

The Opioid Crisis in Northeastern BC and Fort St. John

The number of opioid overdose deaths in Northeastern BC are significant and have been increasing over the past three years (BC Coroners Service, 2020). In particular, Fort St. John and Northeastern BC faced more illegal drug overdose-related deaths than the rest of Northern BC in 2019 (Urban Matters, 2019). In 2018, the number of people in Fort St. John who saw paramedic or emergency response attention was 150-200 people per 100,000: the second-highest rate in the province (Urban Matters, 2019). In addition, the opioid crisis has increased crime and homelessness in communities across North and Northeastern BC, however, the media attention in BC tends to focus on Vancouver (Hosgood, 2019).

Despite the initiation of services in Southwestern British Columbia, resources, system design, and funding in Northeastern BC are lagging. Increased efforts to develop a comprehensive recovery-oriented continuum of care are required. Teves (2019) details that partnerships and collaborations are growing within Fort St. John to combat the opioid crisis, including Community Action Teams, working groups, and with Peers (people with living or lived experience with opioid use or addiction). These collaborations aim to educate people about the opioid crisis in Fort St. John, identify community-based solutions, and explore harm reduction as well as treatment and aftercare services (Teves, 2019).

Industry Influences

Workplace hazards in the energy, mining, and construction industries increase the risk of problematic substance use (Ompad, Gershon, Sandh, Acosta & Palamar, 2019). Shift work, work-related injury, repetitive strain injuries and other occupational hazards can lead to self-treatment with pain medications, including opioids. These workers also have a higher likelihood of binge drinking and using marijuana, as well as frequent psychotropic drug use for symptoms such as headaches, tiredness, nervousness or anxiety, and insomnia (Ompad et al., 2019). Due to these factors and the high prevalence of workers employed in these industries in the Fort St. John community, new interventions are required (WorkBC, 2019).

Transient or 'Shadow' Population

A transient or 'shadow' population describes a group of people who reside in Fort St. John for temporary periods of time for work-related circumstances. One example is the introduction of Site C, where it has been reported that the population of the community sometimes doubles, but there are no official counts (WorkBC, 2019). The influx of newcomers overwhelms community services, which were already at their limit prior to the boom. Work camps with a hyper-masculine,'partying all night' atmosphere and degraded support systems, leads many to problematic substance use patterns (Ompad et al., 2019). Without additional funds available for healthcare, affordable housing, social services and law enforcement, bitter impacts on the community and residents have been observed (Teves, 2019).

Poverty in Fort St. John

There are many reports of transient workers moving to the community to find work but instead become an increasing drain on the community's resources (Teves, 2019; Fionda, 2017). In 2018, 61 people in Fort St. John considered themselves homeless, with 75% of this group identifying as male and 60% identifying as Indigenous (Urban Matters C.C.C, 2019). Income support rarely covers the cost of housing, let alone utilities and other expenses during the cold winter months. Food costs in the region are high, and transportation, especially out-of-town, is expensive (WorkBC, 2019).

First Nations Populations

Among the top perceived gaps in services in Fort St. John is the lack of culturally safe and relevant services for First Nations populations (First Nations Health Authority, 2018). Feedback and personal accounts of First Nation individuals describe stigmatizing and isolating experiences with medical facilities and social services, as discriminatory attitudes continue to pervade across

the Northeastern BC populations. In 2018, a homelessness count by the First Nations Health Authority in Fort St. John found that 60% of respondents identified as Indigenous.

First Nations populations in BC are five times more likely to experience opioid-related overdose deaths and three times more likely to die from opioid-related overdose deaths than non-First Nations (First Nations Health Authority, 2018). Evidence shows that the gap between First Nations and non-first nations is getting wider for four primary reasons: racism and stigma as a barrier to healthcare, lack of access to culturally safe and appropriate treatment, social determinants, and intergenerational trauma (First Nations Health Authority, 2019). Another major challenge faced by these communities is that First Nations women are dying at a much higher rate than non-First Nations women due to opioid overdoses, which accounts for a large proportion of overall disparity in death rates (First Nations Health Authority, 2018)

PART 2: Overdose Prevention Sites

Overdose Prevention Sites (OPS) are a growing, evidence-based, and novel solution to the opioid crisis (Health Canada, 2018). The first documented and legally sanctioned OPS was established in Switzerland in 1986. Currently, there are hundreds of sites internationally and over 25 in British Columbia alone (Health Canada, 2018).

Background

Substance use represents a source of numerous harmful effects on the health and social welfare of People Who Use Substances (PWUS). It causes enormous strain on healthcare resources due to blood-transmissible viral infections, psychiatric disorders, physical illness, unemployment, violence, public degradation, homelessness, crime, and prostitution (EMCDDA, 2016).

Initially, OPS were established as an intervention to support marginalized and vulnerable people who were especially at risk and unlikely to access services via traditional channels (Boyd et al., 2018). They aimed to reduce the spread of disease through the promotion of safe injecting practices, prevent overdose death while connecting users to treatment and other health or social services (Bagley, Schoenberger, Waye & Walley, 2019). Often these individuals had been precluded from accessing public services due to their substance use behaviour, which only served to aggravate their situation, increased their isolation from society and heightened their overall health care risks (Bagley et al., 2019). In a recent study, positive impacts were discovered regarding the implementation of an OPS during a time of a public health emergency in Victoria, including an increase in opportunities for early intervention in the event of an overdose, reduced trauma for staff and service users, organizational transitions from the provision of safer supplies to safer spaces, reduction of negative stigma, increase of trusting relationships and greater opportunities for establishing connections to other services (Pauly et al., 2020).

Rationale

To overcome the social and cultural barriers, the first OPS provided a safe, non-judgement linkage into the public health and welfare systems (Clarke, Bao, Weinrib, Duvin & Kahan, 2019). OPS workers established trusting relationships, leading to increased referrals to social programming, decreased access to high-cost emergency services, increased access to addiction treatment and eventual re-entry into the workforce (Belzak & Halverson, 2018).

Furthermore, OPS responded to community concerns related to public drug consumption and neighbourhood safety by providing a supervised, contained, and sanctioned space for use.

OPS aimed to decrease the rate of drug-related crimes and the number of unsafely disposed of syringes (Belackova et al., 2019).

Criticism

Crises, by nature, require rapid action, and the opioid crisis is no different. This brings about challenges to the implementation of OPS. Typically, OPS re]immediate implementation, which leaves little room for system design or training for communities with limited understanding of harm reduction initiatives (Wallace, 2019). Trauma-informed care and specified training is an often overlooked element of OPS, despite being crucial to successful harm reduction strategies (Bowen & Irish, 2020). One of the primary criticisms of OPS is that results are variable and dependent on their structure, policies, and training elements (BCCDC, 2017).

Another critique of the nature of OPS is that they can operate as somewhat of a band-aid fix without addressing many of the root issues, such as contamination of the drug supply (Pauly et al., 2020). Some feel that OPS will discourage community members from seeking abstinence-based treatments (Arkell, 2018). However, evidence shows that though these concerns are valid, OPS continue to show positive results when combined with other harm-reduction strategies (Arkell, 2018). In order to be successful, these strategies need to be thought about in the context of a larger system rather than as isolated treatment options.

Types of Overdose Prevention Sites

Health Canada (2019) regulates three types of OPS classifications:

Safe Consumption Sites (SCS): Are required to offer a network of support services for individuals, including referrals to addiction treatment programs, counselling, housing support services and other ancillary health services. They do not limit the type of consumption and include injectable, oral and intranasal consumption. These are permanent facilities and required to conduct community surveys, feasibility studies, consultations with community partners and other steps prior to licensing.

Safe Injection Sites (SIS): Similar to SCS, SIS differs by only supporting the consumption of injectable substances.

Overdose Prevention Sites (OPS): These sites are temporary establishments with a purpose to address an immediate need in the community. They can be set up in a matter of weeks because they do not require community surveys or consultations, among other steps and are not required

to have support services in place like a SCS. In addition to the permanence and service offering, OPS can be classified by where they are located and how they are operated.

Specific Models of Service:

Within the three classifications, the BCCSU (2019) recognizes various models of OPS service delivery to meet the specific needs of users.

Fixed stand-alone model: Provide services to a population centralized in a single neighbourhood but actively avoid seeking healthcare services due to a myriad of factors.

Integrated model: Located within larger facilities and provide wrap-around care to individuals with complex health care needs and who face social challenges. These include Hepatitis C and HIV patients or unstably housed individuals who may not access adequate healthcare or social services due to their substance use behaviour.

Embedded model: Similar to the integrated model, these sites offer services inside larger institutions or supportive housing environments. These are most appropriate in institutions where illegal substance use is already occurring frequently, but covertly.

Mobile outreach model: When substance use is not central to one location, mobile units can provide safe consumption and support services to various populations. They are often seen as more acceptable to local stakeholders because of their smaller scale and adjustable operational model.

Women-only model: Women are more likely to need assistance, increasing their risk to disease, overdose and drug-related harm. These sites provide protection from physical, sexual and intimate partner violence.

Literature on Overdose Prevention Sites

An overwhelming body of scientific evidence demonstrates that OPS, when partnered with a larger continuum of services, reduce disease, mortality and improve referrals to health, social and addiction services (Clarke et al., 2019). Overall, the literature demonstrates:

Decreased overdose deaths: A marked decrease has been reported in communities with OPS (Belzak & Halverson, 2018). Additionally, these sites respond to overdoses in real-time and collectively report hundreds of thousands of overdose reversals. Nursing staff monitor PWUSs closely and administer overdose reversal protocols as required. In addition, workers monitor and

test the safety of the drug supply in the area in order to educate the public, first responders and OPS patrons when the drug supply becomes unusually dangerous (Bagley et al., 2019).

Reduction in the spread of HIV and HCV transmission: Northern BC faces the highest rates of HCV across the whole province (BCCDC, 2017). The spread of bloodborne illness through unhygienic injection practices has been dramatically reduced through the education, awareness and equipment supplied through OPS in Canada and internationally (Bagley et al., 2019).

Prevention and reduction of sexually transmitted disease and infections: Transmission of sexually transmitted illness diminishes in communities with OPS alongside other illness through education and distribution of condoms, lubricants and dental dams. Nurses also provide information about birth control and pregnancy care (Belackova et al., 2019).

Decreased drug use in public spaces: Workers at OPS commonly perform outreach work, seeking out PWUS in public spaces and inviting them to the OPS. Often signs are posted in parks, alley-ways and other places where drugs are commonly consumed, and handbills are distributed on the streets and via other service providers. Overwhelmingly, the evidence demonstrates that OPS are well utilized and in high demand (Wood, Tyndall, Montaner & Kerr, 2006).

Decreased strain on emergency services: Amidst the opioid crisis, paramedics and emergency room departments experienced a marked increase in the number of individuals requiring services (Belackova et al., 2019). By offering ancillary services such as wound care, vein care, foot care, safe sex, birth control and immunization services, they were successful in working towards stabilizing the situation.

Overall cost savings: Cost analysis summaries report that OPS present a cost savings of as high as $5 saved for every $1 spent. These savings are attributed to patients who have been diverted from calling EMS, attending an ER or attracted HIV or HCV (BC Harm Reduction Strategies and Services, 2014).

Unintended Outcomes

Increase nuisances surrounding OPS: Higher numbers of discarded needles and debris are reported, as well as increased social disorder in the vicinity of OPS, has varied from community to community. In some instances, no change has been described, whereas dramatic increases have been observed in others (Pijl, 2019).

Perception of increased community drug use and its related risks: Although there is a common misconception that OPS increase the likelihood of individuals using or becoming addicted to substances, the medical evidence demonstrates the overwhelming majority of OPS users already

exhibit a long-standing history of use. Instead, OPS offer an early intervention system for individuals without a sustained pattern of use (Potier, 2014).

Impact on community in neighbourhoods surrounding OPS: Across the board, the perceptions of increased crime rates and risks to public safety have been observed. However, a detailed analysis of the Crime Severity Index (CSI) across OPS demonstrates no significant rise in the rates of criminal activities. Nevertheless, they do concentrate on social disorder to a central location, which feeds into public misconceptions and fear (Wood et al., 2006).

Impact on business in neighbourhoods surrounding OPS: In a few instances, businesses in the vicinity of OPS have reported a decline in patronage due to increased social disorder, perceived safety risks and drug-related debris in the area (Pijl, 2019).

Unique challenges in rural communities: Distinct areas of social disorder and public drug use are not apparent in most rural communities, as they are in urban centres. Substance use behaviour is more widely dispersed, and its severity is hidden. This creates challenges in understanding the extent of the issue and the number of individuals affected. When OPS are first established, this hidden issue becomes centralized, causing immediate impacts to the vicinity. In some cases, rural communities have been ill-equipped to respond effectively (ARCHES, 2019).

Strategies to Mitigate Unintended Outcomes

Location selection: Because there is a public 'not in my backyard' attitude, site location is important when establishing a successful operation. Generally speaking, OPS are located near other social service providers, where public drug use is already evident and becoming problematic. Collaboration with community stakeholders to assess readiness and approval is key. Understanding and addressing concerns proactively, while conceiving solutions, is equally critical. Mobile units can be introduced as a measure to dispel negative perceptions because they are viewed as temporary, low cost and can be relocated.

Community education: Communication via newsletter, media, digital resources, town halls, and in-person meetings is essential to dispelling myths, fear and misconceptions.

Good neighbour meetings: Establishing rapport and dialogue with existing businesses and residents in the area, allows for obstacles to be overcome and reduces the likelihood of issues escalating.

Outreach and resource support programs: Outreach and peer support programs on the street and in the community have an important role firstly in attracting individuals to the OPS but also in monitoring and mitigating negative impacts in the community.

Needle and debris pick-up: OPS often provide sharps receptacles, pick-up and disposal services in the community to reduce impact. In addition, they can provide street-level needle and debris clean-up.

OPS patron community service: Where possible and appropriate, involving OPS patrons in street clean-up, community beautification and other activities has been beneficial to community acceptance.

OPS patron rules and monitoring: Rules limiting drug sharing and injecting others, as well as close monitoring has been demonstrated to prevent increases in substance use behaviour in relation to OPS.

Diversion and transportation supports: Supports to monitor and dissuade public intoxication, loitering, sleeping on the street, panhandling, public psych behaviour, and other disturbances have been shown to mitigate public discourse. They achieve this by providing street-level supervision, lounge access, transportation support, recreational activities and referrals to other services.

Public security guards: In some cases, professional security guards have been employed to patrol the vicinity to deter violence, trespassing, theft, prostitution and vandalism.

Biohazard clean-up: There are instances where OPS also provide appropriate and safe clean-up of bio-hazardous materials in the community, including defecation, vomit and blood.

Overdose Prevention Sites in Practice

Canadian Examples

OPS are part of a long-term, comprehensive approach to addressing the harms associated with problematic substance use. Health Canada has proposed Overdose Prevention and Safe Consumption Sites as a key component of harm reduction alongside the strategies of treatment, prevention and enforcement (Health Canada, n.d). There are currently over 80 current/proposed OPS and SCS across Canada. Please refer to Health Canada's website.
(https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/status-application)

Case Example: Vancouver, BC - Insite

Overview

- Located in Vancouver's downtown eastside
- Original SIS, obtained federal exemption from government of Canada
- Three years initial license beginning in September of 2003
- 337 daily users
- 12 SI Booths operating from 9 am-2 am 7 days a week
- Nurses, Addiction Counsellor and Support Staff
- Following the original pilot, an adjoining 12-bed detox and transitional housing facility was added to the site

Service Model

- Access to clean injection equipment, including syringes, sterile cookers, filters, water and tourniquets
- Access to take-home naloxone kits and drug checking strips
- Post injection room, where they can have juice or coffee and hang out with staff in a safe environment
- Insite staff are experts at listening, and, through listening to participants' stories and needs, help connect them to other services including wound treatment, housing needs and referral to treatment services such as detox, withdrawal management and opiate replacement

Utilization

- 189,837 visits by 5,436 individuals
- An average of 337 injection room visits per day

- 1,466 overdose interventions
- 3,725 clinical treatment interventions (such as wound care, pregnancy tests)
- Substances reported as used were opioids (62% of instances), stimulant (19% of instances), and mixed (19% of instances)

User Characteristics

- 23% Female
- 18% First Nations
- PWUSs were more likely to be younger, to inject in public, to be homeless or to live in unstable housing, to be daily heroin or cocaine users, and to have recently had a non-fatal overdose
- They were recruited through peer workers who initially engaged PWUSs through public, in-person outreach. 40% of initial individual contacts used the facility

Results

- PWUSs injecting in Public- Down 56%
- Publically Discarded Syringes- Down 47%
- Injected Related Litter- Down 52%
- 3,200 Referrals to public services per year
- 1,280 Referrals to addiction treatment per year
- Zero overdose-related deaths although a high number of overdoses occurred
- Zero reported increases in crime or social disorder in the vicinity

Unique Challenges

- The first site in Canada to receive federal exemption status to observe illegal drugs onsite

Case Example: Lethbridge, AB ARCHES

Overview

- Located in Lethbridge's downtown core
- Opened in March 2018
- Approx 663 daily users
- 13 Supervised Booths and 2 Supervised Inhalation Booths
- 24hr access to counselling services
- Registered Nurses, Licensed Practical Nurses, Primary Care Paramedics, Addiction Counsellors, Harm Reduction Specialists and Peer Support Workers
- ARCHES also provides daily recreation and cultural activities for patrons

Service Model

- Access to clean injection equipment, including syringes, sterile cookers, filters, vein ties, water and pipes
- Access to condoms, dental dams, female condoms, lubricant, feminine hygiene products
- Access to take-home naloxone kits
- Nurses also provide STI testing, Blood Borne Pathogen testing (HIV, Hepatitis A, B, and C), Safer sex education, Pregnancy testing, Vein care, Wound care, Basic lab work and referrals to other health care practitioners
- Counselling, indigenous support services, LGBTQ+ services, system navigation and virtual OAT is also provided

Utilization

- 267,754 visits to SCS
- 1555 unique users who have accessed services

User Characteristics

- Only 21% of attendees are from Lethbridge

Results

- 3,289 medical emergencies
- 24,600 medical services provided
- 9,457 referrals made to external service providers, including:
    - 178 referrals to housing

- 1,330 referrals to health care services (medical specialists, general practitioners, prenatal supports, community paramedics and nursing care)
- 220 referrals to mental health services
- 703 referrals to addictions counselling
- 127 referrals to recovery coach program

*statistics from Feb. 28, 2018 – January 31, 2020

Unique Challenges

- A severe lack of housing for individuals still using substances
- A lack of addiction supports to provide OAT
- A large migrant population

Case Example: British Columbia Interior, Mobile Units

Overview

- Individual, retrofitted 35-ft RVs located in each Kelowna and Kamloops
- Each unit provides two booths for safe injection, a lounge area and an additional area for ancillary medical services and counselling
- Intranasal and inhalation consumption is not allowed
- Units operate Tuesday-Saturday with four-hour shifts at two separate locations

Service Model

- Two mobile units are deployed to approved locations in Kamloops and Kelowna
- Harm reduction and safe injection advice is provided on request
- Referrals to community services are available

Utilization

- From August to November 2017, there were 6,105 visits to the Kelowna mobile SCS and 1,865 visits to the Kamloops mobile SCS
- 626 naloxone kits were given out in Kelowna and 373 in Kamloops during the evaluation period

User Characteristics

- 68% were male
- 72% reported having unstable housing
- 41% self-identified as aboriginal

Results

- A total of 23 overdoses in Kelowna and seven overdoses in Kamloops were reversed
- A total of 237 referrals to either health or social services occurred during the evaluation period across the two sites
- 75% of providers reported seeing health-promoting changes in clients
- Kelowna was supportive of the mobile SCS (60%)
- Kamloops, the majority did not support the SCS (86%) due to worsening visible drug consumption, drug litter, drug-related crime, and public nuisance events since the introduction of the service

- Local environment and operational challenges with a mobile unit may deem this service more useful as a temporary measure to bridge towards a fixed, permanent site

Unique Challenges

- Service disruptions due to extreme weather and heating challenges
- Winterization of the mobile units required that all water be drained to prevent freezing, which resulted in handwashing sinks, taps, and toilets becoming unusable
- Movement of the unit when access doors opened and as people walked inside the unit caused physical instability for clients injecting
- 41% of clients reported that the hours of operation of the mobile SCS met their needs
- The limited space in the mobile SCS impacted the ability to respond to an overdose event and the ability to have a private/confidential conversation
- Limited space did not meet the needs of all clients who sought access to the services, leading some to leave due to long wait times
- Demand for the mobile SCS increased quickly after implementation, which pointed towards a possible underestimation of the need that only became apparent once the service was available

International Examples

Internationally, OPS are a well-documented, evidenced-based model to address the ever-growing concerns of addiction and substance use. Sites can be found in Australia, the UK, Portugal, Switzerland, Germany, Denmark, France, Norway, Spain, Luxembourg and the Netherlands, with proposed sites in the United States, Ireland and Scotland.

Case Example: Sydney, MSIC

Overview

- Originally opened for 4 hours per day five days a week but grew to be open seven days a week from 9 am-10 pm due to demand over an 18-month period
- Nurses, Addiction Counsellor and Support Staff

Utilization

- 3,810 users registered
- 5,6861 visits

User Characteristics

- 64% were male
- 9% were Indigenous
- 11% unstable housing

Results

- 1/4 visits (approx) resulted in a referral to other healthcare-related services (56% of these were related to vein care and safe injection education)
- 409 overdoses reversed
- 595 referral to drug treatment
- 443 referrals to primary care
- 346 referrals to social services
- Zero overdose-related deaths although a high number of overdoses occurred
- Zero reported increases in crime or social disorder in the vicinity

Unique Challenges

- Unexpected demand and continuously increasing demand

Case Example: Berlin & Barcelona, Mobile Units

Overview

- Individual, retrofitted RVs located
- Each unit provides three booths for safe injection, a lounge area and an additional area for ancillary medical services and counselling
- Units operate Monday, Friday, Saturday from 2 pm-6 pm
- Operated by a team of three workers: nurses or social workers supplemented by two local outreach workers in the vicinity
- Immunizations, screenings, referrals and counselling

Utilization

- 4,082 injections annually 2010
- No other available data

Unique Challenges

- The small scale of these SCS are due to the level of support for these types of services and funding available. It was reported that sometimes moving 100m was enough to dispel negative public sentiments

Services Commonly Offered at Overdose Prevention Sites

- Outreach, public awareness, education and prevention
- Safe injection/ consumption
- Overdose reversal kits
- Drug checking strips
- OAT Supports
- Safe sex and birth control
- Assessment and referral
- Counselling
- System navigation/Case Management
- Ancillary health care services (wound care, vein care, immunizations, disease screening and pregnancy support most common)

Admission Considerations for OPS

Screening and Intervention Programs: SBIRT (Screening Brief Intervention and Referral to Treatment): Implement an evidence-based model and practise to identify, reduce and prevent problematic substance abuse and addiction. The three major components of the SBIRT model include: 1) Screening by a healthcare professional, 2) Brief intervention with a healthcare professional, and 3) Referral to Treatment by a healthcare professional, either brief therapy or

additional treatment services (SAMHSA/HRSA, n.d.). Findings across multiple cross-site evaluation studies of the US Substance Abuse and Mental Health Services Administration (SAMHSA) SBIRT program concluded that it is an effective, innovative way to introduce a variety of new services that extend the continuum for PWUS, integrate SUD treatment into program care and general medicine, as well as improve efforts in early identification and intervention, even amongst non-dependent substance users (Babor, Del Boca & Bray, 2017; Bray et al., 2017). SBIRT use also showed improvements in treatment system equity, efficiency and economy (Bray et al., 2017).

Recovery Coaching: Match PWUS with Recovery Coaches (RC): a new role employed in addiction treatment that bridges the gap between short-term treatment and sustainable recovery (White, 2006). A person who is an RC is in recovery themselves and assists clients through recovery primarily through training and structured behavioural interventions that are designed to help learn new skills and support behavioural change. Through their experiential knowledge, they possess valuable insight and new perceptions about recovery and growth that can help guide others through the road of recovery. Similarly, Peer Navigators are people with lived experience of mental health or substance use concerns. Peer Navigators support PWUS with their goals and assist with finding access to appropriate services, such as physical and mental health, income, housing, legal resources, and community connections (CMHA, 2018).

Strengths-Based Motivational Interviewing Training for Staff: Motivational Interviewing (MI) is recognized by the SAMHSA as an evidence-based practice in working with people with various health, mental health, and substance use disorders. MI is a strengths-based, client-centred method for achieving effective change with people who are not yet thinking about change or are ambivalent (SAMHSA, 2010).

Linkages to Local and Provincial Recovery Oriented Services: When PWUS decide to proceed past OPS services along the recovery continuum, suitable access to programs needs to occur in a timely fashion. Recovery housing, OAT, inpatient and outpatient treatment, mutual support programs, recovery coaching and long-term support are required in order to help PWUS move towards improving their health and quality of life.

Longitudinal Follow-up and Program Evaluation: In order to establish the most effective system of care, continual evaluation and gap analysis will help to ensure the development of coherent systems and structures, and appropriate long-term patient care.

Gaps to OPS Success within Fort St. John to Address

Though all of the essential services prescribed for adequate management and treatment of problematic substance use exist in Fort St. John, several deficiencies from the best, medically-evidenced models have been identified.

Absence of local withdrawal management or detox services: Easy and timely access to withdrawal management/detox services must be readily available when a PWUS reaches the point when they are ready and motivated to create change. A lack of a local resource coupled with wait times prevents individuals from bettering their circumstances. Some communities have opted for increased ambulatory withdrawal management supports (sometimes virtually) and reallocating hospital beds with LPN leads to create detox programs where appropriate (Sparc, 2018).

Absence of local youth programming: The overall mean age of Fort St. John residents are lower than the rest of the province. Where there is a critical need for youth programming across the province, the community of Fort St. John may be especially affected (Sparc, 2018).

Limited OAT services: Methadone and Buprenorphine programs allow PWUS to improve their current circumstance and have been demonstrated to lead to improved long term outcomes. Some communities are now implementing virtual OAT programs to supplement the need for Addiction Specialists in their communities and assist with prescriptions and monitoring (Urban Matters, 2019).

Limited intox or supportive recovery housing: Unstable or unsupportive housing prevents PWUS from improving their outlook and often leads to relapse. Housing options that allow for PWUS to continue to use-with-harm reduction interventions and support, as well as those which are strictly substance-free, are required along the continuum of care. Some work camps are now including supportive housing options on their sites (Urban Matters, 2019).

Limited family physician or primary care services: Wait times, short appointments, lack of follow-up, and lack of substance use knowledge prevent PWUS from accessing primary healthcare services and, therefore, referrals to specialized services. However, this is still the most common entry point into the public system. Across British Columbia, the large majority of individuals suffering an overdose death had recently visited a primary healthcare provider. Some communities are increasing training to primary care professionals and support staff to improve the quality of care, as well as embedding social work or substance use professionals into clinics. They are also adjusting to the Primary Care Network model of service (Sparc, 2018).

Limited peer/community support groups: Whether it be a 12-Step meeting, a recovery coach or other community peer support group, social connection and inclusion leads to PWUS being able to improve their lives. Some rural communities are linking to virtual peer support communities to enhance this support (Teves, 2019).

Trauma-informed and safe services: With a wide variety of services available and yet a growing concern, it is important to examine the utilization and retention of service users. Mistrust of the service user as well as mistrust of the service provider often exists and leads to poor relationships, utilization and retention. Training all service providers and support staff on recommended care practices has been evidenced to improve overall outcomes (Hartney, 2019).

First Nations supportive services: With a large first nations community, examining and reconciling the barriers to accessing services remains a priority and challenge across social and health care providers in British Columbia (Teeve, 2019). The Ministry of Mental Health and Addictions and the FNHA both recommend continually reviewing and examining services in Fort St. John to ensure they are as culturally safe and relevant as possible for all cultures in a community (Urban Matters, 2019).

Travel assistance: Poor public transportation links for services outside of Fort St. John creates steady obstacles for individuals seeking to improve their circumstances (Sparc, 2018).

Appropriate treatment intensity: Outpatient counselling and treatment programs are available locally in Fort St. John. However, it is difficult to ascertain if PWUS are being appropriately assessed and referred to the most suitable level of care based on the ASAM patient placement criteria. Due to the lack of treatment options, it is possible that PWUS are not receiving the most appropriate level of care (ASAM, 2020).

System navigation and coordination of care: Though many supports are available, without wait times, there is still public perception of a lack of appropriate services. Due to a myriad of providers along the continuum of care, it is likely that increased system navigation support, as well as coordination of service providers, is required (Urban Matters, 2019). For guidance on operationalizing an OPS and on licensing requirements, see Appendix A.

PART 3: Mobile Health Units

Custom vehicles loaded with various medical supplies, equipment, and skilled professionals have emerged internationally in response to underserved communities. They provide healthcare services to vulnerable and marginalized groups, which may be otherwise inaccessible due to stigma, travel or other cultural barriers.

Overview

Because of their unfixed location, MHU can be deployed and relocated to easily respond to changing healthcare demands, crises, and political climates. Services can include preventative, diagnostic, curative, palliative, and educational interventions in both underserviced rural and urban populations while supporting patients to access more mainstream assistance. Beyond custom vehicles, mobile health units can also deploy Mobile Health Care Teams (MHCT) to provide outreach support to communities where healthcare risks are observed, however, there is a reluctance to access traditional services.

Mobile Health Units in Canada

Across Canada, MHU have been observed to be well-documented and evidenced support when introducing assistance to rural, homeless and culturally precluded groups. The introduction of digital health advancements and new technology has bolstered the efficacy of these interventions.

Health for Good: Across Canada, Health for Good™ has partnered with communities in 9 cities to deploy 15 mobile health units (and expanding) servicing homeless individuals and those suffering from mental illness and addiction. These MHU are supported by psychiatric nurses, LPNs, psychiatrists, physicians and peer workers, many who volunteer their time to travel into some of Canada's most vulnerable neighbourhoods. They offer a full range of healthcare screenings and services, including harm reduction supplies, take-home naloxone, wound care, foot care, STI support, mental health and addiction assessments, general medical consultations and connections to community health providers. These MHU were established through public-private partnerships and the sponsorship of Telus Health and other entities, including various health authorities, Green Shield, Desjardins, CHMA, Van Houtte Real Estate Group, Doctors of the World and Canada Global Affairs. These units do not offer safe consumption services (Telus, 2020).

MOBYSS Youth Mobile Walk-In: MOBYSS offers support to York and South Simcoe, ON youth ages 12-25 with visits to local secondary schools in the region. With a nurse practitioner, youth mental health worker and peer support work on staff, youth can access supports related to general health, sexuality, mental health and substance use on a walk-in basis. They can also book an appointment online and receive text reminders (CMHA, 2020).

Saskatoon Health Bus: Operating seven days a week across five locations to create health equity for those who may not have access to health services due to geographical, social, economic, or cultural isolation. The bus is staffed by a nurse practitioner and a paramedic who provide vaccines, diagnose and treat common illness and injuries, provide STI testing, birth control, chronic disease monitoring, wound care, education, counselling and links to mental health and addiction services. They do not provide harm reduction supplies (Saskatchewan Health Authority, 2020).

Mobile Health Clinic Toronto: Launched in the 1980s, the Mobile Health Clinic was initiated to respond to the sexual health needs of female immigrant workers in Toronto's manufacturing factories. Since then, it has expanded to serve 50 workplaces, agencies, community centres, places of worship, adult learning centres, ESL schools, and settlement organizations. Its sole function is to provide sexual healthcare services (Immigrant Health Toronto, 2020).

Sherbourne Health Bus: The Rotary Club of Toronto sponsors this health bus to service individuals who often face barriers in accessing traditional health care services. It regularly stops at shelters, community agencies, and drop-in facilities to provide compassionate, non-judgmental and confidential care. They offer a complete array of primary care services, including harm reduction materials and education, however, they do not offer safe consumption support services (Shelborne Health, 2020).

Lookout Society Harm Reduction Unit, Metro Vancouver: The Lookout Society's Mobile Harm Reduction Outreach Team consists of two outreach workers who deliver harm reduction supplies, counselling and education to groups, individuals and organizations throughout Langley, Aldergrove, Delta and White Rock (Lookout Society, 2020).

International Case Studies

Examples of Mobile Harm Reduction Units (MHRU) have been documented internationally in Demark (Copenhagen), Portugal (Lisbon), Germany (Berlin) and Spain (Barcelona) since 2011. MHRU were first introduced as a low overhead option, bringing SCS to communities where infrastructure and political sentiment were a challenge. In addition, these mobile units were deployed in regions where drug markets were not centralized or fixed and where transportation prevented individuals from accessing support.

Generally, these vehicles are retrofitted vans, ambulances or RVs with 2-3 safe injection booths, a consultation/counselling space and cabinets to house medical supplies and other equipment. They are staffed by a 2-3 person team, which usually includes a nurse practitioner, a social worker and peer workers.

Fixelance- Copenhagen Denmark: This MHRU began illegally when its founder converted an old ambulance to provide support mainly sex workers in Copenhagen. Its creation led to the transformation of Denmark's drug policy where fixed locations as safe consumption sites are widespread (Orange, 2016).

Fixpunkt- Berlin, Germany: With two fixed locations for safe consumption, Berlin has an ever-changing drug market. Accordingly, neighbourhoods with concentrated public drug use are continually on the move. This mobile SCS program operates two vans that operate three days a week for four hours at a time. Demand exists for the expansion of these hours, however, operators have been unable to secure funding (Dietz et al., 2012).

Fixpunkt- Barcelona, Spain: Operating in an area with a long history of drug trafficking and public consumption, Barcelona's MHRU has long-standing partnerships with the community. It was used initially as a more 'palatable' SIF option in comparison to a fixed-site service and now is used to supplement smaller SCS locations (Dietz et al., 2012).

Fields of Safe Consumption - Lisbon, Portugal: Though SCS have been legally possible in Portugal for nearly two decades, other initiatives were prioritized, and they were never implemented. The city launched its first MHRU as well as two fixed location SCS in the spring of 2019 to provide further support to vulnerable and mainly homeless individuals (Taylor et al., 2016).

Canadian Case Studies

There are currently seven communities in Canada with MHRU in operations or pending approval by Health Canada. These include:

Calgary- HIV Community Link Mobile Supervised Consumption Site: (Pending Approval by Health Canada.) With its first SCS housed in downtown Calgary, a second mobile site was proposed for the eastside of Calgary in the spring of 2019. However, the site continues to face public scrutiny after the local community withdrew its support, and subsequently, the Government of Alberta released its March 2020 report Impact: A socio-economic review of supervised consumption sites in Alberta. The report sites concerns regarding the increase in needle debris, deteriorating public safety near supervised consumption sites, increased death rates in the vicinity of the sites, increase in calls to EMS in the vicinity of the sites, referrals to detoxification and treatment resources were not a focus, inconsistent and inaccurate classification of overdose reversals and substantial increases in non-opioid substance resulting in aggressive behaviour (Jeffery, 2019).

Hamilton- The Wesley Mobile: (Pending Approval by Health Canada.) After the landlord of Wesley Urban Ministries refused to renew its lease, the group has secured a new facility to operate a fixed SCS and treatment services. It plans to ease the transition by operating a MHRU (Wesley, 2020).

Ottawa- The Trailer: In 2017, Shepherds of Good Hope shelter opened a SCS trailer in its parking lot as a stop-gap measure responding to the opioid crisis. A new permanent facility will likely be complete in 2020, replacing the mobile site (Shepherd's Hope of Good, 2020).

Kamloops- Interior Health: The city of Kamloops has deployed one MHRU across two locations for 4 hours each Tuesday-Saturday. Operational challenges were identified within weeks of implementation, including space constraints, equipment limitations and challenges due to weather. Nonetheless, clients expressed a very positive overall experience with the service and the providers. However, the majority of Kamloops community stakeholders still do not support the SCS (Mema et al., 2019).

Kelowna- Interior Health: Kelowna's MHRU was deployed in a mirror fashion to the Kamloops unit and experienced the same operational challenges and client support. However, the majority of community stakeholders do support the SCS. Demand for the MHRU increased quickly after implementation, which could indicate an underestimation of the need due to the nature of demographics in the area and the lack of other harm reduction services available (Mema et al., 2019).

Grande Prairie- Northreach Mobile Supervised Consumption Service: Operating outside of a homeless shelter in Grande Prairie, this MHRU reports high rates of success. They attribute their achievement to a wrap-around care model and helping people along onto services such as detox treatment, addictions counselling (Northreach, 2020).

Montréal-Mobile de l'Anonyme: This MHRU operates Tuesday to Friday from 7 am to 1 pm and every night from 11 pm to 5 am, touring central neighbourhoods where public drug use and overdose is a challenge. In addition, they operate a 24/hr crisis line to move on demands in outlying areas. The community is in support of the SCS and reports increased safety, less drug-related debris and decreased social disorder in the neighbourhoods thanks to the efforts of the unit (L'Anonyme, 2020).

Community Level Overdose Response Services

In addition to SCS, a myriad of mobile and outreach services have been reported in response to the overdose crisis in North America.

Harm Reduction Services

Delivery of Harm Reduction Materials: The provision of naloxone kits, safe injection supplies, medical information and safer sex supplies are distributed to PWUS through various community programs and mobile units worldwide.

Mobile Rapid HIV/HCV Screenings: Many mobile units also offer on the spot HIV and HCV screenings to limit the spread of disease and link individuals with appropriate care and treatment.

Post-Overdose Response Services

Because individuals are more likely to access addiction treatment services following an overdose, these methods are designed to work with existing emergency services to identify patients at high risk of a second overdose event (Khanna et al., 2012). They endeavour to remove barriers such as stigma, lack of ID/care cards, cell phones or other means of communication, criminal prosecution and transportation in order to link overdose survivors with non-judgemental support and healthcare services.

Tailored Telephone Interventions: Peer workers, harm reduction workers and recovery coaches engage in three outreach calls to the homes of overdose survivors who have accessed emergency medical services. They make non-intrusive, supportive calls to offer awareness, education, treatment options and other supports to these individuals, their children and families following consent obtained during the medical emergency (Khanna et al., 2012).

Mobile Overdose Response Teams: Similar to Tailored Telephone Interventions, peer workers, harm reduction workers, and recovery coaches schedule follow-up home visits, with consent, to individuals experiencing a non-fatal overdose. They may also contact overdose survivors and offer support based on the referral of a concerned family member or community agency (Aronson, Bennett, Marsch & Bania, 2017).

Virtual Interventions: Devices preloaded with educational videos and digital questionnaires are distributed to patients following a non-fatal overdose. The videos explain an array of services available, including HIV/HCV screenings, housing support, drug checking, and take-home Naloxone to other harm reduction and recovery services. Following the video, the individual has the option to check a box requesting additional services without fear of judgement or criminal prosecution. This type of intervention limits the shame and intimidation of one-on-one interviews, results in increased uptake of follow-up services, and decreases the demand on workers (Aronson et al., 2017).

Medication First Initiatives: Initial and take home doses of buprenorphine and in some cases, naltrexone are supplied to patients in the emergency room with a predefined appointment to receive their next prescription (Aronson et al., 2017).

Mobile Overdose Survivors Community: Moderated online communities to provide linkages to overdose survivors and their families have been established to prevent social isolation, increase dignity and provide increased opportunities for awareness, education and links to other programming (Khanna et al., 2012).

Telephone and Virtual Supervised Consumption: In communities with high rates of overdoses occurring inside of the home, authorities have responded with telephonic and virtual supervision. This allows individuals to use drugs while on the phone or on-video chat with staff trained to respond should an overdose occur. They can also provide education and links to community support (Aronson et al., 2017).

Other Considerations

Accessibility: The ability to move to various locations has proved valuable in situations where the population of individuals who use substances is dispersed throughout the community (Khanna et al., 2012).

Capital Costs: Initial capital costs for the installment of MHRU versus a fixed location makes it an attractive and more attainable option in many communities (Mema et al., 2019).

Operational Costs: Though start-up costs are lower for MHRU, operational costs are higher due to the low patient to staff ratio (Khanna et al., 2012).

Social Acceptance: Community support for MHRU tends to be higher than fixed sites because they are viewed as a temporary, movable response to a crisis situation (Mema et al., 2019).

Responding to Demand: In communities with shifting patterns of drug use, seasonal fluctuations and moving drug markets, MHRU can be a more effective solution than fixed-site services (Dietz et al., 2012).

Impacts on Local Neighborhood: Where a central drug market already exists, an impact has been reported with debris/social disorder decreasing. However, in communities with a hidden drug-using population overdose prevention sites in general, have caused underground drug-using culture to become centralized around the site, causing dramatic impacts to the surrounding communities (Mema et al., 2019).

Workflows: Due to space restrictions, some MHRU have reported difficulties managing patients' workflows. They have reported issues holding sensitive or confidential conversations and challenges with the unit shifting as individuals moved around, causing disturbances to patients trying to inject (Khanna et al., 2012).

Security: When patients become agitated, smaller MHRU can make it more difficult to respond, deescalate the situation and protect other clients in the vicinity (Dietze at al., 2012).

Responding to the Weather: Operational challenges due to having to winterize MHRU have led to challenges such as no running water, difficulty regulating the inside temperatures, navigating poor road conditions and removing snow from the unit’s roof (Mema et al., 2019).

Operational Overview

IDEAL SUITE OF SERVICES	• injection supplies and safer injecting information • safer sex supplies and information • testing and counselling for HIV, Hepatitis (A, B, C) • testing, counselling and treatment for syphilis, gonorrhea and chlamydia • point of Care Rapid HIV Testing (result in minutes) • vaccinations (Hepatitis A & B, pneumococcus, tetanus / diphtheria, influenza (flu) • overdose prevention kits will be provided free-of-charge • client counselling and support • physical and mental health assessments with appropriate intervention and referrals to mainstream health and social services • wound care • supervised consumption services • STI testing for Chlamydia, Gonorrhea, Syphilis, HIV and Hepatitis C • pregnancy testing • vaccines (Hepatitis A & B, influenza (flu), pneumococcus, diphtheria/tetanus) • overdose prevention kits (Naloxone) • support & referrals
SERVICE PROVIDERS MAY INCLUDE	• outreach workers • registered nurses (RNs) • social workers

	• peer support • recovery coaches
ACCESS	7 days per week (4-6 hr)
LOCATION	Agile to need

Financial Requirements

Start Up	66, 100
Annual Operating Budget	459,225

Conclusion & Next Steps

As discussed, OPS can lead to a myriad of long-term healthcare benefits. However, as the Canadian Centre on Substance Use and Addiction (2017) states:

Addiction is a complex issue that often requires long-term management. How addiction develops and progresses is determined by biological, social and environmental factors that differ across individuals (e.g., genetic heritability, social ties, family dynamics, spiritual well-being, experience with trauma). These factors interact to determine how vulnerable an individual is to addiction, the severity and intensity of the addiction and his or her pathway in recovery.

Accordingly, OPS are a single component in a larger system of care. PWUS also requires support in accessing the broad range of recovery-oriented supports including but not limited to: 12-step groups, online resources, group counselling sessions, trauma care, SMART Recovery Programs, abstinence-based social clubs, recovery housing, telephone helplines, recovery coaching and community programs (CCSA, 2017). The capacity and availability of long term tracking, follow-up, withdrawal management, treatment services, and maintenance support are key components to consider when employing an OPS. The most successful OPS implementations include a holistic approach, ensuring a full recovery oriented continuum of care is offered, alongside safe consumption (BBCSU, 2018).

Comparative Analysis

	Fixed Site	**Mobile Site**
ADVANTAGES	• Larger facility to serve a larger population • More stable facility management • Fewer logistical considerations • Not as weather dependant	• Better access to various communities outside urban centres • Low capital cost • Less community push back because it is viewed as a temporary measure
DISADVANTAGES	• High Capital Cost • Neighbourhood Impact	• • Confidentiality concerns

	● Not easily accessible to all service users/ transportation dependant	● Safety concerns at times when users are disgruntled
CONSIDERATIONS	● Must understand the community's level of support. ● Must understand the most appropriate location(s)	● Must better understand the current demand and if a small unit would be able to cope with demand ● Must understand operational challenges and strategies to mitigate risk.

Key Considerations

1. OPS should be considered only as one component of a broader, recovery oriented system of care.
    a. Development of local or virtual recovery support services, programs, education as well as fellowship and other mutual support groups is required to fully realize the benefit of a fixed or mobile site.
2. Community consultation and dialogue is critical to the viability of an OPS in Fort St. John.
3. Clearly understanding, tracking and evaluating outcome measures is paramount.
4. Community and provincial partnerships must be established to support a continuum of care linkages.
5. Supports, resources and education to be offered not only for the individual but for families and significant others.
6. The location of the OPS is vital.
7. Collaboration, support and alignment with local health and wellness professionals.
8. Meaningful engagement and inclusion with local first nations communities and leaders.
9. Support and engagement from local first responders and civic leaders.
10. Engagement and ongoing operational inclusion, leadership from PWLE and the local recovery community.

Recommended Next Steps

1. Recruit and formalize a "Fort St. John Harm Reduction & Recovery Community Advisory Board" represented by (at minimum) individuals with lived and living experience, first responders, first nations leaders, business local thought leaders, health care professionals and education system leaders.
    a. Work with local law enforcement to present the concept and establish support.
2. Conduct an intentional, defined and accessible community engagement effort to establish the level of community support overall, identify key barriers and educate the local citizenry on the intent and anticipated outcomes of a fixed or mobile harm reduction initiative in Fort St. John.
    a. Survey the community via a methodological sound, digitally accessible format in order to both quantitatively and qualitatively capture community sentiment and level of support, presenting the results to the community of Fort St. John once completed.
3. Engage in a comprehensive "Operationalization" Plan including identification of location, key staff and recovery support service linkages amongst other elements.

References

ARCHES. (2019). Report to Mayor and City Council. Retrieved from: https://lethbridgearches.com/wp-content/uploads/2019/08/Report-to-Mayor-and-City-Council-Final.pdf

Arkell, C. (2018). Harm reduction in action: Supervised consumption services and overdose prevention sites. CATIE. Retrieved from https://www.catie.ca/en/pif/fall-2018/harm-reduction-action-supervised-consumption-services-and-overdose-prevention-sites

Aronson, I., Bennett, A., Marsch, L., & Bania, T. (2017). Mobile technology to increase hiv/hcv testing and overdose prevention/response among people who inject drugs. Frontiers in Public Health, 5, 217-217. doi:10.3389/fpubh.2017.00217

Babor, T. F., Del Boca, F., & Bray, J. W. (2017). Screening, brief intervention and referral to treatment: implications of SAMHSA's SBIRT initiative for substance abuse policy and practice. Addiction, 112, 110-117.

Bagley, S., Schoenberger, S., Waye, K., & Walley, A. (2019). A scoping review of post opioid-overdose interventions. Preventive Medicine, 128. doi:10.1016/j.ypmed.2019.105813

BC Centre for Disease Control, Provincial Health Services Authority. (2017). Hepatitis C. Retrieved from http://www.bccdc.ca/resourcegallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Epid/Annual%20Reports/Hepatitis%20C.pdf

BC Centre for Disease Control (2017). The BC public health opioid overdose emergency. Available at: http://www. bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/Public%20Surveillance%20Report_2017_03_17.pdf

BC Centre on Substance Use. (2018). Safe consumption services; Operational Guidance. Retrieved from: https://www.bccsu.ca/wp-content/uploads/2017/07/BC-SCS-Operational-Guidance.pdf

BC Harm Reduction Strategies and Services. (2014). BC harm reduction strategies and services: Policy and guidelines. Retrieved from: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/Other/BCHRSSPolicyandGuidelinesDecember2014.pdf

Belackova, V., Salmon, A., Day, C., Ritter, A., Shanahan, M., Hedrich, D., . . . Jauncey, M. (2019). Drug consumption rooms: A systematic review of evaluation methodologies. Drug and Alcohol Review, 38(4), 406-422. doi:10.1111/dar.12919

Belzak, L., & Halverson, J. (2018). The opioid crisis in Canada: a national perspective. La crise des opioïdes au Canada : une perspective nationale. Health promotion and chronic disease prevention in Canada : research, policy and practice, 38(6), 224–233. https://doi.org/10.24095/hpcdp.38.6.02

Bowen, E. A., & Irish, A. (2020). Trauma and principles of trauma-informed care in the US federal legislative response to the opioid epidemic: A policy mapping analysis. Psychological Trauma: Theory, Research, Practice, and Policy. https://doi-org.ezproxy.tru.ca/10.1037/tra0000568

Boyd, J., Collins, A. B., Mayer, S., Maher, L., Kerr, T., & McNeil, R. (2018). Gendered violence and overdose prevention sites: A rapid ethnographic study during an overdose epidemic in Vancouver, Canada. Addiction, 113(12), 2261-2270.

Bray, J. W., Del Boca, F. K., McRee, B. G., Hayashi, S. W., & Babor, T. F. (2017). Screening, Brief Intervention and Referral to Treatment (SBIRT): rationale, program overview and cross-site evaluation. Addiction, 112, 3-11.

Bush D. & Lipari R. (2015). Substance use and substance disorder by industry. The CBSHQ Report. Retrieved from: https://www.samhsa.gov/data/sites/default/files/report_1959/ShortReport-1959.html

Canadian Centre on Substance Use and Addiction. (2017). Moving Toward a RecoveryOriented System of Care. Retrieved from: https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Recovery-Oriented-System-of-Care-Resource-2017-en.pdf

Canadian Mental Health Association. (2018). Peer Navigator Program. Retrieved from: https://vancouver-fraser.cmha.bc.ca/programs-services/peer-navigator/

Clarke, H., Bao, J., Weinrib, A., Dubin, R. E., & Kahan, M. (2019). Canada's hidden opioid crisis: the health care system's inability to manage high-dose opioid patients: Fallout from the 2017 Canadian opioid guidelines. Canadian family physician Medecin de famille canadien, 65(9), 612–614.

CMHA. (2020). Mobyss youth mobile Walk-in. Retrieved from: https://cmha-yr.on.ca/programs/youth/mobyss/

Dietze, P., Winter, R., Pedrana, A., Leicht, A., Majó, I., & Brugal, M. (2012). Mobile safe injecting facilities in barcelona and berlin. The International Journal on Drug Policy, 23(4), 257-60. doi:10.1016/j.drugpo.2012.02.006

Duff, E. (2016, July 2). The safe room. The Sydney Morning Herald. Retrieved from http://www.smh.com.au/good-weekend/the-safe-room-20160616-gpkkh2.html

EMCDDA (European Monitoring Centre for Drugs and Drug Addiction). (2016). Perspective on drugs. Drug consumption rooms: an overview of provision and evidence. Retrieved from http://www.emcdda.europa.eu/ topics/pods/drug-consumption-rooms

Fionda, F. (2017). Camp life takes toll on Canada's transient workers. Retrieved from: https://thediscourse.ca/data/camp-life-toll-canadas-transient-workers

First Nations Health Authority. (2018). Update on FNHA Overdose Response and Harm Reduction Efforts. Retrieved from: https://www.fnha.ca/about/news-and-events/news/update-on-fnha-overdose-response-and-harm-reduction-efforts

First Nations Health Authority. (2019). The Impact of the Opioid Crisis on First Nations in BC. Retrieved from: https://www.fnha.ca/AboutSite/NewsAndEventsSite/NewsSite/Documents/FNHA-Impact-of-the-Opioid-Crisis-on-First-Nations-in-BC-Infographic.pdf

Fraser Health (2018). Overdose prevention site manual: Population and public health. Retrieved from:https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/Health-Topics/Overdose/Fraser_health_overdose_prevention_site_manual.pdf

General Practice Service Committee (2019). System change. Primary care networks. Retrieved from: http://www.gpscbc.ca/what-we-do/system-change/primary-care-networks

Hartney, E. (2019). Supportive primary care for people who use substances. Retrieved from: http://dx.doi.org/10.25316/IR-9748

Health Canada, Government of Canada. (2008). Vancouver's INSITE Service and Other Supervised Injection Sites: What Has Been Learned from Research? - Final Report of the Expert Advisory Committee on Supervised Injection Site Research (report). Retrieved from http://www.hc-sc.gc.ca/ahc-asc/pubs/_sites-lieux/insite/index-eng.php#ref

Health Canada, Government of Canada. (2018). Application Form Section 56.1 Exemption for Medical Purposes under the Controlled Drugs and Substances Act for Activities at a Supervised Consumption Site. Retrieved from https://www.canada.ca/content/dam/hc-sc/documents/services/substance-abuse/supervised-consumption-sites/apply/how-to-apply.pdf

Health Canada, Government of Canada. (2018). Supervised consumption sites explained. Retrieved from: https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html

Health Canada, Government of Canada. (n.d) Supervised consumption sites: status of applications. Retrieved from: https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/status-application.html

Hosgood, A. (2019). How the Opioid Crisis Is Hammering BC's North. The Tyee. Retrieved from https://thetyee.ca/News/2019/12/30/Opiod-Crisis-Northern-BC/

Immigrant Health Toronto. (2020). Mobile Health Clinic. Retrieved from: http://immigranthealth.info/?page_id=12

Jeffery, A. (2019). New mobile supervised drug consumption site announced for Forest Lawn. The Star Calgary. Retrieved from: https://www.thestar.com/calgary/2019/05/02/new-mobile-supervised-drug-consumption-site-announced-for-forest-lawn.html

Khanna, A., & Narula, S. (2016). Mobile health units: Mobilizing healthcare to reach unreachable. International Journal of Healthcare Management, 9(1), 58-66. doi:10.1080/20479700.2015.1101915

L'Anonyme. (2020). Aller Vers Les Gen. Retrieved from: https://www.anonyme.ca/en/

Lookout Society. (2020). Mobile harm reduction unit. Retrieved from: https://lookoutsociety.ca/project/mobile-harm-reduction/

MacNeil, J., & Pauly, B. (2011). Needle exchange as a safe haven in an unsafe world. Drug & Alcohol Review, 30(1), 26–32. DOI: 10.1111/j.1465-3362.2010.00188.x

Mema, S., Frosst, G., Bridgeman, J., Drake, H., Dolman, C., Lappalainen, L., & Corneil, T. (2019). Mobile supervised consumption services in rural british columbia: Lessons learned. Harm Reduction Journal, 16(1).

Merrill, J. O., Rhodes, L. A., Deyo, R. A., Marlatt, G. A., & Bradley, K. A. (2002). Mutual mistrust in the medical care of drug users: the keys to the "narc" cabinet. Journal of general internal medicine, 17(5), 327–333. doi:10.1046/j.1525-1497.2002.10625.x

Mittal, D., Reaves, C., Haynes, T., Sullivan, G., Han, X., Corrigan, P., & Morris, S. (2014). Mental health stigma and primary health care decisions. Psychiatry Research, 218(1-2), 35-38. doi:10.1016/j.psychres.2014.04.028

Northern Health. (2012). Position on the Prevention of Problematic Substance Use. Retrieved from: https://www.northernhealth.ca/sites/northern_health/files/about-us/position-statements/documents/problematic-substance-use-full.pdf

Northreach.(2020). Harm Reduction. Retrieved from: https://northreach.ca/education-2/harm-reduction/

Ompad, D., Gershon, R., Sandh, S., Acosta, P., & Palamar, J. (2019). Construction trade and extraction workers: A population at high risk for drug use in the united states, 2005-2014. Drug and Alcohol Dependence, 205. doi:10.1016/j.drugalcdep.2019.107640

Orange, R. (2016). Copenhagen sex ambulance is safe space for capital's red-light workers. The Observer Denmark. Retrieved from: https://www.theguardian.com/world/2016/nov/27/sex-ambulance-helps-save-lives-in-copenhagen

Pauly, B., Wallace, B., Pagan, F., Phillips, J., Wilson, M., Hobbs, H., & Connolly, J. (2020). Impact of overdose prevention sites during a public health emergency in Victoria, Canada. PLoS ONE, 1–18. https://doi-org.ezproxy.tru.ca/10.1371/journal.pone.0229208

Pijl, E. (2019) Urban social issues study: Impacts of the Lethbridge supervised consumption site of the local neighbourhood. Retrieved from: http://scholar.ulethbridge.ca/sites/default/files/em_pijl/files/USIS_2020_Jan15_Pijl.pdf?m=1579661704

Potier, C., Cottencin, O., Rolland, B., Laprevote, V., & Dubois-Arber, F. (2014). Supervised injection services: What has been demonstrated? a systematic literature review. Drug and Alcohol Dependence, 145, 48-68. doi:10.1016/j.drugalcdep.2014.10.012

Powell, K., Treitler, P., Peterson, N., Borys, S., & Hallcom, D. (2019). Promoting opioid overdose prevention and recovery: An exploratory study of an innovative intervention model to address opioid abuse. The International Journal on Drug Policy, 64, 21-21. doi:10.1016/j.drugpo.2018.12.004

Province of British Columbia, Coroner Service. (2020). Illicit Drug Toxicity Deaths in BC January 1, 2009 – April 30, 2020. Retrieved from https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

SAMHSA. (2007). Mapping your treatment plan: A collaborative approach. Retrieved from: https://www.integration.samhsa.gov/mai-coc-grantees-online-community/Breakout4_Collaborative_Documentation.pdf

SAMHSA. (2010). Spotlight on PATH Practices and Programs Motivational Interviewing. Retrieved from: https://www.samhsa.gov/sites/default/files/programs_campaigns/homelessness_programs_resources/path-spotlight-motivational-interviewing.pdf

SAMHSA/HRSA Center for Integrated Health Solutions. (n.d). SBIRT: Screening, Brief Intervention, and Referral to Treatment. Retrieved from: https://www.integration.samhsa.gov/clinical-practice/sbirt

Saskatchewan Health Authority. (2020). Health Bus. Retrieved from: https://www.saskatoonhealthregion.ca/locations_services/Services/Primary-Health/Pages/HealthBus.aspx

Shelborne Health. (2020). Health Bus. Retrieved from: https://sherbourne.on.ca/primary-family-health-care/urban-health/health-bus/

Shepherd's Hope of Good. (2020). Supervised Consumption. Retrieved from: https://www.sghottawa.com/the-trailer/

Sparc BC. (2018). Community meeting on poverty reduction. Retrieved from: https://engage.gov.bc.ca/app/uploads/sites/242/2018/05/Fort-St-John-Community-Meeting-Final.pdf

Statistics Canada. (2016). Census profile Fort St. John. Retrieved from: https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=POPC&Code1=0298&Geo2=PR&Code2=48&Data=Count&SearchText=Fort%20St.%20John&SearchType=Begins&SearchPR=01&B1=All&TABID=1

Taylor, H., Curado, A., Tavares, J., Oliveira, M., Gautier, D., & Maria, J. (2019). Prospective client survey and participatory process ahead of opening a mobile drug consumption room in lisbon. Harm Reduction Journal, 16(1), 49-49. doi:10.1186/s12954-019-0319-1

Telus. (2020). Caring for our most vulnerable. Retrieved from: https://www.telus.com/en/about/company-overview/community-investment/how-we-give/cause-campaigns/health-for-good

Thein, H., Kimber, J., Maher, L., MacDonald, M., & Kaldor, J. (2005). Public opinion towards supervised injecting centres and the sydney medically supervised injecting centre. International Journal of Drug Policy, 16(4), 275-280. doi:10.1016/j.drugpo.2005.03.003

Tracy Teves. (2019). It's here, The Opioid Crisis in Fort St. John. EnergeticCity.ca. Retrieved from: https://www.energeticcity.ca/2019/06/its-here-the-opioid-crisis-in-fort-st-john/

Urban Matters C.C.C. (2019). Fort St. John Addictions Services Review & Gaps Analysis [PDF File]. Retrieved from: https://www.urbanmatters.ca/

Wallace, B. (2019). The implementation of overdose prevention sites as a novel and nimble response during an illegal drug overdose public health emergency. International Journal of Drug Policy, 66(64-72). https://doi.org/10.1016/j.drugpo.2019.01.017

Wesley. (2020). Special Care Unit. Retrieved from: https://wesley.ca/services/housing-homelessness/harold-e-ballard-special-care-unit/

White, W. (2006). Sponsor, recovery coach, addiction counselor: The importance of role clarity and role integrity.

Wood, E., Tyndall, M., Montaner, J., & Kerr, T. (2006). Summary of findings from the evaluation of a pilot medically supervised safer injecting facility. Canadian Medical Association. Journal, 175(11), 1399-404.

Work BC. (2019). Labour market outlook report 2019-2029. Retrieved from: https://www.workbc.ca/Labour-Market-Information/Regional-Profiles/Northeast#bc-labour-market-outlook-for-this-region

Appendix A

Operationalizing an OPS & Health Canada Licensing and Exemption Requirements

The initiation and maintenance of an OPS varies based on community demands, existing infrastructure as well as available staff, funding and location. Design and operational policies will depend on resources, existing systems of care, the population and unique care needs. However, in-depth operational guidance is provided by the BC Centre on Substance Use (BCCSU, 2018). (Please refer to the BCCSU Operational Guidance for OPS Report)
https://www.bccsu.ca/wp-content/uploads/2017/07/BC-SCS-Operational-Guidance.pdf

Recommendations from the BCCSU

1. Conduct a needs/feasibility assessment: This should include at minimum an assessment of local drug-related harms, existing services, willingness to use a OPS among people who use drugs (PWUS), and support from key stakeholder groups (e.g., local health care professionals, policy makers, law enforcement officials). Such work should involve local PWUS to ensure adequate engagement of the local population.

2. Determine the ideal type of SCS for the setting: Fixed stand-alone SCSs are recommended in settings with large populations of PWUS that are concentrated in a specific area; integrated models are most appropriate in settings where PWUS populations are more dispersed and when there is a desire to promote uptake of other services offered in the same health care environment; embedded services are appropriate in institutional, housing, or program settings frequented by PWUS and where drug use occurs onsite, is unsafe, or is prohibited; mobile services are appropriate primarily as a compliment to other SCS programs (e.g., fixed stand-alone SCSs, integrated SCSs) and in settings where some PWUS are displaced away from other services and therefore difficult to reach with fixed SCSs; women-only sites are recommended in settings where there are sufficient populations of women who inject, and who are particularly vulnerable to the effects of gendered violence and gendered power relations. Women-only SCSs can serve as an effective compliment to other forms of SCS programming, and should be implemented where feasible. One geographical setting may benefit from multiple types of SCS to reach different populations of PWUS in the area. Although the current exemption process under Section 56 of the Controlled Drugs and Substances Act requires that only licensed medical and health professionals be authorized to supervise injections within SCSs, there have been local successes with expanding the role of allied health professionals and peers in such settings. Further, past feasibility work has shown that PWUS value the inclusion of peers within SCSs, and feel that their inclusion in the injecting room would be an asset. There is also local evidence indicating a preference for peer-operated SCS, and accordingly efforts should be made to further explore, implement, and evaluate this model of SCS. The federal government of Canada is currently reviewing the Act's restrictions, including those that restrict the involvement of peer staff and other allied health professionals. Finally, opportunities to expand the scope of SCS

should not be overlooked, including the potential provision of injectable opioids, as is currently done in other settings.

3. Establish a staffing structure: Given the many health challenges experienced by PWUS accessing SCSs,and the need for emergency overdose response, it is ideal if staffing models include a supervising registered nurse or psychiatric nurse, who can be supported by other allied health professionals. Non-medical personnel, such as community mental health workers, and individuals identified as peers (i.e., people who
formerly used or currently use illegal drugs) also play important roles in the planning and operation of SCSs and should be strongly considered for involvement where possible and compensated appropriately. In settings that are resource-constrained, SCS can be run successfully by non-nursing staff.

4. Create and implement policies and procedures: The effective operation of SCSs requires a minimum set of policies and procedures. Those seeking to establish new SCSs should create the following policies: overdose response protocols; documentation procedures; referral pathways; code of conduct/rights and
responsibilities for clients and staff; eligibility criteria and intake procedures; criteria and protocol for refusal of service; and procedures for contacting police in the event of aggression or other relevant issues. Efforts to ensure trauma-informed and culturally save care are also needed.

Appendix B:

Table 1: Adapted from BCCSU: BC- SCS: Operational Guidance

To acquire a license to open an OPS, applicants must complete an online Application Form through Health Canada, entitled: Section 56.1 Exemption for Medical Purposes under the Controlled Drugs and Substances Act for Activities at a Supervised Consumption Site (Health Canada, 2018). Components of the Application Form include:

1. Applicant information
    - Description of services currently offered by organization
2. Proposed site description
    - Description of services currently offered at the proposed site and all services that will be offered at the proposed site
    - Site floor plan and description of the flow of the site
3. Local conditions
    - Descriptions of target client population and drug-related overdoses/deaths in local area
    - Baseline crime data for the local area
    - Intended health/safety impact of site on target population, general public, and local area
4. Policies, procedures and security
    - Roles and responsibilities of staff members and training requirements
    - Policies and procedures for:
        - addressing unidentified substances left behind + record-keeping form
        - loss or theft of unidentified substances left behind + reporting form
        - security measures to minimize risks + client or visit or entry and exit log
5. Personnel
    - Responsible Person in Charge (RPIC) information, resume, and criminal record check (+ foreign CRC if applicable)
6. Consultation report and letter of opinion
    - Community consultation report (description of activities and results, etc.) and all related documents
    - Description of measures to address concerns
    - Letter of opinion from the Provincial/Territorial Minister for Health or the Minister responsible for the delivery of SCS services (optional)
7. Financial plan
    - Summary of funding mechanism and financial plan
8. Renewal (if applicable)
9. Applicant statement

OPS Operations Guidance Manual

Overdose Prevention Site
Operational Guidance Manual

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INTRODUCTION

Overdose Prevention Sites (OPS) offer clean, safe environments in which people can inject drugs while being monitored and supervised by medical staff. This allows rapid intervention to take place if an overdose occurs, resulting in prevention of injury or death. There are several key elements in preventing overdose deaths, including drug use with others, seeking assistance in the event of an overdose, and ensuring that naloxone and other lifesaving first aid (e.g. breaths) resources are available quickly.

OPS successfully prevent overdose deaths through several means, including but not limited to:

- Encouraging residents/participants to ask staff or peers to periodically check in on them
- Training staff and qualified others to monitor designated spaces and respond to overdoses
- Providing harm reduction and first aid supplies in designated and relevant spaces
- Providing residents with designated spaces where they can be monitored while using drugs
- Providing education to residents about overdose risk and how to reduce it (if requested)
- Conducting visits with health care providers to provide resources and support to staff and residents
- Providing referrals to health and social supports, including treatment options and primary care

Goals and Objectives

The primary goal of an OPS is to provide a clean and safe space for people to use drugs where trained medical staff members can monitor and supervise drug use and are able to respond to any overdoses as needed. Consequently, the objectives that support OPS in reducing harm associated with OPS include:

- Provide space for people under the supervision of trained staff to intervene in overdose
- Reduce health, social, legal, and incarceration harms associated with drug use;
- Support networks of people with lived experience/peers as integral to crisis intervention
- Create opportunities to work with persons who inject drugs (PWID) to build trusting relationship
- Optimize on the use of health and social services by PWID
- Provide referrals to other health and service care providers in the area

- Connect connections with peer support services and increased opportunities for healthy social networking

Guiding Principles

- Increase access to healthcare for a range of populations
- Implement a harm reduction model that lowers rates of high-risk behaviors and injuries/deaths
- Offer support and services inclusively to all participants
- Collaborate with other community organizations to develop a continuum of care for participants to ensure they have access to supports services as needed

SERVICE DELIVERY

OPS Core Services

- Designated space for supervised injections
- Medical intervention in overdose cases
- Harm reduction education, training, counselling and referrals to other services
- Distribution of needles, clean supplies and other harm reduction equipment

Fixed Stand Alone Service Model

A fixed stand-alone model of an OPS is a facility solely focused on preventing overdose deaths by providing a safe consumption with medical supervision and the necessary support. Often, stand-alone OPS are located in high traffic areas of drug use and/or other services for people who struggle with addiction. Research has shown that fixed stand-alone models of OPS have been successful in engaging high-risk PWID in harm reduction services (Wood et al., 2005).

Participant Code of Conduct

Access to OPS does not require personal information from participants such as contact information. Rather, participants are given the option to have a unique identifier and remain anonymous at all times. A code of conduct will be outlined and shared so that the statements of participant rights and responsibilities are seen and understood. Appropriate service providers, responses and decisions are made when codes of conduct are broken and when managing specific behaviors.

Eligibility for OPS Access

Below is the *eligibility* criteria for participants to access OPS; participant is:

- Willing to sign necessary User Agreements or Waiver Release
- Willing to adhere to the OPS Code of Conduct
- Not previously prohibited from entering the site
- At least 19 years of age or over

Below is the *ineligible* criteria for people who cannot access OPS; person is:

- Unable to consent to their own health care (*Infants Act*)
- Under the age of 19 and no previous history of injection drug use (IDU): Overdose prevention services are generally seen as an intensive intervention along the continuum of harm reduction services for extremely marginalized populations. Youth who do not have a history of IDU should access resources that can more appropriately address their level of need

Prohibition from OPS

Participants who do not meet the eligible criteria are kindly asked to leave the OPS. In addition, service refusal may occur when a person is denied access for an identified amount of time. Effective decision making is implemented to ensure service refusal occurs as a last resort. This decision is managed with the site supervisor, and is often temporarily implemented.

OPS Access for Participants with Special Circumstances

The following cases are considered as special circumstances that require specific considerations for OPS access:

- Youth
- Overly intoxicated
- First time using injection drugs
- Pregnant
- Non-Self Injectors

Overdose Management

All OPS staff must be trained to respond to an overdose situation. Staff must be prepared to recognize and respond to drug overdoses for cases with both stimulants and opioids. Staff are educated and informed about opioid drugs and associated pharmacological effects, such as sedation, respiratory depression and analgesia as well as intoxication and withdrawal. Training includes understanding commonly used opioids, opioids intoxication symptoms, opioid withdrawal symptoms and atypical opioid overdose symptoms. In addition, staff are trained in the stages of an opioid intoxication and associated service response. In the case of an unresponsive participant, the Opioid Overdose Protocol is initiated. *For the Opioid Overdose Protocol, please see Appendix A.*

Naloxone

All OPS must have a sufficient amount of naloxone on site at all times. Naloxone (brand name Narcan), is a safe and highly effective medication that reverses the effects of opioid overdose. The benefits of naloxone is that it has no potential for abuse and no effect if opioids are absent within a person. At all times, there should be staff on call who are capable in administering it.

Naloxone for onsite administration in an OPS can be accessed through the BCCDC FORB program, while take-home naloxone kits for anyone likely to experience or witness an overdose may be accessed through the BCCDC Take Home Naloxone program. *For the Opioid Overdose Protocol, please see Appendix A.*

POLICIES AND CLINICAL PRACTICE STANDARDS

Successful OPS require the development and implementation of appropriate policies and procedures. At the very minimum, these should include:

- Overdose response protocols
- Documentation procedures
- Referral pathways
- Code of conduct/rights and responsibilities for clients and staff
- Eligibility criteria and intake procedures
- Criteria and protocol for refusal of service
- Procedures for contacting police in the event of aggression or safety related issues
- Staff training to provide trauma-informed and culturally safe care

Relationship Building

Relationship building and connection with participants is a core focus for OPS and effective harm prevention. Participants should be welcomed and treated with dignity and respect. Staff are encouraged to embody the following qualities as this can significantly contribute to building trust with clients:

- Capacity to accept and respect people
- Capacity for self-awareness and willingness to reflect on one's responses and boundaries
- Sensitivity and an understanding of the local community context
- Pro-Choice; ability to step back and respect another's choice
- Willingness to work as a team and try new approaches
- A sense of humor and light-heartedness
- Support networks or other means to self-care

Confidentiality and Responsibility

Staff who work in OPS or related harm reduction services are responsible for ensuring appropriate training and/or professional designation, in relation to the duties they may be carrying out. In addition, staff are required to receive basic training in confidentiality and sign a confidentiality agreement. In the OPS, all participant information obtained by while working at the OPS is confidential. Extra precaution is needed to maintain participant confidentiality, as private spaces are not always available. At any given point, any information discussed on site, meetings, debriefings or in the communication systems must remain confidential.

Documentation

Documentation is a crucial component for all OPS staff in BC in order to evaluate the impact and effectiveness of these programs and to meet regulatory standards for documentation and professional accountability. Below are examples of required documentation/OPS intake templates. Please see Appendix B for these templates.

- User Agreement/Release Form (1st visit only)
- OPS: Release of Responsibility Waiver (1st visit only)
- Visit and Overdose Log
- Youth Registration and Assessment
- Overdose Prevention Sites Core Data Elements for Overdose Incident

INFRASTRUCTURE

Physical Space

Physical space in an OPS should be an appropriate size based on the traffic of the population and the amount of resources needed for the site. The physical space should be warm, well-lit, and appropriately ventilated. Details such as mirrors, sharp objects, tables and chairs need to be strategically placed and managed to ensure prevention of harm and ease of maintenance. The physical space must have enough room for staff to manage overdoses, with clear pathways to the entrances and exits for any medical transportation or health services.

- Ventilation is to meet item 9.41 of the Canada Occupational Health and Safety Regulations. In most cases, one window or open door will be sufficient for ventilation purposes
- Tables and chairs are to have non-porous, non-flammable surfaces that can be easily cleaned
- Chairs may face a wall to support client privacy and enable monitoring by staff
- Mirrors may be strategically placed in order to support people injecting substances to easily observe their head and arms
- Sharps disposal containers are to be easily accessible and fixed to the site
- Surfaces are to be cleaned with CaviWipes or other hospital grade surface disinfectant after each use
- There is to be adequate space for staff to administer naloxone and provide rescue breathing in the event of an overdose
- There must be a clear pathway to the exit if medical transport is required

Equipment

Appropriate equipment is provided to participants with disposable trays prior to drug consumption. Equipment provided typically includes but is not limited to: tourniquet, specific syringes, sterile water, cookers and filters, alcohol swabs, gauze, band-aids, containers and other cleaning supplies.

Drug Use

Participants have the option to self-administer their substance with the route they choose, with the exception of smoking. Staff may not directly assist with venipuncture if it involves a loaded syringe. For participants who are unable to self-inject, appropriate support will be provided on a case-by-case basis.

- If a participant lacks education in this manner, staff may council participants on safer self-injection practices (as requested by the client)

- If a participant has a physical disability, staff will determine if any physical supports can assist in self-injection (e.g. inserting a peripheral line to establish venous access, or where a peripheral or central line is already established)
- If the above listed these supports are unavailable, participants who are unable to self-inject may seek peer assistance
- If a willing prescriber and injectable opioid agonist treatment (iOAT) are available, trained staff may directly assist with this injection or of other prescribed medicines

Post Drug Use

Staff are to monitor participants for any signs of an overdose, either intermittently or continuously. In the event of an overdose, health care providers must call for help and intervene and/or follow mandatory policies for any other severe outcomes. Subsequently, staff direct the participant to dispose of any sharp objects or garbage, and provide necessary harm reduction education and/or supplies as per the following policies and guidelines: BC Harm Reduction Strategies and Services Policy and Guidelines and Best Practices for BC's Harm Reduction Supply Distribution Program.

Psychosocial Support and Debriefing

OPS staff and volunteers are vulnerable to the experience of witnessing and/or responding to an overdose. This experience may elicit a range of psychological responses, potentially traumatic in nature. Staff or volunteers with lived experience of substance use may face additional impacts due to experiences of high overdose mortality rates amongst their peer group. A resource for staff or volunteers who work in an OPS can be found here: A Guide to Promote Staff Resiliency and Prevent Distress after an Overdose Reversal.

Disposal of Injection Equipment

After the safe injection, residents dispose their used equipment into the containers provided under staff supervision. The disposal containers are removed and placed in large cardboard bins provided by the designated hazard/waste pick up companies. Other needle disposal or pick-ups will be arranged by an appropriate partner.

Drug checking

In some OPS, drug checking services are available in accordance with the guidelines of the BCCSU. For example, BTNX Fentanyl Test Strips tests individuals for fentanyl prior to consumption and identifies measures to reduce overdose risk, such as reducing their dose or discarding the substance. OPS staff must discuss test results with participants as well as safety planning with participants prior to consumption.

OPERATIONS

Staffing Model & Roles Overview

The staffing model should outline the roles, responsibilities, safety protocols, policies and procedures regarding: staff requirements and training, guidance for healthcare professionals, relevant legislation, scope of practice, health and safety, compliance with Occupational Health and Safety policies and other relevant regional, provincial, federal policies and/or legislation, and lately, cultural competency related to Indigenous peoples.

Responsible Person in Charge (RPIC) Responsibilities

The RPIC is responsible for:

- The planning, delivery and evaluation of OPS
- Ensuring the overall operation of the OPS complies with the appropriate policies and procedures
- Ensuring feedback from participants
- Evaluating the effectiveness and appropriateness of the services in collaboration with the community partners/consumers/other program managers or staff
- Acting as a liaison with site and community partners, media or police
- Supervising and coordinating scheduling; leading team meetings; coordinating internal communication and making decisions among team members
- Overseeing statistical information and record keeping
- Coordinating staff training, orientations and on-going professional development
- Ordering supplies
- Orienting new staff

Staff Training

Specialized training will be offered to all OPS staff so all on-site workers can be prepared for the provision of supervised consumption services and overdose management. Specialized training and education in this field consists of the following key elements as the foundation for staff working with PWID population:

- Trauma-informed practices
- Cultural safety and sensitivity
- Anti-stigma approaches
- Harm Reduction models and theory
- Take Home Naloxone distribution
- Safer injection and Overdose Management
- First Aid and CPR training

- Overdose prevention, recognition and response training, including naloxone administration
- Training Modules available through Toward the Heart
- Agencies participating in overdose prevention services must be registered with the BCCDC Facility Overdose Response Box (FORB) Program

Staff/Participant Ratio

During OPS hours, 1 staff person for every 2 participants (minimally 2 staff on shift) is recommended. The maximum number of participants in the OPS per any given time is determined by the number of tables available and the number of staff on site.

Rights of OPS Participants

- To feel safe, respected and treated with dignity
- To be unharmed physically, emotionally, or psychologically by Insite staff
- To be in a clean environment
- To receive appropriate support and attention
- To access services even while under the influence of drugs or alcohol
- To have a voice in the operations and functioning of the site, in conflict resolution processes and in regards to complaints or concerns

Responsibilities of OPS Participants

- To respect others
- To help create and maintain a safe place
- To not cause physical harm to other participants or staff
- To use the site for self-administration only; no “doctoring.”
- To not deal, exchange, share or pass drugs to anyone on-site
- To not use alcohol, smoke or ingest drugs other than by injection while on-site
- To reduce harm by not sharing rigs or equipment, disposing of used supplies in the sharp’s container, and not walking around with uncapped rigs
- To not display weapons or money on-site
- To not bring outside conflicts into the site
- To not engage in solicitation of any kind on site
- To respect the property and privacy of others in the site
- To follow the reasonable directions of OPS staff
- To bring concerns or complaints to the attention of RPICs

Hours of Operation

Monday to Friday: 0800-1600, with some afterhours available for outreach.

Security and Safety

All staff members working at an OPS must be aware of the potential risks and danger. Potential behaviors of participants can place staff members or other clients at risk. OPS supervisors should ensure the facility layout, staffing and protocols minimize security issues and maximize safety for all persons around the premise. Participants should be made aware of the security features of the OPS as well as the codes of conduct during the initial screening process. Demonstration of site security practices may help increase the confidence and buy-in of local stakeholders, such as police, policy makers, and community groups and partners.

Washroom Monitoring

Washrooms should be easily accessible by staff. Staff and volunteers must monitor participant washroom use and be prepared to intervene in the event of an emergency.

Closing Protocol

Before closing, OPS staff must check washrooms and any other locations where overdoses may occur.

Appendix A: Opioid Overdose Protocol

Adapted from BCCDC (2016).

Step 1: Identify

- Ensure are is safe before approaching; put on gloves and clear away any needles;
- Unresponsiveness: tell them what you are going to do: nudge/touch them, then do sternal rub/pinch earlobe/finger webbing;
- Slow breathing: less than 1 breath every 5 seconds; identify if snoring/gurgling;
- Skin: identify color; may be pale or blue, especially lips and nail beds; may be cool or sweaty;
- Eyes: pinpoint size of pupils

Step 2: Delegate

Delegate the following tasks as necessary:

1. Phone 911
2. Rescue breathing
3. Direct emergency responders to the OD
4. Use overdose response supplies
5. Give naloxone
6. Crowd control

Step 3: Call 911

- Inform police there is a medical emergency (not responsive not breathing); make sure ambulance is dispatched
- Send someone to meet emergency responders at main entrance or street and direct them to the site of the overdose

Step 4: Rescue Breathing

1. Tilt head and lift chin; Clear mouth/airway, tilt head back
2. Use breathing mask as a barrier; ensure the barrier is sealed around the mouth to maximize breaths
3. Pinch nose and give 2 breaths
4. Continue to give 1 breath for every 5 seconds (even after giving naloxone, until the person regains consciousness or paramedics arrive)

Step 5: Naloxone

- If the person has not regained consciousness with rescue breathing:
- Swirl the ampoule, then snap the top off the ampoule (away from your body)
- Draw up all the naloxone in the ampoule (1 mL) into appropriate syringe

- Inject entire dose at 90° straight into a muscle, such as thigh, upper arm, buttock

Step 6: Evaluate

- Wait 3-5 minutes to see if the person regains consciousness
- Continue rescue breathing: 1 breath every 5 seconds until the person is breathing on their own
- Give 40-50 breaths before deciding to give an additional dose of naloxone

Step 7: More Naloxone

- If there is no response after 3-5 minutes, give a second dose of naloxone; Wait 3-5 minutes
- Continue to give rescue breaths and give naloxone as described above every 3-5 minutes (while rescue breathing until the person responds OR until the paramedics arrive)

Step 8: Document and Debrief

- Inform paramedics about all emergency care provided (including # naloxone injections given)
- Complete your organization's Critical Incident form and any other required paperwork
- Talk to your coworkers and/or site coordinator and/or site manager and/or access support through your employer

Appendix B: Documentation and OPS Intake Forms

All documentation and forms taken from BC Overdose Prevention Services Guide by BCCDC (2019).

1. User Agreement/Release Form (1st visit only)

Form 1: *User Agreement, Release and Consent Form: Overdose Prevention Services (OPS)* – (Signed on the 1st visit only).

Prior to using the OPS, I agree to the following:

- I have injected drugs in the past, am in this facility for the purpose of using injection drugs, and I intend to inject them regardless of any risks to my health.
- I will follow the direction of OPS staff and Codes of Conduct.
- I will remain in possession of my own drugs for injection at all times.
- I authorize OPS staff to provide emergency medical services if necessary.
- I am aware of the harmful effects of drug use and accept full responsibility for all risks to myself, including my death, and on behalf of myself and my heirs, hereby release the Overdose Prevention Site, (*Indicate Regional Health Authority/Agency*) and their employees, partners and agents from any and all liability for any loss, injury or damage I may suffer as a result of my use of this facility.

I understand the above and am able to give consent.

Name: _____ (must include first & last initials)

Date of Birth: _____ (D/M/Y)

Completed by: _____

Date: _____ (D/M/Y)

Handle or Identifier:
(Name, nickname, or #,) [ ]

Revised February 4th, 2017

2. OPS: Release of Responsibility Waiver (1st visit only)

Purpose: To waive responsibility of OD Prevention Services staff and volunteers upon a participant leaving the site against medical advice (AMA).

Participant Name/Handle: _____

I _____ have had the risks of leaving the OD prevention service AMA explained to me and I release all staff from all responsibility if my safety/life is compromised because of leaving this facility AMA. I am solely responsible for my own life/safety once I leave the OD Prevention Site.

Participant Signature: _____ Date/Time: _____

Staff Witness: _____ Date/Time: _____

OR

Participant left OD Prevention Service AMA, with knowledge of the risks involved, but without signing waiver.

Staff signature: _____ Date/Time: _____

Witness: _____ Date/Time: _____

Revised February 4th 2017

3. Visit and Overdose Log

Form 3: *Overdose Prevention Services (OPS): Visit and Overdose Log*

Please fill out one row in the table for **each visit** and use a new sheet at the start of each day.

Identifier/Handle (if given)	Time of visit (include time of day and circle am or pm)	Did the person overdose? (Yes/No)	**If the client overdosed, answer these questions as well:**	
			Was naloxone given?	Was the person taken by ambulance to an emergency department?
1.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown
2.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown
3.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown
4.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown
5.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown
6.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown
7.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown
8.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown
9.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown
10.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown
11.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown
12.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown
13.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown
14.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown
15.	am / pm	□ yes □ no	□ yes □ no □ unknown	□ yes □ no □ unknown

4. Youth Registration and Assessment (To be completed for each visit by Senior Staff Member)

Background

Youth represent the highest risk group for acquiring HCV and HIV through IVDU. Research indicates that they engage in high-risk behaviours to a greater extent than adults with established intravenous drug use. Youth who do not have a history of IVDU should access substance use resources that can more appropriately address their level of need and prevent initiation to IVDU. Prompt referrals to treatment options is an evidence-based strategy at preventing initiation to IVDU.

Name: _____ **Date:** _____

Handle:_____

DOB:_____

Verified with ID? ☐Y ☐N **ID Type:** _____

Reasons for wanting to access OPS:

Drug History: *Substances, routes, duration, frequency*

_____

_____

_____

Injection sites visualized? ☐Y ☐N ☐N/A Congruence between history and presentation? ☐Y ☐N

Notes: _____

Understanding of risks related to IVDU:

☐*OD* ☐*Tolerance* ☐ *Addiction* ☐*Infectious Disease* ☐*Emboli*
☐ *Vasc/Nerv Damage* ☐*Injecting Unknown Substances* ☐*Scarring/tracks* ☐*Access to HR Supplies*

Notes: _____

Are there any adult contacts identified by the youth: ☐Y ☐N

If yes, please complete the following:

Contact's Name: Relationship to youth:
Phone/Cell#

Harm Reduction Education

†*OD Prevention* †*Not Using Alone* †*Hand Washing* †*ETOH Swab* †*VC/location*
†*Flagging* †*Disease Prevention* †*Drug preparation* †*Equipment* †*Alt routes of ingestion*
†*Take Home Naloxone (if opiate use in drug hx)*

Notes: _____

Referrals Provided? ☐Y ☐N *If yes – where and was transport offered?*:
_____

5. Overdose Prevention Sites Core Data Elements for Overdose Incident (Complete for every OD

Background: On Dec. 8th, BC enacted a ministerial order to create overdose prevention sites. To support the decision making of the BC Health System Steering Committee on Overdose Response some basic metrics on the sites at a provincial level are needed.

Objectives of Surveillance: 1) To capture overdose events that may not otherwise be captured by existing surveillance 2) To monitor overdose events related to Overdose Prevention Sites.

Focus of Data Collection: Overdose Prevention Sites in BC operate on different models in a variety of settings. The focus is to provide no barrier venues for persons who use drugs to be in a safer environment with a person with naloxone available nearby in case of overdose. In keeping with this, data collection must not pose barriers while collecting minimum core elements from all sites with a focus on information that is readily available to any person, with or without medical training responding to an event.

This core data tool was developed collaboratively with Northern, Island, Vancouver Coastal, Fraser, BCCDC, and Interior Health Epidemiologists. Implementation will depend on settings and models.

CORE DATA ELEMENTS	
Person	
Core Data Element (as it would ideally appear on a data collection tool)	**Definition and Other Information**
Gender (if known): ❑ Male ❑ Female ❑ Transgender ❑ Unknown	The gender of the person experiencing the overdose. Data collection tools to include at minimum male, female, unknown.
Age Group: ❑ under 19 ❑ 19-39 ❑ 40 or older ❑ Unknown	The estimated age group of the person experiencing the overdose. Broad age categories are used to allow estimation by first responders.
Place	
Overdose Prevention Site or Response Group Name/Code:	Name or Code of the Overdose Site (e.g. Powell St. Getaway). A list of overdose prevention sites by name and code with an address and Response Groups/Names with an affiliated site or area is required to interpret this field.
Overdose Occurred: ❑ Inside ❑ Outside	Indoors or Outdoors as best describes where the person experiencing the overdose was seen to overdose or was found.

Time	
Date: DD/MM/YYYY	The date of the overdose event
Time of Overdose: _____:_____ ❑ A.M. ❑ P.M **HH MM**	The time that most closely approximates when the person showed observable signs of overdose or was found unresponsive.
Event/Intervention	
Was 911 Called: ❑ Yes ❑ No ❑ Unknown	Whether or not 911 was phoned.
Was Naloxone Given: ❑ Yes ❑ No ❑ Unknown	Whether or not Naloxone was given (any form but injectable is assumed for most settings)
How many injections of Naloxone were given: ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ more than 5	The number of naloxone injections given as a part of this overdose response. The underlying assumption is that the 0.4 mg vials are standard in community kits and Overdose Prevention Sites. Only count injections prior to a paramedic taking over.
Was rescue breathing performed? ❑ Yes ❑ No	Whether or not breaths were given or observed to be given by anyone as a part of the overdose response.
What was the outcome? ❑ Client Left ❑ Client Transported to the ED ❑ Client Died	The outcome of the event as best described by one of the three options. May also include unknown but this has been excluded from example format to encourage a usable answer.
Additional Summary Statistics Required Weekly: **1. Estimated number of visits/interactions per site per week** **2. Estimated number of ODs per site per week (should equal report numbers)**	

FSJ CAT Strategic Planning Summary Notes

Subject:	FSJ CAT Steering Committee Meeting Strategic Planning Session	
Meeting Date:	June 3, 2020	
Time:	10:30 am – 12:30 pm	
Location:	Fort St. John Health Unit/Teleconference	
Attendees	Edward Stanford - facilitator Katrin Saxty - facilitator Andy Ackerman Connie Cunningham Jeryn Mackey Joanne Cozac April Davis	Heather Paddison Jean McFadden Pam Romanow Alisa Froh (phone) Chrystal Regan (phone) Regrets: Jong Kim

Summary

When completing the Community Action Team Grant Application for the 2019/2020 term, the Fort St. John Community Action Team (CAT) identified a series of actions and activities that it would like to undertake. Many of these activities involved public engagement and large gatherings. In March 2020, the COVID-19 pandemic and associated social distancing measures resulted in several planned engagement results being cancelled. Given the continued restrictions on public gatherings as well as the recent increase in overdose deaths, the Community Action Initiative (CAI) has also encouraged Community Action Teams to consider reallocating funds towards addressing urgent community needs.

The Fort St. John CAT Steering Committee met on June 3, 2020 to engage in a strategic planning session where the committee reviewed the tasks outlined in the grant application, assessed their priority and feasibility, and looked at which tasks needed to be accomplished during the remainder grant term. The identified priorities and tasks are intended to guide the work of the CAT throughout the rest of 2020 and serve as an evaluation matrix for any new proposed activities. It is recommended that the Steering Committee and CAT as a whole engage in a similar strategic planning process on a regular basis to reaffirm priorities and focus work to where it is most needed.

CAT Steering Committee meeting June 3 2020

Present:

Edward Stanford

Katrin Saxty

Andy Ackerman

Connie Cunningham

Jeryn Mackey

Joanne Cozac

April Davis

Heather Paddison

Jean McFadden

Pam Romanow

Alisa Froh (phone)

Chrystal Regan (phone)

Regrets: Jong Kim

10:31 start

Item 1. Introductions

Half way through CAT for 2020 – go back and look at items committed to

Edward gave his history with Urban Systems. Katrin also with Urban Systems and her history. She is facilitator though exercise for today. Members present and on the phone gave brief introduction of who they are.

Item 2. Ground Rules

Looking at what to accomplish over next 4-5 months. What cant we do this year that will have to go to 2021. Limited time – so need focus.

Item 3. Objective for today. Desired meeting outcome:

Strategic planning session – half way through process different per original application due to COVID-19. There are some things we cannot do this year. Community

engagement activities – being out and about with community programs. Conversations around the table show work with CAT teams and the amount of work in FSJ being done.

Item 4. Review 2020 Activities & Homework assignment

Red may not be able to happen this year, which should we still tackle this year? Yellow – which may have been done. Minister wants to get things done and use for future years possibly. Producing a midterm report to the CAT and then back to the Minister.

Review - 4 categories identified for this year

Service analysis and development is done

Peer related initiative – two completed

First Nations engagement and education and awareness a lot of re due to not being able to go into communities

Youth related services/initiatives - yellow

First Nations engagement may show ongoing activity that will span several years

Yellow dot – can we discuss and is there a possibly of them being done this year

The green dot will show what accomplished for grant next year

Engagement does not have to mean face to face

Another color for best for 2021….(purple dots)

Then can focus on what is needed right now

Job initiatives for peers is what Pam has been working on – she is finding funding also looking for scholarship for peers to get education, two year study for Thrive also mentioned

Overview of yellow and red

Joanne likes the blank slate when she gets the call for grant – and not having a lot of items that can be forwarded to 2021

There will be things that we will not get to – can be considered for the 2021 grant – just don't lose the ideas identified on sheets

The steering committee members may change also for 2021

Don't lose any of the ideas – Scan of Planning Sheet from wall below:

2020-06-04-Strat Planning Scans_Opt

Identifying peer learning needs

Some of the peer initiatives are a CAT initiative? And identified as an initiative

Summary of what the peer working group has done and what they are planning on doing

Heather – the "World Café" and discussed the survey that they had done – if they can get the data it could go into the 2021 grant proposal

Discussed the safety precautions that will be continued due to COVID-19

Crystal - Can have a different conversation at a different time – topic is still priority at this time

Shifting up some of the activities on the peer related initiatives

CAT can support what the peers are doing being done

Peer employment – 3 pharmacies will hand out harm supplies afterhours (Josef got them) – peers will make up the harm supplies – built their first kits – heard that NH does not want to support the kits being made up for hand out(?)

Employment for the peers still a priority – harder time meeting and picking up jobs

World Café is part of peer learning needs that CAT would like

What are current needs that businesses would need that could involve peers?

Similar to what the Association for Community Living does with their peers for work

Yellow item – discuss funding for peers and peer payment – ongoing and need to follow best practises – standards change need to be mindful (carried over to 2021?)

Develop peer engagement framework/template (yellow) – CIE and developed a workbook from DC – Heather can use the manual she has already

Peer coordinator job helped get to the issues – Heather has a document that CAT could accept as best practise Peer Engagement Principles and Best Practice (version 2

December 2017) – will send to everyone and move forward they would need a month and should be done.

Review qualitative patient journal maps to better understanding the needs of peers – Pam has communicated with people to get paperwork to help with this – multi-year

Patient journal mapping – Chrystal has her summary that she can share – she can do up and get more information – agrees done – but action item associated with this

Amazing resources across the country that we can borrow as a group

Identify the peer learning needs – red – where it fits in – partnered with the World Café

First Nations engagement and education awareness

-One green

Yellow – help with organizing formalized Naloxone training – discussed kits and how many lives saved

More people are requesting the training access to the kit as the needs arise (ONGOING item)

Show list of places where training has been done to show data and number of people trained, may not have Naloxone data ? Where is the data? Alisa has trained several people – tracking should have been part of this training – did anyone say to keep track of people trained when giving the training?

(Reword to be tangible)

New direction of this year – try to compile the data – good action item and system to track – lead for requiring the data and compile – April will compile the data.

A desire to do some redecorating, perhaps in anticipation of hosting a future social event, might prove frustrating today. You probably have some definite ideas, but can't find the materials you need to produce the results you want. Whatever you're planning, it might be a good idea to phone around in advance and see what resources are available. It could save you some frustration here

Reanne Sanford may have a tracking form we can already use – Connie will talk with Reanne

Brainstorm creative ways to promote videos that were created last year – Photo Voice placed in parking lot – ongoing, but need measures

Urban Systems is repining it on social media and have more followers on the CAT page – need numbers for the data and measurement – they have number of views

Develop strategies for raising awareness about existing services in FSJ and surrounding communities – all the resources were done and in a handout

Part of this was what strategies to have more done – needs to go on the Healthy FSJ website

Discussed the Save Our Senior booklet that they give out that has the resource and this could be same for info we have (in parking lot area) generic guide

Engage with First Nations women youth and elders to better understand their needs – always ongoing!

Work with FNHA to make sure no duplication of work between organizations – having Alisa on the planning committee provides non-duplication of the services

Mark as done because Alisa is on the group and making sure of non-duplication

Develop strategies to better engage our FN health partners such as health directors on the CAT – ongoing (April, Alisa) a lot of this has stopped due to COVID-19 – hard to follow when you have to call into the meetings and not be in person

Sending out the invites but the directors are too busy to attend – they are reading the notes (Alisa) she is giving them updates and work plans strategies to host in the community and share resources

We are here today to develop strategies – if health directors are not attending meetings – we need to get their input (this needs to be parking lot) to get their feedback

Explore having CAT meetings at local FN organizations – not feasible in 2020 due to changes in the “world”

REDS

Consider another opioid dialogue – not feasible for this year

Stigma workshop – not this year

Discuss learning opportunities activities with compassion inclusion and engagement team - different mechanism to still have? Still possible using ZOOM – Chrystal – trying for the next three months might not work with schedules (CIE team)

Who will initiate with the CIE team – Pam will reach out to see about engagement in the future

Organize a youth day learning exchange – no to 2020

Art therapy and art walk event – no to 2020

Gain feedback from community around current understanding on opioid landscape – wanted to piggy back with the youth related services initiatives – realistic over the summer months – develop a strategies by the groups (Alisa, April, Jean and Jeryn)

In terms of the working groups – does the group have capacity to do the work (Jeryn, April and Alisa) Alisa can follow up with the work with the members

Is it tangible at all for the next three months? Need larger numbers for the youth

Developing a strategy to get input from the community for the next three months is needed (Andy) 2020 finding the info and 2021 doing the work

Jeryn – between the two (youth survey) trying to get approval for in the schools (September) it is important

Host a session with PHSA mobile response for frontline service provides family members and peers (not feasible)

Host more feast and learns – just lifted restrictions – not feasible at the Health centers – not is 2020 possible next year – how many to have?

Identifying traditional healing circles and other programming for workers and families – April comments – talked about things provided in the communities - update brochure and then done (green)

Consider developing and administering a short survey for front line service provides and families to discover their need – Alisa, April, Jean and Jeryn have a youth survey they could work off of – survey for this year – may not be possible – what feedback do we want?

Possible to do towards the end instead of right now (Andy) feasible to retain and do a survey)

Action item - Overview of Fort St John – where does it fit in – Joanne – discussed the paper – brought forward as part of the conversation big step working on community consultation – need to consider – on the list for next year

Needs to be a long term commitment

Do we need a sub committee to report back to this committee and back to the CAT?

The steering group seems to be the “working” group – Carson the author of the reports join us to walk us through the report (action item video conference with Carson?)

What is the priority topics that we need to see through this committee?

Discuss when best to bring Carson in

Action item this year – can we do press release that says this has been done – need to talk with the author first before any kind of release

We already know a lot of what people want and bring to these communications

Don't release the report before proper people have been notified

Youth related services/initiative – important aspect (Edward) invite a youth to sit on the group steering committee

Invite a youth young adult to sit on the CAT and for the CAT Steering Committee – there is a youth from DC that has been on CAT in Dawson – possible – yes Heather/Jean

Host a youth forum dialogue to engage youth about substance use and overdose in FSJ – change the task for ongoing talks with school district for September?

Funds allocated already so can still do in September

Suggested not to get extension to bring actions to next year instead

Explore providing tools resources and education to educators teachers/school counsellors in schools – is there something already out there – the schools have different groups in the schools – not feasible this year

Explore what other communities are doing in terms of youth initiative re substance use and overdose. – can we see what's out there in the next three months (group could check) (Jean and Heather)

Provide more opportunities for Naloxone training in middle/high school – important – Party program? – April has connections she could supply. DARE program covers grades 4, 5 and 6 (too young of age group)

Priority but not feasible for 2020 – need senior administration and the school board discussion

Is there a way that the group could get the work done (youth related services initiatives) – Jean will try to contact the superintendent

Survey was to be for the broader community for answers

Needs to be put back on the community and not just this committee –

Pam says the biker gangs want to be involved – have this in the parking lot area

Check on the names used with the initiatives

Pam wants a paper print out of the info sent and talked about

Will get out as a draft for the group

Joanne will report back to the CAT about this presentation

Edward discussed funding for the next year – how to build on the committee (replacements) how can we encourage people for this table and the bigger table

Wrap up will get compiled

Joanne – thank you on behalf of the group and getting to review everything for us.

Our CAT is doing more than other CAT's and is being recognized in Victoria.

2018/2019 Goals

Prevention of Opioid-related critical incidences (e.g. multiple overdoses and/or death) through Education, Awareness and Partnership Development

Engage Peers and Front Line Responders and Staff in Intervention Planning

Identify Treatment & Recovery Capacity in Fort St. John

Explore Community After Care Needs

Strengthen the Cohesion and Collaboration of the FSJ Community Action Team

2019/2020 Goals

Prevention of opioid-related events through Education and Awareness

Enhancement of youth services in Fort St. John, including educating teachers, counsellors and guardians in schools more about what they can do to support their youth

Support Northern Sun Helpers (Peers) with capacity, resources and opportunities

Work with neighbouring First Nation communities to support the communities in culturally relevant ways

Explore the feasibility of enhancing the current mobile services to improve access to prevention, treatment and recovery support services

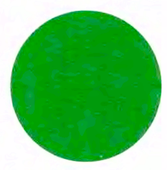
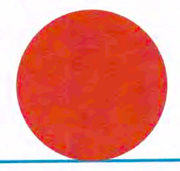
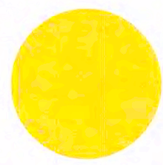
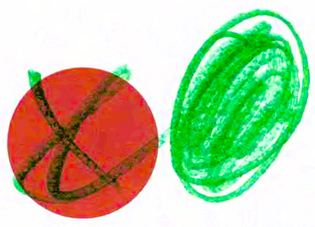
Fully Understand and Implement Strategies to address after-care needs for Peers, front-line responders and family members

1. Peer-Related Initiatives

Tasks/Activities	Timeline	Complete (Y/N)	Tangible Action	Person Responsible
Identify peer priorities Supplies, support, programming World Cafe.	Next 3-4 mo. (COVID dep.)		Will inform 2024	Heather.
Discuss Peer coordinator position & determine job description Distribute peer payment, assist peers with grants, organize peer activities				
Discuss funding for Peers/Peer payment	ONGOING			
Identify Peer learning needs: Courses, training, material, First aid, etc.	3-4 months	Is this a CAT initiative for 2020/21? Is being undertaken by Pam		Pam/Heather
Explore the development of a formalized Peer Employment Program	Consider ACL model.	→ success this year. → want ongoing multi/year. ⇒ high priority? Could incorp. w/ world cafe		
Develop a Peer Engagement Framework/Template that guides how we work together	1 month June 30	- Heather has framework - send to CAT SC ↳ motion to use moving forward		
Review qualitative patient journal maps to better understand the needs of peers (work with Chrystal)	ONGOING?	→ Done (Chrystal) → also ongoing action assoc. w/ this		

World Cafe ~~next 3 months~~ - COVID dependent Will ~~inform~~ 2024.

2. First Nations Engagement & Education and Awareness

Tasks/Activities	Timeline	Complete (Y/N)	Tangible Action	Person Responsible
Organize a Cultural Safety & Humility Workshop for CAT to all attend for better understanding	Feb/Mar			
Engage with First Nations women, youth and elders to better understand their needs				
Work with FNHA (~~e.g. Katie Hughes)~~ to ensure no duplication of work between organizations			Alicia on group so is to us addressed.	
Host more Feast n' Learns	Not in 2020		-ensure has tangible #.	
Develop strategies to better engage our FN health partners such as health directors on the CAT			-Continue sharing resources w HP. - Host in community ↳ Not in 2020	April Alicia
Explore having CAT meetings at local FN organizations Treaty 8 Tribal Association, on various reserves, NENAN etc.	NOT IN 2020.			
Work on identifying traditional healing circles and other programming for workers and families				
Consider ~~developing and administering a short~~ survey for front line service providers and families to discover their needs	3-4 months		-include FN com, Ab. com + FN AA then is done Develop/CRAFT SURVEY	Jenya

2. First Nations Engagement & Education and Awareness

Tasks/Activities	Timeline	Complete (Y/N)	Tangible Action	Person Responsible
Consider another opioid dialogue Explore well-known inspiring and engaging speakers such as Gabor Mate, Vikki Reynolds	Not in 2020			
Organize a Stigma Workshop	Not in 2020			
Discuss learning opportunities with the Compassion Inclusion and Engagement Team			- have been happening - Set up zoom meeting w CIE team > Pam - Engagement in future.	
Organize a One-day Learning Exchange	Not in 2020			
Art-therapy & Art Walk event	Not in 2020			
Help with organizing formalized Naloxone training for the community	ONGOING		Acquire data that shows how many trained Need better data tracking. > by end of 2020 April Connie	
Gain feedback from community around current understanding of opioid landscape	Next 3-4 months		Jenyn | Aleia | April (> develops strategy) $ Implement 2020/2021	
Brainstorm creative ways to promote videos that were created last year			Keep track of views + reposts	
Develop strategies for raising awareness about existing services in Fort St. John and surrounding communities			2-Parts -> document -> basically finished -> develop/$trategies awareness	
Host a session with PHSA Mobile Response unit for frontline service providers, family members, and peers	NOT in 2020			

3. Youth-related Services/Initiatives

Tasks/Activities	Timeline	Complete (Y/N)	Tangible Action	Person Responsible
Invite a youth/young adult to sit on the CAT and/or the CAT Steering Committee	Next 3-4 months		Invite ind./connect.	Jean + Heather
Host a Youth Forum/ Dialogue to engage youth about substance use and overdose in Fort St. John	Next 3-4 months		Ongoing conv w SNR Adm / SD Bodd → Consider having event in fall.	
Explore providing tools, resources and education to educators/ teachers/school counsellors in schools	NOT IN 2020.		Opp to see what is available across Country?	
Explore what other communities are doing in terms of youth initiatives re: substance use and overdose	Next 3-4 months			Jean + Martha (DC)
Develop strategies to get youth involved with the CAT and CAT activities				
Provide more opportunities for Naloxone training in middle/high schools	NOT IN 2020		PRIORITY	

Needs connections + team members to move forward:

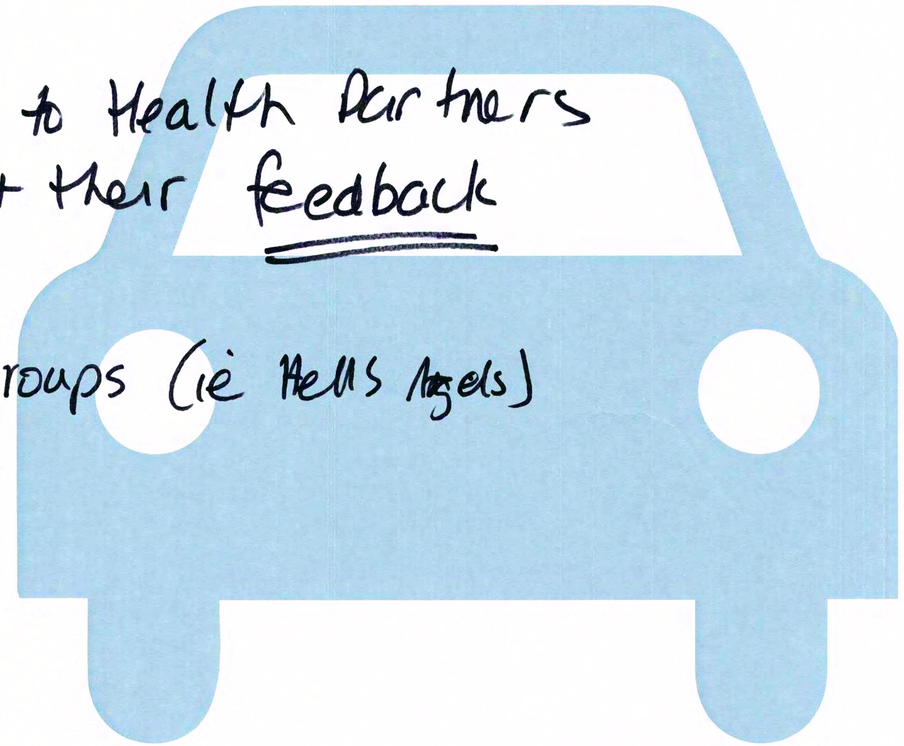
- Put on community more.

4. Service Analysis & Improvement

Tasks/Activities	Timeline	Complete (Y/N)	Tangible Action	Person Responsible
Engage in a feasibility study for an overdose prevention site		●	Opioid Crisis doc ↳ consider for 2021. ↳ Consider carson joining a SC mtg ⇒ discuss what is best to bring him to it	Joanne
Engage in a business case/ financial plan for a mobile unit that can provide harm reduction supplies and/or respond to an overdose		●	⇒ need to discuss what to do w report at SC mtg.	
Review & update prior CAT studies from last year Gaps Analysis, Literature Review (work with Urban Matters)		●		

PARKING LOT

- Photo Voice
- Strategy Guide (ie like SOWS)
  ↳ to hand out, little booklet/printed doc
- Strategies to get info to Health Partners but to also get their feedback
- Connections w other groups (ie Hells Angels)
  → Pam.



1. Peer-Related Initiatives

Tasks/Activities	Timeline	Status	Tangible Action	Person Responsible
Identify peer priorities Supplies, support, programming	Next 3-4 months (COVID dependent)	Not complete	Host world cafe - results will inform 2021	Heather
Discuss Peer coordinator position & determine job description Distribute peer payment, assist peers with grants, organize peer activities		Complete		
Discuss funding for Peers/Peer payment		Ongoing - need to keep up on best practices		
Identify Peer learning needs: Courses, training, material, First aid, etc.	Next 3-4 months	Not complete	Many aspects being undertaken by Northern Sun Helpers Is this a CAT initiative for 2021?	Pam/Heather
Explore the development of a formalized Peer Employment Program	Next 3-4 months	In progress	Want ongoing/ multi-year High priority Consider ACL model	Peer Initiatives group
Develop a Peer Engagement Framework/Template that guides how we work together	1 month - complete by June 30	In progress	Formally adopt Peerology document as best practices framework	Whole CAT
Review qualitative patient journal maps to better understand the needs of peers (work with Chrystal)		Complete	Any actions associated with review?	

2. First Nations Engagement & Education and Awareness

Tasks/Activities	Timeline	Status	Tangible Action	Person Responsible
Consider another opioid dialogue Explore well-known inspiring and engaging speakers such as Gabor Mate, Vikki Reynolds	Not in 2020	Postponed/ canceled		
Organize a Stigma Workshop	Not in 2020	Postponed/ canceled		
Discuss learning opportunities with the Compassion Inclusion and Engagement Team	Next 3-4 months	In progress	Set up call to discuss future opportunities	Pam/Heather
Organize a One-day Learning Exchange	Not in 2020	Postponed/ canceled		
Art-therapy & Art Walk event	Not in 2020			
Help with organizing formalized Naloxone training for the community	By end of 2020	In progress	Acquire data that shows how many people trained - tracking	April/ Connie
Gain feedback from community around current understanding of opioid landscape	Next 3-4 months	In progress	develop strategy - implement for 2020/2021	Jeryn/April/Alisa
Brainstorm creative ways to promote videos that were created last year		In progress	Keep track of views/posts	Jeryn
Develop strategies for raising awareness about existing services in Fort St. John and surrounding communities	Before end of 2020	In progress	Services brochure prepared - Distribution?	
Host a session with PHSA Mobile Response unit for frontline service providers, family members, and peers	Not in 2020	Postponed/ canceled		

2. First Nations Engagement & Education and Awareness

Tasks/Activities	Timeline	Status	Tangible Action	Person Responsible
Organize a Cultural Safety & Humility Workshop for CAT to all attend for better understanding	February	Complete		
Engage with First Nations women, youth and elders to better understand their needs		Not complete	What strategies are we going to employ to accomplish this?	Alisa/April
Work with FNHA (e.g. Katie Hughes) to ensure no duplication of work between organizations		Complete	Alisa is on steering committee so is addressed	
Host more Feast n' Learns	Not in 2020	Postponed/ canceled	Ensure has tangible number associated	
Develop strategies to better engage our FN health partners such as health directors on the CAT		Ongoing	Continue sharing resources and inviting to CAT meetings Host CAT meeting in community (not in 2020)	April/Alisa
Explore having CAT meetings at local FN organizations Treaty 8 Tribal Association, on various reserves, NENAN etc.	Not in 2020	Postponed/ canceled	Currently not possible due to COVID-19	
Work on identifying traditional healing circles and other programming for workers and families		Complete	Updating services review and brochure to include	
Consider developing and administering a short survey for front line service providers and families to discover their needs	Next 3-4 months	Not complete	Develop survey to administer in fall	Jeryn

3. Youth-related Services/Initiatives

Tasks/Activities	Timeline	Status	Tangible Action	Person Responsible
Invite a youth/young adult to sit on the CAT and/or the CAT Steering Committee	Next 3-4 months	In progress	Invite to meeting - include and connect on ongoing basis	Jean/Heather
Host a Youth Forum/ Dialogue to engage youth about substance use and overdose in Fort St. John	Next 3-4 months	In progress	Connect with SD 60 admin and board - consider having in fall	
Explore providing tools, resources and education to educators/ teachers/school counsellors in schools	Not in 2020	Postponed		
Explore what other communities are doing in terms of youth initiatives re: substance use and overdose	Next 3-4 months	Not complete	Explore what is happening in other communities	Jean/Martha
Develop strategies to get youth involved with the CAT and CAT activities		In progress		
Provide more opportunities for Naloxone training in middle/high schools	Not in 2020	Postponed	Priority for 2021	

4. Service Analysis & Improvement

Tasks/Activities	Timeline	Status	Tangible Action	Person Responsible
Engage in a feasibility study for an overdose prevention site		Complete	Consider results for 2021 Need to discuss what to do with report	Joanne
Engage in a business case/ financial plan for a mobile unit that can provide harm reduction supplies and/or respond to an overdose		Complete		
Review & update prior CAT studies from last year Gaps Analysis, Literature Review (work with Urban Matters)		Complete		

Peer World Cafes
Summary Report

Peer World Cafés Summary Report

EXECUTIVE SUMMARY

In December 2019, the Peer Initiatives working group met to discuss what peer identified and driven initiatives the CAT should focus its work on in 2020. It was decided that we needed to host a peer World Café to hear from numerous peers what their priorities were and get suggestions on how to create a change plan. A World Café was scheduled for March, 2019 but 3 days before the event, Covid-19 restrictions were put in place and work stalled. We were able to develop a survey and have the staff at the Salvation Army Center of Hope distribute it in April of 2019. That helped us identify what peers were finding most challenging, especially in light of Covid-19. We began developing some programs as a result but were still aware of the need for a more robust discussion with peers.

April, May, and June saw significant increases in the number of Opioid deaths in our region and action became even more critical. In July 2020, once the pandemic restrictions eased and community spaces opened, we quickly planned and held our much-anticipated Peer World Café. To maintain social distancing, we held 2 smaller sessions than what we had originally planned but were ultimately able to engage with more peers. We had 30 people attend our afternoon session and 12 people at our evening session.

One key finding of the dialogues was that folks, under normal circumstances, are generally good at meeting their basic needs. They commonly pick up work when they are well enough to work but Covid-19 has dramatically effected people's ability to make ends meet. A second finding was that while most Northern communities are compassionate and close-knit, the stigma and lack of education in the general public about substance use means that those affected by the Opioid crisis are not considered a 'worthy cause'. As a result, there is little community support for detox and recovery, safer consumption sites, and outreach services for substance users and street entrenched individuals. Third, through these discussions, we were able to identify several programs and services that would make a significant difference in the lives of survivors of the war on drugs.

In addition to the questions posed at the café, we invited peers to share what changes they had experienced in the almost 2 years the Community Action Team (CAT) had been in our community. They reported that they had experienced little change in regard to stigma around substance use, citing the RCMP as the biggest problem. They shared that they were more aware of harm reduction and able to access supplies more readily than 2 years ago. Access to these supplies can still be improved, with a need for access after-hours. Programs for substance users has improved but, they felt, it's important for people in power to be informed and compassionate.

"We need the right people on board leading".

The specific questions we asked, and their answers, are listed below:

WHAT ARE SOME CHALLENGES TO ACCESSING HEALTH CARE:

- Lack of compassionate doctors and nurses
- No after-hours walk-in
- No I.D.
- More training for doctors and nurses around addiction
- Transportation
- Mobile doctors & nurses
- More support for medical travel/flight subsidies
- No local detox/treatment

WHAT CRITICACL SERVICES ARE LACKING IN FORT ST JOHN:

- Low income housing
- Detox
- Peer Support
- Group therapy
- Clean living programs
- Social integration programs
- Legion more understanding of PTSD/Addiction
- Men's group
- Drop-in space
- Non-secular shelter
- A place to feel safe
- Outreach vehicle (harm reduction, meals, Rx, resources, etc)

WHAT PROGRAMS/SERVICES HAVE YOU SEEN IN OTHER COMMUNITIES THAT FSJ COULD HAVE:

- OPS/Safe consumption
- Safe supply
- 2nd stage housing
- P.E.O.P.L.E.
- Free pool/rec centre (YMCA)
- Training centre
- Sweat lodge
- Rehab centre
- More RCMP training for mental health calls

WHAT WOULD YOU TELL THE COMMUNMITY ACTION TEAM WHEN THEY ARE DECIDING WHERE TO DIRECT FUNDING:

- Employment opportunities
- Community education
- Conferences, other learning opportunities for training
- Work experience for substance users
- More funding for vulnerable folks
- Initiatives to build trust and understanding between RCMP and substance users
- Support for survivors of sexual abuse

Overdose Awareness Survey

Community Survey

This survey is adapted from a 2018 national Statistics Canada Survey on Opioids Awareness. The information gathered through this survey is intended to guide the work of the Community Action Team in supporting harm reduction during the current provincial overdose crisis. Opioids are medications that, when used properly, can help relieve pain. However, problematic use can cause dependence, overdose, and death. We want to ensure that we are meeting the needs of community members and addressing concerns about the crisis. The feedback collected from this survey will be used to inform the projects that the Community Action Team undertakes in its work moving forward and will be shared back with the public.

This survey is anonymous; no one will know you answered it. When you place your survey in the box provided you will be given the option to enter your name, email address and/or phone number in a draw to win a $25 Visa gift card. This information will not be associated with your survey response in order to maintain anonymity.

Where do you currently reside (e.g; Fort St. John)?

_____

What is your gender?

▫ Male ▫ Female ▫ Other

What is your age group?

▫ 18 – 24 years

▫ 25 – 29 years

▫ 30 – 34 years

▫ 35 – 39 years

▫ 40 – 44 years

▫ 45 – 49 years

▫ 50 – 59 years

▫ 60 – 69 years

▫ 70 – 79 years

▫ 80 years and over

Do you self-identify as an Indigenous person in Canada such as First Nations, Métis or Inuit?

▫ Yes ▫ No

What is your level of awareness about the opioid crisis in BC

▫ Not aware at all ▫ Somewhat aware ▫ Very aware

Where have you learned about the opioid crisis?

▫ Media

▫ Public awareness campaign

▫ Government website

▫ Other internet sites

▫ Friends or family

▫ Other:

Please indicate whether you agree or disagree with the following statements:

I would recognize the signs of an opioid overdose

▫ Agree ▫ Neither agree nor disagree ▫ Disagree ▫ Don't Know

I would call 9-1-1 if I was witnessing a suspected overdose

▫ Agree ▫ Neither agree nor disagree ▫ Disagree ▫ Don't Know

I would know what to do if I was witnessing a suspected overdose

▫ Agree ▫ Neither agree nor disagree ▫ Disagree ▫ Don't Know

I would know how to obtain Naloxone

▫ Agree ▫ Neither agree nor disagree ▫ Disagree ▫ Don't Know

I would know how to administer Naloxone

▫ Agree ▫ Neither agree nor disagree ▫ Disagree ▫ Don't Know

Please indicate whether you agree or disagree with the following statements:

Harm reduction services are available in my community

▫ Agree ▫ Neither agree nor disagree ▫ Disagree ▫ Don't Know

Treatment options for an opioid dependency or problematic drug use are available in my community

▫ Agree ▫ Neither agree nor disagree ▫ Disagree ▫ Don't Know

Harm reduction services have public health benefits

▫ Agree ▫ Neither agree nor disagree ▫ Disagree ▫ Don't Know

Please indicate your awareness with the following statements:

Using opioids, even for medicinal purposes, can impair driving a motor vehicle

▫ Not aware at all ▫ Somewhat aware ▫ Very aware

Leftover opioids should be returned to a pharmacy for disposal

▫ Not aware at all ▫ Somewhat aware ▫ Very aware

Problematic use of opioids can lead to an overdose or death

▫ Not aware at all ▫ Somewhat aware ▫ Very aware

Mixing opioids with alcohol or other medications can magnify adverse effects, including a possible overdose

▫ Not aware at all ▫ Somewhat aware ▫ Very aware

Drugs obtained illegally or on the street have the potential to contain fentanyl

▫ Not aware at all ▫ Somewhat aware ▫ Very aware

There is legal protection (under the Good Samaritan Drug Overdose Act) for people who seek emergency help for someone who has overdosed

▫ Not aware at all ▫ Somewhat aware ▫ Very aware

I am aware that Naloxone is a life-saving medication used to stop or reverse an opioid overdose

▫ Not aware at all ▫ Somewhat aware ▫ Very aware

Thank you for taking the time to complete this survey. We greatly appreciate your help in supporting the Community Action Team in its work to combat the overdose crisis. More information about the Community Action Team, and local and regional resources can be found at www.healthyfsj.ca

Overdose Awareness Week Presentation

Fort St. John Overdose Awareness Week

August 31st – September 4th

urban matters

FSJ Community Action Team & Healthy FSJ

Healthy FSJ

Funding provided by

CAI Community Action Initiative

urban matters

Objectives of the Fort St. John CAT

1. Education & Awareness
2. Support & elevate voices of Peers/Those with Lived and Living Experience
3. Explore Harm Reduction, Treatment & Aftercare
4. Focus on Cohesion & Partnerships

urban matters

International Overdose Awareness Day: August 31st

urban matters

International Overdose Awareness Day

- Global event held on August 31st each year
- Remember lives that have been lost
- Reduce stigma
- Official colour is purple

urban matters

Fort St. John Overdose Awareness Week

- August 31st to September 4th, 2020
- Remember the people in our community who have lost their lives due to overdose
- Honour the work of front-line workers, including those with Lived Experience
- Raise awareness about the ongoing opioid crisis
- Online videos/media releases – including a naloxone training video
- Socially-distanced community lunch August 31st

urban matters

Thank You for Your Consideration and Support

urban matters

Overdose Awareness Week Presentation

FORT ST. JOHN
The Energetic City

PROCLAMATION

Funding provided by CAI Community Action Initiative — Healthy FSJ

OVERDOSE AWARENESS WEEK
AUGUST 31, 2020 – SEPTEMBER 4, 2020

WHEREAS Thousands of people die from substance overdose each year, and as the community of Fort St. John has endured its own local tragedies of this nature, it is appropriate for the community to honour these tragedies;

WHEREAS Fort St. John has been identified as one of twenty high-priority BC communities where the opioid overdose crisis is the most prevalent and where a local Community Action Team and a Healthy FSJ community-led coalition have been established;

WHEREAS The intent of Fort St. John's Overdose Awareness Week is to increase awareness of local community response to opioid overdose situations, including that the tragedy of an opioid overdose death is preventable;

WHEREAS Overdose Awareness Week will honour our frontline workers, family members and friends of those affected, people with lived experience for resilience, and will encourage the community to continue to work together to bring down barriers and stigma against addiction and overdose deaths;

WHEREAS The events and activities hosted by the community and local community agencies through Overdose Awareness Week will provide education and improvement in the overall quality of life in Fort St. John.

NOW THEREFORE, I, Lori Ackerman, Mayor of the City of Fort St. John, do hereby proclaim **August 31 - September 4, 2020** as **"Overdose Awareness Week"** in the City of Fort St. John.

Lori Ackerman
Mayor

August 24, 2020
Date

Compiled Peer Payment Reports

PEER PAYMENT REPORT NOVEMBER/DECEMBER 2019

DATE	MEETING	PEER ATTENDANCE	PAYMENT	TOTAL
NOV 26 2019	FSJ CAT MEETING	SANDRA EDINGER	$50.00	$300.00
		SHAWN WOOD	$50.00	
		DOUG WOOD	$50.00	
		TROY ROMANOW	$50.00	
		KAREN MILLS	$50.00	
		PAM COX	$50.00	
DEC 5 2019	FSJ CAT MEETINGS (3)	KAREN MILLS	$150.00	$150.00
DEC 10 2019	STEERING COM MEETING	KAREN MILLS	$25.00	25.00
DEC 16 2019	FSJ CAT MEETING	KAREN MILLS	$50.00	$100.00
		SANDRA EDINGER	$50.00	
			TOTAL	$575.00

PEER PAYMENT REPORT JANUARY/FEBRUARY 2020

DATE	MEETING	PEER ATTENDANCE	PAYMENT	TOTAL
JAN 28 2020	FSJ CAT MEETING	SANDRA EDINGER	$50.00	**$150.00**
		KAREN MILLS	$50.00	
		PAM COX	$50.00	
JAN 30 2020	INTERVIEW FOR PEER COR.	KAREN MILLS	$62.50	**$125.00**
		PAM COX	$62.50	
JAN 31 2020	INTERVIEW FOR PEER COR.	PAM COX	$38.00	**$38.00**
FEB 7 2020	STEERING COM. MEETING	KAREN MILLS	$62.50	**$125.00**
		PAM COX	$62.50	
			TOTAL	**$438.00**

PEER PAYMENT REPORT FEBRUARY/MARCH 2020

DATE	MEETING	PEER ATTENDANCE	PAYMENT	TOTAL
FEB 25 2020	FSJ CAT MEETING	SANDRA EDINGER	$50.00	**$250.00**
		SHARON BELCOURT	$50.00	
		MARLENE MUNCH	$50.00	
		CASSIDY STEWART	$50.00	
		PAM COX	$50.00	
MAR 12 2020	STEERING COMMITTEE	PAM COX	$62.50	**$62.50**
MAR 19 2020	WORLD CAFÉ	POSTPONED	$0.00	**$0.00**
			TOTAL	**$312.50**
MAR 31 2020	PETTY CASH		CASH	**$175.50**
			CHEQUE	**$600.00**
MAR 31 2020	WORLD CAFÉ PEER PAYMENT		CHEQUE	**$1,500.00**
	HONOURARIUMS		CHEQUE	**$250.00**
			TOTAL	**$2,525.50**

PEER PAYMENT REPORT APRIL/MAY 2020

DATE	MEETING	RECEIVED BY	PAYMENT	TOTAL
APRIL 1 2020	STEERING COM. MEETING	PAM COX KAREN MILLS	$62.50 $62.50	$125.00
APRIL 20 2020	STEERING COM. MEETING	PAM COX KAREN MILLS	$62.50 $62.50	$125.00
MAY 7 2020	FSJ CAT MEETING	PAM COX KAREN MILLS SHAWN WOODS	$50.00 $50.00 $50.00	$150.00
MAY 13 2020	STEERING COM. MEETING	PAM COX KAREN MILLS	$50.00 $50.00	$100.00
MAY 19 2020	PEER WORK KIT ASSEMBLY	PAM COX TROY ROMANOW LYNN BRAMSLEVEN	$50.00 $50.00 $50.00	$150.00
APRIL 20 2020	GIFT CARDS FOR COMMUNITY NEEDS SURVEY	POSITIVE LIVING NORTH		$300.00
MAY 19 2020	LUNCH FOR PEERS	HR KIT ASSEMBLY CHOPPED LEAF		$85.19
			TOTAL	$1,035.19

MAY 19 2020	PETTY CASH	CASH	$440.50
		CHEQUE 434 DEP APR 20	$600.00
		CHEQUE 437 DEP MAY 19	$600.00
MAY 19 2020	WORLD CAFÉ PEER PAYMENT HONOURARIUMS	CHEQUE 432 CANCELLED	$1,500.00
		CHEQUE 433 CANCELLED	$250.00

PEER PAYMENT REPORT JUNE 2020

DATE	MEETING	RECEIVED BY	PAYMENT	TOTAL
JUNE 3 2020	STRATEGIC PLANNING COM.	PAM COX	$50.00	**$50.00**
JUNE 11 2020	FSJ CAT MEETING	PAM COX TROY ROMANOW SHAWN WOODS	$50.00 $50.00 $50.00	**$150.00**
JUNE 17 2020	STEERING COM. MEETING	PAM COX	$50.00	**$50.00**
JUNE 18 2020	PEER INITIATIVE MEETING	SHAWN WOODS	$50.00	**$50.00**
JUNE 26 2020	HR KIT ASSEMBLY/MEETING	SHAWN WOODS SHAWN SAND	$50.00 $50.00	**$50.00** **$50.00**
JUNE 26 2020	LUNCH EXPENSE	MONDO RESTAURANT		**$118.02**
JUNE 29 2020	CONTAINERS FOR COBS BREAD	POSITIVE LIVING NORTH		**$167.94**
JUNE 29 2020	PROVINCIAL CAT MEETING	PAM COX	$37.50	**$37.50**
			TOTAL	**$723.00**

JUNE 29 2020	PETTY CASH		CASH	**$177.50**
		CHEQUE 0438	DEP JUNE 18	**$600.00**

PEER PAYMENT REPORT JULY 2020

DATE	EVENT/MEETING	RECEIVED BY	PAYMENT	TOTAL
JULY 5 2020	SUNDAY LUNCH NS HELPERS	PAM COX	$40.00	
		TROY RAMANOW	$40.00	
		BING CHIPESIN	$40.00	$120.00
	EXPENSES			$316.94
JULY 9 2020	FSJ CAT MEETING	PAM COX	$50.00	
		TROY ROMANOW	$50.00	
		SHAWN WOODS	$50.00	$150.00
JULY 10 2020	HR KIT ASSEMBLY	PAM COX	$20.00	
		TROY ROMANOW	$20.00	$40.00
	EXPENSES	PANAGO PIZZA		$77.82
JULY 12 2020	SUNDAY LUNCH NS HELPERS	PAM COX	$40.00	
		TROY ROMANOW	$40.00	
		BING CHIPESIN	$40.00	$120.00
	EXPENSES			$227.77
JULY 14 2020	FSJ CAT STEERING MEETING	PAM COX	$50.00	$50.00
JULY 19 2020	SUNDAY LUNCH NS HELPERS	PAM COX	$40.00	
		TROY ROMANOW	$40.00	
		BING CHIPESIN	$40.00	$120.00
	EXPENSES			$238.21
	CANOPY TENT	NANCY BURCHELL	$60.00	$60.00
JULY 19 2020	YOUTH PEER MEETING	CASSIDY STEWART	$30.00	
		JESS	$30.00	$60.00
JULY 22 2020	YOUTH PEER MEETING	CASSIDY STEWART	$30.00	
		JESS	$30.00	$60.00
JULY 23 2020	WORLD CAFE	PEER HONORARIUMS		$1,220.00
JULY 26 2020	SUNDAY LUNCH NS HELPERS	PAM COX	$40.00	
		TROY ROMANOW	$40.00	
		JESS BUSHMAN	$40.00	
		CLAUDE	$40.00	$160.00
	EXPENSES			$241.31
JULY 30 2020	PROVINCIAL CAT MEETING	PAM COX	$50.00	$50.00
JULY 31 2020	CAT STEERING MEETING	PAM COX	$50.00	$50.00
			TOTAL	$3,362.05

JULY 31	CASH BALANCE	$1215.45
JULY 1	CASH BALANCE	$177.50
CHEQUE 0439	DEP JULY 3	$1,400.00
CHEQUE 0442	DEP JULY 17	$3,000.00

PEER PAYMENT REPORT AUGUST 2020

DATE	EVENT/MEETING	RECEIVED BY	PAYMENT	TOTAL
JULY 26	EXPENSE	NO FRILLS FRUIT		$6.57
		WALMART		$39.32
AUG 2 2020	SUNDAY LUNCH NS HELPERS	PAM COX	$40.00	
		TROY RAMANOW	$40.00	
		BING CHIPESIN	$40.00	
		CLAUDE	$40.00	
		JESS	$40.00	$200.00
	EXPENSE	DOMINOS PIZZA		$84.55
		FRUIT / DRINKS		$37.21
AUG 9 2020	SUNDAY LUNCH NS HELPERS	PAM COX	$40.00	
		TROY ROMANOW	$40.00	
		CLAUDE	$40.00	
		BING	$40.00	
		JESS	$40.00	$200.00
	EXPENSE	BURGER KING		$156.98
		FRUIT / DRINKS		$52.25
AUG 12 2020	CEL PHONE SIM CARDS	WALMART 2 PHONES		$56.00
AUG 13 2020 AUG 24	PREP FOR COUNC MEETING COUNCIL MEETING	PAM COX	$25.00	$25.00
AUG 14 2020	HARM REDUCTION KITS	PAM COX	$40.00	
		TROY ROMANOW	$40.00	
		SEAN WOODS	$40.00	
		JESS	$40.00	$160.00
	EXPENSE	PEER LUNCH/STEEL WOOL		$36.69
AUG 16 2020	SUNDAY LUNCH NS HELPERS	PAM COX	$40.00	
		TROY ROMANOW	$40.00	
		BING	$40.00	
		JESS	$40.00	
		LISA	$40.00	$200.00
	EXPENSE	SAFEWAY SANDWICH'S		$152.66
		FRUIT / DRINKS		$8.64
AUG 17	MASKS / GLOVES / HAND SANITIZER	PLN		$95.00
AUG 19	FSJ CAT MEETING	PAM COX	$37.50	$37.50
		TROY ROMANOW	$37.50	$37.50
AUG 17,19,22	COBS BREAD DELIVERY	TROY ROMANO	$100.00	$100.00
AUG 19,21	COBS BREAD DELIVERY	NEIL	$50.00	$50.00
AUG 20	YOUTH PEER MEETING	CASSIDY STEWART	$25.00	
		JESS	$25.00	$50.00
	1 MEAL			$15.00

AUG 23	SUNDAY LUNCH NS HELPERS	PAM COX	$40.00	
		TROY ROMANOW	$40.00	
		BING	$40.00	
		JESS	$40.00	
		CLAUDE	$40.00	**$200.00**
	EXPENSE	PAPA JOHNS PIZZA		**$111.83**
		DRINKS/FRUIT		**$38.77**
AUG 26,29	COBS BREAD DELIVERY	TROY	$50.00	**$50.00**
AUG 24,28	COBS BREAD DELIVERY	NEIL	$50.00	**$50.00**
AUG 28	HARM REDUCTION KITS	PAM	$40.00	
		TROY	$40.00	
		NEIL	$40.00	
		LYN	$40.00	
		BRENDA	$40.00	**$200.00**
	EXPENSE	KFC		**$71.55**
AUG 30	SUNDAY LUNCH NS HELPERS	CLAUDE	$40.00	
		TROY	$40.00	
		BING	$40.00	
		JESS	$40.00	**$200.00**
	EXPENSE	FRUIT, DRINKS, SUBS		
		SAFEWAY SANDWICH'S		**$149.67**
AUG 31	OVERDOSE AWARENESS DAY	LYNN	$30.00	
		NEIL	$30.00	**$60.00**
		TOTAL EXPENSES		**$2,932.69**

JULY 31	CASH BALANCE	**$1,215.45**
CHEQUE 0444	DEP AUG 20	**$2,000.00**
CHEQUE	DEP AUG 28	**$4,300.00**
AUG 31	CASH BALANCE	**$4,582.76**

PEER PAYMENT AND EXPENSE REPORT SEPTEMBER 2020

DATE	EVENT/MEETING	RECEIVED BY	PAYMENT	TOTAL	
AUG 31,2,4,5	COBS BREAD DELIVERY	TROY	$50.00		
		NEIL	$50.00		$100.00
SEPT 6	SUNDAY LUNCH NS HELPERS	PAM COX	$40.00		
		CLAUDE	$40.00		
		NEIL	$40.00		
		LYNN	$40.00		
		BRENDA	$40.00	$200.00	
	EXPENSE	BURGER KING		$156.98	
		FRUIT / DRINKS		$40.62	
SEPT 7,9,11,12	COBS BREAD DELIVERY	TROY	$100.00	$100.00	
SEPT 13	SUNDAY LUNCH NS HELPERS	PAM	$40.00		
		TROY	$40.00		
		LYNN	$40.00		
		NEIL	$40.00		
		JESS	$40.00	$200.00	
	EXPENSE	SAFEWAY SUBS		$10.99	
		FRUIT / DRINKS		$120.31	
SEPT 14,16,18,19	COBS BREAD DELIVERY	NEIL	$100.00	$100.00	
SEPT 14	FSJ CAT MEETING	SEAN	$37.50		
		PAM	$37.50		
		TROY	$37.50	$112.50	
SEPT 15	FSJ CAT STEERING COM.MEETING	PAM	$37.50	$37.50	
SEPT 16	HR KIT ASSEMBLY				
		NEIL	$40.00		
		LYNN	$40.00	$80.00	
	EXPENSE	LUNCH		$83.62	

PEER PAYMENT AND EXPENSE REPORT SEPTEMBER 2020

SEPT 20	SUNDAY LUNCH NS HELPERS	TROY	$40.00		
		NEIL	$40.00		
		LYNN	$40.00		
		JESS	$40.00		
		LISA	$40.00	$200.00	
	EXPENSE	PAPA JOHNS PIZZA		$111.83	
		FRUIT / DRINKS		$40.00	
SEPT 21,23,25,26	COBS BREAD DELIVERY	NEIL	$50.00		
		TROY	$50.00	$100.00	
SEPT 27	SUNDAY LUNCH NS HELPERS	PAM COX	$40.00		
		TROY ROMANOW	$40.00		
		BING	$40.00		
		JESS	$40.00		
		BRENDA	$40.00	$200.00	
	EXPENSE	SAFEWAY SUBS			
		DRINKS/FRUIT		$170.57	
SEPT 28,30	COBS BREAD DELIVERY	TROY	$50.00	$50.00	
	TOTAL	**EXPENSE**		**$**	**2,214.92**
		CASH BALANCE AUGUST 31			**$4,582.76**
		CHEQUE# 0449	DEPOSIT		**$657.24**
	YOUTH INITIATIVES	CHEQUE#0450	DEPOSIT		**$1,950.00**
		REMAINING FUNDS		**$**	**4,975.08**