THIS TENT SAVES LIVES

How to Open An Overdose Prevention Site

Canadian Association of People who Use Drugs

Dedicated to everybody we've lost in the drug war...

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Welcome to an important social movement to change drug policy and to ensure the human rights of people who use drugs.

To learn more about the liberation of people who use illegal drugs:
Capud.ca
Vandu.org

The purposes of the Canadian Association of People Who Use Drugs are:

a. To celebrate the strengths we have as people who use drugs that allows us to survive and resist the war on drugs

b. To realize, deepen and share the love, camaraderie, and wisdom found in drug user support groups.

c. To empower people who currently use drugs deemed illegal to survive and to thrive, with their human rights respected and their voices heard

d. To improve the quality of life for people who use illicit drugs by developing and implementing educational programs and training events that ensure learning opportunities about safer drug use and harm reduction.

e. To establish an inclusive social justice network for people who use drugs that encourages, supports and welcomes drug users from across Canada and connects them with other people who use drugs across Canada and around the world.

f. To develop networks and coalitions of informed and empowered people, both users and nonusers, which work to improve the health and social conditions of people who use illicit drugs

g. To promote a better public understanding of the problems and dilemmas facing people who use illegal drugs and thus encourage the development of a regulated market for drugs and saner drug policies and laws at local, regional, and national levels.

h. To ensure that the voices of people who use illicit drugs are strengthened and empowered so that their concerns about social, medical and economic issues can be heard by policy makers, service providers and the public at large.

If you're reading this document, you've probably gotten sick and tired of watching people you care about die of overdose, which is a preventable cause of death.

Very little effort has been made by provincial and federal governments to increase access to life-saving overdose prevention services in Canada. So instead, people who use drugs and frontline workers have to take it upon themselves to save lives. This is where overdose prevention sites, in their simplicity, are an immediate example of direct action to end the overdose epidemic.

They force politicians to act. In the context of British Columbia, which had declared a public health emergency due to a rapid increase in drug overdose deaths, one volunteer-operated overdose prevention tent in the Downtown Eastside of Vancouver started a chain reaction that forced the provincial government to act by opening two dozen overdose prevention sites across British Columbia. All of this was done illegally at the time. Shortly after, the federal government admitted that the law regulating supervised consumption services in Canada was a barrier to opening these services and changed the law, making it significantly easier to legally apply and operate supervised consumption services.

However, despite the law change, approvals for supervised consumption sites are slow, and overdose prevention sites are a lifeline for people at risk of overdose.

This document provides an overview of what an overdose prevention site is, the supplies and materials needed to run one, and a basic 1-point outline on everything needed to safely operate an overdose prevention site. It was written by a team from many walks of life: frontline workers, people who use drugs, lawyers, nursing, and public health. Most importantly, it was written from life experience as each author has organized or worked inside an overdose prevention site.

What is an overdose prevention site?

An overdose prevention site (OPS)1 is a unique space where people who use drugs inject, smoke or snort under supervision of peers, lay staff and in some instances clinical providers. It offers a welcoming, safe, and supportive environment for people who use drugs.

Different models of OPS exist. In Canada, tents, trailers, vans and shipping containers have been used to start OPS outside. In addition, there are many examples of OPS being integrated into existing community-based organizations and housing facilities.

OPS have been initiated in Canada because of the overdose crisis and the lack of rapid response from health authorities. OPS are grassroots and peer-driven initiatives that operate outside the health care system, federal drug laws, and the bureaucracy of government. OPS have proven to be a powerful tool for motivating provincial and municipal governments to take long overdue action.

As providers of Overdose Prevention Services we are wise to keep in mind that the vast majority of actual OD deaths are occurring in peoples' "homes" (80%). This means our task is to provide a place where people will be attracted to come and to feel welcomed so they take the trouble to leave their rooms and come to our OPS to use drugs. OPSs can be friendly, welcoming, places where users are respected and invited to get involved.

Core services include:
- Supervision of drug use and intervention in drug overdoses
- Harm reduction teaching and counselling
- Distribution of harm reduction supplies and naloxone

1 This section of the guide was developed using some parts of the Vancouver Costal Health's Overdose Prevention Site Manual (2016). http://bit.ly/2vPPYXR

How to set up an overdose prevention site in 15 simple points

Funding

OPS are self-funded initiatives, some of which now recieve ongoing funding from their local public health bodies. hey typically rely on crowdfunding (most OPS have used the website gofundme.com) and donations. Starting with $1000is ideal but having less than that should not stop you from opening a site.

Fundraising efforts are ongoing and require continuous communication with potential donors and the broader community. For an example of excellent communication (including videos) and calls for donations, visit the Vancouver Overdose Prevention Society's gofundme: https://www.gofundme.com/wesavelives.

In-kind donations from supporting community members can help reduce fundraising efforts. Often times supporters will be able to provide some of the supplies required to run an OPS. The best way to ensure supplies, if you have little to no funding, is to find harm reduction services that will give you supplies.

You will quickly discover what supplies are hardest to mooch like bandaids, tea light candles, wipes, cups, water dispenser, matches, gloves, garbage bags, paper towels and garbage pickers etc narcan kits & refills are much easier to access now.

Asking Harm Reduction people in a nearby more progressive health authority to bring supplies can work if your region is still enforcing needle limits and 1 for one exchange.

Location

Location is key. The site needs to be located in the community and accessible to people who use drugs.

Outdoor sites are easy to set up, can be moved from one location to another, are accessible to people who use drugs, and can be taken down outside operating hours. In some locations, where public drug use is common, it is a good idea to dedicate staff power to cleaning up discarded syringes and drug paraphernalia around the site. This helps build positive relationships with neighbors and police.

However, weather conditions, city bylaws and regulations, and the openness of the site can make it challenging at times. Indoor sites present less challenges with respect to the physical environment but require more work since you have to work within the structure of an existing organization or facility (see VCH Overdose Prevention Site Manual: http://bit.ly/2vPPYXR)

Supplies

Standard supplies include:

- "Easy Up" tent(s) for outdoor sites that are dismantled daily (can be bought at a home hardware store or Costco). You can also use a trailer, a shipping container, or van.
- "Portable Shelter and Garage Tent" for outdoor sites where the tent stays up overnight and isn't dismantled on a regular basis. For organizers, these tents have been shown to be the most durable during Canadian winters.
- Privacy walls so people can use privately
- Folding chairs
- Folding tables
- Signage to identify the OPS service (use best judgment in your own jurisdiction)
- Tongs to pick up discarded drug paraphernalia in the area
- Lighting for outdoor sites (waterproof lighting ideally, if there is no access to electricity, use battery operated lighting)
- Electrical cords (to be connected to power outlet nearby)
- Harm reduction supplies (e.g., needles, cookers, tourniquets, sterile water, condoms)
- Naloxone kits for users of the sites and for volunteers
- Gloves
- First aid kit (including cold and hot compresses, glucose tablets, extra Band-Aids)
- Needle disposal boxes (1 per table and 1 for picking up refuse outside the location)
- Oxygen tank (not mandatory but suggested)
- Pocket masks
- Battery-operated fan for inhalation room ventilation.
- Radio and/or walkie talkies
- Lighters, and matches
- Caviwipes
- Portable toilet (not mandatory but very much appreciated by users of the site)
- Optional items:
- SPO2 monitor/pulse oximeter can be purchased from a pharmacy for about $40 and are easy to use- they give supplemental information about pulse rate and O2 saturation
- Small mirrors that can be propped up on the tables or hung from tent walls for folks who are jugging their shot.

Opening hours

Opening hours vary from one site to another. Some sites are opened 24 hours a day, some during operating hours if hosted in an organization or facility, others offer operating hours based on the availability of volunteers (e.g., evenings only).

Opening hours can be limited at the beginning and expand over time. Decisions should be made in consultation with the needs and preferences of the community who will use the site.

Volunteers

Volunteers need to be assigned different roles: setting up and taking down the tent, welcome table and supply distribution, first response team in injection tent, media, police and community liaison, outreach, etc.

If you organize two tents, one for injecting and one for smoking, at least two of the volunteers should be primarily located in the injecting tent. At least one volunteer onsite needs to be a peer. The other volunteer can be a harm reduction worker, a health care worker, a lay person who has received proper training, or another peer. Ideally, a peer will be in each consumption tent at all times.

Smoking tents should be staffed by peers, but typically require fewer workers. Peers should be offered a stipend (i.e., at least minimum wage per hour plus food and beverages). Proper peer engagement strategies need to be used at all times throughout this process.

Volunteering should be limited to 4 hours to maintain energy and focus. If you plan longer hours, you will need more teams of volunteers for the day.

For more information on this, consult the following:

Peerology: A guide by and for people who use drugs on how to get involved

http://librarypdf.catie.ca/PDF/ATI-20000s/26521E.pdf

How to Involve People Who Use Drugs

http://towardtheheart.com/assets/uploads/files/How_to_Involve_People_Who_USe_Drugs.pdf

Peer Engagement Principles and Best Practices

http://towardtheheart.com/assets/naloxone/peep-best-practices-final_232.pdf

Support

In addition to the volunteers, a support team should be in place to ensure that the site operates effectively, that volunteers feel supported, and that communication is ongoing with donors, community, media, health authorities, and law enforcement.

Support needs to be provided to volunteers after an overdose intervention or crisis situation. Support can also be provided through additional training if needed. For example, if volunteers have questions or would like to improve some skills, opportunities to do that should be provided.

If possible keep open lines of communication with organizers who have already opened overdose prevention sites. Every context where an OPS has been opened is different, but previous organizers expertise can be invaluable.

Training and Screening

Basic overdose management training should be provided to all volunteers (a quick online course is available at http://towardtheheart.com/naloxone-course/).

It is important to note that extensive training is not required to volunteer at an OPS. It is also important to recognize that peers already have extensive knowledge and expertise that allows them to intervene effectively in complex situations.

All outside volunteers should be screened to ensure that they understand the principles of harm reduction and can treat users of the site with respect, dignity, and compassion.

Protocols

Developing simple protocols helps to keep everyone on the same page.

For example, you may want to think about developing protocols for volunteering (responsibilities for your shift, confidentiality, how to engage, behaviors, animals, needle stick injury, etc.), hygiene, and health issues including anaphylaxis, seizures, stimulant overdose, opioid overdose, and health issues requiring medical attention.

Reaching out to existing overdose prevention sites to gather examples of protocol is a great way to start. The goal is not to make these protocols heavy and complex but to have a guide to ensure that everyone does the same thing and is trained the same way. It also helps address any concerns around logistics and safety.

Outreach

In order to reach the people who will use the OPS, outreach in the surrounding neighbourhood is important.

Outreach can be done by advertising the service through postering the neighbourhood, talking to local service providers, including organizations that provide services to people who use drugs and by talking to people who use drugs near the location of the site. Word can spread quickly through informal networks, and people who have used the service are the best people to reach others who may also use the service.

Referrals to Local Services

People using the OPS may need access to local social services such as housing, shelters, and healthcare.

Having a list of local services and how to refer will help people who use drugs find these supports. It may also be a good idea to document which services are the most commonly needed by the client base (while still maintaining confidentiality)

Data collection

Basic information should be collected about the users of the site.

Typically, the following information is noted for each person using the site: time of arrival, gender, drug use, route, overdose, or other health complications.

In the case of an overdose, interventions should be documented as well including amount of naloxone administered, route of administration (nasal spray or injection), oxygen given, ventilation done, 911 called or not.

This information can be collected on a simple table and compiled every day.

Media

Media will want to cover all aspects of the OPS, especially at the beginning.

Doing a press conference is one way to connect with media at the opening of the site. Additionally, appointing one spokesperson for the site might be a good strategy to allow the rest of team to remain focused on the tasks at hand. Welcoming media to the site is important but it can also discourage people from using the site or feel intrusive at times. It can also pose a confidentiality risk for people who wish to use the site. That being said, working closely with media is important and strategic. Giving time for media to visit the site before or after its operating hours is one way to reduce intrusiveness and increase the comfort of people using the sites. As much as possible, use health and safety-related language when speaking about your OPS to the media, City workers, and the police: you are providing life-saving medical services in the midst of an overdose epidemic. Find your allies and work with them!

Partnerships and Networking

Partners and networks are important to access supplies for the site.

Building strong relationships with public health and local harm reduction organizations is essential in order to access the required supplies, including naloxone. If the relationship with the public health authorities is challenging, you can still open an OPS.

Be creative and connect with others who have opened OPS before. Reach out to the community and ask for what you need. For example, if you need a trailer or an oxygen tank, make a call for a donation. If you can't access free supplies, purchase them at first and go from there. Building a network of supporters makes a difference and will give you access to resources you did not know existed.

Governance

Weekly governance meetings are best practise and may seem time consuming but are well worth the effort as they can detect unacceptable activity early.

Grassroots OPS efforts that do not invite people who use drugs as participants and managers are weak and replicate the very power structures and services that may have resulted in people doing dope in alleys in the first place.

Meeting weekly to schedule volunteers is also a great opportunity to gather information, to debrief critical incidents, provide training updates and to do education, advocacy and support for volunteers.

Police Liaison

Especially at the beginning, having someone onsite who is experienced in working with the police is very important.

This person should be able to communicate to the police that the service is needed within the community, that the OPS is being run professionally and safely, and that OPS staff are treating overdose as a health issue. Getting local police departments to support your OPS can be an effective way of legitimizing the service to the greater community. All interactions with the police should be documented. In some cases, using social media to publicly document these interactions can be helpful. Holding a press conference, informing the police department of your plan and liaising with the police can be helpful strategies to make sure law enforcement understands the purpose of the OPS, the services provided, the rationale for implementing it, and its life-saving impact.

Other aspects to consider

Don't forget about the stimulant user: Often times people who use stimulant drugs are overlooked in overdose prevention services. (both crack cocaine & crystal methamphetamine – both smoking & injecting) as they are offered no drug replacement therapy, are treated as though they are not at risk of OD or blood born pathogens. Many people also use multiple drugs including stimulants and opioids. An OPS is an opportunity to change policy for all people who use drugs, not just injectors.

Some OPS have a "chill tent" where people can relax after they've used drugs at an OPS. Ensure

the chill tent is attended, and that guests are not able to lay down within the tent, as this set up can increase the likelihood of overdose.

Needle pokes and injuries: Needle pokes can occur. If it happens, pay the volunteer worker for two shifts and send them to the hospital. If the needle hasn't been used for several minutes, there is no risk of HIV contraction, however there is still a risk of Hepatitis C contraction.

Debriefing: In the event of a critical incident, team debriefing should be considered. A critical incident can involve any situation or event that causes stress, distress, trauma or shock. Debriefing should take place within 24 to 72 hours after the critical incident. . It can be helpful to some people to debrief following a difficult or traumatic event however, debriefing should not be forced on someone who has other preferred coping strategies Debriefing allows everyone to share how they feel, ventilate their feelings, assess the response to the critical incident, determine what needs to be done to prevent a similar event, and make a plan. In some cities, like Vancouver and Toronto, support groups have been formed to provide more support to frontline workers with the impact of the overdose crisis. This document may also provide some useful suggestions for offering support: http://towardtheheart.com/assets/naloxone/naloxone-staff-resiliency-final_185.pdf

Trauma: Trauma refers to the profound emotional and physical exhaustion that frontline workers can develop when they are unable to refuel and regenerate. Strategies include asking people to volunteer a maximum of 4 hours at a time, having a pool of volunteers who can rotate, developing a schedule that evenly distributes shifts among the team, providing breaks during the shift, debriefing after critical incidents (as described above), and doing regular checks with the team.

Legal implications: While governments and law enforcement have generally not been shutting OPS down, it is in their power to do so, as OPS will usually violate some local bylaws and federal drug laws. A federal exemption under section 56 of the Controlled Drugs and Substances Act (CDSA) is required to protect both the volunteers and the users of supervised consumption sites against drug-related charges and arrests. This is the only way to be sure that police do not enforce drug possession and trafficking laws at OPS.

However, OPS have been operating to date without section 56 exemptions. While the federal government has made no official statements about the legality of OPS, in some cases, OPS have received assurances from police that they will not charge people who are using or staffing the sites. Since police enforcement will vary from location to location, it may be helpful to talk to police to find out what their position is regarding OPS.

There following legal risks apply to operators, staff, and users of OPS:

- Drug-related charges under the Criminal Code: without an exemption, staff who are supervising injections at OPS are at risk of possession charges under s 4(1) of the CDSA. People who are using drugs at the site are at risk of any drug-related offense that would normally apply, such as possession or possession for the purposes of trafficking (s 5(2) of the CDSA).

- Trespassing charges under provincial trespass legislation: if your OPS is on private property and you are not lawfully a tenant or occupant of that space, you could easily face charges of trespassing—even if government and police support you. The landlord could also personally sue you for trespass in a civil (non-criminal) action.

- Eviction: Even if you are paying rent or are otherwise permitted to occupy private property, your landlord may evict you for running an OPS.

- Tickets or fines for bylaw violations: municipal bylaws may prevent activities such as congregating in a public space without a permit, erecting a tent or other structure, overnight camping, or possessing harm reduction supplies.

- Employment consequences: if you are a healthcare professional volunteering at an OPS, you are subject to your profession's standards of conduct and care, and the standard of care expected of you will be higher than that of someone without a healthcare background. As a healthcare professional, you may wish to consult with the appropriate College to determine the scope of your responsibilities and whether your professional insurance covers you.

- Workers compensation insurance coverage: If you are volunteering at an OPS, workers compensation insurance will not likely apply: if you are injured while working at an OPS, you will probably not be compensated for that injury. OPS operators should inform all volunteers of this fact before they start working.

- Injunction orders: an injunction is something that a City or landowner could apply for in court to have your OPS cease operations quickly. If you are served with court documents seeking an injunction against your OPS, you must act fast to defend it. Get legal advice immediately.

While an OPS that is operating without a s. 56 exemption may be violating one or more laws, there may be a viable Constitutional challenge if your OPS faces threats of being shut down. OPS provide life-saving health services for people who use drugs.

Forcing an OPS to close could infringe on OPS users' right to life, liberty, and security of the person under s 7 of the Canadian Charter of Rights and Freedoms.

For this reason, you should gather evidence on an ongoing basis of the health and safety benefits that your OPS provides to people who use the site. Evidence can include:

- Keeping reliable data of the number of times the site is used each day, the number of overdoses attended to, first aid provided, harm reduction supplies handed out, etc. (See the data collection section above);
- Documenting all communications with police, firefighters, and City staff, including any efforts to work together;
- Having a documented protocol for garbage collection, site maintenance, and storage of biohazardous materials; and
- Working with media and other allies to provide positive coverage of the services your OPS provides.

Please note that the legal implications section of this guidebook is not legal advice. Before you open an OPS, make sure that you connect with a legal organization (such as Pivot Legal Society) or clinic that can support you in the process.