

AMSISE community engagement

What we heard April 2017

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Executive summary

Community engagement is a critical piece of an application for a federal exemption from the criminal code for staff and people accessing supervised injection services. The Access to Medically Supervised Injection Services Edmonton (AMSISE) coalition embarked on a formal community engagement process in February 2017, having already spent several years consulting with stakeholders in the city.

The formal process lasted two months and involved:

- Volunteers engaging residents and businesses, door-to-door, within a four-block radius of the agencies that will be offering the services, with an overview of the proposed services and an invitation to an open house information session at the host agencies.
- Virtual tours of the proposed service delivery spaces at community agencies, for local residents, businesses, and, by request, Edmonton Police Service (EPS) beat and community liaison officers.
- Discussions with people who may use supervised injection services or know of others who may do so.
- Information meetings with community leagues and business associations in the immediate vicinity and, by request, in surrounding neighbourhoods.
- Information sessions with staff of host agencies and with other inner city agency staff.
- An online survey through the City of Edmonton's Edmonton Insight Community targeting the broader community.
- AMSISE participation in community events organized by external stakeholders.

The key findings can be summarized as:

- The majority of Edmontonians, and residents and businesses in the neighbourhood of the proposed sites were in favour of offering supervised injection services for a variety of reasons:
 - Edmonton is finally catching up with public health best practices: supervised injection services (SIS) are an important part of the harm reduction continuum for people with problematic substance use. It is widely understood that SIS save lives and enhance the health outcomes for community members.
 - Offering these services in one part of the city is a good first step: many people look forward to expanding them to other parts of the city where they are needed.
 - Social disorder in the form of public injecting and related needle debris is a significant concern for many neighbours. Offering services that would help mitigate this is welcome.

- We heard repeatedly the importance of ensuring people have access to a full range of wrap-around services in combination with supervised injection services (SIS), especially from EPS members who attended the open houses. For this reason, the Edmonton model of embedding SIS in existing agencies was generally met with approval.
- A minority of neighbours in the communities where the agencies are located expressed the concern that the planned supervised injection services would be concentrated in one area of the city. They believe that the proliferation of services for marginalized community members adversely affects their neighbourhoods, and that their rights are deemed less important than those of marginalized community members.

Introduction

The process

The goals of AMSISE's formal public engagement process were:

1. To provide the opportunity for people to learn about why supervised injection services (SIS) are being added to inner city agencies and how the services will work.
2. To give people the opportunity to ask questions, raise concerns and suggest how to mitigate those concerns.

Over the last few years, AMSISE has also been engaged in an informal process, talking to key decisions makers, professional colleges and such bodies as the Edmonton Police Commission (see Appendix A). In addition, the research phase of AMSISE's work involved 1 to 1.5 hour interviews with 320 individuals who use drugs, the majority of whom were people who inject substances.

The priority for the formal process was to hear from community members in the immediate vicinity of the agencies housing SIS.

- Six four-hour open houses in the three agencies were organized at various times of the day and evening for neighbours and local business owners. Ten volunteers went door to door with invitations. When possible, the volunteers also engaged in conversation, providing background information on SIS. During the open houses, people were given a virtual or actual tour of the space for the proposed services, as feasible, and the opportunity to engage with AMSISE committee members.
- The Edmonton Insight Community questionnaire sent out in March contained a set of questions about SIS.
- Drop-in consultations with people who might use the services were advertised through flyers posted in the agencies.
- AMSISE reached out to community leagues and business associations in the area, and went to their meetings where there was interest. Additional information sessions are scheduled or are in the process of being organized.
- AMSISE organized information sessions for staff of the three host agencies and for service providers in other inner city organizations.
- Information about SIS in Edmonton was made public on an AMSISE page on the [CRISM website](#).

Who did we hear from?

- Volunteers knocked on 850 doors in the four blocks around each of the agencies where supervised injection services will be offered. Of those 850, they estimate they spoke to 40% of residents/business owners, approximately 340 people.

- Approximately 165 residents, business owners, and interested Edmontonians who came to the information session organized by the McCauley Community League (45) and the Town Hall meeting organized by MP Kerry Diotte (120).
- 1869 Edmontonians who responded to the City of Edmonton Insight survey.
- 50 individuals who would use the services, or who know people who would use the services.
- 8 members of Alberta Addicts Who Educate and Advocate Responsibly (AAWEAR).
- Community leagues and other resident groups in the immediate vicinity and surrounding neighbourhoods:
 - Central McDougall (planning in progress) and McCauley
 - Downtown Edmonton, Oliver and Spruce Avenue residents (Spruce Avenue planning in progress)
- Business associations:
 - Chinese Business Association (upcoming session) and Downtown Business Association (upcoming session)
- 43 EPS members (beat and community liaison officers) who attended information sessions.
- 130 inner city agency staff members from host agencies and other inner city service providers.
- 15 City of Edmonton employees at dedicated information session.

What we heard

General questions

The majority of people who attended information sessions had logistical questions about capacity, how long people will stay, opening times of the different agencies, staffing and training, safety planning, the personal details and drug information necessary to access services, and what kind of data will be collected.

People also wanted to know about costs, funding, process and timing.

They were particularly interested in hearing how clients would access the spectrum of services offered within and beyond the agencies.

“What we’re doing right now isn’t working. We can’t continue to do nothing. This is a great initiative – we need to do something. I don’t know what’s going to happen, but I want to try.”

Resident

“One business owner in Little Italy was very positive – she said she was so glad we were talking about this because she was sure someone was injecting in her bathroom right then. She wanted extra pamphlets to distribute in her business to educate community members.”

AMSISE volunteer

There were also some questions on details that are currently the subject of policy and protocol development:

- Would nurses help inject people who have difficulty finding a vein?
- Would people be allowed to inject if they are already under the influence?
- Will minors be able to use the services?
- Will people be asked to specify which drug they are injecting?

From residents, businesses owners and EPS members

The open houses/information sessions held at the community agencies where SIS will be offered were well attended by EPS members; however only a few neighbours came. The reception and conversation AMSISE volunteers had at neighbours' doors indicated that it was not a contentious issue for the majority of people living in the community: they were either in favour of SIS or indifferent. Some people wanted more information and were happy to either read the brochure offered or go to the website. Only one of the volunteers received a direct negative response. A language barrier was a factor in a concentrated portion of one neighbourhood. In addition, some residents seemed reticent to come to the door, particularly during evening hours.

"It's good that for a brief moment in time you have a person's undivided attention and can offer alternatives – show them what other services might help them."

EPS member

Specifically volunteers heard from:

- Business owners frustrated with cleaning up needles every morning and who don't like seeing people injecting drugs, anticipating that SIS will help their businesses.
- Families supportive of the plan because they worry about needle debris where children play.
- Residents troubled by outdoor injection drug use, reassured that people would have a safer option of injecting indoors.

The following are comments captured from the agencies' open houses, community league meetings and the town hall that AMSISE members attended.

Community benefits

- The majority of residents and business owners welcome services which they believe will decrease the numbers of people injecting in public in the inner city. They have seen a considerable increase in the number of people injecting in public over the last few years.

"I saw someone cooking drugs beside a dumpster behind Boyle McCauley. He accidentally lit his clothing on fire and had to be yanked out by the police. This is a community safety issue."

Resident

- They were also positive about the possibility of a reduction of needle debris in their neighborhoods and in public washrooms.
- Many feel that providing supervised injection services is long overdue: it has been proven effective elsewhere in saving lives reducing healthcare costs, such as emergency department visits, and treating people with dignity.
- Some residents and business owners felt that the three locations in the inner city agencies make sense, taking services to where people already go.
- Safety: homeless people who use injection drugs should be able to do so safely, especially with the opioid crisis.
- Many EPS and community members welcome the access supervised injection services will offer to the full spectrum of services agencies offer. The embedded model is positive, given the wrap-around supports.
- It was frequently suggested that supervised injection services should be available across the city as a health service that everyone should be able to access.

Concerns

- Needles: many neighbours expressed more general frustration about discarded needles in their communities. They feel that their concerns have been ignored over the years by inner city agencies and the City of Edmonton, which has resulted in distrust.
- Concentration of services: several residents and business owners were disappointed that more services are being added to neighbourhoods that they feel already house a disproportionate number of services for marginalized Edmontonians.
- Condoning drug use: a small number of participants expressed concern that providing a safer place to inject facilitates drug use.
- Safety:
 - Some residents were concerned about what would happen if a client has an adverse reaction to the drug they are injecting but were satisfied with a description of the experience agencies' staff have with dealing with such issues.
 - It was pointed out that some homeless people feel unsafe going to shelters and drop-ins.
 - Some people had questions about a potential increase in gang and drug dealing activity, particularly if there is a line-up outside the agency to access services, worried that EPS already does not have sufficient resources.

“My concern is the concentration of services. There should be a reduction in the number of agencies but instead that number is going up. It’s not fair to residents and businesses in the area. I get the harm reduction but why don’t residents matter?”

Resident

- Law enforcement: Some EPS members raised questions about AMSISE expectations of their role with people who are in possession of illegal substances in the areas around the participating agencies.
- Community consultation: some people felt that neighbours should have been consulted earlier in the process of planning supervised injection services.

Mitigating concerns

Some residents had suggestions for how their concerns could be mitigated, primarily by ensuring that adequate resources for community policing continue. They also would like to see adequate funding for shelters, housing, drug treatment, and other wrap-around supports.

The suggestion was made that locating services in the inner city should be a starting point: people who are homeless and experience problematic drug use also live around Whyte Avenue and in the west end of the city.

There was an appetite for AMSISE to provide the community with ongoing information and to continue sharing knowledge and research about SIS. It will be particularly important, many residents said, to report back to the community on the data and evaluation and to hear from the community as the services are implemented.

From people who would use the services and AAWEAR members

Community members who might use the services themselves, or know others who would, eagerly anticipate the services being offered for a number of reasons:

- Public safety was the number one reason. Many said that public injection and discarded needles are unpleasant, and potentially hazardous, for neighbours and businesses. They are particularly concerned about children’s safety around discarded needles.
- Supervised injection services are essential. They will save lives and reduce the transmission of HIV and Hepatitis C and infections caused by bacteria.
- The types of drugs that people use now are more dangerous.
- The presence of a nurse is positive for several reasons: one young woman said it would be helpful to have a nurse help her find a vein, as unsafe practices currently mean she frequently gets abscesses.
- Existing relationships with agency staff mean that people feel safe accessing services in these agencies.

“You wouldn’t believe where people use. They inject in the library bathroom which isn’t really cool because kids go there; at LRT stops; on the buses as soon as they start to run at 5am.”

Potential user of services

“I’m scared if I use alone I might die. On the street if something happens, like a heart attack or overdose, most people will leave because they have warrants and don’t want to be involved.”

Potential user of services

- Many have used Insite in Vancouver in the past and had a positive experience.
- People would be more likely to access the detox facility at the George Spady Centre as well as other wrap-around services in the agencies.

They also discussed some of the logistical details:

- Daylight hours would be the busiest, particularly at the beginning of the morning.
- How many times people inject in a day varies (2-10) according to the drug being used and the quality of the drug.
- Specific to George Spady: two separate entrances will be necessary, one for the shelter and one for supervised injection services, as will cameras and a staff member to act as security for the line-up. The process of accessing the shelter is slow and people waiting to inject are not patient. The other suggestion is to have one main door, with two doors off the foyer to divide the services.
- Having the services embedded within the agency, so that no one knows why they are there, would address the stigma of injection drug use.
- An initial intake, comprised of information, consent and pre-injection assessment, as a quick process, were felt to be reasonable, recognizing that most people would be open to longer conversations after the injection.
- The injection room: privacy will be a big concern as people sometimes have difficulty locating veins.
- Time limits: there were different views on this. Some people felt guidelines are beneficial if everyone is clear on what the limits are; others thought there should not be time limits imposed.

Some specific suggestions from people who might use the services:

- A similar service for people who drink alcohol: many are drinking Listerine, getting sick and dying, we were told.
- It will be important to provide assistance for people who cannot inject themselves.
- The monitoring space:
 - provide snacks and drinks
 - ensure that it's calm
- There needs to be a separate monitoring space for people who use uppers with activities such as disassembled old cell phones and lego.
- Building trust with EPS is important: people using the services need to trust that EPS members are not waiting outside and taking pictures of them.

"I think the flow you've laid out (with the three rooms) is intriguing and so well planned out. I think it will really work for people. The monitoring space gives people time to process, to talk with someone and look at how they can improve their health."

Staff member

From inner city agency staff

- Safety for community members with problematic drug use is clear: SIS will bring people inside to inject, ensuring they are using clean needles.
- The potential benefits for the people who use agencies' services are reduced violence and reduced personal attacks because people will not feel as anxious about their drugs.
- Ensure that the spaces for SIS are accessible for EMS.
- The importance of facilitating a connection for people to the full continuum of care, such as detox and housing.
- There was also a discussion about ethical conflicts: for example, what happens if the doctor prescribes pain medication to be used orally which the SIS staff members then see being injected.
- Another discussion focused on the information agency staff collect from people who use SIS to measure outcomes, balanced with ensuring there are as few barriers as possible to services.

Edmonton Insight Survey

The March edition of the Insight Survey contained a number of topics, one of which was supervised injection services. The survey is sent to diverse Edmontonians: 1869 of them chose to answer the following questions:

1. Injection drug use has been an issue in Edmonton for many years. For people that inject who are also homeless or unstably housed, injecting in public, such as a back alley, behind a dumpster or in a washroom, is a reality. Access to Medically Supervised Injection Services Edmonton (AMSISE) has developed a plan to embed medically supervised injection services in existing community agencies and in one hospital for in-patients. The planned delivery model is not a stand-alone, storefront facility, such as Insite in Vancouver. Rather this adds another small-scale health services

Some Insight survey comments:

"To be honest my main concern is getting used needles out of parks and other areas where children, animals and even adults can accidentally be poked."

"I think these are vital for the safety and wellbeing of not only people afflicted with addiction, but the community as a whole."

"Go with the science, not the emotion. If safe injections sites result in more people being helped and a safer community then please do it!"

"Locating supervised injection sites in other areas of the city would be beneficial."

"I'm so glad that Edmonton will be part of helping addicts rather than vilifying them. When we treat people like they're humans, they're more likely to get better."

"While I appreciate that these sites are housed in already-existing facilities, I find it frustrating that these services are only offered in one area of the city, thereby furthering the ghettoization of these areas in the minds of Edmontonians."

"I do not condone drug injection use, but people who are sick from any means are entitled to medical help. Also safe sites should cut down on injection items being discarded in public places."

"While I think clustering the services in McCauley could be an issue, I think it's important to offer the services to people where they are needed. I think the city may want to consider opening a shelter and injection site south of the river to offset any negative effects this could have on the Downtown core."

within agencies that already work with this population in order to reduce harm and connect people with a variety of wrap-around supports. Do you agree with this approach?

81% either strongly or somewhat agreed

11% either somewhat or strongly disagreed

2. Which services do you think people with problematic substance use should have access to as part of medically supervised injection services?

88% selected links to detox, counselling and addiction treatment programs

78% selected primary health care for wounds and infections

77% selected help finding shelter, food and clothing

76% selected education on safe injection and overdose prevention

70% selected links to diagnosis and care for chronic infections and other conditions

3. How important do you think medically supervised injection services are in helping to keep people and communities healthy and safe?

79% selected very or somewhat important

9% selected somewhat unimportant or not at all important

4. Three community agencies will add medically supervised injection services during operating hours. Individuals will be able to access supervised injection services in these locations, within walking distance of one another, during daytime, evening, and overnight hours. None of the agencies is currently able to provide 24/7 coverage on its own. Do you agree with the goal of having 24/7 coverage across the community agencies where these services will be offered?

74% strongly or somewhat agreed

14% somewhat or strongly disagreed.

Conclusion

The majority of views expressed during the engagement process were in favour of supervised injection services as an important health service on the harm reduction continuum: people understood that injecting indoors, rather than in public, is preferable for everyone. Many residents also see SIS as an important way to reduce the social disorder associated with public injecting in their communities.

Residents and business owners who did have concerns were focused on the concentration of services in one area of the city rather than the principle itself of offering supervised injection services. They would prefer to see services available throughout Edmonton. They also had broader complaints about the level of social disorder they see in their communities.

People who would use the services, or who know people who would, together with inner city agency staff had some important advice for the AMSISE committee on logistical details and approaches. They anticipate that SIS will save lives and improve health outcomes.

AMSISE was advised to continue to facilitate understanding of supervised injection services and Edmonton's plan of embedding them in existing agencies. Some have asked for committee members to present information to groups over the coming weeks.

The public engagement process has involved hours of commitment, both from committee members and from other volunteers: the door knocking alone amounted to 66 volunteer hours. The commitment has resulted in an enhanced understanding and recognition of the need for supervised injection services in Edmonton; generally, once people understood the approach in greater detail, they were comfortable with the plan to add these services.

Appendix A

AMSISE Engagement with Federal, Provincial, and Municipal Stakeholders As of April 30, 2017

Stakeholder	Date	Outcome
Federal		
1. Met with MP Randy Boissonnault, Edmonton Centre Requested an update from AMSISE	May 2016	Supportive; wants to be kept informed.
2. Health Canada team responsible for Federal Exemption Applications, Office of Controlled Substances AMSISE held Question & Answer session via conference call; met in Edmonton	June and November 2016	Expressed openness to working with AMSISE throughout the development of a federal exemption application.
Provincial		
3. Met with MLA David Shepherd, Edmonton Centre Expressed interest in the work of AMSISE	October 2015	Supportive. Extended invitation to AMSISE to present to MLA Social Policy Committee of Caucus.
4. Presented to MLA Social Policy Committee of Caucus Invited by Chair, MLA David Shepherd	February 2016	Attended by 11 MLAs, including Associate Minister of Health, Brandy Payne; expressed support in principle.
5. Presented to Senior Leadership Team, Edmonton Zone, Alberta Health Services Arranged by Dr. Chris Sikora, Medical Officer of Health, Senior Lead, Edmonton Zone	March 2016	Offered letter of support as a follow-up.
6. Presented to Alberta Community HIV Policy and Funding Consortium (Federal/Provincial and Community) Requested by Keely McBride, Alberta Health	March 2016	Expressed support in principle.
7. Met with Dr. Verna Yiu, President and CEO, Alberta Health Services and Dr. David Mador, VP and Medical Director, Northern Alberta, Alberta Health Services Dr. Yiu expressed interest in meeting with	May 2016	Expressed support in principle. Discussed variations on budgeted items for start-up and implementation.

AMSISE		
8. Met with Dr. Karen Grimsrud, Chief Medical Officer of Health	June 2016	Encouraged AMSISE to submit proposal for start-up funds to Alberta Health, through Dr. Grimsrud.
9. Met with Deputy Minister, Carl Amrhein and Deputy Chief Medical Officer of Health, Dr. Martin Lavoie Accompanied by Keely McBride, Addiction and Mental Health	July 2016	Expressed support for initiative.
10. Met with Minister of Justice and Solicitor General, Kathleen Ganley	September 2016	Expressed support for initiative.
11. Presented to Alberta Harm Reduction Steering Committee	September 2016	Expressed support for initiative.
12. Presented to Provincial Working Group, Policing issues related to fentanyl and other substances, Justice and Solicitor General	September 2016	Expressed support for initiative.
13. Presented to Health Advisory Council, Edmonton Zone	September 2016	Expressed support for initiative.
14. Met with Minister of Health and Deputy Premier, Sarah Hoffman, and Associate Minister of Health, Brandy Payne Accompanied by Dr. Karen Grimsrud, Chief Medical Officer of Health	September 2016	Expressed support for the concept. On October 27, 2016 announced approval of grant of \$230,000 for AMSISE planning and \$500,000 for six more cities to conduct needs assessments.
15. Presented to Public Health staff from across Alberta, Alberta Health Services	March 2017	Discussed evidence and intentions. Addressed emerging questions.
Municipal		
16. Met with Councillor Scott McKeen AMSISE initiated meeting to discuss upcoming information session with City Councillors	May 2016	Extended invitation to fellow councillors to attend an information session presentation by AMSISE. Publicly expressed support for harm reduction that includes supervised injection services.

17. Presented at information session with City Councillors Arranged at invitation of Councillor McKeen	May 2016	Expressed interest in integrated model; recognized link with needle debris.
18. Met with Rod Knecht, Chief of Police, Edmonton Police Service AMSISE requested meeting to update Chief	June 2016	Indicated his mind is open. Could see expressing support of an integrated model. Wants to continue to work together.
19. Met with Mayor Don Iveson	September 2016	Expressed full support and recommended item come to City Council for approval in principle.
20. Presented to Community and Public Services Committee of City Council	December 2016	Expressed interest in concept and community input on how to make this initiative successful.
21. Presented to Edmonton Police Commission Requested by Commission	March 2017	Discussed evidence and intentions. Addressed emerging questions.
Colleges and Associations		
22. College and Association of Registered Nurses of Alberta	2012	Passed resolution in support of harm reduction, including supervised injection services.
23. Alberta Medical Association	2012/2013	Three sections passed resolutions; Public Health and Preventive Medicine, Psychiatry, and Addiction Medicine.
24. Alberta Public Health Association	2013	Passed resolution in support of harm reduction, including supervised injection services.
25. College of Physicians and Surgeons of Alberta	2016	Passed resolution in support of harm reduction, including supervised injection services. Letter of support.
26. College of Licensed Practical Nurses of Alberta	2016	Passed resolution in support of harm reduction, including supervised injection services. Letter of support.
27. Alberta College of Social Workers	2016	Provided letter of support. Resolution passed at March 2017 AGM.

Key informants, Preliminary Feasibility Study, 2012

Health		
Allan Aubry	Director, Addictions, Edmonton Zone	Alberta Health Services
Ruth Collins-Nakai	Board member	Alberta Health Services
Greg Eberhart	Registrar	Alberta College of Pharmacists
Ian Forster	President, Addictions Section	Alberta Medical Association
Mary-Anne Robinson	Chief Executive Officer	College and Association of Registered Nurses of Alberta
Gerry Predy	Senior Medical Officer of Health, Edmonton Zone	Alberta Health Services
Mark Snartese	Executive Director, Addiction and Mental Health, Edmonton Zone	Alberta Health Services
James Talbot	Chief Medical Officer of Health	Alberta Health
Police		
Ryan Lawley	Staff Sergeant	Edmonton Police Service
Brian Simpson	Deputy Chief	Edmonton Police Service
David Veitch	Superintendent	Edmonton Police Service
Social planning and support		
Kathy Barnhart	Branch Manager, Social Development, Community Services	City of Edmonton
Rosemary Fayant	Facilitator, As it Is, AAWEAR	George Spady Centre
Jan Fox	Executive Director	REACH Edmonton
Susan McGee	Executive Director	Homeward Trust
Charlotte McKay Mike Fedyniak	Program Manager Team Leader/Site Supervisor	Kairos House (Catholic Social Services)
Research		
Elaine Hyshka	PhD Candidate, School of Public Health	University of Alberta
Chris McCabe	Chair, Emergency Medicine; Health Economics	University of Alberta
Trish Reay	Director, Centre for Effective Management of Addiction Treatment (CEBMAT), School of Business	University of Alberta
Cam Wild	Associate Dean, School of Public Health	University of Alberta