

Breakout Room Discussions

BREAKOUT ROOM

Explore ideas for how communities & CATs can support safe inhalation, overcoming barriers and improving these services!

- Municipal barriers to having an OPS site. Municipal stigma around “Look” of services for tourism.
- Resourcing informal use spaces. What happens when there is no harm reduction or OPS spaces in a community.
- Legalizing supply.
- Understand the role of WCB, but until there is a legalized, accessible supply of all substances WCB will probably need to be involved.
- Biggest barrier interacting with city/municipalities (different tents along with vehicle for OPS) trying to find location.
- Mayor and council - delegation going to see them in person so they have a face/name, a story
- Went from 30/night down to 2
- Bylaw moves people away from the area and people are found dead of toxic drugs in the cold
- D/T business assoc. hiring peers
- Sunshine Coast CAT channel on YouTube, video of agencies and peers cleaning up
- Bring back self-respect, dignity and self-worth. Reduce stigma
- Memorialize those that have been lost (purple chair)
- No CAT team on Northern Vancouver Island. Difficulty in potentially setting up sites in the region.
- Brave Apps don't work with limited availability in rural/remote regions.
- Propane heaters work well in tents; would support inhalation set ups.
- Challenges of dealing with cold; wildlife, etc. Need place for fixed site OPS.
- Liability issues with fentanyl smoke
- Tent with walls further out to allow for air circulation
- In-line fans as used in cannabis grow ops.
- Bear spray availability
- Having representatives to do advocacy; public relations, etc. Development of a campaign/playbook for addressing the challenges.
- If CAT could address the PR issues, that would really support OPS operations.
- Talk to leaders about OPS they have already to follow that model
- Use support letters from CAT to show support for OPS in your community
- Look at rate of the people who are preferring inhalation- statistics prove that we need inhalation sites, many more choose to use by inhalation
- Involve the public to understand more, educate
- HVAC system so expensive- need to advocate with municipal leaders, policy makers, to make it possible for some sites
- Need to reframe re Indigenous view- some people view substances as medicine
- Need to have options for youth to access OPS whether inhalation or regular injection- separate stall, specialized staff, safety
- How can we serve youth and make sure that they know they are important and valued!

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- Need to be mindful of location – have to have privacy
- Don't want to have inhalation OPS in close space to recovery services for example
- Peer provision of EOPS on the frontlines working well in Nelson, need to expand program
- Need for additional supports for this kind of model
- Field trips to each other's sites to explore ideas
- Peer input
- Exhaust fans / grow fans
- Continue to break stigma by personalizing. For instance, we don't what this site here there is an elementary school, well maybe that child's parent needs the help.
- Barrier – Health Authorities often a significant barrier
- Myriad of red tape
- Decision makers – can have academic background rather than direct experience
- Lack of urgency
- Trail, started OPS, inside injection space in United Church (in conjunction with ANKORS and REDUN), volunteers including RN – did outside inhalation tent. Tent sign: "This tent saves lives". Ran 2 days per month. Optics piece for getting community ready and give space for PWLLE
- Barriers - ventilation, United Church couldn't support long term
- E-OPS mobile is running now
- Difficulty reaching people using alone
- Barriers – community/public acceptance and therefore location becomes really important to satisfy neighbours and people using services
- Health Authority – issues with employees' safety, can be barrier (WCB)
- Peer-led for success – whether run by peers or by an organization with peer leadership
- Life-saving – need to prioritize OPS with safer inhalation in this public health emergency – need to see urgent action! There are complications for setting this up but it is possible – safer inhalation sites are set up and running in many communities and it can be done without a huge outlay of \$\$
- Stigma as BIG issue!
- City donation of land/designate location; donations of lumber etc
- Mentioned that VANDU's contract in Vancouver was pulled; how do we get funding & maintain it
- connect with neighbors/businesses to get on side; find a way to trigger impact; PWLLE supporting advocacy; some communities need to start at the grass roots – invite people in community to participate at info sessions with peer leaders and other organizations
- agreements between users and people in the area that the area will be kept clean and that they will participate in the cleanup; Difficulties with keeping garbage off the streets; safe supply to reduce need for theft