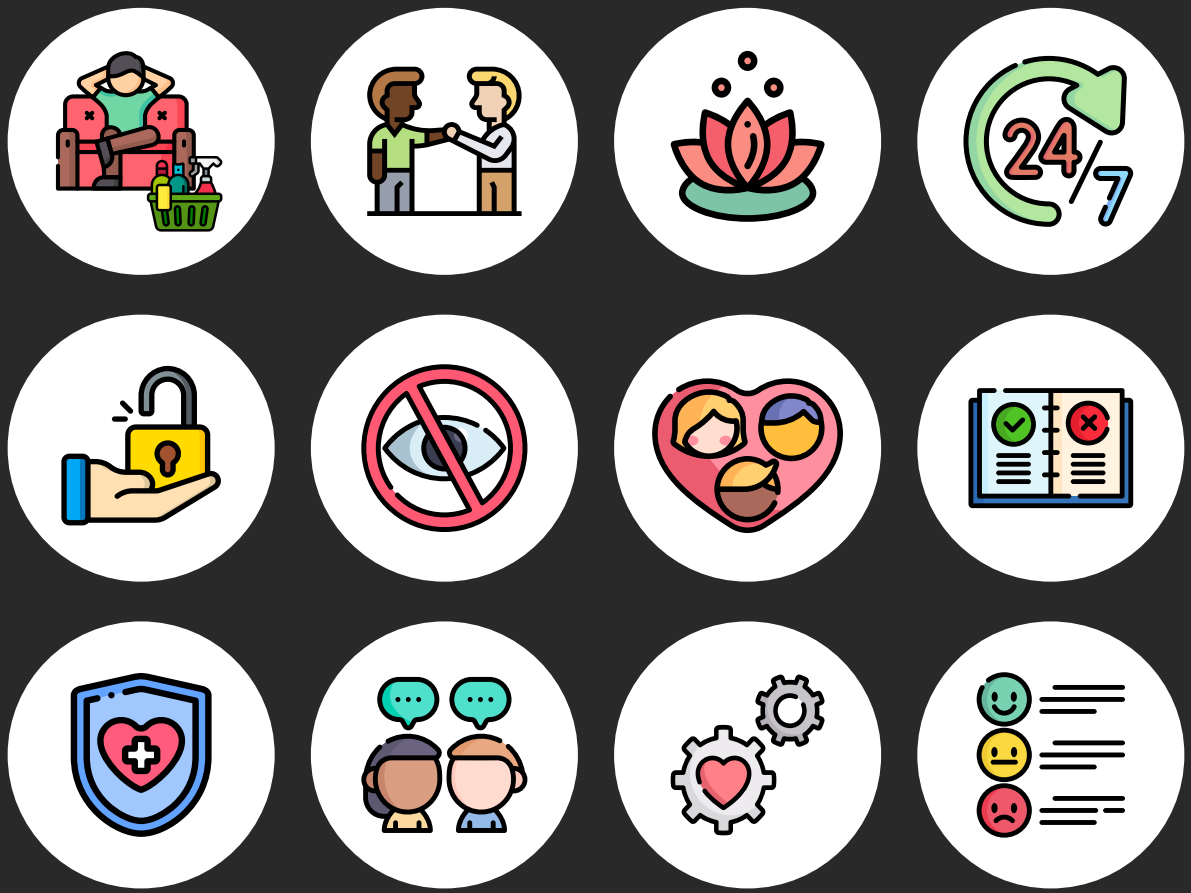
Twelve characteristics of client-centred supervised consumption services (SCS)



A toolkit for service design, delivery and evaluation

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* The views expressed in the text belong solely to the authors, and not necessarily to the organizations they work for or to the funders (OHTN, Mitacs, SSHRC).

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Allow clients to use their drugs in the ways they want (inject, smoke, snort, etc.)

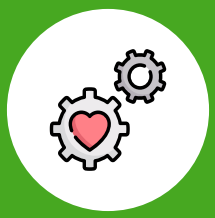
Allow clients to use their drugs with dignity while protecting their privacy

Are run by well-trained, friendly, helpful, non-judgmental staff and peers (people with lived/living experience of drug use)

Have clear guidelines and rules that are fairly applied to all clients

Ensure clients' safety in all forms (e.g., safety from harassment, violence, theft, overdose, police)

Provide opportunities for rest and socializing (e.g., offer food, tv, music; a place to rest, freshen up and chat)



Provide ways for clients to connect, check in about, and get help with their needs (e.g., housing, mental health services, drug testing)

Encourage clients to voice feedback (anonymously if needed)

This poster was developed by the Engage with Harm Reduction Study Team and advisory group, based on feedback from people with lived/living experience of substance use, SCS use, and HIV.
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Introduction

Purpose of the toolkit: The goal of this toolkit is to help service providers and the organizations they work for in creating supervised consumption services (SCS) that are client focused and respond to client needs in ways that are respectful and empowering. We offer suggestions for how to bring client needs and perspectives to the forefront in designing and implementing new services and in evaluating and auditing the delivery of existing SCS to ensure that they are as accessible and beneficial as possible for clients. This toolkit is not intended to be a comprehensive manual or how-to guide for designing and delivering SCS, as such guidelines already exist,[1] rather, it is to be an adjunct to these guidelines that will help service providers and organizations to ensure that their services are client centred.

Who created this toolkit: A community-based research group that included people with living/lived experience and researchers from across Canada collaboratively created this toolkit, using findings from a study we conducted in 2021 in Toronto (for details, see the Study Background section on page 29) about ways to design, deliver and evaluate SCS for people living with HIV who use substances.

Target audience: The target audience for this toolkit is service providers (including clinical staff, staff/peers with lived/living experience, volunteers) and decision-makers at healthcare, AIDS service and other organizations that currently provide or are considering implementing SCS.

How to use the toolkit: For each of the 12 characteristics, we provide the following: 1) questions to ask when designing and/or evaluating SCS, 2) tips to inform SCS design and operations and 3) tips for understanding and evaluating how well SCS reflect each characteristic. We also provide quotes from people with lived/living experience of substance use to highlight important features of these interrelated characteristics. When using the toolkit, ensure engagement of people who use or will use the supervised consumption site. We acknowledge that although it will be possible to fulfill some of the characteristics discussed in this toolkit at no or low cost (e.g., changing protocols/practices), funding will be required to fulfill others (e.g., (re)designing spaces, hiring additional staff). **We hope that this toolkit inspires and supports you in your work and advocacy.**

[1] See for example: British Columbia Centre on Substance Use (BCCSU). 2017. Supervised Consumption Services Operational Guidance, https://www.bccsu.ca/wp-content/uploads/2017/07/BC-SCS-Operational-Guidance.pdf; Registered Nurses' Association of Ontario (RNAO). 2018. Implementing Supervised Injection Services (best practice guidelines for healthcare providers), https://rnao.ca/sites/rnao-ca/files/bpg/Implementing_supervised_injection_services.pdf; Blythe, Chapman, Dodd, Gagnon, Hobbs, Westfall. 2017. Canadian Association of People who Use Drugs (CAPUD). This Tent Saves Lives: How to Open an Overdose Prevention Site, https://www.capud.ca/capud-resources/this-tent-saves-lives; Kupp, St. George, Riley. 2022. Vancouver Coastal Health. Overdose Prevention Site 2022 Manual http://www.vch.ca/Documents/Overdose-Prevention-Site-OPS-Manual.pdf; Ontario Ministry of Health and Long-Term Care. 2018. Consumption and Treatment Services: Application Guide https://health.gov.on.ca/en/pro/programs/opioids/docs/CTS_application_guide_en.pdf.

Are comfortable, accessible and clean

"Do people feel comfortable approaching the site? Does it look in a way that it's very temporary, like some shack, and all run down and messed up, or is it a reasonable facility, makes a big difference. [...] Do they have a chair that accommodates all sizes? Is it wheelchair accessible, this location?"

"Having a lounge area would be good to have for people — where people can sit on a comfortable couch or chair."

Questions to ask when designing and/or evaluating SCS:

- What does a comfortable space look like for clients? What elements are most important for clients?
- How can we involve clients in planning and designing the space?
- How can we best balance functionality (i.e., ability to manage overdoses, keep spaces clean) with comfort (i.e., not letting the space feel overly medicalized) in each part of the site?
- What are we doing to ensure the space is easy to clean and to keep clean (e.g., choice of furnishings, frequency of cleaning, opportunities for clients to assist in keeping the space clean)?
- How are we designing the space to support clients with accessibility challenges (e.g., wheelchairs, walkers) in feeling comfortable?

"[Clean means] keep everything sanitized. [Comfortable means] a place where you feel relaxed cause all your needs are being met."

Tips to inform SCS design and operations:

- Ask future and/or current clients to sketch or create a model that shows what a comfortable space looks like for them.
- Use these ideas to improve comfort (e.g., plants, art, natural light/lighting, colours, ventilation).
- Engage clients to create art or other contributions for the space.
- Ensure furniture is both functional (easy to clean) and comfortable.
- Offer a secure space for clients' bags and coats (e.g., lockers, coat check).
- Provide access to washrooms, showers and laundry.

> "I'd go to any place if it was comfortable and people were, like, straight up."

Tips for understanding and evaluating SCS:

- Have clients rate the comfort, accessibility and cleanliness of the space as they leave the site.
- Document and review complaints about comfort, accessibility and cleanliness.
- Hold a town hall, with current and/or future clients, service providers, and other relevant stakeholders, each year to discuss how to improve the space.

> "It's just making them more fun. Like having a TV, having some little food, having a tea and a coffee, you know, all that stuff will make it more homey."

Ensure clients feel welcomed, valued and respected

"Yeah. Because you don't want to be treated like a number... It's like, if you go in there, twice a week, you expect somebody to remember your name or something, right? Hopefully, hopefully."

"They [clients] know the difference, let me tell you ... They want to help. They want something to do. They want to feel important you know? They want to feel human. They want to feel like they're supposed to feel. [...] That they're wanted."

Questions to ask when designing and/or evaluating SCS:

- How are we working to be welcoming to clients?
- How can we be welcoming to clients of different ethnicities, gender identities, sexual orientation, etc.?
- What types of clients tend to use our services and why? Who is not accessing our services and why?
- How can we involve clients in defining what "welcomed," "valued" and "respected" means for them?
- What visual cues can we use in the space to show that clients are welcomed, valued and respected?
- What kinds of language do we need to use and what kinds of attitudes do we need to demonstrate through our conduct so clients can feel welcomed, valued and respected?
- What are we doing to make clients feel heard, supported and empowered when using the space?
- What can we do to improve clients' experience in the space?

"First impressions are the main thing, right? It says a lot about you and about ... the place you're representing. Also a poor first impression, that's not gonna make me want to stick around ..."

Tips to inform SCS design and operations:

- Work with future and/or current clients to co-create definitions of what "welcomed," "valued" and "respected" mean in your SCS setting.
- Create partnerships with people with lived/living experience, advocates and organizations to learn how to welcome groups (e.g., women and gender-diverse persons,[2] Black people, Indigenous people and people of colour) that may experience more barriers to accessing SCS.
- Ensure that staff and peers greet all clients in a friendly, non-judgmental, welcoming manner (e.g., greet clients with a smile, call them by name).
- Connect informally with clients to build rapport. Take time to get to know them: ask how they are doing. Let them guide the conversation and level of engagement, and listen to what they say. Take time to answer their questions and concerns and be sensitive to their anxieties and fears.
- Provide diversity, inclusion and cultural competency training to all staff and peers.
- Ensure that security personnel are not the first staff that clients interact with when entering the space.

> "I mean, you have to gain people's respect there. If they're homeless, give them the respect … that everybody deserves. Right?"

Tips for understanding and evaluating SCS:

- As clients leave the space, have them rate how welcomed, valued and respected they felt. Ask them to suggest one thing that could improve this rating in the future.
- Periodically check in with clients about what "welcomed," "valued" and "respected" in SCS settings mean for them. Evaluate and update your policies and practices based on this feedback (e.g., additional staff training, reviewing policies and practices around culturally sensitive service provision).
- Ask staff and peers what training or other supports they need to better engage with certain groups and/or individuals, especially those who experience increased barriers to accessing SCS.

> "You're honoured; you're respected; you're safe. If you overdose they save you. Release your stress at the OPS. Your life is valuable. We want you to see tomorrow. Everyone has something to offer."

> "I've started smudging now at the site. They said I have to do it outside. And the clients just love it."

[2] See forthcoming report: Kaminski N., Carl E., Swann S., Touesnard N., Smith C., Smoke A., Gyan-Mante A., D'Alessio H., Rex A., Bannerman M., Rudzinski K., Boyd J., Urbanoski K., Ricciardi J., Strike C., Whidden S., Thomas R., Pankratz C., McDougall P., Fong C., Ranger C. 2022. National survey report: Accessibility of supervised consumption and overdose prevention sites for women and gender diverse populations. Canadian Association of People Who Use Drugs (CAPUD) and the Dr. Peter AIDS Foundation.

Provide a calm place to use drugs

"A nice, happy space. Like, a nice calm space. Not where a lot of people are running around and getting hyper. You know, a nice calm space, that's important. Because people are in an altered state, and goodness knows, they could go off, right?"

"I think people do drugs for different reasons, like to escape something in their life. And I don't want to go to a place that's got eighty-five thousand lights and ... people walking around just chatting with everybody."

Questions to ask when designing and/or evaluating SCS:

- How can we include clients in defining what it means to be a "calm place" to use drugs?
- What are we doing to ensure the space is calm? How are we helping to ensure that the environment outside the site is calm?
- How do we ensure that clients flow smoothly through the space in a way that supports a calm environment?
- What plans and procedures do we have in place to deal with disturbances, loud noises, etc.?
- If a client needs to be removed from the space, what procedures are in place to do so in a safe and respectful way?
- How can we provide quality care and respond to emergencies appropriately while maintaining a calm atmosphere?
- How can we address the tensions between providing clients with a calm and non-rushed experience and addressing long wait times?
- What staff/peer to client ratio is needed to effectively monitor the space and to deal with any issues that arise?
- How do we ensure there are not too many people in the space?
- How will the presence of security personnel impact the sense of calm in the space?

"[Some SCS] always have a bunch of people hanging out. Hanging out at the side of the building too. So, it's kind of daunting to try to get into those places. Get through that crowd."

Tips to inform SCS design and operations:

- Ask future and/or current clients, staff and peers to map out a smooth and logical flow within and between each of site spaces: the waiting room, intake area, consumption space(s) and chill room.
- Ask clients of different ethnicities, cultures and gender identities what a "calm place" to use drugs looks like for them. Consider how you can accommodate their preferences.
- Provide a designated space to manage clients who are in crisis.
- Offer activities for clients who are in the waiting room or the chill room as a form of de-escalation (e.g., colouring and other art-based activities, access to computer, music, food and drink).
- Provide a space for clients to organize their things that does not disrupt the flow of the site.
- Prioritize a quiet atmosphere (e.g., no loud music, no shouting or loud noises).
- Ensure enough staff and peers are available on site to provide adequate supervision and focus on client interactions.
- Provide training for staff and peers in de-escalation and trauma-informed care.
- Ensure that staff and peers debrief after any incidents.

> "Keeping track of the amount of people that you let in at a time. And watching the people, like, keeping an eye on them, even after they leave the [SCS], even after they've finished their injection."

Tips for understanding and evaluating SCS:

- Ask clients about their experience. For example: Was the consumption space calm? Was the atmosphere in the chill room peaceful? Can we change anything to make the space feel calmer? Did you feel rushed at any point?
- Document wait times (e.g., time of day; length of wait; number of people waiting to use consumption space, chill room, amenities) to assess peak service use times to optimize staffing and other resources.
- Document disruptions in the space, including type and location, and review policies and trainings that may address these challenges.

> "So, you gotta monitor how many people you're having in there, because they're either gonna get argumentative. They could get argumentative or they could overdose, all at the same time, because they all got from the same person. Who knows? And how would you deal with all that? I mean, is there enough staff there to deal with all that?"

Available 24/7

"I think we could use a 24-hour site too, at least one. 'Cause there's always some time where people need one, and all of them are closed."

"I mean, twenty-four hours where these things have an injection site. 'Cause a lot of use does happen after two o'clock in the morning, and they're outside, right?"

Questions to ask when designing and/or evaluating SCS:

- When do clients most need this space (evenings, weekends, overnight)?
- How can we promote safety 24/7, even if we are not open?
- How can we offer flexible hours of operation to reflect clients' needs?
- What staffing issues need to be taken into consideration? Will additional staff and peers need to be brought on at certain times?
- How are we working to be accessible to clients when they need the service most?
- What are we doing to improve accessibility for the most vulnerable members of our community?
- What referrals and safe places can be offered to clients at times when the service is not available?
- What plans and procedures do we have in place to prepare for high-traffic times (e.g., evenings, weekends, paycheque days)?

"I find that in a lot of areas, especially, with the community health centres, everything's Monday to Friday, Monday to Friday. But what about Saturday and Sunday? [...] People still do drugs on Saturday and Sunday. You know?"

Tips to inform SCS design and operations:

- Have plans in place to prepare for high-traffic times (e.g., have extra staff scheduled or on call to cover when needed).
- Prepare a list of services available 24/7 (e.g., virtual spotting services,[3,4] mobile access to safe drug use equipment, drop-ins, shelters, outreach that operates outside of typical hours) and plans for helping clients to connect with these services (e.g., warm referrals, assistance with transportation).
- Coordinate with other service providers in the neighbourhood to stagger the various services' hours and days of operation (e.g., weekends, evening, overnight) to minimize the amount of time that SCS are not available to community members.
- Explore the possibility of integrating SCS into existing 24/7 services (e.g., shelters, inpatient services).
- Create a protocol for how to respond to clients who come when the service is busy or unavailable, including de-escalation techniques.

> "We've had people, outreach workers, going out at night to hand out kits and water [...] after the sites are closed. [It] is also very important, because they keep a connection with people, contact after everything is closed, and let them know that there's still people out there that can help. Like, professional people that can help them.

Tips for understanding and evaluating SCS:

- Periodically assess when the service is most needed. Consider possibilities for adjusting or extending the service's hours of operation accordingly.
- Provide ways for clients to share about times when they could not access the service and why (e.g., service was closed, long wait times).
- Engage staff and peers in assessing any strains on staffing/scheduling and identifying strategies to deal with these challenges.

> "Make them more open, like, I said, twenty-four seven. But the days of, somebody needing to use a safe injection site between two and three in the morning, instead of being out in the cold, and down a dark alley, or you can't see the syringe, or missing the vein, or anything that like that, at least they're protected by trained professionals."

> "What are you gonna do when it's closed if someone comes knocking and wanting to use it and it's not available, and they're ticked off?"

[3] Perri, M., Kaminski, N., Bonn, M. et al. A qualitative study on overdose response in the era of COVID-19 and beyond: how to spot someone so they never have to use alone. Harm Reduct J 18, 85 (2021). https://doi.org/10.1186/s12954-021-00530-3

[4] Perri M., Kaminski N.2021. Spotting for people who use drugs: What, when and how. Available at: https://blog.catie.ca/2021/12/08/spotting-for-people-who-use-drugs-what-when-and-how/

Allow clients to use their drugs in the ways they want (inject, smoke, snort, etc.)

"I think the safe injection sites are wonderful. But ... I use crack mainly, and there's nothing for people to smoke crack ... I had to resort to being outside in a bush, smoking crack. Risking my safety, risking now being charged by police, being caught. Who knows if there's fentanyl ... I think that it's not fair just for the injection people to be able to access these places ... A lot of people just smoke, either crystal meth or crack. And they can overdose also. And there's nothing available for them ... So we are forced to go in a bush on the side of the street, where they so easily can be robbed, can be raped, can be frigging molested."

Questions to ask when designing and/or evaluating SCS:

- What kinds of substances do our clients use? How do they typically use their substances (e.g., smoke, inject, snort)?
- What changes to existing infrastructure, staffing, protocols and practices will be needed to facilitate new methods of use in our space?
- How are we making our space supportive, accessible and inclusive for all people who use drugs, including those who smoke drugs?
- How do we ensure that all clients, including those who smoke drugs, feel welcome and want to use this space?
- Do clients feel comfortable asking for support and/or help in administering their drugs (e.g., finding a vein)?
- What protocols do we have in place to help clients who need assistance with injecting?
- What liabilities/legal issues arise for assisted injection by staff and/or peers? What liabilities/legal issues arise for providing space for indoor inhalation of drugs?
- What policies do we have in place for splitting/sharing and using together in this space?
- Who is not able to access our services because of our existing rules and procedures? What risks can be reduced by expanding our services?
- How are we informing people who use drugs in the community about what types of consumption are allowed and what assistance we offer?

Tips to inform SCS design and operations:

- Engage future and/or current clients and community organizations to stay up to date with changes in drug use patterns, supplies and risks. Ensure this information is shared with all clients, staff and peers.
- Create specific protocols for assisted injection (e.g., consider options for client-, staff-, peer-assisted injection).
- In the absence of assisted injection, consider options that can reduce harm and anxiety for clients (e.g., vein finder options, providing guidance for safer injection).
- Create specific protocols allowing splitting, sharing and co-use in the space.[5]
- Welcome all clients without prejudice, regardless of what drugs they use and how they use them.
- Ask clients how they want to use their drugs. Work to accommodate their preferences or advocate for change.
- Provide a broad range of information and harm reduction supplies for different forms of use, so clients have options and can use in ways that feel safe and comfortable for them.
- Provide safer substance use education in ways that are engaging and non-judgmental (e.g., co-create short videos with peers that can play in the waiting room and/or consumption space).

> "I was having trouble hitting myself. I had one of the staff there help me. Which they're not supposed to do. That helped me. You know what I mean? That made my experience positive."

Tips for understanding and evaluating SCS:

- Ask clients to rate how safe they feel telling staff and peers about how they like to use their drugs and explore with them the factors that may impact how comfortable they feel sharing their views (e.g., existing rules, guidelines and protocols; staff attitudes).
- Document and review what types of assistance and safer drug use education and guidance are requested and provided.
- Assess whether some community members are not accessing the space because of the types of substances they use and/or their methods of use (e.g., by checking in with outreach staff or other organizations that serve this community in your location).
- Ask staff and peers how safe they feel supervising smoking (e.g., Is the level of ventilation appropriate? Are you worried about dealing with particular behavioural or other issues?).

> "To be quite honest, I think they should have a safe consumption site for all drugs. Doesn't matter what you're using, whether you're smoking weed, whether you're injecting, whether you're smoking crack, whether you're doing crystal meth … You can do any drugs there, right?"

[5] See for example Ranger C., Touesnard N., Bonn M., Brière-Charest K., Wertheimer S., Kolla G., Ka Hon Chu S., Fong C., Vanderschaeghe S., Sinclair C., McDougall P. 2021. Splitting and sharing in overdose prevention and supervised consumption sites: protocol template.

Allow clients to use their drugs with dignity while protecting their privacy

"A dignified way to use my drugs ... Well, there was no judgment. There is no "I hate you." It's purely for the safe consumption of drugs ... and for your safety."

"And they had nurses that are in there with you, watching, monitoring you. Not hardcore watching, which is nice. But you're being monitored without them staring you in the eyeball."

"They just, they let you do your thing. You know? Yeah, they're not always watching right over your back ... watching everything you're doing."

Questions to ask when designing and/or evaluating SCS:

- What does it mean for clients to use with dignity?
- How do we support clients to have a dignifying experience in this space?
- How does stigma impact our clients, including their access to and experiences of services?
- What are we doing to protect clients' privacy? What procedures do we have in place?
- Do clients feel like their privacy is protected at the site?
- How can we inform clients of what information is collected and how it is used or shared? (e.g., Is information from client intake and visits recorded in clients' health records or provided to other services?)
- How do we balance the need to respect clients' privacy with the need to maintain their safety and that of staff and peers?
- How do we communicate to clients that staff and peers will be checking in on them periodically throughout their time at the site, which will impact their privacy in the space?
- How can we design the space to improve privacy and ensure that monitoring by staff and peers can occur respectfully?
- How can we have effective conversations about confidentiality with clients?

Tips to inform SCS design and operations:

- Provide various options for privacy — from a private screened-off area, to semi-private cubicles, to more open tables.
- Engage future and/or current clients to create protocols to check in on those who desire more privacy when using drugs (e.g., monitor from a distance, set specific timeframes to check in).
- Co-create, with clients, protocols around how to respectfully check in on clients when they are using washrooms, showers, laundry or other facilities to ensure health and safety and prevent overdose fatalities.
- Provide a separate or discreet entrance and exit to increase confidentiality.
- Provide a private space where clients can recover from unexpected or adverse reactions (e.g., overdose, traumatic experience) with supervision as needed.
- Provide spaces that offer privacy to discuss sensitive issues.
- When collecting information, explain to clients what is being collected and why and how this information will be used. Provide options for clients to opt out of sharing information, if possible.
- Outline for clients how their information will be kept confidential and any limits to these safeguards.
- On a regular basis, offer training to staff and peers on trauma-informed care, confidentiality and anti-stigma.

> “Number one when it comes to your health chart, what you use recreationally should never be added.”

Tips for understanding and evaluating SCS:

- Interview clients about what using with dignity means for them.
- Ask clients to rate to what extent their privacy and confidentiality were protected and how clearly they understood what information was being collected from them and why, when accessing the site.
- Document and review any complaints about privacy or breaches of confidentiality.
- Check in with staff about any stressors that arise when they try to balance privacy with safety.
- Assess the desire and/or need of staff and peers for additional training or support on trauma-informed care, confidentiality and anti-stigma.

> “It’s not a long walk to the supervised site, and when you’re done, there’s a side door, where you can go out without public eyes on you.”

> “I wouldn’t be interested in the open concept one because I wouldn’t want to have other people that could be watching, everyone watching … So, I think the privacy is always an important piece for people.”

Are run by well-trained, friendly, helpful, non-judgmental staff and peers (people with lived/living experience of drug use)

"What generally made me feel safe is seeing some of my peers there occasionally, people that I know are drug users. I don't feel safe when it's all doctors and medical kind of people, even though a lot of them are great. It's just a different comfortability kind of thing. So, I like to see peers there."

"I think they should have people with lived experience at all sites, at all jobs in Canada, period, that has to do with harm reduction ... Because it's important."

Questions to ask when designing and/or evaluating SCS:

- What competencies and/or skills are most important to provide services at SCS? How are we making sure that the staff and peers we recruit to work in the space have these competencies and/or skills?
- Is training sufficient and accessible to both full- and part-time staff and peers?
- Who is best suited for providing training? How can we partner with people with lived/living experience and community organizations?
- How can we effectively involve people with lived/living experience in the delivery of training? How can we embed relevant lived/living experiences in training?
- What kind of supports should staff and peers be trained to provide (e.g., help with finding veins, crisis prevention training)?
- What policies do we have in place to address harassment and discrimination? How can we collaborate with clients to review and implement these policies?
- What approaches, language and policies can we use to reduce stigma related to substance use?
- How can we "recruit" peers to be leaders within the service? Are people with lived/living experience adequately supported in their roles?
- Are the roles and responsibilities of staff and peers clearly stated? Is remuneration (including pay and benefits) equitable?
- What resources do we provide to support the safety and well-being of staff and peers?

Tips to inform SCS design and operations:

- Involve people with a variety of lived/living experiences (including experience injecting, smoking, snorting, etc.) in all day-to-day operations of SCS.
- Provide all staff and peers (regardless of profession) with ongoing training in overdose management, sensitivity, anti-racism, anti-oppression and equity.
- Provide training and practice in de-escalating situations.
- Offer continuous, up-to-date training that takes into account changes to laws, new drug use trends, etc.
- Connect with other SCS to learn about how various types of training have been adapted and tailored for supervised consumption spaces.
- Have regular debriefing sessions and provide mental health and well-being supports for staff and peers.
- Have team discussions about scenarios that could be challenging. For example: How can staff promote safety while remaining non-judgmental?
- Clearly outline the roles and responsibilities of staff and peers using a collaborative process.

> "Talking to the clients and letting them know that, you know, like, it's okay. That's why we're there. Who cares what you use? Like, a drug is a drug, and that's where the "no judgment" really [comes in].

Tips for understanding and evaluating SCS:

- Use an anonymous survey to check if staff and peers feel well prepared and supported in their job and/or if there are signs of burnout.
- Ask staff and peers to identify areas where they feel they need more training or support in monthly round-ups.
- Have staff and peers evaluate the impact of the trainings that they participate in.
- Engage clients in conversation to understand what their interactions with staff and peers have been like, to determine how often they are able to connect with peers at the site, and see if they find staff and peers to be well-trained, friendly, helpful and non-judgmental.
- Document and review service users' complaints and incidents that relate to stigma, discrimination, judgment, etc.

> "Body language, even what I would say is someone's energy around the whole situation. There are some people who maybe have never done it [drug use], but they really aren't judgmental … For the managers [need] … to really seek out people with those attitudes … because what you want is somebody who is ultimately nurturing."

Have clear guidelines and rules that are fairly applied to all clients

"The other thing that might be good, if they're taking clients in for the first time, that maybe sit down with them and just go through the rules. And like get [them] to sign an agreement maybe, that they have to behave in a certain way and they understand that they've read all the rules."

"And I mean, even, so when the site first starts, things could change, right? So you might want to add different rules and different things down the road, that you have to just go over with everybody."

Questions to ask when designing and/or evaluating SCS:

- How can we create policies and procedures to help keep us accountable on all the characteristics of client-centred SCS?
- How are we involving clients in creating, reviewing and updating rules and guidelines for the space?
- How are rules and guidelines being communicated to clients? How are we taking accessibility into consideration? For example: Can we communicate our rules verbally, in writing, and using images?
- How can we encourage communication between staff and peers to ensure that those facilitating SCS are on the same page when it comes to implementing guidelines and rules for all clients?
- How are we ensuring that all staff and peers are up to date on the guidelines and rules of the space?
- How do we hold clients accountable to the rules and guidelines (e.g., policies about using warnings whenever possible, be clear about when suspensions and bans will be used)?
- How do we implement the rules and guidelines respectfully and without denying access to care? Who is involved in implementation? Staff and peers? Security personnel?
- Are we treating everyone equally, no matter where they come from? What policies are in place to monitor preferential or discriminatory treatment of clients?
- How can we create clear policies about flow through the space, designated use of spaces, time limits, sharing of drugs, dealing, assisted injection?

Tips to inform SCS design and operations:

- Engage future and/or current clients to co-create a code of conduct, rules and/or guidelines with staff and peers.
- Co-create a client agreement that includes a list of rights and responsibilities for the site.
- Post rules and guidelines in a visible place and actively update them on the basis of suggestions from clients.
- Find multiple ways to communicate and distribute rules and guidelines (e.g., place a list of rules and guidelines in harm reduction kits; review them with all clients at [first] intake and on additional occasions as needed).
- Keep communication about rules and guidelines simple, accessible and concise.
- Be clear about consequences of breaking rules and guidelines.
- Use warnings whenever possible, to maintain low-barrier engagement; create and communicate to clients policies about when suspensions and bans will be used.
- Be transparent about any situations in which the rules and guidelines may be applied differently (e.g., in emergencies).
- Create team-building opportunities for staff and peers to help improve communication about the ways rules are implemented.

> "I think one of the things they have to do is that the rules have to be the same for everybody."

Tips for understanding and evaluating SCS:

- Conduct a short survey with clients about the clarity of rules and guidelines and whether they feel these are being implemented fairly and equitably.
- Document and review any complaints from clients about rules and guidelines.
- Periodically evaluate team dynamics among staff and peers to assess topics such as the quality and level of communication, instances of disputes or misunderstanding and the dynamics of shift changes.
- Debrief with staff and peers regularly about any challenges they face in applying rules and guidelines. Clarify, refine and update processes as needed.

> "Some people were getting a couple days and some were getting a week [suspension from SCS]. I spoke up: "This is not right. You give one person a month, and you give one person two days." It has to be all around the same … You can't just give one person this because … you like that client better. […] But even when you put those kinds of stipulations on people, it's not helping them. Cause at the end of the day, during that month or six months [suspension] or whatever time they couldn't use the site, they could die."

Ensure clients' safety in all forms (e.g., safety from harassment, violence, theft, overdose, police)

"[Ask people] 'Why do you come here? Is it a safe place for you?' You know what I mean? A lot of people that do come there, it's a safe zone for them. It's a place where they know they're safe. Cause I've had some clients come and they'll say, "[Name], can you hold my drugs? I might go out." And I'll hold their drugs for them. And I'll hold their drugs for them until they wake up, right? Or I'll secure their shit for them. But there's not a lot of people that will do that."

"And there's going to be no cops coming in or things like that. Nobody's going to freak out. You're not going to get arrested."

Questions to ask when designing and/or evaluating SCS:

- What does safety mean for our clients? How can we look at safety more broadly?
- How can we utilize trauma-informed care to ensure safety for all clients?
- How are incidents of harassment and violence reported and handled? Are clients aware of and comfortable using this process?
- How can we balance the safety of everyone (i.e., clients, staff and peers) at the site, understanding that some clients may have bad days (e.g., remaining low barrier)?
- How can we create space for clients to secure their belongings while using the service?
- What can we do to improve safety for clients approaching and leaving the site?
- What procedures do we have in place for interacting with the police when they arrive on site (e.g., police only permitted on site if called; staff meet police at door and/or escort them through the site)?
- How can we improve our relationship and communication with police to ensure clients are not harassed or surveilled near the site?
- How are we supporting staff and peers to ensure their safety and well-being?
- Have we considered how identity (e.g., gender, ethnicity, HIV status, mental health) is connected to safety for clients? How do we make sure our services are low barrier and meet the needs of those who need them most?

Tips to inform SCS design and operations:

- Consult with clients about what "safety" means for them and discuss ways to address this broadly (e.g., provide information about bad drugs/dealers and overdose risks; create a bad-date book).
- Engage clients to consider ways to improve safety for groups that face increased barriers to accessing SCS (e.g., women and gender-diverse persons, Black, Indigenous and people of colour). For example providing services to these groups during dedicated hours/days; ensuring that the groups are represented on the staff and peer team; and providing trauma-informed care.
- Engage clients to co-create policies about dealing with service users who are being racist, homophobic or verbally or physically aggressive or who are otherwise threatening the safety of other clients, staff and peers.
- Consult with clients about the pros and cons of having security personnel in the site. If security is considered helpful, be clear on their role — when and how they will intervene. Ensure security personnel receive all relevant training (e.g., anti-stigma, anti-oppression, trauma-informed care).
- Ensure all staff, peers and security personnel receive training in de-escalation. Engage people with lived/living experience in co-facilitating this.
- Offer cubbies or lockers for clients to secure their belongings while using the service.
- Create policies about the limits on police intervention. Be clear with clients about the circumstances under which police will be asked to intervene. Avoid involving police in non-emergency crises. If police are involved, ensure that a client advocate is present.
- Create policies on how to deal with police approaching or harassing clients outside the site.

Tips for understanding and evaluating SCS:

- Ask clients to rate how safe they feel at all stages of using the service: approaching the site, in the waiting room, talking to staff and peers, in the consumption space, in the chill room and leaving the service.
- Have a process to log all incidents that threaten safety; the record for an incident should include how the incident was resolved. Document and review how many times staff and peers were able to resolve the incident, how many times security intervened and how many times police were called.
- Document and review what types of clients are and are not accessing your service. Consider how different clients' choices may be related to safety.

> "Safety. To be safe, to feel safe and secure that you know, there's not going to be any police calls or … 911 calls. And no fighting, you know, like, sometimes you see people fighting over drugs and stuff like that. No violence, so calm is really important."

> "Altercations happen in safe consumption sites. You have someone talking too loud, and the other person will be disrupted, and then a big fight starts. You know, that's where de-escalation comes in, with trauma and de-escalation. We have to try to minimalize what's going to go on."

Provide opportunities for rest and socializing (e.g., offer food, tv, music; a place to rest, freshen up and chat)

"What works well is the chill out space … where you can go sit there. They have food; they have drinks. They have computers. They have a television. You can get counselling there. You can talk with the staff. You can do your laundry there. You can see the dentist, make an appointment with … the doctor … You've got all the tools you need. They've got … a used clothing bin …"

"Maybe [provide] something creative for people to do too. There's a lot of really creative people."

Questions to ask when designing and/or evaluating SCS:

- What can we offer (amenities, programs, space) to help clients looking to rest, relax, recharge and connect?
- What amenities are most important for clients? How can we either provide these amenities or support clients so that they can access them elsewhere in the community?
- How are we staffing areas that promote rest and socializing?
- What opportunities can we provide for clients looking to connect and socialize?
- How will we respect clients who do not wish to socialize at the site?
- How do we provide opportunities for staff and peers to check in and chat with clients? What are the potential benefits and other impacts of having these social interactions with clients?
- How can we maximize flow through the space but give clients enough time to use the services and access amenities?
- What protocols do we have to keep clients safe when they are using washrooms or showers after drug use?

"Being able to offer them something to drink and something to eat and some conversation … whether it be counselling or just sane conversation, you know, access to info — like, to maybe television … or music or a computer."

Tips to inform SCS design and operations:

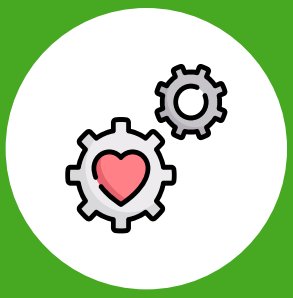
- Engage future and/or current clients to examine what “rest” and “socializing” at SCS mean for them. Co-create a list of key amenities that are important for clients.
- Engage clients to discuss appropriate time limits for use of rest spaces and additional amenities.
- Provide food and drinks (e.g., water, tea, coffee, sandwiches, fruit, snacks); if possible, offer healthy options and to-go packages.
- Provide access to washrooms, showers and laundry facilities. Ensure there are enough staff, peers and procedures to keep clients safe when they are accessing these amenities.
- Offer opportunities to watch tv, listen to music, use computers and charge phones; offer headphones to limit noise. Provide private space for clients to make phone or video calls.
- Offer opportunities to connect with others (e.g., lounge space where clients can chat with staff, peers and/or other clients and share knowledge).
- Offer creative and engaging outlets (e.g., arts and crafts).
- Provide quiet areas and spaces for those who want to prioritize rest over socializing.

> “To be honest with you, I think they should have a shower room there too ... I think they should have a laundry room, where the client that’s injecting could sign up to wash their clothes, have a shower. I think they should have that all within the same facility, right?”

Tips for understanding and evaluating SCS:

- Document and review how often amenities are accessed at the site and the average wait time to use each amenity.
- Ask clients if they felt they were able to rest, relax, recharge and connect during their visit. Have clients indicate one way they were able to recharge at the site in the last three months (e.g., created positive social connections, had opportunities to relax and chat with staff, learned new information).
- Keep track of the top amenities or services clients request and consider how (if possible) to provide access to them (e.g., on site, collaboration with local services, warm referral).

> “I’ve been at some injection sites [where] they rush people out the door. You know? Like, the person hasn’t even done a hit ... Give them five, ten minutes at least, before you kick ‘em out the door. I’ve seen them where the guy can hardly walk and they’re telling him to get out the door.”



Provide ways for clients to connect, check in about, and get help with their needs (e.g., housing, mental health services, drug testing)

"You could maybe ask some questions like "Are you housed? Do you want help with your medications? Do you want help with seeing a doctor?" ... That could be maybe in the first introduction to that site. A little interview and ... then just come back to that every once in a while, [...] not that you're beating them up, you know, trying to dig into their privacy ... but just that it's an ongoing [check in]."

Questions to ask when designing and/or evaluating SCS:

- When and how do we check in with clients about their needs?
- What processes do we have in place to make sure we revisit clients' needs regularly?
- How can we better engage with clients to prioritize their needs?
- If we cannot meet the specific need(s) of a client, how do we communicate this to them and what process do we follow (e.g., warm referral)?
- What other services and partners are needed to be able to meet the complex needs of clients?
- How can we create or improve partnerships with supportive organizations to which we feel comfortable referring clients?
- Are we providing clients with a way to access information (e.g., telephone, WIFI, pamphlets, word of mouth) as needed?
- How can we better support clients with access to, or storage of, medications?
- How do we ask about mental health needs? What ways can we provide supports for grief, loss and bereavement issues?

"Yeah. And there are a million other services, like, sexual health services, and medical services. And some people want to quit, so rehab type of services. And ... food services is crucial. Also clean clothing is really important."

Tips to inform SCS design and operations:

- Have a client coordinator work with clients to prioritize needs and provide resources or connect them with services.
- Use informal conversation-based check-ins. Offer information and a space for conversation to start. Let the client lead.
- Respect that some clients may not want to talk.
- Create resource lists that clients can take with them.
- Be clear about what other services SCS can offer.
- Be clear on the timelines for getting certain needs addressed.
- Provide services on site (e.g., wound care; ID recovery; drug testing strips; menstrual products; other hygiene products, such as underwear, socks, toothbrush, deodorant, soap; clothing; food) or have partner organization representatives visit on a specific day of the week to provide them (e.g., housing, mental health, health or dental services).
- If the client desires, offer warm referrals — take the time to connect the client with someone at the service they are being referred to and/or provide additional support (e.g., reminders, accompaniment) to help clients connect with the service.
- Offer opportunities for clients to get involved (e.g., kit making) and provide compensation.

> “Well, if you guys would have some mental health support person, just to talk to persons, when they’re in distress or in psychosis, you know?”

Tips for understanding and evaluating SCS:

- Check in with clients to see if they feel that they were able to discuss their needs and if their needs were taken seriously and addressed or met.
- Ask clients to share if they were able to connect with the organizations to which they were referred and how the experience went.
- Debrief periodically with staff and peers about the client needs that are the most challenging to meet.
- Ask partner organizations to provide the number of clients (without identifiable information) who connected via referral to services.

> “You know that [drug testing] would be so great, wouldn’t it? I’d bet you anything that they figure out where the bad stuff is coming from and who’s dealing it right. […] There’s something to think about. “Where did you get your drugs from?” “Oh that guy?” Okay, … then that guy is the one you’ve got to get rid of. […] They test drugs at the airport, why can’t they do it on the streets.”

Encourage clients to voice feedback
(anonymously if needed)

"Why not put a little suggestion box and have them voice what they want, what they feel, what they found comfortable and what they're looking for? ... Again, from the people themselves."

"They needed to go into the community and ask the people: "What's benefitting you from this?" [...] I think that would be an awesome thing to do. Because in order to get better with the service, you need the input of the people that are actually using the service."

Questions to ask when designing and/or evaluating SCS:

- What processes are in place to support clients in voicing their opinions, ideas, concerns or problems with the site? How can we provide options for clients to voice feedback anonymously?
- How are these opinions, ideas, concerns or problems addressed? Is the process transparent for clients?
- What systems need to be in place to provide information back to clients about how their feedback has been addressed?
- How can we ensure clients feel satisfied that their feedback has been acknowledged and appropriately addressed?
- How are we actively involving clients in providing feedback on how this program is delivered?
- How do we best engage clients to share their insights and experiences? How do we give clients an opportunity to help refine services? How do we use their insights to further develop a client-centred space?
- What are we doing to make sure clients feel welcome, safe and empowered to share their experiences in the space?
- What processes are in place to ensure clients feel safe bringing forward a complaint against a staff member or peer?
- How can we use creative ways to elicit feedback from clients (e.g., arts-based, client-led, partnering with researchers)?

Tips to inform SCS design and operations:

- Co-create with future and/or current clients a short feedback survey about their experiences at the site.
- Invite feedback from clients, acknowledge their contribution and provide a timely response.
- Offer multiple ways for clients to share and respond to feedback, especially options for sharing anonymously. Examples include the following:
  - provide a suggestions box
  - provide anonymous complaint forms (e.g., in the chill room)
  - provide an ombudsman who is not connected to the program — *"someone neutral that can listen"* to feedback
  - offer a dry-erase wall in the chill room where clients can share their thoughts for the day and staff can read them and respond at the end of the day
  - provide a private space where clients can voice feedback in person with staff and peers
  - provide an email or other online method for clients to share feedback
  - respond to client feedback in a "big circle meeting" format (keeping the sources of the feedback anonymous).
- Ask clients about concerns or problems, but also about what is working well (e.g., ask clients to list three things that worked well and three things that could be done better at services).
- Communicate about the status and impact of client feedback.
- Show appreciation for client feedback at all stages (e.g., cash honoraria, gift cards for food).

Tips for understanding and evaluating SCS:

- Ask clients if they feel heard in the space. For example: Do they have opportunities to share what is working and what isn't working for them? Do they feel safe in making suggestions or sharing concerns? What could be done to improve this?
- Check in with clients about how well they think their feedback has been addressed. For example: Did they see changes being made on the basis of what they suggested? Do staff and peers acknowledge their feedback even if the response is not immediate?
- Provide honoraria for detailed feedback and find other ways to show appreciation.
- Document and review feedback received, including length of time to respond.
- Bring feedback to clients (regularly) for discussion on how to respond.
- Have staff and peers debrief regarding the feedback they receive each month.

> "I think there should be a funding, where you can give a client a $10 gift card, ten bucks, and they participate in the survey: 'What is the site doing for you? What are you benefitting from this site? How does it help?' Well, obviously, it's saving their life to begin with. But, how is the site here helping you? ... I don't think the government has that information, coming from the people ..."

Study Background

RATIONALE:

A literature review of the ways in which SCS have been evaluated[6,7] showed that evaluations have focused primarily on reporting requirements (from funders) such as counts of use, reducing risk behaviour, managing overdose and decreasing mortality, with very little reporting of the client experience.

This toolkit draws on the expertise of the team and the data collected in an OHTN-funded study: *Engaging people living with HIV/AIDS (PLHIV) who use drugs and other stakeholders in community-based knowledge generation to guide harm reduction service design and delivery.* One of the goals of this study was to look at the best ways to design, deliver and evaluate harm reduction services, with a specific focus on SCS, for people living with HIV who use substances.

CREATION OF THE TOOLKIT:

We identified the 12 characteristics of client-centred SCS that are discussed in this toolkit on the basis of semi-structured interviews with clients (n = 15) of Casey House, Toronto People With AIDS Foundation (PWA) and Prisoners with HIV/AIDS Support Action Network (PASAN) who had lived/living experience of substance use and used various harm reduction services, including SCS, in Toronto. We also used data from two virtual focus group discussions held with service providers (n = 4, n = 9) from these organizations.

Interviews and focus groups were conducted between May and August 2021. Interviews questions focused on how to meaningfully evaluate SCS, such as what things were the most important to measure to understand if SCS were operating successfully and what aspects of SCS were vital for clients. Focus group questions focused on similar topics but examined the service provider perspective.

We refined the 12 characteristics and developed this supporting toolkit through ongoing engagement with our advisory group of people with lived/living experience and our diverse team of researchers, service providers and people with lived/living experience from across Canada. The 12 characteristics are interrelated, meaning there is some overlap in the suggestions provided in the toolkit.

To strengthen the utility and validity of our findings we gathered feedback through follow-up interviews with clients (n = 8) and a follow-up survey with service providers (n = 25).

By focusing on the perspectives of people with lived/living experience of substance use who used harm reduction services in Toronto, we hoped to capture this community's desires and vision for what a successful SCS looks like for them.

WHO WE TALKED TO:

Interviews with people with lived/living experience: Almost all participants had ever injected drugs (n = 14) and nine had injected in the past 30 days. Interview participants primarily used stimulants; only eight had used any opiates in the past 30 days. Many participants indicated that their substance use had increased during the COVID-19 pandemic for a variety of reasons including stress, isolation, depression and boredom. Some indicated that their substance use had not changed and a couple of participants had stopped using recently.

Table 1: Socio-demographic characteristics of client interview participants (N=15)

Gender identity	Male n = 9 Female n = 5 Gender fluid/non-binary n = 1
Race/ethnicity*	White n = 9 Indigenous n = 9 South Asian n = 1

* Participants could provide multiple answers.

Focus groups with service providers: Almost half of the service providers (n = 6) had lived experience of HIV and/or substance use. We heard from service providers that they lost their connection with some clients because of COVID-19. Virtually accessing services was very difficult for most clients. Outreach and check-ins were crucial for maintaining connection, and food was a good way to connect.

Table 2: Socio-demographic characteristics of service provider focus group participants (N=13)

Role at respective organization*	Medical staff n = 3 Harm reduction n = 3 Social worker n = 3 PHA engagement n = 3 Management/leadership n = 5
Gender identity	Male n = 7 Female n = 5 Gender fluid/non-binary n = 1
Race/ethnicity*	White n = 7 Black n = 3 South Asian n = 2 Other n = 1

* Participants could provide multiple answers.

[6] Belackova V, Salmon AM, Day CA, Ritter A, Shanahan M, Hedrich D, et al. Drug consumption rooms: A systematic review of evaluation methodologies. Drug & Alcohol Review. 2019;38(4):406–22.

[7] Rapid Response Service. A review of structural, process, and outcome measures for supervised consumption services. Toronto, ON: The Ontario HIV Treatment Network; March 2021.

Final thoughts

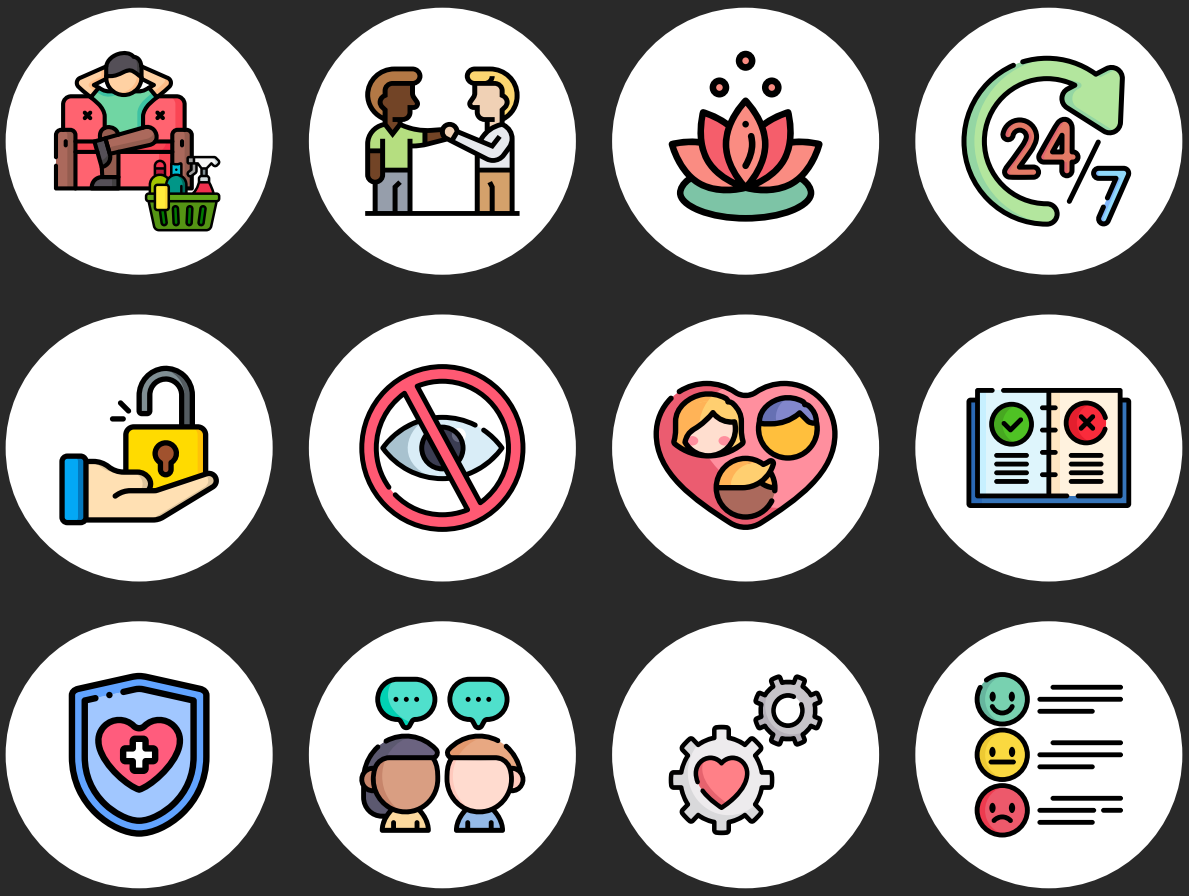
Through this project we hoped to create tools that help organizations to design, deliver and evaluate their services in ways that prioritize the experiences and perspectives of people with lived/living experience.

Throughout the document we use the language of "client-centred". We recognize that the term "client" may imply a transactional relationship with inherent power imbalances, however the term helped us to clarify priorities for community members using SCS and brought with it a sense of autonomy, with clients being able to freely choose which services to use and when they wanted to use them. This was a term that we kept coming back to as a team, since it helped us to express our ideas clearly throughout this toolkit. We recognize that services may opt to use other terms when speaking about people who use their services (e.g., community members).

We encourage those thinking of using this toolkit to take into consideration the local circumstances and context of their planned or existing services and to engage people with lived/living experience of substance use in their community (e.g., creating an advisory group of current and/or future clients, peers, staff) in assessing SCS policies, procedures and protocols and to work together to identify gaps and make plans to address them by implementing the client-centred characteristics in ways that are meaningful and feasible. We also encourage organizations considering implementing SCS to connect with service providers at existing SCS and/or national community of practices[8] that can provide support and advice.

We acknowledge that various factors impact the operations of SCS, especially in terms of funding structure and sources, available resources and space, and levels of political support or opposition, which may present challenges for implementing some of the characteristics outlined in this toolkit, especially for existing services. Nevertheless, it is still important to meet with future and/or current clients to see how to address their needs within the existing structure while continuing to advocate for additional funding and resources. **We hope that this toolkit encourages ongoing discussion and collaboration among clients, staff, peers, leaders and decision-makers and can be used as a source of support and a tool for advocacy to ensure that SCS are client centred.**

[8] See for example: Dr. Peter Center Urgent Public Health Need Site (UPHNS) Community of Practice HUB, https://uphns-hub.ca/; Casey House's National hospital-based supervised consumption service community of practice, email: hb-scs-cp@caseyhouse.ca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