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Supporting the full participation of people who use drugs in policy fora: Provision of a temporary, conference-based overdose prevention site

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ABSTRACT

The overdose epidemic in North America remains acute and interventions are needed to mitigate harm and prevent death. People who use/d drugs (PWUD) hold essential knowledge to guide the development of these interventions and conferences are vital fora for hearing their perspectives and building support for new policies and programs. However, little guidance exists on how to best ensure the safety of PWUD during conferences. In October 2018, a low-threshold overdose prevention site (OPS) was implemented at a national drug policy and harm reduction conference in Edmonton, Canada. The OPS provided delegates with a monitored space to consume drugs and access drug consumption supplies. This commentary describes the implementation of the OPS with the aim of providing practical guidance for organizers of future substance use-related conferences, meetings, and other events.

Background

The overdose epidemic in North America is historically unprecedented, and overdose mortality is so extreme that it is contributing to declining life expectancy in both the United States and Canada (Woolf & Shoomaker, 2019; Statistics Canada, 2019). A significant factor driving increases in overdose death is widespread contamination and saturation of illegal drug markets with novel synthetic opioids, including fentanyl and its analogs (Hedegaard, Minino & Warner, 2020; Public Health Agency of Canada, 2020). These drugs—often sold as heroin, counterfeit prescription pills, or as a substitute for other street drugs—significantly increase risk of overdose because potency varies from sample to sample and is highly unpredictable (Tupper, McCrae, Garber, Lysyshyn & Wood, 2018). In addition to these supply side drivers, structural factors including poverty, criminalization, racism, and barriers to health and harm reduction services continue to underpin and increase risk of overdose and death (Dasgupta, Beletsky & Ciccarone, 2018).

Effective mitigation of drug-related harms demands the meaningful inclusion of people who use/d drugs (PWUD) in policymaking (Ti, Tzemis & Buxton, 2012). PWUD have expert knowledge and valuable experiences that make them best positioned to identify and effectuate solutions (International Network of People who Use Drugs, 2015; Efthimiou-Mordaunt, 2015; Byrne & Albert, 2010; Jurgens, 2005). In North America, PWUD have successfully impacted drug policy and research agendas through activism (Osborn & Small, 2006; Jozaghi, Greer, Lampkin & Buxton, 2018), and have operated or been employed in: overdose education and naloxone distribution programs (Samuels, Baird, Yang, & Mello, 2019), syringe distribution programs (Des Jarlais, 2017; Wood et al., 2003), and supervised consumption services and overdose prevention sites (Kennedy et al., 2019; Foreman-Mackey, Bayoumi, Miskovic, Kolla & Strike, 2019; Bardwell, Kerr, Boyd & McNeil, 2018). Most recently, in Canada, PWUD have advocated for, and secured funding to support safer supply interventions (e.g. injectable or tablet hydromorphone dispensing) that provide access to pharmaceutical grade alternatives to illegal street drugs (Canadian Association of People who Use Drugs, 2019; Olding et al., 2020).

Conferences and meetings are important fora for eliciting the emic perspectives of PWUD. These events represent "convergence spaces" that enable "the production, exchange and legitimation of knowledge" (Temenos, 2016, p. 128) and facilitate the transfer of policy ideas across diverse contexts. In the early 1990s, the HIV/AIDS epidemic catalysed PWUD to mobilize and attend national and international health and drug-use related conferences and demand influence over policy decisions, such as establishing, legalizing, and funding programs that distribute drug consumption supplies (Efthimiou-Mordaunt, 2015; Byrne & Albert, 2010; Jurgens, 2005). Although the voices of PWUD were

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initially excluded from such fora, conference organizers are increasingly seeking to engage PWUD in organizing and delivery of their events (Byrne & Albert, 2010; Temenos, 2016).

Meaningful inclusion of PWUD in conferences means their involvement or leadership in all stages of planning, implementation, and evaluation. Conference organizers should invite diverse representatives of people with lived and living experience of drug use, and assess and accommodate their needs in order to facilitate equitable participation. Organizers must ensure delegates are provided funding for food, travel, accommodation, registration, and incidentals as well as cash honoraria in exchange for their time and expertise (Jurgens, 2005). It is also important to consider specific measures to ensure the physical safety of PWUD, given that they are at an increased risk of overdose when consuming drugs in unfamiliar settings, especially if they lack access to harm reduction supports and knowledge of the local drug supply (Tupper et al., 2018; Rhodes, 2009; Ruhm, 2017). Increasingly toxic illegal drug markets in many parts of Canada and the United States further exacerbate risk for PWUD travelling to conferences and meetings in these countries (Brait, 2017).

To prevent harm and loss of life, conference organizers should distribute drug consumption supplies and naloxone kits, and facilitate access to methadone or other agonist treatment either onsite or in close proximity to the conference venue (Jurgens, 2005; Moore & Dietze, 2005). Some organizers have also implemented temporary overdose prevention sites (OPS) within conference venues (Harm Reduction International, 2019; BC Overdose Action Exchange, 2018). OPS provide PWUD a safe space to consume substances and emergency medical support in the event of an overdose. They are often low-threshold, PWUD-led, and designed to be implemented with minimal resource requirements (Kennedy et al., 2019; Kerr, Mitra, Kennedy & McNeil, 2017; Kerr et al., 2006). In Canada, OPS are often unsanctioned or enacted outside federal jurisdiction and are considered to be easier to operationalize when compared to supervised consumption services, which require formal federal approval in Canada. The flexibility of the OPS model makes it an ideal tool for preventing overdose mortality during time-limited events or in temporary venues such as conferences.

However, conference-based OPS are rare and not well documented. Below we characterize the design and implementation of a conference-based OPS to demonstrate both feasibility and resources required to implement OPS as one means to promote safety and meaningful inclusion of PWUD in policymaking.

Implementing a conference-based overdose prevention site

The Stimulus: Drugs, Policy, and Practice – 2018 conference was a national drug policy conference held in Edmonton, Alberta, Canada between October 3–5, 2018. The event was held in a large convention centre in downtown Edmonton; hosted by Streetworks, Edmonton's primary harm reduction service provider; and organized by a committee comprising several local and national organizations. PWUD-led organizations from across the country had representatives on the planning committee to ensure national PWUD representation. Conference themes were chosen and prioritized by PWUD and included topics such as the opioid overdose emergency and the forthcoming legalization of cannabis for non-medical purposes. Additionally, PWUD representatives participated in negotiations with the conference venue and hotel; reviewed abstracts; spoke to the media; guided the planning and scheduling of events; and led many activities, including plenaries, presentations, workshops, panels, art presentations (i.e. photography, spoken word, and a film festival). PWUD advocated for other PWUD to attend and most critically, collaborated with each other to raise stipend funding and reach a national consensus on the amount of money to dispense to delegates. To promote safer drug use for other delegates, PWUD provided harm reduction information regarding the local drug market, and conducted outreach at the conference centre, hotel, and adjacent outdoor spaces to provide further support to delegates as required. The planning committee also facilitated access to accommodations, agonist treatment (methadone, buprenorphine, etc.), emotional supports, naloxone kits, and overdose response training. Of the approximately 800 individuals who attended, 25% identified as PWUD.

Although Edmonton is home to four supervised consumption services, the closest was at least 30 min roundtrip by foot from the conference venue. The planning committee felt that this distance posed safety and participation barriers for PWUD attending the conference and instead, proposed hosting a temporary OPS within the venue. At the time of the conference, the province of Alberta held delegated authority from the federal government that allowed provincial officials to issue exemptions for the operation of temporary OPS. This was critical to the rapid development of the conference OPS, since in Canada, securing a federal exemption to operate an SCS is typically a complex and lengthy process (Foreman-Mackey & Kazatchkine, 2018). Streetworks staff, several of whom identified as PWUD and had experience working in supervised consumption services, designed the OPS and modelled it after the services already functioning in Edmonton. These staff also participated in negotiations with the venue and provincial government to request permission to operate the OPS, seek assurances for funding, and make decisions on the design. Negotiations began months prior to the conference and staff met with these stakeholders regularly, emphasizing the need to prevent loss of life during the conference and outlining the future applicability of the OPS model for other similar events. Once all parties were on board with the concept of the conference-based OPS, Streetworks successfully applied to the provincial government for funding and a temporary exemption to operate it.

Service model

The hours aligned with the Stimulus conference formal program. On the first two days of the conference, the OPS was open from 8:00 – 17:30 (9.5 h), while on the final day of the conference, the OPS operated from 8:00 – 13:00 (5 h). On days where the OPS was open 9.5 h, the staff shifts were: 8:00–11:00, 11:00–14:30, and 14:30–17:30. The OPS was managed by a Streetworks staff member (AS) who has lived experience of drug use. The OPS was staffed by one paid nurse per shift and volunteers from across Canada who were attending the conference, several of whom were PWUD. All OPS staff and volunteers were trained in harm reduction and overdose response. OPS staff and volunteers were also engaged in outreach during the conference to raise awareness of the site. The requested and approved funding for the OPS was 3000 CAD. Primary expenditures included staff salaries and materials and supplies (needles and syringes, alcohol wipes, sterile waters, cookers, filters, oxygen tanks, glass pipes, condoms, and lip balm). The OPS also dispensed naloxone kits free of charge. Free optional drug testing was offered in the same room but separate from the OPS on October 3rd and 4th by an external company, since neither Streetworks nor any of the four Edmonton SCS were funded to provide this service.

The OPS (Fig. 1) was located in a large salon in the convention centre on the same level as a majority of the conference proceedings. The location was selected for its ease of access and proximity to an external exit. While the door to the OPS remained open during operations, a heavy curtain was hung in the doorframe to protect the privacy and anonymity of those using the site. Upon entering the OPS, PWUD were greeted by a staff member or volunteer who did not request any personal information but instead gave each delegate a unique non-identifiable code. Staff then asked delegates what drug they planned to use and collected demographic information on a voluntary basis. Delegates then selected drug consumption supplies from a table and proceeded to one of three consumption booths. The booths were constructed from standard chairs and tables provided by the venue and trifold poster boards for privacy. Delegates were permitted to inject, snort, or swallow drugs within the OPS but they were not permitted to smoke them. Because Stimulus was a national conference, the organizers

Fig. 1. Photos of the OPS at the Stimulus: Drugs, Policy, and Practice – 2018 conference, Edmonton, Canada.

ensured the availability of sterile injection equipment from all jurisdictions, in order to accommodate regional differences and personal preferences. The OPS had an optional post-consumption space for monitoring by OPS staff.

Program statistics

We did not conduct a formal evaluation of the OPS, however program statistics were aggregated for reporting to the provincial government as part of the exemption and funding agreement. A total of 17 unique delegates (Table 1) made 29 visits (Table 2) over the three-day event, with an average of 10 visits per day. Drugs were consumed in 26 (90%) visits. In three other visits, delegates picked up drug consumption supplies but did not use the OPS. There were no overdose events documented in the OPS.

Discussion

Conferences facilitate the convergence of PWUD, health and social service providers, academics, policymakers, and civil society actors and provide a venue for sharing, generation, and legitimation of knowledge and policy directions. Ensuring that these temporary dialogue spaces

Table 1
Characteristics of delegates accessing the OPS at the Stimulus: Drugs, Policy, and Practice – 2018 conference, Edmonton, Canada (n = 17).

Characteristics[a]	n (%)
Gender	
Female	7 (41)
Male	7 (41)
Other/Unknown	3 (18)
Race/Ethnicity	
White	13 (76)
Indigenous	3 (18)
Other/Unknown	1 (6)
Province of origin	
Alberta	1 (6)
British Columbia	9 (53)
Ontario	3 (18)
Quebec	3 (18)
Unknown	1 (6)

[a] Demographic characteristics of all 17 unique delegates are described, including characteristics of delegates who only picked up supplies.

Table 2
Drugs consumed and methods of consumption by visit to the OPS at the Stimulus: Drugs, Policy, and Practice – 2018 conference, Edmonton, Canada (n = 26).

Visits[a]	n (%)
Drugs consumed	
Heroin	10 (38)
Cocaine/crack	7 (27)
Meth/amphetamine	3 (12)
Hydromorphone	3 (12)
Upper/Downer mix	2 (8)
Morphine	1 (4)
Method of consumption	
Injection	23 (88)
Intranasal	3 (12)

[a] Delegates consumed drugs in 26 (90%) of the 29 OPS visits. Thus, data on the three visits where only supplies were picked up are excluded from this table.

elevate and acknowledge the voices of PWUD is essential to developing effective solutions to the overdose epidemic (Byrne & Albert, 2010; Temenos, 2016; Jurgens, 2005). Yet supporting the health and well-being of delegates who use drugs can pose practical challenges. The addition of an OPS at the Stimulus conference was one strategy for promoting the safety of delegates who use drugs.

Despite the feasibility of operating a conference-based OPS, there were some limitations associated with the Stimulus OPS that warrant discussion. Although we did not formally aggregate feedback on the service, informal comments shared with staff suggested that the location and large size of the OPS were not ideal. Some delegates indicated they would have preferred a more discreet location with less foot traffic to better maintain the anonymity of people accessing the OPS. Additionally, staff and volunteers had varying degrees of experience in OPS or SCS settings, which may have contributed to inconsistent experiences using the site. The OPS was not authorized to supervise smoking or peer-assisted injection, which excluded some conference delegates. Only seventeen conference delegates used the OPS; which highlights the importance of exploring additional strategies for promoting uptake of conference-based OPS. Additionally, interventions are needed to ensure the safety of delegates who consume drugs outside conference hours, which may include implementing after-hours OPS within conference hotels or working with local PWUD and service providers to develop other formal or informal supports for PWUD who are attending from out of town.

The Stimulus OPS was made possible in part because of a conducive regulatory context. Conference organizers in jurisdictions without clear processes for securing authorization to operate temporary OPS, will need to explore other options for establishing OPS that align with local conditions and regulations. The conference planning committee included representatives of PWUD-led organizations from across the country. However, this representation was limited to established organizations. Engagement of a broader diversity of PWUD, including those with less experience in policymaking or advocacy, would have been optimal to ensure the needs of all PWUD were identified and addressed.

Another factor critical to the feasibility of the conference-based OPS was the fact that the conference venue, after thorough negotiation, was in support of the development of an OPS on their property and worked closely with conference organizers to facilitate its implementation. This level of cooperation echoes past research documenting the willingness of businesses to support harm reduction objectives in the illegal drug policy arena (Roth et al., 2019; Wolfson-Stofko, Bennett, Elliott & Curtis, 2017). However, support from all venues is not guaranteed and may require considerable efforts to secure. Finally, partnering with a local harm reduction organization was essential for securing authorization and funding for the OPS, coordinating staff and volunteers, and purchasing and transporting drug consumption supplies and other equipment. Implementing a similar OPS may be challenging in settings without a local partner organization and would require conference organizers to assume responsibility for these tasks. Additionally, given the various interpretations and levels of support for harm reduction internationally, the temporary conference-based OPS characterised in this paper may not be easily generalizable to other countries, especially those with no or limited access to legal OPS.

Future implications

No research or guidelines exist on how to best ensure the health and safety of PWUD attending conferences or similar meetings. This commentary highlights this important gap and outlines the need for further research and practice development in this area. Future conferences are opportunities to refine conference-based OPS service models, formally evaluate their acceptability amongst delegates, and assess their health and safety impacts. Additional innovative harm reduction and other health services for conference delegates should also be explored.

Conclusion

We aimed to characterize a novel conference-based OPS and outline the feasibility of offering this service to delegates who use drugs. Concerted efforts should be made to facilitate full, equitable, and safe participation and attendance of PWUD at substance-use related conferences. The OPS at the Stimulus conference was one of several services enacted to meet the health needs of delegates. Although operationalizing an OPS at all conferences may not be feasible, every attempt should be made to provide harm reduction services whenever possible. Further research is needed to understand and evaluate strategies for safeguarding the health and wellness of PWUD while attending conferences.

Declaration of Competing Interests

Declarations of interest: none.

The authors (Hannah L Brooks[b]; Cassandra Husband[c]; Marliss Taylor[d]; Arthur Sherren[e], Elaine Hyshka[a]) declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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