

SPLITTING & SHARING IN OPS/SCS – PROTOCOL TEMPLATE

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Splitting & Sharing Protocol Template

Does your OPS/SCS have a committee of people who use drugs (PWUD) advising on policy development? If yes, now is the time to consult with them on adapting a splitting and sharing protocol. If not, now is the time to invest in meaningful & equitable engagement that centers the perspectives of PWUD.

Background

“Over the past 2 years, Health Canada has been in consultation with overdose prevention site (OPS), supervised consumption site (SCS) operators and communities of people who use drugs (PWUD) around potential changes to regulations governing OPS/SCS operations in Canada. One of the issues that has continued to emerge is related to the splitting and sharing of drugs for personal use within OPS/SCS; currently, the regulations governing the OPS/SCS exemptions from Health Canada do not allow splitting and sharing of small amounts of drugs for personal use to occur within an OPS/SCS.” (Ranger, Touesnard, Bonn, Brière-Charest, Wertherimer, Kolla...McDougall, p. 5, 2021).

Splitting and sharing inside an OPS/SCS prevents harms related to splitting and sharing outside of an OPS/SCS. Failure to allow splitting and sharing within exempted services increases risk for PWUD. Services that prohibit splitting and sharing experience scope creep when they have to police their own clients/participants. The results? PWUD are forced to split and share their drugs outside of the site, increasing the risk of experiencing discrimination, and criminalization. When arbitrary rules hinder accessibility to life saving services, the outcomes are fatal.

“A national working group has since been formed through the Urgent Public Health Need Sites (UPHNS) Community of Practice and the Canadian Association of People Who Use Drugs (CAPUD) to highlight the impact of current regulations and suggest pathways towards policy change on this issue. The first initiative this group undertook was the development and distribution of a survey for individuals who work at or are clients of OPS/SCS across Canada.” (Ranger et al., p. 5, 2021).

Based on the results of that survey, consultation with Health Canada, and ongoing feedback with both the Splitting and Sharing working group as well as the National OPS/SCS Operators group, a sample protocol has been produced to guide OPS/SCS operators in navigating this emerging practice.

Objectives of This Protocol

This protocol aims to strengthen accessibility to the legal consumption context offered by OPS/SCS, and to reduce the risks related to consumption of drugs. Alleviating barriers to splitting and sharing avoids disrupting the accessibility of OPS/SCS. It allows people to split and use drugs in conditions that are hygienic, and thus apply the necessary measures to protect themselves from further risks, including for individuals who require assisted injection and who benefit from having support preparing their drugs from others (i.e. having assistance from a partner/friend via preparing a dose for injection drug use to ensure desired dosing).

Allowing Splitting and Sharing

Given the impacts of prohibiting splitting and sharing practices within OPS/SCS, adopting this protocol and adapting it to the local context/needs of clients/participant will assist operators in achieving the following outcomes:

1. Increased accessibility for all clients/participants, especially those seeking assisted injection, racialized members, women and gender diverse people, and people with disabilities.
2. Decreased risk for overdose, HIV/HCV transmission, or injection-related infections.
3. Fewer interactions with police/law enforcement and reduced criminalization outside of the OPS/SCS.
4. Fewer clients/participants being denied access due to splitting and sharing inside OPS/SCS.
5. Improved relationships between clients/participants and service providers within the OPS/SCS.
6. Affirmation and normalization of drug use culture within OPS/SCS making the service more accessible to PWUD in the community.

Protocol

Any drug that is used in the OPS/SCS is eligible to be split and/or shared within the site;

1. Splitting and sharing is available to all clients of the OPS/SCS.
2. Splitting and sharing implies the acquisition, separation and/or transfer of a dose between individuals inside the OPS/SCS.
3. The split or share is managed between the individuals engaged in the split/share. Large quantities or exchanges of drugs not intended for personal consumption are out of scope and should not take place within the OPS/SCS.
4. Clients will identify to staff when they intend to engage in a split/share of drugs so that the split or share will occur under the supervision of the OPS/SCS staff.
5. Splitting and/or sharing can occur after admission to the consumption room if required due to different preparation techniques (i.e. if individuals present with pre-prepared drugs in a syringe).
6. The OPS/SCS is for using drugs. Recognizing PWUD are at increased risk of harm related to splitting and sharing outside of an OPS/SCS, one of the individuals engaged in splitting and sharing must be there to consume drugs within the OPS/SCS.
7. No monetary or material trade other than the drugs are allowed in the context of splitting and/or sharing inside the OPS/SCS.
8. If there's a joint need for assisted injection with the split dosing, staff should apply both protocols concurrently:
 - a. Staff welcome the clients/participants who wish to split their dose and try to provide two adjoining (or sharing the same cubicle) cubicles in the injection room¹.
9. Preparing the dose:
 - a. Sharing a liquid substance: the dose is split from a recipient or via the injection material once the dose has been prepared.
 - b. Sharing a dry substance: the dose is split before preparing the injection. Staff may provide a scale if available on site. Clients may decide whether to split the dose dry, or to prepare it and split once it is in solution/liquid form.
 - c. If passing a syringe to another participant, request participants to cap the syringe prior to passing.

¹ Consider designating a space to have a split booth or cubicle solely for sharing and splitting and/or assistance in injecting for better flow in the OPS/SCS and ease for staff supervising multiple booths at a given time.

Harm Reduction Tips

1. Offer information to clients/participants on infection prevention and harm reduction when splitting and sharing, including:
 - a. Invite both clients/participants to supervise the preparation of the drug to be aware of the method and, thus, reduce overdose risks.
 - b. Draw the preparation with both syringes directly from a cup instead of front-loading (removing the syringe) or back loading (removing the plunger).
 - c. Splitting at a liquid state, after the preparation has been diluted, may help with dosage and homogeneity. It is also beneficial in the case of drug testing and for overdose prevention purposes, as potent drugs may be more evenly distributed.
 - d. Clients/participants sharing inhalation drugs will be offered their own new smoking supplies.

Mitigating Perceived Harms or Issues

Splitting and sharing already occurs internationally, and does so without harms or issues arising. There is a tendency to assume allowing this practice in Canada may create unsafe environments, however that is not what the literature supports. The more an OPS/SCS enforces arbitrary rules, the more it fosters a culture of control and oppression. Within these cultures, risk for harms and issues increase. OPS/SCS must resemble the practices and procedures of drug use culture to ensure it meets the needs of PWUD, or PWUD are less likely to utilize the service, putting them at increased risk of overdose and other harms.

There are a number of strategies that can be employed by OPS/SCS operators to mitigate perceived harms or issues related to splitting and sharing:

1. Educate staff on the protocol and ensure practices/approaches are consistent within the team²;
2. Communicate frequently with clients/participants, and be transparent about limitations to splitting and sharing practices within your site;
3. Facilitate opportunities to build rapport with clients/participants and provide education; and
4. PWUD split and share drugs daily and are the experts in this situation. Trust your clients/participants and celebrate the fact that you do not have to police them at your site.

² Consider having visual cues or posters around the site on what the splitting and sharing protocol is.
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Data Collection

There should be no requirements for participants to announce or disclose their intentions to split and share as a means to collect quantitative data. The practice of making clients/participants feel like subjects in an experiment will detract from their experience. This is not a pilot study, and should not be treated as such. Participants should be encouraged but not required to share their experiences/noted outcomes with splitting and sharing from a phenomenological perspective. Any participation should be coupled with the promise of equitable compensation and anonymity.

Additional Considerations

As an OPS/SCS operator, you have the opportunity to take this protocol and change/adapt it to best meet the needs of PWUD, your unique community, and your staff. Consider the following passage from the splitting and sharing survey report for further details:

“When creating OPS/SCS rules and regulations, it is important that community practice be reflected and incorporated, to ensure that people who are most at risk of overdose and potential drug-related harms are able to access OPS/SCS. Any regulations and rules on splitting and sharing within OPS/SCS should be developed with the full participation of PWUD and people who use OPS/SCS, with their needs and concerns centered in the policy under development.” (Ranger et al., p. 19, 2021)

Many staff at OPS/SCS are PWUD and may use the services while on break or lunch to maintain wellness throughout their shift and additionally while not working. Prohibiting access for arbitrary reasons is unethical and dangerous. OPS/SCS operators are encouraged to assess their policies and procedures as it relates to staff accessing OPS/SCS services including the split and/or share on site. Equitable access to the continuum of services available at your OPS/SCS is paramount in reducing harms, and that includes ensuring staff who use drugs are not excluded from them.

Thresholds are controversial, and have been explored in the splitting and sharing survey, national working group, and in this protocol. Consider the following excerpt from the splitting and sharing survey report for guidance on navigating this hotly debated subject:

“Should there be a need to create thresholds for splitting and sharing, the amount should be large enough to make simple determinations. At no time, should allowing splitting and sharing lead to OPS/SCS staff having to police those seeking to access services. It should not require staff to weigh substances, or punish clients/participants for exceeding an arbitrary amount.” (Ranger et al., p. 20, 2021).

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