

## WHAT HAPPENED

### AT THE MEETING:

Provincial Government representatives & PEERS Alliance (the community group operating the OPS) each presented to the group.

Following the presentations, there were small group discussions at each table. Approximately 190-200 people participated in the conversations.

The presenters answered a sampling of questions asked at the tables.

### QUESTIONS ASKED:

In small groups, people were asked:

1. What questions do you have about the proposed plans?
2. What do you like (if anything) about the proposed plans?
3. What challenges or concerns do you have that you'd like to share with decision-makers?

### FACILITATOR'S NOTE:

At times, the meeting was loud, chaotic, and tense. Despite this, the table leaders said they had productive conversations. For the most part, people listened to each other even when they didn't agree.

This report captures those conversations. This summary outlines the top five themes. And the main report reviews all the themes in detail.

# Park Street Information Session Summary

On July 19, 2023, the Government of PEI hosted an information session to share plans for the 68 Park Street property. This includes extending the temporary Park Street Emergency Shelter and opening an Overdose Prevention Site (OPS).

## What We Heard

Issues that the most people talked about. The complete list of Government Response actions can be found in the report.



### LOCATION SELECTION

While some people like the Park Street location for the OPS, there were many questions about why it was chosen.

#### GOVERNMENT RESPONSE:

Experts across Canada say an OPS must be within 15-20 minutes walking distance from clients and services they access. If it is any farther away, clients will not make it to the OPS.

Many alternatives were explored (see report for example), but nothing else was suitable. The Park Street property is close to key services, in a mixed-use area, and Government has previous experience with modular builds on this property.



### HOURS OF OPERATION

People wonder why it isn't being operated 24 hours daily. Can neighbours expect to see an increase in drug use and discarded paraphernalia in their neighbourhood because the service is not 24/7?

#### GOVERNMENT RESPONSE:

The OPS will operate Monday to Friday, 8:00 AM to 4:00 PM and Saturday to Sunday, 12:00 PM to 5:00 PM to start. They may be extended based on need. These hours are a significant improvement on the current state, where there is no service and public substance use occurs as a result.

OPS hours of operation are designed to align with Emergency Shelter hours of operation, which are 8:00 PM to 8:00 AM, seven (7) days per week.

For after-hours, phone-based supervised consumption services are currently available 24/7 through the National Overdose Response Service (NORS) and the Brave App.

## NEXT STEPS

### 0-3 MONTHS (IN PROGRESS)

- Housing, Land and Communities applied for a one-year extension of its variance for use of the property, for the emergency shelter
- Health and Wellness applied for a one year variance for use of the property for an overdose prevention site
- Charlottetown City Planning and Heritage Board will make a decision on the permit applications
- A “What We Heard” report will be prepared and made public
- OPS site-work and renovations, pending municipal permitting

### 3-6 MONTHS

- Complete the Phase II environmental assessment report, to help plan long term for the Park Street property
- Establish an advisory committee with community partners to determine additional services
- Work to open OPS service (Pending Variance Application Approval)

### 6+ MONTHS

- Ongoing evaluation of operational Park Street services
- Evaluate potential next steps for Park Street based on the environmental assessment
- Apply to City of Charlottetown’s Planning and Heritage Department to amend zoning, to allow for future development of the Park Street property



There will be a Community Drop Box for safe disposal of equipment people can use after hours.

Should there be any inappropriately discarded equipment in the immediate area, staff with PEERS Alliance (the operator) have offered to pick up and safely dispose of this equipment.



## SAFETY AND SECURITY

Community members are concerned about safety. They worry about people using drugs at the OPS and worry that violence and crime could happen in their neighbourhood.

People want to know if there will be 24/7 security, privacy fencing, will police be on site, and if there will be cameras. They also want to know if traffic can be redirected around their neighbourhood.

### GOVERNMENT RESPONSE:

OPS staff will be monitoring the exterior of the OPS property to support safe and orderly operations.

Existing 24/7 security personnel and camera on the property will be expanded to include the OPS section of the property.

Repeated studies of OPS and crime rates have found that they do not lead to an increase in crime in the surrounding area. However, two full time equivalent police officers will be added to provide extra support to the Park Street neighborhood.

In addition to existing fencing, there will be fencing around the back and sides of the OPS section of the property.

The Government of PEI has submitted a formal request to the City of Charlottetown for a T3 bus stop in the Park Street area.

Implementation of services at the OPS will help reduce public substance use and publicly discarded needles - two current issues impacting the community in the absence of an OPS.

## WHAT SERVICES WILL BE AVAILABLE AT THE OPS?

Services available on-site include: intake, drug checking, access to sterile equipment, safe disposal of used equipment, supervised consumption, monitoring post-consumption, harm reduction education, referral to services, and inviting external service providers to work with clients on-site.

Additional supports include a Community Navigator, who will connect more people to services like housing, addictions and mental health treatment, medical care, etc.

## WHY AN OPS?

Prevention, treatment, and harm reduction all work together. It is not an either/or choice; all three are needed.

Harm reduction services, like an OPS, help address gaps that treatment-based services alone cannot address.

For example, if a person is not ready or able to participate in treatment or if a person was in recovery but has experienced a relapse - as most people in recovery will at some point in their lives. Harm reduction ensures that when a person is ready and able to participate in recovery-focused treatment services, they will still be alive to do so.



## COMMUNITY OUTREACH CENTER (COC) AND COMPLEMENTARY SERVICES

Participants inquired about the possibility of the Community Outreach Center moving to the Park Street site. Questions were raised about other services clients would be linked to and how the site would provide additional support for people.

### GOVERNMENT RESPONSE:

Next steps regarding the location of the Community Outreach Center will be based on the Final Report of the Environmental Assessment, expected in Fall 2023.

Government will set up an advisory committee with community partners to determine what additional services can be added to provide wrap-around services to vulnerable Islanders.

Through a Service Coordination Working Group, referral pathways are being set up to better connect clients to services, and external service providers will be invited to meet and work with clients on-site.



## HARM REDUCTION APPROACH

There were mixed opinions and understandings of the approach used at the OPS. Some spoke from their own experiences of living with addiction and/or family members with addictions. They want to see support like this in the community and believe the OPS will save lives.

Other people were happy to see drug testing services and protections in place to mitigate overdose risk related to fentanyl.

However other people questioned whether more money should be invested in treatment and enforcement than harm reduction. Other folks suggest that the OPS prevents people from 'hitting rock bottom.'

People believe that the OPS could lead to normalizing drug activities and eroding our laws.

Participants emphasized the importance of drug treatment plans beyond accessing the OPS and wanted to know if staff would promote or prioritize treatment.

## IN ADDITION TO THE OPS, THE FOLLOWING HARM REDUCTION SUPPORTS ARE AVAILABLE:

- Phone-based supervised consumption services are available to all: The National Overdose Response Service (NORS) and the Brave App. Their services are available 24/7. They are free, confidential, and non-judgmental. These are being actively promoted across PEI in a focus on Summerside and rural PEI.
- To prevent overdoses, fentanyl test strips are now available at Health PEI Needle Exchange Program sites across PEI, and a drug checking service will be available at the Overdose Prevention Site.
- Community Drop Boxes are being installed to support safe disposal of needles and other items.
- Units are installed at the Community Outreach Center, Park Street Emergency Shelter, and another unit will be installed at the OPS.
- The City of Summerside has requested 4 units; the Town of Kensington has requested 1 unit.
- Later, two (2) Interactive Dispensing Machines will offer 24/7 access to harm reduction supplies like naloxone, HIV self-test kits, and sterile syringes. The first will be installed at the OPS, and the second in Summerside.



## GOVERNMENT RESPONSE:

In addition to supervised consumption, drug checking services will be available at the OPS. This will support overdose prevention for individuals and will help public health officials communicate what is in drugs with the general public. For example, how much fentanyl is in PEI's illicit drug supply, and what does that mean for the risk of overdose deaths?

In 2022, PEI saw a record number of opioid related overdoses (36 recorded).

In February 2023, police seized 1.6 kilograms of fentanyl in Cornwall and according to police, one kilogram of fentanyl could make as many as a million doses (CBC, Feb 7/23).

With respect to concerns of “enabling” or increasing substance use, peer-reviewed scientific evidence finds that harm reduction services do not increase the number of people who use substances in a community. These services increase the number of people who access addiction treatment and other health services.

With an increasingly toxic drug supply due to substances like fentanyl, “rock bottom” means death. These deaths are preventable through harm reduction services like an OPS.

There will be no substances (drugs) provided to clients at the OPS. Substances consumed at the OPS are strictly pre-obtained, as per Health Canada's Exemption to PEI.



# **PROPOSED PARK STREET EXPANSION INFORMATION SESSION**

## **FINAL REPORT**

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SRL SOLUTIONS

August 2023

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# Background/Introduction

On Wednesday, July 19, 2023, the Government of Prince Edward Island (PEI) and community partners hosted a public information session to discuss the proposed expansion of health and social services at the 68 Park Street property. This includes extending the temporary Park Street Emergency Shelter and opening an Overdose Prevention Site (OPS).

The meeting began with an overview of the Park Street property by Jason Doyle, Director of Housing Services. Shelley Cole, Manager of Housing Services provided an update on the Park Street Emergency Shelter. Shawn Martin, Harm Reduction Coordinator with the Chief Public Health Office and Tessa Rogers and Angele Deroches from PEERS Alliance presented information about the OPS.

The province also communicated its commitment to providing dedicated wrap-around services for Islanders in need.

This includes a plan to extend Emergency Shelter operations; expand services at the location to include an OPS; and explore additional wrap-around services, including relocating the Community Outreach Centre to this property long-term, based on the findings of an environmental assessment of the property.

The Department Housing, Land and Communities applied to the City of Charlottetown's Planning and Heritage Department for a one-year extension of its variance for use of the property for the emergency shelter.

The Department of Health and Wellness applied to the City of Charlottetown's Planning and Heritage Department for a one-year variance for the use of the property for an OPS.

The Planning and Heritage Board will make a decision on the permit applications.

In the next 3-6 months, the Province will receive a report from Phase II of the Environmental Assessment to help plan long-term for the Park Street property.

They intend to establish an advisory committee with community partners to determine additional wrap-around services for clients to best meet their needs.

The OPS at the Park Street location is expected to open in approximately six months, pending municipal permitting.

In the longer term (six months and beyond), there will be ongoing evaluation of service delivery.

Depending on the environmental assessment's results, the Province plans to apply to the City of Charlottetown's Planning and Heritage Department to amend the Comprehensive Development Area zoning to allow for future property development.



Following the presentations, meeting attendees were invited to join table conversations to discuss any positive aspects of the plan, express their concerns, and ask questions. From there, presenters answered questions from the audience. Please see Appendix A for full documentation of all comments and questions captured during the table discussions.

The meeting was well attended and heated at times, including a physical altercation as the table discussion began and several people yelling and interrupting while public servants and service providers were presenting to the group. Despite the tension and anger in the room, approximately 190 people participated in the facilitated table discussions. And many table leaders said the small groups had productive conversations.

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## Community Feedback

Following the expert presentations, table facilitators led small group discussions. Attendees were asked to discuss their questions, comments or concerns they wanted to share with decision-makers and anything they liked about the plans for Park Street. The following are key themes from the table discussions, including the government's response to each topic.

### Location Selection

During the public meeting, many questions and concerns were raised about the chosen location for the emergency shelter and OPS.

Some people think the location is central and easy to access, with close proximity to the downtown and the hospital. Other folks also said they like that other services are coming and that this could be a “one-stop shop” for people to access a range of supports and services.

Some people like Park Street because there are no schools in the area, unlike the Charlottetown Outreach Center (COC) location. People also suggested ensuring complementary services, not simply the overdose prevention site, are available.

However, other folks don't like Park Street as a location for the OPS (and possibly the COC). Other suggested locations include the hospital and/or mental health campus, Brighton, the former Sherwood Home, closer to the downtown, and further out of town and away from populated areas.

### Government Response

- Based on clear advice from subject matter experts across Canada, an OPS must be within 15-20 minutes walking distance from clients and services they access. If it is any farther away, clients will not make it to the OPS. This means that people would be more likely to use drugs alone - a key risk factor in overdose deaths - and public substance use would not be reduced.

- The Park Street property is close to key services in a mixed-use area, and Government has previous experience with modular builds on this property.
- Many alternatives were explored (see footnote for examples).<sup>1</sup> In all cases, alternatives were either unavailable, fully in use (no space) or not structurally safe/appropriate for a health service.
- Other alternatives were suggested (see footnote for examples).<sup>2</sup> Unfortunately, these were well outside the 15-20 minutes walking distance required for an OPS.
- It is important to note that an OPS is primarily a drop-in service. This means that attempting to arrange for transportation to a more distant location on an ad-hoc basis would result in many clients not making it to the OPS.

## Hours of Operations

There were concerns about the hours and people wondered why it isn't being operated 24 hours daily. Participants wondered what happens in the off-hours. Will people continue to use drugs in public after hours? Can neighbours expect increased drug use and discarded paraphernalia in their neighbourhood because the service is not 24/7?

### Government Response

- With respect to the OPS, initial hours of operation will be Monday to Friday, 8:00 AM to 4:00 PM and Saturday to Sunday, 12:00 PM to 5:00 PM. These initial hours of operation are a significant improvement on the current state, where there is no service and public substance use occurs as a result. Initial hours of operation will allow the operator to get established, and can be extended based on client needs and program evaluation.
- OPS hours of operation are designed to align with Emergency Shelter hours of operation, which are 8:00 PM to 8:00 AM, seven (7) days per week.
- Phone-based supervised consumption services are currently available 24/7 through the National Overdose Response Service (NORS) and the Brave App. While these services do not replace an in-person service, they offer valuable after-hours coverage.
- Safe disposal of needles and other equipment will be offered at the OPS. For after-hours coverage, a Community Drop Box for safe disposal of equipment will be installed just outside the OPS.

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<sup>1</sup> 33 Belmont St., 64 Park St. (Government Garage), 241 Euston St. (Outreach Center), 283 Fitzroy St. (former Lacey House), 420 Queen St. (Recovery Clinic), 211 Euston (former Outreach Center), and others.

<sup>2</sup> Queen Elizabeth Hospital, East Royalty Mental Health and Addictions Campus, Sherwood Home, Mount Herbert Provincial Addictions Treatment Facility, industrial parks outside of Charlottetown, and others.

- Should there be any inappropriately discarded equipment in the immediate area, staff with PEERS Alliance (the OPS operator) have offered to pick up and safely dispose of this equipment.

## Safety and Security Measures

Concerns about community safety were prevalent. The meeting attendees included folks who live close to the Community Outreach Center (COC) and the Park Street location, so there was a combination of residents from the two neighbourhoods.

Some shared their current reality and expressed fear. People talked about being afraid to walk their dogs or let their kids play in the backyard. They described not feeling safe or comfortable outside in the neighbourhood around the COC. They believe there has been an increase in crime and drug use in their neighbourhood since the COC was opened, though others expressed that the issues and needs predated the COC.

Park Street and Beech Street residents worry about their future safety. People wanted to know what strategies would be implemented to reduce the impact on the community.

They are concerned that people will use their neighbourhood as a shortcut to the OPS. People also expressed worries that there would be an increase in drug trafficking in the neighbourhood.

Questions were raised about how potential violence would be addressed, and participants were keen to know about security staff presence and protocols, both on the Park Street site and in the surrounding neighbourhood.

Participants raised questions about the plans for clients after utilizing the services. They expressed concerns about people leaving the OPS after having consumed drugs.

They expressed concern that the increase in disturbances and public nuisances experienced around the COC could also happen in their neighbourhood.

While many people had safety and security concerns, some believe this Park Street expansion will improve safety in the community. Some folks like that it will reduce the public use of drugs. It will also reduce drug paraphernalia (like syringes and pipes) left in parks and streets.

In addition to concerns about community safety and security, some people want to know how the Park Street facility will protect the clients' safety, privacy, and security.

They want to know if cameras will be in OPS washrooms. Other people asked if the Emergency Shelter, OPS staff, and the security team are or will be trained in trauma-informed and intersectional approaches to providing services to vulnerable people.

Another theme was the safety and security of mixing people who are in recovery and using emergency shelter services with people accessing the OPS.

On a final note about safety, attendees inquired about a sprinkler system, security cameras (one person questioned why they aren't in place for the Emergency Shelter now), emergency measure plans, and traffic flow in and around the Park Street space.

### **Government Response**

- Additional staff have been added to the OPS staffing model for regular monitoring of the exterior of the OPS property and to support safe and orderly operations.
- While repeated studies of OPS and crime rates have found that they do not lead to an increase in crime in the surrounding area<sup>3</sup>, Government remains committed to working with police services. The Departments of Health and Wellness and Housing, Land and Communities have recently signed an agreement with the City of Charlottetown to add two (2) full-time equivalent (FTE) police officers to provide enhanced community policing support to the neighbourhoods surrounding the Park Street Emergency Shelter and a future OPS. This is in addition to the three (3) full-time equivalent (FTE) police officers providing enhanced community policing to the neighbourhoods surrounding the COC.
- Additionally, E-watch cameras have been added, and a committee made up of Health, Housing, Police, Fire, and Community Organizations has been formed to address any concerns, share feedback, and provide monthly statistical reporting.
- The PEI Departments of Housing, Land and Communities and Health and Wellness have submitted a formal request to the City of Charlottetown for a T3 bus stop in the Park Street area to improve access to services and amenities while reducing foot traffic. In the interim, there will be collaboration with the existing shuttle service in place for clients of the Emergency Shelter.
- In addition to fencing already in place, there will be fencing around the back and sides of the OPS section of the property. This will support privacy and ensure that the operations of the Emergency Shelter and OPS are distinct from one another. The operators of each service will collaborate in serving clients. This is consistent with other communities where harm reduction and low-barrier housing services are co-located (i.e., Shepherds of Good Hope in Ottawa).
- Existing 24/7 security personnel on the property will be expanded to include the OPS section of the property and OPS hours of operation.
- Since opening in December 2022, video cameras have been in place at the Park Street Emergency Shelter to support the safe and orderly

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<sup>3</sup> Potier C, Lapr evote V, Dubois-Arber F, Cottencin O, Rolland B. Supervised injection services: what has been demonstrated? A systematic literature review. *Drug Alcohol Depend.* 2014 Dec 1;145:48-68. doi: 10.1016/j.drugalcdep.2014.10.012. Epub 2014 Oct 23. PMID: 25456324.

- operations for both clients and staff. Exterior cameras and lighting will also be added to the OPS to support safe and orderly operations.
- While supervised consumption is not the only service offered at an OPS - other services include drug checking, referral to services, meeting with external service providers on-site, etc. - it is important to note that clients will be monitored at the OPS post-consumption in a designated Post-Consumption Space.
  - With respect to overdose prevention in the OPS washroom, clients will be directed to the Consumption Space. However, for safety, a Brave Sensor will be installed in the client washroom - a reverse-motion sensor that alerts staff if a lack of motion is detected in the client washroom while in use.
  - Staff will be trained in trauma-informed care. Please see the Staffing and Training section of this report for additional training.
  - Implementation of services at the OPS will help reduce public substance use and publicly discarded needles - two current issues impacting the community in the absence of an OPS. This is based on dozens of studies of real services in Canada and internationally.<sup>4</sup>

## Community Outreach Center (COC) and Complementary Services

Participants inquired about the possibility of the Community Outreach Center moving to the Park Street site. Questions were raised about other services clients would be linked to and how the site would provide additional support for people.

Some people said they like extending the emergency housing plan and that there will be wrap-around support for people who need it.

Other people wonder how the Park Street Site will affect services at the COC.

Participants in the public meeting expressed keen interest in the availability of health services at the site, including whether there will be medical staff on-site and how health plays a role in the facility's operation.

They also suggested having clients volunteer at the center, believing it might positively impact other clients.

### **Government Response**

- Next steps regarding the possible re-location of the Community Outreach Center to this site will be based on the Final Report of the Environmental Assessment, expected in December 2023.

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<sup>4</sup> Kennedy, M.C., Karamouzian, M. & Kerr, T. Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review. *Curr HIV/AIDS Rep* 14, 161–183 (2017). <https://doi.org/10.1007/s11904-017-0363-y>

- Government will set up an advisory committee with community partners to determine what additional services can be added to provide wrap-around services to vulnerable Islanders.
- Through a Service Coordination Working Group, referral pathways are being set up to better connect clients to services, and external services providers will be invited to meet and work with clients on-site.

## Harm Reduction Approach

There were mixed opinions and understandings of the approach used at the OPS.

Some people strongly believe in a harm reduction model and believe the OPS will save lives. They expressed gratitude that people who need the support will be getting it.

Other people were happy to see drug testing services and protections in place to mitigate overdose risk related to fentanyl. Some spoke from their own experiences of living with addiction and/or family members with addictions. They want to see support like this in the community. One person said they like supporting people who need it, but not the proposal or site.

Other people want to know who is funding the OPS project. And a discussion arose about the allocation of resources. Some participants questioned whether more money should be invested in treatment and enforcement than harm reduction. The balance between harm reduction strategies and other approaches to addressing substance abuse was a point of interest and concern for the attendees.

Some people want to know what substances will be consumed at the overdose prevention site.

People believe that the OPS could lead to normalizing drug activities and eroding our laws. For example, one person asked, 'What if someone got caught with illicit drugs while driving to the OPS - do they get away with having drugs on them?'

Other folks suggest that the OPS prevents people from 'hitting rock bottom.' And others questioned the motivation for clients to 'get clean' when health services are offered at no up-front cost.

Participants emphasized the importance of drug treatment plans beyond accessing the OPS and wanted to know if staff would promote or prioritize treatment.

### Government Response

- In addition to supervised consumption, drug checking services will be available at the OPS. This will support overdose prevention for individuals and will ensure that public health officials understand what is in PEI's illicit drug supply, and can communicate this with the general public. For example, how much fentanyl is in PEI's illicit drug supply, and what does that mean for the risk of overdose deaths? Should someone enter

- treatment having an increased awareness of the substances they are consuming informs and supports safer treatment as well.
- With respect to concerns of “enabling” or increasing substance use, peer-reviewed scientific evidence finds that harm reduction services do not increase the number of people who use substances in a community.<sup>5</sup> Far from “enabling” substance use, these services increase the number of people who access addiction treatment and other health services.<sup>6</sup>
  - With an increasingly toxic drug supply due to substances like fentanyl, “rock bottom” means death. These deaths are preventable through harm reduction services like an OPS.
  - Prevention, treatment, and harm reduction all work together. It is not an either/or choice; all three are needed. Harm reduction services help address gaps that treatment-based services alone cannot address. For example, if a person is not ready or able to participate in treatment or is in recovery but has experienced a relapse - as most people in recovery will at some point in their lives. Harm reduction ensures that when a person is ready and able to participate in recovery-focused treatment services, they will still be alive to do so.
  - There will be no substances (drugs) provided to clients at the OPS. Substances consumed at the OPS are strictly pre-obtained, as per Health Canada’s Exemption to PEI.
  - Trafficking of illicit substances is not permitted at an OPS. The primary services covered under the Health Canada Exemption are supervised consumption and drug checking for the purpose of overdose prevention. Trafficking is prohibited at the OPS, just as it would be beyond the OPS.
  - Services available on-site include: intake, drug checking, access to sterile equipment, safe disposal of used equipment, supervised consumption, monitoring post-consumption, harm reduction education, referral to services, and inviting external service providers to work with clients on-site..
  - Additional supports include a Community Navigator, who will connect more people to services like housing, addictions and mental health treatment, medical care, etc.
  - Through a Service Coordination Working Group, referral pathways are being set up to better connect OPS clients to much-needed supports and external service providers will be invited to meet and work with clients on-site.

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<sup>5</sup> Peter Miller, Stephen McKenzie, Nicholas Lintzeris, Anthea Martin & John Strang (2010) The community impact of RIOTT, a medically supervised injectable maintenance clinic in south London, *Mental Health and Substance Use*, 3:3, 248-259, DOI: 10.1080/17523281.2010.503937

<sup>6</sup> Kennedy, M.C., Karamouzian, M. & Kerr, T. Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review. *Curr HIV/AIDS Rep* 14, 161–183 (2017).  
<https://doi.org/10.1007/s11904-017-0363-y>

## Potential Impact on Property Values and Rezoning

Property values in the area were also discussed, with attendees seeking information about the potential impact of the OPS and shelter on real estate values. Questions were raised about the rezoning process and its implications for the neighbourhood.

### **Government Response**

- The services proposed for Park Street are temporary in nature; long-term decisions on site development will be determined following the completion of the Environmental Assessment.
- Implementation of services at the OPS will help reduce public substance use and publicly discarded needles - two current issues impacting the community in the absence of an OPS. This is based on dozens of studies of real services in Canada and internationally.<sup>7</sup>
- Government is taking every step to implement mitigation measures for the Park Street property (see Safety and Security), including additional fencing, added security personnel and exterior cameras and lighting. There are a number of factors that are considered when determining property values, including comparable sales data, building age, location to project area, economic life, zoning conformance, value and condition of nearby properties, etc. However, there is limited local data available charting increase or decrease in property values specifically triggered by an operation such as Park Street. If property owners are concerned with potential losses, they could have a market analysis of their property completed prior to the project so that they are able to benchmark any anticipated changes and then post-project, after a reasonable time has passed, have a second analysis completed. Government will continue to consult and communicate with neighbours and stakeholders throughout the implementation and operations of the site.

Questions about the site's safety were also raised during the meeting. And why what some view as a “contaminated” property was chosen for these services.

Some participants wanted more details about the Environmental Assessment - how long it will take, what it is being tested for, and what impact it could have on their neighbourhood and the Park Street location. Questions were raised about the threshold for determining environmental contaminants that would be considered safe.

Some folks expressed concerns about why the province would consider a location that could end up only being temporary. Other people question the ethics of providing services for marginalized people on land that may require remediation.

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<sup>7</sup> Kennedy, M.C., Karamouzian, M. & Kerr, T. Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review. *Curr HIV/AIDS Rep* 14, 161–183 (2017).  
<https://doi.org/10.1007/s11904-017-0363-y>



## Government Response

- Long-term decisions on site development will be determined following the completion of the environmental assessment. The Final Report of the Environmental Assessment is expected in Fall 2023.
- Above-ground, modular construction methods allow for the use of the property while the Environmental Assessment, and any remediation steps, take place.

## Long-Term Solutions

While much of the focus was on the OPS, some folks expressed gratitude for the services provided by the Emergency Shelter and were happy to see that shelter services are being provided, especially given the extended housing crisis we are facing on PEI.

Participants worry about the lack of mental health and addiction services. Some drew a line between their stress about the OPS and/or COC and their mental well-being and sobriety.

Others also added in discussions about the lack of housing and high inflation rates contributing to some of these issues.

Some participants want to know what long-term solutions the government is working on. They want a comprehensive continuum of services, including well-being and housing. They highlighted the importance of supporting people beyond just immediate needs.

## Government Response

- The Government of PEI has committed to working with community partners to provide dedicated wrap-around supports for vulnerable Islanders.
- Long-term decisions on developing these supports will be determined following the completion of the environmental assessment. The Final Report of the Environmental Assessment is expected in Fall 2023.
- This is in addition to existing services, including the recently opened Addictions Extended Care Facility, Mental Health Structured Programming and Day Treatment, and other programs and services.
- The Government of PEI is currently developing a Housing Strategy with input from community partners, housing authorities, broad community interest groups, including stakeholders and developers. This strategy looks at the entire housing continuum and is expected to be released later this year.

## Scalability and Capacity

Concerns were raised about the scalability of the services and the plan for handling increased demand that may exceed the current capacity. They worry that the need for emergency housing and the OPS will continue to grow, and we won't be ready for it if we are building for today's needs.

### **Government Response**

- In designing the OPS, Government and Community Partners interviewed likely clients of an OPS in the Charlottetown area so to estimate the level of need in the community and to design services to meet those needs. Services can be scaled up as appropriate.
- Long-term decisions on site development will be determined following the completion of the environmental assessment. The Final Report of the Environmental Assessment is expected in Fall 2023.
- The Government of PEI continues to work on expanding housing and housing-related supports to those most vulnerable, including the recent opening of an 8-unit supported housing property in Charlottetown. This is in addition to 18 transitional housing units at Smith Lodge with another 13 under construction on an adjacent property.

## Evaluation and Best Practices

Participants sought information about how the OPS and Park Street Emergency Shelter would be evaluated. They want to know how the province will determine if they are successful.

Some folks expressed concerns about how the perceived negative impact on their neighbourhood would be measured. They talked about anecdotal evidence of the impacts of OPS in other areas of the country. They expressed that they do not support OPS or harm reduction work and want to ensure the province reviews research and evaluations of other OPS sites nationwide.

Finally, participants asked about the rates of clients referred for treatment from the Emergency Shelter and if this would be tracked and communicated for the OPS.

### **Government Response**

- In designing the OPS for PEI, The Department of Health and Wellness visited OPS in New Brunswick and Nova Scotia, spoke with operators of OPS across Canada, and reviewed program evaluations of OPS across Canada. Lessons learned from this research and evaluation have been integrated into the development of the OPS.
- To support learning and continuous improvement, there will be a program evaluation of the OPS at the end of year one of the operations. This will be a “Process and Outcome Evaluation.”
- The evaluation, and ongoing performance monitoring, will help determine if the program was implemented as designed and if it produced the desired outputs and outcomes (i.e., drug checking results [anonymous], number of overdose responses, number of referrals to external services, collecting more used equipment than equipment distributed, etc.).
- Clients accessing services at Park Street Emergency Shelter are offered wrap-around supports including referrals for housing, financial support, treatment and case management.

## Community Engagement and Education

Some people said their needs were met in terms of learning more about the services being provided at Park Street and the upcoming OPS. Others said they were impressed with the information provided.

While others suggested that there was a lack of transparency on behalf of the province and there is a need for more community engagement and public education. They wanted more opportunities to discuss the plan and share their input.

Regarding the meeting format, some people were upset that Provincial Ministers or City representatives didn't address the crowd as part of the formal agenda.

Other people suggested that more education about drug-related overdose deaths, harm reduction and housing-first strategies are needed.

There were requests for more realistic timelines and more time for the public to digest information.

Finally, some people noted that it would be important to ensure that any further meetings are safe and accessible. Other people said they didn't feel safe at the Information Session meeting.

### **Government Response**

- The July 19th Information Sessions built on two (2) previous public meetings regarding the OPS, which took place on February 8th, 2023.
- There will be open-house tours of the OPS prior to opening. Community members will be invited to visit the OPS, speak with staff, ask questions and share feedback.
- Contact information for the operator of the OPS will be available should community members have any questions, concerns or feedback.
- The Park Street Emergency Shelter contact number is 902- 288-1288, should community members have any questions, concerns or feedback.

## Staffing and Training

Many people noted they were happy that PEERS Alliance is operating the OPS. They are seen as knowledgeable and treat people with dignity. They are a well-respected community organization.

During the public meeting, questions were raised regarding the qualifications and training required for staff at the emergency shelter and the overdose prevention site.

Participants emphasized the importance of staff being well-equipped with the necessary skills to manage challenging situations. They also want to know how they will approach their work. People questioned if everyone working at the Park Street location will receive training in trauma-informed care and diversity, equity, and inclusion to create a safe and supportive environment for the clients.

People wanted to know what contingency plans are in place for emergencies and how the shelter and the OPS intend to retain staff.

People also wanted clarity about medical professionals on-site and the availability of healthcare services.

Additionally, attendees inquired about the security arrangements and whether security staff would be present around the clock to ensure the safety of clients, the surrounding community and staff.

### Government Response

- The OPS staffing model will include a Management Team of a Project Manager, a Site Manager, and Community Support Workers. On a typical day, five (5) staff will be present on-site. This will ensure that staff are available both indoors and to regularly monitor the exterior of the property.
- OPS staff will receive the following training: Advanced Medical First Responder First Aid, Overdose Prevention and Response, Harm Reduction and Substances Fundamentals, Comprehensive De-escalation Training, Trauma-Informed Practices, Self-Regulation and Wellbeing, Sharps Safety, and other training.
- Additional supports include an on-site Community Navigator, who will connect more people to services like housing, addictions and mental health treatment, medical care, etc.
- Through a Service Coordination Working Group, referral pathways are being set up to better connect OPS clients to much-needed supports, and external service providers will be invited to meet and work with clients on-site.
- The Department of Health and Wellness will have oversight of OPS operations and will work collaboratively with the operator, PEERS Alliance.
- As noted above, security personnel will continue to monitor the property 24/7.

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## Facilitator Notes

As part of this facilitation contract, the Government of Prince Edward Island asked me to provide a written report of 'What We Heard' at the Park Street Planning session. The expectation was that I would write the document above - it would include the themes of what we heard, so the two government departments could answer the questions, further refine the plans based on feedback, and address the concerns expressed by the public. The report

would be emailed to folks who signed up at the public meetings and shared widely for people to read.

Given what transpired at the meeting, I feel it is important to provide context beyond documenting the feedback captured by table leaders.

Public Information Sessions don't often result in 200+ people showing up, especially on a hot evening in July. This speaks to how much people care about their community, regardless of their positions on the proposed Park Street expansion.

As was widely reported in the media, the meeting was punctuated by anger and violence. Some crowd members began yelling as soon as the meeting started. One person physically pushed the Minister of Housing, Lands, and Communities Rob Lantz. (On August 4, the Charlottetown City Police charged the man with assault.)

Following the violent outburst, Minister Lantz addressed the room and suggested the meeting would only move forward if people were willing to follow the process designed to ensure everyone in attendance would have a chance to respond and provide feedback.

At times, the meeting was loud, chaotic, and tense. Some people left the meeting because they felt unsafe, while others told me they were leaving because they wanted a mic to speak to the whole room. They didn't want to participate in the table discussions.

Despite the high emotions and tension, 85-90% of the attendees participated in the discussions. The table leaders I spoke to reported that they mostly had productive and respectful conversations where people had the chance to express their opinions and views.

This is evidenced in the number of comments in the appendix and the various themes covered (and responded to by Government).

This report provides an excellent overview of the range and complexity of the challenges Government and community groups face in addressing the needs of some of the most vulnerable people in our province. Yet, there are wider issues that deserve attention.

Public information sessions, consultations, and engagement sessions are vital to democracy. It's when the Government asks people for their opinions to ensure open, fair, and accountable decision-making and policies. And it allows everyone to be heard and feel involved in their community. It's a way for everyone to work together to make important decisions that affect everyone's lives.

A number of people told me they were worried for their safety and others still said they worried if the meeting would end without more violence. Several people also suggested that there should have been security on site from the onset of the meeting.

Everyone has a role in ensuring this democratic process is upheld.

I encourage Government to continue to host public meetings, even though they can be challenging. And some have a threat of recurring violence. On a case-by-case basis, organizers must consider the need for on-site security. Public engagement should be collaborative and on-site security doesn't set the right tone. However, safety and community collaboration must be balanced.

For people attending public meetings, please consider how you show up. We all have the right to oppose government plans and decisions - loudly and emphatically if you'd like. Because advocacy and activism are also essential to the democratic process.

Whether you agree or not, treating people with respect makes difficult conversations easier and it seems to be eroding. In the meeting, public servants and community leaders speaking were not respected. The elected officials who were verbally and physically attacked were not treated with respect. The people who desperately need the services in question were dehumanized at times. And many people at the tables said they also felt disrespected.

We face tough problems in this province. We are living with the ongoing fallout of the COVID-19 pandemic, a healthcare system stretched beyond its limits, an ongoing housing crisis, rampant inflation, and increasing poverty rates (to list but a few of the issues). It is understandable why we may feel exhausted and worried about the future. And yet, the path forward is to work together to provide short-term solutions while working to address the root causes of these serious issues.

It is important to continue these conversations, even though they are hard. Conversations about how we support those struggling with mental health and addictions and prevent overdose deaths. How we prevent more people from being unhoused. How we ensure people feel safe in their homes and neighbourhoods. How we create communities that support each other.

Through my analysis of the notes and my many conversations, I believe we can overcome our challenges and work together to uplift those in need. Together, the people who live on this Island can drive positive change, building a stronger and more compassionate province where everyone thrives.

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# Appendix

## Methods and Approach

The Departments of Health and Wellness and Housing, Lands, and Community engaged Sara Roach Lewis of SRL Solutions to facilitate the Park Street Information Session. The purpose of the session was to advise the public that the province is seeking a permit extension for the Park Street Emergency Shelter and a temporary permit for the Overdose Prevention Site to be housed at Park Street as well. The province also wanted to share information about the future plans for Park Street, including the possibility of moving the Community Outreach Center (COC), pending an Environmental assessment.

The planning committee explored various formats for the information session. They determined it was important that everyone in the room would receive the same information and that people could provide feedback about what they heard.

As a result, the meeting format included subject-matter expert presentations to the whole group and small table discussions where people could share their thoughts, questions, and feedback. Then the sheets would be collected from each table, and the common questions and concerns would be addressed at the front of the room.

Approximately 190-200 people participated in the table discussions, resulting in extensive feedback (see Appendix for complete notes captured at each table discussion, sorted by themes).

The notes were compiled and then thematically analyzed. They were reviewed first by the three questions asked: 1) What do you like about the proposed plans? 2) What questions do you have? 3) Please share any comments or concerns you have with decision-makers.

From there, they were further grouped by themes, which can be reviewed in the Appendix at the end of this document.

## Community Feedback Raw Notes

The following is all the feedback from each of the table discussions. They are sorted into themes under the three questions posed to meeting attendees.

# What do you like about the proposed plans?

## Support for Harm Reduction

- Glad to support people who need it
- Protection in place to mitigate risk of fentanyl
- Like the harm reduction side of it
- Believe in harm reduction
- Like the realistic approach for future phases and next steps
- Integration of services is better for community safety and collaboration with police
- Drug testing services are good
- City needs an OPS
- Like the idea of supporting people who need it, but not the proposal or site

## Positive Impact on Community and Individuals

- Happy it is happening
- It's accessible
- People have a lower chance of dying from doing drugs
- Protects vulnerable Islanders
- OPS will save lives
- Treating most vulnerable citizens with respect and allow them to get services they need
- Helps people in need
- Saves lives
- Reduces public use of drugs and having equipment left in public
- Would be good to move the COC from jr/elementary schools
- Will be good if it provides services, not just a space for people to go and use
- Health treatment center - helps people get treatment for addiction

## Support for Service Provider and Plan

- PEERS Alliance is knowledgeable and treats people with dignity
- Like that PEERS Alliance is involved
- Like the agency operating (PEERS Alliance) as a community-based organization with experience
- Like the idea of Phase 3
- Well planned
- Impressed with information provided; needs were met for information
- Structure is reasonable, and design seems fit for the purpose
- Realistic timelines to be laid out and extra services to be materialized



## Location and Accessibility

- Close to shelter services
- Transportation to other services being provided
- The location is central and easy to access
- Ok with location; Hours ok to start
- Location close to supports
- Proximity to the hospital
- Recognition of distance/walking is important for location
- Likes Park Street because the schools are not there, and the influence of Ken's Corner

## Support for Wraparound Services

- Like the extension of the emergency housing plan
- Like the idea of wrap around
- More safety than the COC
- Like the intentions to include wrap-around support, such as the outreach center at Park Street

## Community Safety and Collaboration

- Separation of services to avoid sober individuals being in a using environment
- Co-location of services, including emergency shelter and OPS as well as others eventually
- Good for the health and safety of the individual but also the security of the community

## Concerns and Opposition

- Nothing at all
- Nothing
- Residents of this area were never consulted
- Wrong approach; not being addressed in a proper format
- Fear OPS
- Not frank and open - drug addicts/homelessness are not well-served
- On the fence regarding the project
- Residents not being engaged prior to planning
- Have to have a plan, but not this one
- Need a meeting, not this Information Session where people can't share their thoughts into a mic

# What questions do you have about the proposed plans?

## Location and Site Selection

- Who chose this location?
- Why was this community chosen? Why Ward 2?
- Why not closer to QEH?
- Why so close to downtown?
- Why not have OPS/COC and Shelter all in one site?
- Why is it not on the hospital grounds?
- Why not put it behind RCMP barracks?
- Why can't it go in Brighton?
- Why can there not be a campus outside of town to help the population?
- If not here, then where? Are there other alternatives to this location? Is the 15-20 min the consensus on another location? Park Street is not as bad as initially thought for issues.
- It can't go in a neighbourhood, you have kids, businesses, seniors, and families that are all negatively affected by this.
- Why not prioritize treatment? Not either, or but both. Proximity to hospital.
- Is there a sprinkler system?
- Why a contaminated site?
- What is an environmental site?
- How extensive was the environmental assessment?
- What else could the space around Park St. be used for?

## Operational Hours and Services

- Hours? Why 12:00-5:00 pm?
- Could it be 24 hours? (several questions to this effect)
- Why are the hours of access to the OPS only 8 am-5 pm?
- Morning shuttle service - is it enough?
- Concerns regarding hours of operation and what will take place after 8-4/12-5?
- Where do people go during off hours (OPS)?
- Could it be 24 hours - both? Where do people go the rest of the time?
- What is the plan for 15 minutes after the client leaves OPS?
- What is the expectation for hours of use outside those posted?
- Is there an LPN? How does health play a role on this site? Medical services.
- Is there a drug plan to wean off clients?
- Will the community outreach center be moved on-site as well?
- What day services or more day services could be offered?
- How is this scalable? What is the next step for the most vulnerable providing transitional care?

- Is there a harm reduction strategy for people who do not use substances but using the shelter or other people who are in recovery?
- Exactly what drugs will be used on-site? Will all the drug use happen inside? For example, marijuana smoking? meth?
- The lack of transportation from COC to the Emergency Shelter encourages people to walk through the community. Is there a plan for additional transportation? For the shelter?
- Could there be alternative access points?
- What happens if the demand exceeds the capacity of the service? Build to meet the current need only.
- Is this a pilot program? Reevaluate after 6 months. Is this going ahead? Is this temporary?

## Safety and Security

- How will you ensure people are safe in the space?
- What measures will be taken to ensure the safety and security of the OPS?
- What will be done about potential violence in the community?
- Will OPS reduce concerns about needles around the community?
- Environmental assessment - what are the safety factors for people's health who use the site?
- What is the plan to limit traffic on Park St. and Beech St. to the OPS/COC/Emergency Shelter?
- Is there any security for homeowners around Park St.?
- Is there going to be security at the facility or a panic button to call the police?
- How do people who access the soup kitchen access Park St. (too far away)?
- Security onsite - currently have security onsite @ 24 hr/day > support clients to move on for the day.
- What happens to violent individuals?
- Police presence - enhanced policing community; Committee has been created. Operators/police/fire/depts
- How will staff and clients be safe? Is there a staffing contingency plan to ensure the services can stay open?
- Will there be cameras in the OPS washrooms? Will people be respected in the space?

## Integration and Complementary Services

- What are the wrap-around services?
- What other services will clients be linked to?
- What are the addiction services that will be available?
- What will be measured for the evaluation (indicators)?
- What are the best practices that can be learned from other cities?
- Can the Community Outreach Center move to the Park St. site?
- What's the transitional plan from emergency shelters to helping people find affordable housing?

- What will be the threshold for determining what environmental contaminants will be safe?
- How will OPS reduce existing concerns?
- How does this affect the Community Outreach Center and its services?
- How do we address service users' concerns about substance abuse?
- What is the strategy to reduce the impact on the community?
- If there is fentanyl in the drug, what will be done?
- Is there going to be rehab programs or positive reinforcement to get off drugs (e.g., jobs)?
- Is the Community Outreach Center moving to Park St? Do they plan to change the hours? Are you open to changing hours to meet needs?
- What other services will people be linked to? Where will they go?
- Why not have OPS/COC and Shelter all in one site?

## Community Concerns and Impact

- People linger around the areas from Park St. to COC, to Overdose Prevention site. Could they be normalizing drug activities?
- Path between different sites? Planning for how to do this safely?
- Can we spend more money for treatment and enforcement versus OPS?
- What is the impact on property values in the area?
- What is the strategy to reduce the impact on the community?
- There was a man in our backyard with a bike chain wrapped in duct tape as brass knuckles. How are we supposed to feel safe?
- If I'm pulled over with illegal drugs and say I'm going to OPS, will I be let go?
- How can residents feel safe in their homes?
- What will the rezoning be for?
- How much will be spent on environmental remediation? And will surrounding properties also receive remediation?
- How do we better educate the public on safe consumption?
- Why aren't city officials speaking on this?
- How much does my "NO" vote count, or worth? Shouldn't spend money on them.
- How do we better educate the public on safe consumption?
- What is the impact on property values in the area?
- What are plans for clients after utilizing the services (high) (i.e., for community members after we've already seen an increase in crime and other public nuisances in the past two years, since the location of the outreach center at its current location?
- When they are released from OPS, who is taking care of the neighbourhoods?

## Prevention and Treatment

- Where is the rehab plan?
- What is the plan for clients after utilizing the services?
- How will you encourage recovery?

- Why not prioritize treatment? Not either, or both. Proximity to hospital.
- Why not allocate funds to other resources such as mental health support?
- What happens if the demand exceeds the capacity of the service?
- What are the rates of clients that were then referred for treatment?
- What is the motivation to get sober when everything is free?
- What are the rates of clients that were then referred for treatment?

## Funding and Government Decisions

- Who is going to pay for it?
- Is the province willing to give money to people who live in the area for enhancements to security and safety?
- Why do we have to pay for this?
- Why has the Government of PEI adopted a disastrous Harm Reduction Policy?

## Public Awareness and Consultation

- Can there be more consultation with the public?
- Will there be a community safety analysis from Justice & Public Safety? City Police?
- The public does not see the data on these services. Can this change?

## Staffing and Training:

- What training will be required/qualifications for both sites?
- Will the security staff be trained in trauma-informed care, diversity, and intersectionality?
- Where are the medical professionals?
- Is security there 24/7?

## **What challenges or concerns do you have that you'd like to share with decision-makers?**

### Community Safety and Security

- Theft in the area > fear of property value going down.
- People's safety - both addicts and residents.
- Safety - I don't walk at night with my dog anymore.
- Security cameras outside.

- Safety of staff on-site/others in the building.
- Boundaries for the behaviour of clients with respect to adjoining properties and the community as a whole.
- Jaywalking and traffic concerns.
- Risk to Park St. outweighs the benefits given what the COC is like now.
- It encourages drug dealers to move to our neighbourhood.
- Police not doing enough. COC - need to enforce the law.
- Concern that the presentation focused only on the project, not the community around Park St.
- Safety and security of the area.
- Property values devaluing/lowering.
- Traffic corridor > Move COC to all-in-one traffic causing problems - may address some of the issues.
- Creating/ghettoizing the neighbourhood and the city as a whole.
- Fencing that looks prison-like.
- Security pieces around the building after hours.
- Safety walking through the community.
- Need a direct line to the Police/Security for the participants and security outside.
- Mental health for community members.
- Neighborhood impact of clients outside operational hours or when going to/from the site.
- Young community members want to start families - don't feel safe.
- The property value drops - even if safe - who wants to see the police all the time, and addicts?
- People are scared to live in their own homes. It causes trauma to the neighbourhood, which can lead to addiction > and no one cares.

## Public Engagement and Transparency

- More help with fitting into a community. Feeling unsafe going out at night.
- Too few meetings with the public.
- Be more transparent, state or share that you have a plan and have a discussion.
- No community engagement.
- Need more details on safety and security.
- There's not enough education about drug deaths; we need to do more work on getting rid of stigma.
- Be more realistic about timelines.
- People were allowed to speak to the whole room
- Can't see any results of these services - we need to see the results of these investments.
- Too vague > Want more details on safety and security.
- Need more public education, more time for the public to digest.
- No election as leverage this time.
- How will groups operating the site and the government educate the public on the impact of housing first and harm reduction strategies.
- More education is needed.

- Not fair to put directors out front?? Government is not open and honest with the public.
- Change is happening all over the island, and we should be talking about it.
- NGOs are speaking louder than residents. Decisions are being made or are already made, and residents do not have a voice.
- Having it in a residential area leads to anger like we've seen here tonight.
- Government poor communication; invites "buried" in the Guardian.
- Want to get the community and users communicating.
- Concern they can't talk directly to Ministers.
- Be honest with the public; why is the government using the word "temporary"? They need to have a long-term solution.
- Meetings need to be safe
- More time for the public to digest.

## Service Integration and Accessibility

- Needs to be a drug treatment plan beyond accessing the OPS
- Needs a comprehensive framework, not just a response to immediate needs.
- Rehabilitation should be important! Not enough help. Move towards integration into the community.
- Logistics/trained staff of it all.
- Plan with care since these are people, and they have potential.
- Amount of staff and qualifications.
- Staff concerns.
- Have clients volunteer at the Centre - may have more impact on other clients.
- More support for staff to retain them. Enforce anti-abuse against staff.

## Resources and Funding

- Needs to be a long-term solution.
- Needs to be a comprehensive continuum of services, well-being, housing, etc.
- Funding and the long-term commitment need to see the results.
- Capacity concerns - emergency preparedness.
- Cost of inaction.
- Level of funding - being realistic about systems and needs.

## Location and Site Selection

- Encampment 2022 - was a "rush" job; never long-term planning;
- Did not mention overdose prevention site in their meeting with government
- Location concerns > proximity to where clients spend time during the day may not be 15-20 min walk; isolated, industrial, close to bridge.

- A lot of potential for the surrounding community (e.g., Joe Ghiz Park) > concerns about wraparound services in a single location impacting community development.
- This site was chosen because we are on the lower end of things - not the rich area.
- People going between services and general foot traffic.
- Distance from the COC and the Injection site.
- Distance to food (soup) kitchen.

## Facilitator Bio

Sara Roach Lewis is an independent consultant who supports stakeholders to find practical solutions to systemic barriers that hold people back in society. She has over 20 years of experience working in and supporting the community sector on PEI.

Sara is a trained mediator who facilitates community engagement and collaborative processes to address some of the province's greatest challenges. She works with community groups, institutions, government agencies and departments.

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