



# SisterSpace

## MAY 2017 UPDATE REPORT

The first report as part of a three-month developmental evaluation

Prepared by:

Madison Thulien MPH Practicum Student, University of British Columbia

Tasnim Nathoo MSc, MSW, Practicum Supervisor

## INTRODUCTION

SisterSpace, the world's first women-only, community-accessible overdose prevention site, opened on May 16th, 2017 in Vancouver's Downtown Eastside (DTES). The program is run by Atira Women's Resource Society, in partnership with Vancouver Coastal Health (VCH), the City of Vancouver, B.C. Housing, B.C. Women's Hospital, and the Provincial Health Services Authority.

To describe early program activities, outcomes, and lessons learned, a three-month developmental evaluation is being conducted. As the first report of the evaluation, this update provides a discussion on how women in the DTES are being affected by the overdose crisis, a summary of the evaluation approach, a description of trends in the use of SisterSpace services, and an overview of program activities. Throughout the report, Next Steps boxes point out where changes are developing in either the evaluation plan or in SisterSpace.

## CONTEXT: WOMEN AND THE OVERDOSE CRISIS

On April 14th, 2016, the chief medical officer of British Columbia announced a public health emergency in response to increasingly high rates of opioid-related overdose deaths across the province (1). As the year went on, the death rates continued to rise each month. Overall, there were 19.4 overdose deaths for every 100,000 people in BC in 2016. This made accidental illicit drug overdose the 8th highest cause of death in BC that year; above Alzheimer's disease, chronic liver disease, and suicide (2).

In 2017, overdose and overdose death rates continue to be high. In Vancouver alone, there were 100 suspected overdose deaths due to illicit substance use from January 1st to March 31st, and 2,782 overdoses in Vancouver Coastal Health region emergency departments (3). 30% of these overdose cases were women, the majority of whom live in Vancouver City Centre or the DTES.



Declaring a public health emergency gives the Minister of Health additional authority to address the crisis. This allowed for the authorization of Overdose Prevention Sites (OPS) in December 2016 (4). The main purpose of an OPS is to provide a space where people can use substances in the presence of others who are trained in overdose intervention. The structure, organization, and services provided at each OPS vary depending on the community's needs and resources.

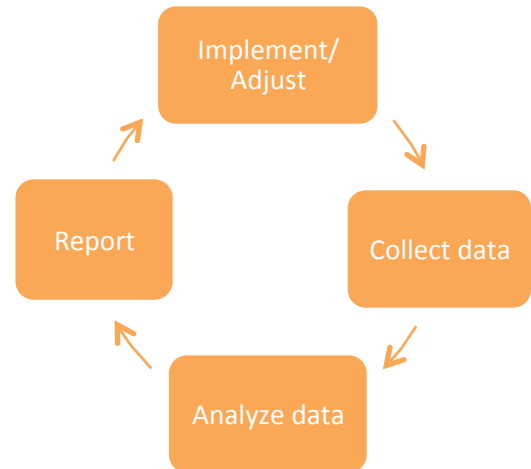
From their experience working with women in the DTES, Atira has found that some women have difficulty accessing mixed-gender OPS's because of their need to avoid men who have hurt them or who want to hurt them. Furthermore, research indicates that for women, substance use and experiences of gender-based violence are often interconnected (5,6). This means that women who use substances might have specific needs related to their experiences of trauma that mixed-gender spaces are unable to address (5,6). The need for a women-only space is magnified by the fact that 62% of the DTES population is male (6), and 70% of people who use Insite are male (7). Therefore, mixed-gender programs, especially harm reduction programs, are typically male-dominated spaces.

Based on a literature search, the only other women-only overdose prevention program is located in Hamburg, Germany. Called RAGAZZA, the program specifically serves female sex workers who use substances. An evaluation found that 80% of women who used RAGAZZA's services felt more comfortable and safe because there were only female staff, and 90% felt that they could speak more openly about their problems and trust staff more readily (8). These results reinforce the conclusion that women-only harm reduction programs are important for women who use substances.

## EVALUATION APPROACH

The evaluation will take place over three months, with data collection occurring between May 16th and August 11th. As a developmental evaluation, data collection, analysis, and reporting will be done in three monthly cycles. This iterative process will allow the evaluation to adapt to changes in the program and social context as they occur. It also provides an opportunity for the evaluation to inform program development.

Three reports will be written over the course of the evaluation. The first two reports (of which this is the first) will be roughly 5 pages each and will focus on describing program activities. The final report will be a roughly 25 page document that includes a review of the evaluation approach and reports on all significant findings. The reports will be submitted directly to Atira in mid-June, mid-July, and when the evaluation ends on August 25th.



### The evaluation has three central questions:

1. *How has the program evolved over the first three months?*
2. *What is the impact of the program at the individual and program level?*
3. *What have we learned about promising strategies for women-only overdose prevention sites?*

### Data sources

To answer the evaluation questions, quantitative and qualitative data will be collected. Data sources include:

- Data collection forms provided by VCH, which record the number of women who register at SisterSpace, the number of times women use substances in SisterSpace, and the number of overdoses that occur in SisterSpace
- Focus groups with peer support workers
- Surveys with women who use SisterSpace services
- Observation of daily activities in SisterSpace, staff meetings, and staff training
- Peer support worker log book

#### *Next steps:*

VCH has developed new data collection forms that also collect information on the substances being used. This data will be included in future reports.

#### *Next steps:*

The data collection forms provided by VCH only count visits from women who use substances at SisterSpace. However, it has become clear that many women access services in SisterSpace but do not use substances during their visit. To count these visits, a separate data collection form has been developed by the researcher, and will start being used in June.

### What is developmental evaluation?

This evaluation approach is called developmental evaluation. Developmental evaluation differs from traditional evaluation because it occurs in tandem with the early stages of program delivery, rather than after program delivery has been established (9). This approach is useful for informing the development of innovative programs, which might not be able to model themselves after existing initiatives. This is the case for SisterSpace, which is the first program of its kind in the world. Developmental evaluation also lends itself well to programs that exist in changing social contexts. As other services and programs develop, research is published, new opioids become available, and policies change, the context of the work being done in SisterSpace evolves. By taking a developmental approach, the evaluation will be able to adjust accordingly.

# SISTERSPACE BY THE NUMBERS

## How many women came to SisterSpace in May?

In total, women accessed SisterSpace to use substances approximately 138<sup>1</sup> times between May 15th and May 31st. This number does not include visits where women did not use substances but accessed other services like harm reduction supplies or referrals. There were no overdoses.

Figure 1 shows the number of times women used substances at SisterSpace each day in May. Evenings were busier than mornings throughout the month, although early results from June suggest that mornings are becoming more popular. In addition, use of SisterSpace was highest in the days following employment assistance payments on May 24<sup>th</sup>, known as cheque week. Other research has found that overdose rates are highest during cheque week (10), so the evaluation will continue to investigate how trends in the use of SisterSpace change during this time.

## How many women registered at SisterSpace in May?

Women visiting SisterSpace for the first time are asked to register by filling out a User Agreement form. In total, 40 women registered at SisterSpace between May 15 and May 31. Based on the number of women who registered and the number of times women used substances in SisterSpace, 71% of visits to SisterSpace in May were made by women who had been there before. This suggests that some women are becoming 'regulars' at SisterSpace.

Figure 2 shows that registration of new users decreased during cheque week, even though the number of women visiting SisterSpace was highest on these days. This suggests that women are less likely to access SisterSpace for the first time over cheque week.

## How old are the women using SisterSpace?

The User Agreement form asks women to provide their date of birth. Of the 40 women who registered, 34 chose to provide this information (85%). Of these 34 women, 74.5% are between the ages of 30 and 49 years old, and none of them are under 20 or over 60 years of age.

Figure 1: Number of women who used substances in SisterSpace in May

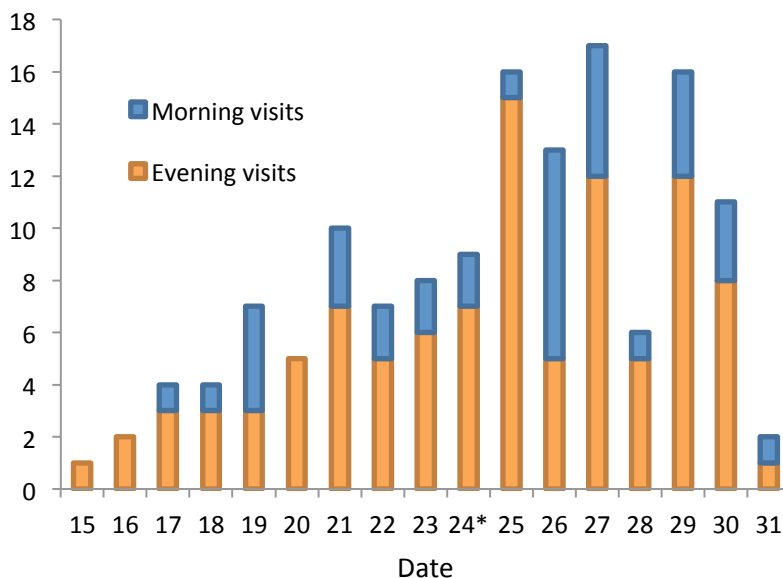
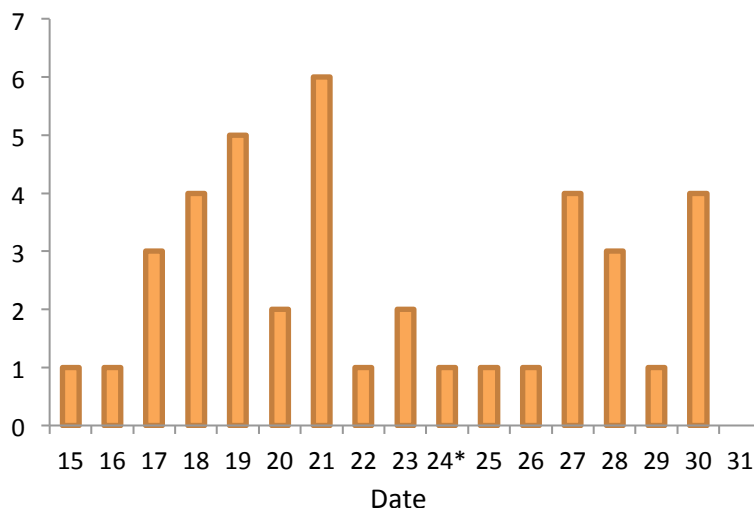


Figure 2: Number of women who registered at SisterSpace in May



<sup>1</sup> The data collection form for May 23rd went missing. To estimate the number of visits on this day, the average number of morning and evening visits for all other days in May was used.



## PROGRAM OVERVIEW

As an OPS, SisterSpace provides women who use substances with a safe and supportive environment where they can use substances in the presence of peer support workers who are trained in overdose response. It is a trans-inclusive program, and trans women, genderqueer women, and non-binary people who are significantly femme-identified are welcome.

**Hours:** SisterSpace is open from 6am-12pm, and then again from 6pm-12am. These hours were chosen to fill gaps in existing services in the neighborhood. SisterSpace is the only OPS in Vancouver that is regularly open before 7am and after 11pm. It is also open earlier than any other women-only program in the neighborhood.



**The building:** The space is located at 135 Dunlevy, which is attached to a women's only housing residence called Sereena's, which is also run by Atira. The newly-renovated site consists of a main room where women can use substances, a kitchen, and a nurse's office. A bathroom is also available on site.

### What services and resources do women access at SisterSpace?

Most women who accessed SisterSpace used the program as a space to use substances in a safe, controlled, and observed environment. However, SisterSpace also provided many other services and resources to women. These included:

- **Harm reduction supplies:** Injecting supplies are available in SisterSpace, including needles, sterile water, cookers, tourniquets, alcohol swabs, and vitamin C packets. Condoms and lubricant are also available.
- **Snacks:** Fruit, cookies, and cereal are available for women, as are drinks including tea, coffee, and juice. Some women have said that they enjoy coming to SisterSpace to use substances because of the snacks. Offering snacks has also been a great tool for making women feel welcome when they come to SisterSpace, especially for the first time.
- **Referrals and information about other services:** In May, peer support workers helped women find shelter beds, access substance treatment programs, and find safe spaces after gender-based violence and sexual assault. Even when specific referrals weren't made, the peer workers frequently answered questions and provided information about programs operating in the DTES. Outreach workers from other organizations and services in the community have come to SisterSpace throughout the first month. These relationships will be important for referring women to SisterSpace, as well as for making referrals to these services.
- **Social interaction and support:** While in SisterSpace, women often had conversations with each other and with the peer support workers. Usually, these were light-hearted, friendly conversations about plans for the rest of the day, showing off new clothes, or mutual friends. Other times, women chose to open up about sensitive topics including being bullied on the street, mental wellness, homelessness, and their history with substance use. These more personal conversations were usually between the women and the peer support workers, and the peers responded by validating women's experiences. The peer support workers have suggested that women choose to open up because they want to be heard by someone who they trust not to judge them. The evaluation will continue to investigate these interactions to understand their impacts on the women in SisterSpace.

#### *Next steps:*

SisterSpace started distributing safer smoking kits (which include pipes, mouthpieces, screens, and push sticks) to women in June.

#### *Next steps:*

In the future, a nurse or nurse practitioner will be regularly visiting SisterSpace to provide medical care.

## What is it like to be a peer in SisterSpace?

The peer support workers are women who share lived experience with the women using SisterSpace services. They are almost all current or former illicit substance users, and most of them also live in the DTES. Their shared experience encourages the formation of trusting, respectful, and non-judgemental relationships between peer workers and women who use SisterSpace services. Their expertise and knowledge about substance use, harm reduction, and the DTES have been central to the success of SisterSpace.

Peer support workers at SisterSpace work in pairs, and shifts are typically six hours long. Before starting at SisterSpace, the peer support workers received training in overdose response and non-violent crisis intervention. The work is fairly demanding, and not all women have been able to commit to it. On a few occasions, women who were hired as peer support workers have not shown up for shifts and the program manager has been unable to contact them. The women that have continued to work in SisterSpace are a very dedicated and motivated team, but more peer support workers are needed.

### *Next steps:*

In June, the program manager began holding meetings with peer support workers every other week. These meetings will be used as an opportunity to address concerns and provide additional training.

### *Next steps:*

Many women from the community have expressed interest in working in SisterSpace, and the program manager is in the process of hiring new peer support workers who will start in June.

## Promoting SisterSpace

A key program activity in May was to promote SisterSpace in the community. This was accomplished by:

- A press release involving official announcements on the Atira and VCH websites, news articles (11-13), and a radio interview (14)
- Word of mouth
- Flyers
- A sidewalk sign made by the peer support workers

## The physical space and furniture

The main room is furnished and decorated with the intention of creating a 'living room' atmosphere where women feel comfortable and welcome. Many women have commented on how much they like the furnishing and décor of SisterSpace.

Atira is aiming to make SisterSpace as low-barrier as possible by avoiding having rules in the space. With this in mind, women are allowed to use substances in whatever area of SisterSpace they feel most comfortable, and are allowed to rearrange the furniture as they choose.



### *Next steps:*

In May, the furniture in SisterSpace was temporary until permanent furniture (depicted above) could arrive in June. The next report will explore in further detail how the furniture and layout contributes to how women respond to the space.

## To learn more...

To learn more about SisterSpace, please visit the Atira website at <http://www.atira.bc.ca/sisterspace-overdose-prevention-site>

For further information about the evaluation, please contact Madison Thulien at [madison.thulien71@gmail.com](mailto:madison.thulien71@gmail.com)

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