



RAVEN'S EYE SAGE SITES

First Nations Overdose Prevention in BC

A guide for establishing and running an on-demand
overdose prevention site for First Nations

Acknowledgements

The First Nations Health Authority (FNHA) has had the honour of learning from and working with people with lived and living experience of substance use, the families and friends of those impacted by the toxic drug supply, and passionate and dedicated advocates and allies.

Canada's "war on drugs" and related drug prohibition measures have not made our communities safer. In fact, because these laws and policies create and sustain stigma and further marginalize people in situations of vulnerability, they have made people who use drugs, and their loved ones, even less safe. We would like to acknowledge the lives lost needlessly and the compounding heavy grief that has come into our lives due to the toxic drug supply and the failed policies of prohibition. This public health emergency has shown the need for systemic changes that are bold, brave and will save lives.

The FNHA recognizes the people who have been on the ground and on the front lines fighting for their lives and the lives of people they care about, despite all odds. We see you, we believe you, and we are grateful for you. We are committed to creating a more just world, a safer world for people who use drugs and their loved ones. The FNHA would like to hold up the learnings, the wisdom and the experience of those who have already been taking the actions required, and acknowledge this work is built on the foundations they have laid. Our work to establish Raven's Eye Sage Sites is done in recognition of the paths they have created, their vision and leadership.

Table of Contents

Background, context and legal authority	4
Principles and practices	6
The Raven’s Eye	8
Services and equipment	10
Procedures	13
Documentation	19
Training and wellness for staff and peers	20
Contact	21
Resources	21
Appendix	22

CONTRIBUTORS

The FNHA is deeply grateful for the many people who contributed to the development and review of this service delivery framework, including:

Anita Andreychuk	Courtney Harrop	Jenny Peters
Addie August	James Harry, Sr.	Tina Revai
Leah Brody	Kate Hodgson	Debra Robbins
Corrina Chase	Katie Hughes	Tonya Robitaille
Riley David	Sonia Isaac-Mann	Julie Rudkowski
Kirsten Ellingson	Tracey Jirak	Colleen Salter
Elder Doris Fox	Richard Jock	Paula Tait
Nikhil Gandhi	Cate Korinth	Jason Tockman
Mehrdad Ghafouri	Dr. Shannon McDonald	Virginia Toulouse
Natasha Green	Jodie Millward	Dr. Nel Wieman
Angel Gunn	Sean O’Donaghey	Catarina Witt
Bryn Hanks	Dr. Becky Palmer	Jody Youb



Background, context and legal authority

British Columbia's toxic drug crisis has had a tremendous and disproportionate impact on First Nations people, with First Nations overdose deaths increasing in 2020 by 119 percent above 2019 levels, representing 14.7 percent of all toxic drug deaths in 2020.¹ In the first five months of 2021, this trend continued, with 18.3 percent of all toxic drug events and 14 percent of deaths being among First Nations people.²

Though the crisis worsened significantly during the COVID-19 pandemic, the severe overrepresentation of First Nations people in the toxic drug crisis, especially First Nations women, has been a relatively consistent pattern since the province of BC declared an overdose public health emergency in April 2016. Since that time, the FNHA has been implementing the *Framework for Action: Responding to the Overdose/Opioid Public Health Emergency for First Nations* to respond to the toxic drug crisis. *The Framework for Action* consists of a series of cross-system goals and actions, from which FNHA has developed numerous programs that have evolved based on health surveillance and learnings over time.³

1 First Nations Health Authority (2021), <https://www.fnha.ca/about/news-and-events/news/first-nations-toxic-drug-deaths-doubled-during-the-pandemic-in-2020>.

2 First Nations Health Authority (2021), <https://www.fnha.ca/Documents/FNHA-toxic-drug-crisis-and-fnha-response-may-2021.pdf>.

3 First Nations Health Authority (2016), <https://www.fnha.ca/Documents/FNHA-Overdose-Action-Plan-Framework.pdf>.

BC's Minister of Health issued Ministerial Order No. M488 in December 2016 directing BC's health authorities and emergency health services to provide overdose prevention services "in any place there is a need."⁴ However, the existing, continuous, fixed-site overdose prevention sites (OPS) are not sufficient to respond to the province's significant need, which prompted BC to begin to develop provincial standards for on-demand or "episodic" overdose prevention. When the COVID-19 pandemic began to impact BC, the province listed overdose prevention and supervised consumption sites as essential services.

In May 2020, the province released guidance for the establishment of a new model of episodic OPS in places where continuous OPS are not feasible or necessary. The *Provincial Episodic Overdose Prevention Service (e-OPS) Protocol* authorizes health authorities to establish e-OPS sites where health and social service staff are empowered to add overdose prevention services, provided they have the necessary training to do so.⁵ Although the e-OPS Protocol was developed prior to the pandemic – with the participation of FNHA representatives – it was approved in the context of dual public health emergencies, recognizing that the pandemic had exacerbated risks for people who use illicit substances.

This service delivery framework outlines how the FNHA will establish e-OPS sites, which we call Raven's Eye Sage Sites, as explained on [pages 8-9](#), and serves as guidance to health system partners.

"We all deserve to heal. We all deserve a good life."

– JAMES HARRY, SR., HAISLA NATION

4 BC Ministry of Health (2016), https://www.bclaws.gov.bc.ca/civix/document/id/mo/hmo/m0488_2016.

5 BC Ministry of Health (2020), http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EpisodicOPSProtocolGuidelines.pdf



Principles and practices

Building on the FNHA's *[Indigenous Harm Reduction Principles and Practices](#)*,⁶ FNHA-operated and funded overdose prevention services are guided by the following 16 principles. These principles are represented by animals prominent in First Nations beliefs and stories symbolizing a dimension of harm reduction work.



WOLF A SYMBOL OF RELATIONSHIPS AND CARE

- > Services and strategies are human-centred, caring and based on a foundation of cultural safety and humility.
- > Support acknowledges family, community, Nation and territory.
- > Support is provided with an understanding of cultural oppression, intergenerational trauma, past and present-day colonialism, theft and loss of land, language, ceremonies, traditional medicines, food, history, stories and music, and systemic racism and discrimination.
- > It is critical to build relationships with people who use substances in a kind, gentle and compassionate way.

⁶ First Nations Health Authority, <https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Indigenous-Harm-Reduction-Principles-and-Practices-Fact-Sheet.pdf>.



EAGLE A SYMBOL OF KNOWLEDGE AND WISDOM

- > Strategies and services must be trauma-informed and evidence-based.
- > Support is provided to individuals and families where they are at in their wellness journey.
- > People with lived and living experience must be centrally involved in the design and implementation of the services intended to support them.
- > Stigma and shame must be acknowledged and eliminated.



BEAR A SYMBOL OF STRENGTH AND PROTECTION

- > People must be supported through strengths- and resilience-based approaches.
- > Strategies and services are wellness-focused and wholistic in nature.
- > Indigenous beliefs, values and practices (e.g., ceremony, medicinal plants, Elder consultation) must be incorporated into supports for First Nations people who use substances.
- > Elders, Traditional Healers, and Knowledge Keepers guide and participate in services and supports.



RAVEN A SYMBOL OF IDENTITY AND TRANSFORMATION

- > The path to wellness is a journey that includes an exploration of a person's identity.
- > Recognizing self-determination is critical to supporting individuals, families and communities.
- > Support acknowledges that mistakes may be made along the way and that transformation may take many ongoing opportunities.
- > The use of substances is a health and social issue, not a moral or criminal one.

This service delivery framework is rooted in the [First Nations Perspective on Health and Wellness](#) and guided by our [Seven Directives and Shared Values](#).

“Harm reduction ... One of the most important things is to provide safe places for [people] to use ... and kits to make sure they always have clean supplies. And somebody standing by in case they do overdose and need Narcan. That’s saved a lot of lives.”

– LISA TEREPOSKY, LEQ’Á:MEL FIRST NATION



The Raven's Eye

For many First Nations, the Raven is a revered and friendly trickster who stole the sun or fire and brought us out of a time of darkness. Raven is a transformative and adaptable figure who helps us understand our own capacity for change. The lessons we learn from Raven often come indirectly, as Raven playfully and creatively teaches us by showing the opposite or reverse of what we might have expected.

We have long known the intelligence in the watchful Raven's eye – as well as its kindness. The Raven's eye holds the vision of a better world, one without a toxic drug crisis. Raven is thus a caretaker who watches over us and guides us toward that vision. Raven's Eye overdose prevention sites are lights in the darkness, preventing harm and death.

As described below, the FNHA uses the term “Raven's Eye” Sites to refer to both full-time OPS and on-demand e-OPS. The designation of “Cedar” and “Sage” distinguishes between full-time and on-demand supports.

Cedar and sage were chosen to represent the two types of Raven's Eye Sites, as both are sacred medicines for many First Nations. Cedar continues to be interwoven with our daily lives. The boughs and roots are used for medicine and in brushings and ceremony, while the bark is used for hats and baskets. It is used for making clothes, carving canoes and totem poles and posts, and building homes. Just as cedar provides shelter and helps us heal, Raven's Eye Cedar Sites are a place of refuge from harm, and allow us to take shelter and weather a storm.

Th'et-simiya (Wendy Ritchie), Knowledge Keeper of the Skowkale First Nation, teaches us:

“The message of the cedar tree for humans is to stand tall with your head held high and your roots planted deep, reaching your arms out to all without judgment, bringing no hurt or harm to anyone.”

At Raven's Eye Cedar Sites, following the spirit of the cedar, staff use kindness to support people as they decide what is best for them, allowing people to paddle their own canoes of wellness. Raven's Eye Cedar Site staff support harm reduction for people who use substances in a fixed location that stands tall like a cedar tree.

Also sacred, sage is used for smudging, cleansing and maintaining our spiritual, mental, emotional and physical safety. For some Nations, sage is a very personal medicine that people gather themselves.

Raven's Eye Sage Sites emulate the spirit of sage by adapting to the needs of the community and the person accessing services. Like the smoke of sage, Raven's Eye Sage Sites wrap around the person using substances on short notice, supporting their wellness in that moment. Staff providing support at community health clinics, supportive housing facilities and resource centres can respond to the needs of people accessing services by providing "episodic" substance consumption support – on demand or as needed.

This document addresses only the services that will be delivered at Raven's Eye Sage Sites where overdose prevention services are provided on-demand (episodically) and are not the primary service (as is the case at Cedar Sites).

This is the FNHA's approach to naming overdose prevention sites. Nations or communities that establish such sites are welcome to name them according to their preferences or local beliefs and values. They are not bound to the FNHA's naming convention.

OPS

OPS are fixed sites (store-front or "bricks and mortar") that are continuously operational (although hours vary from one OPS to the next), where the primary function of the site is overdose prevention and where multiple clients can be accommodated simultaneously. The entire site provides overdose prevention services.

e-OPS

e-OPS are fixed or mobile sites that have limited hours of operation, where overdose prevention is a secondary function (e.g., at a health centre or supportive housing facility) and where only one or a few clients can be supported at a time. Overdose prevention services are provided by specific staff members who have the necessary training.

"One heart and one mind includes and encompasses people who are healing, people who use substances."

**- LEN PIERRE,
KATZIE FIRST NATION**



Services and equipment

On-demand overdose prevention services are recommended to be delivered in a team-based and integrated manner, where possible. The benefits of co-located services, especially where Raven’s Eye Sage Sites are co-located with other health resources, are the opportunity to leverage additional supports and team members.

This can optimize care and create opportunities for people to connect with other healthcare services that may have otherwise not been accessible. Co-location also reduces stigma as seeking overdose prevention services becomes viewed as no different from seeking other health services.

Providing wrap-around services in tandem with harm reduction and overdose prevention programs improves client outcomes and addresses social inequities that perpetuate toxic drug poisonings. If co-location is not possible, it is beneficial to establish relationships and referral pathways to provide comprehensive social and health resources when requested by Raven’s Eye Sage Site users.

Required services and equipment at a Raven’s Eye Sage Site

- ✓ Witnessed consumption of substances (injection and inhalation)
- ✓ Outreach to link people to the service, with expanding off-site witnessing of use over time
- ✓ Peer-to-peer support (peer staff are trained and compensated)
- ✓ Resources on other available services that support the full continuum of care, including harm reduction and treatment options (e.g., [First Nations Virtual Substance Use and Psychiatry Service](#), [Virtual Doctor of the Day](#), pharmaceutical alternatives, treatment and healing centres)

✓	Educational and contact information on opioid agonist therapy (OAT)
✓	Engagement with the local community(ies) to promote the Raven's Eye Sage Site
✓	Mental wellness support for staff and peers who work at the site
✓	Elder support, cultural support and cultural advisors (compensated)
✓	Positive messaging from Elders or Knowledge Keepers in the region and FNHA messaging on harm reduction
✓	Naloxone for immediate use to reverse overdoses
✓	Nasal and injectable naloxone kits for people to take with them
✓	Sterile harm reduction supplies
✓	Drug checking supplies (such as fentanyl test strips) with FNHA information about the supplies
✓	Personal protective equipment (PPE)
✓	A phone line for calling 911 in the case of an overdose and for people to call the site
✓	Traditional medicines (e.g., cedar, sage, tobacco), with altar if possible
✓	Seating – ideally comfortable
✓	Water

Note that if some of these services cannot be provided in a given Nation or community, the FNHA's corresponding regional team will work with the site to improve resources and capacity to be able to offer the full range of required services.

Recommended services and equipment

✓	A youth outreach worker, preferably a peer, connected with the site, as well as connections to youth programming
✓	Educational and contact information pointing people to safer supply programs; inclusion of Indigenous art in these materials is suggested
✓	Washroom (full accessibility, gender neutral) and shower – if services are provided at a facility
✓	Separate room or space for meeting, grieving or childminding
✓	Wound care / first aid supplies
✓	Oxygen / automated external defibrillators (AED)
✓	Storage space or lockers for people's possessions (clients and staff)
✓	Food / snacks and tea (traditional) / kettle for tea preparation / shakes or meal replacement such as Ensure (less crunchy foods) / fruit such as grapes, oranges or bananas
✓	Kits of traditional / cleansing medicines for people to take with them
✓	Blankets (to be wrapped around the client – provided the person consents to it)
✓	Internet access / WiFi / iPads or a computer
✓	Menstrual products / body wash / care kit (people can select from products available to put in their own kit)
✓	Safer sex supplies (people can select from products available to put in their own kit), information on sexually transmitted infections and proper use of condoms
✓	Toiletries / adult pads
✓	Tobacco cigarettes, nicotine replacement products, cannabis joints or edibles
✓	Bus tickets / car share credit (if applicable)

Optional services and equipment

✓	Laundry service or prepaid cards for laundry off-site
✓	Printer / phone to use / outlets to charge one's phone
✓	Dog / cat / pet food

Operational requirements

✓	Support for the service from local First Nations leadership
✓	Staffing / hiring – i.e. team coordinator, Indigenous people with lived and living experience (IPWLLE), other staff
✓	Policies and procedures to support implementation and service delivery
	Insurance For FNHA-operated sites, ensure that: (1) existing general liability and errors and omission liability insurance coverage includes additional insurance for these services; and (2) any regulated FNHA health staff are registered with and have insurance through their regulatory body
✓	For sites operated by a First Nation or other organization, ensure: (1) general public and comprehensive liability insurance coverage, with a minimum coverage limit of \$5,000,000, for potential liabilities imposed by law and against bodily injury and property damage claims; (2) errors and omissions liability insurance coverage for professional health services, if any; and (3) that any regulated health staff are registered and carry insurance through their regulatory body
	Supplies procurement Harm reduction supplies: BC Centre for Disease Control's Toward the Heart site provides harm reduction supplies (for smoking and injection, injectable naloxone, etc.); Raven's Eye Sage Sites that are not already established as designated Toward the Heart sites can establish ordering pathways through FNHA's Harm Reduction Hub via email: HarmReduction@FNHA.ca
	Medical supplies: Raven's Eye Sage Sites should make arrangements with a medical supply wholesaler, such as through the Product Distribution Centre: PDC Online Store
✓	Staff training and team building
✓	Job descriptions for staff postings
✓	Staff scheduling
✓	Community engagement and education



Procedures

SERVICE INITIATION

1. Raven's Eye Sage services may be requested by the patient / client / resident ("person").
2. Services may be offered by staff upon recognition of a person's potential need.

OFFER ALTERNATIVES **if available and appropriate**

1. Determine if a substitute pharmaceutical-grade alternative to the drug the person plans to consume can be prescribed or suggested, consistent with BC's clinical guidance and policies related to safer supply / pharmaceutical alternatives. Province guidance is found in [Risk Mitigation in the Context of Dual Public Health Emergencies: Interim Clinical Guidance](#) and [Access to Prescribed Safer Supply in BC: Policy Direction](#).⁷
 - > If no prescriber is available in the person's area, they should be given the option of being connected to the First Nations Virtual Substance Use and Psychiatry Service (FNVSUPS), with access to a tablet or computer, if needed.
2. If drug checking services are available at the site, they should be offered as an option. Ensure that the required education about drug checking is provided in this context.
3. If drug checking indicates ingredients that the person does not want to consume, offer them the opportunity to safely dispose of the substance they previously intended to consume ([see page 17](#)).

⁷ See BC Centre on Substance Use (2020) <https://www.bccsu.ca/wp-content/uploads/2020/05/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.6.pdf>, and Ministry of Mental Health and Addictions and Ministry of Health (2021), https://www2.gov.bc.ca/assets/gov/overdose-awareness/prescribed_safer_supply_in_bc.pdf.

4. If staff have the appropriate training and competence to do so, the person should be offered options for substance use disorder screening, diagnosis and treatment, including pharmacotherapies such as OAT or injectable OAT and non-pharmaceutical modalities such as psychotherapy and other treatment options, including access to Elders, traditional healing and supports. These supports may be offered before or after the person uses a substance, depending upon the preference of the individual.
 - > If OAT, injectable OAT and/or psychotherapy is not available in the person's area, they should be connected with either a local community health nurse, other healthcare providers or connected with FNVSUPS for up-to-date information on the treatments available in the specific region.

PRE-USE

1. Review expectations with the person as necessary, including:
 - > The roles and responsibilities of the person consuming substances at a Raven's Eye Sage Site:
 - > Respect towards staff, other patients, clients, residents and visitors.
 - > Not displaying or using substances in public areas (outside the space designated for consumption).
 - > Safe storage, handling and disposal of substances, needles and other supplies.
 - > Not selling or sharing substances with other people in the space designated as a Raven's Eye Sage Site.
 - > Ensure that they understand that naloxone will be used if deemed necessary by the service provider.
2. Provide safe drug use supplies and education if needed.
3. Find the most private, clean and safe space that is immediately available. This may be the person's own room, a designated clinic room or a bathroom.
4. Assist the person with skin cleaning, vein finding and vein care if needed.
5. Encourage the person to wash their hands or use wipes before preparing, handling or using drugs. Clean surfaces with soap and water, alcohol wipes or diluted bleach or hydrogen peroxide before preparing drugs if possible. See [cleaning and disinfecting information](#) on the BCCDC's website for recommended bleach and water ratios.

USE

1. The person may use their substance in the route of administration they choose. However, any inhalation of substances must be done in a space and manner that does not place at risk the health of staff or other people using a Raven's Eye Sage Site. With the person's consent, their care team (i.e., their in-hospital or community care team, including their case manager or most responsible provider) can be updated on any related care plan changes.
2. For people who are unable to self-inject, support will be provided on a case-by-case basis and to the competency and comfort of each staff.
 - > If the barrier is education, staff may provide education on safer self-injection practices as requested by the person and tailored to their unique experience and need.
 - > If the barrier is physical disability, staff will determine whether any supports are appropriate to provide.⁸
 - > If both a willing prescriber and injectable OAT (iOAT) are available on site, staff who are trained to do so may dispense iOAT or other pharmaceutical options.⁹ All efforts will be made to connect non-self-injectors with support including addiction treatment services, substitution options and safer supply.¹⁰
 - > People who are unable to self-inject may seek peer-to-peer assisted injection.¹¹
3. Raven's Eye Sage Site staff should encourage people to start with a small amount of substance and gauge their response before using more. Some people may choose to use part of their dose first to test it and then finish the rest a few minutes later. Or, they may choose to inject two different substances separately.

8 See Harm Reduction Nurses Association, Safer Injection Position Statement (2018), http://www.hrna-aiirm.ca/wp-content/uploads/2018/01/hrna-aiirm_infosheet_saferinjection_en_180116.pdf.

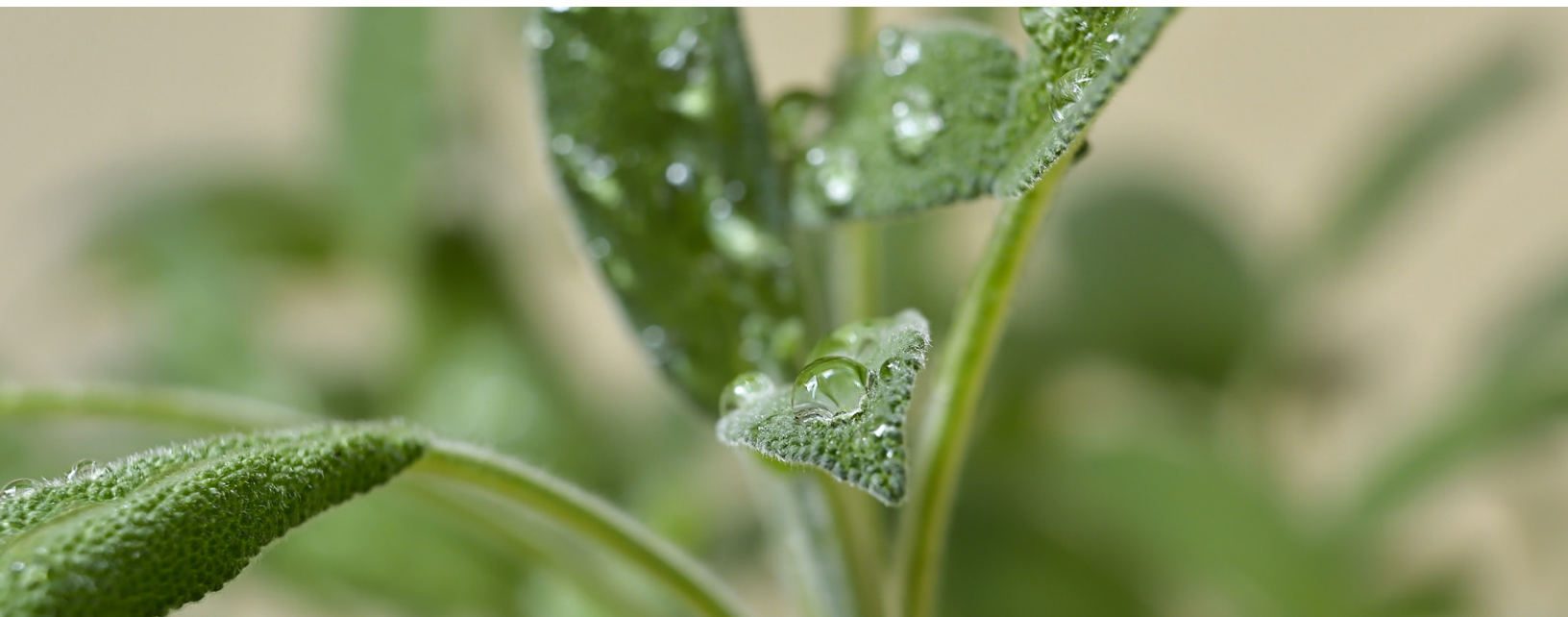
9 See BC Centre on Substance Use (2020) <https://www.bccsu.ca/wp-content/uploads/2020/05/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.6.pdf>, and Ministry of Mental Health and Addictions and Ministry of Health (2021), https://www2.gov.bc.ca/assets/gov/overdose-awareness/prescribed_safer_supply_in_bc.pdf.

10 Assessment and treatment/referral options can be assessed through First Nations virtual pathways – First Nations Virtual Doctor of the Day (FNVDOD) and First Nations Virtual Substance Use and Psychiatry Service (FNVSUPS).

11 See peer documents and links in Resources section below.

POST-USE

1. Monitor the person for [signs of overdose](#), either intermittently or continuously, as appropriate.
2. Staff must call for help and intervene if an overdose occurs, as per the BCCDC's [Decision Support Tool on the Administration of Naloxone](#).
3. Follow existing policies for any other severe outcomes, including calling for additional support from local emergency health services (e.g., ambulance, first responders), nursing staff or other healthcare professionals. With the consent of the person receiving services, also connect with their emergency contact person, mental health team or other supports.
4. Direct the person to dispose of any sharps appropriately.
5. Provide harm reduction education and supplies (including naloxone), as needed, as per the following policies and guidelines: [BC Harm Reduction Strategies and Services Policy and Guidelines](#) and [Best Practices for BC's Harm Reduction Supply Distribution Program](#).
6. Offer to connect the person with other harm reduction services, substance use treatment services or other health services, as needed.
7. Offer to connect the patient to cultural supports (e.g., Elders, Traditional Healers).
8. Consider referring the client to a prescriber for pharmaceutical alternatives to reduce further risks and facilitate the person's engagement in care.
9. Following the use of a Raven's Eye Sage Site, staff may be led in a debrief by the most responsible person in charge.



CLEANING AND DISPOSAL

1. Because Raven's Eye Sage Site services are offered intermittently, routine cleaning of the space is necessary following use. If a person leaves unknown substances behind, follow the procedure below. Options are listed in order from most to least preferred, depending on local availability.
2. If the substance is in a solid form:
 - > Use point-of-care deactivation technology, if available.
 - > For a small amount of substances (enough for personal use): transfer substance to a pharmacy department or community pharmacy for destruction, if such a facility is available and arrangements can be made. Use a gloved hand to place substance in a plastic Ziploc or biohazard bag, fold the bag twice, seal with tape for transport, transfer bag to pharmacy for destruction, and complete the Suspected Illicit Substances Transfer Form or form specific to the health region's policies and procedures. Do not include a person's identifiers in the transfer record or on the bag with the discarded substance.
 - > For large amounts of substances (more than a person can consume in a week): transfer substance to the police using the same process as for pharmacy. This option is only available where there is a prior agreement with local police that they will offer this service. Do not disclose a person's identifiers or write them on the bag that is transferred to the Royal Canadian Mounted Police (RCMP) or municipal police department.
 - > Dispose of the discarded substance in a sealed sharps container in a secure location (least preferred).
 - > Complete an incident or safety report, according to the facility's protocol.
3. If the substance is in a liquid form:
 - > Handle the container with disposable gloves (and tongs, if left in the barrel of a syringe) and dispose of the substance in a sharps or biomedical waste container in a secure location. Complete the appropriate form as indicated above for solid substances.
 - > Do not pour unknown liquid substances down the drain.
4. Unknown substances discarded by people using the site and found by the staff are not to be returned to them.

STAFF ROLES AND RESPONSIBILITIES AT A RAVEN'S EYE SAGE SITE

1. Respect toward the person using the service.
2. Respond to any adverse reaction to any substances consumed promptly and according to organizational policies.
3. Offer information on the services available, including harm reduction supplies and take-home naloxone.
4. Explain the site's policies on harm reduction and safe storage, handling and disposal of substances, needles and other supplies.
5. Explain the policies related to displaying or using substances in public areas.
6. Explain the policies related to selling or sharing substances with others using the service.
7. Ensure documentation of all related discussions and interventions with people and their care team.
8. If a person is interested in accessing OAT or pharmaceutical alternatives, explain the options available to them.

LIMITATIONS TO THIS SERVICE

1. This protocol is intended to enable staff to respond appropriately to urgent overdose prevention service needs that may arise. It is not intended to establish a fixed-site or continuous overdose prevention service. This service can be offered on a one-on-one basis and at the discretion of staff. However, if high demands for overdose prevention services emerge in specific locations, then consideration should be given to providing resources for the establishment of a continuous, fixed-site overdose prevention service in the community.
2. If more than one person wants to use the service, consider staff capacity to respond to multiple simultaneous overdoses. If there is only capacity to respond to one overdose at a time, ask people to queue for the service or stagger the timing of their substance use to avoid this possibility. People may choose to use substances either in the same shared space or in separate spaces, depending on the availability of space, availability of staff, and the preferences of each individual.
3. Each person is free to refuse any element of the services described herein.

CULTURAL SAFETY AND HUMILITY

1. Services must be delivered in a culturally safe manner, recognizing that outcomes for Indigenous patients and families are best when care is delivered in a culturally safe manner in accordance with the [Declaration of Commitment to Cultural Safety and Humility in Health Services](#).



Documentation

Raven's Eye Sage Sites should utilize the following documents:

- > Participant sign-in sheet or alternative way to record people using the site, including how people want to present and the substance they (think they) are using
- > Drug checking information and documentation
- > Participant waivers or one-page intake, for first visit only
- > Adverse reaction or overdose reporting



Training and wellness for staff and peers

Staff should undergo specialized training for the provision of supervised consumption services, which includes overdose management. Note this will also be offered to peers or PWLLE as they are frequently the best people to provide harm reduction services. Whenever possible, sites should also build capacity for peers and IPWLLE to be able to work with Elders.

THE EDUCATION OFFERED WILL CONSIST OF:

- > Cultural safety and humility
- > Trauma-informed care, which includes a person-centred approach that is mindful of and prioritizes where each individual is at and their preferences for support during and after their attendance of the Raven's Eye site
- > Anti-stigma and anti-racism
- > Harm reduction
- > Naloxone training
- > Take Home Naloxone distribution
- > Safer injection and overdose management
- > Peer engagement
- > Training in basic first aid, CPR and handling of hazardous materials and bodily fluids
- > Training in use of oxygen and AED, if available on site

Staff wellness is prioritized at all Raven's Eye Sage Sites. Staff are informed of and provided access to local and virtual mental health and wellness supports (including the FNVSUPS, KUU-US Crisis Line and supports provided by Tsow-Tun Le Lum). Staffing hours and leave policies should reflect the impact that overdose prevention work can have on mental health and wellness.

Contact

The FNHA Harm Reduction Hub is the central point of contact for:

- > Questions or issues related to Raven's Eye Sage Sites, including to get connected with regional FNHA teams coordinating Raven's Eye sites
- > Ordering harm reduction supplies
- > Nasal naloxone bulk orders

Contact the Harm Reduction Hub by emailing HarmReduction@FNHA.ca

Resources

Indigenous Harm Reduction Principles and Practices (FNHA publication):

<https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Indigenous-Harm-Reduction-Principles-and-Practices-Fact-Sheet.pdf>

FNHA Policy on Harm Reduction

<https://www.fnha.ca/Documents/FNHA-harm-reduction-policy-statement.pdf>

Peer Engagement Principles and Best Practices (BC guide by health agencies and academic partners): <http://www.bccdc.ca/resource-gallery/Documents/PEEP%20Best%20Practice%20Guidelines.pdf>

Peer Worker Training: [Peer Worker Training Page | Toward the Heart](#)

Addressing Stigma: Towards a More Inclusive Health System (Chief Public Health Officer report): <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-action-framework-infographic/ENG-Action-framework.pdf>

Risk Mitigation in the Context of Dual Public Health Emergencies: Interim Clinical Guidance (BC Centre on Substance Use, 2020): <https://www.bccsu.ca/wp-content/uploads/2020/05/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.6.pdf>.

Access to Prescribed Safer Supply in British Columbia: Policy Direction (Ministry of Mental Health and Addictions and Ministry of Health, 2021): https://www2.gov.bc.ca/assets/gov/overdose-awareness/prescribed_safer_supply_in_bc.pdf.

Appendix

Scripts for people who are accessing Raven's Eye Sage Sites.

These scripts can be provided to community members (by site staff) to help them learn more about available services and how to access them.

ACCESSING FOR THE FIRST TIME

- > "I have never been to a Raven's Eye Site before. Could you tell me what is available here?"
- > "Could you tell me more about the days and times this Raven's Eye Sage Site is open?"
- > "I need to use my medicine and it has not been checked for fentanyl. I still want to be safe. Can you support me?"
- > "What traditional medicines do you keep on site? I am experiencing withdrawal symptoms and want some spiritual and physical support (such as sage, cedar, mint, raspberry leaf, devil's club, valerian, prayer, drumming)."
- > "I had to score from a new dealer today and have seen others in town overdose from this substance. I want to be safer. Is this somewhere that can help me?"
- > "Do I have to bring ID or a care card with me? Can this service be anonymous?"
- > "I am nervous to come because I have been kicked out of overdose prevention sites before. What on-site rules do visitors need to follow?"
- > "Is there a private space away from the public where I can use my medicine?"
- > "Is this a pet-friendly space?"



ASKING FOR A FRIEND OR LOVED ONE

- > "I have a friend who is using _____ (substance). How can we keep them safer as they use?"
- > "I've heard that drugs can be dangerous. I am worried about my loved one's safety. What can be done to ensure my loved one is safe while they use?"
- > "Can you show me how to use drug testing strips? I want to keep my friends who use drugs safer."
- > "I want to gather some pamphlets and brochures about harm reduction or recovery options for a loved one. Can I stop by to pick those up here?"
- > "I don't want to sit alone while my family member uses tonight. Do you have staff available to come sit with us?"
- > "Can you train me in using naloxone?"

MOBILE RAVEN'S EYE SAGE SITE

- > "Is there a peer support person who can witness me at home/off-site at _____ (address)?"
- > "I am planning to use _____ (substance name) at this time/location _____. Is there someone who can sit with me while I use?"
- > "I need a new bubble pipe or injection kit. Could you come and drop off fresh supplies?"

PEER SUPPORTS

- > "Are there Elders who are willing to bless this substance/medicine before I use it?"
- > "What is the role of a peer support worker? How is that different than a doctor or nurse?"
- > "Who in the peer witnessing team has time to support me while I use today?"
- > "Other than peer witnesses, what other kinds of supports do you have available for me?"
- > "Could you tell me more about the days and times this Raven's Eye Site is open?"
- > "Who can I talk to about treatment and recovery options – if I want them?"