

INFOGRAPHIC EXPLANATION

Models of consumption services can be confusing. There are many acronyms, and it doesn't help that the terms are often changing! This graphic is meant to help you and your team reflect on what model would be best for your community. Even though these models are presented linearly, there is not one defining model that is "better" than another. How the models are enacted are highly dependent on local context and unique considerations for each site that explored on the side in detail. Every model shown on the graphic requires a section 56 exemption to operate which is granted by Health Canada.

Any model of consumption service can be more medicalized/clinical or more community oriented. Though there can be generalizations about each model, these can be adapted to suit each community's specific needs. It is important to centre the needs and voices of people who use drugs when thinking about what model might be the best fit.

When thinking about what kind of model might be best, there are many factors to consider:

- What healthcare services do you want to offer? All sites can apply for exemptions that include inhalation, oral, intranasal and injection routes of administration, peer assisted injection, splitting and sharing and drug checking. What other social or healthcare services can you collaborate with to increase access for people accessing the consumption site (ie safe supply, connection to OAT/detox etc.)? Will this site be housed within a community health centre or attached to other medical/clinical programs?
- How can you centre the experiences of people who use drugs in creating, running, and evaluating the service? There are many ways to centre people who use drugs in services – advisory committees, hiring staff from community, creative mechanisms of feedback, providing scaling and paid volunteer opportunities, needs assessments, and community satisfaction surveys.
- What populations are currently being serviced? What populations are missing or experiencing barriers to accessing services? How can your model reduce barriers?
- Where is the proposed site located? All sites can apply to be mobile sites. What would be the hours of operation and location to serve people who use drugs?
- What are the local trends and statistics around routes of administration and drugs of choice?
- How could the proposed site be made low-barrier for women and gender diverse people? How could the site best serve parents who use drugs?
- What are the possibilities for inhalation services and supply distribution?
- How can aspects of drug use culture be integrated within the site? How can the values of drug use culture (community care, splitting and sharing, diversity, local practices) be celebrated? It might look like asking the community to name the site, hiring experiential workers, community-led tours/training, designing the space/making art, etc.

Other factors to consider include the level of local support for the site, the resources available to support applications and regular reporting, access and opportunities for funding and staffing models.