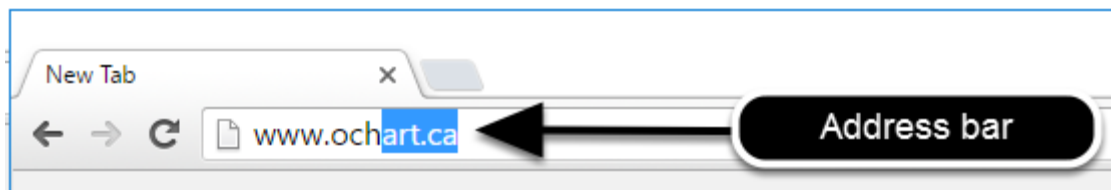# Section 6: IDU/substance use services

This section will show you how to complete section 6 of OCHART 2.0, IDU Outreach Program. This section is for any organization or program that provides harm reduction services for clients who use substances.

Remember, you can fill in any OCHART section on your computer, tablet or smart phone.

Type "www.ochart.ca" into the address bar. Press "ENTER".

You will see the screen below. Click the "START" button on the right side.

Clicking the start button on the left side will take you to the old OCHART system. If you click this accidentally, please click the back button on your internet browser. Next, click the start button on the right.

Type in your "Username" (your work email address) and your "Password". Click "Login".

You must have an existing OCHART account in order to login. If you are a first time OCHART user and do not have an account, go to the section titled, "How to Register" for step-by-step registration instructions.

Click "Enter OCHART Data" (left side).

Click the "Start" button under "6 - IDU/substance use services".

At any time you can click the "Save" button to save all data entered in the section and exit the section.

Q1. Record the number of client interactions (outreach and in-service) during the past six months.

1. Record the total number of client interactions during this reporting period.
By client interactions we mean the number of times your fixed site needle exchange services are accessed.
Unique clients can be counted more than once in the reporting period.

In-service client interactions take place at fixed site needle exchanges located at your agency or a formal satellite site.
Formal satellite sites can include locations where your agency's staff members or peers are provided with a designated private room to deliver harm reduction services on a regular basis.

Outreach client interactions take place in locations where community members congregate or socialize.

Outreach client interactions	
In-service client interactions	

Take note of the definitions of client interactions, in-service client interactions, and outreach client interactions found below the question.

Q2. Record the number of outreach and in-service clients by sex/gender during the reporting period. Do not count a client more than once. The column will total after you click "Next".

2. Record the number of **unique outreach** and **in-service clients** by sex/gender during this reporting period. Each client should be counted only once.
Note: Columns will total after you click Next.

☐ Our organization doesn't have the tools to track unique clients – we are reporting client interactions.

Unique clients	Male		Female		Trans man		Trans woman	
	Outreach	In service	Outreach	In service	Outreach	In service	Outreach	In service
New clients	0	0	0	0	0	0	0	0
Repeat clients	0	0	0	0	0	0	0	0
Total clients	0	0	0	0	0	0	0	0

◀ Previous   Next ▶

If your organization doesn't track unique clients, click the check box to indicate if you are reporting client interactions.

Click "Previous" to go back to question 1.

Q3a. Record the number of unique clients by sex/gender who received each of the services listed. If you are not able to answer the question, explain why by checking the check boxes provided and/or writing your explanation in "Other:".

We understand that not all agencies are able to complete this question.
If you're unable to, please tell us why:
(check all that apply)

☐ Our organization doesn't provide any of these services to people who use drugs
☐ Our organization doesn't have the tools to track unique clients – we are reporting client interactions
☐ Other: _____

Services provided	Female	Male	Trans man	Trans woman	Total
1. Indigenous traditional services (e.g., traditional teachers, healers, Elders)	0	0	0	0	0
2. Counselling (e.g., brief, focused, crisis intervention, 'just listening', or can include more formal counselling, can be done by phone/text/in-person, etc.)	0	0	0	0	0
3. Education (e.g., informal verbal and/or written harm reduction information, health teaching, etc.)	0	0	0	0	0
4. Practical support (e.g., food, clothing, transit tickets, transportation to appointments/services, accompaniment to appointments, toiletries, help with identification documents, completing forms, etc.)	0	0	0	0	0
5. Referrals for faith-based services/spiritual support (e.g., grief and loss services)	0	0	0	0	0
6. Referrals to harm reduction/addiction services (e.g., detox/drug treatment/methadone, fixed site needle exchange program, other addiction services)	0	0	0	0	0
7. Referrals to medical services (e.g., primary care, HIV/STD testing, medical care, Hep C services, abscesses)	0	0	0	0	0
8. Referrals to social services (e.g., agencies such as food banks, shelters, housing services, mental health services, services for prisoners/parolees, legal services)	0	0	0	0	0
9. Referrals to women specific services (e.g., services for violence against women, rape services, bad date reporting, women's shelters, Children's Aid Society)	0	0	0	0	0
10. Other _____	0	0	0	0	0
11. Total	0	0	0	0	

◀ Previous   Next ▶

These services can be delivered by either peers or staff.

The same client can be counted in more than one service category, but only once per service category.

The total number of unique clients who accessed each service should not exceed the total number of unique clients listed in question 2.

Columns will total after you click "Next".

Click "Previous" to go back to a past question.

Q3b. Answer the narrative questions about wait times and referrals if possible. You can use point form. You cannot exceed 250 words. If you cannot answer the question, please type N/a. Click "Next".

3b. Wait times for services

Have you heard from your clients about long wait times for services?
If possible, could you tell us what services pose the biggest challenges? (e.g., primary care/medical services, addiction treatment services, mental health services, housing services)

Were there referrals that you wanted to make but could not because the service was not available in your area?
Please explain.

(maximum 250 words, point form acceptable)

◄ Previous   Next ►

Click "Previous" to go back to a previous question.

Q4. Report the total number of client interactions by sex/gender at each location during the past 6 months. Click "Next".

Location of outreach services	Male	Female	Trans man	Trans woman
1. Addiction programs (residential and day programs)				
2. Bars/night clubs				
3. Residences (e.g., client home, apartment/house, hotel/motel, friend's place, place where client resides, etc.)				
4. Community agencies/services				
5. Community public spaces (e.g., barbershop, hair dresser, bathhouse, massage parlours, etc.)				
6. Jails/detention centres/prisons				
7. Methadone maintenance clinics				
8. Mobile (e.g., using vans/cars and driving a route and distributing from the van; not using the van to go to a specific location)				
9. Parties/raves				
10. Pharmacies				
11. Streets/parks				
12. Other				

◄ Previous   Next ►

Note the definitions of outreach and client interactions found above and below the question.

Click "Previous" to go back to a previous question.

Q5. Answer the peer involvement questions. Click "Next".

Record the number of peers by sex/gender active in the program during the reporting period.

New		Female		Trans man		Trans woman	
New	Active	New	Active	New	Active	New	Active

Peer involvement	Number of meetings/education sessions held for peers	Number of attendees/participants (peers) by sex/gender			
		Male	Female	Trans man	Trans woman
Peer meetings held (includes debrief after shift, monthly, team and supervision meetings, etc.)					
Education sessions held for peers (includes specific trainings for IDU peers; these may be held together with HepC peers)					

◄ Previous   Next ▶

A peer is an active or recently active person who uses substances and works with other people who use substances.

Click "Previous" to go back to a previous question.

Q6. Record the total number of unique clients who received each of the listed services from a peer in the past six months. If you cannot answer the question, use the check boxes and "Other:" space to explain why. Click "Next".

We understand that not all agencies are able to complete this question.
If you're unable to, please tell us why:
(check all that apply)

- ☐ Our organization doesn't provide any of these services to people who use drugs
- ☐ Our organization doesn't have the tools to track unique clients – we are reporting client interactions
- ☐ Other: _____

Note: If you do not have the tools to track unique clients, please record client interactions for each activity.

Services provided by peers	Number of unique clients
Indigenous traditional services (e.g., traditional teachers, healers, Elders)	
Counselling (e.g., brief, focused, crisis intervention, 'just listening', or can include more formal counselling, can be done by phone/text/in-person, etc.)	
Education (e.g., informal verbal and/or written harm reduction information, health teaching, etc.)	
Material distribution (e.g., harm reduction supplies, posters – does not include naloxone kit distribution)	
Practical support (e.g., food, clothing, transit tickets, transportation to appointments/services, accompaniment to appointments, toiletries, help with identification documents, completing forms, etc.)	
Referrals (e.g., to other services in the community)	
Other	

Community development activity by peers	Number of meetings/education sessions/events
One-on-one interactions with community agencies/staff members (e.g., phone calls, emails, in person)	
Education presentations/formal programs (e.g., drop-in group facilitation, education sessions for service providers or the public, workshops, trainings, etc.)	
Committee/network/ coalition meetings	
Community clean-ups	
Research (e.g., focus groups)	
Community events (e.g., symposium/forum, BBQ, international overdose awareness day, PRIDE, awareness campaigns, etc.)	

◄ Previous   Next ►

The same client can be counted in more than one service category, but only once per service category.

The total number of unique clients who accessed each service should not exceed the total number of unique clients listed in questions 2 and 3a.

These services are delivered by peers and are also included in the totals for 3a.

These community development activities are delivered by peers and are also included in 6a.

If you do not have the tools to track unique clients, please record client interactions for each activity.

Click "Previous" to go back to a previous question.

Q6a. Record the number and type of community development activities in which staff or peers participated during the reporting period. Click "Next".

6a. Community development by staff and peers

Record the number and type of community development activities in which staff or peers participated during the reporting period.
The number of meetings should be the same as or greater than the number of community development activities delivered by peers in question 6.

Community development activity by staff or peers	Number of meetings/education sessions/events	Number of attendees/participants
One-on-one interactions with community agencies/staff members (e.g., phone calls, emails, in person)		
Education presentations/formal programs (e.g., drop-in group facilitation, education sessions for service providers or the public, workshops, trainings, etc.)		
Committee/network/coalition meetings		
Community clean-ups		
Research (e.g., focus groups)		
Community events (e.g., symposium/forum, BBQ, international overdose awareness day, PRIDE, awareness campaigns, etc.)		

◀ Previous   Next ▶

OCHART 2.0 Online

The number of meetings should be the equal or be greater than the number of community development activities delivered by peers you recorded in question 6.

Click "Previous" to go back to a previous question.

Q7. Record community development contacts made by either peers or staff. Click "Next".

7. Community development contacts
Indicate whom you are making community development contacts with.

*(**Note**: these contacts are made by either peers or staff.)*

Community service providers: Improving services for people who use drugs

Addiction/harm reduction services (e.g., addiction service providers, methadone maintenance clinics, needle exchange programs)	0
Population-specific services (e.g., ethno-specific services, youth services, women specific services (e.g., domestic violence), Children's Aid Society)	0
Practical and social support services (food banks, housing providers/agencies, faith-based organizations, legal services)	0
Health care services (public health, clinics, mental health service providers)	0

Decision-makers: Changing public opinion and policy

Criminal justice system (correctional services, police)	0
Community/political systems (e.g., all levels – local/municipal, provincial, federal, neighbourhood groups)	0
Researchers (e.g., universities)	0
Schools	0

Community action: Supporting the rights of people who use drugs

User networks	0
Grassroots organizations (includes community mentors)	0

◄ Previous   Next ►

Click "Previous" to go back to a previous question.

Q8. Indicate whether your clients use the substances listed. Rank the 3 most commonly used substances. Click the arrows and then select the appropriate option from the drop-down menus to do this. Click "Next".

8. Drugs of choice

The purpose of this question is to track trends and patterns of current drug use.

Please indicate whether any of your clients use the following substances, and rank the 3 most commonly used substances by placing the number 1, 2 or 3 beside them in the "ranking" column.

Drugs	Use identified/reported	Ranking
Alcohol	▼	
Amphetamines (speed, uppers, bennies)	No	▼
Anti-depressants (Wellbutrin, etc.)	Yes	0 ▼
Benzodiazepines (Xanax, valium, nerve pills, tranquilizers, Ativan)	▼	▼
Cocaine	▼	▼
Crack	▼	▼
Party drugs (Ecstasy, MDMA, K and GHB)	▼	▼
Heroin	▼	▼
Inhalants (solvents such as petrol, glue; aerosols such as spray paint; gases)	▼	▼
Marijuana (recreational use)	▼	▼
Methadone (non-prescribed)	▼	▼
Methamphetamine (crystal, meth, ice)	▼	▼
Mushrooms	▼	▼
Opiates (Oxyneo, Oxycodone, Fentanyl, Percocet, Dilaudid, Morphine, etc.)	▼	▼
Steroids	▼	▼
Non-beverage alcohol (e.g., Listerine and other mouthwash, cooking wine, hand sanitizer, etc.)	▼	▼
Other	▼	▼

① ②

◀ Previous   Next ▶

Click "Previous" to go back to a previous question.

Q9a. Record whether you distributed harm reduction resources (clicked checked box means yes, unclicked means no). Record the amount distributed if possible. Click "Next".

9a. Harm reduction resources distributed
(Note: this is related to equipment you distribute specifically to clients who use substances.)

Safer injection equipment	Distributed Y/N	Number *if available*	Safer inhalation equipment	Distributed Y/N	Number *if available*
Cookers	☐		Alcohol swabs	☐	
Filters	☐		Dental gum	☐	
Needles	☐		Glass pipes/stems	☐	
Sharps containers	☐		Lip balm	☐	
Swabs	☐		Matches	☐	
Ties/tourniquets	☐		Mouthpieces	☐	
Vitamin C/acidifiers	☐		Screens (single)	☐	
Water for injection	☐		Wooden push sticks	☐	

Practical assistance (Note: You are not required to enter the quantity of practical assistance items distributed. Please check box for 'Yes'.)			Safer sex		
Blankets/towels/sleeping bags	☐		Condoms	☐	
Clothing	☐		Dental dams	☐	
Food items (includes drinking water)	☐		Lubricant	☐	
Transit tokens	☐				
Toiletries	☐				

◄ Previous   Next ►

Click "Previous" to go back to a previous question.

Q9b. - 10b. Answer the narrative questions about substance use services. You can use point form. You cannot exceed 250 words. Click "Previous" to review or change answers to past questions. When you are finished, click "Save" to save your work and exit.

9b. How do you dispose of the equipment that is returned to you? Have you experienced any challenges?
(maximum 250 words, point form acceptable)

10a. Shifts/trends

During this reporting period, have you identified any shifts or changes in demand for HIV/IDU/substance use services?

These shifts/changes can be positive (successes) or challenges encountered in your work.
(e.g., client age, gender or ethnicity, drug of choice, type of service requested/provided, changes in social attitudes in the community/access to harm reduction programs, access to mental health and addiction services, changes in policing practices)?
(maximum 250 words, point form acceptable)

10b. Response to emerging trends

How are you responding to these emerging trends (e.g., change in programming, new partnerships, requests for funding)?

(maximum 250 words, point form acceptable)