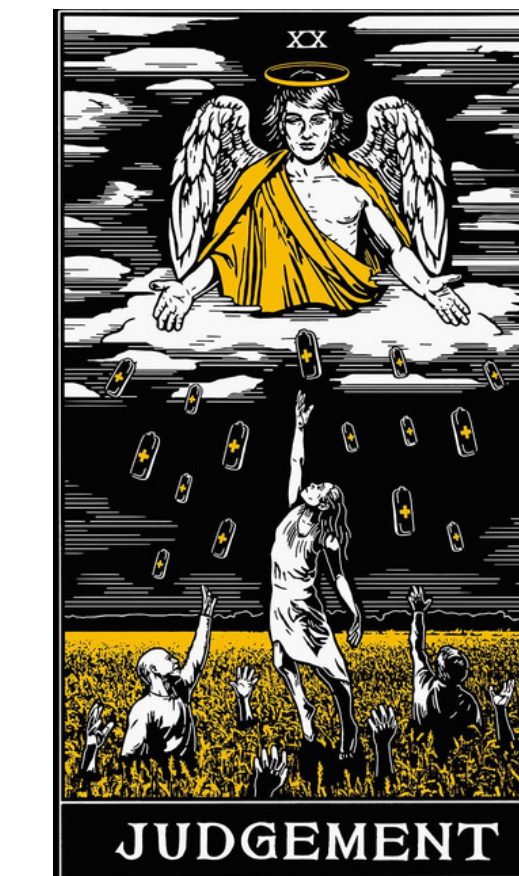




Utilizing Social Return on Investment Evaluation in a Supervised Consumption Site

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Background

Saskatchewan sees higher than the national average rates of substance use (SU) and SU harms (1). Saskatoon is the home to the only supervised consumption site (SCS) in the province, hosted by the community organization, Prairie Harm Reduction (PHR; 2). In October 2020, **PHR opened Saskatchewan's first SCS**, following the S56.1 exemption to the Controlled Drugs and Substances Act approved by Health Canada and located adjacent to PHR's drop-in centre. The SCS offers low-barrier access for supervised SU (i.e., inhalation room for smoking/vaping and booths for use of other substances), harm reduction education and supplies, assessments, referrals, and support services, and community awareness and drug alerts. **The Saskatchewan government has denied the SCS funding every year they have been open.** The SCS keeps their doors open with community support via donations and by partnering with local artists to create and sell merchandise. The PHR tarot-inspired merchandise line, for example, featured on this poster were designed by several local Saskatoon artists, including Brooklyn Carriere, Isaac Thomas, and Chris Morin.

Rationale for The Current Project

Little is known about the impacts of SCS service provision for host organizations and surrounding communities. Social Return on Investment is a participatory evaluation approach that assesses the social, economic, and/or environmental value of change created for individuals who access or are affected by programs/services compared to the cost of investment in these programs/services (3).

Social Return on Investment (SROI)

There are seven principles for SROI: 1) involve people affected by or who benefit from program services; 2) understand what changes; 3) value the things that matter; 4) only include what is material; 5) do not overclaim; 6) be transparent; and, 7) verify the results (3). The social, economic, and environmental value is assessed within an SROI analysis by determining the financial value of each social outcome experienced using what are called **'financial proxies'** (estimates of financial value where it is not possible to know an exact value; 3). SROI also considers the broader context of value creation by discounting outcome value for **'deadweight'** (the amount of outcome change that would have occurred without the program services), **'displacement'** (other positive activities/outcomes displaced in the production of the positive outcomes of the analyzed programs/services) and **'attribution'** (how much of the outcome change was caused by the contribution of other organizations or people; 3).

References: 1. Canadian Centre on Substance Use and Addiction (2021). Canadian substance use costs and harms profile: Saskatchewan, Ottawa;. 2. Prairie Harm Reduction (n.d.). Harm Reduction on the Prairies, Saskatchewan, Canada; 3. Social Value International (2021). A guide to Social Return on Investment, UK.

Approach to SROI for PHR's SCS

Ethical approval for this study was granted by the University of Saskatchewan Research Ethics Board September 2023. The SROI complemented a process-outcomes evaluation. Triangulation of qualitative and quantitative data was achieved with interviews and administrative data reviews. We focused on a one-year timeframe - May 2023 to April 2024. **Interviews** ($N = 26$) were conducted by two research team members, who have experience working with SCS staff and people who access services (PWAS), June 2023 to January 2024 with PWAS ($n = 10$), PHR staff members ($n = 6$), and representatives from external organizations that interact with and/or have an interest in the SCS, including members of primary care services, emergency services, community-based organizations, and public health ($n = 10$). **Administrative data** collected by the SCS was reviewed, including client intake information and drug checking. The value of program inputs was provided by PHR's Executive Director based off financial records of yearly estimated costs for operating the SCS. **Outcomes were valued** based off a review of published literature and applying revealed preference metrics.

Some PWAS-specific Findings

Outcomes rated most important to PWAS were: 1) keeping people alive, 2) preventing overdoses and having the skills to do so, 3) connection to others, have a sense of community, and feel accepted in society, 4) preventing adverse health outcomes like HIV, 5) reducing SU stigma, and 6) reducing burden on healthcare systems and related costs. **More findings of this project will be shared** on Tuesday, November 18th, 3:30 p.m. to 5:00 p.m., during the presentation "F7.3 Results of a Social Return on Investment of Saskatoon, Saskatchewan's Safe Consumption Site".

Challenges with SROI in this Context

Research Ethics Board - concerns related to informed consent among people who actively use substances; **Financial proxies and valuing outcomes** - ethical and moral concerns asking people to quantify the value of some outcomes, such as the value of a human life; **Subjectivity of financial proxies** - different perspectives may yield different results; different target audiences may guide a more conservative approach; sensitivity analyses may address these concerns as alternative choices can be considered and compared; **Verifying results** - ethical and moral concerns asking people to review the specific findings as they pertain to quantifying outcomes; **Project length** - SROI can be a large undertaking; **Requires expertise and resources** - SROI is complex; our team had resources to hire an expert* to assist with economic calculations.

Thank you to all our project participants, PHR, Indigenous Advisory Committee, and *Anne Miller with Constellation Consulting (MA, CE, and accredited SROI practitioner and licensed SROI trainer through the Social Value Network International) for her consultation and work on the SROI.

