



SUPERVISED INJECTION SERVICES COMMUNITY CONSULTATIONS 2019

REPORT

WINDSOR-ESSEX COUNTY
HEALTH UNIT



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Acronyms and Definitions

CTS	Consumption and Treatment Services
HIV	Human Immunodeficiency Virus
NIMBY	Not-in-my-backyard (sentiment)
OPS	Overdose Prevention Site
PWID	People who inject drugs
SCS	Supervised Consumption Services
SIS	Supervised Injection Services, Safe Injection Site
WEC	Windsor and Essex County
WECHU	Windsor-Essex County Health Unit
WECOSS	Windsor-Essex Community Opioid and Substance Strategy

A Note about Terminology

Various terminology is used to describe similar interventions to address injection drug use and overdose. During the period in which the consultations were conducted, the term supervised injection services or sites (SIS) was more commonly used and, therefore, was the term used throughout this report.

Overdose prevention sites (OPS) are temporary sites that can operate for 3 to 6 months. These sites provide supervised injection, harm reduction supplies, and naloxone. They were developed in response to the opioid crisis because of the immediate need for health services to prevent illnesses and deaths related to drug use. OPS give communities time to plan and consult about more long-term solutions addressing the needs of people who use drugs.

Supervised consumption services (SCS) are part of a long-term harm reduction approach. They are provided at legally sanctioned sites that can operate for longer and offer more comprehensive services and education for people who use drugs than an OPS does. SCS includes all methods of consumption, including by injection, through the nose, and by mouth. These include basic health services, testing for infectious diseases, and referrals to health and social services, such as treatment, rehabilitation and housing services. People who are ready to stop or want to reduce their drug use can also come and get support at these sites.

Supervised injection services (SIS) refer specifically to injectable drugs and are services provided at SCS. Supervised injection services have also been referred to as safe injection sites.

Consumption and Treatment Services (CTS) is the new model announced by the Ministry of Health and Long-Term Care (now known as the Ministry of Health) in the fall of 2018. This model would replace SCS and OPS models providing the same services, but emphasize the need for community consultation, availability of health and social services, and ongoing monitoring and reporting.

Executive Summary

Windsor and Essex County (WEC) is facing increased morbidity and mortality rates related to the use of opioids and other drugs. Supervised injection sites or services (SIS) have the potential to address public health issues such as the discarding of needles in public spaces and the prevention of deaths related to overdoses. As such, the Windsor-Essex County Health Unit (WECHU) sought to examine the need for and acceptability of SIS in WEC by conducting a survey open to the general public, interviews and focus groups with key informants and stakeholders, and face-to-face surveys with people who inject drugs (PWID). This report provides the results from the community consultations to inform planning for services for people who use drugs.

The WEC community consultations invited members of the community to share their perceptions of SIS, including benefits, concerns, and strategies to mitigate identified concerns. The consultations also sought to explore potential clients' willingness to use SIS and their preferences for the design, location, and services offered by SIS.

Overall, participants from the community focus groups and interviews recognized there is a drug crisis in WEC and that efforts must be made to address the issue. Participants also acknowledged that stigma is a barrier for people with addictions to access services. Many emphasized the need for a comprehensive approach to drug use, and that resources should be focused on treatment, rehabilitation, mental health supports, education, and harm reduction efforts. They also communicated the need for a coordinated and united effort by all community leaders.

A majority who completed the community consultation survey supported the implementation of SIS in WEC. They perceived that offering SIS is a compassionate and non-judgmental approach that could address some of the harms related to substance use, namely preventing overdose-related deaths and improving public safety by reducing the number of discarded needles and people injecting in public spaces. Additionally, SIS were seen as an opportunity to engage people who use drugs and to help them facilitate access to medical and social supports, such as rehabilitation and housing.

There was a high level of interest from PWIDs surveyed for SIS. A majority indicated that they would consider using SIS, citing reasons such as having access to sterile injection equipment and being able to prevent and treat overdoses. Many reported they were willing to walk to SIS, and identified preferred areas for the location of SIS, particularly in Windsor's downtown core.

In operating SIS, participants in the community groups and interviews emphasized the need to ensure that SIS have sufficient and sustainable resource capacity to provide comprehensive services. As well, they indicated that SIS should reflect the needs of diverse populations and be provided in a culturally safe environment.

While many supported SIS, community members raised concerns about the impacts of SIS on public safety and the local economy. Specifically, there were concerns about how SIS could contribute to loitering on the streets near the site and about its effects on surrounding property values, the safety of children, businesses, and the general reputation of the community. Additionally, there were concerns that SIS, as a harm reduction approach, would condone drug use and may lead to more drug-related activities, including increased use and trafficking. Some also raised concerns about the efficacy of SIS and the capacity to provide SIS in a timely, safe, and comprehensive manner.

Participants in the community focus groups highlighted two strategies to address concerns and challenges related to SIS: 1) public education regarding addictions, harm reduction, and SIS, and 2) continuous, open, and representative dialogue regarding SIS. The findings from the community consultations indicated the importance of consistent, transparent, and open communication throughout the design, implementation, and evaluation of the SIS. It is essential to have formal feedback mechanisms in place for major concerns and questions to be addressed in a timely manner.

It is also evident through the consultations that drug use affects all in the community and that SIS are needed in WEC, particularly in Windsor, but also in Leamington. This is further supported by local data regarding opioid and substance use. Nonetheless, as the consultations revealed, there are concerns and challenges related to the implementation of the SIS that need to be considered by organizations and agencies looking to provide this service. Continuous engagement and evaluation of SIS is critical to addressing these concerns and challenges and to build trust and support in the community.

Introduction

Background and Objectives

Background

Windsor and Essex County (WEC) is facing increased morbidity and mortality related to the use of opioids and other drugs. In 2015, there were 382 opioid-related emergency department visits in WEC, 3.6-times greater than in 2003.¹ The rate of opioid-related emergency department visits in Windsor was 2.8-times greater than the rate in Essex County: there were 24 opioid-related deaths in WEC in 2015, with 19 deaths in the city of Windsor.² Further, the number of hepatitis C cases, a blood-borne infection, increased from 143 reported cases in 2016 to 181 reported cases in 2017.³ According to data from the Integrated Public Health Information System (iPHIS), out of the 164 confirmed cases that reported at least one risk factor, injection drug use was reported by 62% of cases.⁴ In addition, there have been 211 documented needle-related calls from January 1, 2014 to February 5, 2018 to local municipal service (3-1-1), predominantly in downtown Windsor.⁵

An SIS is a legally sanctioned site that provides a location where people can bring their own illicit substances to inject under safer conditions and supervised by trained workers.⁶ An SIS reflects harm reduction principles, which recognizes that individuals with addiction or substance use issues may not wish or be able to abstain from substance use, and thus, seeks to minimize the harms associated with drug use. It increases access for those most at risk for harms related to drug use. Benefits of a SIS, as acknowledged by the Government of Canada,⁷ include:⁸

- Reduced overdose-related morbidity and mortality;
- Reduced injecting and discarding of needles in public space;
- No evidence of increased drug-related crime or loitering or rates of drug use;
- Increased access to withdrawal management and treatment services and other health and social services;
- Reduced transmission of blood-borne infections, such as hepatitis C and HIV, through decreased needle sharing; and,
- Reduced health care costs, ambulance calls, use of emergency departments, and hospital admissions.⁹

¹ Windsor-Essex County Health Unit. (2017, June). *Opioid misuse in Windsor-Essex*. Retrieved from <https://www.wechu.org/about-us/reports-and-statistics/opioid-misuse-windsor-essex-county>.

² Ibid.

³ Windsor-Essex County Health Unit. (2018). *Monthly infectious disease report— February 2018*. Windsor, ON: Windsor-Essex County Health Unit.

⁴ Data Source: Integrated Public Health Information System (iPHIS), Ministry of Health and Long-Term Care [extracted 2018 Jun 8].

⁵ Data Source: City of Windsor, 3-1-1 calls [extracted 2018 Feb 05].

⁶ Government of Canada. (2017, July 6). Supervised consumption site: Guidance for application form. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/guidance-document.html>.

⁷ Government of Canada. (2017, May 26). *Statement from the Minister of Health — Health Canada authorizes four new supervised consumption sites*. Retrieved from https://www.canada.ca/en/health-canada/news/2017/05/statement_from_theministerofhealthhealthcanadaauthorizesfournews.html.

⁸ Kennedy, M.C., Karamouzian, M., & Kerr, T. (2017). Public health and public order outcomes associated with supervised drug consumption facilities: A systematic review. *Current HIV/AIDS Reports*, 14(5), 161-183. <https://doi.org/10.1007/s11904-017-0363-y>.

⁹ Ibid.

Objectives

Prior to the establishment of SIS and also a requirement of Health Canada's application for exemption under Section 56 of the Controlled Drugs and Substances Act, community engagement is essential to informing the need and feasibility for SIS and predicting its success.

The Windsor-Essex County Health Unit (WECHU) conducted community consultations from October 17, 2018 to April 26, 2019 to understand community perceptions of supervised injection sites (SIS), including levels of support and opposition, and to gather feedback regarding questions and concerns about SIS. Specifically, the project examined the acceptability of SIS in Windsor and Essex County from the perspective of the general public, community stakeholders, and people who inject drugs. The study also explored potential clients' willingness to use such services in addition to identifying preferences and potential barriers to running SIS. The results from this study will contribute to information that may be helpful in the future development of SIS into community health programs for people who inject drugs.

The consultation included four phases: a community survey, focus groups among community groups, interviews among key stakeholders, and peer-conducted interviews among people who inject drugs (PWID). This study emulates similar studies from communities across Canada including Toronto, London, Waterloo, Ottawa, Thunder Bay, and Vancouver. To protect the rights of the participants, the methodology and processes used by the WECHU for consulting with the general public, stakeholders and PWID was cleared by the University of Windsor Research Ethics Board.

The WECHU conducted all phases of the consultation and contracted Ipsos Public Affairs, a third-party research firm, to analyse and report on the findings gathered from all four phases. This Community Consultations Report summarizes the key themes identified from the consultations. An accompanying Executive Report in PowerPoint is available under separate cover.

Methodology

The WECHU employed a mixed methods approach for the consultation including an online survey open to the general public, focus groups among community groups, interviews among key stakeholders, and staff and peer-conducted interviews among PWID. This report is structured with each section representing each phase of the consultation. For more information about the methodology for each phase of the consultation, please see individual sections.

Section 1. Community Consultation Survey. An online survey was open to the general public October 17, 2018 to December 17, 2018. A paper version of the survey was also made available at community organizations in Windsor and Essex County. A total of 2520 residents of WEC completed the survey.

Section 2. Focus Groups among Community Groups. The WECHU conducted 5 focus groups between November 13, 2018 and March 12, 2019. Participants included citizens and representatives across various community groups including health and social service workers, neighbourhood groups and local business groups. A total of 27 participated in the focus groups.

Section 3. Interviews among Key Informants. A total of 20 interviews were completed between November 7, 2018 and February 27, 2019. Key informants included municipal stakeholders, and representatives from health services organizations, emergency services, social services and other community stakeholder groups.

Section 4. Survey among People who Inject Drugs (PWID). A face-to-face survey was conducted by the WECHU staff and peers with PWID. The survey was conducted from February 14, 2019 to April 26, 2019. A total of 99 completed the survey.

The project team provided potential participants information regarding the consultation to review prior to receiving written consent to participate in the consultation. Individuals were provided with opportunities to ask questions regarding the process. Participants could choose to skip questions. As such, data presented have varied base sizes.

Limitations

The SIS community consultation took a multi-pronged approach in engaging the community through a community survey, key informant interviews with key stakeholders, focus groups with relevant community groups, and a survey among PWID. However, as always with collecting primary data, gaining access to participants that are impacted and represent the populations at hand was a challenge.

With the survey among PWID, there were limitations with the recruitment of certain priority groups such as male youth (18 to 24 years of age). Additionally, with no given baseline date, it was difficult to ascertain if these participants represent the demographic and distribution of the population or if certain subgroups were underrepresented. It is possible that some potential participants did not have the opportunity to enroll in the survey and share their perspectives. We used peer interviewers to administer the surveys among PWID and this may have also led to social desirability bias.

With the focus groups, it is possible for certain types of participants to dominate the meetings while others may have the tendency for providing socially acceptable opinions as opposed to an anonymous survey. However, while these were addressed with the moderators and the post-analysis, it is important to note that these types of scenarios can occur regardless. Participation rates varied by citizens and community groups where a lack of participation could be viewed as a lost opportunity for additional findings.

Section 1. Community Consultations Survey

Objectives and Methodology

The WECHU conducted a community consultation in the form of an anonymous online survey (see Appendix A) open to the general public, over the age of 16 who reside, work, or attend school in WEC. The survey was promoted via media outlets through a media release including social media channels, the WECHU's website, and communications with the Windsor-Essex Community Opioid and Substance Strategy Leadership Committee (WECOSS-LC). Paper surveys were also available upon request and on-site at several community organizations.

The purpose of the survey was to gather feedback from the community to understand levels of support for or opposition to SIS, and to understand questions and concerns the community may have about SIS being established in WEC.

A total of 2520 residents of WEC completed the survey.

The open-link survey was posted to the Health Unit's website and was open from October 17, 2018 to December 17, 2018.

Notes to Reader

Statistical significance t-testing was applied across subgroups. The test was done at a confidence level of 95%. When comparing data across subgroups, a green highlighted box indicates a result is significantly higher for this one group when compared with other subgroups.

Throughout the report, totals may not add to 100% due to rounding, or because the question is a multi-select question where respondents were permitted to choose or provide more than one response. Respondents could also skip questions.

Key Highlights

Respondents who completed the community consultation survey reflected a broad cross-section of the community: a majority (80%) identified themselves as community citizens, but some also identified as family/friends of someone who uses or used drugs (35%), community social services workers (15%), students (13%), health care practitioners (13%), persons with lived experience (10%), business owners (7%), and first responders (3%).

Many who completed the survey were supportive of supervised injection sites (SIS): 6 in 10 (61%) said they thought SIS would be helpful in WEC. Three in 10 (33%), however, opposed SIS and said it would not be helpful; a further 6% were undecided. Respondents who were supportive of SIS argued that SIS would save lives, reduce harm for those who inject drugs, and increase safety for the broader community. SIS was also seen as a compassionate approach and one that helps to reduce stigmatization.

This currently could have saved about 8 of my friends. Could of kept are [sic] peers alive. There are many that could use this place. (Identified as a Friend or Family of Someone Who Uses Drugs/Other, specify: Recovering addict)

It is important to show compassion and treat those with addiction with dignity and civility. (Identified as a Community Citizen)

Respondents who were not supportive of SIS focused on the negative impact SIS would have on the community. Many were concerned about the depression of property values and neighborhoods and the increase in crime where SIS are located. They also argued that SIS would serve to normalize drug use in the community, enable drug users, and condone illegal drug use. Those who opposed it were vocal in their comments against SIS.

I do not approve. This is not only condoning illegal drug use, it is assisting people in committing these crimes and attempting to alleviate the possibly deadly repercussions so that they can continue to do so repeatedly. (Identified as a First Responder)

Particular subgroups within the community were more likely to support SIS than others. Respondents who identified as working for a community social service agency were significantly more likely to be supportive of SIS than most other groups (81% in support), as were students (74%). The majority who identified as health practitioners (68%) were also supportive of SIS. Similar proportions of persons with lived experience and friends or family of someone who uses or has used drugs supported SIS (63% and 66%, respectively). Over half of business owners (56%) and only 32% of those who identified as first responders said SIS would be helpful.

Regardless of opinions in support or opposition of SIS, many respondents emphasized the need for rehabilitation services where PWID are able to access counselling and support services. Many supporters of SIS recognized the challenges in implementing SIS and strongly expressed

the need for education about the benefits of SIS and for ongoing, open communication with the community throughout the planning process should SIS be established. The location of SIS, specifically, was seen as a strong point of contention and one that would require extensive consultation.

Detailed Findings

Profile of Respondents

Area of Residence and Age of Respondents

Community members from across all areas of WEC participated in the community consultation survey (Table 1). Overall, the majority of respondents (90%) live, work, and/or attend school in Windsor (72% live and 76% work in Windsor, while 37% attend school in the area). Small proportions of respondents reside or work in the surrounding areas of Tecumseh (7%), LaSalle (7%), Lakeshore (6%), Essex (4%), Amherstburg (4%), Leamington (3%) and Kingsville (3%).

Table 1. Live, work and/or go to school in WEC (total=combined mentions).

	TOTAL LIVE, WORK, AND/OR GO TO SCHOOL IN	LIVE IN (Q4)	WORK IN (Q5)	GO TO SCHOOL IN (Q6)
Base: All Respondents answering	2520	2515	2507	2451
Windsor	90%	72%	76%	37%
Tecumseh	7%	5%	3%	-
LaSalle	7%	6%	1%	1%
Lakeshore	6%	5%	2%	-
Essex	4%	3%	2%	-
Amherstburg	4%	4%	1%	-
Leamington	3%	2%	2%	-
Kingsville	3%	3%	1%	-
Do not live/work/go to school	-	1%	12%	60%

^{Q4} Which municipality do you usually live in?

Overall, the distribution of age groups of respondents was fairly even: 14% were of the youngest age group, 16 to 24; 28% were between 25 and 34 years old; 20% were between 35 and 44 years old; 18% were between 45 and 54 years old; and 21% were over 55 years old (Table 2). The average age of respondents was 40.9 years old.

Table 2. Age groups.

	TOTAL
Base: All Respondents answering	2414
16-24 years	14%
25-34 years	28%
35-44 years	20%
45-54 years	18%
55+ years	21%
Average age of respondent	40.9 years

^{Q3} In what year were you born?

Profile of Community Members

While 80% of respondents identified themselves as a community citizen, many selected another subgroup with which they identify: 35% said they are a family member or a friend of someone who uses or has used drugs; 15% work for a community social service agency; 13% attend school (secondary or post-secondary); 13% are health practitioners; 10% are persons with lived experience with drugs; 7% are business owners; 3% are first responders, such as police officers or paramedics; and 1% noted “other” (Table 3). Those who fall into the “Other” category included primarily clergy and those who work in the criminal justice system. Because respondents could select more than one role with which they identify, the below percentages exceed 100% when combined.

Table 3. Self-identified type of community member (multiple response).

	TOTAL
Base: All Respondents answering	2512
I am a community citizen	80%
I am a family member or friend of someone who uses or has used drugs	35%
I work for a community social service agency	15%
I am a high school, college or university student	13%
I am a health practitioner	13%
I am a person with lived experience	10%
I am a business owner	7%
I am a first responder	3%
Other Specify	1%

^{Q2} Which of the following best describes you?

Participants in the survey could further be grouped by age range for each community subgroup, providing a more in-depth picture of who the respondents are (Table 4). The table below shows the self-identified type of community member by age group. As the highlighted green cells illustrate, those in the younger age groups are significantly more likely to have a closer connection to drugs: 43% of those 16 to 24 and 41% of those 25-34 know someone who uses or has used drugs, while 13% of those between the ages of 16 and 44 have lived experience with drug use, either in the past or presently.

Table 4. Self-identified type of member of community by age group.

	TOTAL	AGE GROUP				
		16-24	25-34	35-44	45-54	55+
Base: All Respondents answering	2512	326	670	470	430	512
Community citizen	80%	79%	81%	80%	78%	82%
Family/friend of someone who uses/d drugs	35%	43%	41%	35%	32%	27%
Work for a community social service agency	15%	16%	20%	16%	13%	9%
High school, college or university student	13%	60%	13%	5%	1%	2%
Health practitioner	13%	15%	16%	13%	10%	9%
A person with lived experience	10%	13%	13%	13%	8%	5%
Business owner	7%	1%	7%	10%	11%	7%
First responder	3%	3%	3%	4%	4%	1%
Other Specify	1%	*	*	1%	1%	1%

^{Q2} Which of the following best describes you?

Drugs Affects All Walks of Life

As seen in Table 4-1 below, many respondents identifying across community roles have friends/family who use or have used drugs (e.g. 47% of students know someone who uses/has used drugs). A few, themselves, identified as a person with lived experience (e.g. 13% of business owners identified as a person with lived experience).

Table 4-1. Self-identified as a person with lived experience or as family or friend of someone who uses or has used drugs.

	SELF-IDENTIFIED COMMUNITY MEMBER ROLE (TOTAL MENTIONS)									
	TOTAL	FAMILY/FRIEND OF SOMEONE WHO USES/D DRUGS	HIGH SCHOOL/COLLEGE/ UNIVERSITY STUDENT	BUSINESS OWNER	COMMUNITY CITIZEN	WORK FOR A COMMUNITY SOCIAL SERVICE AGENCY	FIRST RESPONDER	HEALTH PRACTITIONER	A PERSON WITH LIVED EXPERIENCE	
<i>Base: All Respondents answering</i>	2512	886	334	188	2012	376	71	327	255	
<i>Self-identified as...</i>										
A person with lived experience	10%	22%	17%	13%	11%	8%	7%	6%	100%	
Being family or friend of someone who uses or has used drugs	35%	100%	47%	44%	38%	35%	20%	32%	77%	

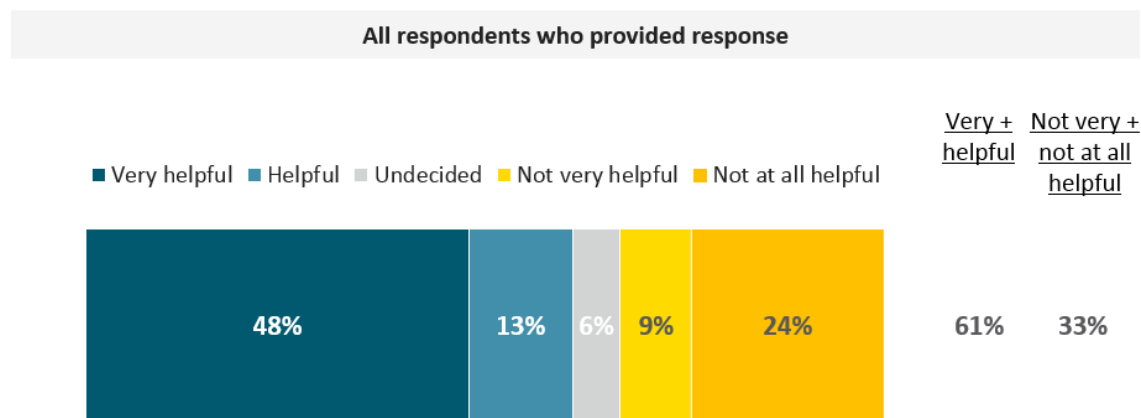
^{Q2} Which of the following best describes you? (multi-select question)

Support for SIS

Before the main section of the survey, respondents were provided with a description of SIS and the purpose of SIS.

They were then asked if they thought SIS would be helpful in WEC. As Figure 1 shows, a majority of respondents (61%) said that SIS would be helpful. A third (33%), however, said it would not be helpful to the community (this core group remained firm in their opinions and strongly opposed SIS throughout each of the questions in the survey). A further 6% were undecided.

Figure 1. Percentage of Respondents who thought SIS were helpful/not helpful.



Q7. To what extent do you think supervised injection services would be helpful in Windsor-Essex County?
 Base: All respondents answering (n=2480)

Notable Differences by Sub-Groups

Notable Differences by Type of Community Member

Some subgroups within the community were more likely to support SIS than others (Table 5): respondents working for a community social service agency (81%) and students (74%) were significantly more likely to be supportive of SIS than most other groups. The majority of health practitioners (68%) were also supportive of SIS. Similar proportions of persons with lived experience and friends or family of someone who uses or has used drugs supported SIS (63% and 66%, respectively).

First responders were the least likely group to be supportive of SIS: only 32% said the SIS would be helpful, while 65% did not see it as helpful. And, while over half of business owners (56%) said SIS would be helpful, 39% said it would not be helpful.

Table 5. See SIS as helpful by type of community members.

SELF-IDENTIFIED COMMUNITY MEMBER ROLE (TOTAL MENTIONS)										
	TOTAL	BUSINESS OWNER	COMMUNITY SOCIAL SERVICE AGENCY	HEALTH PRACTITIONER	FIRST RESPONDER	HIGH SCHOOL/COLLEGE/ UNIVERSITY STUDENT	PERSON WITH LIVED EXPERIENCE	FAMILY/FRIEND OF SOMEONE WHO USES/D DRUGS	COMMUNITY CITIZEN	OTHER
	2480	187	370	324	68*	326	246	871	1981	15**
Very helpful + helpful	61%	56%	81%	68%	32%	74%	63%	66%	61%	87%
Not very + not at all helpful	33%	39%	14%	24%	65%	22%	31%	28%	33%	13%

*Base size small - <n=100

**Base size very small -n=<40

^{Q7} To what extent do you think supervised injection services would be helpful in Windsor-Essex County?

As the quantitative data suggests above, first responders, including police officers, paramedics, and firefighters, were more likely than other groups in the community to be in opposition to the proposal of safe injection sites. However, not all first responders were in opposition of SIS:

As a Paramedic, one has to simply look at the published research on the subject. These programs save lives, start the process for rehabilitation, [are] more effective on the healthcare system, and [have] nothing but positive results all around. (First Responder)

Notable Differences by Age of Respondent

In addition to differences of opinion by type of community member, there was also a marked difference in support for SIS by age (Table 6). Those between the ages of 16 to 24 (75%) and 25 to 34 (71%) were significantly more supportive of an SIS initiative in WEC compared to those 35 years and older.

Table 6. See SIS as helpful by age group.

	AGE GROUP					
	TOTAL	16-24	25-34	35-44	45-54	55+
Base: All Respondents answering	2480	319	658	463	422	510
Very helpful + helpful	61%	75%	71%	54%	51%	59%
Not very + not at all helpful	33%	21%	23%	40%	42%	35%

^{Q7} To what extent do you think supervised injection services would be helpful in Windsor-Essex County?

As noted earlier, younger respondents who were more supportive of SIS were also more likely to be a family member or friend of someone who uses/has used drugs and were also more likely to have lived experience themselves.

Notable Differences by Location

Comparing opinion by region, the overall proportion of those in support of and those opposed to SIS remains relatively consistent (Table 7).

Table 7. See SIS as helpful by municipality.

LIVE, WORK, OR GO TO SCHOOL IN ANY OF THE FOLLOWING AREAS									
	TOTAL	AMHERSTBURG	ESSEX	KINGSVILLE	LAKESHORE	LASALLE	LEAMINGTON	TECUMSEH	WINDSOR
Base: All Respondents answering	2480	108	113	74	149	178	80	185	2218
Very helpful + helpful	61%	58%	53%	64%	59%	54%	60%	61%	62%
Not very + not at all helpful	33%	37%	38%	30%	36%	40%	34%	35%	32%

^{Q7} To what extent do you think supervised injection services would be helpful in Windsor-Essex County?

Respondents who thought SIS would be helpful said...

Respondents who were supportive said that SIS is much needed in WEC,

Give it a chance in our city!! Watch the results. Then complain!! (Identified as a Social Service Worker/Person with Lived Experience/Family or Friend of Someone Who Uses Drugs/Community Citizen)


I believe this service would benefit the community greatly. This is something the area needs. (Identified as a Social Service Worker)

This is obviously something that is overdue in Essex County. (Identified as a Business Owner)

...that many lives would be saved,

My son, along with family support, fought his addiction to opioids for over 10 years with some periods of apparent success. However, when he relapsed, he died alone in his rented room. If there had been a trusted safe site, on that particular occasion, he would have likely been saved. Every time a life is saved there is another chance of long-term survival. (Identified as a Business Owner/Family or Friend of Someone Who Uses Drugs/Community Citizen)

This currently could have saved about 8 of my friends. Could of kept are [sic] peers alive. There are many that could use this place. (Identified as a Friend or Family of Someone Who Uses Drugs/Other: Recovering addict)



***“Great idea, glad to see some implementation!”
(Health Practitioner)***

It saves lives, physically and mentally - so what else is there to debate???? Either you care about the people that need to use the service and you pass it or your just in the way of saving a life. (Identified as a Person with Lived Experience/Family or Friend of Someone Who Uses Drugs/Community Citizen)

...and that SIS is an approach that is compassionate, and that provides community support without judgement and without stigmatization.

It is important to show compassion and treat those with addiction with dignity and civility. (Identified as a Community Citizen)

Supervised injection sites show addicts that their community is invested in their recovery and well-being. They provide hope and humanity for a group of people who are stigmatized and often ignored. A hallmark of a strong community is the resources

they provide for their most down trodden residents. (Identified as a Family or Friend of Someone Who Uses Drugs/Community Citizen)

These people are human beings too and deserve help in hopeless situations. We as citizens of this city have no right to judge others when they are down. Unfortunately, that happens way too much in this city. (Identified as a Student)

Safe injection sites are necessary in Windsor-Essex. Those who oppose them are in a fixed mindset which includes the notion that drug users are criminals. They are not. They need assistance, not stigmatization. (Identified as a Community Citizen)

The opposite of addiction is connection. These sites will ultimately mitigate harm and also offer resources to those people suffering from addiction. It will be easier for those addicted to reach out for help, including detox and rehabilitation. This is a positive step forward in battling the scourge of addiction in our communities and will set an example of empathy and caring for other communities that are hesitating to put similar measures into place. We ignore this epidemic at our mutual peril. (Identified as a Business Owner)

Potential Community Benefits

Respondents were asked in what ways they thought SIS would be helpful in WEC (Table 8). This section of the survey provided a list of potential benefits to SIS, and respondents could select multiple answers from this list and describe any additional benefits. Because respondents could select more than one potential benefit, the results of this survey question indicate the most popular responses. As outlined in Table 6 below, the top three most common choices among the benefits of SIS for the community were: a reduction of used needles on streets and in parks (64%); less risk of injury and death from drug overdose (62%); and less drug use in public areas (62%). Six in 10 also thought SIS would help to lower risk of diseases like hepatitis C, HIV/AIDS, and group A streptococcal disease (59%) and connect people who use drugs or their family members to medical and/or social services (58%). Half of respondents pointed to benefits of a safer community (49%). Thirty percent (30%) of respondents maintained that they did not think SIS should be in their community.

Table 8. Ways in which SIS might be helpful for the community (multiple response).

	TOTAL
Base: All Respondents answering	2516
Less used needles on the streets and in the parks	64%
Less risk of injury and death from drug overdose	62%
Less drug use in public areas, such as streets or parks	62%
Help lowers the risk of diseases like hepatitis C, HIV/AIDS, and group A streptococcal disease	59%
Connect people who use drugs or their family members to medical and/or social services	58%
Safer community	49%
Less work for ambulances and police services	43%
I'm not sure	2%
Other, specify	7%
I don't think there should be supervised	30%

^{Q8} In what ways would supervised injection services be helpful in Windsor-Essex County?

Respondents who thought SIS would not be helpful...

A clear group of respondents who were not supportive of SIS were very vocal and provided lengthy responses. Their concerns focused on the safety of and negative impact on the community.

Relative in Galt has experienced all the above [concerns] in the core area and can no longer walk safely outdoors nor can police assistance be obtained ...needles all over parks, dangerous people on drugs attacking and scaring residents, business have left core area, this is not the answer to assist these individuals. (Identified as a Community Citizen)

There is too much 'fake news' regarding SIS and little to no attention given to the very real adverse effects arising from SIS such as dramatic spikes in crime around such centers. (Identified as a First Responder/Other: Retired first responder now working in legal profession)

They also argued that SIS would serve to normalize drug use in the community, that it would enable drug users and condone illegal drug use. There was “zero tolerance” for drugs and little support for PWID among some members of the community who opposed SIS.

**“I cannot even begin to tell you about the negative impact of drugs and addicts around my business that has been broken into. The downtown is a mess; do not make it an even bigger mess.”
(Business Owner)**

Use of illegal drugs is against the law. By supervising it you are sanctioning an illegal activity. Drug users need money to purchase and use drugs. In order to get that money, they will engage in illegal activities. (Identified as a Community Citizen)

Doing drugs is a choice. We should not enable someone to inject themselves with illegal drugs. Our taxes should go to more policing and getting the people selling this stuff off our city streets. It hasn't been good for Vancouver and other cities. Those people need help. But most of them are unwilling so why give them a safe spot and a nurse to help them inject safely. Needles will still be all over the city. When they want that hit it won't matter where they are to inject. They have no regard for anyone but themselves. They are junkies. (Identified as a Family or Friend of Someone Who Uses Drugs/Community Citizen)

Others argued there is no proof that SIS works, that it won't solve the drug problem, and that those who use drugs would likely not even use or be willing to walk the distance to access these services.

I have done some research on this topic and have yet to be convinced that these sites are of great benefit due to very conflicting stats/info. Each addict has a unique life & reasons that have led them to where they are right now so when I think about the SIS, I automatically associate them with the most vulnerable addicts living on the streets/shelters. So my question would be, what will make an addict go to an injection site over doing their drugs right on spot where they purchase them or inside a dwelling? These addicts are not going to stop & say "hey, let me walk to the closest SIS so I can get my fix into me in front of a certified nurse practitioner just in case". They are going to do it as soon as possible. (Identified as a Family or Friend of Someone Who Uses Drugs/Community Citizen)

These will not help the drug problem in our city. It will only increase it and give the community a false feeling of safety. Drug addicts will continue to use where ever they are and don't care about the safety of the community. (Identified as a First Responder)

Stating the site would reduce overdoses is assuming people are going to use the service. Has any data been collected from users stating they will actually use the facility? (Identified as a Person with Lived Experience/Family or Friend of Someone Who Uses Drugs/Community Citizen)

[...] Drug addicts are addicts, and at the end of the day they will shoot up where it is most convenient and/or comfortable for them, whether this is in an alley, a private backyard, in a park. If addicts cannot be responsible enough to walk 30 meters from the Downtown Mission where they shoot up or at the rear of Street Health which is about 20 meters from your yellow bins to throw out their syringes, what makes you think that they will take the time to walk 1 km to go to an injection site? (Identified as a First Responder/Community Citizen)

Even a few respondents with lived experience themselves gave “rock bottom” testimonials and spoke of the individual’s choice to come clean.

The fact is drug addicts need to hit their own rock bottom before they will want or accept help. Giving more assistance and cushioning life for addicts prolongs the inevitable and continues the cycle... The easier you make life for them, the longer they will live that lifestyle. When it gets bad enough that the high is not worth it, they will come for help. - Ex user. (Identified as a Person with Lived Experience/Family or Friend of Someone Who Used Drugs/Community Citizen)

I did drugs when I was young & would never have gone to a supervised site...this will only cause problems!!!! (Social Service Worker/Person with Lived Experience/Family or Friend of Someone Who Uses Drugs/Community Citizen)

Many of those who opposed SIS also said it would be a waste of taxpayer dollars and resources and would do little if anything to solve the addiction problem that pervades WEC. The funding could instead be used towards rehabilitation, drug education and supports for mental health.

I feel that more funding would be better spent on mental health and rehab than SIS sites. (Identified as a Business Owner/Community Citizen)

Don't want anymore tax \$ going to “help” people do illegal drugs. Druggies can already get free info pamphlets, free needles, etc. They can get free social assistance -our tax \$ for rent & food. They take \$ 4 drugs & go to free food & clothing banks. Most don't want help- only want a high. Tax \$ can should provide more detox centres & mental health - not help those who do illegal things. (Identified as a Business Owner/Family or Friend of Someone with Experience/Community Citizen)

Money would be better spent on drug education, rehab, and mental health services. Help get people off drugs; don't perpetuate the problem by putting a band aid on it. (Identified as a Community Citizen)

I have never seen someone resolve their addiction issues because it is “safe” for them to “use”. If it really worked then we would have safe alcohol sites so social workers could meet and counsel them away from their dependency. The reality is, addicts must come to their own realization to seek help instead of pouring resources into helping people “safely use” we should redouble efforts to provide addiction counselling and clinic services when they are needed (without ridiculous wait lists). Expend way more effort on prevention.... (Identified as a Family or Friend of Someone Who Uses Drugs/Community Citizen)

Regardless of opinions in support or opposition of SIS, many respondents emphasized the need for rehabilitation services in the community.

I believe along with safe injection sights [sic], we need a full-on rehab centre. Somewhere that people move in to for an extended period of time, receive counselling, housing, support groups...not an emergency room, hospital or shelter that kicks them back out onto the streets after a week. (Identified as a Community Citizen)

These sites would be more effective if there were rehab beds concurrent and IMMEDIATELY available. I've had so many overdose patients who want rehab once they are clean, but we can only offer them referrals to wait-listed beds or tell their families they have to come up with thousands of dollars for a wait-listed private bed. In the meantime, these patients have nowhere to go unless they have family, who are put in a sometimes-unsafe environment, as these patients await a rehab bed, most revert back to using and stealing from their family... (Identified as a Health Practitioner)

Questions or Concerns About SIS in the Community

Respondents in the survey were provided a list of questions or concerns that the community may have about SIS and were asked to select those that concerned them (Table 9). Participants were also provided a free-text option to describe any additional questions or concerns. A third of respondents said they did not have any questions or concerns. Two-thirds (66%) had concerns. The most common concerns were as follows: whether more people would be loitering on the streets near the site (40%); whether the services would have an effect on property values (32%); whether SIS would lead to more drug use (29%), to more drug-selling (24%), or to more drug users overall (23%); the safety of children/dependents (23%); and whether SIS would impact the reputation of the community (22%) or have an impact on business profits (21%) (Table 7). Other concerns were focused on quality of life within the community (19%), the impact on personal safety (17%), and increase of needles on the street (11%).

Table 9. Questions or concerns about supervised injection services in WEC (multiple response).

WILL SUPERVISED INJECTION SERVICES...	TOTAL
<i>Base: All Respondents answering</i>	2412
Lead to more people loitering on the streets near the site	40%
Have an effect on property values	32%
Lead to more drug use	29%
Lead to more drug selling or trafficking in the community	24%
I have concerns about the safety of my children or dependents	23%
Lead to more people who use drugs in the community	23%
Impact the reputation or image of our community	22%
Have an impact on business or profits	21%
Impact community cleanliness or quality of life	19%
Lead to more crime	19%
Impact personal safety	17%
Lead to more used needles on the street	11%
Other, please specify	13%
I'm not sure	4%
I have no questions or concerns	34%

^{Q11} What questions or concerns do you have about injection services in Windsor-Essex County?

Ways to Address Questions from the Community about SIS

Respondents were also asked about which ideas might help address questions or concerns from the community about supervised injection services. They were most likely to say that educating the public (63%), as well as evaluating the performance of supervised injection services and communicating results to the public (62%), were priorities to help address concerns in the community (Table 10).

Half of respondents (53%) expressed the need for an information website where members of the community can access information or a phone number.

Providing mechanisms for community engagement, so that there is a process for ongoing feedback from members of the community, was also seen as a priority among half of respondents (52%). This would also include assembling a community group with representation from different community groups (46%). In addition, almost half (45%) said that having lighting in the area surrounding SIS would be one way to address concerns about SIS, and one-third (35%) selected police presence around SIS as a possible solution.

Table 10. Ideas that might help address questions or concerns from the community about SIS in WEC (multiple response).

WILL SUPERVISED INJECTION SERVICES...	TOTAL
<i>Base: All Respondents answering</i>	2444
Provide information to the community about the goals and benefits of supervised injection services and how they can help the community.	63%
Evaluate the services to see what's working and what's not, and share results with the community, and take action on the results.	62%
Have website with information and contact email and phone number for questions.	53%
Have a process to get ongoing feedback from the community about supervised injection services.	52%
Have a community group with representation from different community groups.	46%
Increase lighting in the area around where the supervised injection services will be located.	45%
Have more police presence around where the supervised injection services will be located.	35%
I have no suggestions.	14%
Other, specify	12%

Q12 Which of the following ideas might help address questions or concerns from the community about supervised injection services?

Many respondents, emphasized the critical need for open community dialogue and engagement on the issue in order to address major concerns and questions citizens may have as well as to bridge the gap between users, supporters, and detractors through transparency:

Earning and building trust with the neighbourhood is essential to the success of an SIS. As a member of the faith community and ordained clergy, I wholeheartedly support an SIS in Windsor. Please do not be shy about reaching out to the faith community for consultation and support. Some will be supportive, and some will not, but the more agencies and community groups involved, the better chance we have for a successful SIS. (Identified as a Social Service Worker, Family or Friend of Someone Who Uses Drugs/Community Citizen/Other)



“SIS will be much more successful if it is both a 'top down' and 'bottom up' process, where the whole community has an investment in its success rather than it being imposed without meaningful education and consultation. I appreciate that the Health Unit is taking some of this responsibility on.”
(Social Service Worker)

Do proper research and work with the community that you wish to push this upon. Every study I have read says when they don't take the considerations or the input of actual civilians in the community, it will never work out long term. Talk to us in person, get our opinions IN PERSON. Not everyone wants this as we have seen the downtown core at present. Drug use is rampant everywhere needles litter the streets. We don't want to encourage more drug users coming to Windsor because of 'resources.' The safe needle sites, where drug users can get free medical equipment, is just one example on how you have forced a resource into the community but yet don't follow-up with information on how well it's actually working and providing wellness to the community at a whole. I would say proceed cautiously because I wouldn't be surprised if many Windsorites say that they are tired of the drug abuse problems and catering to this population (those with addiction) instead of the rest of the community. (Identified as a Student/Community Citizen)

"... [there should be] opportunity for interested community members to get involved in some capacity. Maybe this can address stigma and break down barriers in the community. (Identified as a Community Citizen)

Respondents also indicated there is a general lack of knowledge about SIS and that providing education (including evidence-based research) would help residents make better informed decisions on whether they support or oppose the implementation of SIS in the community.

Give the community facts about why this is a good strategy and how it makes our community a safer place. (Identified as a Student/Community Citizen)

The service needs to be transparent with the community and share all data regarding its success or otherwise. It has potential to save lives, but the idea of having an acceptable place for people to inject drugs is definitely scary. (Identified as a Family or Friend of Someone Who Uses Drugs/Community Citizen)

I think research is more important than public opinion. There is research to support its benefits and the public needs to be aware of the positive impacts. Currently, the name has been thrown out there with people not understanding what it means. There needs to be education and facts. (Identified as a Student/Family or Friend of Someone Who Uses Drugs)

I think it is a wonderful and much needed service as we know from other communities they work. I believe Windsor-Essex is struggling as there is a lack of information. Perhaps a city meeting could be conducted to explain the pros of a safe injection site as I truly believe the ones who disagree with this service don't have full knowledge on what they actually do. Have community reps from the city explain why they are beneficial, outside sources, people from other cities who have this service, etc. Education will enhance peoples' decisions to agree or disagree, and I think our

city is lacking the education portion. (Identified as a Social Service Worker/Family or Friend of Someone Who Uses Drugs/Community Citizen)

Provide the community with factual information about the success of supervised injection sites in other communities. Evidence based practice. (Identified as a Health Practitioner)

Possible Locations of SIS

Four in 10 (38%) respondents thought SIS should be offered across all WEC (Table 11), with the largest proportion selecting Windsor (34%) as the key location. In terms of the smaller communities, respondents were more likely to select Leamington (12% overall; also, note that 21% of those living/working in Leamington selected their own municipality). Very small proportions selected other areas surrounding Windsor, including Tecumseh (5%), Amherstburg (5%), Essex (4%), LaSalle (3%), Kingsville (3%), Lakeshore (3%), and Pelee Island (1%). As with other questions, a third (32%) remained firm in their stand against SIS.

Table 11. Where SIS should be offered (multiple response).

WILL SUPERVISED INJECTION SERVICES...	TOTAL
<i>Base: All Respondents answering</i>	2520
All municipalities	38%
Windsor	34%
Leamington	12%
Tecumseh	5%
Amherstburg	5%
Essex	4%
LaSalle	3%
Kingsville	3%
Lakeshore	3%
Pelee Island	1%
I don't know	3%
I don't think there should be supervised injection sites in Windsor-Essex	32%

^{Q10} In which municipality, in Windsor-Essex County, do you think supervised injection services should be offered?

The location of SIS generated a number of different opinions. A few thought SIS should be spread out across WEC and not concentrated in one location; others believed it should be located downtown so that there is easy access for users; others said it should be away from businesses and neighborhoods, and schools. One respondent suggested starting with a mobile site to help identify locations where services would be needed most.

Do it right and I have no issue with the sites, but the community will not tolerate large groups of addicts in one spot, if the sites are spread out, fewer dealers will be

around because they will not be able to work all places. Police should be there to deal with the dealers, not the addicts. (Identified as a Community Citizen)

These services are needed but the location needs to be private and out of the core. (Identified as a Community Citizen)

My only concern is regarding walking patterns of school kids. I would hope the supervised injection sites would be located an appropriate distance from elementary schools - to help maintain privacy and dignity of people needing the sites as well as maintain safety of the kids. (Identified as a Health Practitioner/Family or Friend of Someone Who Uses Drugs/Community Citizen)

Starting a mobile service would give us a chance to find the best location for a second site. (Identified as a Health Practitioner)

Integrated or Mobile Supervised Injection Services?

Respondents were asked about which type of SIS would be best for the community: an *integrated service* – supervised injection services at a fixed site that also has other types of services, such as food, showers, counselling, and addiction treatment; or a *mobile service* – supervised injection services provided in a vehicle that travels around to different locations to meet clients (Table 12). Four in 10 respondents (38%) said that both an integrated service and mobile service would best serve the community. One-quarter (24%) selected an integrated service only, while 2% selected a mobile service only. A third (31%) continued to oppose SIS in WEC.

Table 12. Type of supervised injection services that would be best for Windsor and Essex County.

WILL SUPERVISED INJECTION SERVICES...	TOTAL
<i>Base: All Respondents answering</i>	<i>n=2516</i>
Selected both integrated service and mobile service	38%
Selected integrated service only	24%
Selected mobile service only	2%
Selected integrated, mobile and other	2%
Selected “Other” only	1%
Selected both integrated service and other	1%
I don't know	3%
I don't think there should be supervised injection services in Windsor-Essex	31%

^{Q9} What type(s) of supervised injection services do you think would be the best for Windsor-Essex County? (Original multi-select question).

Section 2. Focus Groups among Community Groups

Objectives and Methodology

The WECHU conducted five focus groups from November 13, 2018 to March 12, 2018 with citizens and community groups including first responders, health and social service workers, and local businesses to discuss SIS in WEC. A total of 27 people from the community participated. Groups included a mix of different community members and typically ran 1.5 to 2 hours in length.

The groups discussed the current context of drug related harms in WEC, perceived benefits of SIS, concerns, and suggestions for its implementation. For the discussion guide, see Appendix B.

Key Highlights

The WECHU held five focus groups among members of community groups, including first responders, health and social service workers, and local businesses.

All participants shared the view that WEC is facing a crisis of drug use.

Think there are people who are addicted who live everywhere within Windsor and Essex County. One of the things that all our services will continue to tell us is this is not just issue that Windsor is facing; this is an epidemic that has gone across the board. (Focus group participant)

On the whole, many participants in the groups were in support, or were at least open to the idea, of SIS in WEC. They saw benefits in how it could save lives, reduce demand for emergency services, improve the safety of the public by keeping needles out of public spaces, and help to destigmatize drug use. SIS was seen as the first point of contact with medical as well as social assistance that would help facilitate entry into detox, treatment and mental health programs and into social welfare and housing programs. The minority who opposed SIS tended to oppose the idea in emotionally-charged terms. They argued against SIS because it would have a negative effect on public safety and on businesses within the community, and because it would condone illicit drug use, and even increase drug use.

Both those who opposed and those who supported SIS shared a keen interest in receiving more information about the operational details of any future SIS. A few key questions about implementation arose including: how would the success of SIS be measured and evaluated; would SIS be limited to injectable drugs, or be open to the consumption of other drugs; what medical training would be required by staff?

Their hope was that SIS would be sufficiently resourced to offer the services needed and to operate 24/7. Participants offered a number of suggestions for implementation including the need for adulterant screening (i.e., testing drugs for other substances and contaminants, such

as opioids), chill out rooms, clear procedures to guide and protect staff, streamlined access to emergency medicine, education for drug users, and most importantly integration with wrap-around services to address the root causes of drug use and addiction.

Detailed Findings

Context: Speaking about the Drug Crisis in WEC

Drug use is pervasive and perceived to be an epidemic in the community

Across all groups there was universal agreement that WEC is facing an unprecedented crisis of drug use. This crisis is defined by an increasing number of drug users and an increasingly potent and harmful drug supply.

Living downtown for 5 years, noticed an uptrend when things starting to get bad. Didn't feel anything was being done. In 2015 started to get real bad.

Biggest problem is we have people experiencing homelessness, and drugs of choice have changed... drugs are in your yard and finding needles because people using in open.

Was a time where hydromorphone, oxycodone were the predominant opiate in city, that's no longer the case. Fentanyl has taken over. Don't have stats to prove it, but seems from experience, working within the office, fentanyl related overdoses are taking over. It's a result of a high concentration of drugs.

The harm is getting Hep C, finding needles around, near children, overdoses.

Participants seemed to understand the local situation as part of a national drug crisis but also perceived the situation in their community as especially bad.

Think there are people who are addicted who live everywhere within Windsor and Essex County. One of the things that all our services will continue to tell us is this is not just issue that Windsor is facing; this is an epidemic that has gone across the board.

The crisis of problematic drug use pervades the entire community, regardless of neighborhood. Many participants noted that public spaces, such as libraries, fast-food restaurants and coffeeshops, and even private property, are affected by drug use. When asked to identify areas of greatest need for SIS, participants usually began with loose references to “downtown” or “the Mission,” but eventually concluded that almost all areas of the city would be well served by SIS.

I find people sleeping on my porch with needles in their arm. It sucks. Really awful.

Public locations - government city - library, social services offices - tend to see high concentration of people who will spend long periods of time there who aren't there for the reason the building is there for in the first place. Restaurants in the downtown area, Tim Hortons, Burger King - buy a coffee and stay because nowhere else to go. Bus depot gets their fair share of people using their bathrooms, leaving needles in bathrooms even with needle bins there. It's unfortunate - and unfortunate that we even have to put those bins up in the first place.

I would rather have everybody in one spot and having that instead of needles wherever, on porch or in library bathroom, providing resources to dispose.

If they only have to go to one space to get everything they need - gets people off people's porches, gets them out of public buildings. Gets people away from spaces where public goes and sees users not at their best (which creates public animosity towards them).

If they're inside and not on the streets it can help ease that burden on the public having to deal with them on private property or in public places where children and families need to go.

Participants expressed concern about discarded needles in private spaces like backyards, garages, and front porches; many were especially concerned about needles found on school grounds. Aside from the direct human toll of addiction, participants felt that rampant drug use casts a pall over public spaces and diminishes the sense of community in WEC. In some cases, participants suggested that this has led to antipathy towards those who are addicted to drugs.

Huge indifference now, people not wanting to care about them. That's a big aspect of addiction; they don't give a sh*t anymore. I find people leaving needles on my porch, sleeping on it. This develops indifference within the community for these people.

It's the same thing as a major outbreak. If there was major outbreak of measles we would be out talking to every school in community, every parent. But because it's drugs they turn around and say, nah, not in my neighbourhood. But it's right next door to them... That's the assignment of value on people.

Many participants were concerned about the poor availability of treatment services for people who are addicted to drugs. Across several groups there were discussions of waitlists for medically supervised detox. Participants felt that these waitlists were a significant barrier to recovery for people who use drugs, especially because the resolve to kick a drug habit could hardly be expected to last the several weeks required to access a detox program.

I understand if I had a serious drug addiction issue and went to any one of the agencies and sought help right now, I would be looking at 8-week timeframe. That's

huge concern for me because 8 weeks from now I could be dead or so far gone I don't want help.

I think more detox facilities is great idea. We speak with people every day that are drug addicts. A lot of times people are using just to get through the day. They don't want to, but just don't want to go through withdrawal again. Might be addiction, but also I want to get help, but do I want to go have flu x10 withdrawal symptoms for two weeks? Keep using because it's easier.

Intervention, mental health, more funding for places like Brentwood. Money should be going into recovery. I hear people saying it's been - waiting for 2 weeks to get into this place.

Education, mental health services and access to - if you decide to get clean you should be able to go into treatment immediately. Any lag at all and people are susceptible.

Benefits of Supervised Injection Services (SIS)

Discussion of the potential benefits of SIS was wide-ranging and touched on both benefits for people who inject drugs (PWID) and the broader community. Participants who supported or were open to SIS offered a more detailed account of the potential benefits. Their holistic vision of the benefits of SIS is reflected in the sections below.

SIS Will Save Lives

Many participants expect SIS to save lives. Even the participants who exhibited the greatest objection towards SIS tended to concede this point.

Would reduce the deaths - have health care providers there, if they overdose have necessarily trained staff there to deal with that situation. They're not alone.

Very few positives for me. Less deaths. Not many benefits to me but benefits still important. People not OD'ing and people not dying.

SIS Will Promote Proper Disposal of Needles

Improper disposal of needles was top of mind for many participants when describing the present drug crisis in WEC. There is a feeling that improper disposal of needles is a public safety issue that affects the community beyond PWID and is a special concern because it puts children at risk. Participants believed that SIS would address this public discarding of needles.

Less needles, debris, garbage all over from them injecting and shooting up wherever they want. Someone posted during election time - list of things they wished from councillors - less needles on the playground, no homeless people scaring them around school. Horrible things that kids should never have to deal with.

[It's] no secret there are schools that have needles around playgrounds.

Less needles in street that's [the] number one [benefit] off the top of my head. People would be safe or have someone that's there, available to come to their aid should something go wrong.

It would hopefully drive people using on the street to the service. Might help mitigate hardship that business are currently facing and residents facing. Might eliminate number of syringes disposed in public domain.

People using on street in front of commercial entities. They're also doing that on residential properties. If there was SIS there might be a significant decrease in number of individuals doing that.

Community perspective - less people using on street, in public, in parks and alleys. Leads to other benefits - less needles being found in community and public spaces.

A few participants also hoped that proper needle disposal could lower rates of bloodborne infection.

Hopefully see less deaths related to opioid overdose, less needles left in public places where someone unsuspecting could be stuck by one and then end up with Hep C, HIV or other blood borne virus.

SIS Will Reduce Demands on Emergency Services

Participants hoped that SIS might reduce public costs by easing the burden on emergency services: they would be relieved altogether in cases where users' medical needs could be met by SIS staff alone, and – where EMS involvement cannot be avoided – overdose victims could be more easily located at SIS and would be better cared for until their arrival.

If ambulances have SIS and they have people there who can help someone if they are OD'ing or experiencing issues rather than ambulances driving around city into alleys finding these people.

Decreasing police and frontline service workers - cost of those are so high. If you're already in a place being funded, cost reduction is astronomical. Would save our healthcare system and our services.

Police are the most expensive things and always the one who have to show up at drug calls. [PWID] aren't criminals, they have addiction and don't know what to do about it. They're not dealing. Removing police reduces cost and stigma.

SIS Can Help Destigmatize Drug Use

Many held the view that sanctioning personal drug use will reduce the shame and stigma that is both a consequence of addiction and one of its key drivers. It was hoped that this could help smooth the path from addiction to recovery for PWID.

If you create something open, transparent, honest, we value you - we are now saying we support you, say as a community you matter so you come in. Not pushing them down. Bringing them out into community. That can shift that person, thinking into saying I am not an unwanted community member, not an 'other,' someone that is valued, cared about. Get personalized treatment, access to care, safe space.

Huge component of stigmatization that happens, if there was less stigma about drug use, I do think more people would feel less isolated and wouldn't feel they're alone in addiction. That would lead to more recovery.

A lot of users feel very isolated, isn't wraparound community support. They use alone. I have a family member that passed away OD'd, gone through treatment. Went home and didn't tell anybody they were using again and OD'd. Don't think SIS would have fixed that. But what I think SIS do [is] they give people an avenue who are struggling a safe place to go.

Changing narrative in community is going to be very important to helping to address some of those questions. 2 key components - folks with lived experience will help to change narrative. Humanizing the issue. Those who we've lost to overdoses - support network of family, friends, caregivers, service providers who have been impacted by OD [overdoses] in community - bringing that narrative front and center to those people concerned about SIS that will be more impactful change that need to take place. Demonstrates this is someone you know at the end of the day. This isn't just stereotypical world - these are real people impacted, and you probably know somebody.

Challenges and Concerns About SIS

Participants – including those amenable to the establishment of SIS – highlighted several issues that SIS might face going forward. Often, these comments were coupled with suggested actions that could be taken to mitigate concerns.

SIS might meet public opposition

Even among participants who were open to the establishment of SIS, there was widespread acknowledgement that SIS would face significant public opposition. There was a general expectation that people nearest to a proposed SIS location would be the most strongly opposed. Suspicion that the site might create a pocket of increased crime and economic depression contributes to a 'not-in-my-backyard' (NIMBY) sentiment. Participants expect this to complicate the selection of a location for SIS.

Location is concern or question - nobody wants it in their backyard, but there's going to be residents everywhere. Whose backyard is it?

Some participants noted that it may be hard for people to understand the inherent contradiction of the government permitting people to use drugs in a designated area while those same drugs remain illegal to possess.

[There's] Also going to be public animosity towards the concept of these people aren't supposed to be using drugs, but now the government is funding location for them to go ahead and use drugs. Law is saying one thing, and for some reason government is allowing them to do this which doesn't help the situation. I am a parent, that's bad parenting. Don't do this, but if you do it over there it's okay – hard to justify doing that.

These are in contravention of the law, would want to know whether police force would be onboard for supporting this. If they are onboard for supporting it, then how would they police area?

Some participants said that some in the community will think that SIS would be enabling drug use:

People are perceiving that SIS mini harm reduction programs are enabling people who use drugs, and it's really just connecting people who use drugs [with] care they need.

Guy getting high is not benefit to me, it never is. And it's a terrible thing to see. The fact that we condone it legitimizes it to some degree. Understand only to save lives.

Disagreements among public authorities throw fuel on the fire

Participants noted the vocal opposition of some public authorities to the implementation of SIS and spoke of the critical need to have all stakeholders on the same page in order to move forward on SIS.

Healthcare, education, police, EMS, City - anyone who is going to have stake in facility needs to come out together and say we all agree with this, think this is good - reasons why - understand concerns, but feel good outweighs bad.

The key thing is to engage stakeholders - starting with city hall, mayors, councillors, Windsor Police, health unit, clinics, meth clinics - folks with firsthand experience, experts. They need to get on the same page and be consistent.

Needs to be a holistic approach, come from all levels of government, include various stakeholders, and seek information from users themselves.

Community members see right through us as service providers if we're not collectively on same page as to what we're trying to achieve.

SIS might have negative economic effects

The economic risks of SIS were at the forefront of many respondents' concerns. Participants who were less open to SIS generally had the highest level of concern that SIS would inflict economic damage on its surrounding community – they suggested that SIS might cause a reduction in local property values, mainly driven by drug-related crime. There was a concern that SIS might create the perception that its neighborhood is a 'dangerous' area with the effect of deterring visitors and potential customers from local business.

Love downtown Windsor and trying to get more families and young families down here to help clean it up. If there were an SIS in area that was right downtown surrounded by residential properties, I can't promote being there. Can't name a single client that would be happy to move near that. If they were to see needles on the street they would be turned off from entire neighborhood. When that happens and get negative stigma in area, neighborhood - west end there are spots people won't move into, rough, drug users, low income families and housing - properties are cheapest in Essex County because of that...

Spill-over, congregation of individuals under the influence in particular site is detrimental to residents and businesses in that site. Ottawa - 3 sites in BIA, all the businesses in that neighborhood are no longer in business, boarded up property, huge amount of increase in crime, decrease in property value, lack of visitation in that neighborhood, and it's become very serious issue - struggling for livelihood because of the introduction of the SIS.

Downtown is not just gateway to city, it's gateway to region. [For] A lot of folks coming from States side this is gateway, first impression. The BIA can't imagine would support SIS on Main Street.

Not fair to those people that put their whole livelihoods, lost everything because of SIS site going in next door. They have to be considered first and foremost. They have to be respected more than they are now. It's always administrators saying we're going to do it here, but it never affects them.

If you're going to put something here, it's naïve to think surrounding area isn't going to have increase in crime, affect businesses around there, economy.

SIS might have a negative effect on public safety

Participants who expressed less support for SIS tended to view users as unpredictable and dangerous – particularly while under the influence of drugs. They were concerned that SIS would have no choice but to turn users out onto the street after using – though occasional discussions of ‘chill-out rooms’ along the lines of those implemented by Vancouver’s SIS went some way to assuage these concerns. Drug-related crimes such as break-ins and vandalism were top of mind in these discussions:

Folks have ideas that crime rate will increase. Majority of the downtown population we do see are using or users. If you look around [many] of our cars are broken into. We see incidences of overdose on day-to-day basis. But wouldn't say that I felt unsafe for life, for belongings - not sure that fear is justified. Think it's fear of unknown, people shy away from what they don't understand, know. They lash out.

Public safety, people finding people sleeping in their backyards. All kind of vandalism that's way higher than used to be. And petty crime is higher, so B&Es and things like that. That's a big issue when you talk about - with people wanting to actually live in the hood. Think it's ruining communities to some degree. Question is - how much does it affect public safety? How much crime goes up near SIS? Have to be careful about infringing rights of others to help some people.

Statistics from other police departments that have these sites in their city [show] that there's a noticeable increase, especially in property crimes, after injection site goes up. Break-ins, thefts from autos.

It [crime] increases to a certain point and then levels off, but I don't think it drops to what it was prior to the injection site because of the nature of people using that. If they're using, looking for money so they can use again. A lot of them steal to support their habit. Just easier to do it around area that you're already in. Nobody takes a cab to the other side of town to steal.

Selecting a location will be contentious and challenging

Participants suspected that the public expectations of crime and diminished property values will translate into local opposition to the establishment of SIS. They expect that political opposition will complicate the selection of a location and narrow the range of available options. While there was a general acknowledgement that multiple locations might facilitate greater access and uptake among PWID, participants were pessimistic insofar as multiple locations would also mean NIMBY opposition on multiple fronts:

If it's not accessible and only in place where certain amount of people can use it, not going to be effective. More locations you have, the more negativity in different neighborhoods, not wanting it in their backyard.

Such a tricky spot, because it's got to be in a spot that's accessible by people that need it the most which are drug addicts, but they don't have any money, don't have means to get from Point A to Point B except for by foot.

Think multiple locations really important. Close to the university would be one. University students are addicts too. Something like that, small, slightly off campus, nearby.

Statistically have to find out highest concentration of where events are taking place. One location isn't necessarily best option. It has to be spread out to be able to provide those resources to as many people as possible and to avoid that herding mentality that you're bringing everybody to one space. Property value - crime goes up, property value goes down. If you're spreading that out a lot, now you're impacting more space.

“The negative is going to be what kind of area are [we] going to put this in? Where's the location going to be? Is it going to be accessible? Multiples would be better, but if it is just one, how do you make that selection? Highly doubt anyone is going to want that.”

There is also a serious concern that SIS might be located near sensitive facilities – most importantly schools – and these sensitivities must be borne in mind in the process of determining a location for SIS.

Where the sites are going to be located? By schools and that, places where there's a lot of kids? I am asked that weekly. People are concerned about us having sites around those locations.

Participants were generally open to the idea of mobile SIS

A mobile SIS would be a solution that both facilitates access while minimizing “not-in-my-backyard” opposition. Participants in several groups also suggested physically locating the SIS in the existing hospital. This option was seen to address concerns about security while facilitating easier access to emergency care in the event of overdose.

Safety of both staff and users of the SIS

Participants, including frontline workers, brought up the risk of conflict between users of the SIS and the need for security to prevent mutual harm. They grappled with the need to provide security while, at the same time, maintain an environment that PWID would be comfortable accessing. Respondents were generally hesitant to resolve security concerns through police presence. Some expressed concern that the sites may attract drug dealers who could prey on users, or that users themselves could be arrested. Such arrests would also undermine efforts to build trust with those who are addicted to drugs in the community.

Downside of having an area where people can safely inject - concentrating the users to one area which can make them more of a target for people who don't agree with what they're doing or the site, which I feel can impact safety.

People who are looking to take advantage of these types of people, if they know they're attending there because have to bring their own product - setting up people to have their things stolen, robbed of product or anything else.

From a police perspective people on the streets, users tend to know each other. If they have problems with each other there's potential for violence inside facility. People steal from each other, people have history.

You need to be cautious. You don't know what the person has on them, could be carrying, gun or/and knife. Have to look at your safety, and safety of others in location. Everything needs to be in place in regards to safety. If you don't have safety for people in there, how are you going to have safety for clients that come in?

Beyond the physical safety, participants in the Health and Social Services group were often concerned with protecting the dignity and rights of PWID. They spoke at length of the ethical quandaries that may arise at SIS – for instance, providing care to minors – and expressed particular concern for the privacy of users.

[SIS will] have to follow legislation and Privacy Act. Make sure [PWID] have access to privacy officers if they have questions.

I don't know they're asking for their name when they come through the door. Have it posted clearly that it's confidential? How are we collecting stats, male, female, age? What are we asking from them - do we need a name coming straight through door? For some data collection you'd want age, male/female. If they're coming to use and then leave, I don't know.

Provide some privacy to these people. If you want to eliminate obviousness of what they're doing. Like at the Mission you see it, they hang out, having a smoke in parking lot - go there, pick up food or clothing...

Also in regard to mobile, being unidentifiable. No signs on it. Don't want a big sign mobile safe injection site when pulling up to an apartment. There are surveillance cameras in communities, and it can end up on internet media - me walking into a mobile site... That's also part of safety.

Participants also expressed fear for the safety of frontline workers in SIS. Frontline workers could be at risk both of physical injury and of criminal or civil liability in the event they fail to adequately protect their patients:

Decisions have to be made sometimes. If I decided to say no, you cannot use here because there's potential harm to a child, am I protected by law?

I don't want to go to prison or be liable legally on doing something that I should not be doing.

SIS might excessively concentrate those who are addicted to drugs in a single location

Some participants were concerned that SIS – if placed in locations already struggling with drugs and poverty – could add to the social problems already in the area. Selecting SIS locations on the basis of greatest need could initiate a self-reinforcing pattern of resource allocation. In other words, the excessive concentration of addiction and social services due to need in a single area would attract more drugs and the people who need these services to the area. This area would then bear the brunt of the social harms associated with drug use. Participants preferred that the social harms of drug use be diffused throughout the community.

If you locate all services in one place, all the people who need services are going to go to that place.

It has to be a holistic approach. If you're going to decentralize services you truly have to, and it can't just be safe injection site or supervised injection service. Can't just be one service available in one location; all services have to de-centralized.

We are displacing people from communities and forcing them into a ghetto. We are doing the equivalent of red-lining social services.

Guidance Around Implementation

SIS must be sufficiently resourced

Participants stressed the need for the SIS' operation to be consistent and extensive enough that PWID can rely on it. In particular, sufficient resources must be set aside to operate as close to 24/7 as possible, have consistent hours at a minimum, and pay staff adequately so that turnover does not preclude trusting relationships between frontline staff and PWID.

[PWID are] Using 24/7... not using 9-5.

People adapt to hours. Changing that multiple times or somebody not being available during those hours – [PWID are] not going to trust you.

It has to be done appropriately, funded appropriately. If you're getting \$16 to work at SIS, [you are] going to move on continually, if you have constant turnover and not paying people appropriately you won't generate those relationships.

If going through with having supervised injection site, and decision is made to have the site, it's important to have properly funded, fully functional site. Difficult to

justify putting something up and doing it halfway. If the site fails you don't really know if it was ever going to succeed in the first place if you don't fund it properly. If site fails or not properly funded then your staff and volunteers - putting too many obstacles in front of difficult journey before you even start. If you're going to go through with it, important to go through with it fully, make sure it's fully funded, fully operational site that can do everything it needs to do.

Some in the Health Services group suggested that hours of operation should be determined in consultation with PWID.

Q. Hours of operation? A. Get that when you do consultation with users. When do you use? When would it be beneficial for centre to be open? We can't determine that.

SIS should include adulterant screening

Some participants were concerned that staff would not be able to protect PWID because they wouldn't know the contents of the drugs coming into the facility. Adulterant screening was seen as a key service for harm reduction and, potentially, a key draw for users skeptical of the program. This service is available at some SIS in other areas.

A test kit to know if there's laced drugs they're using. So, they know it's not laced with fentanyl. I feel that could be helpful if they knew what they were injecting.

Testing quality of drugs bringing in - is it safe or not safe? (indecipherable) Don't know what they're getting on the street now... I think that's key piece. I visited a safe consumption site in Toronto and they had that. It was one of the key services they provided. I think that particular site they serviced 1,000 and hadn't had one overdose.

SIS should include "chill out rooms"

One of the most serious safety concerns that participants spoke about was the risk of intoxicated PWID being released from the facility. On a couple of occasions, the 'chill-out rooms' offered by Vancouver's SIS were proposed as a solution. Even where the chill-out rooms were not directly discussed among groups, commentary suggested they would go a long way to addressing community safety concerns.

Places for people to go after they use, what does that look like? Is there suggestions for people - now you've used, and have nowhere to stay, are other services onboard with that? What are policies around that?

Where do people go once they inject or consume? How long do they have to stay there?

I have concern about where do folks go when finished using? Do they stay at injection service site? Or do they come and use and are encouraged to go back out again? From business perspective that's a concern, but from purely beneficial perspective to people using - if they go back out on the street, how soon are they [released]? Can they stay? Are they safe until high is gone?

In Vancouver they have a chill room. After person is injected they get to sober up a bit before they go out into street.

Current definition of SIS doesn't stipulate what happens after people come and use the service. Do they stay there? How long does the medical staff stay with them? Option for chill room which was available in Vancouver - do they go back out on the streets high? What harm reduction is there if someone comes and uses and is back out on street 10 minutes later?

Participants suggested that the SIS serve as a distribution point for naloxone kits for PWID to take with them to other areas where drugs are consumed:

Also need to make sure that's enough availability of naloxone kits to take with them. If they want 5 kits, give them 5.

SIS should have clear procedures to guide and protect staff

This finding was specific to the Health Services group. Participants in this group suggested that SIS have clearly established policies and procedures for staff and volunteers both in the interest of providing consistency to PWID and for the legal protection of service providers.

Well laid articulated policies and procedures in place to spell out what healthcare professional, peer, roles have to be well defined, legal language has to be there that people can follow and understand, so have something to guide you.

Everyone at this table provides care, but ultimately, I need to go home safe at the end of the day as well. Who is protecting me? That's huge part of conversation.

Policies and procedures need to be in place so they're invisible to user if going to engage person using. We need to know what we're doing beforehand. Need to [engage] client where they're at and have safe environment - need to have our stuff together before start offering service. If it's convoluted when person walks in the door we may do more harm than good.

SIS should provide streamlined access to emergency medicine

As noted earlier, one of the fundamental benefits of SIS is to streamline PWID's access to medical attention in cases of overdose while also reducing the strain on emergency services. This was seen to have the dual effect of saving lives while reducing public expense.

Overdosing. In every [SIS] they have some health services available. A nurse or some health practitioner to make sure [people] don't overdose and if they do there's aid there for them.

Theoretically also it's one stop per se. Get education. Get your medical - not tying up ER, bringing up paramedics or police. Providing resources, education.

SIS should educate people who use drugs and the public about harm reduction and best practices

Participants saw two crucial educational functions of the SIS. First, participants wanted to see SIS workers educate PWID to advance harm reduction, giving users lessons on safe injection and consumption practices, vein preservation and overdose reversal.

Education - if you're going to inject this would be a good place to do it, not in your neck. Having education around that would be helpful.

Personalized harm reduction teaching and preventative care. A person who is working there can show me which areas on my body are safer to inject into, tips for more comfortable injection (rotating veins, drinking more water, abscess care, naloxone training).

Teaching them to not shoot above shoulders, keep one area that you don't inject that leave alone - end up in hospital and have a spot in case need IV - veins aren't blown out. So they can get what they need to be kept alive.

Second, participants would like to see the SIS serve as a platform for ongoing community education and consultation around drug use in the community and the role of harm reduction. Some participants cited examples of other SIS programs that engage in continuous community consultation on these subjects.

Facility in Streetsville has monthly public consultations. Free to meet with anyone that has concerns about folks around facilities, very open to public.

Maybe 3 times a week offer community workshop, you have somebody there if someone wants to drop in. General workshops for all addictions, have that available so the person can get the knowledge, even if not a consumption site, make it for information. Needs to be more education to help with perception. See safe injection site as enabling. Government says drugs are illegal, but here's a place where you can

do it - so harm reduction education - if people are using this is a way to prevent death and as a way to get people clean.

I think of these spaces as information centres. They are consumption sites, but someone is there as information person. I think of a lot of university students being heavy drinkers that like to try drugs. I can see university students going to a place wanting to know - can I get more info on this, but also having consumption centre there as well.

SIS should be integrated with services that treat the root causes of addiction

Participants overwhelmingly emphasized that SIS should not be offered in a vacuum. There was a repeated emphasis on the need for SIS to be embedded within other social services that can address all aspects of addiction beyond harm reduction. Suggested services to integrate with the SIS included prevention/education, harm reduction, treatment/recovery, and enforcement/justice.

SIS was envisioned as a key point-of-contact between those who are addicted to drugs and wrap-around services for those addicted to drugs. If properly embedded in a network of holistic services for socially marginalized populations, the SIS could be an entry point on the journey to recovery for some users. This process could begin by ensuring safe consumption by people who use drugs and potentially progress to referrals to mental health and treatment programs, and housing, social welfare, and employment programs. Many argued that relationships of trust and care between frontline workers and repeat visitors will provide the initial support for these journeys.

You have folks coming in, establish rapport, therapeutic prevention can start to develop slowly. Research shows if you support a person quitting smoking and ask them enough times, offer support and help they are much more successful in quitting smoking. Yes, we're backlogged, but if you're consistently seeing folks and establishing rapport, SIS could be used at starting point.

In isolation it's not a silver bullet. It's like one giant puzzle and SIS is one piece. Other pieces: more outreach, more treatment...it's everything all together.

A lot of organizations do quite a bit of harm reduction with supplying needles and things like that. I think a safe injection site should have some spin-off services. Safe injection site located in existing harm reduction facility - can be done in Windsor if the recommendation is to have safe injection site.

Hep C, HIV services, STI's, mental health, housing supports, Aids Committee. Addiction stats. Case management to social work. Help them navigate for housing, counseling, primary care referrals. Well-trained people with lived experience. Hub to have that peer support.

If these facilities or services is standalone service, it may not do anything curb the crisis. End goal should be that we're reducing the number addicted to meth and opioids all around. That should be end goal. SIS are for harm reduction mostly. Concern is that it's just for harm reduction and not do anything other than that.

Housing, social assistance - disability - some type of person from that office to help answer questions, provide guidance if needed to access any of those services.

In other cities - Netherlands and Germany they also have mental health assistance. People who are there to help depression. Many of them end up hurting themselves, continue the addiction because they just don't give a shit about themselves anymore.

Addiction & mental health services, maybe even neurological or those types of services. A lot of times people have propensity to do those things because have had injuries. Previous injuries may have happened and that's why they're on - learn about things like physiotherapy or something as an option.

Support services need to be in place: education component, social work, other kinds of mental health services they need. All the reasons people end up using need to be considered and hopefully managed through that process.

SIS should balance the need for security with the need for trust among PWID

As detailed above, participants were concerned with the possibility of violence within the SIS – both between users and against staff. While the need for physical security is top-of-mind, participants were hesitant to involve police, or other uniformed security staff because this might break PWID trust in the SIS program. Responses pointed to the need to balance security with PWID's sensitivities:

Having someone in there in uniform, [users] will turn around and walk out the door. Think get busted or set up then leave.

Who is the security? Is it third party agency or someone who has heavy involvement from Windsor Police that's already connected, people know? Are people going to see uniform and think I am not coming here, I don't know who this dude this.

Plain clothes something that should be considered. Plain clothes third party, safety, auxiliary agency that has link to police if there's situations that escalate. Someone who is known, visible and familiar face. And trained. Trained possesses first-aid, CPR. Relatively versed in street lingo. They know if you're a poser, not going to get far. If you have street cred and knowledge of what is, what is not, and you can engage and talk to them, might get more reception.

Questions About How the Program Will Operate

In general, responses indicated a strong appetite for operational details about the SIS. This came through especially strongly in the health services group. Some additional questions put by participants included:

How will success of the SIS program be measured and evaluated?

What are measurable outcomes? How do we know what's the effectiveness of this support?

Statistical support - How to correlate with hospital admissions, decrease of overdose deaths, how many people actually able to kick habit altogether?

Would the SIS be limited to injectable drugs – as the name implies – or would they be sites for the consumption of any drugs?

[PWID who are] Injecting, snorting, would they be coming to use in supervised site? I highly doubt it. If it is supervised consumption site for injection drugs [and] that's not mode of delivery they choose they are still at high risk. There's pieces missing - no way to catch - think missing information about how we're going to deliver service like this that could be useful.

What medical training would be required for SIS staff?

What level of education, medical knowledge, expertise [will SIS staff] need to possess? Any possible case scenario is possible.

Medically trained workers? Who are those people? Without specially trained with injection drug use and mind of person who injects it's going to look good on paper, [but not work in practice].

I don't know how true it is, but a lot of sites currently active are operating with peers. There has to be balance. People do need to feel safe, protected and secure and non-judged. Medically trained workers need to be there for safety.

Section 3. Key Informant Interviews among Key Stakeholders

Objectives and Methodology

The WECHU conducted key informant interviews with 20 community stakeholders between November 7, 2018 and February 27, 2019. The 20 stakeholders who were interviewed represented a cross-section of the community including emergency services, health services, municipal stakeholders, and other stakeholders including school boards and community organizations.

The purpose of the interviews was to determine their level of support for SIS in WEC. Informants were also asked questions about their perceptions of drug-related harms in WEC, how SIS might be implemented, benefits and challenges of SIS, as well as other policy responses to drug-related harms.

Key Highlights

The WECHU conducted a series of interviews among key stakeholders (20 interviews in total) representing a cross-section of the community including emergency services, health services, municipal stakeholders and other community organizations.

Similar to the community focus groups, key informants acknowledged the drug crisis that Windsor and Essex County is facing. Many provided anecdotes of how addiction has affected the community including stories of how paraphernalia have been littering school yards and backyards risking harm specifically to children.

A number of participants observed that the lack of consensus among community stakeholders on the best approach to addressing the drug crisis is delaying an effective and cohesive response. This disagreement among authorities reflects the broader public debate on the merits of harm reduction and seeing addiction as a medical problem versus the traditional enforcement-centered and legal approach to drug use.

Stakeholders cautioned that many residents will oppose the establishment of SIS. Supporters argued that this justified an even greater need among community leaders, politicians and enforcement to work together, to put aside ideological differences and to find a solution to reduce harm among users and in the community.

Many stakeholders noted the challenges that would come along with establishing SIS and provided suggestions for implementation including the need to establish trust with people who inject drugs, to educate and train first responders, and to provide care that understands and respects diverse groups including women, those identifying as LGBTQ, and immigrants. As noted above, co-location and/or close collaboration with other services would be important for supporting those who are addicted to drugs to move beyond addiction.

Lastly, ongoing communications and consultation, they noted, is critical to the success of the program, particularly when it comes to the location of the site.

Detailed Findings

Stakeholder Perceptions of the Drug Issue in WEC

Drug-related harms in WEC

Stakeholders were unanimous in their view that WEC is dealing with a worsening and visible problem of injection drug use and related social harms: those who inject drugs are understood to be physically at-risk, socially stigmatized, and to be in avoidance of public services and health care providers.

Yes, I believe there is a problem in Windsor; actually, very evident in our community. See it on the streets; we have people who send pictures of people injecting on sidewalks and send to 311. People injecting out in the public. Right now, the problem poses a health and safety risk in the individual who chooses to use and the general public. And I also think that because of the issues on the streets, harder to identify and connect with individuals and provide support that they need. Additional risks; increased sharing of needles and blood borne diseases which then impacts people for their lifetime and can be transmitted to non-users. (Municipal stakeholder)

Yes, obviously there is an increase in the use of opioids and meth and you see it more. More prevalent in terms of visibility especially in the downtown. In the last few years it has been more obvious, hard to ignore, increased homelessness. (Municipal stakeholder)

... we see a lot of people flowing in with injectable drugs (meth and opiates being the most frequent ones). Along with that comes with the realities of the lack of nutrition and avoiding health care providers. Avoidance comes from the stigma. Few cases come in with terrible abscesses, and they're disconnected from their health care provider because they don't want to be judged. Unfortunately, in Windsor, the downtown is being heavily scrutinized, and people are uncomfortable reaching out to HCPs. (Social services)

Burdens to family is the big issue. All the determinants of health – it all impacts health (social determinants of health). They're all related. Which one comes before is debatable, and this is probably debatable. It definitely takes a toll on society in general. (Health services)

A comprehensive approach to drug addiction is needed

Key informants offered different policy measures that could help manage or help address and resolve the issue of drug use in the community. Most stakeholders identified the need for services that address the social determinants of addiction such as unemployment, precarious housing, and poverty.

If we are to become open minded, we need to be open about the fact that not everyone can go cold turkey. Nobody will get housed successfully with soup and a shower. Much more complex than that. Need to diversify how we address recovery, need multiple solutions for the people that we serve. (Municipal stakeholder)

Number one issue is collaborative effort, we work through prevention, consistent prevention of drug issues. Start young in schools, programming delivered by different agencies, mental health, housing, social services, housing all play a role in addressing this issue. (Emergency services)

A lack of consensus among community stakeholders

Many respondents observed that the lack of consensus among community stakeholders on the best approach to addressing the drug crisis is delaying an effective and cohesive response. This disagreement among authorities reflects the broader public debate on the merits of harm reduction and seeing addiction as a medical problem versus the traditional enforcement-centered and legal approach to drug use.

It is contentious, because there are different opinions. We are not different from other communities, it's just our response has been different. The issue with our response, we are not unified on our thoughts about it. There are a lot of differences in opinion. Lack of knowledge and understanding around the medical aspects in that it is a disease and not an issue with people. It is an actual problem, that has medical basis, and a behavioral basis. It is very complex. (Health services)

What I've seen is that a SIS is a first step in decriminalizing to some degree and making it a medical problem and not a legal problem. I have seen and spoken to other physicians in communities and they have gotten the okay to supply patients with safe narcotics and have ceased or quit using these forms of products and using safer medications; reducing injury to self and others and property. (Other organization)

The harm reduction is also important. Especially I see harm reduction important for certain groups of people and certain types of drug users. It is a good opportunity – there are many ways to look at harm reduction...(Health services)

Creating an environment for more policing where people are not exposed... Increase police presence.... Wondering if this is the best strategy to reduce overdose in our community; is this the most effective strategy and if the desired effect has been accomplished? Are there other things we should be exploring as a community through this or other funding? We should look and be unique. Intelligence policing model- if we are going to commit ... we need to know if other options are as good. We should look at this. (Emergency services)

Knowledge of SIS among Key Informants

Informants were all familiar with SIS, the concept of harm reduction, and the general nature of how SIS are intended to operate. At minimum, they understood SIS as medically supervised facilities where drug users inject or otherwise consume drugs and that these sites are intended to reduce rates of overdose and fatality by having medical professionals present to help prevent overdoses or quickly intervene if one occurs. However, the level of knowledge varied among informants and there appears to be no consistency on what people have heard or read about.

Heard a lot of different things; Safe Consumption facility; Vancouver has been open for 15 years with 3.3 M visits; no deaths, reverses overdoses. (Municipal stakeholder)

I know very little knowledge about these sites; been in discussion, get the impression they are sites people can go for needles. Don't know a lot about these sites. (Municipal stakeholder)

Be concerned it could drive up illicit drug market. If people using almost feed drug dealers and industry. No stats. I have heard mixed reviews on the crime. Heard from some that stats don't go up and heard from others that crime rates do go up. Need to have clarity on that and education. (Municipal stakeholder)

Don't know much; just what I've read about Vancouver, decrease in people overdosing and needles. Would need huge information blitz, to counter that we are encouraging people to get high. (Other stakeholder)

What I know is that it is a harm reduction philosophy. It's basically a safe space for people to choose to use drugs, can go to and ensure that there is no undue harm on themselves. They will have access to clean needles, to support for them in their drug use, access to some education about it. Perhaps, liaising with other sorts of treatment and testing for blood borne illnesses. Basically, a safe space to dispose of their needles. (Health Services)

Support for SIS

Most of the informants interviewed indicated that they believed SIS have a role to play in WEC. Many stakeholders who were supportive of SIS pointed to its potential benefits, both for those who inject drugs and for the broader community. Though individual respondents tended to emphasize different aspects of SIS' potential benefits to the community, several recurring themes emerged from the discussion:

“Yes, we have identified we do have a problem. Sitting back is not a solution. Irresponsible not to try, especially with research that they are effective.” (Other stakeholder)

SIS will save lives

The principal benefit of SIS in the minds of most stakeholders is the prevention of unnecessary death due to overdose. It is also the benefit that is least in dispute among dissenting voices – almost everyone acknowledged that SIS would extend healthcare providers' ability to provide lifesaving care to drug users in the event of an overdose or prevent overdoses in the first place.

[SIS would] Reduce the potential number of overdose deaths or serious issues. I don't know how many die on the streets... (Municipal stakeholder)

Saving lives first and foremost and having qualified individuals to supervise...(Municipal stakeholder)

SIS will help reduce the spread of infections and infectious diseases

Stakeholders frequently identified this as a key public health outcome of establishing SIS. Ensuring access to clean paraphernalia and preventing needle sharing, in order to stop the spread of bloodborne infections and infectious diseases is understood to be a key function of SIS that could benefit the community beyond PWID.

Researched insight in Vancouver; 8,017 reversals since 2003 without one death. The benefit is that people won't die if they inject in a healthcare facility. Reduced bacterial infections, not sharing needles. Attract and retain high-risk population; reaching those that need service. Cost saving due to reduction in need for emergency medical services. Reduction in drug use in community. (School board stakeholder)

SIS will help prevent the public discarding of needles

Proper disposal of drug paraphernalia was another key benefit that stakeholders attached to SIS. In their discussion of the present crisis of drug use, stakeholders identified the issue of discarded needles in both public and private areas as a critical issue resulting from drug use. Stakeholders were most concerned about the potential exposure of children and youth to needles.

Yes, I do believe that we are having an injection issue; reported by principals, finding used needles on playgrounds and on routes to schools. Some kids are picking them up and asking what they are; having done a campaign to report to an adult. Example, local park used for soccer games, we need volunteers to walk field to make sure there are no needles to jeopardize kids. (Other stakeholder)

Safety and security for community, giving people clean needles to be able to inject safely and have a safe disposal of needles and other paraphernalia, rather than hiding in backyard, alley and leaving needles in parks. (Municipal stakeholder)

Secondary issues, shooting up or administering in the site means they are not doing it in someone's backyard or alley and not leaving the needles in the backyards. (Municipal stakeholder)

SIS can act as a 'bridge' between those who use drugs, their families, and wrap-around services

Many stakeholders consistently expressed optimism that a well-resourced SIS could operate as a first point of contact between people who inject drugs and a broad spectrum of public services. While stakeholders generally took a positive view of harm reduction, many expressed a desire to see it as one facet of a holistic strategy that manages harm while providing a path to recovery and addressing the social drivers of addiction.

[Users will be open to hearing] 'you've come here 4 times per week, here are some options for you, where are you living' etc. We can watch (keep an eye on) people and build relationships. People are self-medicating and don't know how to tell their family; social supports are now available. These are not only SIS; they are a safe place to continue on a path to healthy recovery. Not just a hamster on a wheel. When staffed properly and not taking a short cut, they are successful and each person that does have a success is worth it. Problems occur when you compromise for a budget reason. You cannot do these in half measures. (Municipal stakeholder)

Benefits would be to pull this issue of substance use disorder out of the alleys, out of the shadows, out of their homes, and bringing people to the care they need. If we continue to stigmatize we will never be able to find these people and link them to the care that they need... Also to link people to all their social determinant needs; housing, food security and treatment. (Other stakeholder)

Ability to connect people with other services they need to overcome addiction and other issues that have contributed to their addictions, unstable housing, unstable income. (Municipal stakeholder)

Maximize opportunities' if rolled out properly, can help guide those who are struggling with addiction. Sometimes people are starting on a path to address issues and don't have identification; sometimes these issues are insurmountable. The supervised site offers a place for people (who use drugs) to interface with a nurse or someone who can help; assist with referral to appropriate service. (Municipal stakeholder)

Some stakeholders took the view that SIS could also be a centre of support not only for PWID but also their families. It could also serve to help break down social barriers between the PWID population and the general public by destigmatizing addiction and helping PWID reintegrate into the community.

[SIS] can even be a hub for the support system around this person; a lot of people like to think of these users are despondent and loners. If you have a safe and consistent place where you can use and your family knows where you are going and they have information to help. (Municipal stakeholder)

A place where there is a symbol that there is a support system; urban myth of who the user is a myth. There are people whose loved ones bring them (to a safe injection site) for their shot and wait because they know it is a place (for the person injecting drugs) to maintain and keep their job; some have part time jobs. When you take the time to listen to people (you learn their story)... Having a safe injection site sends a social signal that we are prioritizing this (the opioid crisis) and rejecting the premise that these people don't have a place in our society... (Municipal stakeholder)

Perceptions of Concerns regarding SIS in the Community

Stakeholders cautioned that many residents will oppose the establishment of SIS

As a consequence of concerns about property values and crime, stakeholders predicted that residents in the vicinity of the proposed SIS would publicly oppose the establishment of the site. They stressed the need for extensive consultation with residents who might be affected by the site's establishment to mitigate these concerns.

From a political view - local residents will use "not in my backyard"; bring up riff raff, theft, damage to properties. Major hurdle when you go for zoning into an area. Will see a huge uprising from citizens. (Municipal stakeholder)

The location will be the debate, because you have businesses, who would not want this service because of the stigma attached to it. Right now, we're not even unified in our understanding and support for a need for one. First step is to get everybody on board. Second step is where it should be located? (Health Services Stakeholder)

[Challenges in establishing SIS might include] Stigma, public perception, lack of education for non-users, "not in my backyard" syndrome, perception that it will be an enforcement space and not a safe injection space. (Emergency services stakeholder)

Concerns about the efficacy of SIS

As noted, it is important to note that while most stakeholders were supportive of SIS in the community, not all were fully convinced that the benefits would outweigh the risks and who did not think SIS was necessarily the best solution for the community.

[Do you think SISs have a role to play in Windsor?] No ...[It's] beneficial to save a person but it doesn't reduce all the harm. (Emergency services stakeholder)

I believe there can be a benefit but I'm not sure if the benefit is worth the risk, or if the upside is better than the downside. When I look at what happened last weekend- they occurred in private places; can't see them going to an SIS to do what they did. Not sure it is the panacea that everyone keeps claiming. Need to have broad communication on location; not in my backyard. Where would you put it to minimize complaints and serve the people it is meant to serve? See it more downtown because they live in lodging homes; in downtown area and west side. Needs to be put where clients are intended to be served. There is an impact on the area. Previously there were discussions about methadone, you wouldn't even know where clinics are in Windsor. Where I've seen an SIS you know that they are there and it's not a place where the average person wants to be around. (Municipal stakeholder)

SIS might create a pocket of depressed property values and increased crime

Stakeholders, especially the few who were not supportive of SIS identified SIS' potential to depress property values in the neighborhood around the facility. One described the areas around Vancouver's SIS as a 'dead zone.' Even those who were less concerned about the effects of SIS on the surrounding area acknowledged that other members of the community may be worried about the effect the site may have on the surrounding community. These concerns tended to revolve around potential increases in drug-related crime around the site, a diminished sense of public safety, and a resulting decrease in property values.

What I know of what I've seen in Toronto and Vancouver. It troubles me. The location causes problems related to crime in the area, creates a dead zone. The average member doesn't want to walk down Hasting Street; significant increase in crime. Not well versed in crimes in other places. What I've seen with my own eyes isn't something I want to replicate in my own city. (Municipal stakeholder)

A lot publicized in media; local impact on businesses, increase in drug dealing, public disorder close to sites. With any type of drug use – complete safety is hard to guarantee. (Other stakeholder)

SIS might be seen to sanction drug use

Some stakeholders perceived a contradiction between criminalizing and discouraging drug use while, at the same time, seeming to sanction drug use in the SIS. For the minority who opposed the establishment of SIS, this contradiction between law and policy was especially bothersome. Others did not share a concern with this seeming contradiction, but, worried that members of the public may have difficulty accepting that the government both sanctions and criminalizes drugs. They tended to stress the need for greater public education on the role of harm reduction.

Proximity to schools... seen as an acceptable way to get high. Don't want them [students] to think it is acceptable to use it [drugs]. With cannabis being newly legalized they may think other drugs will become legal. (Other stakeholder)

People think [SIS] encourages drug use. I hear people say that a lot of the time. People who don't understand harm reduction, say the same thing. Why would you give a drug addict a needle, you're just telling them to do drugs. Peel back to say that no, that's not what this is about. I had a phone call about naloxone kits found abandoned. They called to ask how they should dispose of it. I advised to bring it back to ACW. The person was upset because there were inhalation kits in the naloxone kit. They were saying that they were upset why we are promoting drug use, they understand naloxone kits and preventing overdoses, but why give equipment. Had to provide some education. They weren't aware of why inhalation kits were helpful. (Social services)

Challenges around SIS and Suggestions for Implementation

While most respondents were supportive of establishing SIS in WEC, stakeholders were also cognizant of the many potential pitfalls and challenges SIS might face.

Potential resource and capacity limitations

Stakeholders were concerned that a failure to adequately resource the SIS program could lead to limited capacity – both from an infrastructural and human resourcing perspective. Capacity limitations were envisioned leading to wait times, users in need of service being turned away, or inconsistent hours of operation that would discourage PWID from coming to the SIS.

I think the benefits are for users who actually attend - I believe it would save their life. It is the primary goal. When linking in to other services, that is critical, as well as education, and referrals to service providers. The disconnect is if money doesn't come and the person says that it is their last dollar and "I want help" and they say there is a 4-week waiting list for services. Has to be access when people request it. That's where the big issue is right now. (Municipal stakeholder)

The need to establish trust with PWID

When working with a vulnerable and socially marginalized population, stakeholders advised that special care must be taken to ensure that the SIS earns – and does not violate – their trust because doing so could deter PWID from using the service and limit its efficacy. A distrust of police was seen as an especially sensitive issue. Many stakeholders were concerned that police in the vicinity of SIS could deter users, especially if police carry out drug arrests near the SIS.

A segment of the population will use it. Success of it will be the ability to build trusting non-judgmental relationships and allow them to feel safe there, not having a cop. (Municipal stakeholder)

Benefit would be that you get them in – relationship of trust between medically trained worker and drug users and would be helping them get off of the drug- lead to helping these people to get away from drug usage in the end. Getting their trust and showing them that someone does care and eventually get them back on the road to being productive citizens- bringing in other agencies. (Municipal stakeholder)

The position of Windsor police may deter individuals from being inclined to use site because there has been strong enforcement language. Alternative messaging to give confidence to those that are using that this is a safe place will be needed. (Health services)

Drug users will be worried they will be sought out by the police or harassed by others. Staffing and funding will also be an issue. (Other stakeholder)

... Police need to be involved but that recognition and sensitivity to the issue and the people who have addictions and choose to use needs to be present. (Health services)

Several stakeholders recommended the employment of street outreach programs, possibly led by peer workers, to build trust between the SIS and PWID.

...[There's a need for] Community outreach workers getting people who are using on the streets and alleys to go into an SIS. (Municipal stakeholder)

[Uptake] will all depend on how service users are engaged. They have to be engaged to where they are at that moment. If you try to force a service on someone who is not ready [it] will drive that person back... Peer engagement will be important with a genuine interest in person's life and health. (Other stakeholder)

“Some sort of balance with the justice and enforcement side and the recognition that this is a struggle that people have, and not always will people magically decide to become abstinent. There are physiological issues, like withdrawal, that may require people to be active users, but they are pursuing active treatment. We don't want people to have repercussions from the police side, while they're being treated.”
(Health services)

Educate and train first responders

One respondent identified the need for a different approach in WEC, one that involves the education and training of first responders, including the police. The buy-in and support for a harm reduction approach from the police is critical.

We have to rethink idea of criminalizing people, and the public health approach means we have to have first responders not be helpless and not be traumatized in their helplessness. Have had first responders and police officers that do believe they should be equipped with naloxone kits. We need to be looking at how we train; need to be equipped. Takes a change in some of our approaches. We have first responders in our community, policing, paramedics, do understand that we have to invest in that they are willing to train for, but we need everyone to buy in. I'm speaking about first responders from our area. (Municipal stakeholder)

Addictions has both a physiological piece and a behavioural piece. It is very complex and needs more sensitivity around it. I'm not sure what the right answer. That's my thought, we need support from the police sector around people that are active users, and that being abstinent is not a goal that will work for everyone. We need collective support around those people who are still using and continue to use, and we won't want them to have to enter into the criminal system if possible. There needs to be some sensitivity. I'm not sure what it looks like. We need to be comprehensive in our approach in the issues of addictions, and how difficult it is to address addictions... (Health services)

Provide relevant care to diverse populations

One stakeholder noted the relative overrepresentation of white men in the population of drug users who tend to seek out treatment. This stakeholder pointed to the need to develop services that are sensitive to providing care in a manner that make all feel welcome including women, people of diverse ethnic and cultural backgrounds and immigrants, LGBTQ.

Clientele that come [today] are mostly white men. We know substance use is occurring in all cultures across all segments and across all genders. If we track information about people who are coming to a SIS, will it be mostly white men. There needs to be some collaboration with women-centred services, LGBTQ services, different cultural services, having interpreters at the site (or translators). Having more diverse populations being consulted and having culturally appropriate service (e.g., we know women use very differently than men do – women are more likely to be second to the needle). (Social services)

One respondent also expressed a concern with how – and if – the site would provide care for youth and pregnant women. These cases would present ethical complexities that come with

administering drugs to minors and potentially causing harm to children in utero – even for the purpose of mitigating overall harms.

Location of SIS in proximity to users

Stakeholders were chiefly concerned that the SIS be located close to the areas with the greatest demand for addiction services to ensure that transportation is not a barrier for PWID. Most indicated “downtown” Windsor as the ideal location for SIS, one that is near hospitals or the Health Unit. A significant portion of stakeholders also refrained from recommending a location on the basis that more information (for example on areas with the greatest demand) would be needed to make an informed recommendation. Finally, many stakeholders stipulated that SIS not be located near schools or youth centers. Another noted SIS should be in an isolated area away from residential areas but easily accessible.

Probably downtown, but I do like the idea of a mobile unit, because it might not always be downtown that is the problem. (Social services)

I think personally, in the downtown core. The hospital is down there, because of easy access. If they overdose and you give them naloxone, are they not supposed to go there. I think it would be really cool if there is a mobile site that goes around the city, and people knew such and-such time that it is where they are. That would be phenomenal. I believe that we can have both a permanent site and a mobile site. (Social services)

I think it should be near downtown or in downtown. There are backlashes from community members – there is an idea that we are bringing out drug users because of centrally located services, but at the end of the day, the issue is here. We have higher pockets of poverty in and around the downtown and we know people cope with the realities of trauma and poverty by using. (Social services)

[The SIS is] Not to be near a youth centre or schools or recovery home. (Other stakeholder)

Keep out of residential areas - huge objection. Whether they're operated near hospital or health unit; not in residential area of any kind. An area with a lot of isolation nearby. Difficult to find an ideal place - need to be in the area where your users are. Need to get to your location, isolated from residential and people places and yet availability to get there no problem. (Municipal stakeholder)

Needs to be located where people are, and users are. Figuring out a way – balance of putting it out in the open and people know where to go. (Municipal stakeholder)

Stakeholders who supported the implementation of SIS gave differing accounts of how many SIS should be established. Many suggested one location at the least, in part as a practical response given resource constraints. Another stakeholder suggested areas in the west end and also in Leamington. There was very significant support for the creation of a mobile SIS to augment the capacities of a fixed location.

Downtown. Want it to be somewhere where people have easy access. Won't travel great distances, needs to be where there is already drug use and already considered a nuisance; site needs to be readily accessible...Start with one; build on that. Hate to start with multiple sites; make it a success and work with the neighbourhood. Start with one. (School Board stakeholder)

In an ideal world, we have one downtown, one in the west end (Sandwich and Mill), one small one in Reginald and Ford, and one in the county (start off with Leamington). It is a bit of hike for clients who do come up. They grab supplies in bulk. West end is somewhere to service. (Social services)

...Withdrawal management – they have a mobile unit that they can go and support it. That is a very important part, too. Can they be part of the SIS and go there, meeting people where they are at and giving them options. (Social services)

On the understanding that drug use patterns are highly variable and not limited to any time of day, stakeholders recommended that SIS operate as close to 24/7 as resources would permit. In anticipation that resources may not permit this level of service, stakeholders suggested that the next best option would be to identify times of peak demand and focus operations to these times of day.

Implement SIS with a holistic approach that address drivers of addiction

As described above, stakeholders viewed harm reduction as part of a spectrum of services for those who are addicted to drugs that aims to protect their health in the immediate term while providing them a path to rehabilitation. Accordingly, they suggested that SIS be coupled with everything from treatment and recovery, to health and nutrition, to housing and employment programs. Stakeholders envisioned SIS being integrated with: supervised detox, needle exchange, adulterant screening, emergency medicine, mental health, nutrition, housing, employment, and social assistance programs. Many hoped that a trusting relationship between PWID and frontline workers could smooth the path for referrals into these programs over time.

An ideal framework- co-located with other like-minded or supportive agencies that could help offset some of those negative behaviours and concerns. Should not be a standalone building. Example, connecting with Mission, would be with people who use substances there, would have to add a whole layer, day program. People are kicked out of Mission at 9am and can't return until 5pm. There is a need for a day program- where people can go and have health professionals and productive

activities such as a library. Need for people to go somewhere rather than wandering the streets; place where people are not stigmatized. Multi use type of building (food bank, etc.). (Municipal stakeholder)

Organization level: I like the partnership and collaborative piece of SIS. I think there needs to be more work done how harm reduction support workers work alongside nurses and first responders. It is better for the service user because they don't fall through the cracks. Circle of care! (Social services)

Have visited site in Vancouver; know that they provide space for people to use illegal drugs, but provide clean needles, safe disposal of used needles, privacy, trained in overdose, people overseeing, clean safe equipment, educational opportunities, counselling accompanying safe injection site. For those who want to get off their drug use; there's a place to do that. I know there is a great resistance to these sites in communities. I know they save lives and without access the rate of overdose and death is greater. (Social services)

[SIS should be coupled with] Basic health services; access to counselling services; needle exchange program; emergency medical care; provision of sterile equipment; referrals to other agencies (drug treatment, education on drugs, services; testing and counselling for blood borne diseases and immunizations) navigating healthcare, filling out paperwork. Emotional support and counselling. (School Board Stakeholder)

[We] would need pre and post counselling opportunities to refer to appropriate treatment facilities, healthcare facilities, social support facilities, peer lead support groups and social determinants support (e.g., housing, food, employment services). (Other stakeholder)

SIS must be staffed by medical staff and not primarily by volunteers

One stakeholder cautioned against the running of an SIS primarily by volunteers.

I've heard a couple of different things. Some are supported by medical staff, nurses. There is another type, which is just volunteers that monitor the SIS. My concern is... I know that people are working there... and my concern is the PTSD support. People are reviving them, some make it and some don't. I'm concerned that if they are volunteers, what kind of services are provided for the volunteers about stress, PTSD, or emotional support for themselves. What do they do if they have 3 people die in the site in one night? You can't control what they inject, you're not providing them with the substance. They don't know. It is a little scary. What if people bring in carfentanil and a person who works there comes into contact with them? You may have all the protocols in the world, but if you're faced with the event, some of the protocols go out of the window. There are a lot of ramifications and repercussions that come out of this. Even if we wanted to save lives, we have to look at what

comes out of that. We need a lot of protocols and procedures. It is a tough one to have volunteers. I think people need to be highly trained in order to work the site. Can you have volunteers there – yes but cannot have them solely operate the site. (Social services)

Communications

Engage in ongoing consultation with the public

Many stakeholders spoke of the importance of continuous public engagement, consultation, and education about drug addiction and harm reduction.

Community consultation is really important. Sometimes it slows down the process. Communities need to be consulted, there should be community coalitions and groups. Bulk of the work is addressing their fears and happens not in one conversation through several conversations. Sometimes, I worry how community consultation slows down the whole process because we are dealing with how people are dying at the end of the day. The more we wait, the more people are dying. I don't know how to address that. That being said, people changing their mind and accepting the possibility of rethinking things is through conversation, as long as it doesn't slow down everything. (Social services)

Roundtable, disseminating information to residents. Anti stigma campaign is good in a broader sense; more than the four neighbourhoods; general public. More contact with general residents in the most impacted areas; service providers look at [the] addict as the number one client. Some residents are experiencing a huge impact due to prevalence of the problem. Those residents need to be part of a conversation as to where an SIS should go. The more residents you have on side the more likely it is to be a success. (Municipal stakeholder)

Challenges can be mitigated if we start off with going to District Labour Council, Workers Education Centre where they have specifically engaged people. Tell them this is what we're thinking and they can help you with education. Canadian Labour Council has lines and communication people and ...[they] do a vigil for people who die of overdoses. When the report is released, we have to create that dialogue... Some churches have good female pastors and usually have a social night to talk about things. Talked at United Church regarding issues. (Municipal stakeholder)

Education and de-stigmatization around addictions

A number of stakeholders made mention of the need for an anti-stigma campaign targeted to the general public that would help educate and build compassion. This would involve not only showing the evidence of the efficacy of SIS, i.e. “the stats” but also the stories of addiction and the fact that it can affect anyone including family and friends.

Education is a big piece with harm reduction; people talking the talk are already dealing with this. Much more education with the general public. Need to build compassion. Even alcoholism, not a stigma anymore; nobody just says let them die. Yet with drug use, people say that all the time. Need to move the bar on education to remove stigma. (Municipal stakeholder)

Have a way to show successes of other SISs and data that shows it is working – through media- need to see what they look like. People do not know that there are facilities that are effective and they work. The sites seem to be meeting their mandate; more awareness of successes and positive stories. Media can counter positive stories with the negative and that is what people hear. (School Board)

Need to educate public on treatment and what that means (residential vs home based treatment). (Health services)

We need to start going beyond stats; putting a face to addiction and people's stories.

Preaching to the choir; gotta be on bill boards; on commercials, starting a conference that has nothing about addictions; telling stories (surgeries, addiction, grandma, other trauma).

Integrating stories into mainstream - every age and gender and diverse. (Municipal stakeholder)

One stakeholder noted that the Opioid Strategy should be expanded to include other types of drugs to help in reducing stigma around drug addiction among the general public.

I believe, beyond Opioid strategy [sic] there should be a poly drug strategy put in place- important because opioid & fentanyl is immediate related to fatalities. Other drugs ranging from crystal meth to synthetic drugs continue to impact community. Opioid strategy is a great start to begin conversations, especially related to drug related harms. (Other stakeholder)

Buy-in from all community stakeholders is critical

It was very clear from the interviews that there is division among community stakeholders in WEC about how the drug issue can be best addressed. Buy-in from those who do not fully support or those who oppose SIS must be obtained to move forward. Support from political stakeholders would help to legitimize the program and could provide much needed resources.

Politicians are looking at least amount of controversy if they want expediency; sometimes we need administration and bureaucratic to speak up. And you have to do that. Public service must take the evidence and push this... Convince politicians it is the right thing to do. (Municipal stakeholder interview)

Concern in Windsor is the police issue. They are a big part of this. If we don't have them on board... (Health services)

Make sure there is a community buy in- key partners' police and mayor, commitment from the city, political leadership from province (MPPs). (Health services)

See Windsor Police take a lead on the SIS, instead of saying "I'm against this, I'm against this"... The city to be involved in the education piece, and to be seen in support of it. You cannot go very far without the Windsor Police and City who doesn't support it and will arrest anybody going and doing drugs. (Social services)

We have to look at a community response, coordination of services, aligning resources. Get multiple agencies working together to address issue. We are working in isolation; need a coordinated effort. Do it in a timely manner getting these people into treatment centres and programs much quicker- we have wait lists. Try to diminish or eliminate wait lists to get access to services quicker. (Other Stakeholder)

Proposed Groups in the Development of the SIS Initiative

When asked who should be involved in the operation of an SIS in Windsor Essex, stakeholders submitted a long list of potential partners.

The Health Unit should operate it. We need nurses. Street Health WECHC Community agencies, like the AIDS Committee of Windsor – any agency that works in the areas of community housing (they will give you insight as to whether or not this is accessible for people who do not have resources or the money and access to transportation). A lot of campaigns using internet but there is a huge disparity for those who do not have access. Any social service agency that works in this area (Downtown Mission). I would like everybody involved. The social services agency – a collaborative consultation way rather than be on-site. We should have social services cycling through, not having necessarily a dedicated staff. If people can have opportunity to see what a SIS will look like. PEERS!! Not just peers who have used previously, but peers who currently use. (Social Services)

Municipal and Provincial Governments

I think the government is interested in being in on it. Local or provincial is fine. PWUD should be involved in establishing where it is and be asked for input for sure. Possibly staffing if they can help in some fashion. Can one be a volunteer. Medical oversight would be reasonable- I don't know how that's done in other jurisdictions. (Other stakeholder)

Partnership between municipal, provincial, MOHLTC, and health care professionals and law enforcement. (Municipal stakeholder)

Windsor-Essex County Health Unit

Our public health agency, those experienced in addictions, mental health sector, medical sector, treatment, people from all of these pieces. Someone from social services d/t income insecurity if they don't have basic needs met or basic services. (Municipal stakeholder)

The Health Unit – we are doing the opioid strategy. I'd like to see this as part of it. This is what we are looking for. How are we doing this? ...The Health Unit has nursing staff, you just need to get more funding to hire more staff. (Social services stakeholder)

Windsor Regional Hospital

Hospitals. This has to be viewed as a health issue; city can't solve on its own. Government needs to provide resources and treatment, under the provincial umbrella. They fund hospitals and treatment and have the most to gain. They overdose and spend 12-14 hours in the hospital before they are released. Could have them in the ED, or have an SIS – staffing in place with nurses; provincial funding for nurses. Use money they are spending now to stop the overdose and try and get treatment. (Municipal stakeholder)

AIDS Committee of Windsor

ACW can play a role in community education and peer support. Public health can play a role in community education and support. CHC can play role in biomedical aspects and linkages to community support. (Other stakeholder)

Canadian Mental Health Association (CMHA)

Health unit is one partner, mental health addictions (CMHA, or HDGH), clinicians, primary care providers or addiction specialist/expertise and treatment expertise. Should be clinicians. Medical expertise including nurses, NPs, paramedics. (Emergency Services)

Downtown Windsor Community Collaborative and Glengarry Non-Profit Housing

There should be a lot of community consultation: DWCC, Glengarry Marentette Initiative – all neighbourhood groups should be utilized to their fullest. They have daily and direct contact with their residents. It should never feel imposed on a neighbourhood or community. Involving the neighbourhood is essential. (Social services)

Hôtel-Dieu Grace Healthcare

Heavily rely on medical professionals; collaboration between most if not everyone within the health care sector, especially Hotel Dieu and other community agencies such as health unit, mental health and those treating mental health and addictions. Having people in place with experience and qualifications to deal with specific needs of those with addictions. (Municipal stakeholder)

Section 4. Survey among People who Inject Drugs (PWID)

Objectives and Methodology

The WECHU conducted a survey among PWID. To assist with the administration of the survey for PWID, the WECHU recruited and trained two peer workers.

Participants were recruited through word-of-mouth and by convenience sampling. Media outlets, social media, and the WECHU website were used to inform potential participants of the study. Recruitment materials were also shared with WECOSS-LC members and other organizations and agencies to disseminate to their contacts and clients. In some cases, participants contacted the Principal Investigators by phone to arrange an interview. In addition, community organizations, including housing and health service organizations, known to service this population, were asked to host the research team for the recruitment of participants onsite.

The participants met the following inclusion criteria:

- Aged 16 years or older;
- Self-reported current injection drug use, defined as an individual who has injected drugs in the past 6 months;
- Live, work or go to school in Windsor;
- Understand English; and
- Be capable of understanding the information provided regarding the survey and to provide informed consent.

The purpose of the 30 to 60-minute survey was to examine acceptability of SIS in Windsor from the perspective of people who inject drugs, explore potential clients' willingness to use such services, in addition to identifying preferences and potential barriers to running such programs. Participants were provided with a \$15 cash honorarium for their time.

The survey was conducted February 14, 2019 to April 26, 2019. A total of n=99 completed the survey.

Notes to Reader

Participants may have potentially been clients of the WECHU and may have known the peer researchers outside of the study. Participants were able to complete the survey with peer researchers or another member of the project team.

Due to small sample sizes, statistical significance testing was not applied across subgroups. Cells that are highlighted indicate qualitative differences.

Throughout the report, totals may not add to 100% due to rounding, or because the question is a multi-select question where respondents were permitted to choose or provide more than one response.

Key Highlights

The survey explored potential clients' willingness to use SIS and their preferences for the design, location, and services offered by SIS.

Consider using SIS

Eight in 10 people who inject drugs (PWID) said they were aware of SIS. When asked if they would consider using SIS, the majority said "yes" (71%) or "maybe" (7%). Many saw benefits to SIS including the ability to obtain clean, sterile needles, to prevent and treat overdoses, and to have access to indoor facilities and medical professionals. Those who said they would not consider using SIS primarily wished for privacy.

Two-thirds of PWID surveyed would be willing to use SIS if it was part of a community health centre, hospital, family doctor's clinic, walk-in clinic, or social service agency. Almost half preferred to use it during the day between 8 am and 4 pm; a further 3 in 10 said they would prefer between 4 pm to midnight; a small proportion (10%) said they would prefer accessing a SIS between midnight and 8 am.

In terms of the services that SIS could provide, PWID selected those that would address their most immediate needs including: needle distribution, prevention/response to overdose, injection equipment distribution, HIV & Hepatitis C testing, access to washrooms, access to health services, and nursing staff for medical care and supervised injecting, harm reduction education, referrals to drug treatments, withdrawal management, drug testing, and a chill out room after injecting. Counselling services were also considered an important function of SIS, particularly among women.

Drug Use

Seven in 10 of the PWID interviewed said they had injected drugs in the past 30 days. Three in 10 reported doing so daily. Many (two-thirds) said they are injecting in public or semi-public areas, primarily because they are homeless, there is no safe location where they buy drugs, or because it is simply convenient.

Crystal meth is by far the most widely and frequently injected drug among users: 76% of respondents have injected crystal meth, and over four in 10 (44%) did so daily or more than once per week. Other commonly injected drugs include morphine, hydros, heroin, cocaine, fentanyl, and speedballs.

Many (7 in 10) respondents said they had injected drugs alone. Of those who said they injected alone, almost all had done so in the past six months.

Half of respondents reported having overdosed accidentally, and half of those who have ever overdosed had done so in the past six months (a total of 25 people of the 99 interviewed). The proportion of those who reported that they have ever injected alone is higher among those who have experienced accidental overdoses (88% vs. 58% of those who have not overdosed).

Fentanyl is the riskiest drug: two-thirds of those who have ever overdosed accidentally reported that their last overdose occurred while using fentanyl.

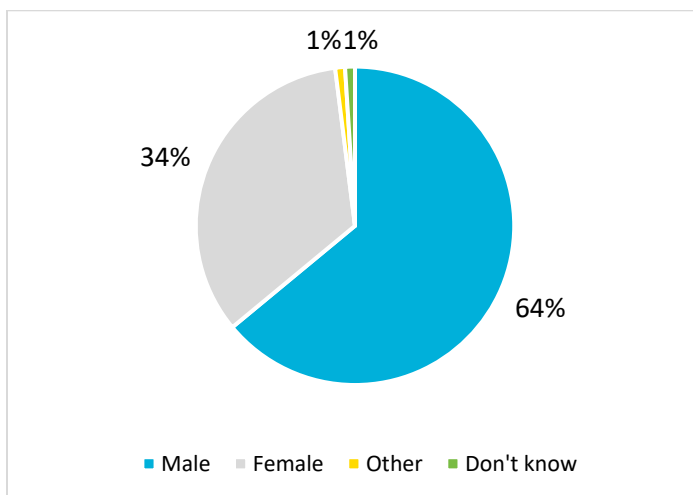
Detailed Findings

Profile of Respondents

Gender

Two-thirds (64%) of respondents were men, one-third (34%) were women (Figure 2).

Figure 2. Sex at birth.



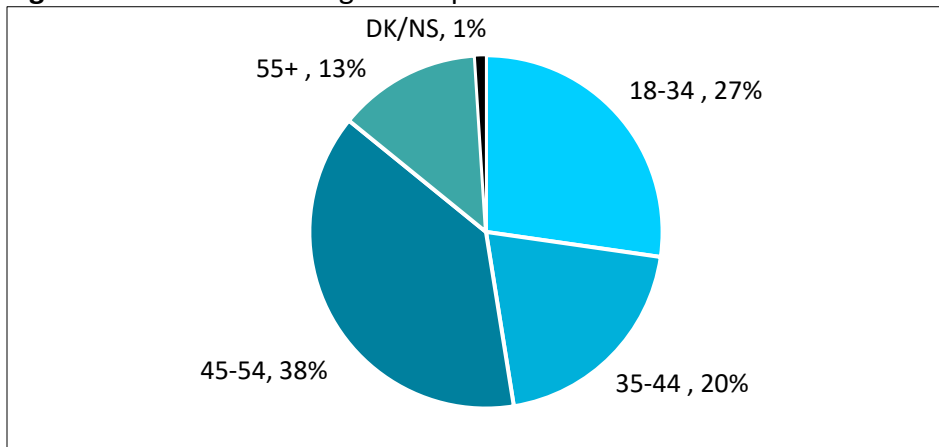
^{Q6} What sex were you assigned at birth (e.g., on your birth certificate)? Base: n=99 (All respondents).

Age

Respondents who participated in the interviews crossed all age groups and included: 27% 18-34 year olds, 20% 35-54 year olds, 38% 45-54 year olds, and 13% 55 years and older (Figure 3). Women skewed slightly younger (35% were 35-44 years old vs. 13% of men) (Table 13).

Note: There were few respondents 55+ years old who completed the survey (n=13); age group comparisons are only made throughout the report where there was a meaningful pattern.

Figure 3. Distribution of age of respondents.



^{Q5} In which year were you born? Base: n=99 (All respondents).

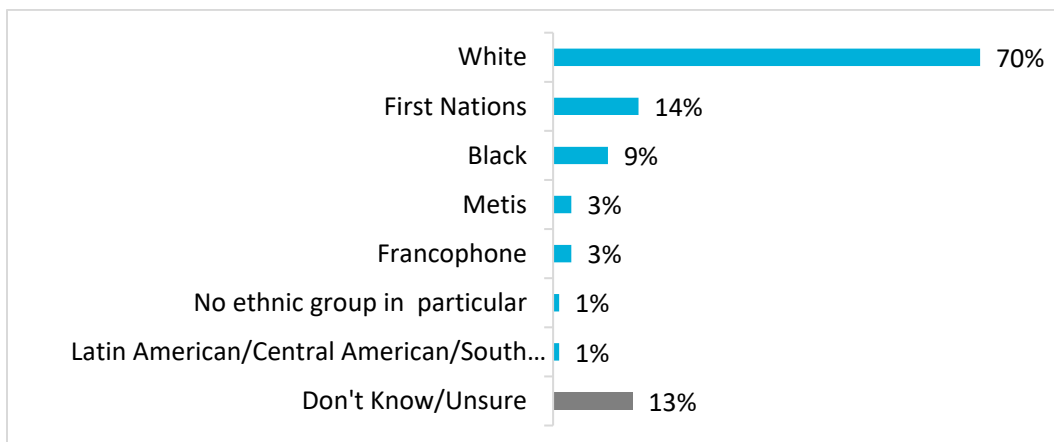
Table 13. Age, by gender.

	TOTAL	GENDER	
		MEN	WOMEN
Base: All Respondents answering	n=99	n=63	n=34
18-34	27%	27%	26%
35-44	20%	13%	35%
45-54	38%	44%	29%
55+	13%	16%	9%
DK/NS	1%	-	-

Racial, ethnic, cultural identity

Seventy percent of respondents (70%) identified as white; 14% identified as First Nations; 9% identified as Black (Figure 4).

Figure 4. Racial, ethnic, cultural identity.

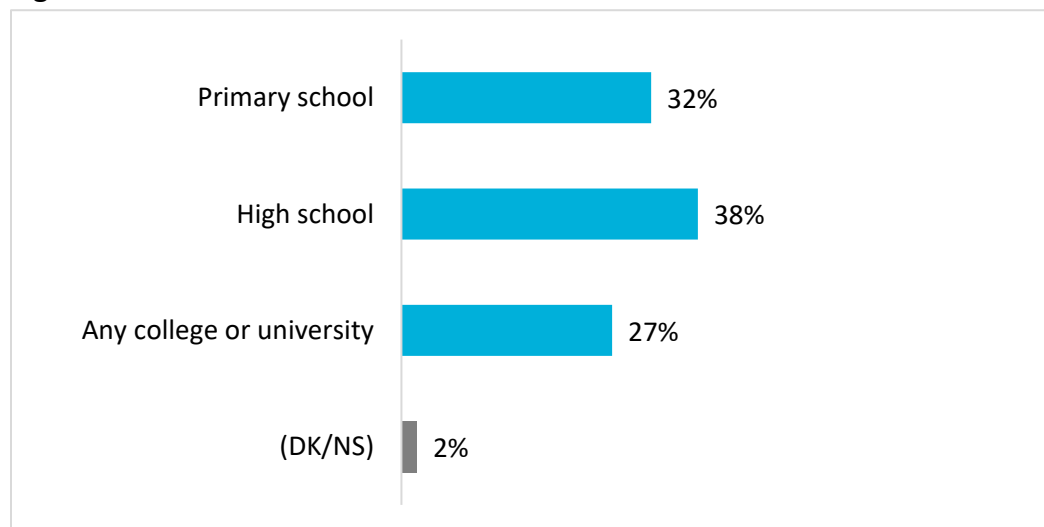


^{Q8} To which race, ethnic or cultural group do you feel you belong? Base: n=99 (All respondents).

Education

One-third (32%) of respondents completed primary school; 4 in 10 (38%) completed high school, while a quarter (27%) had at least some post-secondary education (Figure 5).

Figure 5. Level of education.



^{Q11} What is the highest level of education that you have COMPLETED? Base: n=99 (All respondents).

Places Lived in Last 6 Months

The majority of respondents lived in precarious housing. Six in 10 respondents (57%) had lived in a shelter or welfare residence in the last six months (Table 14). Half (47%) said they had lived on the street, while four in 10 (37%) said they had no fixed address at one time during the past six months. About three in 10 said they had lived on their own/partner's (28%) or at a friend's/relative's residence (24%). Respondents listed a number of other locations including a place where people gather to use drugs (crack house) (13%), hotel/motel room rented on daily/weekly basis (13%), rooming or boarding house (12%), and a prison/jail/detention centre (10%), among others.

Both men and women reported living in many different places. However, more men said they had lived on the streets (52%), in rooming/boarding houses (16%), and in prison/jail/detention centre (13%). More women said they had no fixed address (47%) or had lived in a place where people gather to use drugs (crack house) (21%).

Table 14. Places where respondents have lived over past 6 months (multiple response).

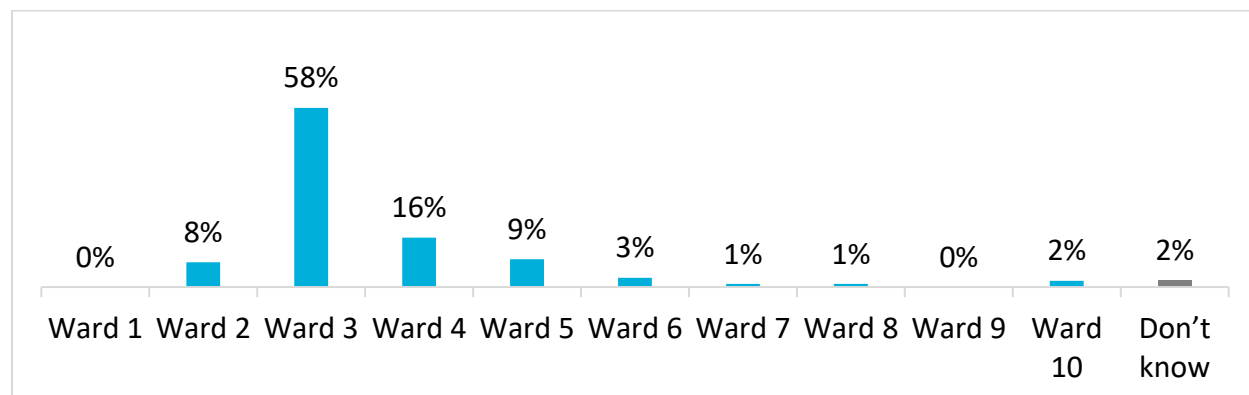
	TOTAL	MEN	WOMEN
Base: All respondents	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>
Shelter or welfare residence	57%	57%	56%
On the street (abandoned buildings, cars, parks)	47%	52%	41%
No fixed address (couch surfing, here and there)	37%	33%	47%
House or apartment, my own or partner's	28%	27%	32%
House or apartment, someone else's (relative or friend)	24%	25%	24%
A place where people gather to use drugs (crack house)	13%	10%	21%
Hotel/motel room rented on daily/weekly basis	13%	14%	12%
Rooming or boarding house	12%	16%	6%
Prison/jail/detention centre	10%	13%	6%
Hospital	6%	5%	9%
Rehab	4%	2%	9%
With my parents	2%	-	6%
Transitional housing	1%	2%	-
Refused	1%	-	3%
(DK/NS)	1%	-	-

^{Q10} Please list all places that you have lived in the last SIX MONTHS.

Location of residence

Many of the respondents reported living in Ward 3 (58%) followed by Ward 4 (16%), Ward 5 (9%), and Ward 2 (8%); very few reported living in other wards across Windsor (Figure 6).

Figure 6. Location of residence.

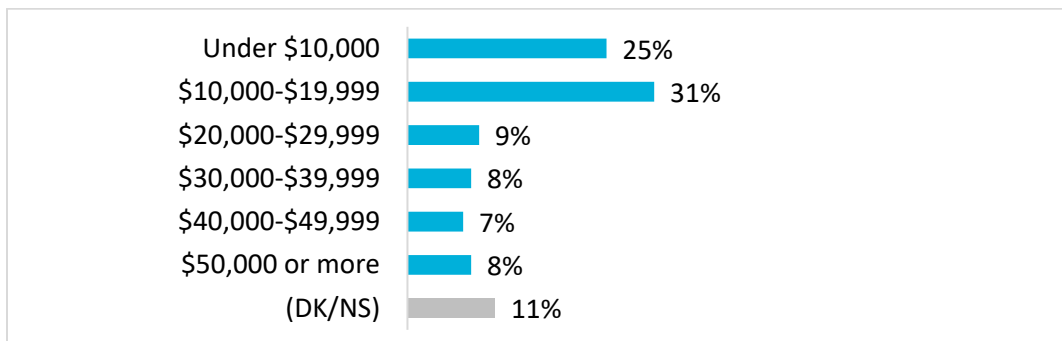


^{Q9} In which ward do you usually live? Base: n=99 (All respondents).

Income and Sources of Income

Over half of respondents earned less than \$20,000: 25% earned less than \$10,000, and 31% earned between \$10,000 and \$19,999 (Figure 7). Another 24% earned between \$20,000 to less than \$50,000. Only 8% earned \$50,000 or more.

Figure 7. Income in past year.



^{Q12} About how much money did you get (formally and informally) altogether from all sources LAST YEAR? Base=99 (All Respondents).

Respondents reported a number of sources and various ways of earning income in the past six months (Table 15). More than three-quarters of respondents (78%) relied on social assistance (Ontario Works and Ontario Disability Support Program) as their primary source of income in the past 6 months. Women were much more likely to have reported Ontario Works as their primary source of income (53% women vs. 27% men). Twenty-two percent said they sold drugs (27% men vs. 12% women) and 13% reported stealing; 9% reported sex work (2% men vs. 21% women), and 7% earned money from recycling. Only 10% reported a regular job.

Table 15. Income Source (multiple response).

	TOTAL	MEN	WOMEN
<i>Base: All Respondents answering</i>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>
NET: ODSP and OW	78%	70%	94%
Ontario Disability Support Program (ODSP)	42%	43%	41%
OW (Ontario Works)	35%	27%	53%
Selling drugs	22%	27%	12%
Theft, robbing or stealing	13%	14%	12%
Regular job	10%	14%	3%
Sex for money	9%	2%	21%
Recycling (binning, buy/sell)	7%	8%	6%
Parent, friend, relative, partner	6%	5%	9%
Temporary work	5%	8%	-
CPP (Canadian Pension Plan)	5%	8%	-
Selling cigarettes/tobacco	5%	5%	6%
Other criminal activity	5%	6%	3%
Panhandling	3%	3%	3%
Self-employed	2%	-	6%
Refused	2%	2%	3%
EI (Employment Insurance)	1%	2%	-
(DK/NS)	5%	6%	-

Q13 Over the LAST 6 MONTHS, what were your sources of income?

One-third of respondents (32%) reported receiving drugs, gifts, shelter, or money in exchange for sex: 23% said they received money; 20% received drugs; 13% received gifts; 12% received shelter; and 11% received food in exchange for sex (Table 16). More women reported to have received items in exchange for sex compared to men (53% vs. 19%).

Table 16. Exchange for Sex (read list, multiple response).

	TOTAL	MEN	WOMEN
<i>Base: All Respondents answering</i>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>
NET: Received something in exchange for sex	32%	19%	53%
Money	23%	11%	44%
Drugs	20%	11%	38%
Gifts	13%	8%	24%
Shelter	12%	6%	24%
Food	11%	8%	18%
I have not exchanged any items for sex in the past 6 months	68%	81%	47%

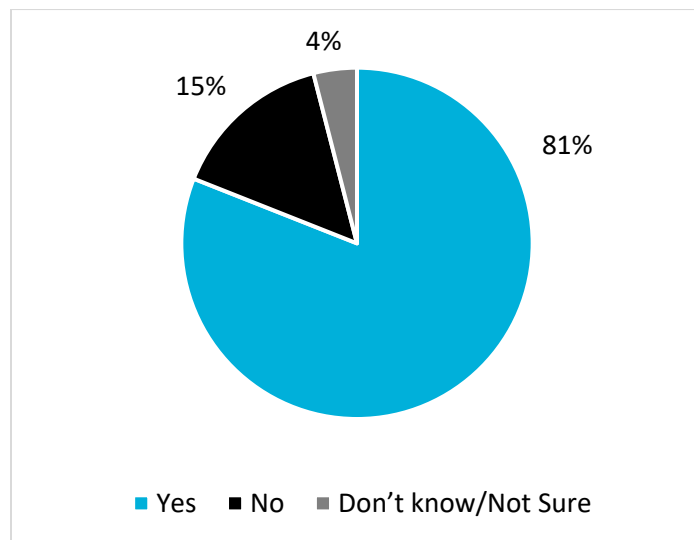
Q14 In the PAST SIX MONTHS, have you received any of the following for sex.

Awareness and Consideration of Using Supervised Injection Sites (SIS)

Awareness of SIS

Eight in 10 (81%) respondents said they were aware of SIS (Figure 8).

Figure 8. Awareness of SIS.

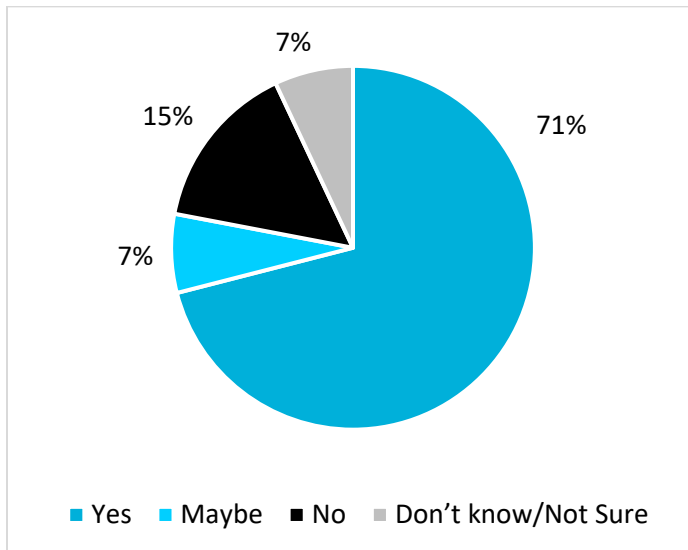


Q29 Have you heard of supervised injection services (SISs)? Base: n=99 (All respondents).

Consideration of Using SIS and Reasons for Using or Not Using SIS

Nearly eight in 10 (78%) respondents said they would consider using SIS (“yes” or “maybe”) (Figure 9).

Figure 9. Consideration to use SIS.



^{Q30} If supervised injection services were available in Windsor, would you consider using these services? Base: n=99 (All respondents).

Eight in 10 men (83%) and 7 in 10 women (71%) said they would consider using SIS (Table 17). Overall, consideration of using SIS did not vary much across age groups.

Table 17. Consideration to use SIS by gender and age.

	TOTAL	GENDER		AGE		
		MEN	WOMEN	18-34	35-54	55+
Base: All Respondents	n=99	n=63	n=34	n=27	n=58	n=13
NET: Yes + Maybe	79%	83%	71%	85%	76%	77%
Yes	71%	78%	62%	70%	72%	69%
Maybe	7%	5%	9%	15%	3%	8%
No	15%	14%	18%	7%	19%	15%
(DK/NS)	7%	3%	12%	7%	5%	8%

^{Q30} If supervised injection services were available in Windsor, would you consider using these services? Base: n=99 (All respondents).

Reasons for Using or Not Using SIS

The primary stated reason for using SIS is access to clean sterile injection equipment (51%) (Table 18). Other reasons included the prevention of overdoses (42%) as well as treatment for overdose (36%). A third are motivated by being able to inject indoors instead of in public (35%),

being able to see health professionals (30%) and to inject responsibly (30%). Two in 10 said that SIS would be a safe place away from crime (22%) and from police oversight (17%). Fewer said SIS would provide referrals to other services for detox or treatment (14%).

Table 18. Reasons for using SIS.

	TOTAL
Base: Yes or Maybe to consider using these services	<i>n=77</i>
I would be able to get clean sterile injection equipment	51%
Overdoses can be prevented	42%
Overdoses can be treated	36%
I would be able to inject in indoors and not in a public space	35%
I would be able to see health professionals	30%
I would be injecting responsibly	30%
I would be safe from crime	22%
I would be safe from being seen by the police	17%
I would be able to get a referral for services such as detoxification or treatment	14%
All	6%
Refused	-
(DK/NS)	6%

^{Q31} (If YES or MAYBE) For what reasons would you use supervised injection services?

The primary reason for not wanting to use SIS is privacy (Table 19): of the 22 respondents who said they would not use SIS, one-quarter (23%) said it was because they did not want to be seen, 9% said they did not want others to know they are a drug user, and 5% said they were afraid their name would not remain confidential.

Table 19. Reasons for not using SIS.

	TOTAL
Base: Maybe or No to consider using these services	<i>n=22 (very small base)</i>
I do not want to be seen	23%
I do not want people to know I am a drug user	9%
I am afraid my name will not remain confidential	5%
I would rather inject with my friends	5%
I always inject alone	5%
I feel it would not be convenient	5%
I fear being caught with drugs by police	5%
I'm concerned about the possibility of police around the service	5%
All	-
I don't know enough about SIS	5%
Refused	-
(DK/NS)	55%

Q32 (If MAYBE or NO) For what reasons would you NOT use supervised injection services?

Frequency of Using SIS and Distance Willing to Walk to Use SIS

If SIS were established in a convenient location in Windsor, almost half (46%) of respondents said they would always (31%) or usually (15%) use it to inject, while almost a quarter (23%) would use it sometimes (i.e., between a quarter to three-quarters of the time) (Table 20). Fourteen percent said they would only use SIS occasionally, while 7% said they would never use it.

Table 20. Frequency of Potentially Using SIS to Inject.

	TOTAL
Base: All Respondents	<i>n</i> =99
Always (100% of the time)	31%
Usually (over 75% of the time)	15%
Sometimes (26-74% of the time)	23%
Occasionally (<25% of the time)	14%
Never	7%
(DK/NS)	9%

Q39 If SIS was established in a location convenient to you in Windsor, how often would you use it to inject?

A majority (86%) of respondents said they are willing to walk to SIS; of these, 75% said they would be willing to walk at least 20 minutes or more in the summer and 48% said they would be willing to walk at least 20 minutes or more in the winter (Table 21 & Table 22). A core group of 3 in 10 would walk 40 minutes or more both in the summer (28%) or winter (27%).

Table 21. Willingness to walk to SIS.

	TOTAL
Base: All Respondents	<i>n</i> =99
Yes	86%
No	6%
(DK/NS)	8%

Q36 Are you willing to walk to SIS?

Table 22. Length of time willing to walk to SIS in summer and in winter.

SUMMER	TOTAL	WINTER	TOTAL
Base: Willing to walk in summer	<i>n</i> =85	Base: Willing to walk in winter	<i>n</i> =85
5 minutes	6%	5 minutes	13%
10 minutes	18%	10 minutes	35%
NET: 20 minutes or more	75%	NET: 20 minutes or more	48%
20 minutes	35%	20 minutes	15%
30 minutes	12%	30 minutes	6%
40 minutes or more	28%	40 minutes or more	27%

SUMMER	TOTAL	WINTER	TOTAL
(DK/NS)	1%	(DK/NS)	4%

Q37_1 [In summer?] How long would you be willing to walk to use SIS in the SUMMER/WINTER?

Q37_2 [In winter?] How long would you be willing to walk to use SIS in the SUMMER/WINTER?

Preference and Needs for SIS

Preferred Time to Use and Set-up

Almost half (45%) of respondents said they would prefer to use SIS during the daytime between 8am and 4pm, while nearly a third (30%) would prefer to use it during the late afternoon or evening between 4pm and midnight (Table 23). One in 10 (10%) respondents said they would prefer to use it overnight from midnight to 8 am.

Table 23. Preferred time of day to use SIS.

	TOTAL
<i>Base: All Respondents</i>	<i>n=99</i>
Daytime (8 am – 4 pm)	45%
Evening (4 pm – midnight)	30%
Overnight (midnight – 8 am)	10%
(DK/NS)	14%

Q40 What time of the day would be your FIRST CHOICE to use SIS?

More than half of respondents (53%) said they would prefer private cubicles as the set up for injecting spaces at SIS (Table 24). Only 16% said they would prefer an open plan, either with tables and chairs (13%) or with benches at one large table or counter (3%). Nearly a quarter said they would prefer a combination (23%) of all three arrangements.

Table 24. Preferred set-up of SIS injecting spaces.

	TOTAL
<i>Base: All Respondents</i>	<i>n=99</i>
Private cubicles	53%
NET: An open plan	16%
An open plan with benches at one large table or counter	3%
An open plan with tables and chairs	13%
Combination of the above	23%
(DK/NS)	8%

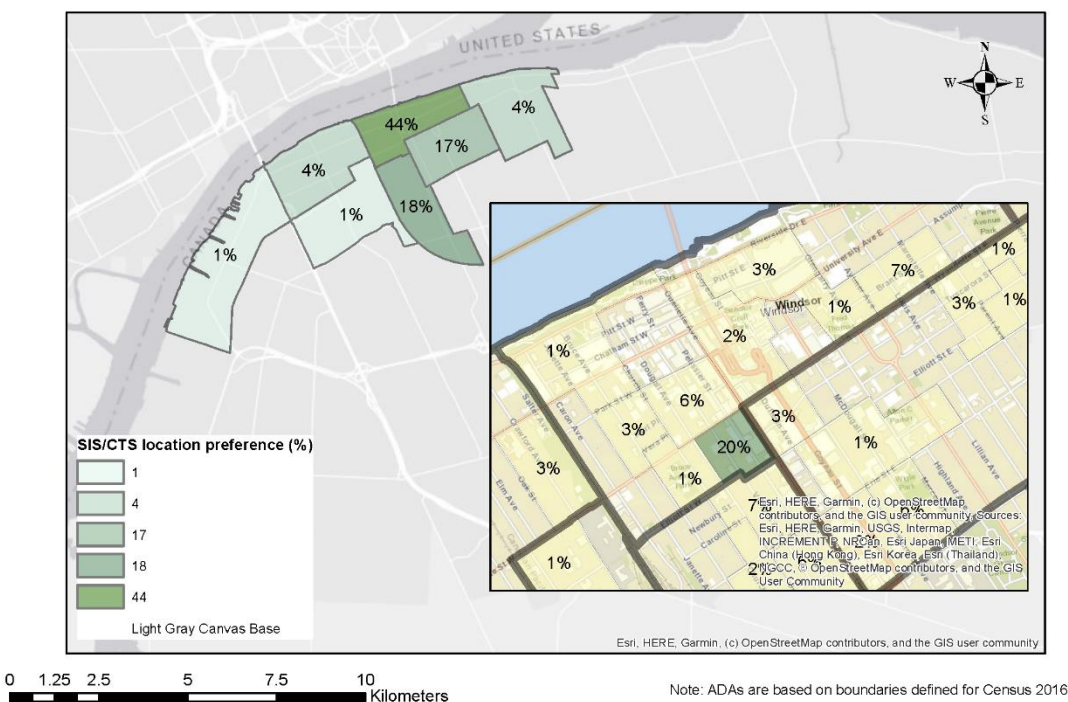
Q41 What would be the best set-up for injection spaces for SIS?

Preferred Location of SIS Geographically

The following map displays the preferred location for the future SIS. The primary area identified by survey participants was the City of Windsor's downtown core (44%); in particular, the southwest part of the Ouellette Ave. and Wyandotte St. E intersection was the preferred site for 20% of participants. (Figure 10).

Figure 10. Preferred Area of SIS.

Preferred location of Supervised Injection Site & Consumption Treatment Site (SIS/CTS) based on People Who Inject Drugs (PWID) survey, WECHU 2019 by aggregate dissemination area (ADA)

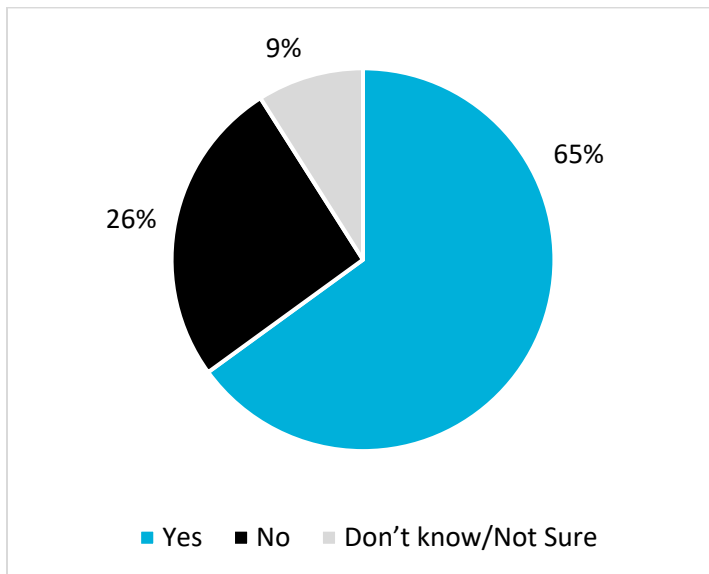


Q38 Using the below map, where would be your FIRST CHOICE for seeing SIS? (Enter the 3-digit DA identifier on the map provided).

Co-location with Other Services

Two-thirds (65%) of respondents said they would be willing to use SIS if it was a part of a community health centre, hospital, family doctor’s clinic, walk-in clinic, or social service agency (Figure 11).

Figure 11. Willingness to use SIS if located in health centre/clinic or social service agency.



^{Q35} Would you use SIS if it was located in a community health centre, hospital, family doctor's clinic, walk-in clinic, or social service agency? Base: n=99 (All respondents)

Rating of Importance of Different Types of Services that Could be Offered in SIS

Support was given by the vast majority of respondents to SIS services that helped to minimize the harm of injection, as well as to those services that would make possible treatment and safer withdrawal from drug use (Table 26). These included needle distribution (91%), preventing/responding to overdose (91%), injection equipment distribution (89%), HIV & Hep C testing (89%), washrooms (89%), access to health services (88%), and nursing staff for medical care and supervised injecting (85%). Roughly seven to eight in 10 found harm reduction education (83%) and referrals to drug treatments (82%), withdrawal management (75%), drug testing (74%), and a chill out room after injecting (72%) to be important services.

Counselling services were considered lower in relative importance: drug counsellors (67%); assistance with housing, employment, and basic skills (64%); peer support (63%); social workers (59%); and Aboriginal counsellors (58%). Only 4 in 10 (39%) thought that women-oriented services would be important (39%; but higher among women – 47%). In general, more women than men seemed to place importance on counselling.

Table 26. Importance of SIS services

	TOTAL % VERY + MODERATELY IMPORTANT	MEN	WOMEN
<i>Base: All Respondents</i>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>
Needle distribution	91%	92%	91%
Preventing or responding to overdose	91%	94%	88%
Injection equipment distribution	89%	89%	91%
HIV and hepatitis C testing	89%	87%	94%
Washrooms	89%	87%	94%
Access to health services	88%	86%	94%
Nursing staff for medical care and supervised injecting teaching	85%	84%	88%
Harm reduction education	83%	79%	91%
Referrals to drug treatment, rehab, and other services when you're ready to use them	82%	84%	79%
Withdrawal management	75%	73%	82%
Drug testing	74%	76%	74%
A 'chill out' room to go after injecting, before leaving the SIS	72%	76%	65%
Showers	70%	67%	76%
Food (including take away)	68%	65%	76%
Access to an opiate (methadone or buprenorphine) prescribed by a health professional	68%	65%	76%
Drug counsellors	67%	59%	82%
Assistance with housing, employment and basic skills	64%	65%	65%
Peer support from other injection drug user	63%	62%	65%
Social workers or counsellors	59%	51%	76%
Aboriginal counsellors	58%	52%	71%
Special time for women or a women's only SIS	39%	37%	47%
Other, please specify	11%	10%	12%

Q34_top2 [Top2Box Summary] I'm going to read out a number of services. I will ask you if they are very important, important, moderately important, slightly important, or not that important to you.

Acceptability of Proposed SIS policies

Nearly nine in 10 (87%) respondents said they would find it acceptable if SIS had injections supervised by trained staff members who can respond to overdoses (Table 27). Nearly three-quarters (72%) said it would be acceptable if they had to wait 10-15 minutes after injecting so that their health could be monitored. Nearly two-thirds said it would be acceptable to be

required to show their client number (65%) or be subjected to a 30-minute time limit for injections (63%).

Barriers to using SIS increase with other proposed policies. Only half say it would be acceptable if they were not allowed to share drugs (52%), or not allowed to assist each other with injections (49%) or in the preparation of injections (47%). Even fewer found it acceptable to have surveillance cameras on site even to protect users (46%), to not be allowed to smoke crack/crystal meth (44%), to register each time (42%), and least of all to be required to show government ID (20%), or to have to live in the neighborhood (17%).

Table 27. Acceptability Of SIS policies.

	TOTAL % VERY ACCEPTABLE + ACCEPTABLE
Base: All Respondents	<i>n=99</i>
Injections are supervised by a trained staff member who can respond to overdoses	87%
Have to hang around for 10-15 minutes after injecting so health can be monitored	72%
Required to show client number	65%
30-minute time limit for injections	63%
May have to sit and wait until space is available for you to inject	59%
Not allowed to share drugs	52%
Not allowed to assist each other with injections	49%
Not allowed to assist in the preparation of injections	47%
Video surveillance cameras on site to protect users	46%
Not allowed to smoke crack/crystal meth	44%
Have to register each time you use it	42%
Required to show government ID	20%
Have to live in neighbourhood	17%

Q33_top2 [Top2Box Summary] For each of the next statements, please let me know if these POLICIES would be very acceptable, acceptable, neutral, unacceptable or very unacceptable to you.

Respondents' Drug Use

Age When First Injected Drugs

Almost half (46%) of respondents were between the ages of 18 and 30 when they first injected drugs; three in 10 (30%) were over the age of 31 (Table 28). Two in 10 (19%) were younger than 18 years old when they first injected drugs. A greater proportion of men were younger (under 18 years old) when they first tried injected drugs (24% men vs. 12% women), while a greater proportion of women (35% women vs. 29% men) were older at the time of their first drug injection (31 years or older).

Table 28. Age at first drug injection, by gender.

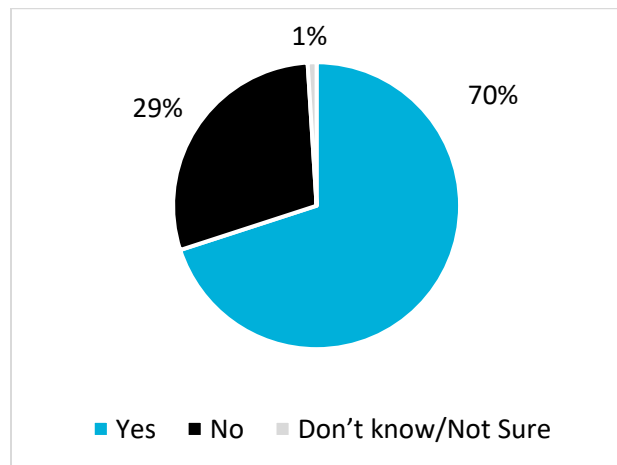
	TOTAL	GENDER	
		MEN	WOMEN
Base: All Respondents answering	<i>n</i> =99	<i>n</i> =63	<i>n</i> =34
Age collapsed into categories:			
Under 18	19%	24%	12%
18-30	46%	46%	47%
31+	30%	29%	35%
(DK/NS)	4%	2%	6%
Mean age	27.5	26.9	28.8

^{Q15} How old were you the first time you injected drugs (shot up/fixated) or were injected by someone else?

Injected Drugs in Past 30 Days

Seven in 10 (70%) respondents reported injecting drugs in the past 30 days (Figure 12). Six in 10 (59%) women injected drugs in the last 30 days compared to 8 in 10 (78%) men (Table 29). Eight in 10 (79%) of those 35-54 injected drugs in the past 30 days compared to 67% of those 18-34 and 38% of those 55+ years.

Figure 12. Injected drugs past 30 days.



Q⁴ Have you injected drugs in LAST 30 DAYS?

Table 29. Injected drugs in last 30 days, by gender.

	TOTAL	GENDER		AGE		
		MEN	WOMEN	18-34	35-54	55+
Base: All Respondents answering	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>	<i>n=27</i>	<i>n=58</i>	<i>n=13</i>
Yes	70%	78%	59%	67%	79%	38%
No	29%	22%	41%	33%	21%	62%
(DK/NS)	1%	-	-			

Q⁴ Have you injected drugs in LAST 30 DAYS?

Frequency of Injecting Drugs in Last Month, in Last 6 Months, and on a Typical Day Injecting

Three in 10 respondents said they had injected drugs daily in the last month (Table 30). Nearly two in 10 said they had injected drugs once a week or more than once a week (3%, 16%). Seventeen percent said they injected about 1 to 3 times, while 4% said less than once a month. One quarter (23%) said they had not injected in the past month.

Forty percent of men said they injected daily, while only 15% of women said the same. Additionally, 44% of those who had ever overdosed by accident said they had injected daily.

Table 30. Frequency of injection drugs, last month, by gender and ever overdosed.

	TOTAL	GENDER		EVER OVERDOSED BY ACCIDENT	
		MEN	WOMEN	YES	NO
Base: All Respondents answering	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>	<i>n=50</i>	<i>n=43</i>
Less than once a month	4%	2%	9%	2%	5%
1-3 times a month	17%	21%	12%	8%	30%
Once a week	3%	2%	6%	4%	2%
More than once a week	16%	13%	24%	20%	12%
Daily	30%	40%	15%	44%	14%
Never	23%	19%	29%	18%	33%
(DK/NS)	6%	5%	6%	4%	5%

Q¹⁷ How often did you inject in the LAST MONTH?

Exhibiting similar trends to behaviour over the past month, a third of respondents had injected daily in the past 6 months (36%), while a quarter said they had injected drugs once a week or more than once a week (3%, 20%) (Table 31). Nineteen percent said they injected about 1 to 3 times a month, while 16% said less than once a month.

A greater proportion of men (46% vs. 21% women) and a greater proportion of those who had ever overdosed (54% vs 19% never overdosed) said they had injected daily in the past six months.

Table 31. Frequency of injection drugs, last six months, by gender and ever overdosed.

	GENDER			EVER OVERDOSED BY ACCIDENT	
	TOTAL	MEN	WOMEN	YES	NO
Base: All Respondents answering	99	63	34	50	43
Less than once a month	16%	17%	12%	6%	28%
1-3 times a month	19%	16%	26%	10%	33%
Once a week	3%	-	9%	4%	2%
More than once a week	20%	19%	24%	26%	14%
Daily	36%	46%	21%	54%	19%
(DK/NS)	5%	2%	9%	-	5%

Q16 In the LAST 6 MONTHS, how often did you inject drugs?

Three quarters of respondents (75%) said they inject 1 to 3 times a day, on a day when they inject; 16% said they inject 4 to 6 times a day, and 5% said they inject 10 or more times a day (Table 32). On average, this amounts to nearly 3 times per day (mean is 2.9). Eleven percent of those 18-34 years old injected 10 or more times a day.

Table 32. Frequency of injection drugs per day.

	TOTAL	18-34	35-54	55+
Base: All Respondents answering	n=99	n=27	n=58	n=13
1-3	75%	78%	71%	92%
4-6	16%	11%	21%	8%
10+	5%	11%	3%	-
(DK/NS)	4%	-	5%	-
Mean	2.9	3.2	2.9	2.2

Q18 On a day when you do inject, how many times a day do you usually inject on average?

Type of Drugs Injected

Crystal meth is the most widely and frequently used drug among drug users: 76% of respondents have injected crystal meth, and over four in 10 (44%) do so daily or more than once per week (Table 33).

Roughly four in 10 respondents have injected morphine (43%), hydros (42%), or heroin (38%). Of those who inject hydros, a quarter (25%) do so daily or more than once per week, and of those who inject morphine, 2 in 10 (20%) do so daily or more than once per week; fewer inject heroin (7%) frequently.

About 3 in 10 have injected cocaine (33%), fentanyl (29%), and speedballs (29%). Slightly fewer than 2 in 10 inject amphetamines (18%) or generic oxycodone (16%). About 1 in 10 inject oxy neo (13%), valium (11%), crack/rock cocaine (11%), tranquilizers or benzos (10%), ritalin or biphentin (10%), methadone (7%), percocet (7%) and gabapentin (6%).

Table 33. Types of drugs injected and frequency of injecting drugs.

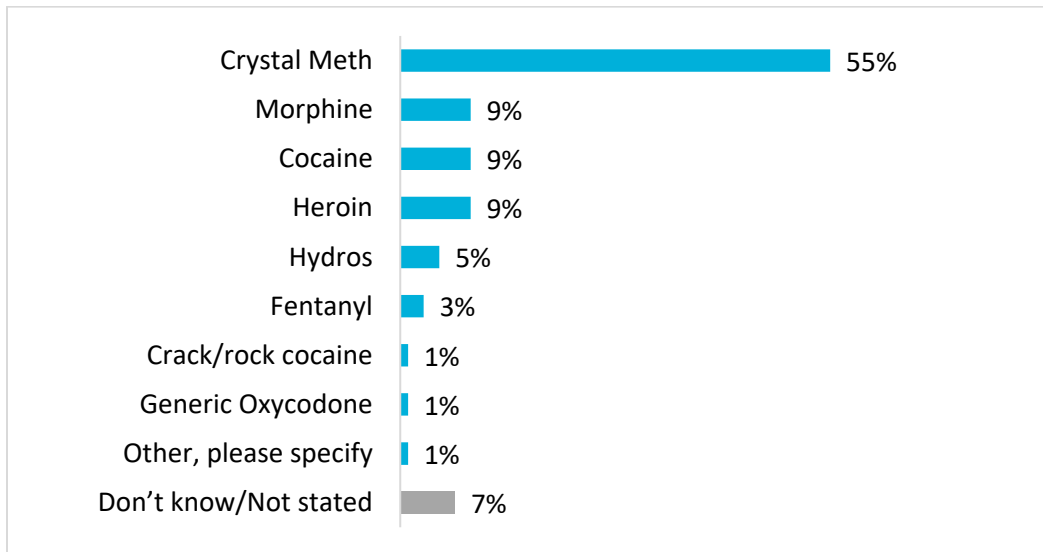
	FREQUENCY OF INJECTING EACH TYPE OF DRUG					
	NET EVER INJECTED	DAILY & MORE THAN ONCE PER WEEK	ONCE PER WEEK & 1-3 TIMES A MONTH	LESS THAN ONCE PER MONTH	NEVER	DK/NS
<i>Base: All Respondents answering</i>	<i>n=99</i>					
Crystal Meth	76%	44%	24%	8%	15%	8%
Morphine	43%	20%	8%	15%	42%	14%
Hydros (HydroMorph Contin or Dilaudid)	42%	25%	4%	13%	41%	16%
Heroin	38%	7%	15%	16%	47%	14%
Cocaine	33%	2%	13%	18%	52%	15%
Fentanyl	29%	11%	8%	10%	55%	16%
Speedball (stimulant mixed with opioids)	29%	8%	12%	9%	57%	14%
Amphetamines (speed/uppers/dexies/bennies)	18%	10%	5%	3%	65%	17%
Generic Oxycodone	16%	5%	4%	7%	67%	17%
Oxy Neo	13%	1%	4%	8%	70%	17%
Valium	11%	5%	1%	5%	72%	17%
Crack/rock cocaine	11%	-	3%	8%	73%	16%
Tranquilizers or Benzos	10%	6%	2%	2%	74%	16%
Ritalin or Biphentin	10%	2%	1%	7%	72%	18%
Methadone prescribed to you	7%	6%	-	1%	77%	16%
Percocet	7%	2%	1%	4%	78%	15%
Gabapentin	6%	3%	2%	1%	78%	16%
Steroids	3%	1%	-	2%	81%	16%
Wellbutrin	2%	-	-	2%	79%	19%
Methadone not prescribed to you	-	-	-	-	83%	17%
Other, Please specify	1%	-	1%	-	14%	85%

Q27 For each drug that you have injected, I will ask if you inject daily, more than once per week, once per week, 1-3 times a month, less than once per month or never.

Supporting the findings above showing that crystal meth is the most injected drug, over half of respondents (55%) reported that they had injected crystal meth the most in the past six months (Figure 13). Heroin, cocaine, morphine, are less used in comparison; only 9% of respondents said they had injected these the most. Five percent injected hydros the most in the past six months.

There are only a few differences in the types of drugs men and women inject (Table 34): 6 in 10 (60%) men compared to 44% of women injected crystal meth most in the last six months; A greater proportion of women had injected cocaine and heroin (15% vs 6% among men).

Figure 13. Most injected drugs, last six months.



Q28 In the LAST SIX MONTHS, which of these drugs did you inject the MOST? Base: n=99 (All respondents).

Table 34. Most injected drugs, last six month, by gender and age.

	TOTAL	MEN	WOMEN
<i>Base: All Respondents answering</i>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>
Crystal Meth	55%	60%	44%
Morphine	9%	10%	9%
Cocaine	9%	6%	15%
Heroin	9%	6%	15%
Hydros	5%	8%	-
Fentanyl	3%	3%	3%
Crack/rock cocaine	1%	-	3%
Generic Oxycodone	1%	-	3%
Other, please specify	1%	-	3%

	TOTAL	MEN	WOMEN
(DK/NS)	7%	6%	6%

^{Q28} In the LAST SIX MONTHS, which of these drugs did you inject the MOST? Base: n=99 (All respondents).

Location of Injecting Drugs

In the past 6 months, nearly half of the respondents had injected in a public washroom or toilet (48%) or at a relative/friend's place (45%) (Table 35). Roughly four in 10 had injected at a place where they bought drugs (43%), a hotel or motel (40%), an alley or laneway (39%), an acquaintance's place (38%), in a stairwell/doorway of a store/building (37%), or at their own place (36%). Other locations where drugs are injected include: place where people pay to use or exchange drugs (34%), parking lot (34%), abandoned buildings (33%), shelter (31%), or their car (30%).

Men and women inject drugs across various locations, but men appear to choose certain public locations more than women including alleys or laneways (44%), stairwell/doorway of a store, office or other building (43%), or abandoned buildings (37%). More women choose a relative or friend's place. A greater proportion of those aged 55+ inject in their own place, friends', or acquaintance's places as opposed to public places, compared to younger respondents, who inject across various locations.

Table 35. Places where drugs injected, last six months.

	TOTAL	MEN	WOMEN	18-34	35-54	55+
<i>Base: All Respondents answering</i>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>	<i>n=27</i>	<i>n=58</i>	<i>n=13</i>
Public washroom or toilet	48%	49%	47%	59%	52%	15%
Relative or friend's place	45%	43%	53%	59%	41%	38%
Place where you buy drugs	43%	51%	32%	59%	41%	23%
Hotel or motel	40%	46%	32%	44%	45%	15%
Alley or laneway	39%	44%	32%	41%	45%	15%
Acquaintance's place	38%	41%	35%	41%	34%	54%
In a stairwell/doorway of a store, office or other building	37%	43%	26%	44%	41%	8%
Your own place (if different from sexual partner's place)	36%	37%	38%	19%	38%	69%
Place which you pay to use or exchange drugs	34%	35%	32%	41%	34%	23%
Parking lot	34%	35%	35%	37%	40%	8%
Abandoned building	33%	37%	26%	44%	34%	8%
Shelter	31%	33%	26%	41%	34%	-
Car	30%	32%	29%	37%	33%	8%
Sexual partner's place	26%	27%	26%	37%	26%	8%
Stranger's place	24%	27%	21%	37%	21%	15%
Park	24%	24%	24%	19%	31%	8%

	TOTAL	MEN	WOMEN	18-34	35-54	55+
Community-based organization or service provider	16%	16%	15%	19%	19%	-
School yard	5%	8%	-	7%	5%	-
Refused	1%	2%	-	4%	-	-
(DK/NS)	4%	3%	3%	-	5%	-

^{Q19} In the LAST SIX MONTHS, have you injected in (places)?

In the past 6 months, two-thirds (63%) reported injecting drugs in public or semi-public areas like a park, an alley, or a public washroom always or usually; nearly 3 in 10 (27%) said they do so always or usually; 17% said they do so sometimes, while 19% said they do so occasionally (Table 36). One-third (34%) said they never inject in public spaces. More men (24%) chose to always inject in public/semi-public areas than women (6%).

Table 36. Injecting in public/semi-public area, last six months.

	GENDER		
	TOTAL	MEN	WOMEN
<i>Base: All Respondents answering</i>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>
NET Injected in a public /semi-public area	63%	63%	65%
Always (100% of the time)	18%	24%	6%
Usually (over 75%)	9%	10%	9%
Sometimes (26-74%)	17%	17%	18%
Occasionally (<25%)	19%	13%	32%
Never	34%	37%	32%
(DK/NS)	3%	-	3%

^{Q20} In the LAST SIX MONTHS, how often did you inject in public or semi-public areas like a park, an alley or a public washroom?

The majority (62%) of respondents who said they inject in public do so because they are homeless (Table 37). Another four in 10 (40%) indicated they inject in public because there is no place to safely inject where they buy drugs (40%) or it is convenient to where they hang out (38%).

Table 37. Reasons for injecting in public (multiple responses).

	TOTAL
<i>Base: Inject in public</i>	<i>n=63</i>
I'm homeless	62%
There is nowhere to inject safely where I buy drugs	40%
It's convenient to where I hang out	38%
I prefer to be outside	16%
Dealing/middling (connecting sellers to purchasers)/steering (guiding potential buyers to selling)	13%
I'm too far from home	11%

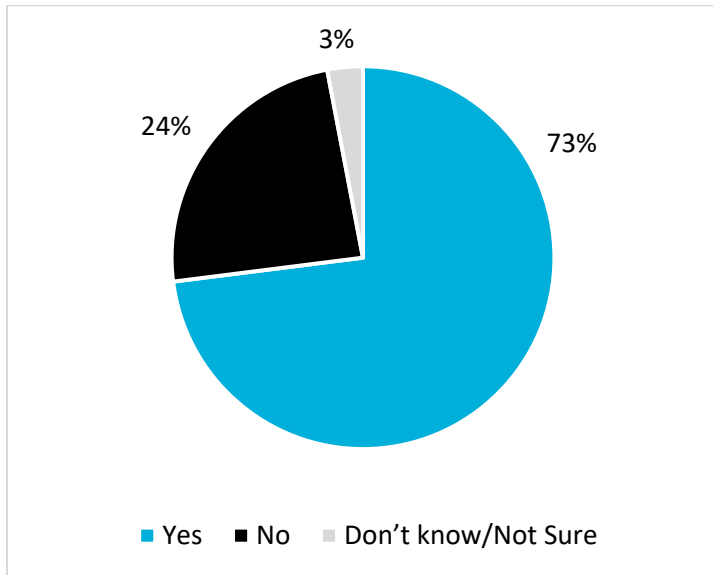
	TOTAL
I need assistance to fix	11%
I don't want the person I am staying with to know I use/am still using	10%
I'm involved in sex work and don't have a place to inject	8%
Guest fees at friend's place, but I don't want to pay	2%
Refused	-
(DK/NS)	5%

Q21 What are some of the reasons you inject in public?

Injecting Drugs Alone, and Frequency

Nearly three-quarters of respondents (73%) have ever injected alone (Figure 14). A larger proportion of men have injected alone compared to women (81% vs 62%) (Table 38). Eight in 10 (81%) respondents who were 35-54 years old said they had ever injected alone compared to 6 in 10 (59%) of those who were 18 to 34 years old, and 7 in 10 (69%) of those who were 55 years and older (Table 39).

Figure 14. Ever injected alone.



Q22 Have you ever injected alone?

Table 38. Ever injected alone, by gender and age.

	TOTAL	GENDER		AGE		
		MEN	WOMEN	18-34	35-54	55+
Base: All Respondents answering	<i>n</i> =99	<i>n</i> =63	<i>n</i> =34	<i>n</i> =27	<i>n</i> =58	<i>n</i> =13
Yes	73%	81%	62%	59%	81%	69%
No	24%	19%	35%	37%	17%	31%

Over nine in 10 respondents (93%) who said they have ever injected alone did so in the past six months (Table 39). Half (50%) said they had injected alone “usually” (19%) or “always” (31%) in the past 6 months. Fifteen percent said they injected alone “sometimes” and 28% said they did so “occasionally.”

Table 39. Frequency of injecting alone, last six months

	TOTAL
Base: Inject alone	<i>n</i> =72
Injected alone in the past 6 months	93%
Always (100% of the time)	31%
Usually (over 75%)	19%
Sometimes (26-74%)	15%
Occasionally (<25%)	28%
Never	7%
(DK/NS)	-

^{Q23} In the LAST SIX MONTHS, how often did you inject alone?

Nearly three quarters (72%) of respondents have at some point needed help to inject drugs (Table 40).

Table 40. Ever needed help to inject.

	TOTAL
Base: All Respondents answering	<i>n</i> =99
Yes	72%
No	24%
(DK/NS)	4%

^{Q24} Have you ever needed help to INJECT drugs?

Sharing Syringes

One in 10 (9%) have borrowed used syringes at least once in the past six months (Table 41).

Table 41. Frequency of borrowing used syringes to inject.

	TOTAL
Base: All Respondents answering	<i>n</i> =99
NET Borrowed in Past Six Months	9%
Less than once a month	5%
1-3 times a month	-
Once a week	-
More than once a week	3%
Daily	1%
Never	88%
(DK/NS)	3%

^{Q25} In the PAST SIX MONTHS, how often have you BORROWED syringes that had already been used by someone else to inject?

Nearly one in ten (7%) have loaned a used syringe to someone else to inject (Table 42).

Table 42. Frequency of loaning used syringes to inject, last six months.

	TOTAL
Base: All Respondents answering	<i>n</i> =99
NET Loaned in Past Six Months	7%
Less than once a month	5%
1-3 times a month	-
Once a week	1%
More than once a week	1%
Daily	-
Never	89%
(DK/NS)	4%

^{Q26} In the PAST SIX MONTHS, how often have you LOANED syringes that had already been used by you or were being used by someone else to inject?

Proportion of those who have Overdosed, Frequency and Context

Half of respondents (51%) said they had ever overdosed by accident; and half of those who have ever overdosed accidentally (50%) had done so within the past six months (Figure 15-1 and Figure 15-2). Nearly 6 in 10 men (56%) and 4 in 10 women (44%) have ever overdosed (Table 43). Six in 10 (59%) of those 18 to 34 years old and half of those 35 to 54 (48%) and 55+ years (46%) have ever overdosed.

The proportion of those who have ever injected alone is higher among those who have experienced accidental overdoses (88% vs. 58% have not overdosed) (Table 44).

Figure 15-1. Ever Overdosed by accident

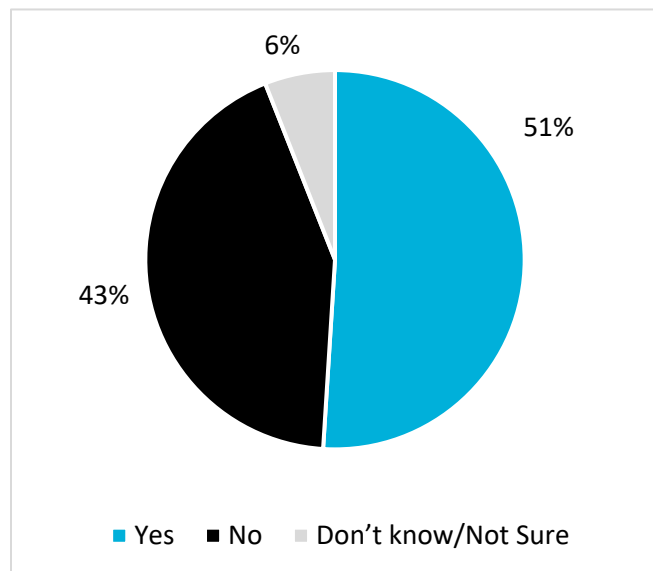
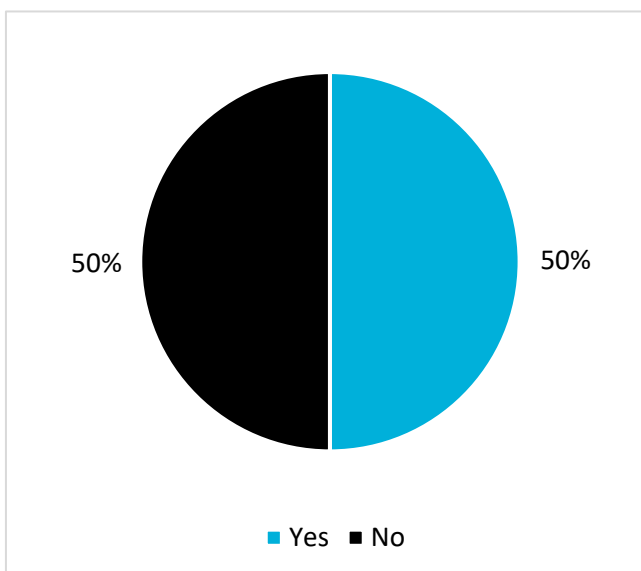


Figure 15-2. Overdosed in past six months (among those who have ever overdosed)



Q42 Have you EVER overdosed by accident? Base: n=99 (All Respondents)

Q43 Have you overdosed in the PAST SIX MONTHS? Base n=50 (Those who overdosed)

Table 43. Ever overdosed by accident, by gender and age.

	TOTAL	GENDER		AGE		
		MEN	WOMEN	18-34	35-54	55+
Base: All Respondents answering	n=99	n=63	n=34	n=27	n=58	n=13
Yes	51%	56%	44%	59%	48%	46%

Q42 Have you EVER overdosed by accident? Base: n=99 (All Respondents)

Table 44. Injected alone, by ever overdosed.

	EVER OVERDOSED BY ACCIDENT		
	TOTAL	YES	NO
Base: All Respondents answering	n=99	n=50	n=43
Yes	73%	88%	58%

Q22 Have you ever injected alone?

Of those who have ever overdosed, half (50%) have done so once or twice, while nearly four in 10 (38%) have done so between three and ten times (Table 45). Another one in 10 (12%) have overdosed more than 11 times.

Table 45. Frequency of overdose.

	TOTAL
Base: Overdosed	<i>n=50</i>
1-2 (Once or twice)	50%
3-10 (A few times)	38%
11+ (Many)	12%
(DK/NS)	-

^{Q44} Altogether, how many times have you overdosed in your lifetime?

Six in 10 (62%) had overdosed using fentanyl during their last overdose (48% had injected it) (Table 46). Fewer had overdosed using heroin (22%), crystal meth (16%), cocaine (10%), and other types of drugs. Over three-quarters of those who used heroin (82%) or crystal meth (75%) had injected it.

Table 46. Drugs involved in overdose.

	DRUGS INVOLVED IN OVERDOSE	DID YOU INJECT?
Base:	<i>Overdosed: 50</i>	<i>Drug Involved in Overdose:</i>
Fentanyl	62%	48% (n=31)
Heroin	22%	82% (n=11)
Crystal Meth	16%	75% (n=8)
Cocaine	10%	40% (n=5)
Benzodiazepines or tranquilizers	8%	25% (n=4)
Morphine	6%	100% (n=3)
Alcohol	6%	-
Crack	4%	-
Hydros (Hydromorph Contin or Dilaudid)	4%	100% (n=2)
Percocet	2%	100% (n=1)
Speedball	2%	100% (n=1)
Oxycodone	2%	-
Methadone	2%	-
Amphetamines	-	-
Ritalin or Biphentin	-	-
Valium	-	-
Gabapentin	-	-
Suboxone	-	-
Pot	-	-
Wellbutrin	-	-

Q45 [Yes Summary] The last time you overdosed, which drugs or substances were involved? Did you inject them?

Eight in 10 (82%) respondents who have overdosed had their last overdose in the presence of other people (Table 47).

Table 47. Presence of other people during overdose.

	TOTAL
Base: Overdosed	<i>n=50</i>
Yes	82%
No	16%
(DK/NS)	2%

Q46 Were other people with you?

Half of respondents who have overdosed had their last overdose at their own place (28%) or a friend's (22%) place (Table 48). One in 10 (12%) had overdosed at a shelter, while others had overdosed in some other location.

Table 48. Location of overdose.

	TOTAL
Base: Overdosed	<i>n=50</i>
My own place	28%
Friend's place	22%
Shelter	12%
Partner's place (if different from my own)	6%
Relative's place	4%
Street (alley, doorway, under bridge, etc)	4%
Dealer's place	2%
Public washroom	2%
Abandoned building	2%
Jail	2%
Acquaintance's home	2%
Car	2%
Library	2%
Motel	2%
Trap (crackhouse)	2%
Walmart	2%
Drop-in or social service	-
Other, please specify	4%

Q47 Could you tell me the type of place where you overdosed?

Almost nine in 10 (88%) of those who had overdosed said they had been assisted by other people during their last overdose (Table 49).

Table 49. Assistance of other people in overdose.

	TOTAL
Base: Overdosed	<i>n</i> =50
Yes	88%
No	12%
(DK/NS)	-

Q48 Were you assisted by other people?

History of Drug Treatment/Detox Programme

Almost two-thirds (64%) of respondents have been in a drug treatment or detox programme (Figure 16-1). Of those who have been in a drug treatment programme, roughly a third (27%), have been in such a programme in the past six months (Figure 16-2).

Figure 16-1. Ever been in drug treatment programme

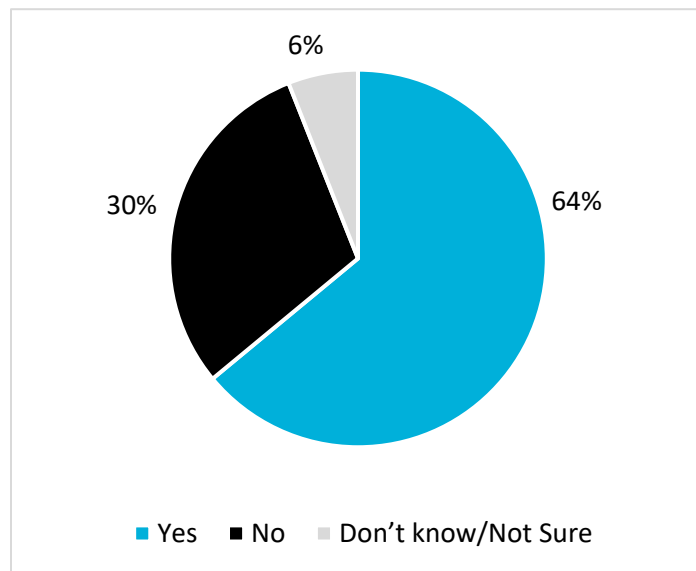
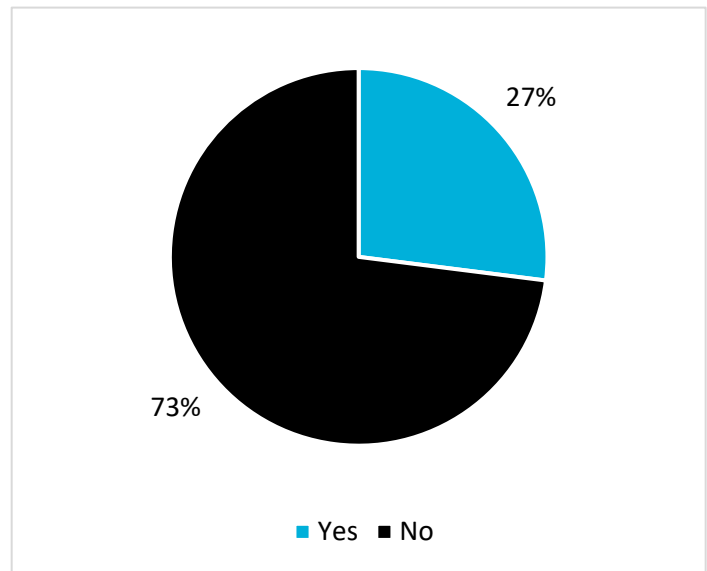


Figure 16-2. Been in drug treatment programme in past six months (among those who have been in programme)



Q49. Have you EVER in your lifetime been in a drug treatment or detox programme?

Base: n=99 (All Respondents)

Q50. Have you in the LAST SIX MONTHS been in a drug treatment or detox programme?

Base: n=63 (Those had been in a drug treatment or detox programme)

Of those who have been in a drug treatment or detox programme in the past six months (n=17), several had been in a programme with other prescribed drugs (35%), a self-help group for drug

use (35%), residential treatment (29%), a programme with methadone/suboxone (24%), or with out-patient counselling (24%) (Table 50).

Table 50. Types of drug treatment/detox programme, last six months (multiple selection).

	TOTAL
Base: Been in a drug treatment or detox programme in the last six months	<i>n=17 (very small base)</i>
Detox programme with other prescribed drugs	35%
Self-help group for your drug use	35%
Residential treatment	29%
Detox program with methadone/suboxone	24%
Out-patient counselling	24%
Detox program with no drugs	12%
Methadone maintenance program	12%
Managed alcohol program	6%
Drug treatment with cultural programming	-
Drug court	-
Healing lodge	-
Addictions case management	-
Another drug treatment/detoxification program	-
Refused	-
(DK/NS)	6%

^{Q51} In the LAST SIX MONTHS, which treatment programs have you been in?

One in 10 (14%) of all respondents had tried to get into a treatment programme in the last six months but had been unsuccessful (Table 51).

Table 51. Failed attempt to get into treatment/detox programme, last six months.

	TOTAL
Base: All respondents	<i>n=99</i>
Yes	14%
No	79%
(DK/NS)	7%

^{Q52} During the PAST SIX MONTHS, have you ever tried but been unable to get into any of the treatment programs?

Appendix A. Community Survey Questionnaire

Supervised Injection Services Community Consultation Survey

Communities across Canada have been experiencing opioid and other drug-related issues. Community organizations across Windsor and Essex County came together to create the Windsor-Essex Community Opioid Strategy to address these issues. The strategy consists of 4 pillars, looking at prevention and education, treatment and recovery, enforcement and justice, and harm reduction.

Supervised injection sites (SIS) are legally sanctioned locations where people can bring their own illicit substances to inject under safer conditions and supervised by trained workers. It is a harm reduction strategy aimed at keeping people alive, safe, and healthy, even if they continue to use drugs. It gives them an opportunity to get treatment when they are ready. Some examples of harm reduction strategies include using a nicotine patch instead of smoking, drinking water while drinking alcohol, or needle syringe programs. For more information on supervised injection services, WECOS, and this study, visit: www.wechu.org/sis.

We are seeking community feedback about SIS in Windsor and Essex County. This study will help with decisions about SIS and identify any questions or concerns.

SURVEY INFORMATION

To take part in the study, you must live, work, or go to school in Windsor and Essex County, and be 16 years of age or older. The survey will take about **5 minutes** to complete. **Your responses are anonymous** as we will not be asking for your name. There is no way of linking you to your responses. **You can answer all, some, or none of the questions.** You can stop the survey at any time by not submitting your paper survey. If you do so, your data will not be included in the study. Once you submit your answers, we cannot remove the information you provided from the study. The combined results from this study will be published in a report available on www.wechu.org. At times, we may use a direct quote. The data may be used in publications, presentations, and to help plan health services.

CONTACTS

This study is led by the Windsor-Essex County Health Unit. You may keep this copy of the study information and consent form for your records. If you have any questions or concerns before or after taking part in the study, you can contact the persons below:

- Jenny Diep, RN, Health Promotion Specialist: 519-258-2146, ext 1213; jdiep@wechu.org
- Theresa Marentette, RN, CEO: 519-258-2146 ext 1475; tmarentette@wechu.org

This research has been cleared by the University of Windsor Research Ethics Board. If you have questions regarding your rights as a research participant, contact the:

- Research Ethics Coordinator, University of Windsor, at 519-253-3000, ext 3948 or ethics@uwindsor.ca

Some questions may make you feel emotional or upset. You can call the Community Crisis Centre of Windsor-Essex County at any time or day at 519-973-4435. A list of drug and alcohol treatment and crisis services is available at www.wechu.org/gethelp and also by the ballot box.

1. By checking ALL the boxes below, I agree that I:

Understand the information provided for the study Supervised Injection Services Community Consultation as described above.

Am 16 years of age or older.

Live, work, or go to school in Windsor-Essex County.

Agree to take part in this study.

Thank you for agreeing to participate. It will only take about 5 — 10 minutes to complete. To help us better understand the needs of different groups, could you tell us a little bit more about yourself.

SECTION A: ABOUT YOU

2. Which of the following best describes you? You can choose multiple answers.

- I am a business owner.
- I work for a community social service agency.
- I am a health practitioner (e.g., nurse, physician, dentist, pharmacist).
- I am a first responder (e.g., paramedic, police, fire).
- I am a high school, college or university student.
- I am a person with lived experience (I currently use drugs or have used drugs in the past).
- I am a family or friend of someone who uses or has used drugs.
- I am a community citizen (I live, work, or go to school in Windsor-Essex County).
- Other, please specify: _____

3. In what year were you born (YYYY)? _____

4. Which municipality do you usually live in? Choose ONE answer only.

- Amherstburg
- Essex
- Kingsville
- Lakeshore
- LaSalle

- f. Leamington
- g. Pelee Island
- h. Tecumseh
- i. Windsor
- j. I do not live in Windsor-Essex County

5. Which municipality do you usually work in? Choose ONE answer only.

- a. Amherstburg
- b. Essex
- c. Kingsville
- d. Lakeshore
- e. LaSalle
- f. Leamington
- g. Pelee Island
- h. Tecumseh
- i. Windsor
- j. I do not work in Windsor-Essex County

6. Which municipality do you usually go to school in? Choose ONE answer only.

- a. Amherstburg
- b. Essex
- c. Kingsville
- d. Lakeshore
- e. LaSalle
- f. Leamington
- g. Pelee Island
- h. Tecumseh
- i. Windsor
- j. I do not live in Windsor-Essex County

SECTION B: SUPERVISED INJECTION SERVICES

In this section, we would like to hear about your thoughts about possible supervised injection services in Windsor. For this survey, we want to use the same definition of supervised injection services to make sure that we are talking about the same type of place.

Supervised injection services (SIS) are provided at legally operated indoor facilities where people come to inject their own drugs under the supervision of medically trained workers. People can inject there under safe and sterile conditions and have access to all sterile injecting equipment and receive basic medical care and/or be referred to appropriate health or social services.

Research in Canada and other countries show that SIS:

- Reduce overdose-related deaths;
- Reduce injecting in public spaces;
- Reduce used needles being left in public spaces;
- Increase access for people who inject drugs to treatment and other health and social services;
- Reduce needle sharing and the spread of infections, such as hepatitis C;
- Reduce overall health care costs, ambulance calls, use of emergency departments, and hospital admissions; and
- Do not increase drug-related crime or loitering or rates of drug use.

7. To what extent do you think supervised injection services would be helpful in Windsor-Essex County? Choose ONE answer only.

1	2	3	4	5
Very helpful	Helpful	Undecided	Not very helpful	Not at all helpful

8. In what ways would supervised injection services be helpful in Windsor-Essex County? You can choose multiple answers.

- Less risk of injury and death from drug overdose.
- Less drug use in public areas, such as streets or parks.
- Less used needles on the streets and in the parks.
- Safer community.
- Help lowers the risk of diseases like hepatitis C, HIV/AIDS, and group A streptococcal disease.
- Connect people who use drugs or their family members to medical and/or social services.
- Less work for ambulances and police services.
- I'm not sure.
- I don't think supervised injection services would help our community.
- Other, please specify: _____

9. What type(s) of supervised injection services do you think would be the best for Windsor-Essex County? You can choose multiple answers.

- Integrated service - supervised injection services at a fixed site that also has other types of services, such as food, showers, counselling, and addiction treatment.
- Mobile service - supervised injection services provided in a vehicle that travels around to different locations to meet clients.
- I don't know.
- I don't think there should be supervised injection services in Windsor-Essex County.
- Other, please specify: _____

10. In which municipality, in Windsor-Essex County, do you think supervised injection services should be offered? You can choose multiple answers.

All municipalities

Amherstburg

Essex

Kingsville

Lakeshore

LaSalle

Leamington

Pelee Island

Tecumseh

Windsor

I don't know.

I don't think there should be supervised injection services in Windsor-Essex County.

11. What questions or concerns do you have about supervised injection services in Windsor-Essex County? You can choose multiple answers.

I have no questions or concerns.

Will supervised injection services impact personal safety?

Will supervised injection services have an effect on property values?

Will supervised injection services lead to more used needles on the street?

Will supervised injection services have an impact on business or profits?

Will supervised injection services lead to more crime?

Will supervised injection services impact community cleanliness or quality of life?

Will supervised injection services lead to more drug use?

Will supervised injection services lead to more drug selling or trafficking in the community?

Will supervised injection services lead to more people who use drugs in the community?

Will supervised injection services impact the reputation or image of our community?

Will supervised injection services lead to more people loitering on the streets near the site?

I have concerns about the safety of my children or dependents.

I'm not sure.

Other, please specify: _____

12. Which of the following ideas might help address questions or concerns from the community about supervised injection services? You can choose multiple answers.

Provide information to the community about the goals and benefits of supervised injection services and how they can help the community.

Have website with information and contact email and phone number for questions.

Have a community group with representation from different community groups to identify and address any issues as they emerge.

Evaluate the services to see what's working and what's not, and share results with the community, and take action on the results.

Have a process to get ongoing feedback from the community about supervised injection services.

Increase lighting in the area around where the supervised injection services will be located.

Have more police presence around where the supervised injections services will be located.

I have no suggestions.

Other, please specify: _____

13. Do you have any other comments or suggestions about supervised injection services in Windsor-Essex County?

Appendix B. Focus Groups with Key Stakeholder Groups Discussion Guide

CONSENT:

For the first 15 minutes, participants are provided with consent forms to review and sign, and offered an opportunity to ask any questions.

WELCOME & INTRODUCTIONS:

Moderator: Welcome and thank you for taking part in this information and consultation session. My name is *[insert name]* and I'm going to be facilitating our discussion. We also have a note taker with us, who be taking some notes that we can review at the end to make sure we captured the main ideas that you share with us today *[introduce individual]*. We are very interested to hear your valuable opinion on supervised injection services in Windsor.

We will be taping the focus groups so that we can make sure to capture what we hear from the group. No names will be attached to the focus groups and the tapes will be destroyed as soon as they are transcribed. While we encourage everyone to participate, you may refuse to answer any question or withdraw from the study at anytime.

There are no wrong answers, but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. We are interested in both the positive and negative comments. Some of the questions or discussion might cause some people to feel sad or upset. There is a list of contacts for support available.

This focus group will be about an hour and a half. We will start with the information part of the session and then have the discussion afterwards. There are refreshments at *[provide directions]*. The washrooms are *[provide directions to the washrooms]*. Before we get started, I would like to talk about some ground rules, so that we can have an open and respectful discussion.

- We ask that you turn off your phones or put them on silent.
- We also ask participants to respect each other's confidentiality and not share what is said in the group. We ask that you do not use your name or others' name in the group if you know them.
- We ask that:
 - Only one person talks at a time.
 - We respect each other.
 - You seek to understand and ask questions.

My role is to:

- Guide you through conversation.
- Make sure everyone has a chance to talk.
- Keep us on topic and on time.
- Make sure that the note taker has what they need.

Does anyone have any questions about the process? If you have any questions after, you can always contact a study team member.

INFORMATION ABOUT SUPERVISED INJECTION SERVICES:

Lately, you might have heard that communities across Canada have been experiencing opioid and other drug-related issues. Federal and provincial governments developed strategies to battle this crisis. Locally, community organizations across Windsor-Essex County came together to create the Windsor-Essex County Opioid Strategy (WECOS) to address issues here in Windsor-Essex County. The strategy consists of four pillars, looking at prevention and education, treatment and recovery, enforcement and justice, and harm reduction.

Harm reduction strategies are aimed at keeping people alive, safe, and healthy, even if they continue to use drugs. It gives them an opportunity to get treatment when they are ready. Some examples of harm reduction strategies include using a nicotine patch instead of smoking, drinking water while drinking alcohol, giving out naloxone kits, or needle syringe programs. Supervised injection services are another harm reduction strategy. I've provided you with a definition of supervised injection services, so that we are all on the same page. I'll just read this out loud for everyone.

Supervised injection services are provided at legally operated indoor facilities where people come to inject their own drugs under the supervision of medically trained workers. People can inject there under safe and sterile conditions and have access to all sterile injecting equipment and receive basic medical care and/or be referred to appropriate health or social services.

Research in Canada and other countries show that supervised injection services:

- *Reduce overdose-related deaths;*
- *Reduce injecting in public spaces;*
- *Reduce used needles being left in public spaces;*
- *Increase access for people who inject drugs to treatment and other health and social services;*
- *Reduce needle sharing and the spread of infections, such as hepatitis C;*
- *Reduce overall health care costs, ambulance calls, use of emergency departments, and hospital admissions; and*
- *Do not increase drug-related crime or loitering or rates of drug use.*

Our community is seeing more emergency department visits related to opioids, especially in Windsor. In 2015, 19 opioid-related deaths out of the 24 opioid-related deaths in Windsor-Essex County were in the city of Windsor. Also, the number of hepatitis C cases, a blood-borne infection that people can get from sharing needles, has gone up from 143 reported cases in 2016 to 181 in 2017. 101 of these cases reported injection drug use. Number of needle-related calls to the City of Windsor have also significantly gone up, from 43 in 2016 to 121 in 2017.

Community partners and the community are looking into these issues and have started having conversation about supervised injection services. No decisions have been made about providing supervised injection services in Windsor. The Health Unit and the Erie St. Clair Local Health Integration Network (LHIN) are conducting this study to get the community's opinion about these services, through these consultation sessions and other methods. The content of this discussion will help with decisions about supervised injection services and how to address questions and concerns.

Does anyone have any questions about this before we get started?

DISCUSSION QUESTIONS:

1. What do you feel should be done to address drug-related harms in Windsor?
2. What do you think might be the potential benefits of S15 in your community? *(Prompts: How would they help those who inject drugs, your neighbourhood, your community, Windsor?)*
3. Some people have questions or concerns about supervised injection services. What questions or concerns do you have about supervised injection services in Windsor?
4. Do you have any ideas as to how to address questions or concerns about supervised injection services in Windsor?
5. Injection drug use can occur in all areas of Windsor; however, some areas or neighbourhoods are more impacted by injection drug use than others. What areas of Windsor do you think are most impacted by drug use? *(Prompt: Is there a specific neighbourhood or intersection close to this location?)*
6. The Ministry of Health and Long-Term Care requires that supervised injection services be integrated with other services. What services or organizations do you think should be involved in operating supervised injection services or be located in the same facility? *(Prompts: Are there any other services you think should be offered to people using a supervised injection site?)*
7. Is there anything else you would like to share about supervised injection services?

DEBRIEF:

That's all of the questions! Let's take a look at what our note-taker has written. I'm just going to go over it. If there is something we've missed, feel free to let me know. *[Reviews notes]*.

I just wanted to say thank you so much for all of your time. We really appreciate you sharing with us your thoughts. If you have any questions or concerns, or are interested in the results, it is all outlined in the copy of the consent form we provided you at the beginning of the session. As well, there is the list of resources available, should you wish to talk to someone about your feelings.

Thank you again!

Appendix C. Key Informant Interview Guide

INTERVIEWER: Thank you for agreeing to take part in this interview to share your thoughts about supervised injection services, or SIS for short, in Windsor. Before we get started, I am going to take a few minutes to review the study purpose and consent form we sent you. This interview should take about 30 minutes of your time. I will ask you questions about the need for SIS, its benefits and challenges, and what these services could look like in Windsor. I may sometimes refer to supervised injection services as SISs. Your participation is strictly voluntary. You do not have answer any questions that you do not want and can stop the interview at any time. It will not affect any care, service, or partnership with the Windsor-Essex County Health Unit you currently are a part of or plan to be a part of in the future. Some of the questions may have made you feel emotional or upset. I have (emailed/provided) a list for you of services where you can talk to someone about how you are feeling. Any information you give us is confidential and shared only with your permission and will only be reported as combined results. If you have checked off that you agree, we may choose to include direct quotes from you in the final report. We will make sure that the quotes do not say who you are, but we cannot ensure that participants cannot be identified by these quotes. The information we gather will be used to help with decisions about SISs and identify any questions or concerns and how to address them. Do you have any questions about the study or the consent form?

INTERVIEWER: Great, if you have no more questions or concerns, we can get started. Should you have any questions later on, you can definitely contact any member of the study team. So we'll start off with the first question about injection drug use in general.

1. **Do you believe that there is a problem with injection drug use in Windsor, and if so, what problems do you believe exist?** (*Probes: What health problems have emerged? How have these impacted PWID? How has the broader community been affected?*)
2. **What do you feel should be done to address drug-related harms in Windsor?**
3. **What do you know about supervised injection services?**
4. **What do you think might be the benefits of having SISs?** (*Probe for individual, organizational, and community-level benefits.*)
5. **Do you think SISs have a role to play in Windsor? If so, why, if not why?**
6. **What do you think might be some challenges of having SISs in Windsor?** (*Probe for individual, organizational, and community-level negative effects.*)
7. **If you support the creation of SISs in Windsor,**
 - a) Where do you think SISs should be located?
 - b) How many SISs are needed?
 - c) For what days and hours do you think it should operate
 - d) Who should be involved in establishing and operating a SIS in Windsor?
8. **Do you think SISs will be accepted and used by local people who inject drugs? If yes/no, please explain.**

9. **What do you think are the concerns of the broader community? If yes/no, please explain.**
 - a) How might we address those concerns? Do you have any strategies for addressing those concerns?
10. **What other programs or services would need to be in place to help ensure the effectiveness of SIS?**
11. **Do you have any other thoughts or concerns about SISs and/or injection drug use in general that you would like to share?**

INTERVIEWER: Thank you so much for your time. We really appreciate you sharing your thoughts with us. We are hoping to collect all this data by the end of December. The results of the study will be made publicly available on the WECOSS and the Windsor-Essex County Health Unit websites. These links are on the copy of the consent form I provided you. Again, should you have any questions, you can call or email me. If there is anyone else you would suggest we talk to, please feel free to provide them with our contact information.

Appendix D. PWID Survey Questionnaire

Supervised Injection Services Community Consultation: In-Person Survey

SECTION 1: DEMOGRAPHICS

To begin, I'd like to ask you some questions about yourself. We are asking everyone the same questions.

1.1 Have you injected drugs in the **LAST 30 DAYS**?

- i. Yes
- ii. No

1.2 In which year were you born? _____ Refused

In this study, we are trying to reach a diversity of people including men, women, and transgender people. We are asking these questions to everyone to ensure we capture accurate information.

1.3 What sex were you assigned at birth (e.g., on your birth certificate)? **(Pick ONE only.)**

- i. Female
- ii. Male
- iii. Other, specify: _____
- iv. Refused

1.3a What is your current gender identity? (Do not read out list. Pick ONE only.)

- i. Female
- ii. Male
- iii. Trans woman – Male-to-Female
- iv. Trans man – Female-to-Male
- v. Non-binary/third gender
- vi. Other, specify: _____
- vii. Refused

1.4 Some people identify with an ethnic group or cultural background. To which ethnic or cultural group do you feel you belong? **(Read out list. Check ALL that apply.)**

- Arab/West Asian
- Latin American/Central American/South American

- | | |
|--|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Metis |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Southeast Asian |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> White |
| <input type="checkbox"/> Francophone | <input type="checkbox"/> No ethnic group in particular |
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Don't know/Unsure |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Refused |

1.5 In which neighbourhood do you usually live? (See **NEIGHBOURHOODS** map card. Pick **ONE** only.)

- | | |
|-------------|--------------|
| i. Ward 1 | vi. Ward 6 |
| ii. Ward 2 | vii. Ward 7 |
| iii. Ward 3 | viii. Ward 8 |
| iv. Ward 4 | ix. Ward 9 |
| v. Ward 5 | x. Ward 10 |

1.6 Please list all the places that you have lived in **SIX MONTHS**. (Do not read out list. Check **ALL** that apply.)

- | | |
|---|---|
| <input type="checkbox"/> All of the below | <input type="checkbox"/> Rehab |
| <input type="checkbox"/> A place where people gather to use drugs (crack house) | <input type="checkbox"/> Rooming or boarding house |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Shelter or welfare residence |
| <input type="checkbox"/> Hotel/motel room rented on daily/weekly basis | <input type="checkbox"/> With my parents |
| <input type="checkbox"/> House or apartment – my own or partner's | <input type="checkbox"/> Medical hostel (live-in home or rehabilitation centre) |
| <input type="checkbox"/> House or apartment – someone else's (relative or friend) | <input type="checkbox"/> Transitional housing |

- No fixed address (couch surfing, “here and there”)
- On the street (abandoned buildings, cars, parks)
- Prison/jail/detention centre
- Other, specify:
- Refused

1.7 What is the highest level of education that you have **COMPLETED?** (Read out list. Pick **ONE** only.)

- i. Primary school
- ii. High school
- iii. Any college or university
- iv. Refused

In this section, I am going to ask you some questions about your income, including both formal and informal sources. We ask about informal income because many people in this study report getting at least some money through informal sources in order to make ends meet. Because people’s health is greatly affected by the amount of their income, we want to understand how people make enough money to live, and how this may impact their health.

1.8 About how much money did you get (formally and informally) altogether from all sources **LAST YEAR?** (Do not read out list. Pick **ONE** only.)

- i. Under \$10,000
- ii. \$10,000-\$19,999
- iii. \$20,000-\$29,999
- iv. \$30,000-\$39,999
- v. \$40,000-\$49,999
- vi. \$50,000 or more
- vii. Don’t know/Unsure
- viii. Refused

1.9 Over the **LAST 6 MONTHS**, what were your sources of income? (Do not read out list. Check **ALL** that apply.)

- Regular job
- Temporary work
- Self-employed
- Parent, friend, relative, partner
- Theft, robbing or stealing
- Selling needles

- | | |
|--|---|
| <input type="checkbox"/> Recycling (binning, buy/sell) | <input type="checkbox"/> Selling cigarettes/tobacco |
| <input type="checkbox"/> Panhandling | <input type="checkbox"/> Selling drugs |
| <input type="checkbox"/> OW (Ontario Works) | <input type="checkbox"/> Other criminal activity |
| <input type="checkbox"/> Ontario Disability Support Program (ODSP) | <input type="checkbox"/> Sex for money |
| <input type="checkbox"/> CPP (Canadian Pension Plan) | <input type="checkbox"/> Stipend for honoraria |
| <input type="checkbox"/> EI (Employment Insurance) | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> GST rebate | <input type="checkbox"/> Refused |

1.10 In the **PAST SIX MONTHS**, have you received any of the following for sex? (**Read out list. Check ALL that apply.**)

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Money | <input type="checkbox"/> Food |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> I have not exchanged any items for sex in the past 6 months |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Refused |

SECTION 2: DRUG USE & INJECTION PRACTICES

Now I am going to ask you some questions about your drug use and injecting practices. Again, we are asking everyone the same questions.

2.0 How old were you the first time you injected drugs (shot up/fixe) or were injected by someone else?

Age in years: _____

2.1 In the **LAST SIX MONTHS**, how often did you inject drugs? (**See Frequency (1) prompt card. Check ONE only.**)

- i. Less than once a month
- ii. 1-3 times a month
- iii. Once a week

- iv. More than once a week
- v. Daily
- vi. Refused

2.1a How often did you inject in the **LAST MONTH?** (See Frequency (1) prompt card. Check **ONE** only.)

- i. Less than once a month
- ii. 1-3 times a month
- iii. Once a week
- iv. More than once a week
- v. Daily
- vi. Never
- vii. Refused

2.2 On a day when you do inject, how many times a day do you usually inject on average?

- i. Number of times a day: _____
- ii. Don't know
- iii. Refused

Now I am going to ask you some more details about the places where you've injected drugs in the LAST SIX MONTHS.

2.3 In the **LAST SIX MONTHS**, have you injected in (places)? (Rest out list. Check **ALL** that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Sexual partner's place | <input type="checkbox"/> School yard |
| <input type="checkbox"/> Your own place (if different from sexual partner's place) | <input type="checkbox"/> In a stairwell/doorway of a store, office or other building |
| <input type="checkbox"/> Relative or friend's place | <input type="checkbox"/> Car |
| <input type="checkbox"/> Acquaintance's place | <input type="checkbox"/> Public washroom or toilet (e.g., library) |
| <input type="checkbox"/> Stranger's place | <input type="checkbox"/> Hotel or motel |
| <input type="checkbox"/> Place which you pay to use or exchange drugs | <input type="checkbox"/> Place where you buy drugs |
| <input type="checkbox"/> Abandoned building | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Parking lot | <input type="checkbox"/> Community-based organization or service provider |
| <input type="checkbox"/> Alley or laneway | <input type="checkbox"/> Other places I haven't mentioned, specify: |

Park

Refused

2.4 In the **LAST SIX MONTHS**, how often did you inject in public or semi-public areas like a park, an alley or a public washroom? **(Read out list. See FREQUENCY (2) prompt card. Pick ONE only.)**

- i. Always (100% of the time)
- ii. Usually (over 75%)
- iii. Sometimes (26-74%)
- iv. Occasionally (<25%)
- v. Never → **GO TO Q2.5**

2.4a What are some of the reasons you inject in public? **(Read out list if needed. Check ALL that apply.)**

- | | |
|---|--|
| <input type="checkbox"/> It's convenient to where I hang out | <input type="checkbox"/> I need assistance to fix |
| <input type="checkbox"/> There is nowhere to inject safely where I buy drugs | <input type="checkbox"/> Guest fees at friend's place, but I don't want to pay |
| <input type="checkbox"/> I'm homeless | <input type="checkbox"/> I prefer to be outside |
| <input type="checkbox"/> I'm involved in sex work and don't have a place to inject | <input type="checkbox"/> Dealing/middleing (connecting sellers to purchasers)/steering (guiding potential buyers to selling) |
| <input type="checkbox"/> I don't want the person I am staying with to know I use/am still using | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> I'm too far from home | <input type="checkbox"/> Refused |

2.5 Have you ever injected alone?

- i. Yes
- ii. No → **GO TO Q2.6**
- iii. Refused → **GO TO Q2.6**

2.5a In the **LAST SIX MONTHS**, how often did you inject alone? **(Read out list. Show FREQUENCY (2) prompt card. Pick ONE only.)**

- i. Always (100% of the time)
- ii. Usually (over 75%)
- iii. Sometimes (26-74%)

- iv. Occasionally (<25%)
- v. Never
- vi. Refused

2.6 Have you ever needed help to **INJECT** drugs?

- i. Yes
- ii. No
- iii. Refused

2.7a In the **PAST SIX MONTHS**, how often have you **LOANED** syringes that had already been used by you or were being used by someone else to inject? (**Read out list. Show FREQUENCY (1) prompt card. Pick ONE only.**)

- i. Less than once a month
- ii. 1-3 times a month
- iii. Once a week
- iv. More than once a week
- v. Daily
- vi. Never
- vii. Don't know/Unsure
- viii. Refused

2.8 Now I'm going to ask about some of the drugs you inject and how often you use them. For each drug that you have injected, I will ask if you inject daily, more than once per week, once per week, 1-3 times a month, less than once per month or never.

Have you injected [drug] in the **LAST SIX MONTHS**? (**Read list out. For each drug they have injected, ask the frequency of use. Check the response that applies.**)

Injection Drugs	Less than once per month	1-3 times a month	Once per week	More than once per week	Daily	Never
Heroin						
Crystal Meth						
Cocaine						
Crack/rock cocaine						
Speedball (stimulant mixed with opioids)						
Methadone prescribed to you						
Methadone not prescribed to you						

Morphine						
Hydros (HydroMorph Contin or Dilaudid)						
Percocet						
Generic Oxycodone						
Oxy Neo						
Fentanyl						
Wellbutrin						
Ritalin or Biphentin						
Tranquilizers or Benzos						
Amphetamines (speed, uppers, dexies, bennies)						
Steroids						
Valium						
Gabapentin						
Other (specify each)						

2.8a In the **LAST SIX MONTHS**, which of these drugs did you inject the **MOST**?

- | | |
|---|---|
| i. Heroin | xii. Oxy Neo |
| ii. Crystal Meth | xiii. Fentanyl |
| iii. Cocaine | xiv. Wellbutrin |
| iv. Crack/Rock Cocaine | xv. Ritalin or Biphentin |
| v. Speedball (stimulant mixed with opioids) | xvi. Tranquilizers or Benzos |
| vi. Methadone prescribed to you | xvii. Amphetamines (speed, uppers, dexies, bennies) |
| vii. Methadone not prescribed to you | xviii. Steroids |
| viii. Morphine | xix. Valium |
| ix. Hydros | xx. Gabapentin |
| x. Percocet | xxi. Other, specify: |
| xi. Generic Oxycodone | xxii. Refused |

SECTION 3: SUPERVISED INJECTION SERVICES

I'm going to ask you a number of questions about supervised injection services. I will refer to supervised injection services as 'SIS' throughout the rest of the questionnaire. There will be some general questions about your knowledge of them and your acceptance of SIS if a facility were to be opened in the Windsor area.

3.0 Have you heard of supervised injection services (SISs)?

- i. Yes
- ii. No
- iii. Refused

For this interview, we want to use the same definition of SISs, to make sure that we're talking about the same type of place. A supervised injection service is a legally operated indoor facility where people come to inject their own drugs under the supervision of medically trained workers. People can inject there under safe and sterile conditions and have access to all sterile injecting equipment (cotton, cooker, water, etc.) and receive basic medical care and/or be referred to appropriate health or social services.

3.1 If supervised injection services were available in Windsor, would you consider using these services?

- i. Yes → **SKIP Q3.1 AND Q3.1A**
- ii. Maybe → **ANSWER ALL QUESTIONS**
- iii. No → **SKIP Q3.2A**
- iv. Refused → **SKIP Q3.2A**

3.1a. (If **YES** or **MAYBE** to **Q3.1**), for what reasons would you use supervised injection services? (DO NOT read out list. Check ALL that apply.)

- | | |
|---|---|
| All of the following. | I would be able to get a referral for services such as detoxification or treatment. |
| I would be to get clean sterile injection equipment. | Overdoses can be prevented. |
| I would be safe from crime. | Overdoses can be treated. |
| I would be safe from being seen by the police. | I would be injecting responsibly. |
| I would be able to inject in indoors and not in a public space. | Other, specify: |
| I would be able to see health professionals. | Refused |

3.2 (If *MAYBE* or *NO*) For what reasons would you NOT use supervised injection services? (DO NOT read out list. Check ALL that apply.)

- All of the following.
- I do not want to be seen.
- I do not want people to know I am a drug user.
- I am afraid my name will not remain confidential.
- I would rather inject with my friends.
- I always inject alone.
- I feel it would not be convenient
- I fear being caught with drugs by police.
- I'm concerned about the possibility of police around the service.
- I do not trust supervised injection services.
- I can get new sterile needles elsewhere.
- I have a place to inject.
- I feel there are too many rules and restrictions associated with using supervised injection services.
- I need to avoid other people that would use the SIS.
- I don't know enough about SIS.
- Other, specify:
- Refused

3.3 There are a number of **POLICIES being considered for SISs. For each of the next statements, please let me know if these **POLICIES** would be very acceptable, acceptable, neutral, unacceptable or very unacceptable to you. (For each statement, read it out and ask how acceptable this would be to them. Show ACCEPTABILITY prompt card. Check the corresponding answer.)**

Policy	Very acceptable	Acceptable	Neutral	Unacceptable	Very unacceptable	Refused
a) Injections are supervised by a trained staff member who can respond to overdoses						
b) 30 minute time limit for injections						

c) Have to register each time you use it						
d) Required to show government ID						
e) Required to show client number						
f) Have to live in neighbourhood						
g) Video surveillance cameras on site to protect users						
h) Not allowed to smoke crack/crystal meth						
i) Not allowed to assist in the preparation of injections						
j) Not allowed to assist each other with injections						
k) Not allowed to share drugs						
l) May have to sit and wait until space is available for you to inject						
m) Have to hang around for 10 to 15 minutes after injecting so that						

your health can be monitored						
------------------------------	--	--	--	--	--	--

3.4 There are various **SERVICES** being considered to provide with SIS. I'm going to read out a number of services. I will ask you if they are very important, important, moderately important, slightly important, or not that important to you. **(Read out each service and for each ask how important the service would be to them. Show IMPORTANCE prompt card. Check response for each question.)**

Service	Very important	Important	Moderately Important	Slightly Important	Not Important	Refused
a) Nursing staff for medical care and supervised injecting teaching						
b) Washrooms						
c) Showers						
d) Social workers or counsellors						
e) Drug counsellors						
f) Aboriginal counsellors						
g) Food (including take away)						
h) Peer support from other injection drug user						
i) Access to an opiate (methadone or buprenorphine) prescribed by a health professional						
j) Needle distribution						
k) Injection equipment distribution						
l) HIV and hepatitis C testing						
m) Withdrawal management						

n) Special time for women or a women's only SIS						
o) Referrals to drug treatment, rehab, and other services when you're ready to use them						
p) A 'chill out' room to go after injecting, before leaving the SIS						
q) Preventing or responding to overdose						
r) Access to health services						
s) Assistance with housing, employment and basic skills						
t) Harm reduction education						
u) Drug testing (a service to check if your drug may have been cut with another potentially dangerous substance)						
v) Other, specify: Click or tap here to enter text.						

SECTION 4: LOCATION AND SERVICE DESIGN PREFERENCES

Now, I'm going to ask you more specific questions about your preferences in the location and design of services for SIS.

4.0 Would you use SIS if it was located in a community health centre, hospital, family doctor's clinic, walk-in clinic, or social service agency?

- i. Yes
- ii. No
- iii. Refused

4.1 Are you willing to walk to SIS?

- i. Yes
- ii. No → **GO TO Q4.2**
- iii. Refused → **GO TO Q4.2**

4.1a/b How long would you be willing to walk to use SIS in the **SUMMER/WINTER?** (Read out list. Check **ONE** only.)

4.1a ... IN SUMMER?	4.1b ... IN WINTER?
5 minutes	5 minutes
10 minutes	10 minutes
20 minutes	20 minutes
30 minutes	30 minutes
40 minutes or more	40 minutes or more
Refused	Refused

4.2 Using the below map, where would be your **FIRST CHOICE** for seeing SIS? (Enter the **3-digit DA identifier on the map provided.**)

3-digit DA Number: _____

4.3 If SIS was established in a location convenient to you in Windsor, how often would you use it to inject? (Read out list. Show **FREQUENCY (2)** prompt card. Check **ONE** only.)

- i. Always (100% of the time)
- ii. Usually (over 75%)
- iii. Sometimes (26-74%)
- iv. Occasionally (<25%)
- v. Never
- vi. Don't know/Unsure
- vii. Refused

4.4 What time of the day would be your **FIRST CHOICE** to use SIS? (Read out list. Check one under **FIRST CHOICE.**)

- i. Daytime (8 am – 4 pm)
- ii. Evening (4 pm – midnight)
- iii. Overnight (midnight – 8 am)
- iv. Refused

4.5 What would be the best set-up for injecting spaces for SISs? (**Show CORRESPONDING picture to each choice of facility set-ups below. Read out list. Check ONE only.**)

- i. Private cubicles (**Show picture 1**)
- ii. An open plan with benches at one large or counter (**Show picture 2**)
- iii. An open plan with tables and chairs (**Show picture 3**)
- iv. Combination of the above
- v. Don't know/Unsure
- vi. Refused

SECTION 5: EXPERIENCES OF OVERDOSE

The next questions are about overdosing. Different people have different ideas about what an overdose is.

5.1 Have you **EVER** overdosed by accident?

- i. Yes
- ii. No → **SKIP to 7.0**
- iii. Refused → **SKIP to 7.0**

5.2a Have you overdosed in the **PAST SIX MONTHS**?

- i. Yes
- ii. No
- iii. Refused

5.2b Altogether, how many times have you overdosed in your lifetime?

- i. TIMES: _____
- ii. Don't know/Unsure
- iii. Refused

5.3a The last time you overdosed, which drugs or substances were involved? Did you inject them? (**READ OUT LIST. Check ALL that apply.**)

Drug/Substance	Involved in OD?		Injected?	
	Yes	No	Yes	No
Cocaine				
Crack				
Hydros (Hydromorph Contin or Dilaudid)				
Heroin				
Methadone				
Suboxone				
Morphine				
Percocet				
Wellbutrin				
Oxycodone				
Fentanyl				

Drug/Substance	Involved in OD?		Injected?	
	Yes	No	Yes	No
Ritalin or Biphentin				
Benzodiazepines or tranquilizers				
Speedball				
Amphetamines				
Crystal Meth				
Valium				
Gabapentin				
Alcohol				
Pot				
Other injection drugs				
Other non-injection drugs				

5.4 Were other people with you?

- i. Yes
- ii. No
- iii. Refused

5.5 Could you tell me the type of place where you overdosed? (**DO NOT read list out. Check ONE only**).

- i. My own place
- ii. Partner's place (if different from my own)
- iii. Friend's place
- iv. Relative's place
- v. Dealer's place
- vi. Street (alley, doorway, under bridge, etc)
- vii. Public washroom
- viii. Shelter
- ix. Abandoned building
- x. Jail
- xi. Drop-in or social service

- xii. Other, specify:
- xiii. Don't know/Unsure
- xiv. Refused

5.6 Were you assisted by other people?

- i. Yes
- ii. No
- iii. Refused

SECTION 6: DRUG TREATMENT

6.0 Have you **EVER** in your lifetime been in a drug treatment or detox programme?

- i. Yes
- ii. No → **GO TO Q 7.2**
- iii. Refused → **GO TO Q 7.2**

6.1 Have you in the **LAST SIX MONTHS** been in a drug treatment or detox programme?

- i. Yes
- ii. No → **GO TO Q 7.2**
- iii. Refused → **GO TO Q 7.2**

6.1a In the **LAST SIX MONTHS**, which treatment programs have you been in? (**Read out list. Check all that apply.**)

- | | |
|--|--|
| <input type="checkbox"/> Detox program with methadone/suboxone | <input type="checkbox"/> Drug court |
| <input type="checkbox"/> Detox program with other prescribed drugs | <input type="checkbox"/> Healing lodge |
| <input type="checkbox"/> Detox program with no drugs | <input type="checkbox"/> Addictions case management |
| <input type="checkbox"/> Methadone maintenance program | <input type="checkbox"/> Managed alcohol program |
| <input type="checkbox"/> Out-patient counselling | <input type="checkbox"/> Another drug treatment/detoxification program |
| <input type="checkbox"/> Self-help group for your drug use | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> Drug treatment with cultural programming | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Residential treatment | |

6.2 During the **PAST SIX MONTHS**, have you ever tried but been unable to get into any of the treatment programs?

- i. Yes
- ii. No
- iii. Refused**



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SIS Community Consultations

Executive Report

September 2019



table of contents



- **project background**
- **what we set out to achieve**
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- **who we consulted**
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project background



- Windsor and Essex County (WEC) is facing **increased morbidity and mortality** related to the use of opioids and other drugs.
- In response, the Windsor-Essex County Health Unit (WECHU) sought to examine the **need for and acceptability of supervised injection site(s) (SIS)** in the community.
- As a requirement of Health Canada's application for exemption under Section 56 of the Controlled Drugs and Substances Act, **community engagement is essential** to informing the need for and feasibility of an SIS.

Supervised injection site (SIS): An SIS is a legally sanctioned site that provides a location where people can bring their own illicit substances to inject under safer conditions and supervised by trained workers.

An SIS reflects harm reduction principles, which recognizes that individuals with addiction or substance use issues may not wish or be able to abstain from substance use. It thus seeks to minimize the harms associated with drug use.

what we set out to achieve



- The WECHU conducted community consultations from **October 17, 2018 to April 26, 2019**.
- The purpose was to **understand community perceptions of SIS**, including levels of support or opposition, and to gather feedback regarding questions and concerns about SIS.
- The WECHU also explored **potential clients' willingness to use SIS and their preferences** for the design, location, and services offered by SIS.
- The results from this study will contribute to information that may be helpful in **planning future services** for people who use drugs.
- This SIS Community Consultations Executive Report **summarizes the key themes** identified from the consultations. For more detailed findings, please see the full report under separate cover.

how we accomplished it

Community engagement took place from October 2018 to April 2019



GENERAL PUBLIC	COMMUNITY GROUPS	KEY INFORMANTS	PEOPLE WHO INJECT DRUGS**
online open-link survey* (n=2520)	in-person focus groups (5 groups; 27 participants)	one-on-one interviews (20 interviews)	in-person staff/peer-conducted interviews (n=99)

The WECHU conducted all phases of the community engagement. Ipsos Public Affairs, a third-party research firm, was engaged to analyze the findings and write a full report.

*And paper surveys were distributed to community organizations.

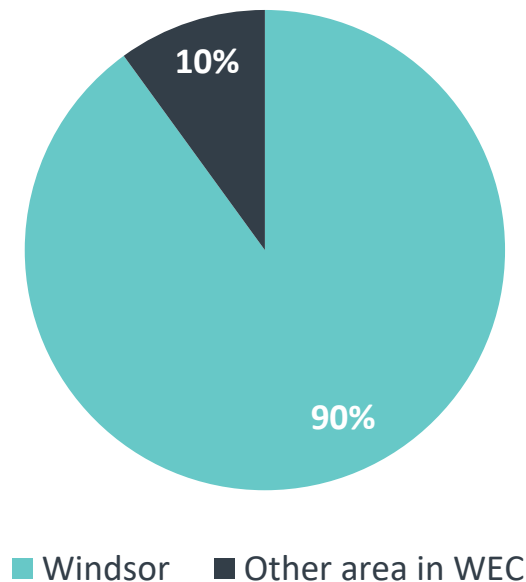
**People who inject drugs=PWID

who we consulted

profile of survey respondents

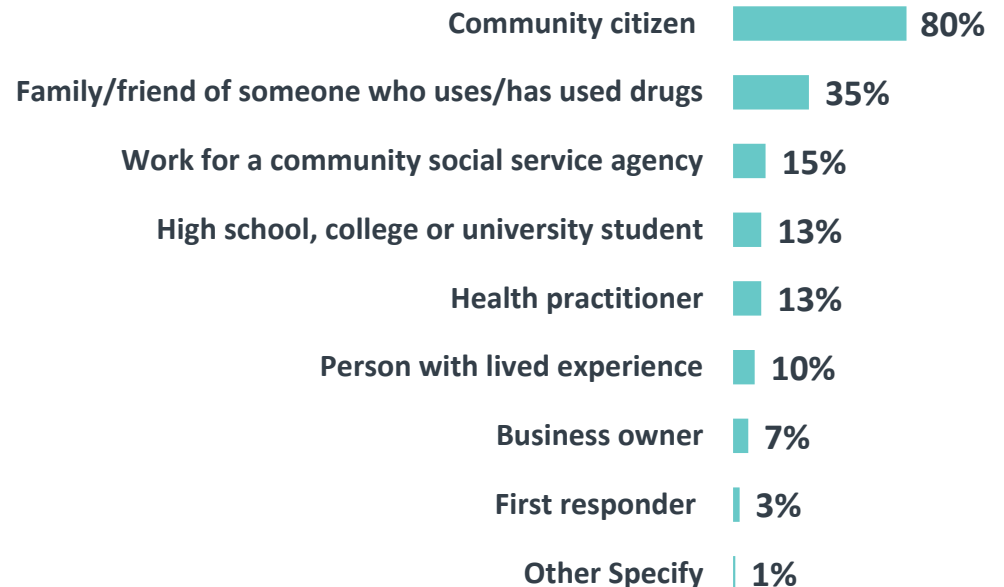
- **n=2520** of the general public completed the survey
- An online survey (open link) was posted on the WECHU's home page, and paper surveys were distributed to community organizations

Live, work, and/or go to school in...(n=2520)



Self-identified as a...(n=2512)

Multiple response



Note to reader: The survey was programmed online so that respondents could skip questions. Base sizes exclude no responses and may, therefore, vary from question to question.

drugs affect all walks of life

- Many respondents identifying across community roles have friends/family who use or have used drugs (e.g. 47% of students know someone who uses/has used drugs).
- A few, themselves, identified as a person with lived experience (e.g. 13% of business owners identified as a person with lived experience).

	Total	Self-identified as a...(multi-response)							
		Family/Friend of Someone Who Uses/d Drugs	High School/ College/ University Student	Business Owner	Community Citizen	Work for a Community Social Service Agency	First Responder	Health Practitioner	A person with lived experience
Base: All Respondents answering	2512	886	334	188	2012	376	71	327	255
Self-identified as...									
A person with lived experience	10%	22%	17%	13%	11%	8%	7%	6%	100%
Being family or friend of someone who uses or has used drugs	35%	100%	47%	44%	38%	35%	20%	32%	77%

Q2. Which of the following best describes you? (multi-select question)

community groups & stakeholders



Focus groups

Representatives across various community groups:

- Health and social service workers
- Neighbourhood groups
- Local business groups



Key informant interviews

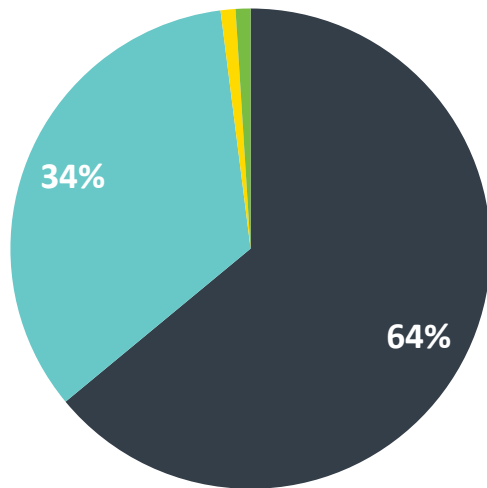
Stakeholders from:

- Government (municipal, provincial, federal)
- Health services organizations
- Emergency services
- Social services, and
- Other community organizations

profile of PWID

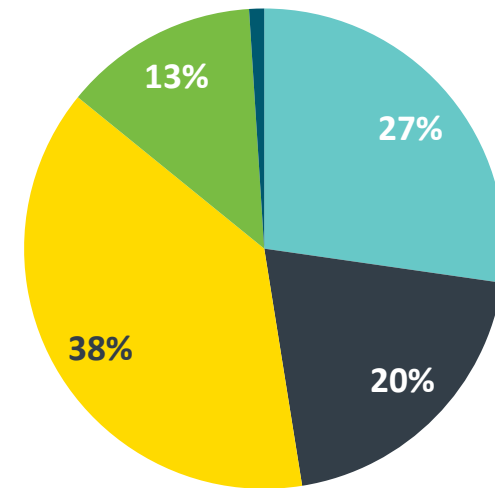
- n=99 PWID completed the survey
- In-person interviews conducted by the WECHU's staff and/or peers
- Respondents compensated \$15 each for their participation

Gender



■ Male ■ Female ■ Other ■ Don't know

Age

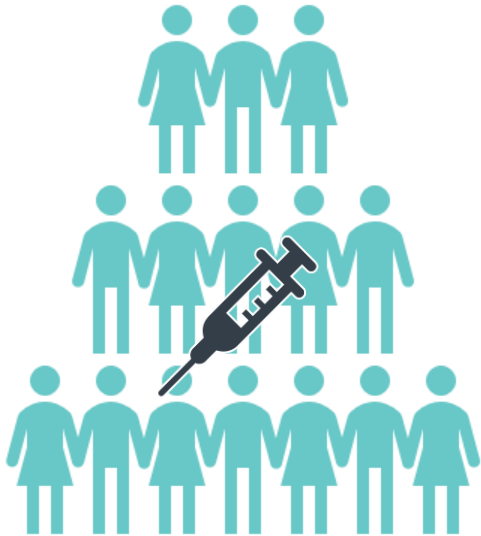


■ 18-34 ■ 35-44 ■ 45-54 ■ 55+ ■ DK/NS

what we heard: key themes

a drug crisis

unanimously, community stakeholders said WEC is in the midst of a drug crisis



- Drug use is perceived as a pervasive **epidemic**, regardless of the community.
- View that the community is dealing with a **worsening and visible problem** of injection use and related social harms:
 - Those who inject are seen to be physically at risk, socially stigmatized, and in avoidance of public services and health care.
 - Issues of homelessness, injecting in public, and discarded needles in private and public spaces including schoolyards, parks, backyards, front porches.



Yes, I believe there is a problem in Windsor; actually, very evident in our community. See it on the streets; we have people who send pictures of people injecting on sidewalks and send to 311. People injecting out in the public. Right now, the problem poses a health and safety risk in the individual who chooses to use, and the general public...

- Key informant interview

support for SIS

many who responded to the community survey showed support for SIS



- Overall, **61%** of community survey respondents said SIS would be helpful to Windsor and Essex County.
- Many who participated in the community focus groups and key informant interviews were **favourable** towards, or at least open to the idea of, SIS.



perceived benefits of SIS

- Save lives
- Decrease harm for those who inject drugs
- Reduce infectious diseases/infections
- Increase safety for the community
- Decrease stigma
- Connect people who use drugs or their family members to medical and/or social services
- Reduce public costs by easing demand for emergency services
- Serve as a compassionate approach

who is more supportive?

Said SIS would “be very helpful/helpful” to WEC:

- **81%** of social service workers (n=370)
- **74%** of students (n=326)
- **68%** of health practitioners (n=324)
- **66%** of friends/family of someone who uses/used drugs (n=871)
- **63%** of those with lived experience (n=246)
- **56%** of business owners (n=187)

- ***But only 32%*** of those who identified as first responders said SIS would “be very helpful/helpful” (n=68)

Note to reader: Respondents self-identified as one of the above subgroups in the community survey. See slide 8.

oppose SIS

vocal opposition to SIS in the community



- Overall, **33%** of community survey respondents said SIS would not be helpful to WEC; 6% were undecided. Those who were in opposition were vocal in their responses, and **expressed concerns** that were focused on safety and the negative impact SIS would have on the community.
- A couple of community stakeholders interviewed were not convinced that any benefits of SIS would necessarily **outweigh the risks**.
- Those identifying as first responders were the least likely group to be supportive of SIS – **65% did not see it as helpful**. And, while over half of business owners (56%) said SIS would be helpful, they were the second most likely group to be opposed to SIS, with **39% saying it would not be helpful**.



perceived negative impacts of SIS

- Decrease property values
- Increase crime in SIS area(s)
- Normalize drugs
- Enable drug users
- Condone illegal drug use
- Will not solve the drug problem
- Would likely not even be used by PWID
- Be a waste of taxpayers dollars; some said, instead, that funding could go towards rehabilitation, drug education and supports for mental health

drug use

half of PWID reported having overdosed on drugs by accident



- **Three-quarters** of PWID said they typically **inject 1 to 3 times a day**; 1 in 5 said they inject 4 or more times a day.
- Two-thirds of PWID have **injected in public or semi-public spaces** in the past 6 months. The main reasons for doing so was being homeless and having no place to inject drugs safely.
- **Of those who reported having overdosed:**
 - half had done so in past 6 months;
 - half had overdosed 3 or more times; and
 - 9/10 said they had injected drugs alone.

use of SIS

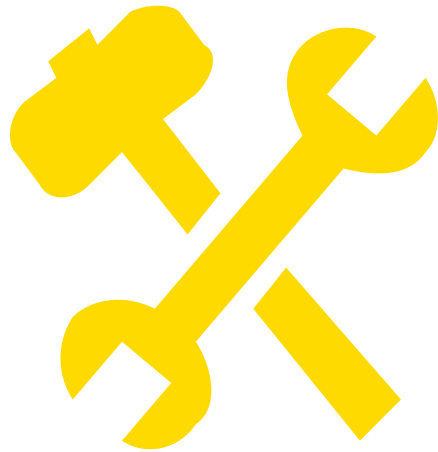
majority of PWID said they would consider using SIS



- 8 in 10 PWID were **aware** of SIS.
- 8 in 10 said they would **consider using** SIS if it were available (71% said “yes” and 7% said “maybe”).
- **3 in 10** said they would consider using SIS **always (100% of the time)**.
- Almost half said they would use it during daytime hours (8am to 4pm), while 3 in 10 said they would use it in the evening from 4 pm to midnight.
- Among those who said they would maybe consider or would not consider using SIS, **privacy and confidentiality** were the primary concerns.
- **Establishing trust** with PWID is critical to the success of SIS.

SIS services

most important services that could be offered in SIS for PWID



- Access to sterile needles and injection equipment
- Prevent and respond to overdoses
- HIV & Hepatitis C testing
- Access to washrooms, including showers
- Access to health services and counselling
- Supervision when injecting
- Harm reduction education
- Referrals to drug treatment, rehab, and other services
- Withdrawal management
- Drug testing
- Chill out room

holistic approach

many suggested SIS could operate as the bridge to a broad spectrum of public services



- Many community members and stakeholders said SIS could be **one facet of a holistic strategy** that manages harm, while providing a path to recovery and addressing the social drivers of addiction.
- SIS could include services/programs from treatment and recovery to health and nutrition to housing and employment programs.
- SIS could also be a locus of support not only for PWID but also their **families**.

implementation

community stakeholders highlighted concerns about...



- **Safety** for both frontline staff and users of the SIS: need to provide security while, at the same time, maintain an environment that PWID would trust.
- **Ethical considerations** such as providing care to minors and issues of **privacy** for users of SIS.
- Excessive **concentration** of those who inject drugs in a single location.
- **Resource and capacity limitations:** SIS must be sufficiently resourced to operate 24/7 (have consistent hours at a minimum), and pay staff adequately to reduce turnover.

location

the location of the SIS will be the most contentious and challenging



- Overall, there was a general sense that there would be opposition by many residents to the location of the proposed SIS near their homes, schools or businesses (**NIMBY – “not-in-my-backyard” sentiment***).
- Many who participated in the consultations thought that the **City of Windsor**, particularly the area around the **downtown core**, would be well served by SIS.
- Some respondents in the survey, however, thought SIS should also be **offered across WEC**.
- A mobile service would be one option to ensure broader geographical coverage across the community: 4 in 10 (38%) respondents from the community survey said that **both an integrated service and a mobile service** would be best for the community.

* “Used to express opposition by local citizens to the locating in their neighborhood of a civic project such as a jail, garbage dump, or drug rehabilitation center, that, though needed by the larger community, is considered unsightly, dangerous, or likely to lead to decreased property values.” Dictionary.com: accessed on August 26, 2019: <https://www.dictionary.com/browse/nimby>

consult

stakeholders expressed the critical need to *continue* consultations and dialogue



- Continued **public engagement** will be critical to building community support and to bridging the gap between users, supporters and detractors.
- **Dialogue** will help address concerns and questions citizens may have.
- It would help to build **trust** with the community through **transparency**.
- Engagement will be most important regarding the **location(s)** of SIS, as many residents will oppose the establishment of SIS in their own neighborhoods.



*SIS will be much more successful if it is both a **'top down' and 'bottom up' process**, where the whole community has an investment in its success rather than it being imposed without meaningful **education and consultation**.*

- Survey: self-identified as social service worker

educate

education about drug addiction and harm reduction is needed



- Stakeholders noted that education is needed to help **reduce stigma** and to encourage greater **compassion**.
- This would include communicating research **findings that support the efficacy** of SIS but also, importantly, **telling the stories** of those affected by drugs including family and friends.
- Education would help community members make **better informed decisions** on whether they support or oppose SIS.



*Changing narrative in community is going to be very important to helping to address some of those questions. 2 key components. - **folks with lived experience will help to change narrative.***

***Humanizing the issue.** Those who we've lost to overdoses - support network of family, friends, caregivers, service providers who have been impacted by OD in community - bringing that narrative front and center to those people concerned about SIS that will be more impactful change that need to take place. **Demonstrates this is someone you know at the end of the day.** This isn't just stereotypical world - these are real people impacted, and you probably know somebody.*

- Focus group participant

consensus

Community members spoke of the critical need to move forward with key leaders working together



- Many respondents observed that the **lack of consensus** among community leaders on the best approach to addressing the drug crisis is **delaying an effective and cohesive response**.
- Some stakeholders and representatives from community groups cautioned that many residents will oppose the establishment of SIS. This, supporters argued, justified the even greater need for community leaders to work together to put aside ideological differences and to **find a solution** to reduce harm among users and in the community.



*It is contentious, because there are **different opinions**. We are not different from other communities, it's just our response has been different. The issue with our response, **we are not unified** on our thoughts about it. There are a lot of differences in opinion. Lack of knowledge and understanding around the medical aspects in that it is a disease and not an issue with people. It is an actual problem, that has medical basis, and a behavioral basis. It is very complex.*

- Key informant interview (Health Services)

summary

summary (1 of 3)

- Overall, the consultations show **support for SIS** in the community: among 61% of community consultation survey respondents and among many community stakeholders and representatives.
- SIS is recognized as a program that would **save lives and reduce harm**.
- SIS is seen as a **compassionate** approach.
- However, there is **strong, vocal opposition** from community members who are concerned with the impacts of SIS on public safety and the local economy.
- Also, there are thoughts that SIS would **condone drug use** and lead to more drug-related activities and an increase in crime.

summary (2 of 3)

- The results from the survey among people who inject drugs reveals the grim picture of drug use and overdose: half have **overdosed and** many of them have done so **3 or more times**. The majority of those who have overdosed said they typically inject drugs **alone**.
- Regardless of support or opposition, SIS is recognized by many as a solution that would help **save lives** by providing a place for safe, supervised injections.
- SIS would also provide access to sterile needles and injection equipment to **help prevent the spread of disease and infection**.

summary (3 of 3)

- In the implementation, many argued that SIS should be a part of a **holistic strategy** with wrap-around services.
- Other important considerations: **safety measures, privacy** and ethical considerations, and sufficient **resources and capacity**.
- Determining the **location of SIS** will be the most contentious and challenging.
- Critical need to continue **consultations and dialogue**, and to **educate** the public not only about SIS but also about drug addiction to help **reduce stigma**.
- In order to move forward, some community members identified the need for **consensus and collaboration** among stakeholders to develop a solution to address drug-related harms in the community.

appendix

a word about terminology

Various terminology is used to describe similar interventions to address injection drug use and overdose. During the period in which the consultations were conducted, the term supervised injection services or sites (SIS) was more commonly used and was, therefore, the term used throughout this report.



- **Overdose prevention sites (OPS)** are temporary sites that can operate for 3 to 6 months. These sites provide supervised injection, harm reduction supplies, and naloxone. They were developed in response to the opioid crisis because of the immediate need for health services to prevent illnesses and deaths related to drug use. OPS give communities time to plan and consult about more long-term solutions to addressing the needs of people who use drugs.
- **Supervised consumption services (SCS)** are part of a long-term harm reduction approach. They are provided at legally sanctioned sites that can operate for longer and offer more comprehensive services and education for people who use drugs than an OPS does. SCS includes all methods of consumption, including by injection, through the nose, and by mouth. These include basic health services, testing for infectious diseases, and referrals to health and social services, such as treatment, rehabilitation and housing services. People who are ready to stop or want to reduce their drug use can also come and get support at these sites.
- **Supervised injection services (SIS)** refer specifically to injectable drugs and are services provided at SCS. Supervised injection services have also been referred to as safe injection sites.
- **Consumption and Treatment Services (CTS)** is the new model announced by the Ministry of Health and Long-Term Care (now known as the Ministry of Health) in fall of 2018. This model would replace SCS and OPS models providing the same services, but emphasizing the need for community consultation, availability of health and social services, and ongoing monitoring and reporting.

support for or opposition to SIS

Before the main section of the community consultations survey, respondents were provided with the following description of supervised injection services (SIS):

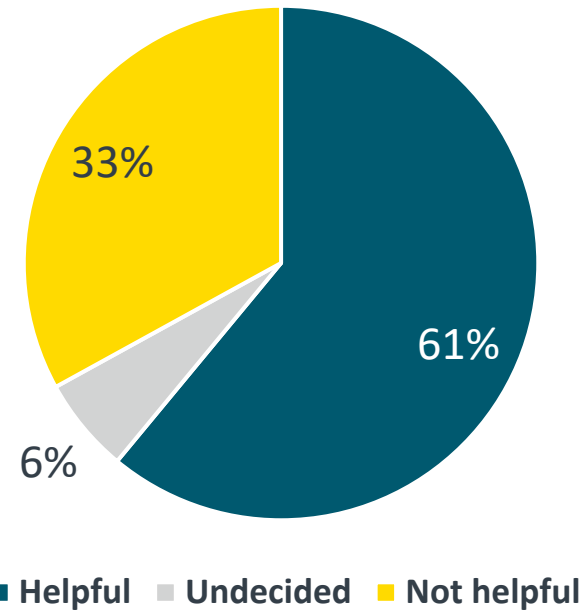
Supervised injection services are provided at legally operated indoor facilities where people come to inject their own drugs under the supervision of medically trained workers. People can inject there under safe and sterile conditions and have access to all sterile injecting equipment and receive basic medical care and/or be referred to appropriate health or social services.

Research in Canada and other countries show that SIS:

- Reduce overdose-related deaths;
- Reduce injecting in public places;
- Reduce used needles being left in public spaces;
- Increase access for people who inject drugs to treatment and other health and social services;
- Reduce needle sharing and the spread of infections, such as hepatitis C;
- Reduce overall health care costs, ambulance calls, use of emergency departments, and hospital admissions; and,
- Do not increase drug-related crime or loitering or rates of drug use.

Community Consultation Survey (n=2480)

- 61% support SIS
- 33% oppose SIS
- 6% undecided in their opinion



Q7. To what extent do you think supervised injection services would be helpful in Windsor-Essex County?

support for or opposition to SIS by subgroup

		Self-identified as... (multiple responses)									
		Total	Business Owner	Community Social Service Agency	Health Practitioner	First Responder	High School/ College/ University Student	Person with Lived Experience	Family/ Friend of Someone Who Uses/d Drugs	Community Citizen	Other*
Base size	n=	2480	187	370	324	68*	326	246	871	1981	15**
Helpful		61%	56%	81%	68%	32%	74%	63%	66%	61%	87%
Not helpful		33%	39%	14%	24%	65%	22%	31%	28%	33%	13%
Undecided		6%	5%	5%	8%	3%	4%	6%	6%	6%	-

Note to reader: *small base <n=100; ** very small base size <n=30

*Those who fall into the "Other" category included primarily clergy and those who work in the criminal justice system.

Q7. To what extent do you think supervised injection services would be helpful in Windsor-Essex County?

**CONSUMPTION & TREATMENT
SERVICES SITE-SPECIFIC
COMMUNITY CONSULTATIONS
REPORT (2022)**



Suggested Citation: Windsor-Essex County Health Unit. (2022). Consumption & Treatment Services Site-Specific Community Consultations Report. Windsor, Ontario.

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Terminology Notes

Various terminology is often used to describe similar interventions that address injection, intranasal, and oral drug use and overdose. For the purposes of this report, the most up-to-date terminology announced by the *Ontario Ministry of Health* in 2018, *Consumption & Treatment Services (CTS)*, has been utilized. Related terminology to CTS are defined in Table 1 below.

Table 1 – Terminology Definitions	
Terminology	Definition
Overdose Prevention Sites (OPS)	<ul style="list-style-type: none"> • Temporary sites that can operate for 3 to 6 months. • These sites provide supervised injection, harm reduction supplies, and naloxone. • These sites were developed in response to the opioid crisis and the immediate need for health services to prevent illnesses and deaths related to drug use. • OPS give communities time to plan and consult about more long-term solutions for addressing the needs of people who use drugs.
Supervised Consumption Services (SCS)	<ul style="list-style-type: none"> • Part of a long-term harm reduction approach. • These sites are provided at legally sanctioned sites that can operate for longer and offer more comprehensive services and education for people who use drugs than OPS sites. • SCS includes multiple methods of consumption, including consumption through injection, through the mouth, and by nose. • These sites include basic health services, testing for infectious diseases, and referrals to health and social services, such as treatment, rehabilitation, and housing services. People who want to stop or reduce their drug use can also access support at these sites.
Supervised Injection Services (SIS)	<ul style="list-style-type: none"> • Refer specifically to injectable drugs and are services provided at SCS. • Supervised injection services have also been referred to as safe injection sites.
Consumption & Treatment Services (CTS)	<ul style="list-style-type: none"> • New model announced by the <i>Ontario Ministry of Health</i> in the fall of 2018. • In Ontario, this model replaces SCS and OPS models that provide the same services, but emphasizes the need for community consultation, availability of health and social services, and ongoing monitoring and reporting.

Executive Summary

The Local Opioid & Drug Overdose Crisis

Over the last five years, opioid and drug-related morbidity and mortality trends have continued to rise at alarming rates across Windsor-Essex County (WEC):

- ✚ **416 opioid-related emergency department visits** were reported in WEC for 2021, which is 58 more than those reported for in 2020 (358) and nearly quadrupled from those reported for in 2016 (108).^{1 2}
- ✚ **68 opioid-related deaths** were reported locally in 2020, which represents the highest number of annual opioid deaths in WEC since reporting began in 2005.² These upward trends are expected to continue into the year of 2021, with **33 opioid-related mortalities** recorded in the first seven months of the annual period alone (January to July).¹

In response to the worsening opioid and drug overdose crisis in WEC, the *Windsor-Essex Community Opioid & Substance Strategy* (WECOSS) has moved forward with a project to implement a **Consumption & Treatment Services (CTS)** facility in the City of Windsor.

What is a CTS Facility?

- ✚ A **harm reduction strategy** aimed at reducing the risks associated with substance use and preventing opioid-related injuries and deaths in the community
- ✚ A **legally operated, indoor facility** where people come to use their own pre-obtained substances under safe conditions, with the supervision of medically trained workers, and with on-site access and/or referrals to basic medical care, social services, and mental health/substance use treatment

[Research in Canada](#) shows that supervised consumption services (SCS) (referred to as consumption and treatment services under the *Ontario Ministry of Health* model) can have many health and social benefits for both people who use substances and the larger community and can help to **save lives**.³

Did We Consult the Community?

Yes. In 2018 and 2019, the Windsor-Essex County Health Unit (WECHU) conducted a series of community consultations to gather feedback from members of the community about the overall feasibility and need for a Supervised Injection Services (SIS) facility (now referred to as CTS facilities under the *Ontario Ministry of Health* model) in WEC. Key findings outlined in the [SIS Community Consultations Report](#) demonstrated local support for an SIS in the City of Windsor:⁴

- ✚ **61%** of community members who responded to the online survey said that an SIS would be helpful to WEC (2520 responses in total).
- ✚ **A majority** of survey respondents who identified as a person who injected drugs said that they would consider using a local SIS if it were available (**71%** said “**yes**”; **7%** said “**maybe**”) (99 responses in total).
- ✚ **Many** of the respondents thought that the area of the downtown core in Windsor would be a well-served location for a local SIS.

¹ Windsor-Essex County Health Unit. Personal communication with the Epidemiology and Evaluation Department. January 21st, 2022.

² Public Health Ontario (PHO). Interactive Opioid Tool – Opioid Related Morbidity and Mortality in the Geographic Area of the Windsor-Essex County Health Unit. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed April 14th, 2022.

³ Health Canada. (2022). Supervised consumption sites and services: Explained. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>.

⁴ Windsor-Essex County Health Unit. (2019). *Supervised Injection Services Community Consultations Report*. Retrieved from <https://www.wechu.org/sis-community-consultation-reports>.



CTS Site Selection & Application Process

Subsequent to the release of the *SIS Community Consultations Report*, the WECHU, with the support of the *CTS Stakeholder Advisory Committee*, determined two candidate locations for a potential CTS in the City of Windsor's downtown core – [101 Wyandotte Street East](#) & [628 Goyeau Street](#).

How Were the Candidate Locations Selected?

- ✦ An extensive consultation and communication process with local property owners
- ✦ With adherence to the mandatory site requirements outlined in the *Health Canada* and *Ontario Ministry of Health* application documents for the creation and approval of a local CTS/SCS, as well as to complementary eligibility criteria established by the *CTS Stakeholder Advisory Committee*
- ✦ Crime Prevention through Environmental Design (CPTED) Audits conducted by the Windsor Police Service in 2021 found that both of the candidate sites would lend themselves sufficiently to establishing manageable "Safe Consumption Zones"⁵

The CTS Site-Specific Community Consultation

As such, the WECOSS launched a site-specific community consultation on June 17th of 2021 to gather feedback from members of the community about the overall feasibility and acceptability of establishing a potential CTS at either of the candidate locations. The input collected through the community consultation would be used to inform the selection of one optimal location to submit through applications to the federal and provincial governments for approval. A four-phased, multi-pronged data collection approach was employed as part of the comprehensive community consultation plan:

- ✦ A community survey with a total of **448 survey responses**
- ✦ **13 key informant interviews** with business and agency stakeholders operating within a defined radius from the sites⁶
- ✦ **7 focus groups** with area stakeholder groups
- ✦ **3 Virtual Town Hall meetings** that allowed community members to ask questions and to voice concerns to a panel of expert speakers. In total, **53 community members** registered to participate.

What Did We Hear from the Community?

Key findings collected through the site-specific community consultations yielded local support for the creation of a potential CTS at either of the candidate locations.

Community Survey Results

- ✦ A **majority of respondents** indicated that they would **provide at least some degree of support, ranging from "very large" to "a little" support**, for a potential CTS at **628 Goyeau Street (68%)** and/or **101 Wyandotte Street East (67%)**.
- ✦ While respondents **most frequently** indicated that they would **provide equal support** for a CTS at either of the candidate locations (**39%**), **19% preferred 628 Goyeau Street**, and **13% preferred 101 Wyandotte Street East**. **Nineteen percent (19%)** indicated that they **did not support or prefer** either location.
- ✦ Of respondents who either lived, worked, owned a business, and/or went to school in the N9A FSA (inclusive of the downtown core) (N=168), **31%** equally supported both locations, **22% preferred 628**

⁵ Windsor Police Service. (2021). Shortlisted Options – Consumption and Treatment Site. General Public-Safety Focused Review Based on CPTED Principles. Windsor, Ontario.

⁶ Note: At the time of this publication, 12 of the 13 key informants had provided their authorization to include their feedback within the final, public reporting materials in aggregate format. As such, results from one of the thirteen key informant interviews are not included within this report.

Goyeau Street, and 14% preferred 101 Wyandotte Street East. Twenty-three percent (23%) indicated that they **did not support or prefer** either location.

Key Informant Interview & Focus Group Results

- ✦ A **majority of key informants and focus groups** demonstrated **openness or support** towards establishing a potential CTS at one or both of the candidate sites, with very few expressing strong opposition towards either location.
- ✦ While **3** of the key informants **equally supported** both locations, **4 preferred 628 Goyeau Street**, and **3 preferred 101 Wyandotte Street East**. **Two** of the key informants expressed **strong opposition** towards either location (did not support or cite a preference for either location).
- ✦ **Five of the seven focus groups** reached a **consensus (i.e., majority will)** or a general agreement that **628 Goyeau Street** is or may be the **preferred, optimal, and/or more beneficial location** for a potential CTS in the City of Windsor's downtown core.
- ✦ The remaining **two focus groups did not reach a consensus** on a **preferred or optimal location**. At one or more points during these consultations, both of these focus groups cited that **either of the candidate locations could be sufficient** for a potential CTS, depending on the **interior and exterior design** of the spaces and/or the **ability of these spaces to accommodate the program's needs**.

Site Selection

- ✦ After extensive consultation with the *CTS Stakeholder Advisory Committee* and the property owners at both of the candidate locations, **101 Wyandotte Street East** was selected as the candidate location for a potential CTS in the City of Windsor.

Next Steps

- ✦ The WECHU, in collaboration with the *CTS Stakeholder Advisory Committee*, will seek the municipality's endorsement for the WECHU to apply for and to establish a CTS site at 101 Wyandotte Street East.
- ✦ Pending approval from the City of Windsor Council, the WECHU, in partnership with the Windsor-Essex Community Health Centre (WECHC), will submit the *Health Canada* and *Ontario Ministry of Health* applications for approval of a CTS at 101 Wyandotte Street East.
- ✦ Should the WECHU receive approval from the federal and provincial governments to establish the proposed CTS, the WECHC will assume the primary responsibilities of operating the services delivered at the site once operationalized. Pozitive Pathways Community Services (PPCS) will be responsible for embedding the PPCS Needle Syringe Program into the direct operations of the site.

Introduction

The Local Opioid & Overdose Crisis

Over the last five years, opioid-related morbidity and mortality trends have continued to rise at alarming rates across Windsor-Essex County (WEC). The onset of the global COVID-19 pandemic in March of 2020 has only served to exacerbate the local opioid and overdose crisis in WEC, with substantial increases in opioid-related emergency department (ED) visits and opioid-related mortalities observed in the year since the COVID-19 pandemic began. In fact, for the year of 2020, there were a total of 358 opioid-related emergency department (ED) visits reported locally in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported for in 2016 (108).⁷ During the year of 2021, these cases continued to rise, with the highest annual number of opioid-related emergency department visits observed locally (416) since reporting began in 2003.⁸ Sixty-eight (68) opioid-related deaths were also reported locally in 2020, which represents the highest number of annual opioid deaths in WEC since reporting began in 2005.⁷ These upward trends are expected to continue into the year of 2021, with 33 opioid-related mortalities recorded during the first seven months of the annual period alone (January to July of 2021).⁸

Compared to the total number of drug-related community alerts issued by the *Windsor-Essex Community Opioid & Substance Strategy (WECOSS)* for the entire year in 2019 (9) and 2020 (3), the WECOSS issued a total of 13 community alerts in 2021 and has already issued 3 community alerts within the first four months (January 1st to April 8th) of 2022 alone.⁹ These trends highlight that there is an urgent need for collective, community action to address the worsening opioid and overdose crisis in WEC.

The Windsor-Essex Community Opioid & Substance Strategy (WECOSS)

In response to the emerging opioid and overdose crisis, key leadership stakeholders across multi-disciplinary sectors formed the *Windsor-Essex Community Opioid & Substance Strategy Leadership Committee (WECOSS-LC)* in December of 2016. As led by the WECHU, the WECOSS-LC was established with the core purpose of seeking to address the rising rates of opioid use in WEC by developing and implementing the *Windsor-Essex Community Opioid & Substance Strategy (WECOSS)*.

In 2018, the WECOSS was developed by the *Leadership Committee* in consultation with residents of the community, beginning with an environmental scan of existing community resources and a review of best practices from other regions at the provincial, national, and international levels. This set of strategies was then further refined through a community consultation process involving two community forums and an online community survey. Subsequently, the development process resulted in the creation of a [WECOSS Action Plan \(2018\)](#), which outlines a set of eight key recommendations that relate specifically to addressing opioid and other substance use in the community. These recommendations are outlined at <https://wecoss.ca/strategy>.

The WECOSS Action Plan proposed a four pillar based approach to addressing the harms associated with substance use at the community level – Prevention and Education, Harm Reduction, Treatment & Recovery, and Enforcement & Justice. As a result, four pillar-based working groups were comprised of community partners committed to a shared purpose and set of activities to support the implementation of the recommendations outlined in the *WECOSS Action Plan (2018)*.

⁷ Public Health Ontario (PHO). Interactive Opioid Tool – Opioid Related Morbidity and Mortality in the Geographic Area of the Windsor-Essex County Health Unit. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed April 14th, 2022.

⁸ Windsor-Essex County Health Unit. Personal Communication with the Epidemiology and Evaluation Department. January 21st, 2022.

⁹ Windsor-Essex Community Opioid & Substance Strategy (WECOSS). (2021). Past Alerts. Retrieved from https://wecoss.ca/past_alerts.

Since its inception in 2018, the WECOSS has initiated many partnered activities and projects to operationalize the guiding recommendations in the *WECOSS Action Plan*. Additional information about the projects that have been formulated under each of the pillar working groups can be found through the *Annual Reports* for 2018 – 2020 on the WECOSS website: <https://wecoss.ca/annual-reports>.

Harm Reduction Pillar of the WECOSS

One of the four pillar working groups in the WECOSS represents the Harm Reduction Pillar. As part of the strategy's overall goals and objectives, the WECOSS Harm Reduction Pillar focuses on interventions that seek to reduce the health, social, and economic harms associated with substance use in the community. These interventions recognize that some individuals with substance use issues may not wish or have the ability to abstain from substances. Harm reduction interventions undertaken through this pillar working group aim to minimize the risks associated with drug use while individuals continue to use, to reduce the spread of communicable diseases (e.g., HIV/Hepatitis), to prevent overdose harms and deaths, to reduce consumption of illicit substances in unsafe settings, and to increase awareness of lower risk use.

With the launch of the WECOSS, the Harm Reduction Pillar initiated a project in 2018 to facilitate community engagement for *Consumption & Treatment Services* (CTS) in WEC. This project addressed guiding recommendation five in the *WECOSS Action Plan*, which was to “increase access to a variety of harm reduction options for people who use opioids and those affected by people who use opioids in the community”.¹⁰ The *Community Engagement for Consumption & Treatment Services* project commenced a set of actions and activities that occurred over a four-year period (2018-2022) to assess the overall feasibility and need for establishing a CTS in WEC, and to identify a suitable and accessible location for a local CTS.

¹⁰ Windsor-Essex Community Opioid & Substance Strategy (WECOSS). (2018). *Windsor-Essex Community Opioid & Substance Strategy: An Action Plan for Our Community*. Windsor, Ontario. Retrieved from <https://wecoss.ca/action-plan/windsor-essex-community-opioid-strategy-action-plan-our-community>.

Project Background

What is a Consumption & Treatment Services Facility?

A Consumption & Treatment Services (CTS) facility is one of many harm reduction approaches aimed at reducing the harms associated with substance use and preventing opioid-related injuries and deaths in the community. CTS facilities are provided at legally operated, indoor spaces where people come to use their own pre-obtained substances under safe conditions and with the supervision of medically trained workers. Individuals that access services at a CTS facility are provided with a range of sterile harm reduction supplies (e.g., sterile needles), education on safer consumption practices, overdose prevention and intervention services (i.e., use of oxygen and naloxone), and medical and counselling services. These facilities also offer on-site access and/or referrals to primary medical care, mental health and substance use treatment, housing and income support, and other health and social services.

Research in Canada shows that supervised consumption services (SCS) (referred to as consumption and treatment services under the *Ontario Ministry of Health* model) can offer many health and social benefits for both people who use substances and the larger community, including:^{11,12}

- Reduced rates of drug overdoses, poisonings, and deaths
- Reduced risk factors leading to the spread of infectious diseases, such as HIV and Hepatitis
- Reduced unsafe consumption practices
- Reduced public drug use and less publicly discarded needles
- Increased uptake of withdrawal management and mental health and drug treatment services
- Connections and referrals to other health and social services
- Cost-effective use of focused harm reduction supports and staff

In order to establish a CTS facility at the municipal level, applications must be submitted for approval to both the provincial government (*Ontario Ministry of Health*) and the federal government (*Health Canada*). The application to the federal government requests an exemption to Section 56.1 of the *Controlled Drugs and Substance Act* (CDSA) to legally operate SCS in Canada.¹³ The provincial application augments *Health Canada's* SCS program to include additional requirements for treatment and support services.¹³ In order to receive provincial funding for a CTS facility through the *Ontario Ministry of Health*, applicants must demonstrate that their proposed service meets the federal requirements, as well as the additional requirements outlined under Ontario's CTS program.¹³

Review of the Supervised Injection Services Community Consultations (2018-2019)

A key requirement of the provincial and federal applications for a CTS site is community engagement. Community engagement is considered essential to informing the feasibility and need for a local CTS, as well as ensuring its successful integration into the community.

In response to the worsening opioid and overdose crisis in WEC, the WECHU initiated a public health-led assessment in 2018 to measure the feasibility of establishing a CTS site in the City of Windsor. As part of this process, the WECHU conducted a series of community consultations from October 17th of 2018 to April 26th of

¹¹ Health Canada. (2022). Supervised consumption sites and services: Explained. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>.

¹² Marshall, B.D.L., et al. (2011). Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: A retrospective population-based study. *Lancet*. Published online April 18, 2011. DOI: 10.1016/S0140-6736(10)62353-7.

¹³ Ministry of Health & Long-Term Care. (2018). Consumption and Treatment Services: Application Guide. Retrieved from https://health.gov.on.ca/en/pro/programs/opioids/docs/CTS_application_guide_en.pdf

2019 to understand community perceptions about the overall acceptability and need for creating a Supervised Injection Site (SIS) (now referred to as a CTS site under the *Ontario Ministry of Health* model) in WEC.¹⁴ The SIS community consultation assessed levels of support and/or opposition for a local SIS, and gathered feedback from members of the community regarding questions and concerns associated with an SIS in WEC.¹⁴ The WECHU also explored potential clients' willingness to use an SIS and their preferences regarding the design, location, and services offered by a potential site.¹⁴

The SIS community consultation adopted a mixed methods approach for engaging the community, which included several consultation components. The comprehensive consultation plan is outlined below:¹⁴

- **Community Consultation Survey** – An online survey was open to the general public from October 17th of 2018 to December 17th of 2018. A total of 2520 residents of WEC completed the survey.
- **Focus Groups** – Five focus groups were facilitated with local community groups between November 13th of 2018 and March 12th of 2019. Participants included representatives across various community groups, including health and social service workers, local neighbourhood groups, and local business groups. In total, 27 representatives participated in the focus groups.
- **Key Informant Interviews** – 20 one-on-one interviews were completed between November 7th of 2018 and February 27th of 2019. Key informants included municipal stakeholders and representatives from health service organizations, emergency services, social services, and other community stakeholder groups.
- **Survey Among People Who Inject Drugs (PWID)** – A face-to-face survey was conducted by WECHU staff and peers with PWID. The survey was conducted between February 14th of 2019 and April 26th of 2019. In total, 99 PWID completed the survey.

Recap of the Supervised Injection Services Community Consultation Results

The findings from the SIS community consultations yielded local support for establishing an SIS in WEC. Key highlights outlined in the SIS Community Consultations Report (2019) that supported this conclusion are as follows:¹⁴

- ✚ Overall, **61%** of community survey respondents said an SIS would be helpful to WEC.
- ✚ **Many** of the individuals who participated in the community focus groups and key informant interviews were **favourable towards**, or **at least open to the idea of**, an SIS.
- ✚ **Majority of PWID** said that they **would consider using an SIS** if it were available – **71%** of PWID said “**yes**” and **7%** said “**maybe**”.
- ✚ **Almost half of PWID** said that they would **use an SIS** during **daytime hours** (8:00 a.m. – 4:00 p.m.), while **3 in 10** said they would use it in the **evening** from **4:00 p.m. to midnight**.
- ✚ Among **PWID** who said that they would **maybe consider** or **would not consider using an SIS**, **privacy** and **confidentiality** were the **primary concerns**. **Establishing trust** with PWID is **critical** to the success of an SIS.
- ✚ **Many** who participated in the consultations thought the **City of Windsor**, particularly the area around the **downtown core**, would be a **well-served location** for an SIS.
- ✚ Continued public engagement will be critical to building community support and to bridging the gap between service users, supporters, and detractors. Engagement will be most important regarding the

¹⁴ Windsor-Essex County Health Unit. (2019). Supervised Injection Services Community Consultations Report. Windsor, Ontario. Retrieved from <https://www.wechu.org/sis-community-consultation-reports>.

selection of a location(s) for an SIS, as many consultation participants felt that there would be opposition by residents to the location of the proposed SIS near their homes, schools, or businesses (**NIMBY-ISM – “not-in-my-backyard” sentiment**).

Based on the findings of support gathered through the initial community consultations, the WECHU proceeded with the federal and provincial application processes for the creation of a CTS site in the City of Windsor. As per the consultation findings, the next step identified by the WECHU was to complete a comprehensive community consultation to determine a suitable and accessible location for a local CTS site.

Preparing for the Location Selection & Application Submission Process

In succession of the *Supervised Injection Services Community Consultations Report*, the WECHU initiated several activities between the fall of 2019 and May of 2021 in order to facilitate the site-selection and application processes. A timeline of these activities are summarized in Figure 1.

To commence the site-selection process, the WECHU initiated the development of a *CTS Stakeholder Advisory Committee* including membership from several partnering agencies representing the multiple interdisciplinary sectors with a vested interest in the creation of a CTS. In addition to the WECHU, the partnering agencies that are currently involved with the *CTS Stakeholder Advisory Committee* are as follows:

-  The City of Windsor
-  Positive Pathways Community Services
-  Windsor-Essex Community Health Centre
-  Hôtel-Dieu Grace Healthcare
-  Canadian Mental Health Association – Windsor-Essex County Branch
-  Windsor Police Services
-  Family Services Windsor-Essex

Subsequently, the WECHU partnered with the *CTS Stakeholder Advisory Committee* to establish local criteria and requirements for an eligible site. The local requirements complement the mandatory criteria outlined in the federal and provincial application documents and are outlined below:

- Site must be 200m from a sensitive land use (e.g. parks, daycare centers, schools), as well as 600m from other CTS sites; **OR** if located within 200m of a sensitive land use, the application must include plans on how to address community concerns
- Site must be easily accessible by public transit
- Site must be within walking distance to areas known to be frequented by people who use drugs
- Space should be greater than 590 square feet (for six consumption booths) or 385 square feet (for three consumption booths)

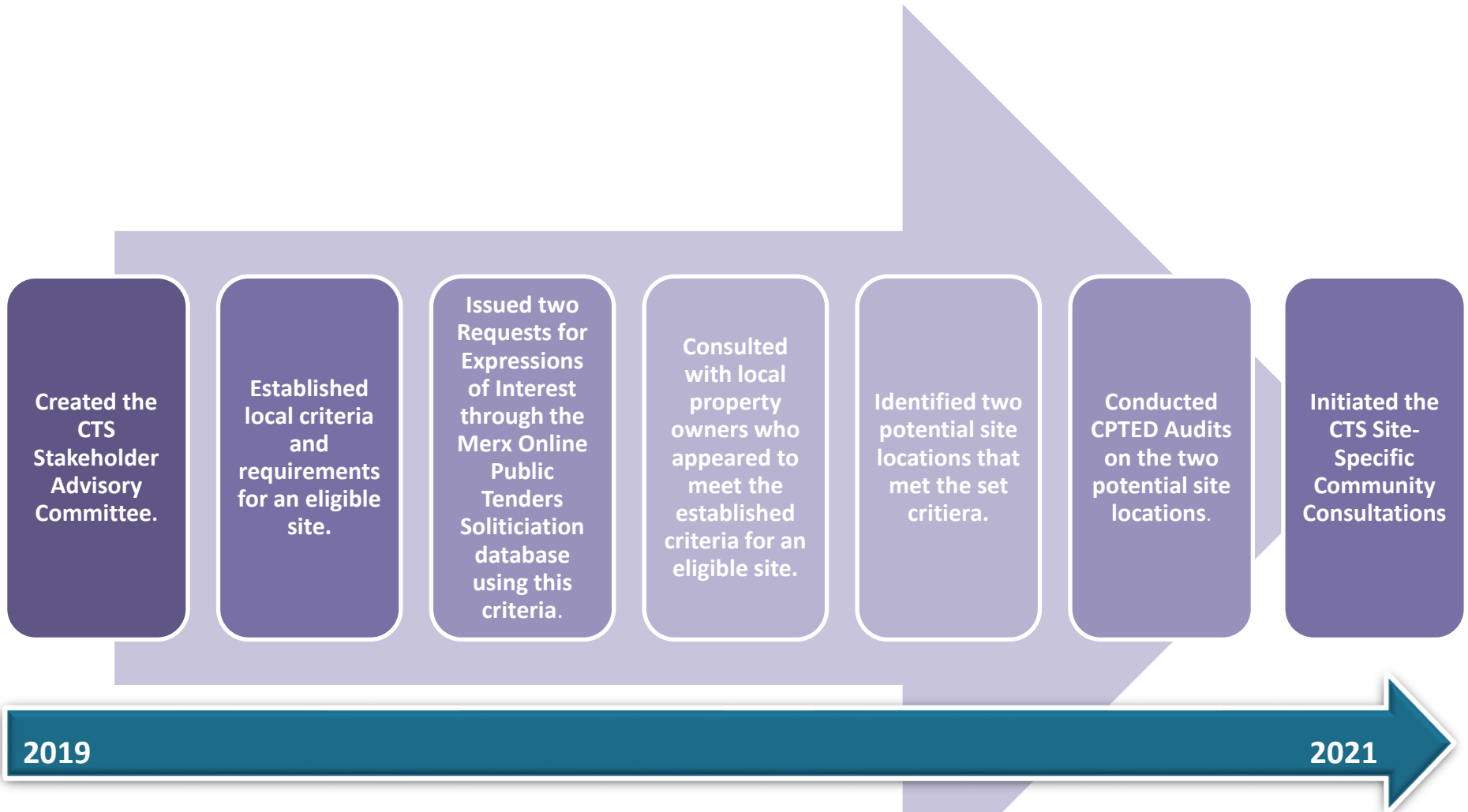
Using this criteria, and in consultation with WECHU legal representation and procurement procedures, the WECHU issued a Request for Expressions of Interest (RFEOI) through the MERX Online Public Tenders Solicitation database in 2020 to help identify eligible property owners with interest in leasing their spaces for a potential CTS. With an expiry period of one week, the initial RFEOI did not result in any responses. A second, more widely promoted RFEOI was issued subsequent to the initial request, and received media coverage from all major media outlets in WEC. Per the WECHU’s standard procurement process, Information Sessions were hosted with two interested parties to answer questions and to provide additional information about the site criteria and selection process. Ultimately, this tender also expired without any submissions.

Thereafter, the WECHU collaborated with the *CTS Stakeholder Advisory Committee* to consult with additional property owners in WEC who appeared to meet the established criteria for an eligible site. After an extensive communication and assessment process with local property owners in WEC, two candidate locations for a potential CTS facility in the City of Windsor’s downtown core were identified – [101 Wyandotte Street East](#) & [628 Goyeau Street](#). Both of the candidate locations satisfied each of the mandatory and complementary requirements for an eligible site, and both were situated in the preferred neighbourhood identified through the initial *Supervised Injection Services Community Consultations Report* – the downtown core (N9A postal code area).

Prior to facilitating the community consultation process, Crime Prevention through Environmental Design (CPTED) audits were conducted by the Windsor Police Service (WPS) in order to determine the safety of the candidate locations, and to guide any mitigating interventions for improving the surrounding safety of the sites and discouraging criminal activity (see Appendix A and Appendix B). Through the CPTED audits, it was determined that the placement and orientation of both site locations would lend themselves sufficiently to establishing manageable “*Safe Consumption Zones*”, whereby public safety can be maintained with any identified risks to be mitigated.

As a result, the WECHU initiated a site-specific community consultation on June 17th of 2021 as focused to the assessment of these two potential sites.

Figure 1 – Timeline of CTS Site-Selection Activities (2019-2021)



The Candidate Locations for a CTS Site in WEC

Brief Site Descriptions of 101 Wyandotte Street East & 628 Goyeau Street

As per the extensive assessment and communication process with local property owners and the *CTS Stakeholder Advisory Committee*, the two candidate locations identified for a potential CTS in WEC were [101 Wyandotte Street East](#) and [628 Goyeau Street](#). Brief descriptions of the candidate locations and their interior and exterior layouts are outlined below. A brief summary of the CPTED audits conducted at both of the candidate locations by WPS can also be found in Appendix A (101 Wyandotte Street East) and Appendix B (628 Goyeau Street).

101 Wyandotte Street East – Windsor, Ontario, N9A 3H3

[101 Wyandotte Street East](#) is located on a corner lot at the intersection of Goyeau Street and Wyandotte Street East in the N9A postal code area of downtown Windsor. It is situated directly across the street from the Windsor to Detroit Tunnel when facing Wyandotte Street East.

Figure 2 demonstrates the street view and satellite images of this potential site location from the frontage of Wyandotte Street East. At the time of the site-specific community consultations, this site was located in a standalone building independent from other tenants, and the property agreement type would have been a lease agreement with the corresponding property owner (if the site were to be selected for a CTS).

Figure 2 – Street View & Satellite Photos of 101 Wyandotte Street East



Google Maps Image, November (2021)



Google Maps Image, November (2021)

Physical Characteristics of the Space

For the purposes of the site-specific community consultations conducted in 2021, the proposed CTS operations at this location were inclusive of services within both units of the building (two units in total). Between the two units, this building contained a total of five, interior spaces, two washrooms, one outdoor space, and three entrances/exits. In total, the interior square footage of 101 Wyandotte Street East was 2,375 square feet.

At the time of this publication, the availability of one of the two units within the building at 101 Wyandotte Street East had expired. As such, if this location were to be selected for a potential CTS site, the operations would be restricted to one of the two units. The single unit contains a total of two interior spaces, one washroom facility, and one entrance/exit and has a total of 1,595 square feet. Retrofitting of the building would be required in order for the WECHU to meet the spatial requirements outlined with the *Ontario Ministry of Health* application for a potential CTS site.

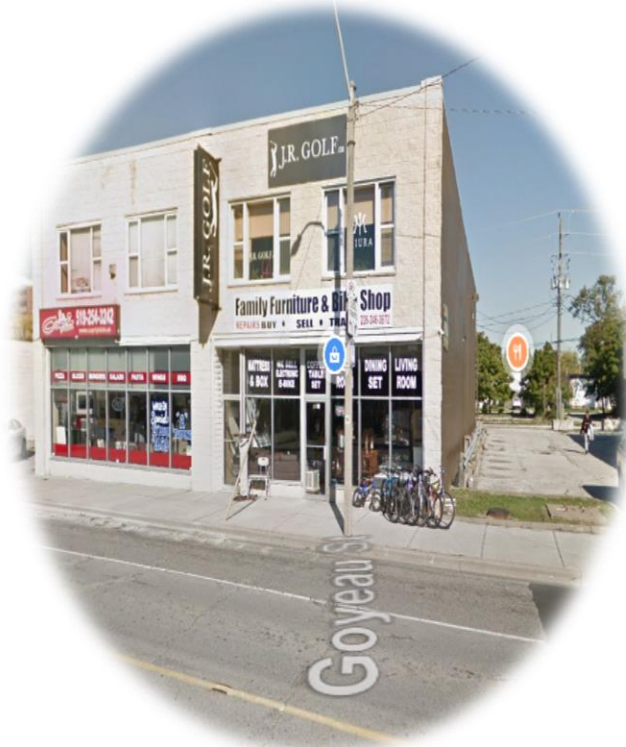
628 Goyeau Street – Windsor, Ontario, N9A 1H4

628 Goyeau Street is also located in the N9A postal code area of Windsor’s downtown core. It is situated directly behind the 101 Wyandotte Street East location when facing Wyandotte, and is positioned between the streets of Wyandotte Street East and Tuscarora Street on Goyeau Street.

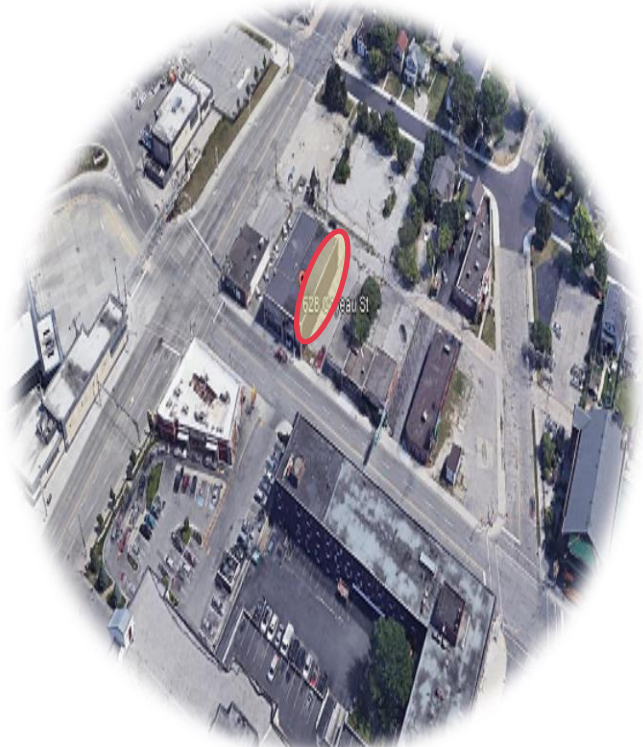
Figure 3 demonstrates the street view and satellite images of this potential site location from the frontage of Goyeau Street. At the time of this publication, the existing signage for 628 Goyeau Street read as “*Family Furniture & Bike Shop*” on the main floor of the building and “*JR Golf*” on the second floor of the building. For the purposes of the proposed CTS operations at this location, there was the potential to occupy both the main and second floors of the site, with the second floor being an optional addition to the main floor.

At the time of this publication, the proposed CTS operations at this site location involved a shared tenancy with the existing occupancies at the building, and the agreement type would have been a lease agreement with the site’s corresponding property owner (if the site were to be selected for a CTS).

Figure 3 – Street View & Satellite Photos of 628 Goyeau Street



Google Maps Image, November (2021)



Google Maps Image, November (2021)

Physical Characteristics of the Space

Independently, the square footage of 628 Goyeau Street was 2,925 square feet on the main floor of the building and 610 square feet on the second floor. Both floors combined had a total square footage of 3,535 square feet. Between both levels of the building, this site contained a total of four, interior spaces, one washroom, one outdoor space (an additional 396 square feet), and three entrances/exits.

Consumption & Treatment Services Site-Specific Community Consultation

Purpose & Objectives

Subsequent to the selection of the candidate locations, the WECHU partnered with the *CTS Stakeholder Advisory Committee* and the WECOSS to launch a site-specific community consultation on June 17th of 2021. The purpose of the site-specific community consultation was to understand community perceptions about the feasibility and acceptability of establishing a potential CTS facility at either of the candidate locations. Primary objectives for the consultation were as follows:

- ✦ To gather site-specific community feedback about the proposed CTS operations at both of the candidate locations
- ✦ To address questions and concerns raised by the community about the two candidate sites
- ✦ To identify and implement community-informed mitigation strategies for addressing the cited concerns about the two candidate sites (if any)
- ✦ To use the site-specific community consultation results to inform the selection of one optimal location for establishing a potential CTS in Windsor's downtown core
- ✦ To submit the selected site location for approval through the federal and provincial applications to *Health Canada* and the *Ontario Ministry of Health* for creating a local CTS

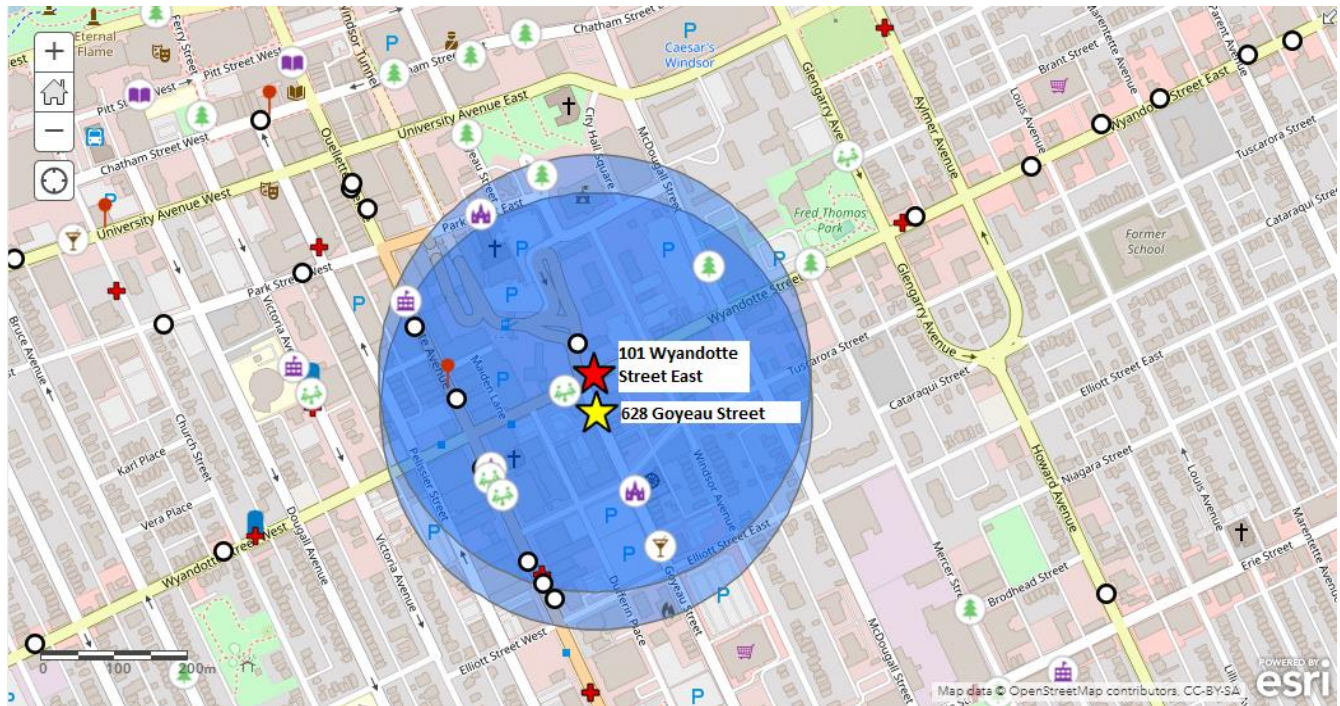
The site-specific community consultation adopted a multi-pronged data collection approach, which included a community survey, key informant interviews with business and agency stakeholders that operated within a defined radius from the sites, focus groups with area stakeholder groups, and a series of Virtual Town Hall meetings with the public. This study emulates similar studies conducted across other regions in Ontario.

Target Consultation Groups

The site-specific community consultation granted opportunities for all residents, employees, business owners, and students ages 16+ across Windsor and Essex County to provide their feedback about the two candidate locations. Given that both of the candidate locations were situated in the downtown core (N9A postal code area), emphasis was placed on targeting residents, employees, business owners, and students located within this neighbourhood to participate in the consultations. For the purposes of reaching those who would be most affected by the proposed CTS operations at both of the candidate sites, a consultation radius of 300 metres from other residential and business properties in geographic proximity to the site locations was determined by the *CTS Stakeholder Advisory Committee* for targeted data collection. Businesses, agencies, and area stakeholder groups that operated within the 300 metre radius from the candidate locations were primarily targeted for participant recruitment in the consultations. This radius was determined following a thorough review of consultation radiuses adopted across similar CTS site-specific community consultations in Ontario.

The Geographic Information System (GIS) map in Figure 4 depicts the 300 metre consultation radius surrounding both of the candidate locations using the blue circles. This map was used to help identify neighbourhood establishments and groups to consult through the study.

Figure 4 – Geographic Information System (GIS) Map Demonstrating the 300 Metre Consultation Radius Surrounding the Candidate Locations



Windsor-Essex County Health Unit (WECHU). (2021). [ArcGIS Map – Consumption & Treatment Services](#). Windsor, Ontario.

Data Methodologies

A four-phased, mixed methods approach was employed as part of the comprehensive site-specific community consultation plan. Summarized descriptions of the data methodologies are outlined below. Additional information about the methodologies employed for each phase of the consultation can be found through the individual sections of this report.

1. **Consumption & Treatment Services Site-Specific Community Consultation Survey** – A public, online survey was launched on June 17th of 2021 and closed on July 9th of 2021. The survey was open to all residents, employees, business owners, and students ages 16+ in Windsor and Essex County. Paper versions of the survey were made available to community partners and the general public upon request. Translated and accessible versions of the online survey were also made available in many, diverse languages and accessible formats using the BrowseAloud translation software. In total, 448 community members participated in the survey.
2. **Virtual Key Informant Interviews with Neighbouring Businesses & Agencies** – A total of 13 virtual key informant interviews were conducted with business and agency stakeholders that operated within, in close proximity, or in-service to the 300 metre consultation radius. The key informant interviews were conducted with 8 neighbouring businesses and 5 neighbouring stakeholder organizations/agencies between June 21st and July 15th of 2021. Eight of the interviews were conducted one-on-one with single representatives from the respective consultation business or agency, and five were conducted with two or more representatives from the same consultation business or agency. In total, 20 stakeholders participated in the key informant interviews. Of note, at the time of this publication, 12 of the 13 key informants had provided their authorization to include their feedback within the final, public reporting









materials in aggregate format (disclosure/consent provided at the beginning of the key informant interviews). Qualitative results from one of the thirteen key informant interviews are not included within this report.

3. **Virtual Focus Groups with Area Stakeholder Groups** – A total of 7 virtual focus groups were conducted with area stakeholder groups within, in close proximity, or in-service to the 300 metre consultation radius between June 22nd and June 30th of 2021. Participation included two focus groups with persons with lived/living experience with substance use (PWLLESU), two with local business groups, one with downtown neighbourhood groups, one with the healthcare sector, and one with housing and emergency shelter services. In total, 37 stakeholders were consulted through the focus groups.
4. **Virtual Town Hall Meetings** – Three Virtual Town Hall meetings were facilitated during the week of August 2nd to August 6th of 2021. The Virtual Town Hall meetings allowed community members to ask questions and to voice concerns to a panel of eight expert speakers about the proposed CTS operations at each of the candidate locations. Representation on the panel included stakeholders from public health, municipal services, harm reduction agencies, existing CTS operators in Ontario, healthcare agencies, policing and law enforcement agencies, and a PWLLESU. All of the meetings were facilitated and recorded via Zoom. Meeting recordings were also posted on the WECOSS website following the completion of the events: <https://wecoss.ca/consumption-and-treatment-site>. In total, 53 community members registered to participate in the Virtual Town Hall meetings.

Key Indicators for Measurement




Key indicators for measurement throughout the site-specific community consultations are outlined in Table 2. Mainly, the WECOSS strived to gather site-specific community feedback about the overall level of benefit and concern associated with each of the candidate locations, as well as specific benefits and concerns tied to operating a CTS at both of the proposed sites. Emphasis was placed on gathering recommendations from members of the community as to how the WECHU and WECOSS partners can help to address or mitigate the site-specific concerns that were identified through the consultations. Levels of support and preferences between the two site options were also assessed.

Topic	Indicators	Measurement Tool
Benefit of a CTS Facility 101 Wyandotte Street East 628 Goyeau Street	Benefit and level of benefit associated with a CTS at each location Perceived benefits of a CTS at each location	Community Survey Key Informant Interviews Focus Groups
Concerns with a CTS Facility 101 Wyandotte Street East 628 Goyeau Street	Concern and level of concern associated with a CTS at each location Perceived concerns with a CTS at each location	Community Survey Key Informant Interviews Focus Groups
Recommendations & Mitigation Strategies 101 Wyandotte Street East 628 Goyeau Street	Recommended mitigation strategies to address perceived concerns with each location	Community Survey Key Informant Interviews Focus Groups

Levels of Support for a CTS Facility  101 Wyandotte Street East  628 Goyeau Street	 Levels of support for a CTS facility at each location	 Community Survey
Preferences on Location	 Preferences between the two candidate locations	 Community Survey  Key Informant Interviews  Focus Groups

Public Education & Anti-Stigma Awareness Campaigns

Throughout the duration of the consultation, simultaneous educational opportunities about consumption and treatment services and the local opioid and drug crisis were also made available to community members through several approaches. These opportunities were as follows:

-  **WECOSS Consumption & Treatment Services Web Page** – A dedicated Consumption & Treatment Services web page was launched on the WECOSS website that provided general information about CTS facilities, benefits of a CTS facility, and answers to other frequently asked questions about CTS sites. Other pertinent information from the site-specific community consultation was also posted on this web page, such as the community survey link, media event recordings for the launch of the consultation, and meeting recordings from the Virtual Town Hall events. A dedicated email address was also created by the WECHU and promoted on the web page to allow community members to submit additional questions or concerns about the proposed CTS operations at each of the sites to program staff at the WECHU. The web page, which undergoes ongoing reviews and updates, can be found at <https://wecoss.ca/consumption-and-treatment-site>.
-  **Label Me Person Anti-Stigma Campaign (Positive Pathways Community Services)** – Positive Pathways Community Services (PPCS) is a local community agency that provides client advocacy, support, harm reduction, health promotion, and education services to people living with, affected by, or at-risk of HIV, Hepatitis C, and other sexually transmitted blood borne infections (STBBIs) in WEC and Chatham-Kent. Leadership from PPCS hold membership on the WECOSS-LC and Chair the Harm Reduction Pillar Working Group of the WECOSS. One of the key projects that is led by PPCS under the WECOSS Harm Reduction Pillar is the Label Me Person (LMP) Anti-Stigma Campaign. During the site-specific community consultation period, PPCS launched a Summer Awareness Campaign under the LMP project to bring attention to the Opioid, Substance, & Overdose Crisis in WEC. The goal of this campaign was to increase awareness about substance use stigma and to humanize the opioid and substance use crisis in the community.¹⁵ Because of the tremendous loss that the community has experienced as a result of this epidemic, the summer campaign also sought to acknowledge and support those experiencing grief and loss.¹⁵
 -  Over the course of the consultation period, PPCS worked with community partners in the WECOSS to facilitate a variety of campaign events and activities and to share information and resources about the Opioid, Substance, & Overdose Crisis. This included the following:¹⁵

¹⁵ Positive Pathways Community Services (PPCS). (2021). Label Me Person. Retrieved from <https://www.labelmeperson.com/>.

- **LMP Website** – An LMP Anti-Stigma Campaign website containing several informational resources and tools about the crisis was launched and made available at <https://www.labelmeperson.com/>.
- **LMP Videos & Podcasts**: The LMP website highlighted a series of videos and podcasts that were conducted with diverse community stakeholders and PWLLESU to offer their unique perspectives on the crisis: <https://www.labelmeperson.com/resources/>.
- **LMP Webinars** – PPCS invited community members to learn more about the crisis through two webinar opportunities. The first webinar opportunity provided education about CTS sites and their overall benefits for the community. The second webinar focused on an evidence-based exploration of drug decriminalization and legalization.
- **Overdose Awareness Candlelight Vigils** – The LMP campaign also included the facilitation of several overdose awareness candlelight vigils to honour those who have been lost to the opioid and overdose crisis and to acknowledge those who are experiencing grief and loss.

Phase 1 – Consumption & Treatment Services Site-Specific Community Consultation Survey

Methodologies

The first phase of the site-specific community consultation included the launch of the *Consumption & Treatment Services Site-Specific Community Consultation Survey*. The online survey was open for participation to all residents, employees, business owners, and students ages 16+ in Windsor and Essex County. Survey promotions included the facilitation of a media event on June 17th of 2021 to launch the initiation of the consultation,¹⁶ social media and website messaging on the WECHU and WECOSS media platforms, and promotional communications to all members of the WECOSS Leadership Committee, each of the WECOSS Pillar Working Groups, and all staff members at the WECHU (Appendix C). Paper versions of the survey were made available to community partners and the general public upon request (Appendix D). Translated and accessible versions of the online survey were also made available in many, diverse languages and accessible formats using the BrowseAloud translation and accessibility software.

The online survey was hosted by the WECHU through *LimeSurvey* and was open for participation inclusively between Thursday, June 17th and Friday, July 9th of 2021. The survey was developed with reference to similar CTS site-specific community consultation surveys across the province, including those administered by Toronto Public Health and the Peterborough Drug Strategy.^{17,18} The survey link was posted on both the WECHU and WECOSS websites for community members to access. In total, 448 community members responded to the survey.

Purpose & Objectives

The purpose of the *Consumption & Treatment Services Site-Specific Community Consultation Survey* was to gather community feedback about both of the candidate locations for a CTS facility in downtown Windsor. The survey assessed the overall feasibility, acceptability, and levels of support for establishing a potential CTS at either of the candidate locations. The primary goal of the survey was to acquire input from members of the community that would help to inform the selection of one optimal location for establishing a CTS in Windsor’s downtown core.

Data Analysis

Data cleaning and analysis were conducted using RStudio Version 1.3.1093. A total of 712 community surveys were submitted, including both paper surveys and online surveys. After excluding respondents that a) did not complete any of the site-specific questions, b) did not consent to participate in the survey, c) were under 16 years of age, and/or d) did not reside, work, or attend school in Windsor-Essex County, 448 surveys remained and were analyzed for this report.

Descriptive statistics, including means, medians, standard deviations, and interquartile ranges for continuous variables, and frequencies and percentages for categorical variables, were used to describe the demographic characteristics of the sample, as well as to summarize responses to the site-specific questions. Analyses were presented for the full sample, and for Windsor-Essex County residents, business owners, employees, and students separately. Full and sub-sample analyses were also stratified by N9A and non-N9A FSA, and by whether

¹⁶ The CTS media event recording can be found at <https://wecoss.ca/consumption-and-treatment-site>.

¹⁷ MASS LBP. (2016). *Results of the Independently Facilitated Public Consultations Regarding the Addition of Supervised Injection Services in Toronto*. Prepared for Toronto Public Health. Toronto, Ontario.

¹⁸ Peterborough Drug Strategy. (2020). *Consumption & Treatment Services Site Community Consultation Report*. Retrieved from <https://peterboroughdrugstrategy.com/cts/>.

the respondent worked with people with substance use issues, knew someone with substance use issues, or had substance use issues themselves.

Data Notes & Limitations

Throughout the report, some of the response totals may not add up to 100% due to the following:

- **Rounding** – Unless otherwise indicated, all survey percentages in this report are rounded to the closest whole number. Thus, response totals may add to percentages that are slightly less or greater than 100%.
- **Multiple Choice Questions** – Some of the questions in the survey allowed participants to select more than one response option. As a result, response totals for these questions may add to percentages that are greater than 100%.
- **Voluntary Questions** – All of the questions in the survey were voluntary, meaning that participants were provided the opportunity to skip questions that they did not wish to answer. As a result, response totals may add to percentages that are less than 100% due to skipped questions.
- **Reporting Limitations** – Results for certain sub-samples (e.g., business owners, students) could not be included within this report due to small sample sizes or a low number of respondents to certain response options across various questions.

Both of the candidate sites were assessed individually through separate pages of the survey. Section D of the survey focused on the assessment of 101 Wyandotte Street East, and Section E focused on the assessment of 628 Goyeau Street. Section F of the survey focused on assessing and comparing levels of support and preferences between the two candidate locations simultaneously.

Thus, in terms of sequence, 101 Wyandotte Street East was assessed first through the online and paper versions of the survey. As such, the total number of respondents for some of the questions specific to 101 Wyandotte Street East are larger than the total number of respondents for the identical questions specific to 628 Goyeau Street. This is because some of the respondents either withdrew from the survey prior to reaching the 628 Goyeau Street section, skipped some of the questions that focused on 628 Goyeau Street, or skipped the 628 Goyeau Street section altogether. As a result, with the exception of the direct comparative questions in Section F, the results reported for Sections D and E of the survey should be interpreted cautiously for comparative purposes due to the inconsistencies in the response rates for identical questions specific to each site.

Community Survey Results

Demographic Profile of Participants

Age, Gender, & Connection to WEC

Table 3 summarizes the age and gender compositions of all survey respondents and their connection to WEC. Of the 448 survey respondents, the average age reported was forty-four (44) years old and the median age was forty-three (43). Sixty-one percent (61%) of the survey sample identified as female, 33% identified as male, and 4% identified as either transgender (man or woman), gender queer, agender, gender non-conforming, two spirit, intersex, and/or bigender (*TGQAGN2SIB*). The majority of survey respondents were residents of WEC (99%), while 60% were employees, 9% were business owners, and 7% were secondary or post-secondary students in WEC.

Table 3 – Demographic Profile of Survey Respondents Age, Gender, & Connection to WEC		
Demographic Category	Mean (Standard Deviation)	Median (IQR)
Age	44 (14.62)	43 (24)
Demographic Category	Characteristic	Number (%) of Total Sample (N=448)
Gender	<i>Female</i>	273 (61%)
	<i>Male</i>	147 (33%)
	<i>TGQAGN2SIB</i>	16 (4%)
Connection to Windsor-Essex County	<i>Resident</i>	442 (99%)
	<i>Employee</i>	270 (60%)
	<i>Business Owner</i>	40 (9%)
	<i>Secondary or Post-Secondary Student</i>	33 (7%)

Employment & Business Sectors

Table 4 demonstrates the primary employment and business sectors consulted through the survey. Of the 270 respondents who identified as an employee in WEC, the primary employment sectors consulted were social and community services (34%) and healthcare services (23%). The primary business sectors reported among business owners (N=40) were accommodation and food services (13%), healthcare services (13%), and retail and sales trades (13%).

Table 4 – Demographic Profile of Survey Respondents Employment & Business Sectors		
Demographic Category	Characteristic	Number (%) of Employee Sample (N=270)
Employment Sectors	<i>Accommodation & Food Services</i>	17 (6%)
	<i>Agriculture, Farming, Natural Resources, & Landscaping</i>	2 (1%)
	<i>Arts, Culture, Recreation</i>	3 (1%)
	<i>Business, Finance, & Administrations</i>	8 (3%)

	<i>Education Services</i>	12 (4%)
	<i>Healthcare Services</i>	61 (23%)
	<i>Manufacturing, Industrial Services, & Utilities</i>	18 (7%)
	<i>Municipal & Public Administrations</i>	9 (3%)
	<i>Professional, Scientific, & Technical Services</i>	15 (6%)
	<i>Public Protections</i>	3 (1%)
	<i>Retail & Sales Trade</i>	11 (4%)
	<i>Social & Community Services</i>	93 (34%)
	<i>Trades, Transport, & Equipment Operations</i>	8 (3%)
	<i>Other</i>	6 (2%)
	<i>Prefer not to answer</i>	7 (3%)
Demographic Category	Characteristic	Number (%) of Business Owner Sample (N=40)
Business Sectors	<i>Accommodation & Food Services</i>	5 (13%)
	<i>Agriculture, Farming, Natural Resources, & Landscaping</i>	2 (5%)
	<i>Arts, Culture, Recreation</i>	3 (8%)
	<i>Business, Finance, & Administrations</i>	3 (8%)
	<i>Healthcare Services</i>	5 (13%)
	<i>Manufacturing, Industrial Services, & Utilities</i>	2 (5%)
	<i>Professional, Scientific, & Technical Services</i>	3 (8%)
	<i>Real Estate & Rental/Leasing</i>	3 (8%)
	<i>Retail & Sales Trade</i>	5 (13%)
	<i>Social & Community Services</i>	3 (8%)
	<i>Other</i>	3 (8%)
	<i>Prefer not to answer</i>	2 (5%)

Respondents' Residential, Workplace, Business, and School Locations by Postal Code Area

Table 5 demonstrates the residential, workplace, and business locations for all respondents by postal code area. In total, 168 survey respondents (38%) indicated that they either lived, worked, owned a business, and/or went to school in the N9A FSA, the identified postal code area of the candidate sites. The N9A sample size (N=168) is inclusive of all respondents who identified that at least **one** of their associated establishments (i.e., residence, workplace, business, or school) was located in the N9A; however, some of these respondents reported more than one associated establishment in this postal code area. Specifically, ninety-five (95) residents, 97 employees, 15 business owners, and 2 students indicated that their associated establishment was located in the N9A. This adds to a sum of 209 associated establishments located in the identified postal code area of the candidate sites.

In contrast, a total of 280 survey respondents (63%) did not report at least one associated establishment in the N9A and identified that they either lived, worked, owned a business, and/or went to school in alternative postal code areas across WEC. This included 347 residences, 173 workplaces, 25 businesses, and 31 schools outside of the N9A postal code area. This adds to a sum of 576 associated establishments in alternative postal code areas across WEC.

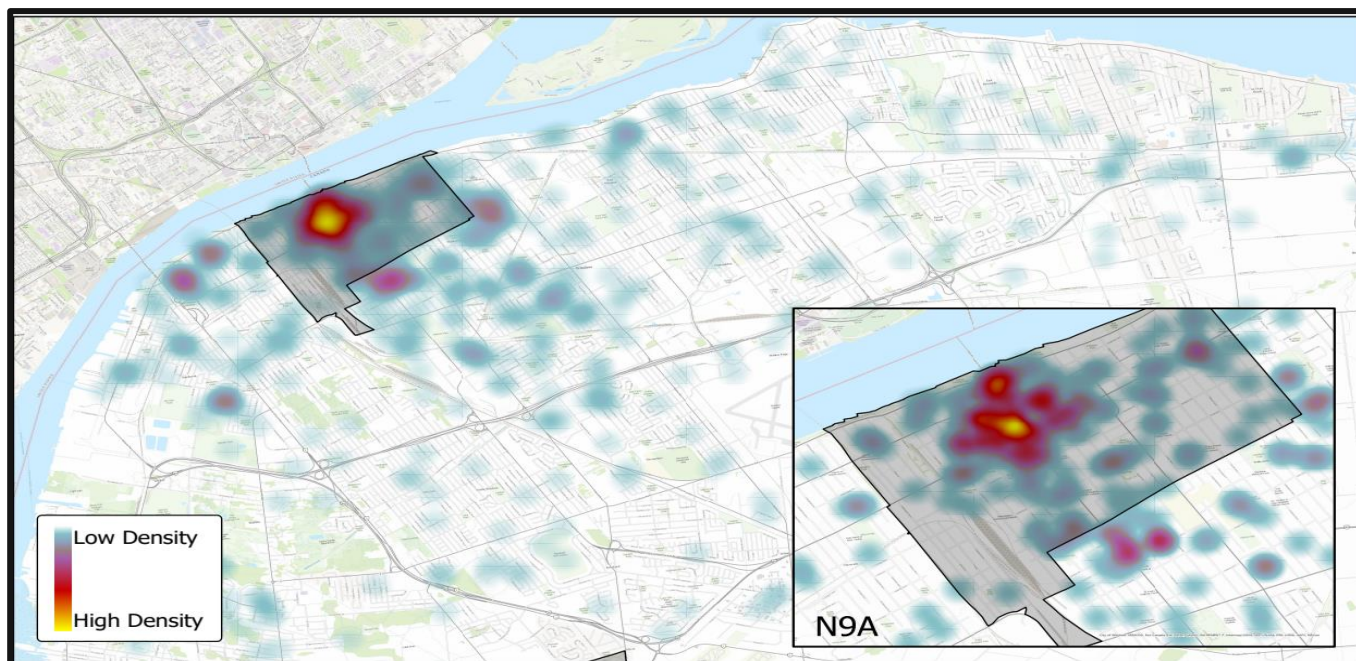
**Table 5 – Demographic Profile of Survey Respondents
Residential, Workplace, & Business Locations by Postal Code Area**

Demographic Category	Characteristic	Number (%) of Total Sample in the N9A Postal Code Area (N=448)	Number (%) of Total Sample Outside of the N9A Postal Code Area (N=448)
Postal Code Area of Respondents	<i>Live, Work, Own a Business, and/or Go to School in Identified Postal Code Area</i>	168 (38%)	280 (63%)
Demographic Category	Characteristic	Number (%) of Sub-Sample in the N9A Postal Code Area	Number (%) of Sub-Sample Outside of the N9A Postal Code Area
Postal Code Area by Establishment	<i>Residences (N=442)</i>	95 (21%)	347 (79%)
	<i>Workplaces (N=270)</i>	97 (36%)	173 (64%)
	<i>Businesses (N=40)</i>	15 (38%)	25 (63%)
	<i>Schools (N=33)</i>	2 (6%)	31 (94%)

Distribution & Density of Respondents’ Residential, Workplace, Business, and School Locations by Postal Code Area in the City of Windsor

In order to determine the distribution and density of survey respondents across the City of Windsor, the longitudinal and latitudinal coordinates of respondents’ residences, workplaces, businesses, and schools were used to generate a heat map (Figure 5).

Figure 5 – Distribution & Density of Respondents’ Residential, Workplace, Business, and School Locations by Postal Code Area in the City of Windsor



Note: 159 establishments in all of WEC could not be mapped due to missing coordinates. This includes 32 establishments with a reported FSA of N9A.

As depicted in the map, the greatest density of survey participation (among those who provided coordinates for their establishments) came from the N9A FSA, with 177 establishments mapped in the N9A. Comparatively, the highest density areas outside of the N9A FSA included several postal code areas adjacent to the N9A, including the N8X (65 mapped establishments), N8W (51 mapped establishments), N8Y (51 mapped establishments), and N9B (45 mapped establishments) postal code areas. The lowest density areas depicted in the map include the N9H, N8H, NOP, and N9Y postal code areas.

As such, in comparison to other postal code areas across the City of Windsor, the heat map highlights that the greatest proportion of survey participation (among those who provided coordinates for their establishments) came from individuals that either lived, worked, owned a business, and/or went to school in the identified postal code area of the candidate sites, or in nearby neighbourhoods in close proximity to the two candidate sites.

Connection to Substance Use & the Substance Use Work Sectors

Table 6 summarizes the connection of survey respondents to substance use and the related substance use work sectors.

Table 6 – Demographic Profile of Survey Respondents Connection to Substance Use & the Substance Use Work Sector			
Demographic Category	Number (%) of the Total Sample (N=448)	Capacity of Work with People Who Have/Had Substance Use Issues	Number (%) of Substance Use Sector Sample (N=174)
Respondent works with people who have/had substance use issues through their profession	174 (39%)	<i>Social Service Provider</i>	78 (45%)
		<i>Treatment Provider</i>	24 (14%)
		<i>Harm Reduction Provider</i>	42 (24%)
		<i>Healthcare Provider</i>	22 (13%)
		<i>First Responder</i>	4 (2%)
		<i>Leadership/Supervision</i>	33 (19%)
		<i>Programming, Polices, & Practices</i>	38 (22%)
		<i>Research</i>	9 (5%)
		<i>Other</i>	26 (15%)
Demographic Category	Characteristic	Number (%) of the Total Sample (N=448)	
Respondent has lived/living experience with substance use	<i>Family, friend, or loved one</i>	171 (38%)	
	<i>Has/had substance use issues</i>	43 (10%)	

In total, 174 survey respondents (39%) indicated that they worked with people who have or had substance use issues, have overdosed, or have been at-risk of overdose in some capacity through their profession. Of these respondents, the majority identified as a social service provider (45%) and/or a harm reduction provider (24%). Twenty-two percent (22%) of survey respondents who worked with people who have/had substance use issues indicated that their capacity of work involved supporting the development, implementation, and/or evaluation of community-level programs, services, polices, or practices designed to support people who use substances. Nineteen percent (19%) of these respondents provided leadership and/or supervision over staff members that worked directly with this target population, while 14% were treatment providers and 13% were healthcare

providers. The least representation in terms of capacity of work with people who have/had substance use issues were among researchers in the field of mental health, substance use, social services, or other related fields (5%) and first responders (2%).

Fifteen percent (15%) of survey respondents who worked with people who have/had substance use issues indicated that their capacity of work involved the provision of other services that were not otherwise listed. The primary roles and responsibilities identified by survey respondents within this response option were administrative and volunteer roles at local community agencies, caretakers, and housing or emergency shelter providers.

In addition, a total of 171 (38%) survey respondents indicated that they were a family member, friend, or loved one of someone who has/had substance use issues, while 43 (10%) identified that they personally have/had a substance issue, have been at-risk of overdose, or have overdosed themselves.

101 Wyandotte Street East – Site-Specific Community Survey Results

This section will report on the site-specific community survey results related to establishing a potential CTS at 101 Wyandotte Street East. Site-specific questions for 101 Wyandotte Street East assessed the perceived benefits and/or concerns associated with establishing a potential CTS at this location, as well as potential mitigation strategies for addressing the cited concerns.

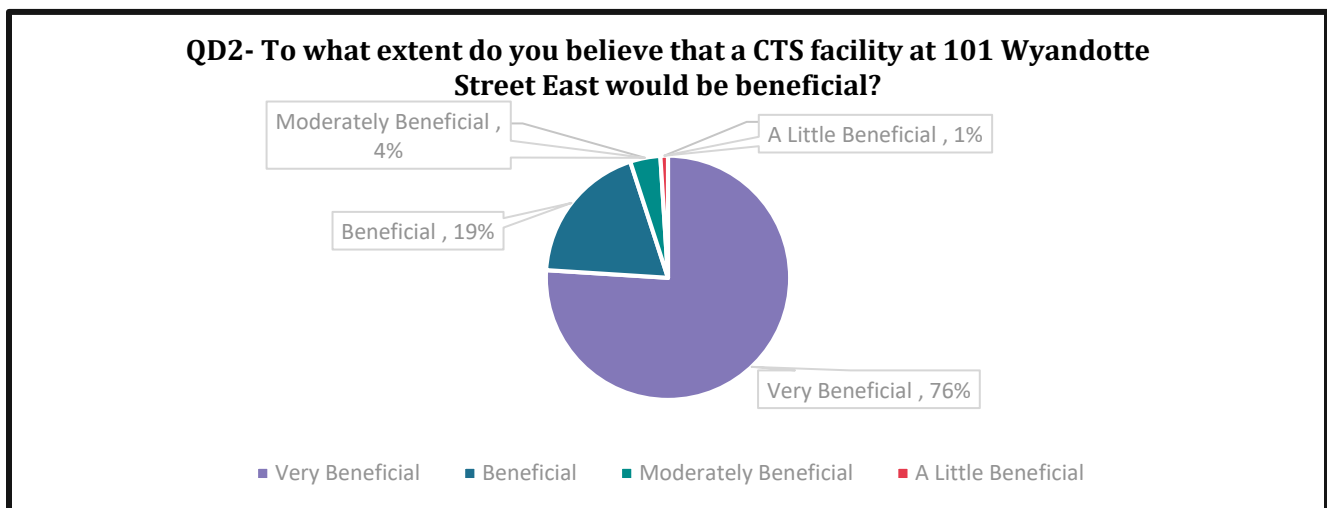
Overall Benefit & Level of Benefit Attributed to Establishing a Potential CTS at 101 Wyandotte Street East

Total Sample (N=448)

Table 7 demonstrates the number and percentage of survey respondents (N=448) who believed that a CTS at 101 Wyandotte Street East would be at all beneficial to the community. A majority of survey respondents believed that a CTS at 101 Wyandotte Street East would be at all beneficial to WEC (70%). Of the 314 respondents who believed that a CTS at 101 Wyandotte Street East would be at all beneficial, 95% believed that a CTS at this location would be either very beneficial (76%) or beneficial (19%) to the community (Figure 6). To review the sub-group analyses for resident, employee, business owner, and student respondents as it relates to the overall benefit and level of benefit attributed to establishing a potential CTS at 101 Wyandotte Street East, please see Appendix E.

Table 7 – Overall Benefit of a CTS at 101 Wyandotte Street East (Total Sample)	
QD1– Do you believe that a CTS facility at 101 Wyandotte Street East would be at all beneficial?	
Response Option	Number (%) of Total Sample (N=448)
Yes	314 (70%)
No	110 (25%)
I Don't Know	22 (5%)

Figure 6 – Level of Benefit Attributed to a Potential CTS at 101 Wyandotte Street East (Total Sample, N=314)

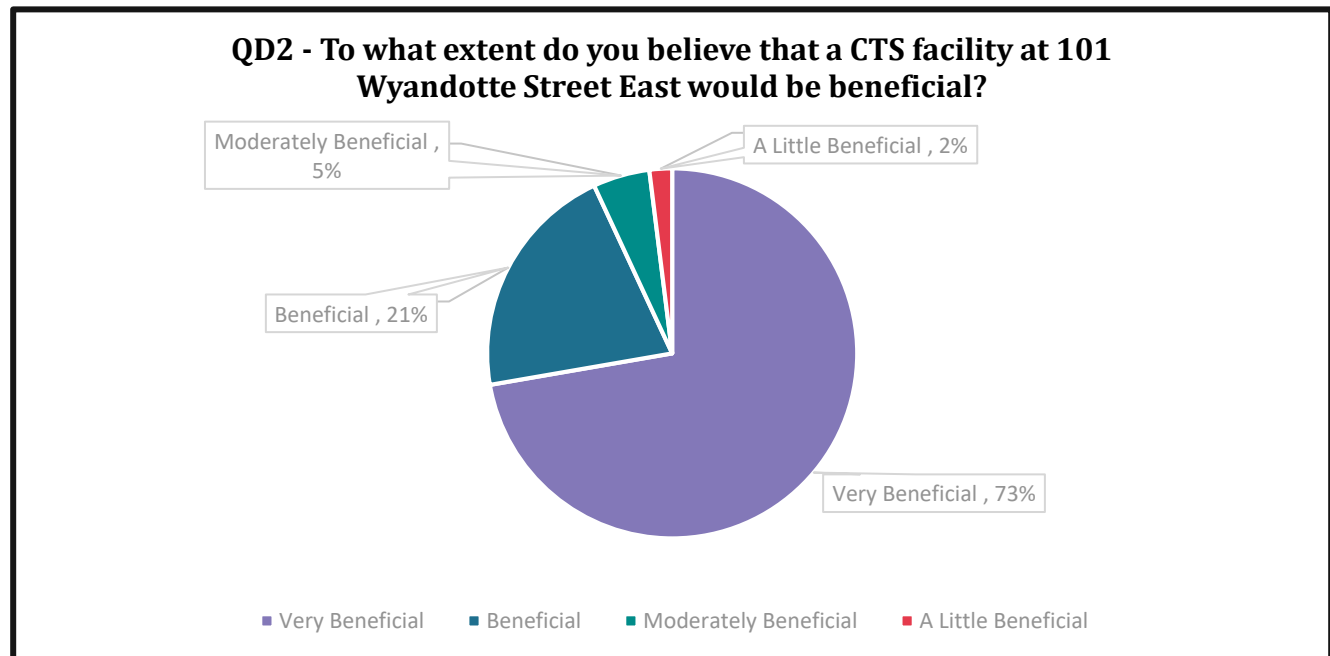


N9A Respondents (N=168)

Table 8 demonstrates the number and percentage of survey respondents who either lived, worked, owned a business, and/or went to school in the N9A postal code area (N=168) who believed that a CTS at 101 Wyandotte Street East would be at all beneficial to the community. A majority of N9A survey respondents believed that a CTS at 101 Wyandotte Street East would be at all beneficial to WEC (66%). Of the 111 N9A respondents who believed that a CTS at 101 Wyandotte Street East would be at all beneficial, 94% believed that a CTS at this location would be either very beneficial (73%) or beneficial (21%) to the community (Figure 7). To review the sub-group analyses for N9A residents, employees, business owners, and students as it relates to the overall benefit and level of benefit attributed to establishing a potential CTS at 101 Wyandotte Street East, please see Appendix E.

Table 8 – Overall Benefit of a CTS at 101 Wyandotte Street East (N9A Respondents)	
QD1– Do you believe that a CTS facility at 101 Wyandotte Street East would be at all beneficial?	
Response Option	Number (%) of Total N9A Sample (N=168)
Yes	111 (66%)
No	47 (28%)
I Don't Know	9 (5%)

Figure 7 – Level of Benefit Attributed to a Potential CTS at 101 Wyandotte Street East (N9A Respondents, N=111)



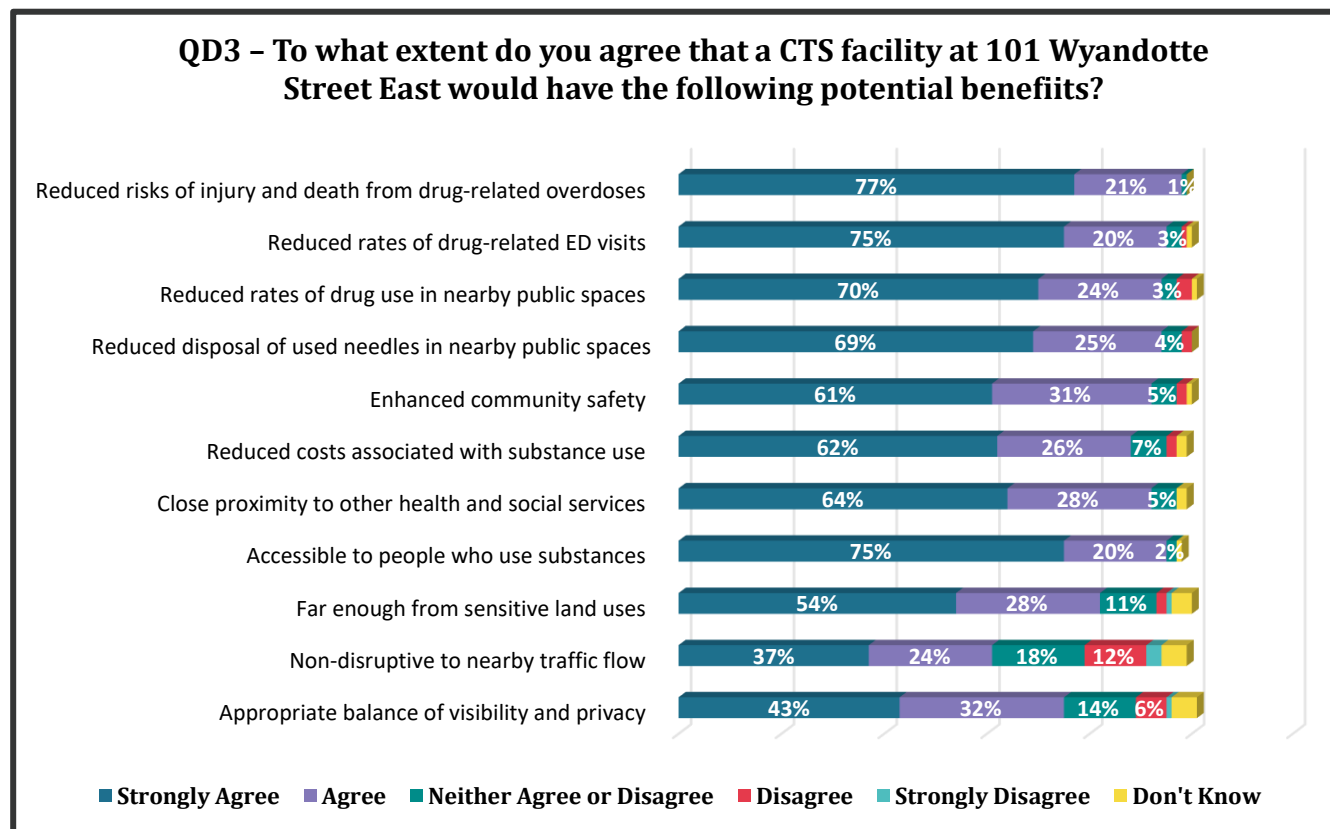
Site-Specific Benefits of Establishing a CTS Facility at 101 Wyandotte Street East

Figure 8 demonstrates the site-specific benefits endorsed by respondents in the total sample for establishing a potential CTS at 101 Wyandotte Street East.

Of the respondents who believed that a potential CTS at 101 Wyandotte Street East would be at all beneficial to the community (314), the most commonly perceived benefits (either “strongly agree” or “agree”) were that a CTS at this location would reduce risks of injury and death from drug-related overdoses (98%), reduce rates of drug-related emergency department visits in WEC (95%), offer appropriate accessibility to people who use drugs (95%), reduce rates of drug use in nearby public spaces (94%), and reduce rates of publicly discarded needles in the neighbourhood (94%). Further to that, a significant majority of respondents either “strongly agreed” or “agreed” that a CTS at this location would enhance community safety (92%) and offer appropriate accessibility to other health and social services in close proximity to the site (92%). Eighty-eight percent (88%) of respondents either “strongly agreed” or “agreed” that a potential CTS at this location would reduce the health, social, legal, and incarceration costs associated with substance use in WEC, and eighty-two percent (82%) either “strongly agreed” or “agreed” that a potential CTS at this location would be in sufficient distance from sensitive land uses (e.g., public parks, schools).

Although a majority of respondents either “strongly agreed” or “agreed” that a potential CTS at 101 Wyandotte Street East would offer an appropriate balance of visibility and privacy (75%) and would be non-disruptive to nearby vehicular or pedestrian traffic flow (61%), these benefits were the least likely of those listed in Figure 8 to be endorsed by respondents.

Figure 8 – Potential Benefits of Establishing a CTS Facility at 101 Wyandotte Street East (N=314)



In addition to the perceived benefits identified above, many of the respondents described other benefits or re-emphasized the above benefits for establishing a potential CTS at 101 Wyandotte Street East (and/or establishing a CTS in general, regardless of location) through Question D4 of the survey.¹⁹ These perceived benefits are represented in Table 9. Further to that, through QD4 of the survey, 23 respondents provided comments that reflected positive feedback on the proposed CTS operations in WEC regardless of location (e.g., expressions of satisfaction or contentment that a CTS was being considered for the community, general expressions of need or support for a CTS in WEC regardless of location), while three provided comments that reflected general support for the proposed CTS operations at 101 Wyandotte Street East.

Table 9 – Additional Benefits of Establishing a Potential CTS at 101 Wyandotte Street East

Benefit	Number of Respondent Citations
Accessibility to People Who Use Substances (e.g., Located Where Drug Use is Known to Occur in WEC)	6
Reduced Deaths from Drug Overdoses	6
Close Proximity & Accessibility to Other Health & Social Services	5
Reduced Substance Use Stigma & Increased Community Awareness	3
Benefit of Having an Outdoor Space Embedded Within the Site	2

¹⁹ QD4 – Do you have any other comments that you would like to share about potential benefits that a CTS facility at 101 Wyandotte Street East may bring?

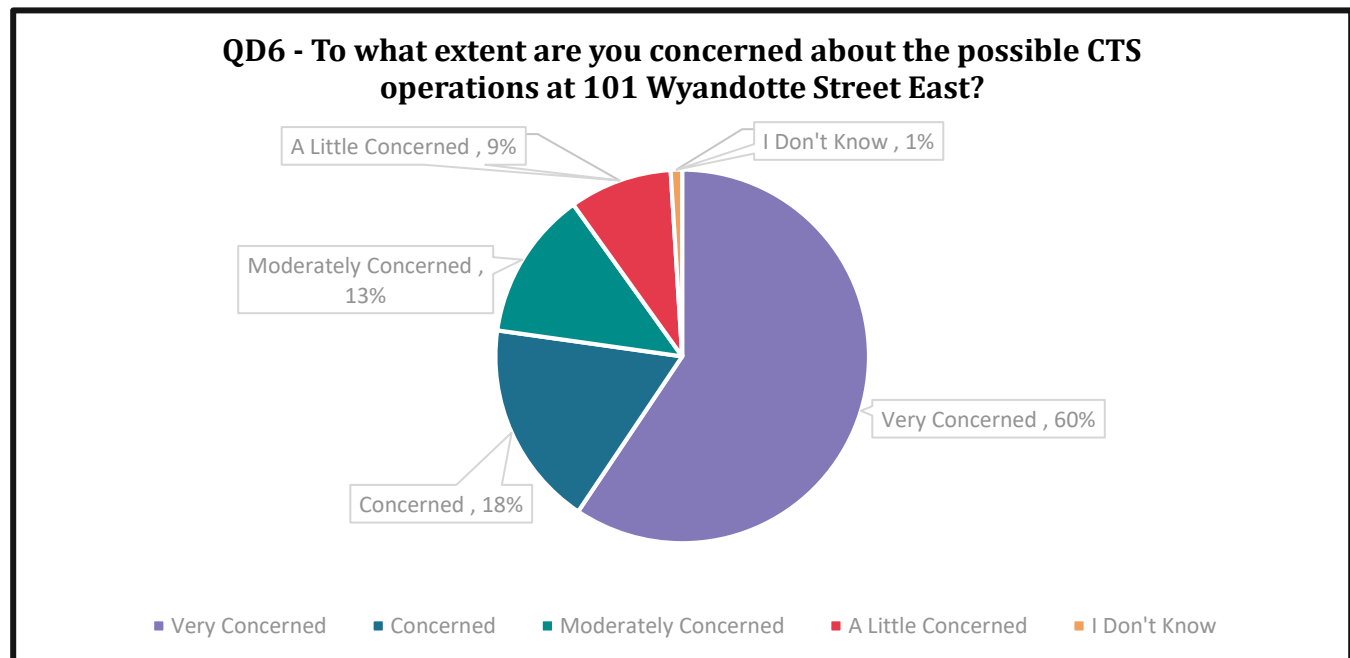
Overall Concern and Level of Concern Associated with Establishing a CTS at 101 Wyandotte Street East

Total Sample (N=448)

Table 10 demonstrates the number and percentage of survey respondents in the total sample (N=448) who indicated that they were at all concerned about the proposed CTS operations at 101 Wyandotte Street East. Although a majority of survey respondents were not at all concerned about the proposed CTS operations at this location (59%), 33% indicated that they were concerned about this proposed site. Of the 150 respondents who were at all concerned about the proposed CTS operations at 101 Wyandotte Street East, 78% indicated that they were either “very concerned” (60%) or “concerned” (18%) about the proposed operations at this location (Figure 9). To review the sub-group analyses for resident, employee, business owner, and student respondents as it relates to the overall concern and level of concern associated with establishing a potential CTS at 101 Wyandotte Street East, please see Appendix E.

Table 10 – Concern with CTS Facility at 101 Wyandotte Street East (Total Sample)	
QD5 – Are you at all concerned about the possible CTS operations at 101 Wyandotte Street East?	
Response Option	Number (%) of Total Sample (N=448)
Yes	150 (33%)
No	266 (59%)
I Don't Know	29 (6%)

Figure 9 – Level of Concern Associated with Establishing a Potential CTS at 101 Wyandotte Street East (Total Sample, N=150)

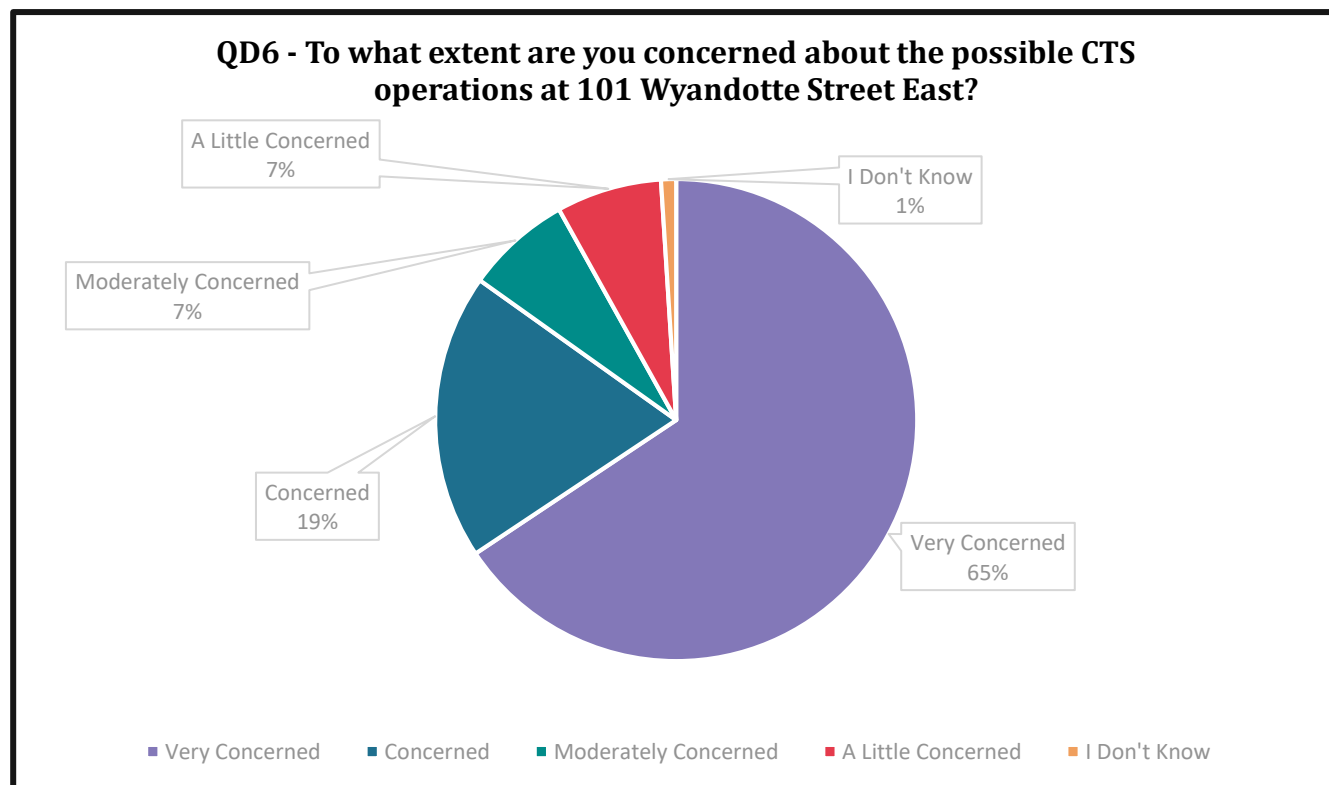


N9A Respondents (N=168)

Table 11 demonstrates the number and percentage of N9A survey respondents (N=168) who were at all concerned about the proposed CTS operations at 101 Wyandotte Street East. Although a majority of N9A respondents were not at all concerned about the proposed CTS operations at this location (51%), 41% indicated that they were concerned about this proposed site. Of the 69 N9A respondents who were at all concerned about the proposed CTS operations at 101 Wyandotte Street East, 84% indicated that they were either “very concerned” (65%) or “concerned” (19%) about the proposed operations at this location (Figure 10). To review the sub-group analyses for N9A resident, employee, business owner, and student respondents as it relates to the overall concern and level of concern associated with establishing a potential CTS at 101 Wyandotte Street East, please see Appendix E.

Table 11 – Concern with CTS Facility at 101 Wyandotte Street East (N9A Respondents)	
QD5 – Are you at all concerned about the possible CTS operations at 101 Wyandotte Street East?	
Response Option	Number (%) of Total N9A Sample (N=168)
Yes	69 (41%)
No	86 (51%)
I Don't Know	13 (8%)

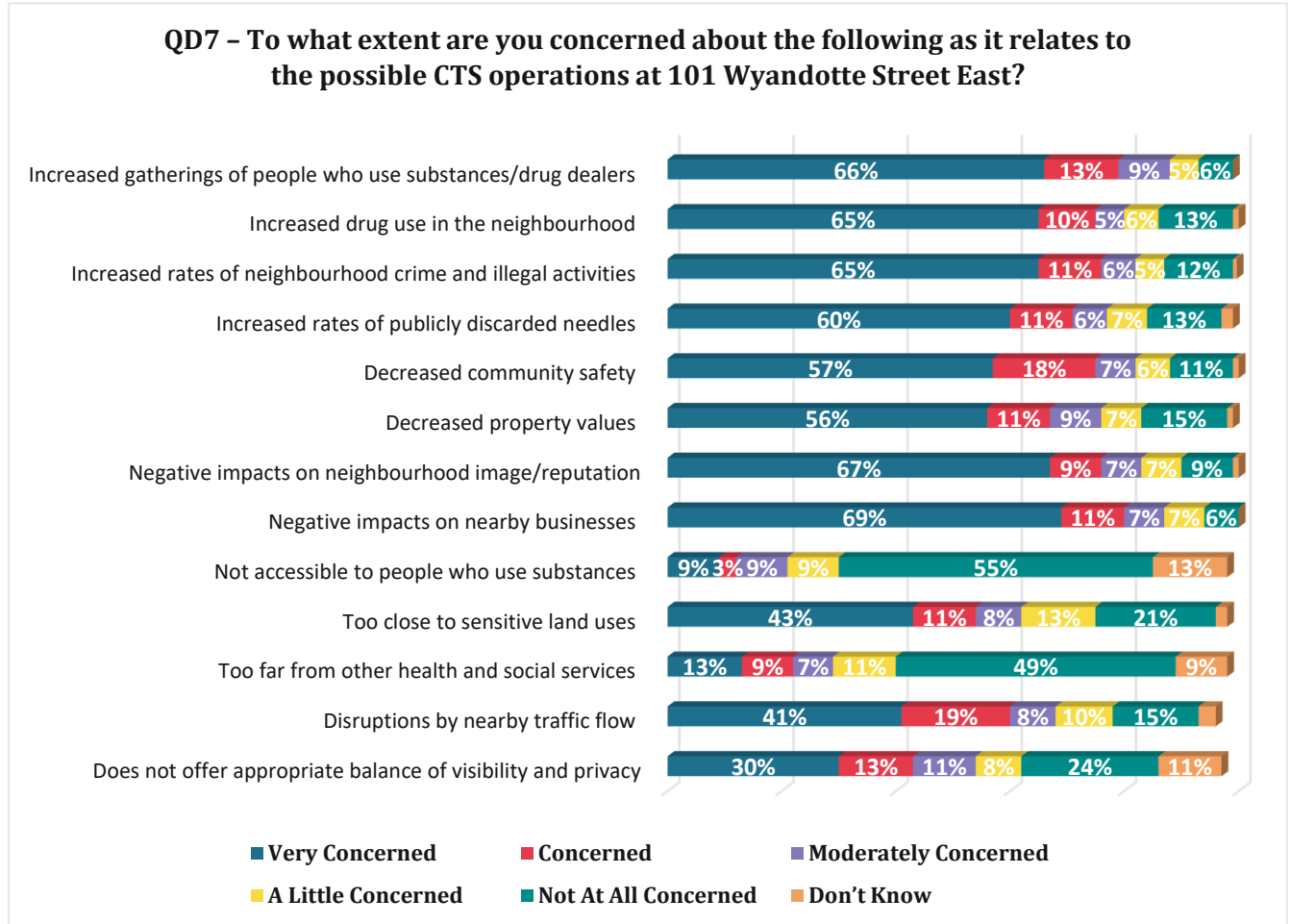
Figure 10 – Level of Concern Associated with Establishing a Potential CTS at 101 Wyandotte Street East (N9A Respondents, N=69)



Site-Specific Concerns Associated with Establishing a CTS Facility at 101 Wyandotte Street East

Figure 11 demonstrates the site-specific concerns endorsed by respondents in the total sample for establishing a potential CTS at 101 Wyandotte Street East.

Figure 11 – Potential Concerns with a CTS Facility at 101 Wyandotte Street East (N=150)



Of the respondents who were at all concerned about a potential CTS at 101 Wyandotte Street East (150), the most commonly perceived concerns (either “very concerned” or “concerned”) were that a CTS at this location would have negative impacts on nearby business operations (80%), increase gatherings of people who use substances/drug dealers in the neighbourhood (79%), negatively impact the image or reputation of the neighbourhood (76%), and increase neighbourhood crime or illegal activities (76%). Further to that, a majority of these respondents were either “very concerned” or “concerned” that a potential CTS at this location would reduce the safety of the community (75%), increase rates of drug use in the neighbourhood (75%), increase rates of improperly discarded needles in nearby public spaces (71%), and reduce neighbourhood property values (67%). Comparatively, a lesser majority of these respondents were either “very concerned” or “concerned” that a potential CTS at 101 Wyandotte Street East would be disruptive to nearby vehicular and pedestrian traffic flow (60%) and/or would not be located in sufficient distance from sensitive land uses (e.g., public parks, schools) (54%).

Of all the potential concerns listed in Figure 11, the least commonly perceived concerns (either “very concerned” or “concerned”) associated with establishing a potential CTS at 101 Wyandotte Street East were tied to the privacy and visibility of the site (43%), the proximity of the site to other health and social services (22%), and the accessibility of the site to people who use substances (12%).

In addition to the perceived concerns identified above, many of the respondents described other concerns or re-emphasized the above concerns associated with establishing a potential CTS at 101 Wyandotte Street East (and/or a establishing a potential CTS in general, regardless of location) through Question D8 of the survey.²⁰ These perceived concerns are represented in Table 12. Further to that, through QD8 of the survey, 7 respondents provided general comments that reflected negative feedback about the proposed CTS operations in WEC regardless of location. General comments of negative feedback included expressions of dissatisfaction or discontentment that a CTS was being considered for the community and a general lack of support for establishing a CTS in any location across WEC.

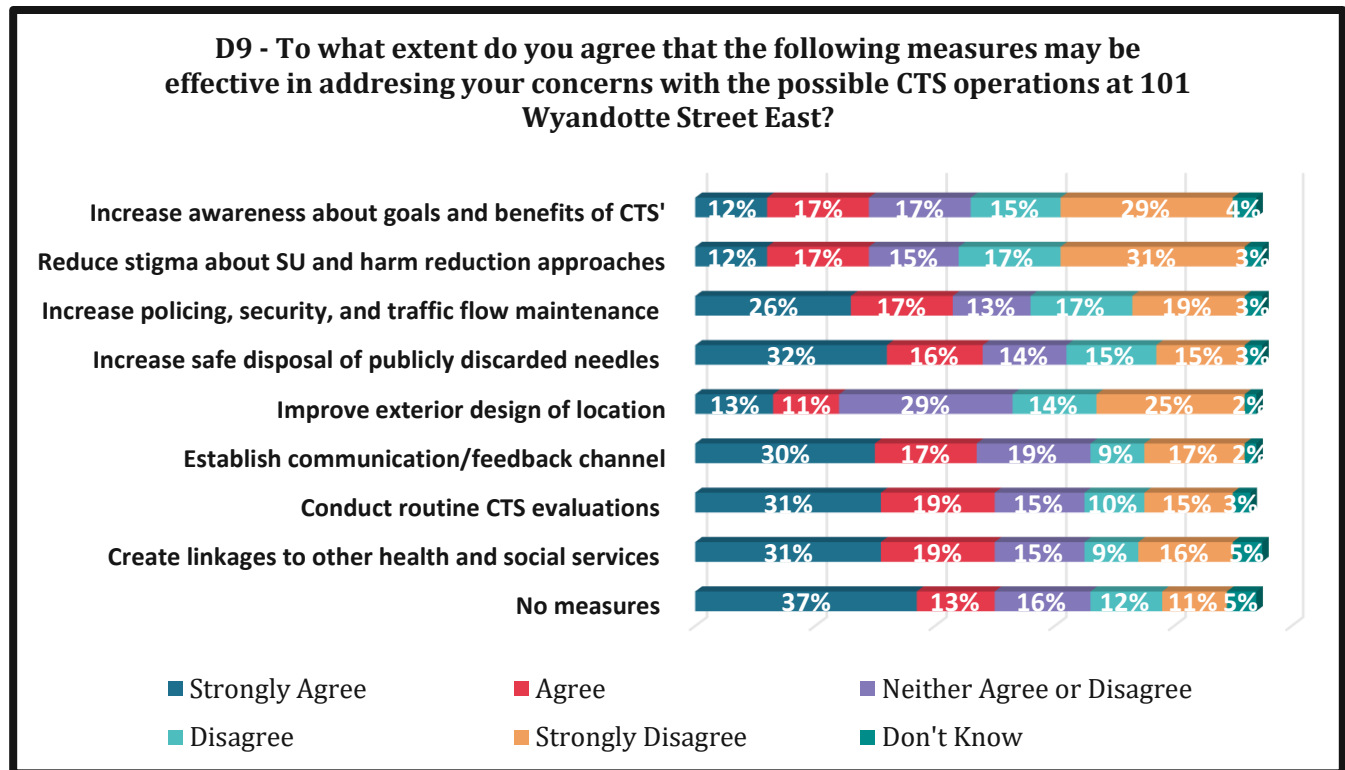
Table 12 – Additional Concerns with Establishing a Potential CTS at 101 Wyandotte Street East	
Main Concern	Number of Respondent Citations
Disruptions to Nearby Traffic Flow & Busyness of the Area <ul style="list-style-type: none"> • Located on a busy intersection with a high volume of vehicular and pedestrian traffic (e.g., Windsor to Detroit Tunnel traffic) 	26
Negative Impacts to Neighbourhood Image, Reputation, or Aesthetics	18
Enabling or Encouraging Drug Use	15
Need to Support Alternative Approaches for Addressing Substance Use in WEC (e.g., criminalization, rehabilitation)	13
Increases in Crime & Reduced Neighbourhood Safety	11
Distant Proximity to Hospitals, Shelters, and Other Health and Social Services	5
Privacy Concerns for Service Users	3
Ineffective Use of Tax Payer Dollars	3
Negative Impacts to Children in the Neighbourhood (e.g., negative message to children in the area)	2

²⁰ QD8 – Do you have any other concerns that you would like to share about the possible CTS operations at 101 Wyandotte Street East?

Measures & Mitigation Strategies to Address Concerns Associated with a Potential CTS at 101 Wyandotte Street East

Figure 12 demonstrates the measures and mitigation strategies endorsed by respondents in the total sample for addressing the perceived concerns associated with establishing a potential CTS at 101 Wyandotte Street East.

Figure 12 – Measures & Mitigation Strategies to Address Concerns with a Potential CTS at 101 Wyandotte Street East (N=150)



Of the one-hundred and fifty (150) respondents who were at all concerned about establishing a potential CTS at 101 Wyandotte Street East, respondents were the most likely to agree (either “strongly agree” or “agree”) that conducting routine evaluation activities at the CTS (50%) or creating linkages with other health and social services in closer proximity to the location (50%) would be effective measures for addressing their corresponding concerns. Other commonly supported mitigation strategies by respondents (either “strongly agreed” or “agreed”) were to work with environmental agencies to increase safe disposal of publicly discarded needles in the neighbourhood (48%) and to establish a communication or feedback mechanism for community members to voice and address their ongoing concerns about the operations at the CTS site (47%). Forty-three percent (43%) either “strongly agreed” or “agreed” that the WECOSS should liaison with WPS to increase policing, security, and traffic flow maintenance at the location in order to address their perceived concerns with the proposed site.

Of all of the mitigation strategies listed in Figure 12, respondents were the least likely to agree (either “strongly agree” or “agree”) that reducing stigma by increasing awareness of substance use (SU) and harm reduction approaches (29%), increasing community awareness about the goals and benefits of a CTS (29%), and improving the exterior design of the location (e.g., improving greenery, maximizing size and space) (24%) would be effective measures in addressing their concerns with the proposed CTS operations at 101 Wyandotte Street East. Fifty percent (50%) of respondents either “strongly agreed” or “agreed” that there wouldn’t be any

effective measures that could address their perceived concerns with establishing a potential CTS at this location.

In addition to the mitigation strategies identified above, many of the respondents described other measures or re-emphasized the above measures for addressing their concerns with establishing a potential CTS at 101 Wyandotte Street East (and/or establishing a CTS in general, regardless of location) through Question D10 of the survey.²¹ These measures were as follows:

- **Alternative Approaches for Supporting People Who Use Substances** – Fifteen respondents (15) suggested that the WECOSS should consider other approaches for supporting people who use substances in WEC as an alternative to establishing a CTS. Examples of suggested approaches included developing/expanding treatment and rehabilitation programs or supporting criminalization efforts.
- **Support an Alternative Location** – Fourteen (14) respondents suggested that the WECOSS should consider alternative locations for establishing a CTS in WEC, as opposed to establishing a CTS at 101 Wyandotte Street East. Examples of alternative locations included those that are in further distance from high tourist areas, in closer distance to local health and social service organizations, and outside of the downtown core.
- **Demonstrate Evidence about the Effectiveness of a CTS** – Three (3) respondents referenced that receiving information about the effectiveness and success of CTS facilities among existing sites/clientele in other areas would be an effective approach to addressing their concerns with a potential CTS at this location.
- **Privacy Measures** – Two (2) respondents referenced that measures will need to be taken to reduce the high visibility of the location and/or to ensure that the facility includes private or discreet spaces for people who use substances to access services. Otherwise, it was cited that the highly visible nature of the location may detract individuals from using the facility.
- **Policing & Law Enforcement Measures** – Two (2) respondents emphasized that policing and law enforcement agencies need to be involved with monitoring and managing the safety and security of the surrounding areas in close proximity to the potential CTS.

²¹ Question D10 – Do you have any other comments that you would like to share about potential measures that may be effective in addressing your concerns with the possible CTS operations at 101 Wyandotte Street East.

628 Goyeau Street – Site-Specific Community Survey Results

This section will report on the site-specific community survey results related to establishing a potential CTS at 628 Goyeau Street. Site-specific questions for 628 Goyeau Street assessed the perceived benefits and/or concerns associated with establishing a potential CTS at this location, as well as potential mitigation strategies for addressing the cited concerns.

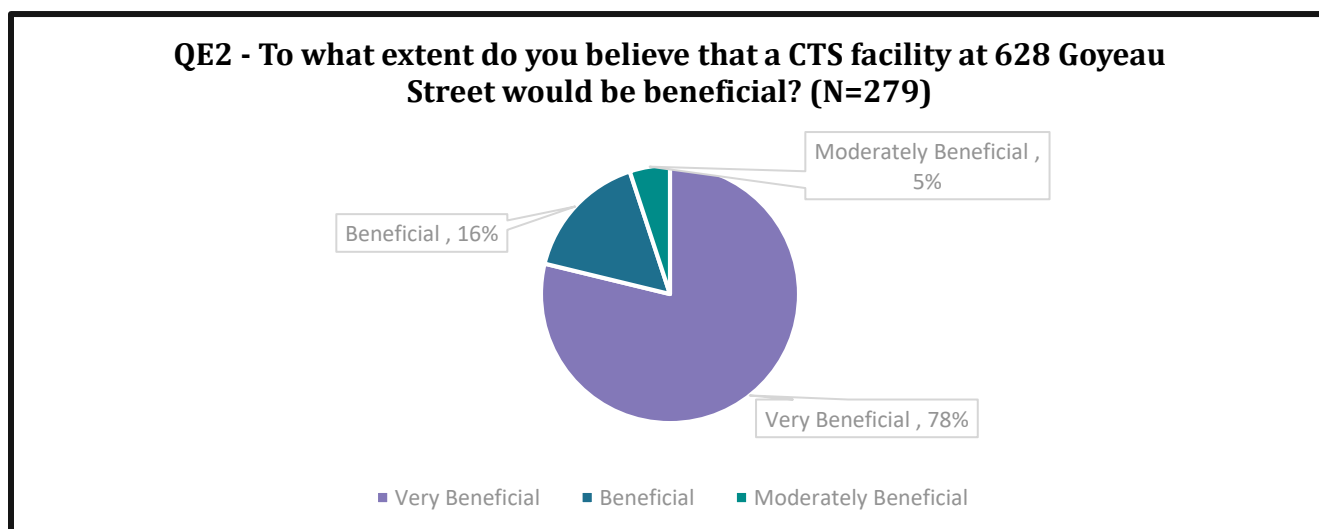
Overall Benefit & Level of Benefit Attributed to Establishing a Potential CTS at 628 Goyeau Street

Total Sample (N=448)

Table 13 demonstrates the number and percentage of survey respondents (N=448) who believed that a CTS at 628 Goyeau Street would be at all beneficial to the community. A majority of survey respondents believed that a CTS at 628 Goyeau Street would be at all beneficial to WEC (62%). Of the 279 respondents who believed that a CTS at 628 Goyeau Street would be at all beneficial, 94% believed that a CTS at this location would be either very beneficial (78%) or beneficial (16%) to the community (Figure 13). To review the sub-group analyses for resident, employee, business owner, and student respondents as it relates to the overall benefit and level of benefit attributed to establishing a potential CTS at 628 Goyeau Street, please see Appendix F.

Table 13 – Overall Benefit of a CTS at 628 Goyeau Street (Total Sample)	
QE1– Do you believe that a CTS facility at 628 Goyeau Street would be at all beneficial?	
Response Option	Number (%) of Total Sample (N=448)
Yes	279 (62%)
No	100 (22%)
I Don't Know	30 (7%)

Figure 13 – Level of Benefit Attributed to Establishing a Potential CTS at 628 Goyeau Street (Total Sample, N=279)

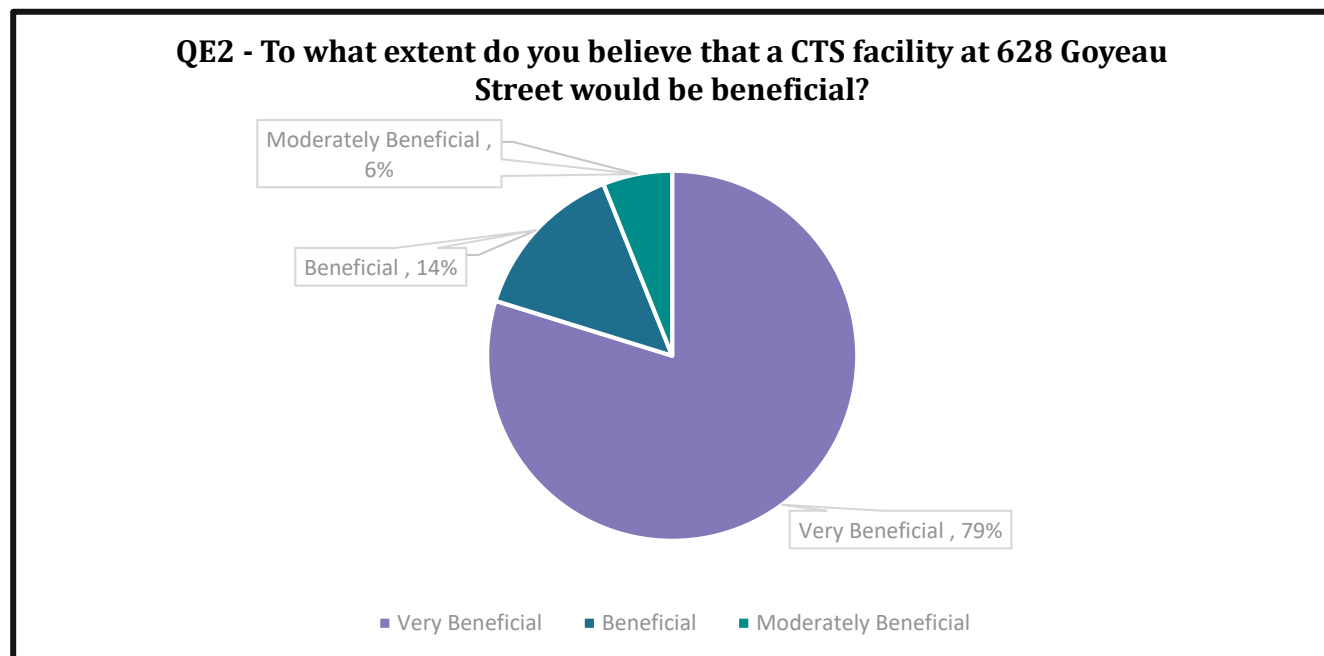


N9A Respondents (N=168)

Table 14 demonstrates the number and percentage of survey respondents who either lived, worked, owned a business, and/or went to school in the N9A postal code area (N=168) who believed that a CTS at 628 Goyeau Street would be at all beneficial to the community. A majority of N9A survey respondents believed that a CTS at 628 Goyeau Street would be at all beneficial to WEC (58%). Of the 98 N9A respondents who believed that a CTS at 101 Wyandotte Street East would be at all beneficial, 93% believed that a CTS at this location would be either very beneficial (79%) or beneficial (14%) to the community (Figure 14). To review the sub-group analyses for N9A residents, employees, business owners, and students as it relates to the overall benefit and level of benefit attributed to establishing a potential CTS at 628 Goyeau Street, please see Appendix F.

Table 14 – Overall Benefit of a CTS at 628 Goyeau Street (N9A Respondents)	
QE1– Do you believe that a CTS facility at 628 Goyeau Street would be at all beneficial?	
Response Option	Number (%) of Total N9A Sample (N=168)
Yes	98 (58%)
No	41 (24%)
I Don't Know	14 (8%)

Figure 14 – Level of Benefit Attributed to Establishing a Potential CTS at 628 Goyeau Street (N9A Respondents, N=98)



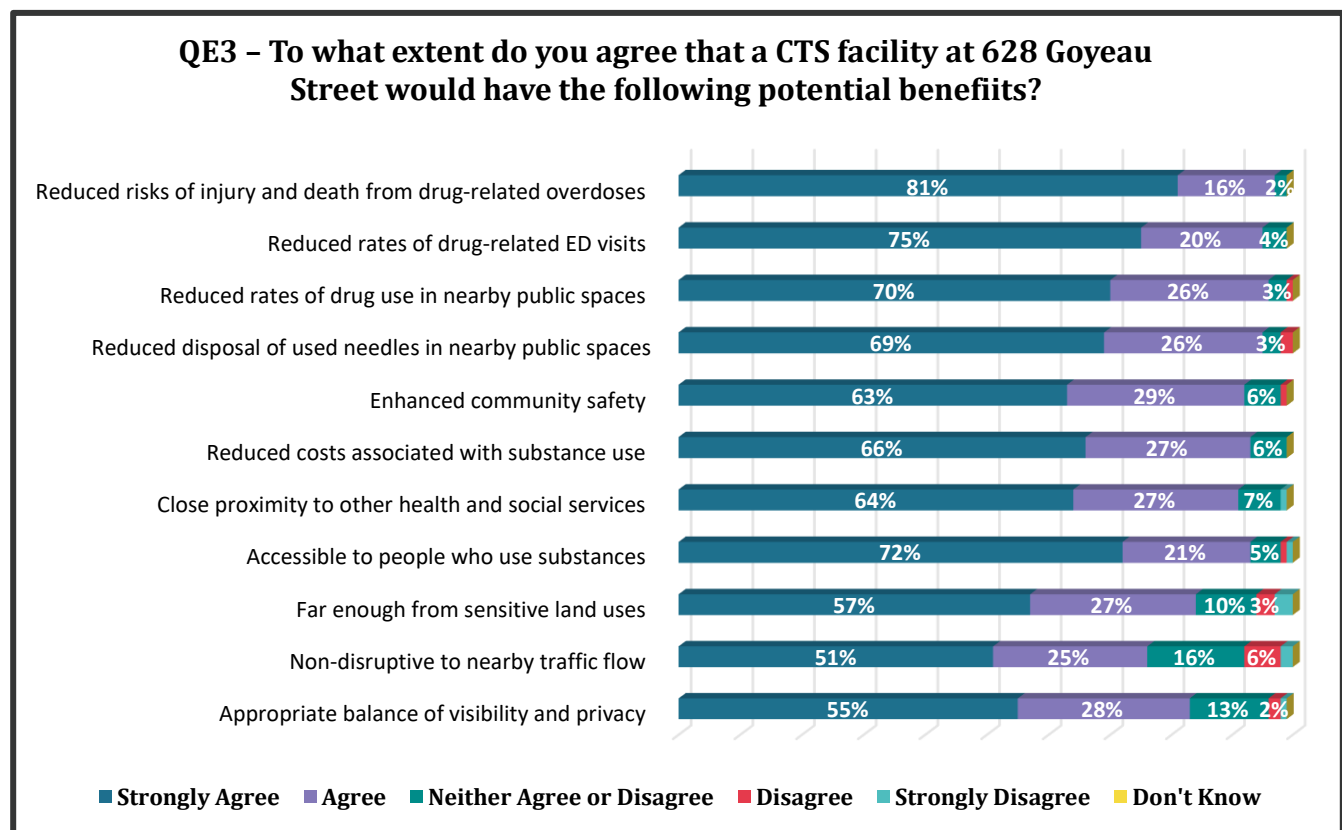
Site-Specific Benefits of a CTS Facility at 628 Goyeau Street

Figure 15 demonstrates the site-specific benefits endorsed by respondents in the total sample for establishing a potential CTS at 628 Goyeau Street.

Of the respondents who believed that a potential CTS at 628 Goyeau Street would be at all beneficial to the community (279), the most commonly perceived benefits (either “strongly agree” or “agree”) were that a CTS at this location would reduce risks of injury and death from drug-related overdoses (97%), reduce rates of drug use in nearby public spaces (96%), reduce rates of publicly discarded needles in the neighbourhood (95%), and reduce rates of drug-related emergency department visits in WEC (95%). Further to that, a significant majority of respondents either “strongly agreed” or “agreed” that a CTS at this location would offer appropriate accessibility to people who use drugs (93%), reduce the health, social, legal, and incarceration costs associated with substance use in the community (93%), and enhance community safety (92%). Ninety one percent (91%) of respondents either “strongly agreed” or “agreed” that a potential CTS at this location would offer appropriate accessibility to other health and social services in close proximity to the site, and eighty-four percent (84%) either “strongly agreed” or “agreed” that a potential CTS at this location would be in sufficient distance from sensitive land uses (e.g., public parks, schools).

Although a significant majority of applicable respondents either “strongly agreed” or “agreed” that a potential CTS at 628 Goyeau Street would offer an appropriate balance of visibility and privacy (83%) and would be non-disruptive to nearby vehicular and pedestrian traffic flow (76%), these benefits were the least likely of those listed in Figure 15 to be endorsed by respondents.

Figure 15 – Potential Benefits of Establishing a CTS Facility at 628 Goyeau Street (N=279)



In addition to the perceived benefits identified above, many of the respondents described other benefits or re-emphasized the above benefits for establishing a potential CTS at 628 Goyeau Street (and/or establishing a potential CTS in general, regardless of location) through Question E4 of the survey.²² These perceived benefits are represented in Table 15. Further to that, through QE4 of the survey, 18 respondents provided comments that reflected positive feedback on the proposed CTS operations in WEC regardless of location (e.g., expressions of satisfaction or contentment that a CTS was being considered for the community, general expressions of need or support for a CTS in WEC regardless of location), while 11 provided comments that reflected general support for the proposed CTS operations at 628 Goyeau Street.

Table 15 – Additional Benefits of Establishing a Potential CTS at 628 Goyeau Street	
Benefit	Number of Respondent Citations
Less Disruptive to Traffic Flow & Less Busy Area (In Comparison to 101 Wyandotte Street East) <ul style="list-style-type: none"> • Not located on busy intersection • Located further from the Windsor-Detroit Tunnel traffic 	8
Reduced Deaths from Drug Overdoses	4
Greater Privacy for Service Users (In Comparison to 101 Wyandotte Street East) <ul style="list-style-type: none"> • Less visible location offers greater privacy 	2

²² QE4 – Do you have any other comments that you would like to share about potential benefits that a CTS facility at 628 Goyeau Street may bring?

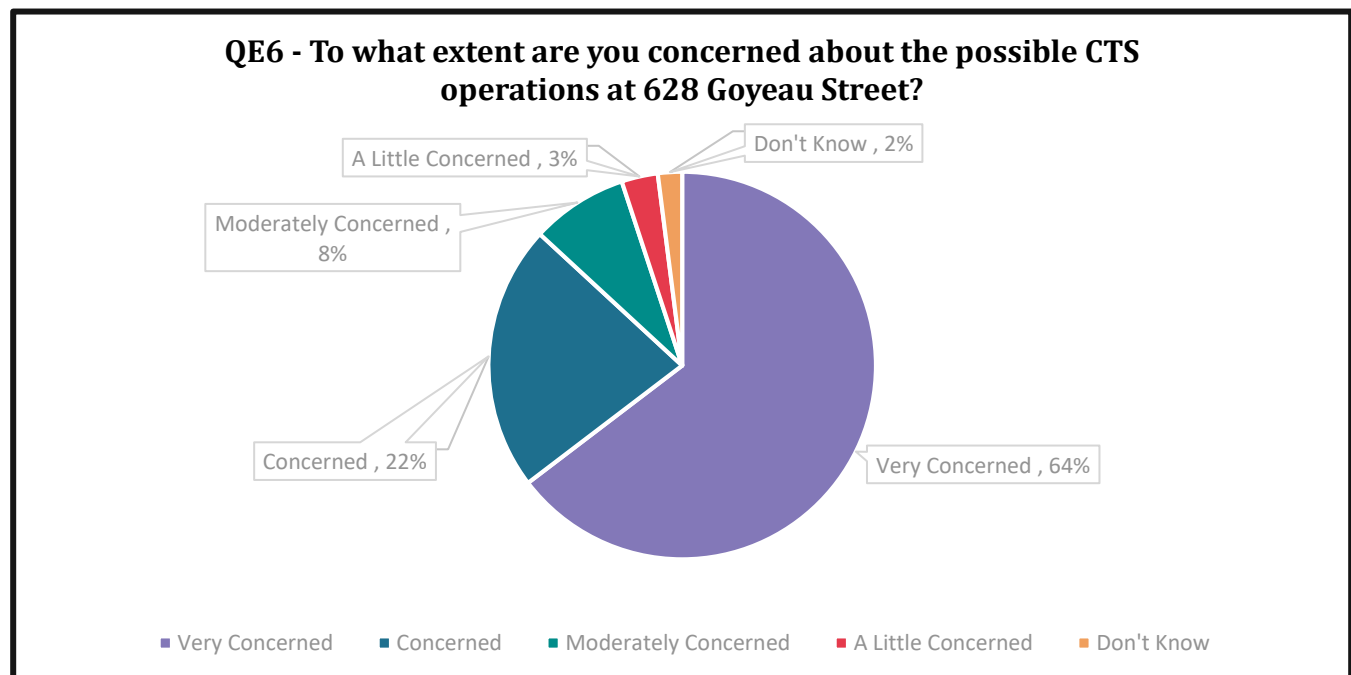
Overall Concern and Level of Concern Associated with Establishing a CTS at 628 Goyeau Street

Total Sample (N=448)

Table 16 demonstrates the number and percentage of survey respondents in the total sample (N=448) who indicated that they were at all concerned about the proposed CTS operations at 628 Goyeau Street. Although a majority of survey respondents were not at all concerned about the proposed CTS operations at this location (59%), 26% indicated that they were concerned about this proposed site. Of the 118 respondents who were at all concerned about the proposed CTS operations at 628 Goyeau Street, 86% indicated that they were either “very concerned” (64%) or “concerned” (22%) about the proposed operations at this location (Figure 16). To review the sub-group analyses for resident, employee, business owner, and student respondents as it relates to the overall concern and level of concern associated with establishing a potential CTS at 628 Goyeau Street, please see Appendix F.

Table 16 – Concern with CTS Facility at 628 Goyeau Street (Total Sample)	
QE5 – Are you at all concerned about the possible CTS operations at 628 Goyeau Street?	
Response Option	Number (%) of Total Sample (N=448)
Yes	118 (26%)
No	263 (59%)
I Don't Know	27 (6%)

Figure 16 – Level of Concern Associated with Establishing a Potential CTS at 628 Goyeau Street (Total Sample, N=118)

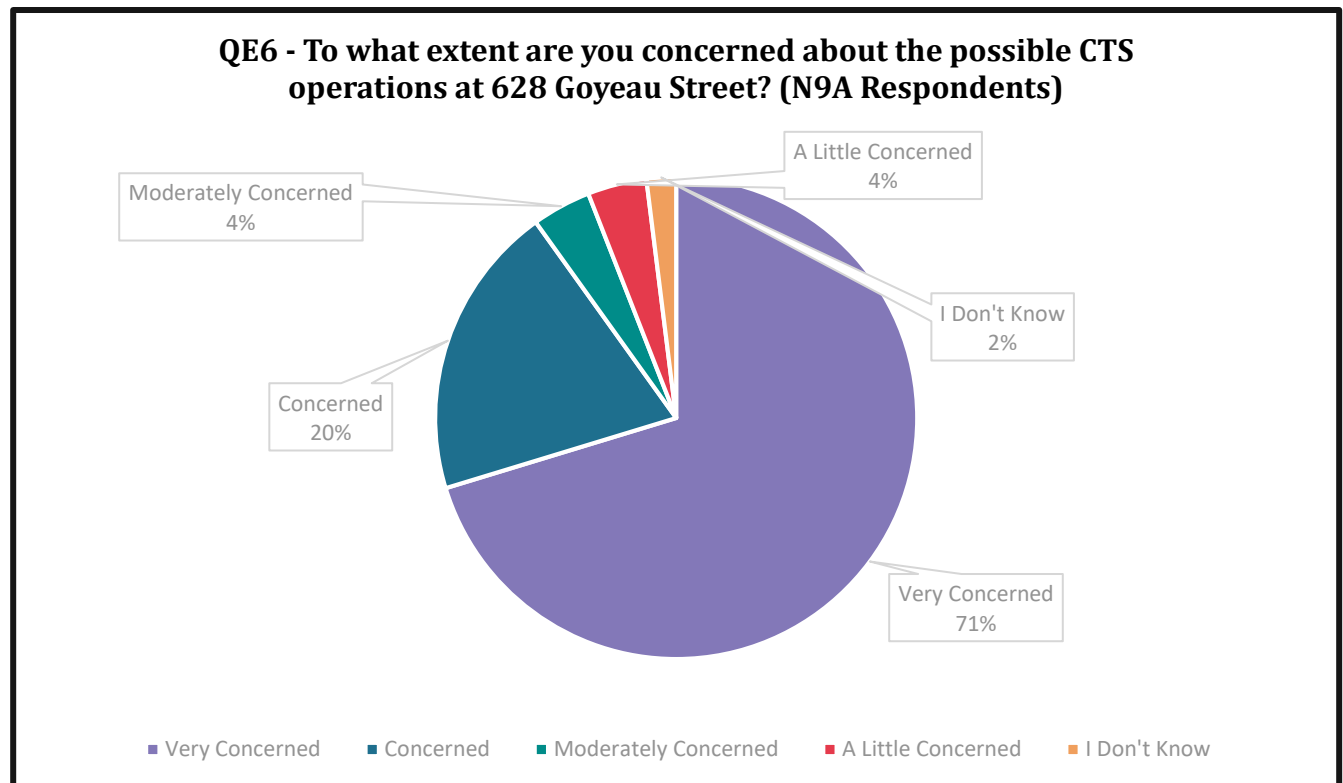


N9A Respondents (N=168)

Table 17 demonstrates the number and percentage of N9A survey respondents (N=168) who were at all concerned about the proposed CTS operations at 628 Goyeau Street. Although a majority of N9A respondents were not at all concerned about the proposed CTS operations at this location (53%), 30% indicated that they were concerned about this proposed site. Of the 51 N9A respondents who were at all concerned about the proposed CTS operations at 628 Goyeau Street, 91% indicated that they were either “very concerned” (71%) or “concerned” (20%) about the proposed operations at this location (Figure 17). To review the sub-group analyses for N9A resident, employee, business owner, and student respondents as it relates to the overall concern and level of concern associated with establishing a potential CTS at 628 Goyeau Street, please see Appendix F.

Table 17 – Concern with CTS Facility at 628 Goyeau Street (N9A Respondents)	
QE5 – Are you at all concerned about the possible CTS operations at 628 Goyeau Street?	
Response Option	Number (%) of Total N9A Sample (N=168)
Yes	51 (30%)
No	89 (53%)
I Don't Know	14 (8%)

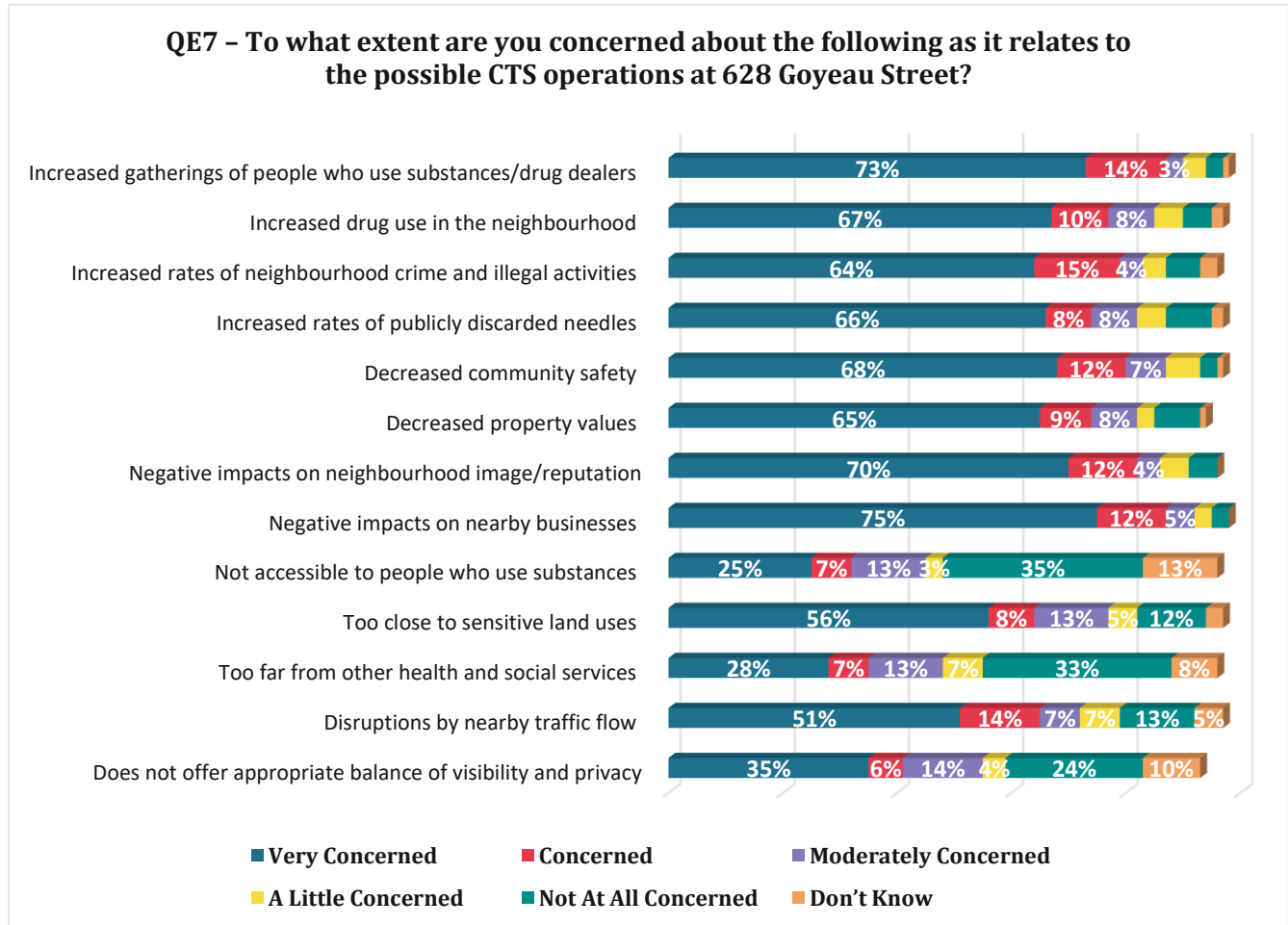
Figure 17 – Level of Concern Associated with Establishing a Potential CTS at 628 Goyeau Street (N9A Respondents, N=51)



Site-Specific Concerns Associated with Establishing a CTS Facility at 628 Goyeau Street

Figure 18 demonstrates the site-specific concerns endorsed by respondents in the total sample for establishing a potential CTS at 628 Goyeau Street.

Figure 18 – Potential Concerns with a CTS Facility at 628 Goyeau Street (Total Sample, N=118)



Of the respondents who were at all concerned about a potential CTS at 628 Goyeau Street (118), the most commonly perceived concerns (either “very concerned” or “concerned”) were that a CTS at this location would have negative impacts on nearby business operations (87%), increase gatherings of people who use substances/drug dealers in the neighbourhood (87%), negatively impact the image or reputation of the neighbourhood (82%), and reduce neighbourhood safety (80%). Further to that, a majority of these respondents were either “very concerned” or “concerned” that a potential CTS at this location would increase rates of crime and illegal activities in the neighbourhood (79%), increase rates of drug use in the neighbourhood (77%), increase rates of improperly discarded needles in nearby public spaces (74%), and reduce neighbourhood property values (74%). Comparatively, a lesser majority of these respondents were either “very concerned” or “concerned” that a potential CTS at 628 Goyeau Street would be disruptive to nearby vehicular and pedestrian traffic flow (65%) and/or would not be located in sufficient distance from sensitive land uses (e.g., public parks, schools) (64%).

Of all the potential concerns listed in Figure 18, the least commonly perceived concerns (either “very concerned” or “concerned”) associated with establishing a potential CTS at 628 Goyeau Street were tied to the privacy and visibility of the site (41%), the proximity of the site to other health and social services (35%), and the accessibility of the site to people who use substances (32%).

In addition to the perceived concerns identified above, many of the respondents described other concerns or re-emphasized the above concerns associated with establishing a potential CTS at 628 Goyeau Street (and/or establishing a potential CTS in general, regardless of location) through Question E8 of the survey.²³ These perceived concerns are represented in Table 18. Further to that, through QE8 of the survey, 5 respondents provided general comments that reflected negative feedback about the proposed CTS operations in WEC regardless of location. General comments of negative feedback included expressions of dissatisfaction or discontentment that a CTS was being considered for the community and a general lack of support for establishing a CTS in any location across WEC.

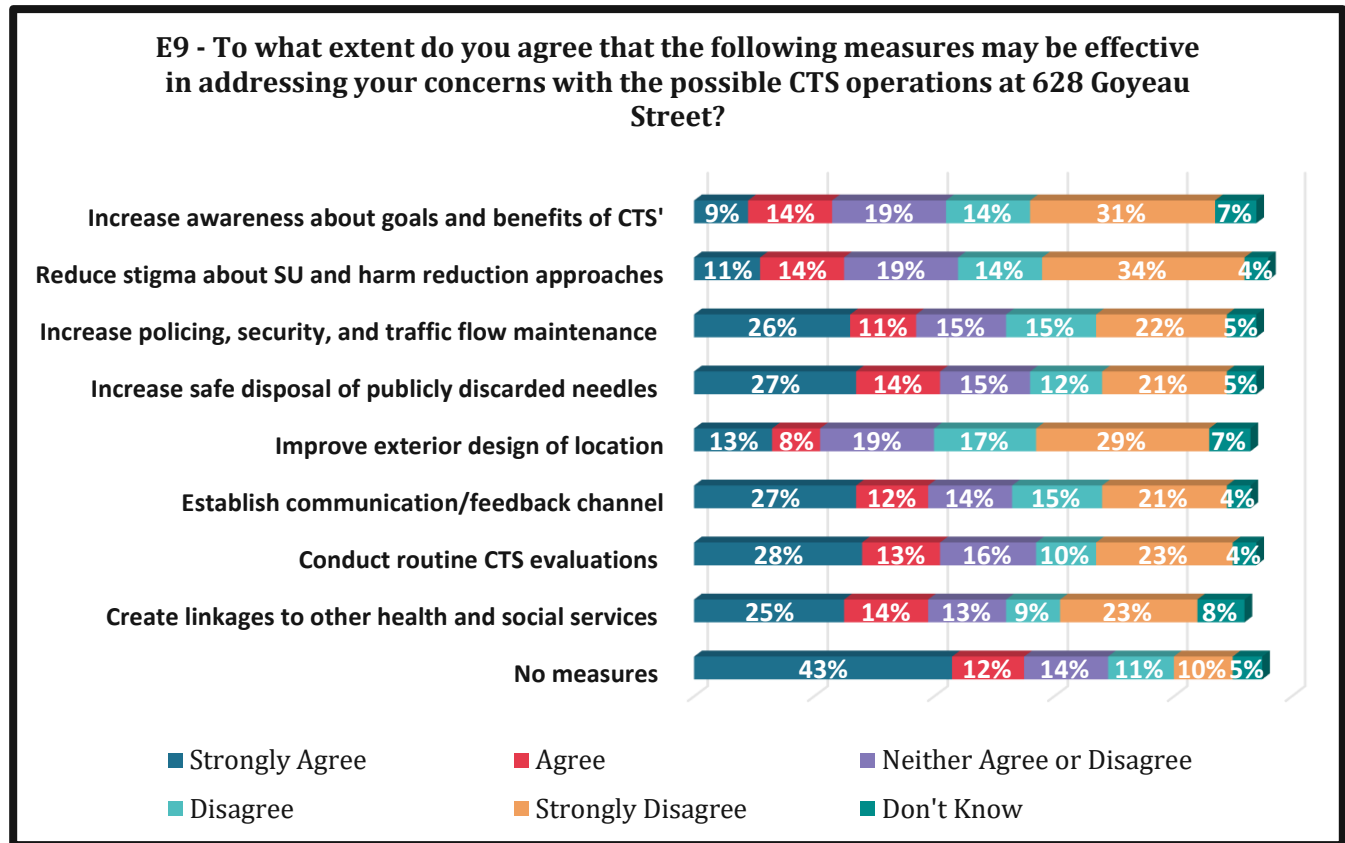
Table 18 – Additional Concerns with Establishing a Potential CTS at 628 Goyeau Street	
Main Concern	Number of Respondent Citations
Disruptions to Nearby Traffic Flow & Busyness of the Area <ul style="list-style-type: none"> • Located in a busy area with a high volume of vehicular and pedestrian traffic (e.g., Windsor to Detroit Tunnel traffic). 	11
Need to Support Alternative Approaches to Addressing Substance Use Issues in WEC (e.g., rehabilitation, criminalization).	8
Negative Impacts to Neighbourhood Image, Reputation, or Aesthetics	6
Increases in Crime & Reduced Neighbourhood Safety	3
Enabling or Encouraging Drug Use	2
Hours of Operation <ul style="list-style-type: none"> • Concerns that daytime hours of operation would not be sufficient for tailoring to the needs of people who use substances. • Suggestions to consider alternative hours to operate the CTS facility. 	2

²³ QE8 – Do you have any other concerns that you would like to share about the possible CTS operations at 628 Goyeau Street?

Measures & Mitigation Strategies to Address the Cited Concerns at 628 Goyeau Street

Figure 19 demonstrates the measures and mitigation strategies endorsed by respondents in the total sample for addressing the perceived concerns associated with establishing a potential CTS at 628 Goyeau Street.

Figure 19 – Measures & Mitigation Strategies to Address Concerns with a Potential CTS at 628 Goyeau Street (N=118)



Of the 118 respondents who were at all concerned about establishing a potential CTS at 628 Goyeau Street, respondents were the most likely to agree (either “strongly agree” or “agree”) that conducting routine evaluation activities at the CTS (41%) or working with environmental agencies to increase safe disposal of publicly discarded needles in the neighbourhood (41%) would be effective measures for addressing their corresponding concerns. Other commonly supported mitigation strategies by respondents (either “strongly agreed” or “agreed”) were to create linkages with other health and social services in closer proximity to the location (39%) and to establish a communication or feedback mechanism for community members to voice and address their ongoing concerns about the operations at the CTS site (39%). Thirty-seven percent (37%) of respondents either “strongly agreed” or “agreed” that the WECOSS should liaison with WPS to increase policing, security, and traffic flow maintenance at the location in order to address their perceived concerns with the proposed site.

Of all of the mitigation strategies listed in Figure 19, respondents were the least likely to agree (either “strongly agree” or “agree”) that reducing stigma by increasing awareness about substance use (SU) and harm reduction approaches (25%), increasing community awareness about the goals and benefits of a CTS (23%), and improving the exterior design of the location (e.g., improving greenery, maximizing size and space) (21%) would

be effective measures in addressing their concerns with the proposed CTS operations at 628 Goyeau Street. Fifty-five percent (55%) of respondents either “strongly agreed” or “agreed” that there wouldn’t be any effective measures that could address their perceived concerns with establishing a potential CTS at this location.

In addition to the mitigation strategies identified above, many of the respondents described other measures or re-emphasized the above measures for addressing their concerns with establishing a potential CTS at 628 Goyeau Street (and/or establishing a potential CTS in general, regardless of location) through Question E10 of the survey.²⁴ These measures were as follows:

- **Alternative Approaches for Supporting People Who Use Substances** – Seven (7) respondents suggested that the WECOSS should consider other approaches for supporting people who use substances in WEC as an alternative to establishing a CTS. Examples of suggested approaches included developing/expanding treatment and rehabilitation programs or supporting criminalization efforts.
- **Support an Alternative Location** – Six (6) respondents suggested that the WECOSS should consider alternative locations for establishing a CTS in WEC, as opposed to establishing a CTS at 628 Goyeau Street. Examples of alternative locations included those that are in further distance from residential and business areas and outside of the downtown core.
- **Demonstrate Evidence about the Effectiveness of a CTS** – Two (2) respondents referenced that receiving information about the effectiveness and success of CTS facilities among existing sites/clientele in other areas would be an effective approach for addressing their concerns with a potential CTS at this location.

²⁴ Question E10 – Do you have any other comments that you would like to share about potential measures that may be effective in addressing your concerns with the possible CTS operations at 628 Goyeau Street?

Community Survey Results - Levels of Support for the Candidate Locations

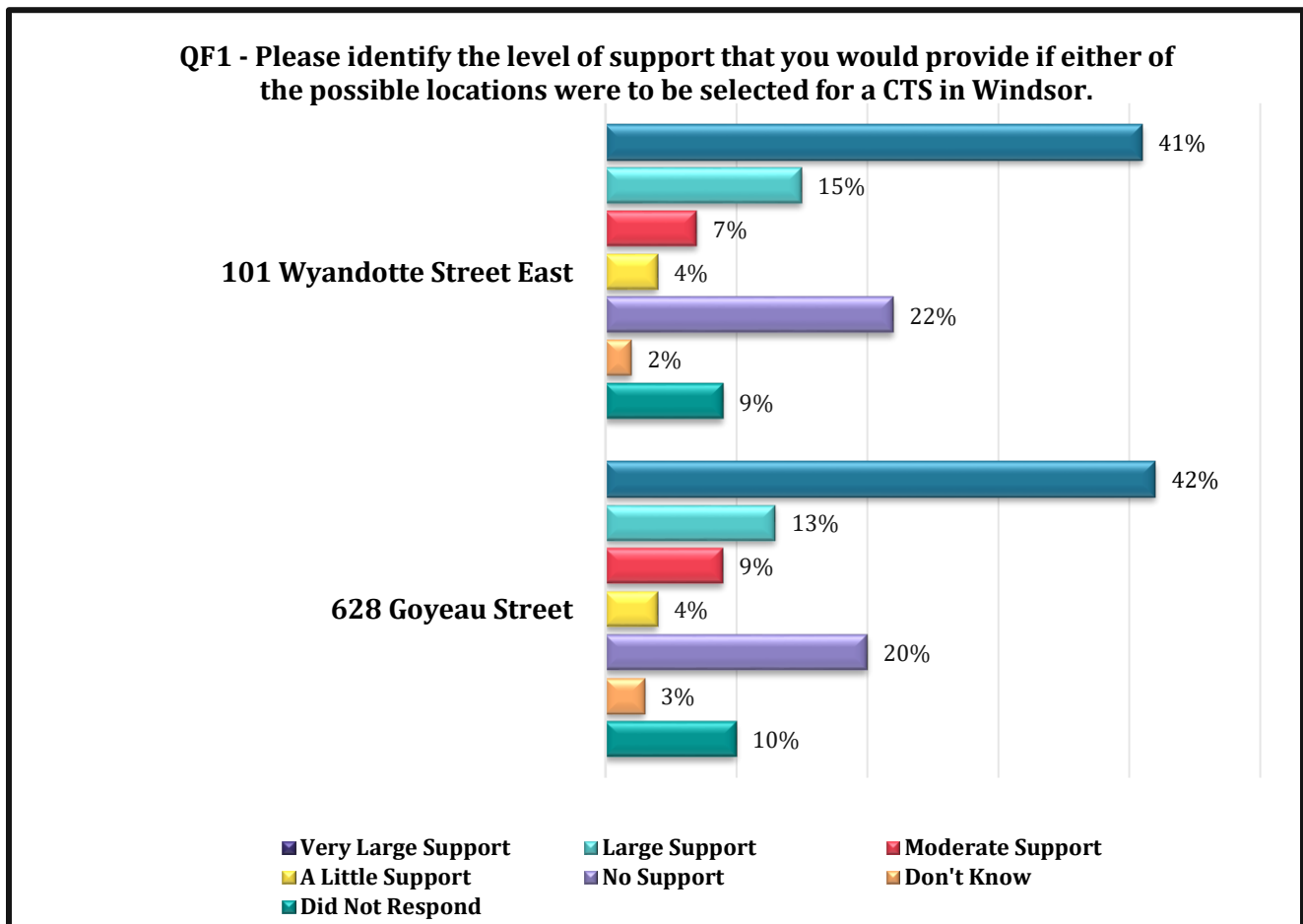
Total Sample (N=448)

Figure 20 demonstrates the level of support that respondents in the total sample (N=448) would provide if either of the candidate locations were to be selected for a CTS in Windsor.

In comparison to 101 Wyandotte Street East, a slightly greater majority of respondents indicated that they would provide “very large support” for a potential CTS at 628 Goyeau Street (41% vs. 42%). In total, 67% of all respondents indicated that they would provide at least some degree of support (ranging from “very large support” to “a little support”) for a potential CTS at 101 Wyandotte Street East, while 68% indicated that they would provide at least some degree of support for a potential CTS at 628 Goyeau Street. Additionally, a greater proportion of respondents indicated that they would not provide any level of support for a potential CTS at 101 Wyandotte Street East (22%) when compared to those who indicated the same for 628 Goyeau Street (20%).

To review the sub-group analyses for residents and employees as it relates to levels of support for establishing a potential CTS at either of the candidate locations, please see Appendix G.²⁵

Figure 20 – Level of Support Associated with a Potential CTS at Both of the Candidate Locations (Total Sample, N=448)



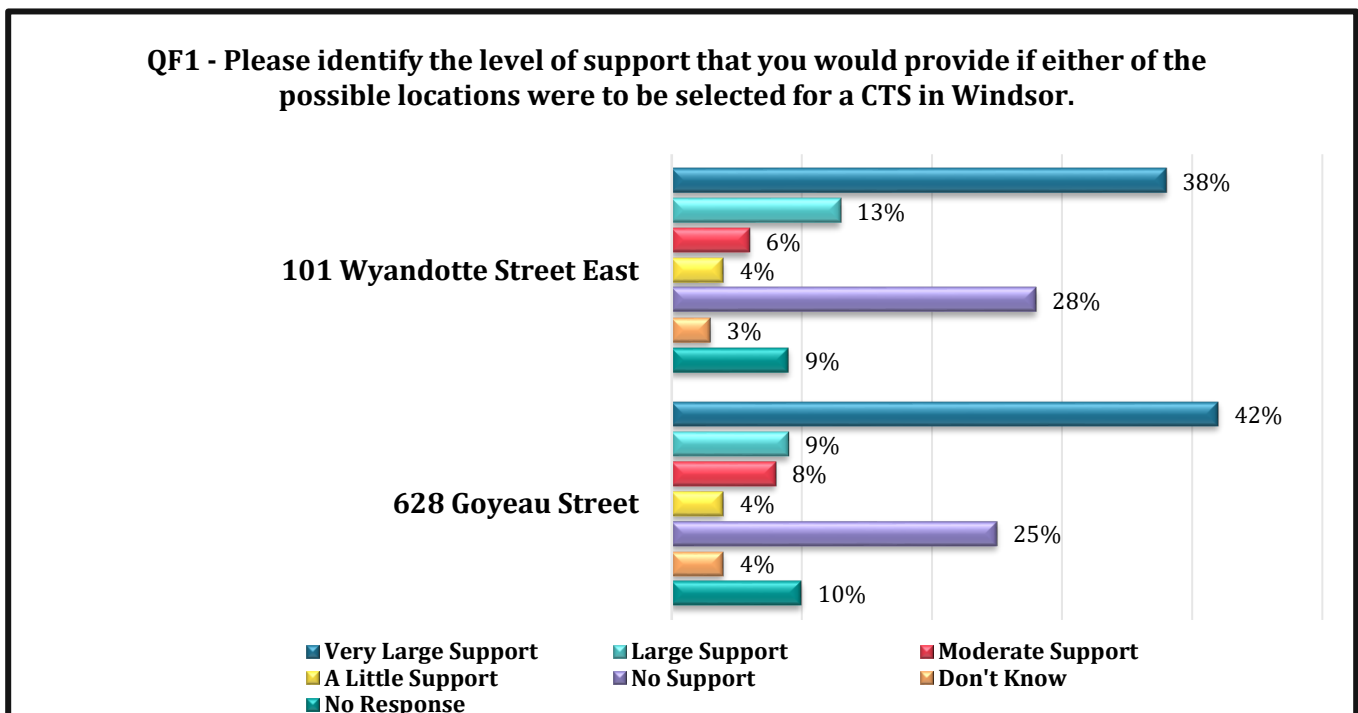
²⁵ Levels of support provided by business owners and students could not be reported due to the small sample sizes and/or a low number of endorsements for certain response options.

N9A Respondents (N=168)

Figure 21 demonstrates the level of support that N9A respondents would provide if either of the candidate locations were to be selected for a CTS in Windsor. In comparison to 101 Wyandotte Street East, a slightly greater majority of N9A respondents indicated that they would provide “very large support” for a potential CTS at 628 Goyeau Street (38% vs. 42%). In total, 61% of N9A respondents indicated that they would provide at least some degree of support (ranging from “very large support” to “a little support”) for a potential CTS at 101 Wyandotte Street East, while 63% indicated that they would provide at least some degree of support for a potential CTS at 628 Goyeau Street. Additionally, a greater proportion of N9A respondents indicated that they would not provide any level of support for a potential CTS at 101 Wyandotte Street East (28%) when compared to those who indicated the same for 628 Goyeau Street (25%).

To review the sub-group analyses for N9A residents and employees as it relates to levels of support for establishing a potential CTS at either of the candidate locations, please see Appendix G.²⁶

Figure 21 – Level of Support Associated with a Potential CTS at Both of the Candidate Locations (Total N9A Sample, N=168)



Respondents Connected to Substance Use & the Substance Use Work Sectors

Figures 22 and 23 demonstrate the levels of support that respondents connected to substance use and the substance use work sectors would provide if either of the candidate locations were to be selected for a CTS in Windsor.

Nearly the same percentage of respondents who worked with people who have/had substance use issues indicated that they would provide “very large support” for a potential CTS at 101 Wyandotte Street East (58.6%, rounded up to 59%) and/or 628 Goyeau Street (59.2%, rounded down to 59%). In total, 88% of

²⁶Levels of support provided by N9A business owners and students could not be reported due to the small sample sizes and/or a low number of endorsements for certain response options.

Figure 22 – Level of Support for Establishing a CTS at 101 Wyandotte Street East among Respondents Connected to Substance Use & the Substance Use Work Sectors

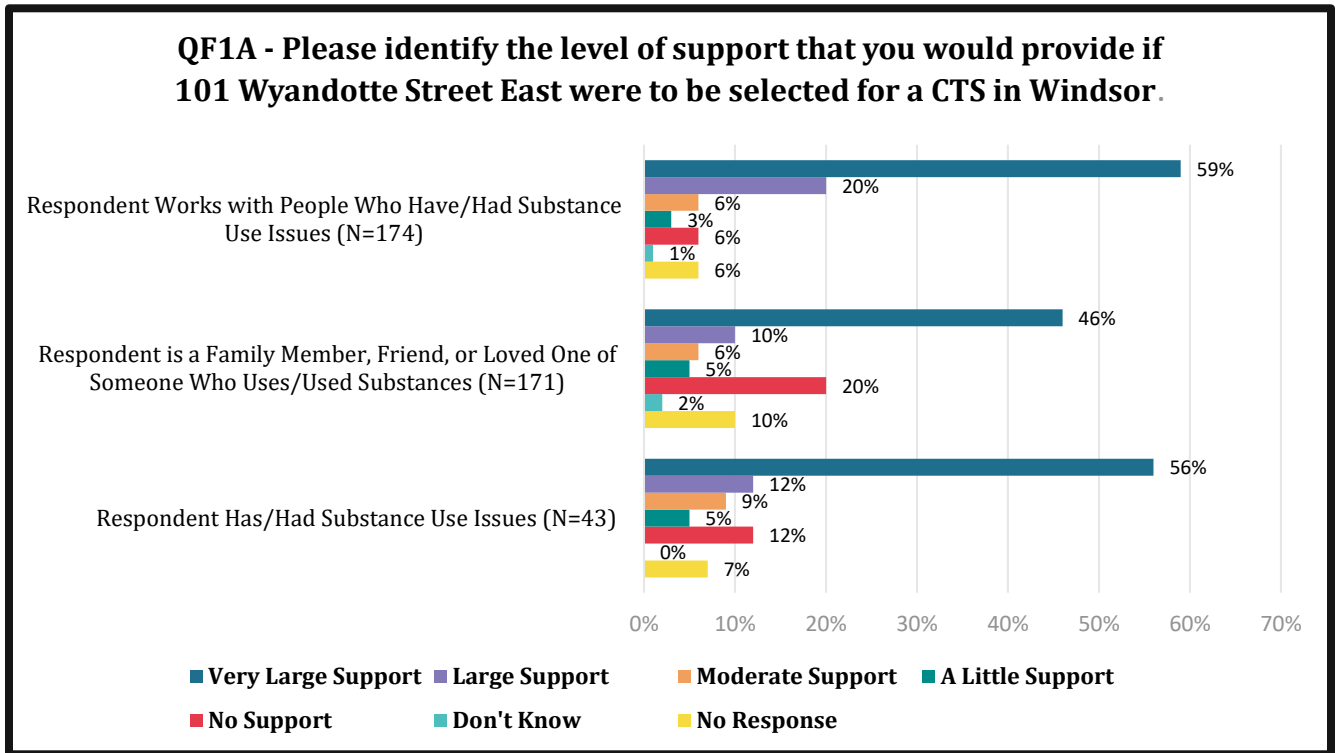
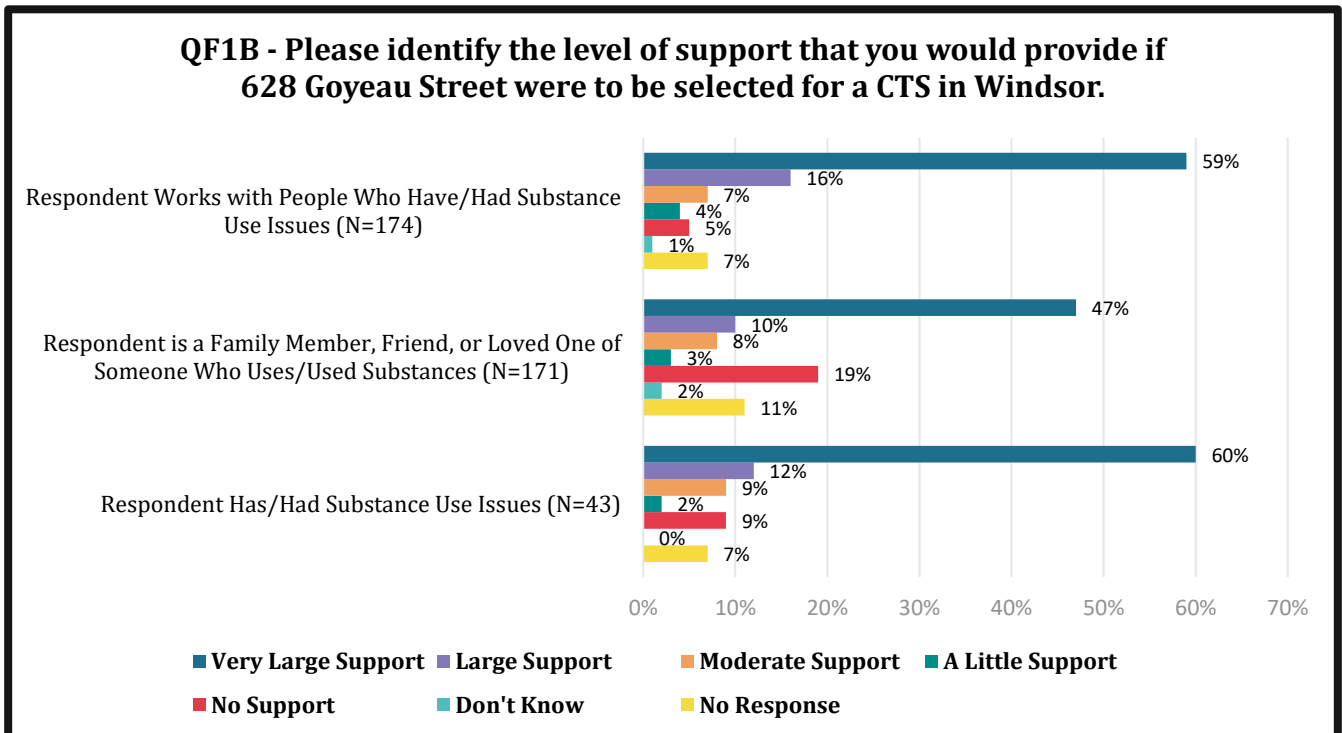


Figure 23 – Levels of Support for Establishing a CTS at 628 Goyeau Street among Respondents Connected to Substance Use & the Substance Use Work Sectors



respondents who worked with people who have/had substance use issues indicated that they would provide at least some degree of support (ranging from “very large support” to “a little support”) for a potential CTS at 101 Wyandotte Street East, while 86% indicated that they would provide at least some degree of support for a potential CTS at 628 Goyeau Street. In contrast, a slightly greater proportion of respondents who worked with people who have/had substance use issues indicated that they would not provide any level of support for a potential CTS at 101 Wyandotte Street East (6%) when compared to those who indicated the same for 628 Goyeau Street (5%).

In comparison to 101 Wyandotte Street East, a slightly greater majority of respondents who identified as a family member, friend, or loved one of someone who has/had substance use issues indicated that they would provide “very large support” for a potential CTS at 628 Goyeau Street (46% vs. 47%). In total, 67% of respondents who identified as a family member, friend, or loved one of someone who has/had substance use issues indicated that they would provide at least some degree of support (ranging from “very large support” to “a little support”) for a potential CTS at 101 Wyandotte Street East, while 68% indicated that they would provide at least some degree of support for a potential CTS at 628 Goyeau Street. Additionally, a slightly greater proportion of respondents who identified as a family member, friend, or loved one of someone who has/had substance use issues indicated that they would not provide any level of support for a potential CTS at 101 Wyandotte Street East (20%) when compared to those who indicated the same for 628 Goyeau Street (19%).

A slightly greater majority of respondents who identified as having a substance use issue indicated that they would provide “very large support” for a potential CTS at 628 Goyeau Street (60%) when compared to those who indicated the same for 101 Wyandotte Street East (56%). In total, 82% of respondents who identified as having a substance use issue indicated that they would provide at least some degree of support (ranging from “very large support” to “a little support”) for a potential CTS at 101 Wyandotte Street East, while 83% indicated that they would provide at least some degree of support for a potential CTS at 628 Goyeau Street. Additionally, a slightly greater proportion of respondents who identified as having a substance use issue indicated that they would not provide any level of support for a potential CTS at 101 Wyandotte Street East (12%) when compared to those who indicated the same for 628 Goyeau Street (9%).

Community Survey Results – Preferences between the Two Candidate Locations

Total Sample (N=448) & Total N9A Sample (N=168)

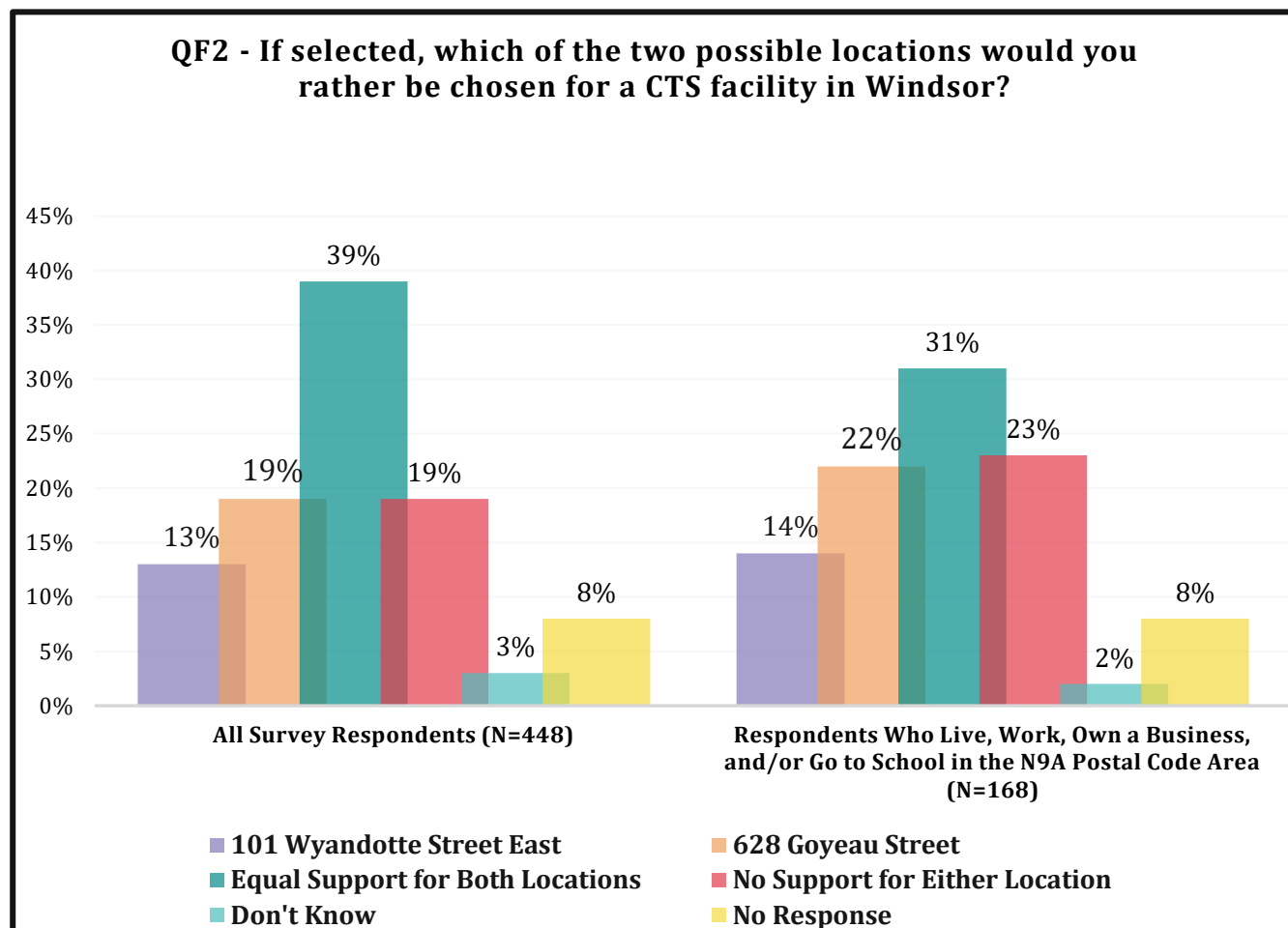
Figure 24 demonstrates the preferences between the two candidate locations among respondents in the total sample (N=448) and the total N9A sample (N=168).

Respondents within the total sample most frequently indicated that they would provide equal support for both of the candidate locations (39%), while 19% preferred 628 Goyeau Street and 13% preferred 101 Wyandotte Street East. Nineteen percent (19%) of all survey respondents did not support or prefer either location.

These trends were similar for respondents who either lived, worked, owned a business, and/or went to school in the N9A postal code area. Of respondents within the total N9A sample, 31% indicated that they would provide equal support for both of the candidate locations, 22% preferred 628 Goyeau Street, and 14% preferred 101 Wyandotte Street East. Twenty-three percent (23%) of respondents that either lived, worked, owned a business, and/or went to school in the N9A postal code area did not support or prefer either location.

To review the sub-group analyses for residents, employees, business owners, and students as it relates to preferences between the two candidate locations, please see Appendix H.

Figure 24 – Preferences between the Two Candidate Locations (Total Sample & Total N9A Sample)



Respondents Connected to Substance Use & the Substance Use Work Sectors

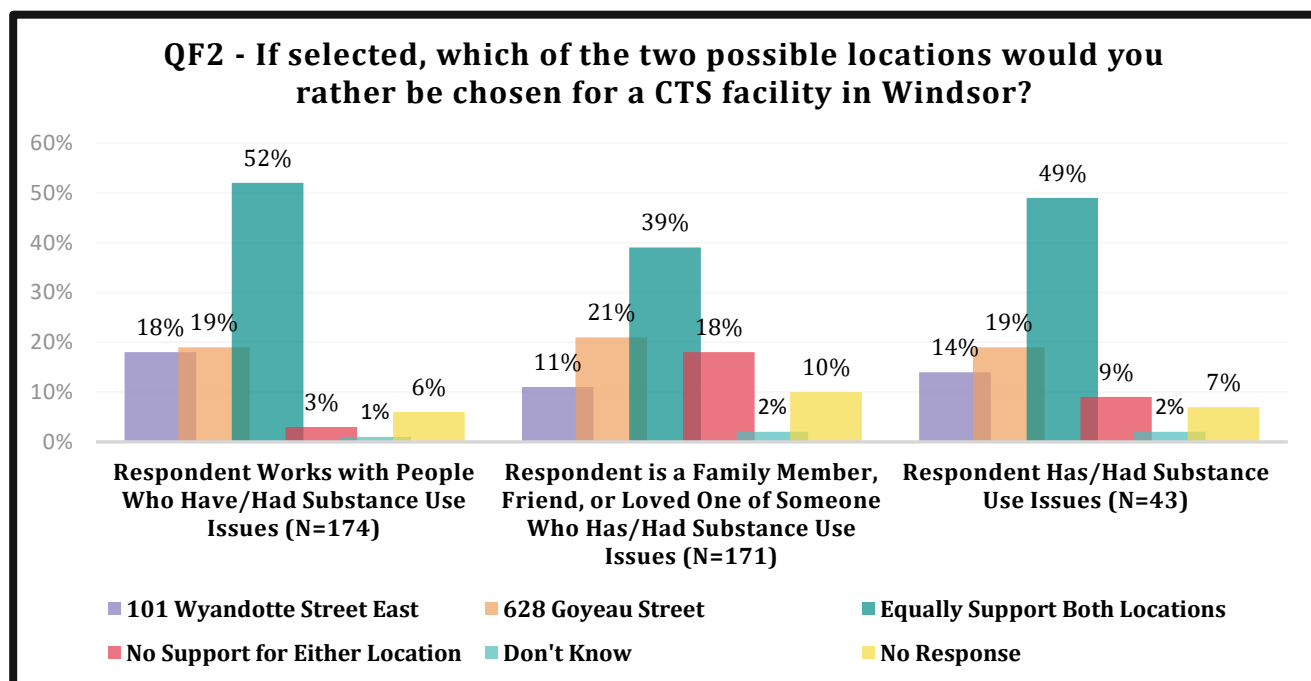
Figure 25 demonstrates the preferences between the two candidate locations among respondents connected to substance use and the substance use work sectors.

Respondents who worked with people who have/had substance use issues most frequently indicated that they would provide equal support for both of the candidate locations (52%), while 19% preferred 628 Goyeau Street and 18% preferred 101 Wyandotte Street East. Three percent (3%) of respondents who worked with people who have/had substance use issues did not support or prefer either location.

Similarly, respondents who identified as a family member, friend, or loved one of someone who has/had substance use issues most frequently indicated that they would provide equal support for both of the candidate locations (39%), while 21% preferred 628 Goyeau Street, and 11% preferred 101 Wyandotte Street East. Eighteen percent (18%) of respondents who identified as a family member, friend, or loved one of someone who has/had substance use issues did not support or prefer either location.

Finally, respondents who identified as having a substance use issue most frequently indicated that they would provide equal support for both of the candidate locations (49%), while 19% preferred 628 Goyeau Street and 14% preferred 101 Wyandotte Street East. Nine percent (9%) of respondents who identified as having a substance use issue did not support or prefer either location.

Figure 25 – Preferences between the Two Candidate Locations (Respondents Connected to Substance Use & the Substance Use Work Sectors)



Contacting Survey Respondents that Requested a Follow-Up Communication

The final questions as part of the *CTS Site-Specific Community Consultations Survey* asked respondents if they wished to be contacted for a follow-up. The purpose of the follow-up communication was to provide an additional opportunity for survey respondents to connect directly with WECHU staff in order to voice and/or address any further questions, concerns, or feedback associated with the two candidate CTS sites. In total, 100 respondents provided their email address and 25 respondents provided their phone number, requesting a follow-up communication from WECHU staff.

In August of 2021, all of the respondents who requested a follow-up communication either received a personalized email via Mail Chimp (Appendix I) or a direct phone call from a WECHU staff member asking if they had any additional questions or concerns that the WECHU team could help to address. Respondents who provided both an email address and a phone number for a follow-up communication received the personalized email in Appendix I and did not receive an additional follow-up phone call. In total, each of the 100 respondents who provided their email address at the end of the survey received the personalized email in Appendix I, and a total of 8 respondents were contacted via phone for follow-up communications. While none of the respondents who received the personalized Mail Chimp message responded to the email to voice any additional questions or concerns, a few of the follow-up phone calls resulted in consultations between a respondent and a WECHU staff member regarding the proposed CTS operations at the candidate locations.

Phase 2 & Phase 3 – Key Informant Interviews & Focus Groups

Methodologies

Key Informant Interviews

As part of the site-specific community consultations, the WECHU led the facilitation of thirteen (13) virtual key informant interviews with business and agency stakeholders that operated within, in close proximity, or in-service to the 300 metre consultation radius surrounding both of the candidate sites. The key informant interviews were conducted with eight neighbouring businesses and five neighbouring stakeholder organizations/agencies between June 21st and July 15th of 2021. Eight of the interviews were facilitated one-on-one with single representatives from the respective consultation business or agency, while five were conducted with two or more representatives from the same consultation business or agency. In total, twenty (20) stakeholders were consulted through the key informant interviews. All stakeholders provided their informed consent to participate and audio record the interview prior to engaging in the interview questioning.

Recruitment of select businesses/agencies to participate in the key informant interviews was advised through direct consultation with the *CTS Stakeholder Advisory Committee* and with reference to the GIS map on page 20. Businesses/agencies within the 300 metre consultation radius that did not participate in a virtual key informant interview were invited to complete the *CTS Site-Specific Community Consultation Survey*.

Focus Groups

Between June 22nd and June 30th of 2021, the WECHU also led the facilitation of seven (7) virtual focus groups with area stakeholder groups that operated or were located within the 300 metre consultation radius. In total, 37 stakeholders were consulted through the focus groups. All stakeholders provided their informed consent to participate in the focus groups prior to engaging in the consultation questioning, and all but one of the focus groups were audio recorded with unanimous consent. Of the stakeholders who were consulted, representation was inclusive of the following groups and sectors:

- Two focus groups with persons with lived/living experience with substance use
- Two focus groups with local business groups
- One focus group with downtown neighbourhood groups
- One focus group with representatives in the healthcare sector
- One focus group with housing and emergency shelter agencies

Recruitment of select stakeholder groups to participate in the focus groups was also advised through direct consultation with the *CTS Stakeholder Advisory Committee*.

Purpose & Objectives

The purpose of the virtual key informant interviews and focus groups was to gather site-specific community feedback about the feasibility and acceptability of establishing a potential CTS at either of the candidate locations, particularly among stakeholders who operated or were located in the closest proximity to the proposed sites. The key informant interviews and focus groups assessed key stakeholders' overall thoughts and perceptions about the potential benefits and/or concerns associated with establishing a CTS at either of the candidate locations, mitigation strategies to amplify the identified benefits or to address the cited concerns, and preferences between the two sites. Copies of the interview guides that were used to facilitate the key informant interviews and focus groups can be found in Appendices J and K.²⁷ Key informant interviews and

²⁷ The focus group and key informant interview questions were nearly identical, with the exception of one additional question in the focus group guide that assessed stakeholders' perceptions about the extent of drug use in Windsor's downtown core. Nonetheless, most of the key informants touched on

focus groups were scheduled to take place for a duration of one hour, but typically ran between fifteen and sixty minutes in length.

Data Collection & Analysis Procedures

Qualitative data collected through Phase 2 and 3 of the CTS site-specific community consultation was analyzed using the NVivo 12 Plus qualitative data analysis software. Non-verbatim transcription was conducted for each of the key informant interviews and focus groups in which informed consent was received to audio record the consultation. For the focus group that did not provide unanimous consent to audio record the discussion, notes from the discussion were used to conduct the primary analysis. The approach adopted to analyze the key informant interview and focus group data was qualitative content analysis.

Of note, at the time of this publication, 12 of the 13 key informants had provided their authorization to include their feedback within the final, public reporting materials in aggregate format (disclosure/consent provided at the beginning of the interviews). Qualitative results from one of the thirteen virtual key informant interviews are not included in this report.

In addition, certain key informant and focus group participants were contacted individually by the WECHU after their consultation to request their consent to use one or more of their individual quotes in the final, publicly shared reporting materials for the site-specific community consultation. Any and all quotes that are represented in this section of the report are included with the informed consent of the participants that spoke them.

Data Notes

Throughout this section of the report, thematic frequency results are reported individually and combined for key informant interviews and focus groups.²⁸ Unless otherwise indicated, the frequencies reported in this section of the report represent key informants and focus groups that referenced the corresponding themes in the tables at least once throughout the course of their consultation (i.e., at least one participant in the interview or focus group referenced the corresponding theme at least once). For the purposes of this report, the number of references that were made to each corresponding theme across the key informant interviews and focus groups (i.e., the number of times a theme was referenced) are not included.

this question at some point throughout the course of their interview. Thus, the results for key informant interviews and focus groups are combined into one section due to the identical nature of the interview and focus group questions and the similarities in the final results/themes.

²⁸ Some of the frequency results could not be reported separately for key informants and focus groups due to the low number of references made to certain themes by either key informants or focus groups.

Key Informant Interview & Focus Groups Results

Drug & Overdose Crisis in the Windsor’s Downtown Core

Stakeholders across the key informant interviews and focus groups were unanimous in their view that Windsor is experiencing an increasing and visible issue with drug use and overdoses in the downtown core. Table 19 demonstrates the related key informant interview and focus group themes that highlight these viewpoints.

All of the key informant interview and focus group participants were in agreement that drug and other substance use and overdoses are pressing issues in the downtown core. In comparison to other neighbourhoods across WEC, many of the participants cited that the downtown core is a concentrated area for drug use and overdoses in the region, and/or that the downtown core is located in a general area of WEC to which people who use substances commonly frequent.

Many of the participants also shared examples of their personal experiences or interactions with people who were using drugs in the neighbourhood, often within visible and public spaces (e.g., streets, alleyways), on their private properties, or through their delivery of service. Some also described events that have occurred in the neighbourhood in which they have either directly or indirectly encountered “disruptive” behaviours with people who were using or under the influence of drugs. Of these participants, several referenced that these occurrences have become frequent or ongoing issues for business owners, employees, or residents in the area. Examples of cited “disruptive” behaviours among this population included public nudity, urination, or defecation on public or private property, physical or verbal aggression/violence towards members of the public, and disruptions to vehicular or pedestrian traffic flow (e.g., walking in and out of traffic).

Further to that, some of the key informant interview and focus group participants cited examples of occurrences in which they have contacted emergency services to assist or support with a person(s) who was using drugs in the neighbourhood. Of the calls for emergency services, some included requests for ambulance or paramedic assistance to respond to or medically support a person who was using drugs or experiencing a drug overdose in the downtown core. Others shared examples of occurrences in which stakeholders have contacted emergency services to request the presence of a police officer to resolve an enforcement-related issue with a person who was using or under the influence of drugs on public or private property (e.g., trespassing, loitering, public drug use, other property crime).

Table 19 – A Drug & Overdose Crisis in Windsor’s Downtown Core

Themes	Number of Referenced Key Informant Interview Files (N=12)	Number of Referenced Focus Group Files (N=7)	Total Number of Referenced Key Informant Interview & Focus Group Files (N=19)
Neighbourhood drug use, substance use, and overdoses	12	7	19
Concentrated population of people who use drugs in the neighbourhood	11	7	18
Disruptive behaviours among people who use drugs in the neighbourhood	5	4	9
Neighbourhood emergency calls for people who use drugs	5	2	7

Table 20 demonstrates other commonly cited health and social issues that were perceived as being connected to drug use in the downtown core by key informants and focus group participants.²⁹ Namely, participants often cited perceived linkages between drug and other substance use issues in the downtown core with issues surrounding neighbourhood crime and illegal activities in the area. Many of the participants referenced personal experiences to which they have witnessed or been impacted by property crimes in the neighbourhood that have been carried out by a person who appeared to be under the influence of drugs (e.g., theft, vandalism, trespassing, loitering). Others cited that drug and sex trafficking are co-occurring health and social issues that are linked to problems with drug use and overdoses in the neighbourhood.

Many of the participants recognized that health and social issues in the downtown core are multi-faceted. In addition to drug use and overdose, several participants cited that the downtown core is a highly prevalent area for poverty and mental health concerns, both of which are issues that can present simultaneously among people who struggle with drug use. Poverty and mental health concerns were also identified by participants as health and social issues that are contributing to and exasperating the neighbourhood drug and overdose crisis.

Other participants cited that general debris, garbage/waste, and used drug equipment are often improperly disposed of by people who use drugs in the area, creating significant issues with neighbourhood litter for nearby residents, business owners, and other affected stakeholders. Further to that, some referenced that issues with drug use and overdose in the downtown core have contributed to a neighbourhood decline (e.g., less visitors to the area), and have negatively impacted the image and reputation of the neighbourhood for both residents and tourists to the City of Windsor.

Table 20 – Health & Social Issues Perceived as Being Connected to Drug Use in the Downtown Core			
Themes	Number of Referenced Key Informant Interview Files (N=12)	Number of Referenced Focus Group Files (N=7)	Total Number of Referenced Key Informant Interview & Focus Group Files (N=19)
Neighbourhood crime	10	5	15
Poverty	4	7	11
Mental health concerns	7	3	10
Neighbourhood litter	5	3	8
Poor neighbourhood image/reputation	----	----	5

Overall, there was a general consensus that Windsor’s downtown core is in the midst of a public crisis with drug use, overdose, and other health/social issues that need to be addressed. Likewise, seven of the key informants and five of the focus groups referenced a clear neighbourhood/community need or a personal desire for the establishment of a local CTS:

"For me, in terms of the use of it [a CTS], I think it's more of a necessity for the city and something that we definitely need downtown." - Business Representative, Key Informant

"It's [a CTS] definitely something that I think is needed for the community because we've seen the first hand effects on our own property." - Key Informant

²⁹ Some of the frequency results could not be reported separately for key informants and focus groups due to the low number of references made to certain themes by either key informants or focus groups.

Potential Benefits of Establishing a CTS at the Candidate Locations

General Benefits of Establishing a Potential CTS at Either of the Candidate Locations

Table 21 outlines the general benefits identified by key informants and focus group participants for establishing a potential CTS at either of the candidate locations.³⁰ Most of the key informants (11) and all of the focus groups referenced at least one or more benefits to establishing a potential CTS at either of the candidate sites in the downtown core. Many of the participants discussed the overall benefits of establishing a CTS at either of the candidate locations simultaneously, often indicating that there were minimal differences between the two sites due to their close proximity.

Table 21 – General Benefits of Establishing a Potential CTS at Both of the Candidate Locations

Themes	Number of Referenced Key Informant Interview Files (N=12)	Number of Referenced Focus Group Files (N=7)	Total Number of Referenced Key Informant Interview & Focus Group Files (N=19)
Reduced drug use in public and private spaces	6	5	11
Enhanced access to supportive programs and services	5	4	9
Accessible location for people who use drugs	3	6	9
Access to a safe and supervised space for drug consumption	4	4	8
Reduced risks of injury and death from drug-related overdoses	3	5	8
Limited business and residential populations in the area	----	----	8
Improved neighbourhood safety	4	3	7
Easily navigable	0	2	2
Sufficient distance from sensitive land uses	0	2	2

Reduced Drug Use in Public & Private Spaces and Enhancing Access to a Safe and Supervised Space for Drug Consumption

The most commonly cited benefit by participants was that a potential CTS at either of the candidate locations may help to reduce rates of drug use in nearby public and private spaces. Many of the participants discussed that drug use is currently taking place on the streets, in behind alleyways, and on nearby private/public properties in the neighbourhood, and referenced that a CTS at either of the locations may help to alleviate this issue by providing a dedicated space for drug consumption. In addition, many of the participants referenced that a potential CTS at either of the candidate sites may help to reduce the consumption of illicit substances in unsafe settings (e.g., streets, alleyways) by providing a safe and supervised space for people to use drugs.

³⁰ Some of the frequency results could not be reported separately for key informants and focus groups due to the low number of references made to certain themes by either key informants or focus groups.

Enhancing Access to Supportive Programs & Services

Many discussed that a potential CTS at either of the candidate locations would enhance access to critical programs and services that can be beneficial in supporting the health and social needs of people who use drugs. Several of these participants referenced the benefits of offering wraparound services at the facility (e.g., treatment services, housing services) for supporting people who use drugs in accessing supports that can help them to achieve and maintain personal wellness. Other participants referenced the overall benefits of providing a space at the CTS for people who use drugs to have the option to access various forms of professional support related to their drug use.

“This is a place that might be able to get them help or get them to a place that’s better for them. Plus, there’s connection that can be made there and anymore connection that we can give these people, huge, huge help. Plus, the wraparound services is kind of nice. The referrals and a lot of that. That’s what we need to be – is a connection for those people.” – Person with Lived/Living Experience with Substance Use, Focus Group Participant

“I think the obvious benefit is that people will go and get treatment and they’d be in a safer space when they’re going to use drugs. But I think the long-term goal would be to get these people help. And I think that’s the goal of this facility – is you’ll have the resources to be able to do that.” – Focus Group Participant

Accessibility

Several referenced that a CTS at either of the candidate locations would offer appropriate accessibility to people who use drugs, often citing that both of the potential sites are located in close proximity to the area of WEC in which people who use drugs frequent. Many of the participants also cited advantages to having both of the candidate sites located in an area that is in close proximity and accessible to other health and social services that were referenced as being frequented or used by this population (e.g., emergency shelters, food banks, hospitals) and public transportation routes.

“I think the benefit is that it is [the area] well-known to the guests or folks that [would] use it [the CTS]. It’s on a bus route for folks that might need it. That’s it – it’s well known.” – Key Informant

Reduced Risks of Injury and Death from Drug-Related Overdoses

Many also argued that a potential CTS at either of the candidate locations may help to reduce risks of injury and death from drug overdoses in the neighbourhood.

“I definitely don’t want anybody to pass away from anything or hiding to do it. Having professionals sitting there making sure that if anything should go wrong, they can actually have their life saved. We have so many people that I used to see downtown. They’ve all passed away. They’re all gone. If there were somebody there who could have possibly saved them and maybe even educate them and help them, I think that could also stop devastating so many families because it’s really a lot going on in the downtown in the last 10 years. I can even really see the difference in the last 3 years. There’s a lot more.” – Business Representative, Key Informant

Limited Business & Residential Populations in the Area

Further to that, many of the participants cited that both of the candidate sites are located in an area of the neighbourhood to which there are limited residential or business establishments. Participants cited advantages to selecting a CTS location using this approach, frequently referencing that a CTS at either of the candidate sites would minimize potential or perceived conflicts/concerns associated with the proposed CTS operations for as many residents or business owners operating in the area.

Improving Neighbourhood Safety & Security

Participants also referenced that a potential CTS at either of the candidate locations may help to improve neighbourhood safety and security. Examples of cited benefits related to safety and security included reduced risks of injury and harm caused by improperly discarded needles or drug equipment in the neighbourhood or reduced risks of neighbourhood crime and illegal activities (e.g., property crime by people using drugs, possession and public use of illicit substances).

"I think overall having those safe spaces on either locations is good for the community. I'm a business downtown, and it's better than me opening my back door, which I've had happen so many times, where they are [people who use drugs] just doing it [using drugs] in the back. I have customers that don't feel comfortable anymore. They are [people who use drugs] also leaving their needles everywhere. So for them to have a safe space where they're doing it [using drugs], where they're not doing it where there's children, there's elderly, there's families. And they're not leaving them [needles] where they can potentially harm somebody is a great thing. So for either location, I think it is a great idea." – Business Representative, Key Informant

"We had to put a fence along part of our property because we were having issues with people going back and hiding in part of the [property] where they couldn't be seen and using as a place to shoot up, or consume other drugs, or do things like that. It was causing some security issues on our property as well. So to have a place in the community, knowing that there are a lot of struggles - to have a place where people can go at least to be safe and maybe get some help, certainly does seem like it would be a benefit to the downtown core." - Key Informant

Easily Navigable

Two of the focus groups cited that a potential CTS at either 101 Wyandotte Street East or 628 Goyeau Street would be easily navigable. These focus groups discussed advantages to having both of the candidate sites located in close proximity to large or well-known landmarks that are easy to describe and refer individuals to, such as the Windsor-Detroit Tunnel.

Sufficient Distance from Sensitive Land Uses

Finally, two of the focus groups cited that a potential CTS at either 101 Wyandotte Street East or 628 Goyeau Street may be advantageous because both of the sites are located in sufficient distance from sensitive land uses, such as parks, schools, and daycares.

Site-Specific Benefits of Establishing a Potential CTS at 101 Wyandotte Street East & 628 Goyeau Street

Although many of the participants cited that there were minimal differences between the two candidate locations due to their close proximity, a total of four (4) key informants and three (3) focus groups referenced site-specific benefits for establishing a potential CTS at 101 Wyandotte Street East, and a total of five (5) key informants and all of the focus groups (7) referenced site-specific benefits for establishing a potential CTS at 628 Goyeau Street. The site-specific benefits identified for each location are summarized in Table 22.³¹

Themes	101 Wyandotte Street East			628 Goyeau Street		
	Number of Referenced KII Files (N=12)	Number of Referenced FG Files (N=7)	Total Number of Referenced KII & FG Files (N=19)	Number of Referenced KII Files (N=12)	Number of Referenced FG Files (N=7)	Total Number of Referenced KII & FG Files (N=19)
Visibility and traffic flow	----	----	5	5	6	11
Functional interior and exterior design	----	----	4	0	3	3
Safety and security	0	3	3	----	----	----
Building tenancy or proximity to other infrastructures	----	----	3	0	2	2

Visibility & Traffic Flow

The primary differentiators in terms of perceived benefits for establishing a potential CTS at 101 Wyandotte Street East and 628 Goyeau Street were tied to the traffic flow surrounding the locations and the visibility of the sites. While over half of the key informants (5) and focus groups (6) combined (11) cited specific advantages related to the visibility and traffic flow surrounding 628 Goyeau Street, five of the key informants and focus groups combined cited similar advantages for 101 Wyandotte Street East.

Many of the participants cited that 628 Goyeau Street is a less visible and lower traffic area compared to 101 Wyandotte Street East, with the perceived advantages of being a safer site option with less risks of pedestrian and vehicular-related injuries or traffic disruptions. Many participants also referenced that 628 Goyeau Street would provide improved privacy for potential service users, many of whom are socially stigmatized and may be deterred by a highly visible and higher traffic location, such as 101 Wyandotte Street East. Some of the participants also cited that the visibility and traffic flow surrounding 628 Goyeau Street may have a lesser impact on the image or reputation of the neighbourhood, fewer impacts on neighbourhood efforts to revitalize the area, or fewer impacts on nearby business, commerce, and tourism activities.

³¹ Some of the frequency results could not be reported separately or individually for key informants and/or focus groups due to the low number of references made to certain themes by either key informants or focus groups.

"I'd probably prefer the Goyeau site because if somebody runs out into the street, Wyandotte's right there. I know Goyeau's pretty busy too, but just to say that there might be a little bit more of a safety net around Goyeau versus Wyandotte." - Key Informant

"The other one in terms of 628 [Goyeau Street], the benefit is that it would help a bit with that anonymity and confidentiality piece, and not making it for [the] individual that needs to go to use the substances is now kind of being outed because they're on the corner of the block. It's [101 Wyandotte Street East] a very visible and high traffic area. My hope would be that it's not stigmatizing to attend these different locations, but I think that is me being an ever optimist. I think there's a challenge there in terms of the stigmatizing impact of it and we really wouldn't want that to be a barrier to potentially use it. The benefit of the other location [628 Goyeau Street] in my opinion would be that you would have a bit more anonymity on that as you're going through it. It's not just on the corner. You would have a little bit of an opportunity to not have to deal with that added barrier of stigma if that were to be an issue that's top of mind for the individual." – Key Informant

"I'm thinking of the stigma attached and already this clientele is with a lot of that. If you're on a high traffic area, especially near the tunnel - Windsor's not really big. A lot of people say that a lot of people know everybody and everybody's connected in some way shape or form. So that [628 Goyeau Street location] would be to try and mitigate the stigma attached to using some of these facilities and grant people some dignity in getting help through this avenue. So probably a little bit more privacy with that location [628 Goyeau Street] - a little bit more privacy to the entrance might be best." - Focus Group Participant

"I'd say [select] the Goyeau one. Just the sense of focus of our neighbours coming across the border and the first thing they see is a safe consumption site kind of image. The Goyeau one is just a little more subtle for a strong street and possibly not flowing out onto a major street [with service users] leaving or standing around. [It] might be more advantageous to have them on the Goyeau [site] than on the Wyandotte [site]." - Focus Group Participant

On another angle, some of the participants highlighted that the visibility of 101 Wyandotte Street East may be particularly advantageous for enhancing observation capabilities, ensuring the safety and security of the surrounding areas, and navigating the location of the site.

"It would be better if it were facing Wyandotte. It might collect less people in the alleyway behind. I think there would be more visibility for what's happening. The Goyeau location just has too many crevasses because there's two abandoned buildings right next to it. And I mean, that place has been abandoned so many times and we have quite the population of people. It's a perfect hiding spot. I would definitely nix the Goyeau Street one because of the abandoned buildings next to it and it's very hidden from view - the back area is. So I think that's quite problematic." – Business Representative, Key Informant

"If you want it to be visible, the one right at the corner would certainly seem to be a little more advantageous. It might be a little bit easier if we were to try and refer somebody there because you can say 'it's this building right on the corner', [instead] of trying to direct them back in a little further." – Key Informant

Functional Interior and Exterior Design

While four of the key informants and focus groups combined cited advantages relating to the functionality of the interior and exterior design of 101 Wyandotte Street East, three of the focus groups cited similar advantages for 628 Goyeau Street.

As it pertains to the interior and exterior design of 101 Wyandotte Street East, participants cited benefits regarding the size and space available at the site, the availability of a large or accessible parking area, and the accessibility to multiple entrances/exits and washroom facilities. In terms of the interior and exterior design of 628 Goyeau Street, participants cited similar benefits to those discussed for 101 Wyandotte Street East (i.e., size and space, availability of a parking area or outdoor space, multiple entrances/exits).

Additional Safety and Security Benefits

In addition to the safety and security benefits identified for both of the candidate locations as it relates to the visibility and traffic flow surrounding the sites (i.e., less risks for vehicular and pedestrian-related injuries or abrupt traffic disruptions pre or post-consumption at 628 Goyeau Street, greater observation capabilities at 101 Wyandotte Street East), three of the focus groups cited additional safety and security advantages to establishing a potential CTS at 101 Wyandotte Street East. Primarily, participants cited that there is a street light located in close proximity to the site at 101 Wyandotte Street East, which may help to prevent vehicular and pedestrian-related injuries or traffic disruptions when/if the CTS becomes operational (e.g., individuals walking in and out of traffic).

Building Tenancy or Proximity to Other Infrastructures

Three of the key informants and focus groups combined cited advantages relating to the tenancy agreement type and proximity to other infrastructures at 101 Wyandotte Street East. Primarily, these participants referenced that the site located at 101 Wyandotte Street East is a standalone building without any shared tenancies and does not have any large business or residential infrastructures located directly beside it. These participants discussed that this approach may be an efficient measure to preventing unnecessary conflicts or disputes between tenants or nearby business owners and residents, given the potentially contentious nature of the proposed CTS operations among those located in the neighbourhood. Two of the focus groups discussed advantages to the shared tenancy agreement at 628 Goyeau Street, or the proximity of this site to other infrastructures.

Potential Concerns with Establishing a Potential CTS at the Candidate Locations

General Concerns with Establishing a Potential CTS at Either of Candidate Locations

Table 23 outlines the main concerns identified by key informants and focus group participants as it related to establishing a CTS at either of the candidate locations.

Most of the key informants (11) and all of the focus groups referenced at least one or more potential concerns with establishing a potential CTS at either of the candidate sites in the downtown core. Similar to the benefits identified for both of the candidate sites, many of the participants discussed their overall concerns with establishing a potential CTS at either of the candidate locations simultaneously, given their close geographic proximity to one another.

Table 23 – General Concerns with Establishing a Potential CTS at Either of the Candidate Locations			
Themes	Number of Referenced Key Informant Interview Files (N=12)	Number of Referenced Focus Group Files (N=7)	Total Number (%) of Referenced Key Informant Interview & Focus Group Files (N=19)
Increased presence and congregations of people who use drugs/drug dealers	6	7	13
Neighbourhood safety and security risks	7	5	12
Accessibility barriers for people who use drugs	5	4	9
Negative impacts on nearby business operations	5	4	9
Lack of community support/knowledge about CTS' or public opposition to the CTS	5	3	8
Disruptive neighbourhood behaviours among people who use the CTS	5	3	8
Increased drug use in private and public spaces	3	2	5
Negative impacts on neighbourhood image and revitalization efforts	3	2	5
Lack of supporting evidence and local comparators	5	0	5
Legal and enforcement concerns	0	4	4

Increased Presence & Congregations of People Who Use Drugs & Drug Dealers in the Neighbourhood

The most commonly cited concern among key informants and focus groups combined was that a potential CTS in the general vicinity of either of the candidate sites may result in an increased presence of people who use drugs or drug dealers in the neighbourhood or increased congregations of people who use drugs in the surrounding areas of the sites. Many of the participants cited that the downtown core currently has a concentrated population of people who use drugs. Participants were concerned that a potential CTS at either of the candidate sites may attract more of this population to the area or result in worsened neighbourhood conditions relating to the concentration and congregations of people who use drugs. In particular, many of the participants referenced that they were concerned about potential service users gathering outside of the vicinity of the site or on private/public property, either pre-consumption (e.g., line ups outside the main door), post-consumption, or after-hours. Others were concerned that drug dealers may loiter and congregate around the surrounding areas of the sites in order to traffick their drug supply to individuals that may be utilizing the services of the CTS.

"I just have a general concern in the overall general population. It's going to be attracting more people there, so having back up there or longer hours because what's going to happen when they close? They're going to go into the parking lot. They're going to go into the Shopper's parking lot in larger numbers that are already there. So what is going to be the plan afterhours to disperse the clients?" – Business Representative, Focus Group Participant

"We have say a [current] population of 20 vagrants. Will we now have 40 vagrants because it is a center for them to collect to meet other friends also? Because I have to look at it from their mental health also. They're not all just going to be keen to get supervised treatment, but they want to socialize with other people who are concurrently using. Now we have 40 people hanging out in the alley after you close at night, rather than the population of the core 20 that we had now. What happens after 6 o'clock when you close down?" - Business Representative, Key Informant

"One of the concerns that was raised with the establishment of the site [in another area] was that there were drug traffickers or suppliers that would show up and literally wait for their clients across the street from those sites. So what's the game plan in making sure that doesn't happen?" – Focus Group Participant

Neighbourhood Safety & Security Concerns

Participants also referenced potential safety and security concerns tied to establishing a potential CTS at either of the candidate sites. Referenced concerns relating to neighbourhood safety and security included potential increases or risks of neighbourhood crime or illegal activities (e.g., property crime, loitering, drug/sex trafficking, impaired driving), reduced safety of nearby business staff and patrons, reduced safety of vulnerable populations that frequent the establishments in the vicinity of the sites (e.g., children, families, elderly), and enhanced risks of publicly discarded drug equipment in the neighbourhood. Other participants were concerned about the safety and security of the neighbourhood after operational hours (i.e., evening hours) and reinforced the need to implement after-hours security measures.

"Lots of times, when we leave at night, we are worried in our own property of going out to our parking lot. We have a lot of security cameras everywhere here, and they [people who use drugs] wander through, pee there, check all the doors of all of our cars. We have kids on the weekend that walk by. I'm concerned about having more traffic past our place. They may be going for a benefit for them, but that may not necessarily help us. We have a big problem now. I'm not sure that having the treatment center there is going to improve things. I really think that someone should definitely look at the back of these

buildings that you guys are seriously considering using because unless there's a major change to it, it's going to amplify the problem that we already see." - Business Representative, Key Informant

Lack of Community Support/Knowledge about CTS' or Public Opposition of the CTS

Key informants and focus groups referenced potential barriers to establishing a successful or accessible CTS at either of the candidate sites due to a lack of support or endorsement from community members or the general public, or sentiments of “NIMBY-ISM” (“not-in-my backyard”) by neighbours that either live, work, or operate a business in the areas surrounding the sites. Many of the participants attributed the lack of community support or endorsement of a CTS in the downtown core to a limited knowledge and awareness about the operations and benefits of a CTS in the community and substance use stigma. Participants argued that the overall lack of public/personal education or understanding about CTS facilities in WEC has led to the evolution of pre-conceived ideologies and misconceptions about the overall purpose and objectives of a CTS and the population that it services.

“If you have groups that have that NIMBY-ISM perspective, for right or for wrong or whatever that is, it can have a detriment to accessing the services or feelings of wanting to return to utilize those services from a user perspective. My concern is just because of backlash or because of other lack of knowledge of the benefits or an inability to reconcile. Feelings of mortality or whatever it is. That's going to be what starts and ends the usage of it.” – Key Informant

“I've seen information about it [CTS facilities] and some awareness about what it actually does. I think the unfortunate part is most people I speak to don't see that. They see the opposite. They think that everyone is going to come and congregate and take drugs, if I can be frank. From talking to people that I know of, the information that comes out is not really what I think a safe injection site is. I'm not sure exactly of how you would work on that, but that's definitely something that I have seen in some of my conversations with people about it.” – Business Representative, Key Informant

Accessibility Barriers for People Who Use Drugs

Key informants and focus groups also referenced concerns related to the accessibility of the candidate sites to people who use drugs. Mainly, participants were concerned that the proposed movement of a local downtown shelter to an alternative location in WEC may dislocate the perceived primary population that would utilize the CTS in the downtown core and result in barriers for people who use drugs to access the CTS in close proximity to other organizations that they currently frequent. Others were concerned that stigma related to substance use, harm reduction approaches, and CTS facilities may act as a barrier for service accessibility and deter people who use drugs from accessing services at the site.

“I just feel that the effectiveness of the site is not actually going to be dependent on the skillset and ability of the people working there and the promotion of making sure that people can connect there. I sadly say that. A big thing I think is the stigma attached to it. It's going to be dependent on how effective the site is going to be...It's that stigma that would potentially not make you want to use the service, but it's also the stigmatizers. The people that may be stigmatizing the location or the group of individuals because of a lack of information, or because of a pre-established prejudice, or a thought. There's a lot of work that needs to be done to manage that piece because either side of that coin stops people from using the location.” – Key Informant

Negative Impacts on Nearby Business Operations

Other participants referenced that a potential CTS at either of the candidate sites may have negative implications for business owners operating in the area. Examples of negative implications for nearby business operations included reduced profits/customer bases and reduced property values. Participants reinforced that

stigma related to substance use and CTS facilities may deter potential customers or clients from visiting nearby businesses in efforts to avoid contact with the service population or the operations of the CTS site.

Disruptive Behaviours among People Who Use Drugs in the Neighbourhood

Key informants and focus groups also discussed that a potential CTS at either of the candidate sites may result in neighbourhood disorder due to increases in disruptive behaviours among the service population post-consumption or post-usage of the facility. Participants were concerned about individuals exiting the facility under the influence of drugs and engaging in public behaviours that are disruptive or harmful to the neighbourhood (e.g., physical and verbal aggression).

Increased Drug Use in Public & Private Spaces

Some of the key informants and focus groups were concerned that a potential CTS at either of the candidate sites may perpetuate increased drug use in public and private spaces throughout the neighbourhood (e.g., increased public consumption after-hours, increased consumption outside of the CTS), despite the availability of a CTS.

Negative Impacts on Neighbourhood Image & Revitalization

Other participants were concerned that a potential CTS at either of the candidate sites may have negative impacts on the neighbourhood's image/reputation or neighbourhood revitalization efforts. Participants argued that these implications may have negative impacts on business, commerce, and tourism in the area.

Availability of Supporting Evidence & Local Comparators

Some of the key informant interview participants argued that there may be an insufficient evidence-base or a lack of available research that supports the overall benefit or need for a CTS in downtown Windsor. Because the selected site will be the first operational CTS in all of WEC, some of the key informants were also concerned that program planners/developers and stakeholders that are located in the area of the site will not have access to any comparative CTS facilities in the region that can be used to inform local planning and decision-making.

"I did talk to several businesses in both Waterloo and Toronto that are close to consumption and treatment centers there and asked them, and they didn't see that it had made a difference. They didn't think that it had improved the problem that was happening in the downtown core, or that they saw a reduction in any of the street problems, usage of having people still begging or bothering their clients, or the fact that they were still picking up drugs, and they were still having people living homeless. So I talked to Toronto and I talked to Waterloo. I also read the report from Leveridge, Alberta, and they again, didn't see that there was success from an outside view. Medically, perhaps there is something, but they did not see that it had changes on what was happening in the community. So I did a little homework – and that's a lot of my concern is that – to me, I would hope that it would help take a lot of people who are drug using and having criminal activity and giving them a focus and it would improve what is going on, but I'm reluctant to understand that it necessarily will. I know that it's your end goal and I know through a medical kind of thing, that this is what you would want the outcome to be. But I think I need a little bit of you telling me where it's been very successful in improving what we see from the outside." – Business Representative, Key Informant

Legal and Enforcement Concerns

Finally, some of the focus groups cited that a potential CTS at either of the candidate locations may have concerning legal implications. Primarily, participants were concerned that policing and law enforcement agencies may closely observe or monitor the areas in close proximity to the CTS in order to arrest or detain individuals for drug possession or drug trafficking. In addition, both of the focus groups with people with lived/living experience were concerned that the consumption of illicit substances at the CTS facility may be

considered an indictable offence under the law that could result in enforcement measures or arrests by local police.

Site-Specific Concerns with Establishing a Potential CTS at 101 Wyandotte Street East & 628 Goyeau Street

Table 24 demonstrates the site-specific concerns identified by key informant interview and focus group participants as it related to establishing a potential CTS at 101 Wyandotte Street East and 628 Goyeau Street.³² Five (5) of the key informants and all of the focus groups (7) expressed site-specific concerns related to establishing a potential CTS at 101 Wyandotte Street East, and five (5) of the key informants and two (2) of the focus groups expressed site-specific concerns with establishing a potential CTS at 628 Goyeau Street.

Themes	101 Wyandotte Street East			628 Goyeau Street		
	Number of Referenced KII Files (N=12)	Number of Referenced FG Files (N=7)	Total Number of Referenced KII & FG Files (N=19)	Number of Referenced KII Files (N=12)	Number of Referenced FG Files (N=7)	Total Number of Referenced KII & FG Files (N=19)
Visibility and traffic flow	5	6	11	5	0	5
Interior and exterior design	----	----	2	----	----	----
Safety and security concerns	----	----	2	----	----	2
Building tenancy or proximity to other infrastructures	----	----	----	2	2	4

Similar to the site-specific benefits that were identified for each of the candidate sites, the primary differentiators in terms of perceived concerns were tied to the visibility and traffic flow surrounding the locations. While over half of key informants (5) and focus groups (6) combined (11) referenced concerns related to the high visibility and high traffic flow surrounding 101 Wyandotte Street East (e.g., traffic disruptions/safety concerns, privacy concerns, neighbourhood image/reputation concerns), five (5) of the key informants referenced concerns about the visibility and traffic flow surrounding 628 Goyeau Street (e.g., less observation capabilities).

101 Wyandotte Street East Concerns – Visibility & Traffic Flow

“Not that Goyeau Street wouldn’t have it, but Wyandotte is a high traffic area and to have it at 101 Wyandotte, it’s across from buses for people, the tunnel, the everything. I don’t necessarily think that’s a great location, especially for commerce. Whereas I feel like Goyeau, where you have it kind of a little bit off the beaten path, off the main path, so where business kind of actually is. Not that there’s not businesses there, but there’s a lot of heavy traffic and business that goes on and I don’t believe that having that front and center on Wyandotte or Ouellette in a city that’s our downtown, I don’t think that’s really a good look for a place that we’re trying to change the view of downtown on Wyandotte in Windsor. I don’t necessarily think that’s a good idea because they’re already walking around and

³² Frequency results for some of the themes in Table 24 could not be reported due to a low number of endorsements.

leaving shopping carts and laying on benches, and people coming out of the tunnel, that's what they see. Customers are shopping – people are telling us that is what they see. It would be better to have a site that was kind of off Wyandotte or Ouellette where it's not on the main street.” – Business Representative, Key Informant

“I'm actually very worried about safety concerns. So I have to say that 101 Wyandotte Street East somehow doesn't seem to work for me. I think it's exposed to a lot of potential accidents, and I believe that 628 Goyeau Street is kind of more secluded and more off the main high traffic area because we do have to pay attention to the safety of the guests of [the] consumption site, right? We don't want them getting into any kind of accident.” – Focus Group Participant

628 Goyeau Street Concerns – Visibility & Traffic Flow

“The other one, in terms of 628 [Goyeau Street], I find the one kind of tricky part with that [location] is that since it's within the middle of the block, there are some challenges I think with visibility on some of those pieces...The positive side in having it on the corner [101 Wyandotte Street East] is having more eyes on the location in case there's need for any supports from a safety perspective. It seems like it would be in a much more brightly lit location. There's an open area beside it that I'm assuming would be part of the redevelopment of that CTS site, maybe included in the footprint, but also would still allow you to have a little more space. There are a lot of positives there.” – Key Informant

Some of the participants expressed site-specific concerns about the interior and exterior design of 101 Wyandotte Street East. In particular, these participants referenced concerns about the size and space of 101 Wyandotte Street East (i.e., too small), and argued that the open interior/exterior layout of the site located at this building (i.e., multiple open windows) may impede privacy for service users. In addition, some of the participants expressed safety-related concerns about the proximity of the 101 Wyandotte Street East site to local businesses that typically service vulnerable populations, such as children and families. On the other hand, some of the consultants discussed that the 628 Goyeau Street site may not allow for adequate accessibility to emergency responders, which could potentially perpetuate safety risks.

Finally, two of the key informants and two of the focus groups referenced concerns pertaining to the shared tenancy agreement or close proximity to other infrastructures at 628 Goyeau Street, indicating that this approach may be contentious in nature with other tenants that either live, work, or own a business near the site.

Recommendations & Mitigation Strategies to Amplify the Benefits or Address the Concerns Associated with the Candidate Locations

Table 25 demonstrates the recommendations and mitigation strategies that were identified by participants to either amplify the benefits or address the concerns that were cited for either of the candidate locations. Similar to the benefits and concerns identified for both of the candidate sites, most of the participants discussed mitigation strategies for both of the candidate locations simultaneously.

The most commonly cited mitigation strategies were related to establishing and maintaining partnerships with inter-disciplinary stakeholders during the operational phases of the project, implementing appropriate safety and security measures, and offering appropriate wraparound services at the facility.

Support & Preferences between the Two Candidate Locations

Most of the key informants (10) and all of the focus groups were at least open to or supportive of the idea to establishing a potential CTS at one or either of the candidate locations. Only two of the key informants expressed strong opposition to both of the candidate sites (did not support or cite a preference for either location). Of the remaining key informants (10), cited preferences between the two locations were as follows:

- ✚ Four (4) of the key informants referenced that they preferred 628 Goyeau Street
- ✚ Three (3) of the key informants referenced that they equally supported both of the candidate locations
- ✚ Three (3) of the key informants referenced that they preferred 101 Wyandotte Street East

In addition, five of the seven focus groups reached a consensus (i.e., majority will) or a general agreement that 628 Goyeau Street is or may be the preferred, optimal, or more beneficial location for a potential CTS in downtown Windsor.³³ The remaining two focus groups did not reach a consensus on a preferred or optimal location. At one or more points during these consultations, both of these focus groups cited that either of the candidate locations could be sufficient for a potential CTS, depending on the interior and exterior design of the spaces and/or the ability of these spaces to accommodate the program's needs.

³³ For the purposes of the analysis, a consensus was defined as a general agreement or majority will between participants in the focus group that one of the candidate locations was preferred, superior, and/or more optimal/beneficial over the other. Not all of the consensuses were unanimous.

Table 25 – Recommendations & Mitigation Strategies to Amplify the Benefits or Address the Concerns Associated with a Potential CTS at Either of the Candidate Locations

Themes	Examples of Discussion Topics	Supporting Quotes (If Available)	Number of Referenced Key Informant Interview Files (N=12)	Number of Referenced Focus Group Files (N=7)	Total Number of Referenced Key Informant Interview & Focus Group Files (N=19)
Establish and maintain partnerships with inter-disciplinary stakeholders	<p>Establishing and maintaining partnerships and linkages with inter-disciplinary stakeholders during the operational phases of the project was identified as a critical component to ensuring the success of the CTS site. Cited partnership opportunities included, but were not limited to:</p> <ul style="list-style-type: none"> • Partnerships with policing and law enforcement agencies to ensure the safety and security of the surrounding areas of the site. • Ongoing consultation, engagement, and partnerships with businesses and agencies in the neighbourhood. • Partnerships with health and social service agencies that can support the delivery of wraparound services and the creation of defined pathways to care for people who use drugs at the site. • Partnerships with outreach agencies that can support and refer individuals that frequent the area around the site 	N/A	9	7	16

	to appropriate services, including the CTS.				
Safety and security measures	<p>Commonly recommended safety and security measures included, but were not limited to:</p> <ul style="list-style-type: none"> • Safety and security support from policing and law enforcement services • A safe and secure interior and exterior design (e.g., adequate lighting, visibility of the site, security cameras, multiple entrances and exits, accessibility for emergency responders). • Safety and security policies and procedures • Security or surveillance staff on-site • Security for neighbouring businesses • Sufficient staffing and staffing levels 	<p><i>"I think lighting is important. We have a lot of security issues with people who are using substances and/or mentally compromised or both...So it's all about the design. I think if you design it right, obviously your staff, making sure they have a room that they can get into quickly...Just setting it up in a way that makes sure that your staff don't get trapped in a room with somebody. That there's always a second door. Making sure that people can get out from behind their desks through another door, versus being stuck between the door and the person. So yeah, just make sure it's designed well, and also that everybody's safe." - Key Informant</i></p> <p><i>"I think the concern would be that it's adequately staffed and that the supports are in place, not just from the RNS that are needed for the actual site itself, but also from the provision of outreach from policing and other supports. I know that's part of the CTS mandate is to be a consumption site, but also to provide necessary supports." – Focus Group Participant</i></p> <p><i>"I think one of the concerns would be that there is security of some kind for the neighbouring businesses at the periphery of the site, and that it is a 24/7 service." – Focus Group Participant</i></p>	8	6	14

<p>Appropriate wraparound services</p>	<p>Key informant and focus group participants provided suggestions as to which types of wraparound services should be offered through the site’s service delivery during the operational phases of the project. These included, but were not limited to:</p> <ul style="list-style-type: none"> • Peer-based services • Education and outreach services • Mental health and substance use treatment services • Housing and shelter services 	<p><i>“Wraparound support or other agencies, whether its FSWE or the MOST van, that are there that have relationships possibly with a lot of the folks that are using it [the CTS] that are going to be involved intimately, that can provide care for the folks that are just kind of hanging around.” – Focus Group Participant</i></p>	<p>6</p>	<p>6</p>	<p>12</p>
<p>Appropriate interior and exterior design</p>	<p>Participants suggested that certain elements should be considered when designing the interior and exterior layouts of the site. These elements included, but were not limited to:</p> <ul style="list-style-type: none"> • Beautifying the exterior to ensure a welcoming space (e.g., greenery) • Safe and secure interior design (e.g., security cameras, adequate lighting, visibility of the site, multiple entrances/exits, accessibility to emergency responders) • Privacy for service users 	<p><i>“I think the façade of the property needs to be welcoming and look good, but in addition to that, the municipality can certainly help in terms of beautifying the street as well, so that it’s conspicuous, but it fits in with the neighbourhood and the street scaping.” – Focus Group Participant</i></p> <p><i>“I think it’s really how you dress the building. The signage that you’re using, how you’re approaching things like safety and lighting. All of those pieces are really going to make an impact on whether or not people will feel like it’s a good location, but also so that they can understand why the location was chosen and the function that it’s providing. Really having a way of making sure that you have an approach that’s welcoming. Not that you all were expecting to put bars up on the windows and things like that,</i></p>	<p>4</p>	<p>5</p>	<p>9</p>

		<p><i>but things like that really do indicate whether or not an area is dangerous or not, or whether or not you should be concerned. It will make an impact on whether or not someone will feel as though this is a place that they can walk by and go to the businesses that they want to go to. They also won't think of it as an eyesore or bit of an issue."</i> – Key Informant</p> <p><i>"The appearance needs to be very purposeful. I think when we're looking at different safety measures or safety features that are on a building, it can't feel as though you're trying to keep people in or keep people out. Things like bars on windows or things that look as if there is the potential for issues. I think being purposeful in your design is very important. So it would be important to connect with those different subject matter experts to help make that a very purposeful design."</i> – Key Informant</p> <p><i>"Both of them [the locations] are good. The windows could be blocked out so you can't see, which is good for privacy."</i> – Person with Lived/Living Experience with Substance Use, Focus Group Participant</p>			
<p>Public education and anti-stigma awareness</p>	<p>Participants argued that public education and anti-stigma awareness-building about CTS sites (e.g., general information about a CTS, supporting evidence), harm reduction approaches, and substance use will help to reduce myths or pre-conceived notions about the CTS site and to increase</p>	<p><i>"My voice on it is that when we know people are actually using services to get well, I think that's a positive story. Mitigating and education for the public if there's any kick back to that will be important. And then for the clientele, I think helping them to pull down the</i></p>	<p>5</p>	<p>3</p>	<p>8</p>

	<p>knowledge/understanding about the need for a CTS site in the neighbourhood (i.e., mitigating concerns regarding public opposition or lack of public support for the CTS site). Public education and anti-stigma awareness building was also cited as a strategy that can help to reduce barriers (e.g., self and community stigma) for potential service users to access services at the site.</p>	<p><i>barriers and the stigma, and helping them to get comfortable with getting the help they need. Seeing it as a journey of wellness, versus a journey of defeat.</i> – Focus Group Participant</p>			
<p>Consultation with CTS facilities and neighbouring business stakeholders in other regions</p>	<p>Participants suggested that the WECHU/WECOSS should consult with CTS facilities and neighbouring business stakeholders in other regions to inform local planning and decision-making for the proposed site.</p>	<p>N/A</p>	<p>3</p>	<p>5</p>	<p>8</p>
<p>Communication and outreach mechanisms to voice and address ongoing concerns</p>	<p>Participants recommended that the WECHU/WECOSS should establish communication and outreach mechanisms that can be leveraged by neighbourhood stakeholders on a regular basis to voice and address ongoing concerns about the operations at the CTS site.</p>	<p><i>“Allowing the neighbourhood businesses in having a direct voice with the operations [of the CTS], so that if they are experiencing concerns, they can be addressed timelessly and their concerns can be taken seriously to the best of your ability.” – Focus Group Participant</i></p> <p><i>“I think once you’re in more of the operational stage, maybe if there’s a way to have recommendations from businesses around us if we see any potential issues or potential problems – how to bring it up. Maybe if they have a public liaison or something like that throughout the site, so that there’s easy access to it, or you don’t feel like if there’s an issue that comes up with it, you don’t have anywhere to go. I don’t foresee there being issues,</i></p>	<p>2</p>	<p>3</p>	<p>5</p>

		<i>but if there is, how do we bring it up?"</i> – Business Representative, Key Informant			
Appropriate hours of operation	Some of the participants suggested that the WECHU/WECOSS should consider shifting the proposed hours of operation for the CTS site (i.e., daytime hours) to alternative hours of the day (e.g., evening hours).	<i>"I wanted to mention the operating hours. Obviously, it needs to be open when folks are going to use it. It's not a doctor's office, 9-5 deal, in my opinion. I think it has to go well into the evening because the folks aren't getting up at 9:00 a.m. generally."</i> – Key Informant	2	2	4
Evaluation of the CTS	Ongoing evaluation of the CTS was considered important to ensure that the site is meeting its intended goals and objectives.	N/A	----	----	3
Neighbourhood and environmental sweep strategies	Some of the participants recommended that the WECHU/WECOSS should support the provision of regular neighbourhood and environmental sweep strategies to prevent increases in litter across the neighbourhood post-implementation of the CTS (e.g., general debris/waste and publicly discarded drug equipment pick-ups).	<i>"I think having a daily alleyway cleaning or neighbourhood cleaning would go a very, very long way in addressing the concerns of the businesses and the residents."</i> – Focus Group Participant	0	3	3
Consider an alternative location	Some of the key informants suggested that the WECHU/WECOSS should consider alternative locations for the proposed CTS (e.g., emergency shelter, food bank, hospital, in further distance from businesses and residences).	<i>"Why isn't it [the CTS] located adjacent or extremely close to either a food provider or a shelter?...I think that having it where there's a shelter or some place that's open afterhours would be a much more cohesive plan on helping these people. Because these people and their drug use doesn't stop</i>	3	0	3

		<p><i>at 6 o'clock. And at least if you were near a shelter that takes people in, to me [that] is a much better approach to helping people out in a multi-faceted way. You want something that doesn't drop them...I've seen these people [people who use drugs] for years and a lot of them we know need mental health counselling. They sometimes need hospitalization. They need all kinds of things. This idea of kind of picking and choosing what you're going to provide them with in different locations is to me, short-sighted. I understand that everybody wants to help, but to me it is short-sighted to think that this is going to make an improvement to society without having it tied into something else." - Business Representative, Key Informant</i></p>			
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Phase 4 – Virtual Town Hall Meetings

Objectives & Purpose

The final phase of the site-specific community consultation included the facilitation of three Virtual Town Hall meetings with the public. The Virtual Town Hall meetings were led and facilitated by the WECHU during the week of August 2nd to August 6th of 2021. The purpose of the Virtual Town Hall meetings was to provide credible and reliable information about CTS sites to the public, to provide an overview about the two candidate locations, and to allow community members to ask questions and to voice concerns about the proposed CTS operations to a panel of eight expert speakers.

The selection of representatives to provide their expertise on the Virtual Town Hall panels was advised through direct consultation with the *CTS Stakeholder Advisory Committee*. The panel included representation from multiple inter-disciplinary sectors that have concentrated knowledge and experience in supporting individuals with health, social, economic, and legal issues related to substance use. Representation on the panel included stakeholders from public health, municipal services, harm reduction agencies, existing CTS operators in Ontario, healthcare agencies, policing and law enforcement agencies, and a person with lived experience with substance use. The stakeholders that represented these disciplines/portfolios are outlined below:

- ✚ Dr. Wajid Ahmad – *Medical Officer of Health, Windsor-Essex County Health Unit*
- ✚ Rino Bortolin – *City of Windsor Councillor, Ward 3*
- ✚ Claire Venet-Rogers – *Harm Reduction Community Education Coordinator, Pozitive Pathways Community Services {PPCS}*
- ✚ Lindsey Sodtke – *Supervisor, Consumption & Treatment Services Program at the Guelph Community Health Centre*
- ✚ Dr. Robert McKay – *Addictions Physician, Hôtel-Dieu Grace Healthcare (HDGH)*
- ✚ Superintendent Dan Potvin – *Windsor Police Service (WPS)*
- ✚ Barry Horrobin – *Director of Planning & Physical Resources, Windsor Police Service (WPS)*
- ✚ Sunny Sultan – *Overdose Response Worker, Person with Lived Experience with Substance Use, Moss Park Consumption & Treatment Services (Toronto)*

In total, four dates were offered to members of the public to participate in a Virtual Town Hall meeting via Zoom (Table 26). All of the meetings were scheduled to take place for a duration of one hour and 30 minutes. As highlighted in Table 26, the selected meeting times were chosen to accommodate both day and evening hours. Members of the public were asked to register for one of the Virtual Town Hall meeting dates via Event Brite, with the maximum capacity for each event totalling to 25 participants.

Date	Time
Tuesday, August 3rd, 2021	6:00 p.m. – 7:30 p.m.
Wednesday, August 4th, 2021	9:00 a.m. – 10:30 a.m.
Thursday, August 5th, 2021	6:00 p.m. – 7:30 p.m.
Friday, August 6th, 2021	12:00 p.m. – 2:00 p.m.

In addition to the four public events, local media outlets were invited to participate in a closed media event with the panelists on Tuesday, August 3rd, 2021 from 8:00 p.m. – 8:30 p.m. via Microsoft Teams. The purpose of the closed media event was to allow media representatives to ask questions about the two candidate locations to the panel of expert speakers.

Promotion of the Virtual Town Hall meetings and the closed media event included the public dissemination of a news release on July 26th, 2021³⁴ and a media advisory on July 30th, 2021 by the WECHU³⁵, social media and website messaging on the WECHU and WECOSS media platforms (see Appendix L for the social media calendar), promotional communications to all members of the WECOSS Leadership Committee and the WECOSS Pillar Working Groups (Appendix M), and the delivery of approximately 600 Virtual Town Hall postcards in the residential neighbourhood to the east of the candidate locations (Appendix N). All of the live Virtual Town Hall meetings were recorded and posted to the WECOSS website at <https://wecoss.ca/consumption-and-treatment-site>.

Results

Social Media Outreach

Table 27 demonstrates the web analytics computed by the WECHU for the social media outreach that was conducted for the Virtual Town Hall events. In total, eight social media posts were promoted across all of the WECHU’s social media platforms (i.e., Facebook, Twitter, Instagram) during and preceding the week of the Virtual Town Hall events. One of the social media posts focused on promoting the Virtual Town Hall news release that was issued on July 26th of 2021. Each of the social media posts reached over 1000 community members in WEC, while some of the posts reached over 2000 community members. The total number of impressions on each of the posts ranged between 0-4 “Likes”, and between 0-5 members of the public or community agencies shared one or more of the posts on their social media platforms. While most of the social media posts received between 2-4 link clicks, the post that promoted the Virtual Town Hall news release received a total of 17 link clicks.

Post	People Reached	Total Number of Likes	Shares	Link Clicks
News Release	2,017	2	1	17
Social Media Post 1	1,711	4	3	2
Social Media Post 2	1,578	1	3	2
Social Media Post 3	1,604	1	0	4
Social Media Post 4	1,969	4	3	1
Social Media Post 5	2,328	1	5	1
Social Media Post 6	1,872	1	0	4
Social Media Post 7	1,791	0	1	2

³⁴ The WECHU’s new release promoting the public Virtual Town Hall events can be accessed at <https://www.wechu.org/newsroom/news-release-online-town-hall-sessions-answer-questions-around-location-consumption-and>

³⁵ The WECHU’s media advisory promoting the closed media event for the Virtual Town Halls can be accessed at <https://www.wechu.org/media-advisory/media-advisory-consumption-and-treatment-service-site-selection-virtual-media-event>

Registration Numbers

Table 28 demonstrates the total number of community members who registered to participate in each of the Virtual Town Hall meetings.³⁶ Three Virtual Town Hall sessions were facilitated during the week of August 2nd and August 6th of 2021 with a total of 53 registrants. Registration numbers were the highest for the first session that was offered on Tuesday, August 3rd from 6:00 p.m. – 7:30 p.m. (26 registrants), followed by the third session on Friday, August 6th (14 registrants) and the second session on August 4th (13 registrants). Due to low registration numbers, the date that was reserved for a session on Thursday, August 5th from 6:00 p.m. – 7:30 p.m. was cancelled. All of the community members who registered to participate in the session on this date were contacted individually to offer alternative meeting times, and each of these individuals registered for one of the other sessions listed in Table 28 after this outreach was conducted.

Table 28 – Registration Numbers for Each of the Virtual Town Hall Meetings		
Session	Date & Time	Total Number of Registrants
Session 1	Tuesday, August 3 rd , 2021 – 6:00 p.m. – 7:30 p.m.	26
Session 2	Wednesday, August 4 th , 2021 – 9:00 a.m. – 10:30 a.m.	13
Session 3	Friday, August 6 th , 2021 – 12:00 p.m. – 1:30 p.m.	14

The Virtual Town Hall Sessions

Table 29 provides the hyperlinks to each of the recorded Virtual Town Hall sessions via YouTube. Please click on the links below to watch the recorded live sessions.

Table 29 – Virtual Town Hall Sessions – Live Recordings		
Session	Date & Time	YouTube Link
Session 1	Tuesday, August 3 rd , 2021 – 6:00 p.m. – 7:30 p.m.	https://youtu.be/wpd0wgb_YGQ
Session 2	Wednesday, August 4 th , 2021 – 9:00 a.m. – 10:30 a.m.	https://youtu.be/w1a3T4kMV9k
Session 3	Friday, August 6 th , 2021 – 12:00 p.m. – 1:30 p.m.	https://youtu.be/ENjxy1GhGrY

³⁶ Registration numbers may not be accurate to the total number of people who attended the events (e.g., participants registered, but not attend). Numbers may also include WECHU staff and other community partners who attended the session.

Discussion

Key Consultation Highlights Demonstrating Local Support for a Potential CTS at Either of the Candidate Sites

Overall, the results captured through the *CTS Site-Specific Community Consultation* yielded local support for the creation of a potential CTS at either of the candidate sites. Key highlights from the consultation that support the creation of a potential CTS at 101 Wyandotte Street East and/or 628 Goyeau Street are outlined in Table 30.

Table 30 – Key Highlights Demonstrating Community Support for a Potential CTS at Both of the Candidate Locations		
	101 Wyandotte Street East	628 Goyeau Street
Benefit of Potential CTS	<ul style="list-style-type: none"> ✚ 70% of community survey respondents believed a CTS at this location would be at all beneficial to WEC. ✚ Most of the key informants (11) referenced at least one general benefit to establishing a potential CTS at either location, while four (4) referenced site-specific benefits relating to this location. ✚ All of the focus groups referenced at least one general benefit to establishing a potential CTS at either location, while three (3) referenced site-specific benefits relating to this location. 	<ul style="list-style-type: none"> ✚ 62% of community survey respondents believed a CTS at this location would be at all beneficial to WEC. ✚ Most of the key informants (11) referenced at least one general benefit to establishing a potential CTS at either location, while five (5) referenced site-specific relating to this location. ✚ All of the focus group referenced at least one general benefit to establishing a potential CTS at either location, and all referenced site-specific benefits relating to this location.
Concerns with a Potential CTS	<ul style="list-style-type: none"> ✚ Over half of community survey respondents (59%) were not at all concerned about a potential CTS at this location. ✚ While most of the key informants (11) referenced at least one general concern with establishing a potential CTS at either location, five (5) referenced site-specific concerns relating to this location. ✚ All of the focus groups referenced at least one general concern with establishing a potential CTS at either location, and all of the focus groups referenced site-specific concerns relating to this location. 	<ul style="list-style-type: none"> ✚ Over half of community survey respondents (59%) were not at all concerned about a potential CTS at this location. ✚ While most of the key informants (11) referenced at least one general concern with establishing a potential CTS at either location, five (5) referenced site-specific concerns relating to this location. ✚ While all of the focus groups referenced at least one general concern to establishing a potential CTS at either location, two (2) referenced site-specific concerns relating to this location.

Levels of Support for Potential CTS	<ul style="list-style-type: none"> 67% of community survey respondents provided at least some degree of support for a potential CTS at this location 	<ul style="list-style-type: none"> 68% of community survey respondents provided at least some degree of support for a potential CTS at this location
	<p>Most of the key informant interview and focus group participants were supportive or at least open to the idea of a potential CTS at the candidate locations. Of all of the key informant and focus group participants consulted, only two of the key informants referenced strong opposition to a potential CTS at either of the candidate sites (i.e., did not support or cite a preference for either location).</p>	

Site Selection

- After extensive consultation with the *CTS Stakeholder Advisory Committee* and the property owners at both of candidate locations, **101 Wyandotte Street East** was selected as the candidate location for a potential CTS in the City of Windsor.

Next Steps

- The WECHU, in collaboration with the *CTS Stakeholder Advisory Committee*, will seek the municipality’s endorsement for the WECHU to apply for and to establish a CTS site at 101 Wyandotte Street East.
- Pending approval from the City of Windsor Council, the WECHU, in partnership with the WECHC, will submit the *Health Canada* and *Ontario Ministry of Health* applications for approval of a CTS at 101 Wyandotte Street East.
- Should the WECHU receive approval from the federal and provincial governments to establish the proposed CTS, the WECHC will assume the primary responsibilities of operating the services delivered at the site once operationalized. Positive Pathways Community Services (PPCS) will be responsible for embedding the PPCS Needle Syringe Program into the direct operations of the site.

Appendix A – Crime Prevention through Environmental Design (CPTED) Audit at 101 Wyandotte Street East

CPTED Audit at 101 Wyandotte Street East – WPS, 2021

101 Wyandotte Street East



- Corner lot location at a busy intersection [Goyeau @ Wyandotte] offers exceptional ongoing observation capability [= accountable visual exposure].
- Stand alone building not shared with other tenants or businesses helps minimize risk for ongoing conflict and operational incompatibility.
- Site is easily accessible by public transit or personal vehicle and falls within an extensive area of high pedestrian activity/accessibility.
- The property appears to have an open section on its east side that could be transformed into a valuable outdoor amenity space to facilitate supervised, post-consumption time that allows for safe transition prior to clients exiting the site.
- Wyandotte Street frontage offers a much less sensitive “adjacency factor” than if the building was situated on a less busy roadway where traffic moved slower and was less “commuter-like” in nature. This is a positive aspect of the site.
- No onsite (or very minimal) parking appears available for staff or individuals who may be attending with clients as a caregiver – this elevates risk increasingly the further they must park from the CTS.
- Site is directly across Goyeau Street from a busy MacDonald’s restaurant and adjacent to a new Kentucky Fried Chicken restaurant – both of which represent magnets for loitering once an individual leaves the CTS. These businesses will presumably have legitimate concerns that will need to be properly addressed.
- The nearby alley to the east is a conduit that enables individuals to easily travel to pockets of discreet space nearby but off the CTS property. This raises concerns about where clients may roam to following supervised consumption of drugs.
- The re-design of the building (if chosen as the CTS) will need to address potential risks of clients entering onto the busy Wyandotte Street roadway post-consumption.
- Overall, the placement and orientation of this site lends itself well to establishing a manageable “Safe Consumption ZONE” concept, whereby public safety can be maintained beyond just the hard boundaries of the CTS property alone.

****Reported with the permission of Windsor Police Services (WPS).**

Appendix B – Crime Prevention through Environmental Design (CPTED) Audit at 628 Goyeau Street

CPTED Audit at 628 Goyeau Street – WPS, 2021

628 Goyeau Street



- Reasonably strong ongoing observation capability via frontage on relatively busy Goyeau Street
- Site is relatively easy to access by public transit or personal vehicle and falls within an extensive area of high pedestrian activity/accessibility.
- The property appears to have just a very modest open section on its east side that could be transformed into an outdoor amenity space but the small size would limit the net value to some degree.
- Building appears to be shared with another tenant @ 618 Goyeau. The contiguous nature of this may create an incompatibility issue that could become problematic.
- No onsite (or very minimal) parking appears available for staff or individuals who may be attending with clients as a caregiver – this elevates risk increasingly the further they must park from the CTS.
- Site is directly across Goyeau Street from a busy MacDonald’s restaurant and near a new Kentucky Fried Chicken restaurant – both of which represent magnets for loitering once an individual leaves the CTS. These businesses will presumably have legitimate concerns that will need to be properly addressed.
- The abutting alley to the east is a conduit that enables individuals to easily travel to pockets of discreet space nearby but off the CTS property. This raises concerns about where clients may roam to following supervised consumption of drugs.
- Overall, the placement and orientation of this site lends itself adequately to establishing a manageable “Safe Consumption ZONE” concept but not completely.

****Reported with the permission of Windsor Police Services (WPS).**

Appendix C – Promotional Message Shared with the WECOSS Leadership Committee & WECOSS Pillar Working Groups regarding the CTS Site-Specific Community Consultation Survey

Email Communication – Disseminated on Monday, July 5th, 2021

Good morning [Name of WECOSS Committee]

As you may be aware, the WECOSS launched a public, online survey on Thursday, June 17th to gather site-specific community feedback about two potential locations for a Consumption & Treatment Services (CTS) facility in downtown Windsor – [101 Wyandotte Street East](#) and [628 Goyeau Street](#). The purpose of this survey is to assess the community’s overall perceptions and acceptability of a CTS facility at both of the potential locations. The results of this survey and the feedback that is collected will be used to inform the selection of **one** potential location for a CTS facility in downtown Windsor. The location that is selected will be submitted through applications to *Health Canada* and the *Ontario Ministry of Health & Long-Term Care* for approval of a local CTS site.

As a member of the [Name of WECOSS Committee], we would kindly like to ask that you:

- **Complete** the [online survey](#), so that the input of community partners is captured throughout the CTS site-selection process.
- **Share** the [survey link](#) with clients and/or patients that you serve and through your organization’s social media platforms (see below for sample social media messages).
- **Share** the [survey link](#) with other organizations that provide prevention, treatment, enforcement, or harm reduction programs and services in the community.

The survey will remain open for participation until **Friday, July 9th**. Participation in the survey is voluntary and all individual responses will be kept confidential. If required, paper versions of the survey can be made available upon request by contacting Alexis Erickson, Mental Health Specialist at the Windsor-Essex County Health Unit, at aerickson@wechu.org. Survey translation is also available in over 30 languages through the online version of the survey.

If you have any questions or concerns, please feel free to contact Alexis Erickson at the email provided above. You can also visit www.wecoss.ca/cts for additional information and resources about CTS facilities and local plans for implementing a CTS site.

Thank you kindly in advance for your assistance.

Take care,
Alexis

Suggested Social Media Messages & Picture:



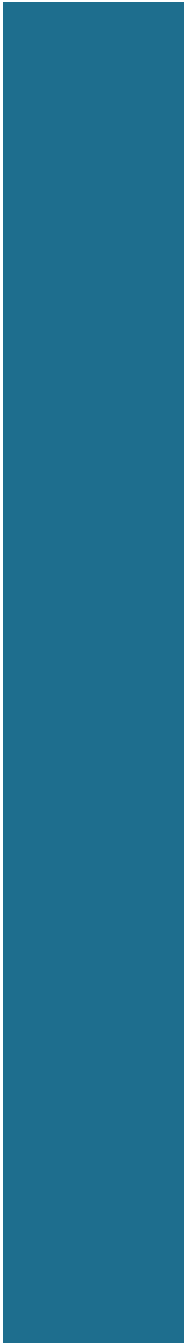
- *Have your say! Complete the community survey from the Windsor-Essex Community Opioid & Substance Strategy partners on two proposed Consumption & Treatment Services sites in Windsor: <https://survey.wechu.org/index.php/548666?lang=en>.*
- *The Windsor-Essex Community Opioid & Substance Strategy remains committed to making sure that the voices of our community are heard as part of the location selection for a local Consumption & Treatment Services facility. Complete the online survey at www.wecoss.ca/cts.*
- *The Windsor-Essex Community Opioid & Substance Strategy partners are looking for community feedback on two proposed Consumption and Treatment Services sites in Windsor. We encourage you to fill out the online survey at www.wecoss.ca/cts to help select a potential location.*

***Please note that this message was shared with WECOSS committee members and was adapted slightly for WECHU staff.*

Appendix D – Consumption & Treatment Services Site-Specific Community Consultation Survey



WINDSOR-ESSEX
COMMUNITY
**OPIOID &
SUBSTANCE**
STRATEGY



Windsor-Essex Community Opioid and Substance Strategy
(WECOSS)

CONSUMPTION AND TREATMENT SERVICES SITE-SPECIFIC COMMUNITY CONSULTATION SURVEY



Background

What are Consumption & Treatment Services (CTS) Facilities?

The *Windsor-Essex Community Opioid & Substance Strategy* (WECOSS) is a community drug strategy that is moving forward with a project to implement a Consumption & Treatment Services (CTS) facility in Windsor's downtown core. A CTS facility is one of many harm reduction strategies aimed at lowering the risks associated with substance use and keeping people who use substances alive, safe, and healthy while they continue to use.

CTS facilities are provided at legally operated, indoor spaces where people come to use their own substances under safe conditions and with the supervision of medically trained workers. These facilities also offer on-site access and referrals to basic medical care, social services, and mental health/substance use treatment.

Research in Canada shows that CTS facilities can result in many benefits for both people who use substances and the larger community, including:

Reduced rates of drug overdoses, poisonings, and deaths; reduced risk factors leading to the spread of infectious diseases, such as HIV and hepatitis; reduced public drug use and less publicly discarded needles in the community; increased use and access of withdrawal management (detox), mental health and drug treatment, and other health/social services; and cost-effective use of focused harm reduction supports and staff

To learn more about CTS facilities and the research that supports their operations, please visit <https://wecoss.ca/cts>.

Did We Consult the Community?

Yes. In 2018-2019, the Windsor-Essex County Health Unit (WECHU) led the completion of a non-site-specific community consultation to collect feedback from members of the community on the overall acceptability and need for a Supervised Injection Services (SIS) facility in Windsor-Essex County (now referred to as CTS facilities).

Key findings outlined in the SIS Community Consultation Report included the following:

- A majority of community members who responded to the online survey (61%) said that an SIS would be helpful to Windsor-Essex County.
- A majority of respondents who identified as a person who injected drugs (71%) said that they would consider using a local SIS if it were available.
- Many of the respondents thought that the area of the downtown core of Windsor would be a well-served location for a local SIS facility.

Based on the findings of support collected through the community consultations, a decision was made for the WECOSS to move forward with the Health Canada (federal requirement) and Ontario Ministry of Health & Long-Term Care (OMHLTC) (provincial requirement) applications for a CTS facility in Windsor, both of which require approval prior to implementing a local facility.

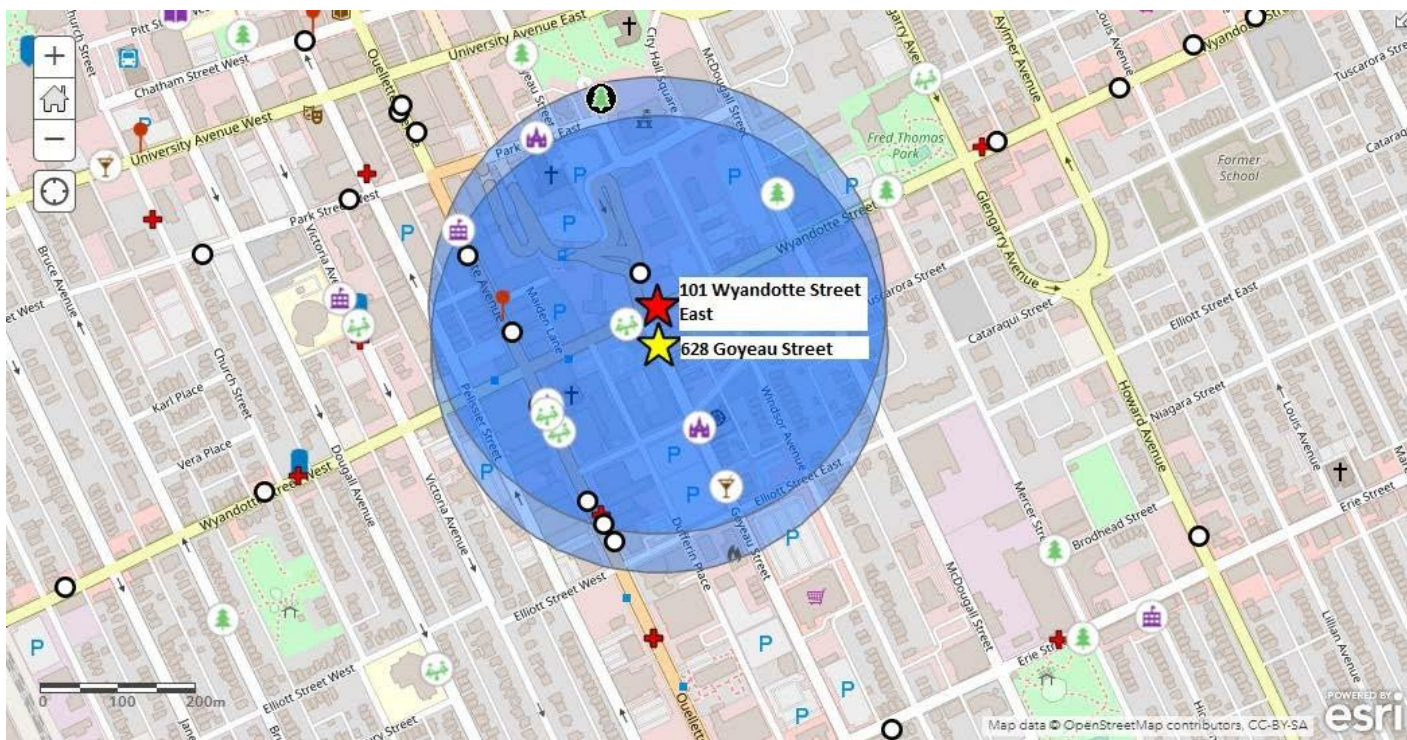
What are the Next Steps? The next step is to collect feedback from members of the community through a site-specific community consultation to help pinpoint a specific location for a CTS facility in Windsor's downtown core. The site-specific community consultation is an important requirement of the Health Canada and OMHLTC applications for implementing a local CTS site. After a great deal of assessment, two possible locations for a CTS facility in Windsor's downtown core have been determined for the purposes of the site-specific community consultation: 101 Wyandotte Street East and 628 Goyeau Street.

Section A: Thank you for your interest in the CTS Site-Specific Community Consultation Survey!

Purpose of this Survey

The WECOSS is releasing this survey to gather site-specific community feedback about the two possible locations for a CTS facility in downtown Windsor: 101 Wyandotte Street East and 628 Goyeau Street. This survey will assess the community’s overall thoughts, concerns, and acceptability of a CTS facility at both of the possible downtown locations. The results of this survey and the feedback that you provide will be used to inform the selection of a potential location for a CTS facility in downtown Windsor. The location that is selected will be submitted through applications to *Health Canada* and the *Ontario Ministry of Health & Long-Term Care* for approval of a local CTS site.

Before selecting a potential CTS location, it is important that we release this survey in order to help identify and address any concerns or questions that you may have about the possible CTS operations at either location. The WECOSS remains committed to ensuring that the voices of community members are heard as part of the location selection and application processes for a local CTS facility. Your feedback is important to us.



Notice of Collection

To participate in the CTS Site-Specific Community Consultation Survey, you must be 16 years of age or older and live, work, or go to school in Windsor-Essex County. This survey will take about 10-15 minutes to complete.

Participation in this survey is voluntary. You do not have to participate in this survey. All of your responses will be kept confidential. You are free to skip any questions that you do not want to answer or to exit the survey at any time if you no longer want to participate. Please note that once you provide answers to this survey, it will not be possible to take back your responses.

The release of this survey is being led by the Windsor-Essex County Health Unit (WECHU) and the CTS

Stakeholder Advisory Committee (partner agencies/committees of the WECOSS). Information in connection with your survey responses is stored and protected by the WECHU. All information on WECHU servers, systems, and files is subject to the laws of jurisdiction in Canada.

The results that are collected from this survey will be used to develop reports, publications, presentations, and/or other communication materials to share the findings with the community. These communication materials may be shared publicly through the WECOSS and the WECHU websites and/or through other public communication channels. All individual responses from this survey will be combined for the purposes of public reports and other public communication materials (individual responses will NOT be shared). The results from this survey and the reports that are developed will be used to apply for a CTS facility in Windsor.

If you have any further questions or concerns about this survey or the possible CTS operations at 101 Wyandotte Street East or 628 Goyeau Street, please email CTSQuestions@wechu.org for more information.

A1. Do you confirm that you have read and understood the Notice of Collection and provide your consent to participate in this survey?

Yes

No

If you answered “No” to the above question, please skip to Section H.

Section B: Survey Screening

B1. Are you 16 years of age or older?

Yes

No

If you answered "No" to the above question, please skip to Section I.

B2. Do you live, work, or go to school in Windsor-Essex County?

Windsor-Essex County is defined as anywhere within Windsor, Essex, Leamington, Lakeshore, Kingsville, LaSalle, Tecumseh, or Amherstburg.

Yes

If you answered "No" to the above question, please skip to Section I.

No

Section C: Demographic Information

C1. Please indicate your age in number of years.

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C2. To which gender do you self-identify with?

Female

Male

Transgender Woman

Transgender Man

Genderqueer

Agender

Gender Non-Conforming/Non-Binary

Two-Spirit

Intersex

I prefer not to answer

A gender identity not listed (please specify)

I don't know

A gender identity not listed (please specify): _____

C3. Do you live in Windsor-Essex County?

Windsor-Essex County is defined as anywhere within Windsor, Essex, Leamington, Lakeshore, Kingsville, LaSalle, Tecumseh, or Amherstburg.

Yes

No

I don't know

If you answered "No" to the above question, please skip to Question C6.

C4. Do you have a set home address or a permanent home/place of residence?

Yes

No

I don't know

If you answered "No" to the above question, please skip to Question C6.

C5. Please indicate the first three digits of your residential postal code.

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C6. Are you a paid employee and/or a local business owner in Windsor- Essex County?

Windsor-Essex County is defined as anywhere within Windsor, Essex, Leamington, Lakeshore, Kingsville, LaSalle, Tecumseh, or Amherstburg.

Yes, I am a paid employee in Windsor-Essex County

Yes, I own and operate a local business in Windsor-Essex County

No, I am not a paid employee and I do not own and operate a local business in Windsor-Essex County

I don't know

If you answered "Yes, I am a paid employee in Windsor-Essex County" to the above question, please continue with Questions C7 and C8.

If you answered "Yes, I own and operate a local business in Windsor-Essex County" to the above question, please skip to and continue with Questions C9 and C10.

If you answered "No" to the above question, please skip to Question C11.

C7. Which of the following best describes your employment sector?

If you have more than one place of employment in Windsor-Essex County, please respond to this question with respect to your primary place of employment.

- Accommodation & Food Services
- Agriculture, Farming, Natural Resources, & Landscaping
- Arts, Culture, Recreation, & Sport
- Business, Finances, & Administrations
- Education Services
- Healthcare Services
- Manufacturing, Industrial Services, & Utilities
- Mining, Quarrying, & Oil and Gas Extraction
- Municipal & Public Administrations
- Professional, Scientific, & Technical Services (e.g., Law, Engineering, Information Technology)
- Public Protections (e.g., Law Enforcement, Firefighting)
- Real Estate and Rental/Leasing
- Retail & Sales Trade
- Social & Community Services
- Trades, Transport, & Equipment Operations
- I prefer not to answer
- I don't know
- Other

Other: _____

C8. Please indicate the first three digits of your workplace postal code.

If you have more than one place of employment in Windsor-Essex County, please respond to this question with respect to your primary place of employment.

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C9. Which of the following best describes your business sector?

If you own and operate more than one business in Windsor-Essex County, please respond to this question with respect to your primary business sector.

- Accommodation & Food Services
- Agriculture, Farming, Natural Resources, & Landscaping
- Arts, Culture, Recreation, & Sport
- Business, Finances, & Administrations
- Education Services
- Healthcare Services
- Manufacturing, Industrial Services, & Utilities
- Mining, Quarrying, & Oil and Gas Extraction
- Municipal & Public Administrations
- Professional, Scientific, & Technical Services (e.g., Law, Engineering, Information Technology)
- Public Protections (e.g., Law Enforcement, Firefighting)
- Real Estate and Rental/Leasing
- Retail & Sales Trade
- Social & Community Services
- Trades, Transport, & Equipment Operations
- I prefer not to answer
- I don't know
- Other

Other: _____

C10. Please indicate the first three digits of your business postal code.

If you own and operate more than one business in Windsor-Essex County, please respond to this question with respect to your primary business sector.

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C11. Are you a high school, college, or university student in Windsor-Essex County?

Windsor-Essex County is defined as anywhere within Windsor, Essex, Leamington, Lakeshore, Kingsville, LaSalle, Tecumseh, or Amherstburg.

Yes, I am a high school student in Windsor-Essex County

Yes, I am a college student in Windsor-Essex County

Yes, I am a university student in Windsor-Essex County

No, I am not a high school, college, or university student in Windsor-Essex County

I don't know

If you answered "No" to the above question, please skip to Question C13.

C12. Please indicate the first three digits of your school's postal code.

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C13. Do you identify with any of the following?

I work with and/or support people who have substance use issues, have overdosed, or are at-risk of over-dose through my profession (e.g., treatment provider, first responder, healthcare provider, program/policy maker)

I am a family member, friend, or loved one of someone who has/had substance use issues, has overdosed, or is/was at-risk of overdose

I have/had a substance use issue, have been at-risk of overdose, or have overdosed myself

No, I do not identify with any of these descriptions

I don't know

If you answered "I work with and/or support people who have substance use issues, have overdosed, or are at-risk of overdose through my profession" to the above question, please proceed with responding to Question C14.

If you did not answer with "I work with and/or support people who have substance use issues, have overdosed, or are at-risk of overdose through my profession" to the above question, please skip to Section D.

C14. In what capacity do you work with and/or support people who have substance use issues, have overdosed, or are at-risk of overdose?

- I am a social service provider (e.g., social worker, crisis worker)
- I provide substance use treatment services (e.g., counselling, medication-assisted treatment, withdrawal management)
- I provide harm reduction services (e.g., needle syringe programming, harm reduction outreach/education).
- I am a healthcare provider or a healthcare worker (e.g., primary care provider, nurse)
- I am a first responder (e.g., law enforcement officer, paramedic, firefighter)
- I provide leadership direction and/or supervision over staff members that directly work with people who have substance use issues, have overdosed, or are at-risk of overdose
- I support the development, implementation, and/or evaluation of community-level programs/services and/or policies/practices designed to support people who have substance use issues, have overdosed, or are at-risk of overdose
- I am a researcher in the field of mental health, substance use, social services, or another related field
- Another capacity not listed (please specify)

Another capacity not listed (please specify): _____

Section D: Consumption & Treatment Services (CTS) Site-Specific Information - 101 Wyandotte Street East

The following questions will ask for your feedback about the possible Consumption & Treatment Services operations at 101 Wyandotte Street East (red star on map in Section A).

D1. Do you believe that a Consumption & Treatment Services facility at 101 Wyandotte Street East would be at all beneficial?

Yes

No

I don't know

If you answered "No" to the above question, please skip to Question D5.

D2. To what extent do you believe that a Consumption & Treatment Services facility at 101 Wyandotte Street East would be beneficial?

- Very Beneficial
- Beneficial
- Moderately Beneficial
- A Little Beneficial
- I don't know

D3. To what extent do you agree that a Consumption & Treatment Services facility at 101 Wyandotte Street East would have the following potential benefits?

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	I don't know
Reduce risks of injury and death from drug-related overdoses in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce rates of drug-related emergency department visits in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce rates of drug use in nearby public spaces, such as parks, streets, and public washrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce disposals of used needles in nearby public spaces, such as parks and pedestrian walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhance community safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce the health, social, legal, and incarceration costs associated with substance use in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is in close distance to other health and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is accessible to people who use substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is in far enough distance from sensitive land uses, such as public parks and schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that will not be disrupted by nearby vehicular and pedestrian traffic flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offers an appropriate balance of visibility and privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4. Do you have any other comments that you would like to share about potential benefits that a Consumption & Treatment Services facility at 101 Wyandotte Street East may bring?

D5. Are you at all concerned about the possible Consumption & Treatment Services operations at 101 Wyandotte Street East?

Yes

No

I don't know

If you answered "No" to the above question, please skip to Section E.

D6. To what extent are you concerned about the possible Consumption & Treatment Services operations at 101 Wyandotte Street East?

Very Concerned

Concerned

Moderately Concerned

A Little Concerned

I don't know

D7. To what extent are you concerned about the following as it relates to the possible Consumption & Treatment Services operations at 101 Wyandotte Street East?

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	I don't know
Increased gatherings of people who use substances and drug dealers within the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased drug use in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased rates of crime and illegal activities in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased rates of publicly discarded needles in nearby public spaces, such as parks and pedestrian walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased community safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased property values in surrounding areas of the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative impacts on the reputation or image of the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative impacts on nearby business operations in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is not accessible to people who use substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Located in an area that is not in far enough distance from sensitive land uses, such as public parks and schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is not in close enough distance to other health and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that will be disrupted by nearby vehicular and pedestrian traffic flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not offer an appropriate balance of visibility and privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D8. Do you have any other concerns that you would like to share about the possible Consumption & Treatment Services operations at 101 Wyandotte Street East?

D9. To what extent do you agree that the following measures may be effective in addressing your concerns with the possible Consumption & Treatment Services operations at 101 Wyandotte Street East?

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	I don't know
Increase community awareness about the goals and benefits of a CTS facility in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce stigma by conducting community outreach to increase awareness of substance use issues in our community and harm reduction approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with Windsor Police Services to increase policing, security, and traffic flow maintenance at the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with environmental agencies to increase safe disposal of publicly discarded needles in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make changes to the exterior design of the location (e.g., improve greenery, maximize size and space)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish a clear communication channel that community members can use on an ongoing basis to voice feedback and concerns about the CTS operations at the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct routine evaluations to determine if the CTS facility is achieving its goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create linkages with other health and social services to offer pathways and wrap-around supports for treatment, mental health, and other supportive services in closer distance to the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No measures would be effective in addressing my concerns with the possible CTS operations at this location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D10. Do you have any other comments that you would like to share about potential measures that may be effective in addressing your concerns with the possible Consumption & Treatment Services operations at 101 Wyandotte Street East?

Section E: Consumption & Treatment Services (CTS) Site-Specific Information - 628 Goyeau Street

The following questions will ask for your feedback about the possible Consumption & Treatment Services operations at 628 Goyeau Street (yellow star on map in Section A).

E1. Do you believe that a Consumption & Treatment Services facility at 628 Goyeau Street would be at all beneficial?

- Yes
- No
- I don't know

If you answered "No" to the above question, please skip to Question E5.

E2. To what extent do you believe that a Consumption & Treatment Services facility at 628 Goyeau Street would be beneficial?

- Very Beneficial
- Beneficial
- Moderately Beneficial
- A Little Beneficial
- I don't know

E3. To what extent do you agree that a Consumption & Treatment Services facility at 628 Goyeau Street would have the following potential benefits?

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	I don't know
Reduce risks of injury and death from drug-related overdoses in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce rates of drug-related emergency department visits in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce rates of drug use in nearby public spaces, such as parks, streets, and public washrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce disposals of used needles in nearby public spaces, such as parks and pedestrian walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhance community safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce the health, social, legal, and incarceration costs associated with substance use in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is in close distance to other health and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is accessible to people who use substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is in far enough distance from sensitive land uses, such as public parks and schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that will not be disrupted by nearby vehicular and pedestrian traffic flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offers an appropriate balance of visibility and privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E4. Do you have any other comments that you would like to share about potential benefits that a Consumption & Treatment Services facility at 628 Goyeau Street may bring?

E5. Are you at all concerned about the possible Consumption & Treatment Services operations at 628 Goyeau Street?

Yes

No

I don't know

If you answered "No" to the above question, please skip to Section F.

E6. To what extent are you concerned about the possible Consumption & Treatment Services operations at 628 Goyeau Street?

- Very Concerned
- Concerned
- Moderately Concerned
- A Little Concerned
- I don't know

E7. To what extent are you concerned about the following as it relates to the possible Consumption & Treatment Services operations at 628 Goyeau Street?

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	I don't know
Increased gatherings of people who use substances and drug dealers within the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased drug use in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased rates of crime and illegal activities in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased rates of publicly discarded needles in nearby public spaces, such as parks and pedestrian walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased community safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased property values in surrounding areas of the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative impacts on the reputation or image of the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative impacts on nearby business operations in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is not accessible to people who use substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is not in far enough distance from sensitive land uses, such as public parks and schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is not in close enough distance to other health and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that will be disrupted by nearby vehicular and pedestrian traffic flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not offer an appropriate balance of visibility and privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E8. Do you have any other concerns that you would like to share about the possible Consumption & Treatment Services operations at 628 Goyeau Street?

E9. To what extent do you agree that the following measures may be effective in addressing your concerns with the possible Consumption & Treatment Services operations at 628 Goyeau Street?

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	I don't know
Increase community awareness about the goals and benefits of a CTS facility in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce stigma by conducting community outreach to increase awareness of substance use issues in our community and harm reduction approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with Windsor Police Services to increase policing, security, and traffic flow maintenance at the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with environmental agencies to increase safe disposal of publicly discarded needles in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make changes to the exterior design of the location (e.g., improve greenery, maximize size and space)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish a clear communication channel that community members can use on an ongoing basis to voice feedback and concerns about the CTS operations at the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct routine evaluations to determine if the CTS facility is achieving its goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create linkages with other health and social services to offer pathways and wrap-around supports for treatment, mental health, and other supportive services in closer distance to the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No measures would be effective in addressing my concerns with the possible CTS operations at this location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E10. Do you have any other comments that you would like to share about potential measures that may be effective in addressing your concerns with the possible Consumption & Treatment Services operations at 628 Goyeau Street?

Section F: Closing Questions

F1. Please identify the level of support that you would provide if either of the possible locations were to be selected for a Consumption & Treatment Services facility in Windsor.

	Very Large Support	Large Support	Moderate Support	A Little Support	No Support	I don't know
101 Wyandotte Street East	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
628 Goyeau Street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F2. If selected, which of the two possible locations would you rather be chosen for a Consumption & Treatment Services facility in Windsor?

101 Wyandotte Street East

628 Goyeau Street

I equally support the possible Consumption & Treatment Services operations at both 101 Wyandotte Street East and 628 Goyeau Street

I do not support the possible Consumption & Treatment Services operations at either 101 Wyandotte Street East or 628 Goyeau Street

I don't know

F3. Do you have any other thoughts or comments that you would like to share at this time in regards to the possible Consumption & Treatment Services facilities at 101 Wyandotte Street East and/or 628 Goyeau Street?

101 Wyandotte Street East:

628 Goyeau Street:

Section G: Contact Information

G1. Would you like us to contact you in the future?

Please note that this is optional. You do not have to provide your contact information if you do not want to. If you would like to be contacted, the contact information that you provide (and any potentially identifying information) will be kept strictly confidential and will only be accessible to staff at the Windsor-Essex County Health Unit.

Yes

No

If you answered “No” to the above question, please skip to Section J.

G2. How would you like us to contact you in the future?

Please note that providing your contact information is optional. You do not have to provide your contact information if you do not want to. If you would like to be contacted, the contact information that you provide (and any potentially identifying information) will be kept strictly confidential and will only be accessible to staff at the Windsor-Essex County Health Unit.

Phone

Phone Number: _____

Email

Email Address: _____

Section H: Thank you!

If you answered “No” to Question A1, please read this section:

Thank you for your interest in the Consumption & Treatment Services Site-Specific Community Consultation Survey. If you would like to

participate at a later time, this survey will remain open until Friday, July 2nd, 2021. For up-to-date information about local plans regarding a Consumption & Treatment Services facility in Windsor, please visit <https://wecoss.ca/cts>.

Section I: Thank you!

If you answered “No” to Question B1 or B2, please read this section:

Thank you for your interest in the Consumption & Treatment Services Site-Specific Community Consultation Survey. Unfortunately, you are not eligible to participate. To participate in this survey, you must be 16 years of age or older and live, work, or go to school in Windsor-Essex County. If you have any questions or concerns, please email CTSQuestions@wechu.org for more information.

To learn more about local plans regarding a Consumption & Treatment Services facility in Windsor, please visit www.wecoss.ca/cts for up-to-date information and resources.

Section J:

Thank you for your participation in the Consumption & Treatment Services (CTS) Site-Specific Community Consultation Survey. Your feedback is valuable to us. For up-to-date information about local plans for a Consumption & Treatment Services facility in Windsor, please visit www.wecoss.ca/cts.

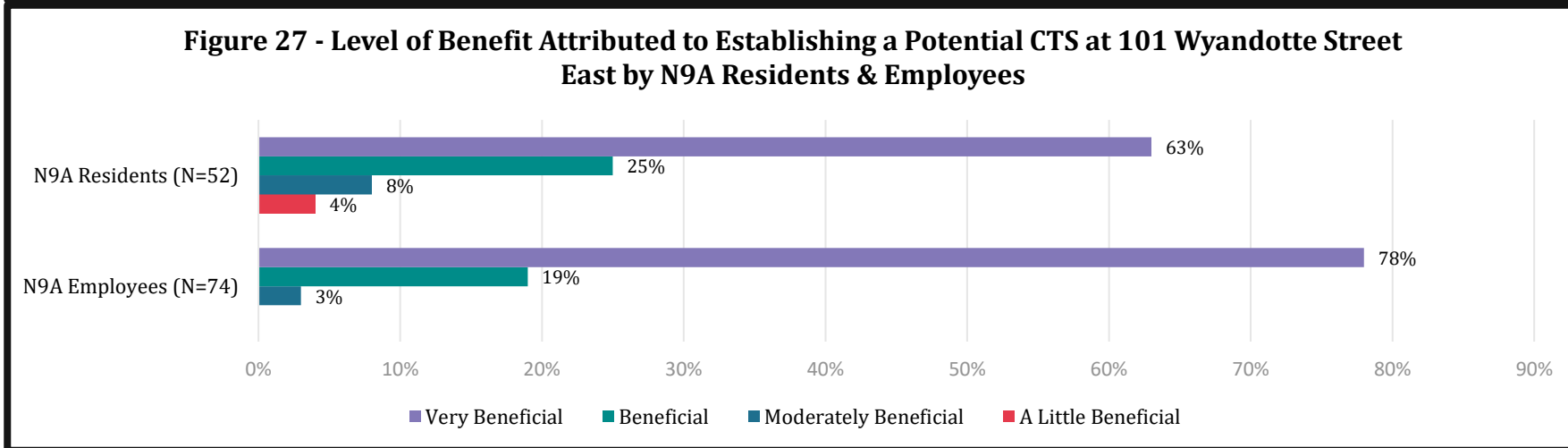
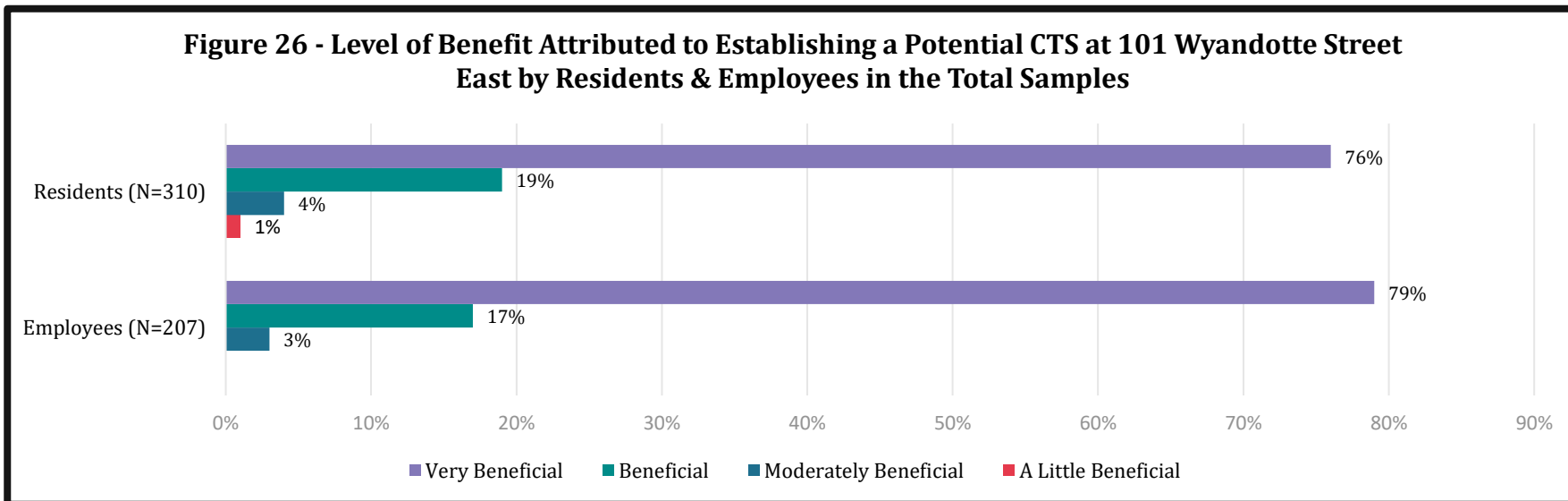
Appendix E – Site-Specific Community Survey Results for 101 Wyandotte Street East among Residents, Employees, Business Owners, and Students

This section reviews the sub-group analyses for resident, employee, business owner, and student respondents as it relates to the overall benefit, level of benefit, overall concern, and level of concern attributed to establishing a potential CTS at 101 Wyandotte Street East. Please note that some of the results for business owners and students could not be reported due to small sample sizes and/or a low number of endorsements for certain response options across various questions.

Overall Benefit Attributed to Establishing a Potential CTS at 101 Wyandotte Street East by Residents, Employees, Business Owners, and Students (Total Samples & N9A Stratifications)

Table 31 – Overall Benefit of a CTS at 101 Wyandotte Street East (Residents, Employees, Business Owners, & Students)								
QD1– Do you believe that a CTS Facility at 101 Wyandotte Street East would be at all beneficial?								
Response Option	Number (%) of Resident Sample		Number (%) of Employee Sample		Number (%) of Business Owner Sample		Number (%) of Student Sample	
	All Residents (N=442)	N9A Residents (N=95)	All Employees (N=270)	N9A Employees (N=97)	All Business Owners (N=40)	N9A Business Owners (N=15)	All Students (N=33)	N9A Students (N=2)
Yes	310 (70%)	52 (55%)	207 (77%)	74 (76%)	20 (50%)	4 (27%)	28 (85%)	----
No	108 (24%)	36 (38%)	53 (20%)	18 (19%)	16 (40%)	10 (67%)	4 (12%)	----
I Don't Know	22 (5%)	6 (6%)	9 (3%)	5 (5%)	4 (10%)	----	----	----
Total # (%) of Respondents to Question	440 (≤100%)	94 (99%)	269 (≤100%)	97 (100%)	40 (100%)	----	----	----

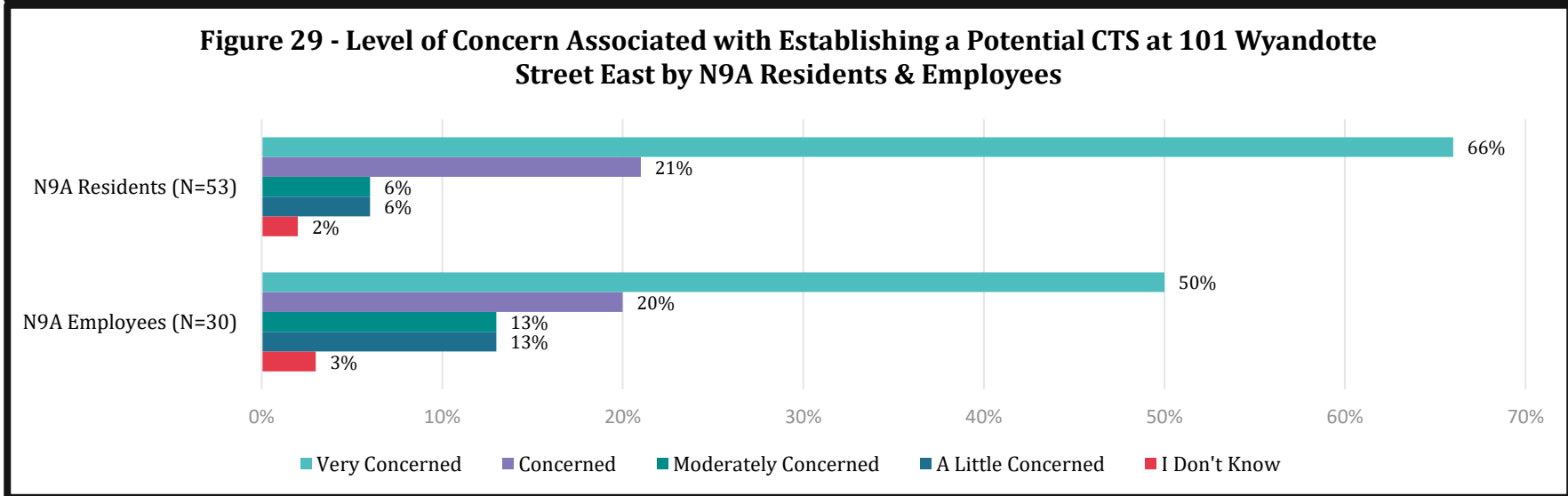
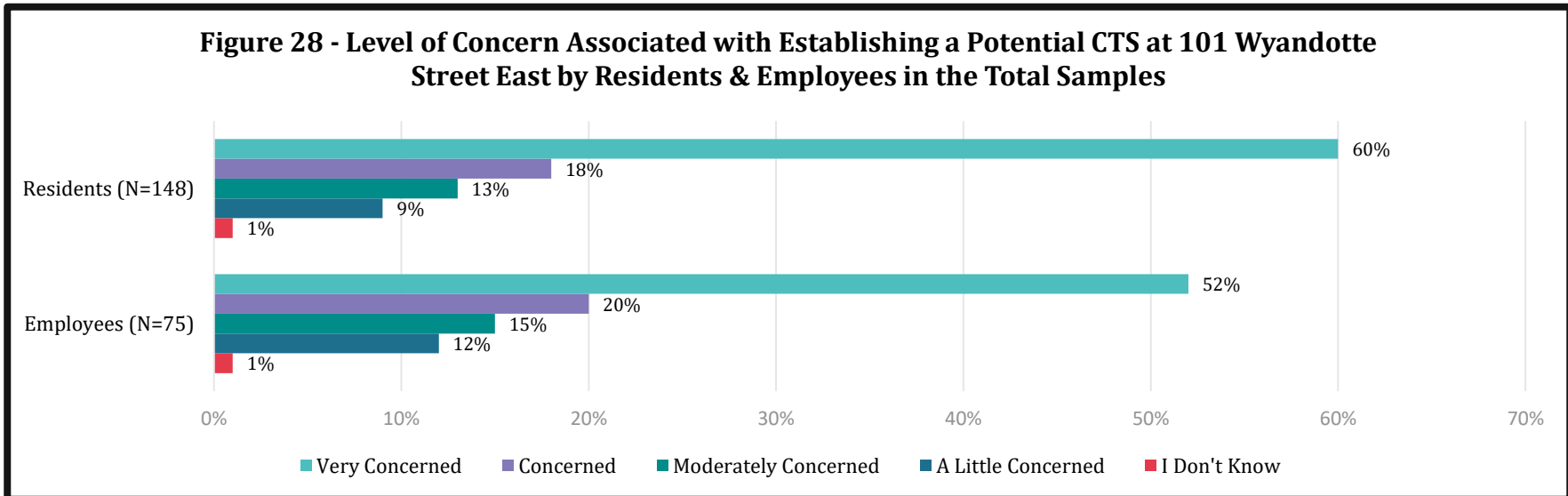
Level of Benefit Attributed to Establishing a Potential CTS at 101 Wyandotte Street East among Residents & Employees (Total Samples, Figure 26; N9A Stratifications, Figure 27)



Overall of Concern Associated with Establishing a Potential CTS at 101 Wyandotte Street East among Residents, Employees, Business Owners, and Students (Total Samples & N9A Stratifications)

Table 32 – Overall Concern with Establishing a CTS at 101 Wyandotte Street East (Residents, Employees, Business Owners, and Students)								
QD5 – Are you at all concerned about the possible CTS operations at 101 Wyandotte Street East?								
Response Option	Number (%) of Resident Sample		Number (%) of Employee Sample		Number (%) of Business Owner Sample		Number (%) of Student Sample	
	All Residents (N=442)	N9A Residents (N=95)	All Employees (N=270)	N9A Employees (N=97)	All Business Owners (N=40)	N9A Business Owners (N=15)	All Students (N=33)	N9A Students (N=2)
<i>Yes</i>	148 (33%)	53 (56%)	75 (28%)	30 (31%)	22 (55%)	13 (87%)	3 (9%)	----
<i>No</i>	262 (59%)	37 (39%)	176 (65%)	59 (61%)	17 (43%)	2 (13%)	26 (79%)	----
<i>I Don't Know</i>	29 (7%)	5 (5%)	18 (7%)	8 (8%)	----	0 (0%)	4 (12%)	----
Total # (%) of Respondents to Question	439 (99%)	95 (100%)	269 (≤100)	97 (100%)	----	15 (100%)	33 (100%)	----

Level of Concern Associated with Establishing a Potential CTS at 101 Wyandotte Street East among Residents & Employees (Total Samples, Figure 28; N9A Stratifications, Figure 29)



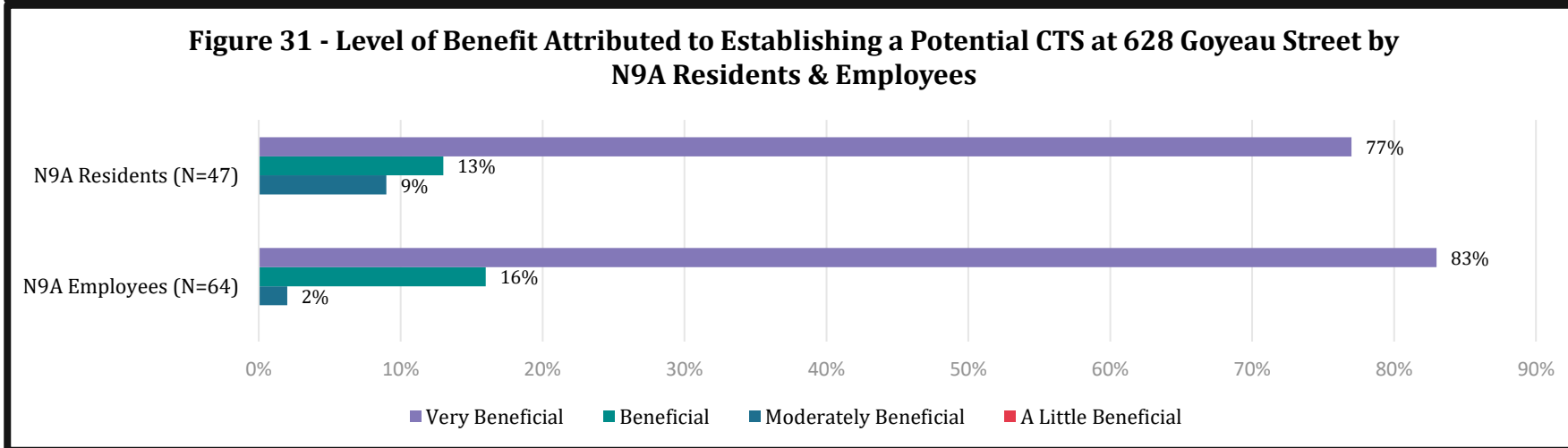
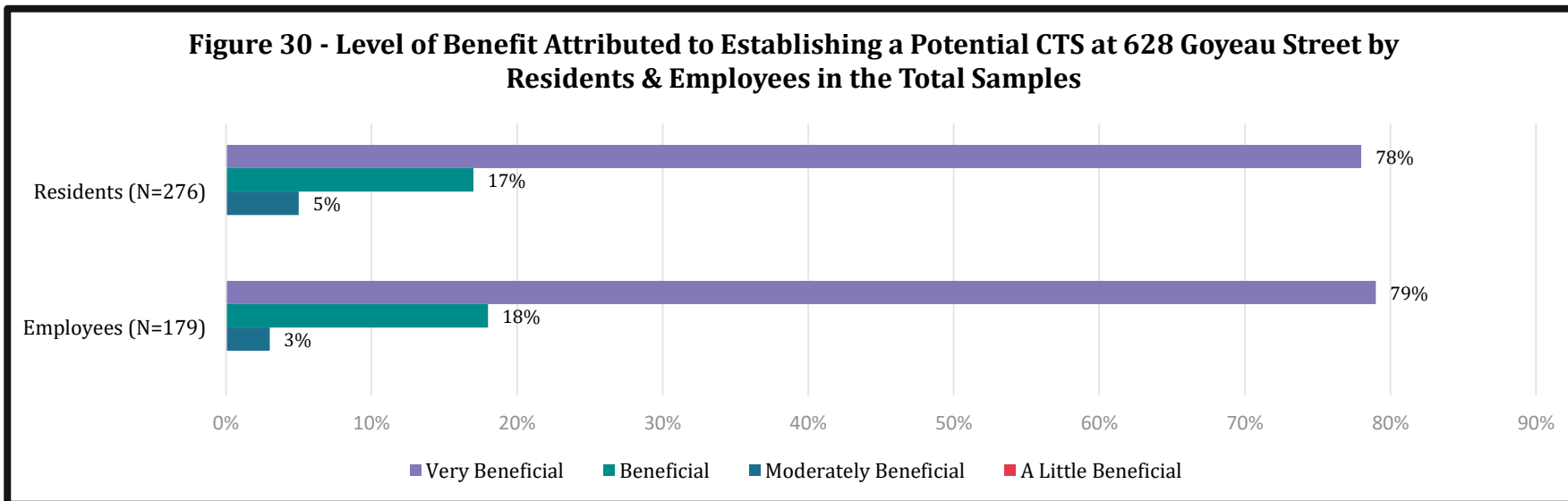
Appendix F – Site-Specific Community Survey Results for 628 Goyeau Street among Residents, Employees, Business Owners, and Students

This section reviews the sub-group analyses for resident, employee, business owner, and student respondents as it relates to the overall benefit, level of benefit, overall concern, and level of concern attributed to establishing a potential CTS at 628 Goyeau Street. Please note that some of the results for business owners and students could not be reported due to small sample sizes and/or a low number of endorsements for certain response options across various questions.

Overall Benefit Attributed to Establishing a Potential CTS at 628 Goyeau Street by Residents, Employees, Business Owners, and Students (Total Samples & N9A Stratifications)

Table 33 – Overall Benefit of a CTS at 628 Goyeau Street (Residents, Employees, Business Owners, & Students)								
QE1– Do you believe that a CTS Facility at 628 Goyeau Street would be at all beneficial?								
Response Option	Number (%) of Resident Sample		Number (%) of Employee Sample		Number (%) of Business Owner Sample		Number (%) of Student Sample	
	All Residents (N=442)	N9A Residents (N=95)	All Employees (N=270)	N9A Employees (N=97)	All Business Owners (N=40)	N9A Business Owners (N=15)	All Students (N=33)	N9A Students (N=2)
Yes	276 (62%)	47 (49%)	179 (66%)	64 (66%)	18 (45%)	2 (13%)	24 (73%)	----
No	98 (22%)	28 (29%)	51 (19%)	20 (21%)	11 (28%)	8 (53%)	4 (12%)	----
I Don't Know	29 (7%)	9 (9%)	16 (6%)	6 (6%)	5 (13%)	----	2 (6%)	----
Total # (%) of Respondents to Question	403 (91%)	84 (88%)	246 (91%)	90 (93%)	34 (85%)	----	30 (91%)	----

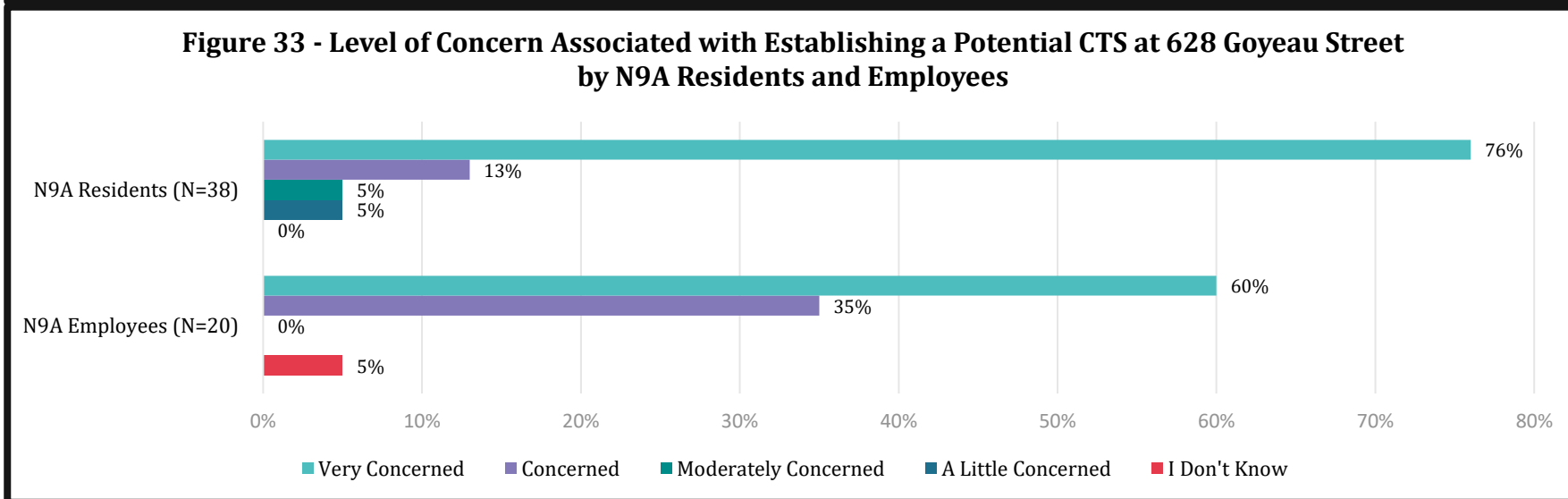
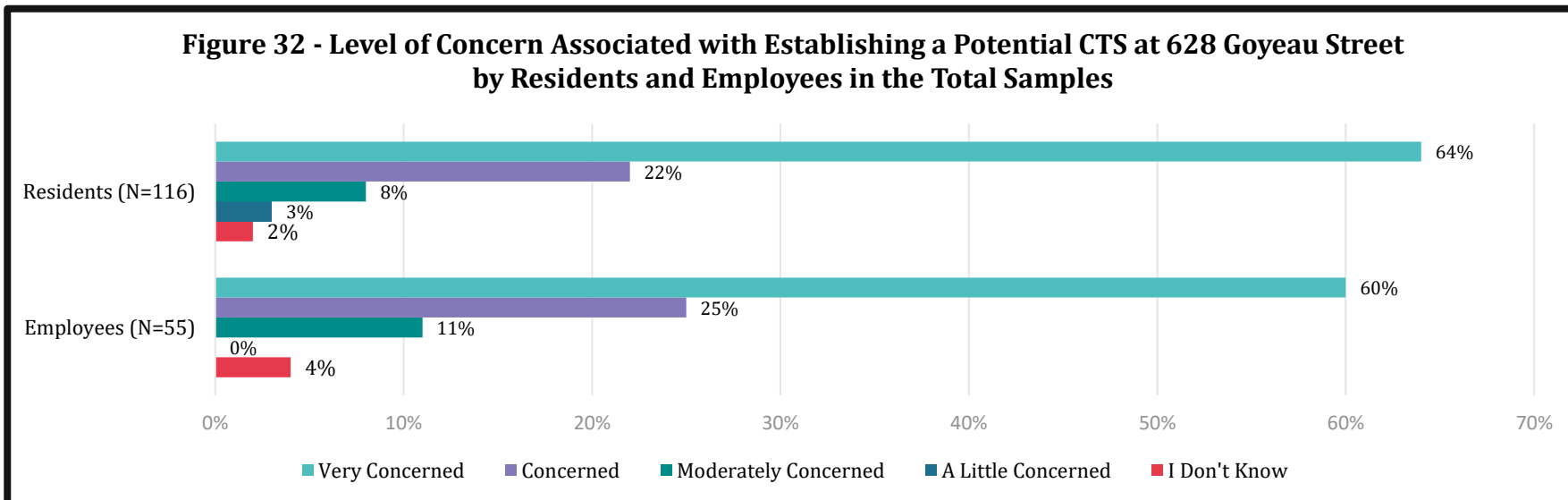
Level of Benefit Attributed to Establishing a Potential CTS at 628 Goyeau Street among Residents & Employees (Total Samples, Figure 30; N9A Stratifications, Figure 31)



Overall of Concern Associated with Establishing a Potential CTS at 628 Goyeau Street among Residents, Employees, Business Owners, and Students (Total Samples & N9A Stratifications)

Table 34 – Overall Concern with Establishing a CTS at 628 Goyeau Street (Residents, Employees, Business Owners, & Students)								
<i>QE5 – Are you at all concerned about the possible CTS operations at 628 Goyeau Street?</i>								
Response Option	Number (%) of Resident Sample		Number (%) of Employee Sample		Number (%) of Business Owner Sample		Number (%) of Student Sample	
	All Residents (N=442)	N9A Residents (N=95)	All Employees (N=270)	N9A Employees (N=97)	All Business Owners (N=40)	N9A Business Owners (N=15)	All Students (N=33)	N9A Students (N=2)
<i>Yes</i>	116 (26%)	38 (40%)	55 (20%)	20 (21%)	15 (38%)	----	3 (9%)	----
<i>No</i>	259 (59%)	41 (43%)	174 (64%)	62 (64%)	17 (43%)	----	23 (70%)	----
<i>I Don't Know</i>	27 (6%)	6 (6%)	17 (6%)	9 (9%)	2 (5%)	----	2 (6%)	----
Total # (%) of Respondents to Question	402 (91%)	85 (89%)	246 (91%)	91 (94%)	34 (85%)	----	28 (85%)	----

**Level of Concern Associated with Establishing a Potential CTS at 628 Goyeau Street among Residents and Employees
(Total Samples, Figure 32; N9A Stratifications, Figure 33)**



Appendix G – Community Survey Results – Levels of Support for the Candidate Locations among Residents & Employees (Total Samples & N9A Stratifications)

This section reviews the sub-group analyses for resident and employee respondents as it relates to levels of support for both of the candidate locations. Please note that results for business owners and students could not be reported due to the small sample sizes and/or a low number of endorsements for certain response options.

Table 35 – Levels of Support for the Candidate Locations (Residents & Employees)					
QF1 – Please identify the level of support that you would provide if either of the possible locations were selected for a CTS in Windsor.					
	Response Option	Number (%) of Resident Sample		Number (%) of Employee Sample	
		All Residents (N=442)	N9A Residents (N=95)	All Employees (N=270)	N9A Employees (N=97)
101 Wyandotte Street East	Very Large Support	179 (41%)	26 (27%)	125 (46%)	46 (47%)
	Large Support	67 (15%)	7 (7%)	47 (17%)	17 (18%)
	Moderate Support	32 (7%)	9 (9%)	12 (4%)	2 (2%)
	A Little Support	20 (5%)	6 (6%)	14 (5%)	3 (3%)
	No Support	95 (21%)	34 (36%)	45 (17%)	20 (21%)
	Don't Know	10 (2%)	2 (2%)	5 (2%)	3 (3%)
	Total # (%) of Respondents to Question		403 (91%)	84 (88%)	248 (92%)
628 Goyeau Street	Very Large Support	185 (42%)	31 (33%)	128 (47%)	50 (52%)
	Large Support	57 (13%)	7 (7%)	38 (14%)	11 (11%)
	Moderate Support	40 (9%)	10 (11%)	17 (6%)	5 (5%)
	A Little Support	18 (4%)	4 (4%)	12 (4%)	2 (2%)
	No Support	87 (20%)	30 (32%)	45 (17%)	18 (19%)
	Don't Know	12 (3%)	2 (2%)	6 (2%)	4 (4%)
	Total # (%) of Respondents to Question		399 (90%)	84 (88%)	246 (91%)

Appendix H – Community Survey Results – Preferences between the Two Candidate Locations among Residents, Employees, Business Owners, & Students (Total Samples and N9A Stratifications)

This section reviews the sub-group analyses for resident, employee, business owner, and student respondents as it relates to preferences between the two candidate locations. Please note that results for N9A business owners and students could not be reported due to the small sample sizes and/or a low number of endorsements for certain response options.

Table 36 – Preferences between the Two Candidate Locations (Residents, Employees, Business Owners, and Students)								
<i>QF2 – If selected, which of the two possible locations would you rather be chosen for a CTS facility in Windsor?</i>								
Response Option	Number (%) of Resident Sample		Number (%) of Employee Sample		Number (%) of Business Owner Sample		Number (%) of Students	
	All Residents (N=442)	N9A Residents (N=95)	All Employees (N=270)	N9A Employees (N=97)	All Business Owners (N=40)	N9A Business Owners (N=15)	All Students (N=33)	N9A Students (N=2)
101 Wyandotte Street East	57 (13%)	13 (14%)	33 (12%)	11 (11%)	4 (10%)	----	7 (21%)	----
628 Goyeau Street	84 (19%)	23 (24%)	52 (19%)	22 (23%)	5 (13%)	----	6 (18%)	----
Equally Support Both Candidate Locations	170 (38%)	20 (21%)	114 (42%)	39 (40%)	12 (30%)	----	16 (48%)	----
No Support for Either Candidate Location	81 (18%)	27 (28%)	40 (15%)	17 (18%)	13 (33%)	----	2 (6%)	----
Don't Know	12 (3%)	2 (2%)	9 (3%)	2 (2%)	0 (0%)	----	0% (0%)	----
Total # (%) of Respondents to Question	404 (91%)	85 (89%)	248 (92%)	91 (94%)	34 (85%)	----	31 (94%)	----

Appendix I – Mail Chimp Email Distributed to Survey Respondents Requesting a Follow-Up Communication

Email Communication – Disseminated on Tuesday, August 10th, 2021

[View this email in your browser](#)



Thank you for your participation in the *Consumption & Treatment Services Site- Specific Community Consultation Survey!*

Hello,

The Windsor-Essex County Health Unit (WECHU) is contacting you to follow-up on your participation in the *Consumption & Treatment Services (CTS) Site-Specific Community Consultation Survey* between Thursday, June 17th and Friday, July 9th. Thank you for participating in the survey and providing your feedback about the two proposed locations for a local CTS facility. The survey is one of the official data collection tools for the community consultation, and all of the responses collected will be reviewed and considered in the next steps of the project.

In your survey responses, you indicated that you would like to be contacted at this email address. The WECHU remains committed to providing timely, accurate, and up-to-date information to the community about the proposed CTS operations at the two possible locations, as well as addressing any additional questions or comments that you may have.

For more information about CTS facilities and local plans for implementing a CTS site, please visit www.wecoss.ca/cts. On this web page, you will also find answers to some of the most frequently asked questions about CTS facilities.

If you have any additional questions or comments that we may help to address, please reply to this email and our team will get back to you as soon as possible with a response.

Thank you.



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Appendix J – Key Informant Interview Guide

Site-Specific Stakeholder Interview

INTERVIEWER: Thank you for agreeing to take part in this interview to share your thoughts about a Consumption and Treatment Services (CTS) facility in downtown Windsor. This interview should take about 30-60 minutes of your time. Your participation in this interview is strictly voluntary. You do not have to answer any question that you are uncomfortable with and can stop the interview at any time.

As you may be aware, the Windsor-Essex County Health Unit is a partner in the [Windsor-Essex Community Opioid & Substance Strategy](#) (WECOSS), which is a community drug strategy that is moving forward with a project to implement a **Consumption & Treatment Services (CTS)** facility in Windsor's downtown core.

CTS facilities are provided at legally operated, indoor spaces where people come to use their own substances under safe conditions and with the supervision of medically trained workers. These facilities also offer on-site access and referrals to basic medical care, social services, and mental health/substance use treatment.

The WECOSS is interested to gather site-specific feedback about the two possible locations for a CTS facility in downtown Windsor: **101 Wyandotte Street East** and **628 Goyeau Street**. This interview will help will assess key stakeholders' overall thoughts, concerns, and acceptability of a CTS facility at **both** of the possible downtown locations. The feedback that you provide will be used to inform the selection of a potential location for a CTS facility in downtown Windsor. The location that is selected will be submitted through applications to *Health Canada* and the *Ontario Ministry of Health & Long-Term Care* for approval of a local CTS site.

This consultation, in particular the stakeholder interviews, are limited to individuals who work or own a business, or live within a radius of 300meters from the proposed location.

All of your individual responses will be kept confidential. All individual responses from the interviews and the community survey will be combined into aggregate format for the purposes of developing publicly shared reports and other public communication materials (individual responses will NOT be shared). The results from this interview, other elements of the community consultation, and the reports that are developed will be used to apply for a CTS facility in Windsor.

Some of the questions might cause some people to feel upset. There is a list of organizations that you may contact for support, if needed.

Do you have any questions about the interview process, today?

1. **First, I would like to know what you see as being potential benefits of establishing a CTS facility at both of the possible locations. What potential benefits (if any) do you anticipate with a possible CTS facility at either location?**
 - A. **Are these potential benefits similar for both 101 Wyandotte Street East and 628 Goyeau Street, or do they differ at all by location?**
 - a. *Probes: Would potential benefits include...?*
 - i. *Reduced risks of injury and death from drug-related overdoses*
 - ii. *Reduced risks of drug-related emergency department visits*
 - iii. *Reduced drug use in nearby public spaces, such as parks and public washrooms.*
 - iv. *Reduced rates of publicly discarded needles in nearby public spaces, such as pedestrian walkways*
 - v. *Enhanced community safety*

- vi. *Enhanced uptake of nearby health and social services*
 - b. **Probes:** *What measures do you believe can be taken to help ensure the benefits of a CTS facility at this location?*
 - c. **Probes:** *Do you believe that a CTS site at 101 Wyandotte Street East/628 Goyeau Street would be used by people who inject drugs? If yes/no, please explain.*
 - d. **Probes:** *What other programs or services would you suggest are put into place to help ensure the effectiveness of services provided at the CTS facility in these locations?*
2. **Do you have any concerns about the proposed CTS operations at either of the possible locations? If yes/no, please explain.**
- A. **Are these concerns similar for both 101 Wyandotte Street East and 628 Goyeau Street, or do they differ at all by location?**
 - a. **Probes:** *Are you concerned about...?*
 - i. *Increased gatherings of people who use substances and drug dealers within the neighborhood*
 - ii. *Increased drug use in the neighbourhood*
 - iii. *Increased rates of crime and illegal activities in the neighborhood*
 - iv. *Increased rates of publicly discarded needles in nearby public spaces, such as pedestrian walkways*
 - v. *Decreased community safety*
 - vi. *Negative impacts on the reputation or image of the neighbourhood*
 - vii. *Negative impacts on property values in the neighbourhood*
 - viii. *Negative impacts on business operations in the neighbourhood*
3. **IF YES TO #2 – What recommendations (if any) would you offer to address any of the concerns which you have just highlighted about the proposed CTS operations at either of the possible locations?**
- A. **Are these recommendations similar for 101 Wyandotte Street East and 628 Goyeau Street, or do they differ at all by location?**
 - i. **Probes:** *Establish a clear communication channel that community members can use on an ongoing basis to voice feedback and concerns about the CTS operations at the location or work with Windsor Police Services to increase policing, security, and traffic flow maintenance at the location.*
4. **Of the two possible locations, which site would you prefer to be selected for a CTS facility in Windsor?**
5. **Do you have any other comments that you would like to share at this time?**

De-Brief

Thank you. That's all of the questions! Let's take a look at what our note-taker has written. I'm just going to go over it. If there is something we've missed, feel free to let me know. *[Reviews notes]*.

Thank you so much for your time and feedback. We really appreciate you sharing your thoughts with us. If you have any other questions or concerns or are interested in the results, please feel free to reach out to us via email at CTSQuestions@wechu.org or visit www.wecoss.ca/cts for ongoing updates and additional information. You can also complete the community consultation survey at www.wecoss.ca/cts. As well, there is the list of resources available, should you wish to talk to someone about your feelings.

Thank you again!

Appendix K – Focus Group Guide

Focus Group Discussion Guide

WELCOME & INTRODUCTIONS:

Moderator: Welcome and thank you for choosing to participate in this consultation. My name is [Name] and I'm a [title] from [name of agency]. I have one (or some) of my colleagues with us (name of other members) who will be assisting with recording our conversations. Before we proceed, I wish to remind you that your participation in this group is voluntary and anonymous and the information we collect will be analyzed and presented in aggregate form.

As you may be aware, the Windsor-Essex County Health Unit is a partner in the [Windsor-Essex Community Opioid & Substance Strategy](#) (WECOSS), which is a community drug strategy that is moving forward with a project to implement a **Consumption & Treatment Services (CTS)** facility in Windsor's downtown core.

CTS facilities are provided at legally operated, indoor spaces where people come to use their own substances under safe conditions and with the supervision of medically trained workers. These facilities also offer on-site access and referrals to basic medical care, social services, and mental health/substance use treatment.

The WECOSS is interested to gather site-specific feedback about the two possible locations for a CTS facility in downtown Windsor: **101 Wyandotte Street East** and **628 Goyeau Street**. This focus group will help to assess key stakeholders' overall thoughts, concerns, and acceptability of a CTS facility at **both** of the possible downtown locations. The results of this focus group and the feedback that you provide will be used to inform the selection of a potential location for a CTS facility in downtown Windsor. The location that is selected will be submitted through applications to *Health Canada* and the *Ontario Ministry of Health & Long-Term Care* for approval of a local CTS site.

While we encourage everyone to participate, you may refuse to answer any question that you do not feel comfortable with or to withdraw from this session at any time. There are no wrong answers, but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. We are interested in both the positive and negative comments. Some of the questions or discussion might cause some people to feel upset. There is a list of organizations that we can help to refer you to for support, if needed.

Before we get started, I would like to provide some ground rules, so that we can have an open and respectful discussion.

- We ask that you turn off your phones or put them on silent.
- We also ask participants to respect each other's confidentiality and not share what is said in the group. We ask that you do not use your name or others' name in the group if you know them.
- We also ask that:
 - Only one person talks at a time.
 - We respect each other.
 - You seek to understand and ask questions.
- My role is to:
 - Guide you through conversation.
 - Make sure everyone has a chance to talk.
 - Keep us on topic and on time.
 - Make sure that the note taker has what they need.

Does anyone have any questions about the process before we get started?

QUESTIONS

1. First, I'll like to know your perceptions about the extent of drug use in Windsor's downtown?
2. What potential benefits (if any) do you anticipate with a possible CTS facility at either location?
 - A. Are these potential benefits similar for both 101 Wyandotte Street East and 628 Goyeau Street, or do they differ at all by location?
 - a. **Probes:** *Would potential benefits include...?*
 - i. *Reduced risks of injury and death from drug-related overdoses*
 - ii. *Reduced risks of drug-related emergency department visits*
 - iii. *Reduced drug use in nearby public spaces, such as parks and public washrooms.*
 - iv. *Reduced rates of publicly discarded needles in nearby public spaces, such as pedestrian walkways*
 - v. *Enhanced community safety*
 - vi. *Enhanced uptake of nearby health and social services*
 - b. **Probes:** *What measures do you believe can be taken to help ensure the benefits of a CTS facility at these locations?*
 - c. **Probes:** *Do you believe that a CTS site at 101 Wyandotte Street East/628 Goyeau Street would be used by people who inject drugs? If yes/no, please explain.*
 - d. **Probes:** *What other programs or services would you suggest are put into place to help ensure the effectiveness of services provided at the CTS facility in these locations?*
3. Do you have any concerns about the proposed CTS operations at either of the possible locations? If yes/no, please explain.
 - A. Are these concerns similar for both 101 Wyandotte Street East and 628 Goyeau Street, or do they differ at all by location?
 - a. **Probes:** *Are you concerned about...?*
 - i. *Increased gatherings of people who use substances and drug dealers within the neighborhood*
 - ii. *Increased drug use in the neighbourhood*
 - iii. *Increased rates of crime and illegal activities in the neighborhood*
 - iv. *Increased rates of publicly discarded needles in nearby public spaces, such as pedestrian walkways*
 - v. *Decreased community safety*
 - vi. *Negative impacts on the reputation or image of the neighbourhood*
 - vii. *Negative impacts on property values in the neighbourhood*
 - viii. *Negative impacts on business operations in the neighbourhood*
4. **IF YES TO #3** – What recommendations (if any) would you offer to address any of the concerns which you have just highlighted about the proposed CTS operations at either of the possible locations?
 - A. Are these recommendations similar for 101 Wyandotte Street East and 628 Goyeau Street, or do they differ at all by location?
 - i. **Probes:** *Establish a clear communication channel that community members can use on an ongoing basis to voice feedback and concerns about the CTS operations at the location or work with Windsor Police Services to increase policing, security, and traffic flow maintenance at the location.*
5. Of the two possible locations, which site would you prefer to be selected for a CTS facility in Windsor?
6. Do you have any other comments that you would like to share at this time?

De-Brief

Thank you, that's all of the questions! Let's take a look at what our note-taker has written. I'm just going to go over it. If there is something we've missed, feel free to let me know. *[Reviews notes]*.

Thank you so much for your time and feedback. We really appreciate you sharing your thoughts with us. If you have any other questions or concerns, or are interested in the results, please feel free to reach out to us via email at CTSQuestions@wechu.org or visit www.wecoss.ca/cts for ongoing updates and additional information. You can also complete the community consultation survey at www.wecoss.ca/cts. As well, there is the list of resources available, should you wish to talk to someone about your feelings.

Thank you again!

Appendix L – WECHU’s Social Media Calendar for the Virtual Town Hall Meetings

Consumption & Treatment Services – Social Media Posts

Include WECOSS logo as the image with each post.

Link to registration page: <https://cts-town-hall.eventbrite.ca>

Proposed Date	Post
July 26	Consumption & Treatment Services are a strategy to reduce the number of emergency room visits and overdose deaths from substance use. Experts will answer your questions about the two proposed sites in Windsor during online Town Hall meetings. To join a session, register here CTS Town Hall
July 28	Do you have questions about the two proposed Consumption & Treatment Service sites in Windsor? Join an online Town Hall to get more information and answers from a panel of experts. There are four sessions to choose from between August 3 - 6. To join a session, register here CTS Town Hall
July 30	Two sites have been proposed for a Consumption & Treatment Service facility in Windsor. A panel of experts are hosting online Town Hall meetings to answer questions from the community. If you would like to join a session, register here CTS Town Hall
Aug 2	Do you have questions about the two proposed Consumption & Treatment Service sites? Join an online Town Hall to get more information and answers from a panel of experts. If you would like to join a session, register here CTS Town Hall
Aug 4	Two sites have been proposed for a Consumption & Treatment Service facility in Windsor. A panel of experts are hosting online Town Hall meetings to answer questions from the community. There are two remaining sessions to choose from. If you would like to join a session, register here CTS Town Hall
Aug 5	Experts are ready to answer your questions about the two proposed sites for a Consumption & Treatment Service facility in downtown Windsor. This is your last chance to register for the final online Town Hall meeting, taking place tomorrow. To join the session, register here CTS Town Hall
	Suggested hashtags for Twitter (character count pending): #wecoss #harmreduction #saferuse #cts #recovery #treatmentservices

Appendix M – Promotional Message Shared with the WECOSS Leadership Committee & WECOSS Pillar Working Groups regarding the Virtual Town Hall Meetings

Email Disseminated on Tuesday, July 27th, 2021

Email Title – Please Share – Consumption & Treatment Services Virtual Town Halls – Social Media Calendar and Information Post Card

Good morning [Name of Committee],

We are currently completing our community consultations as part of our Consumption and Treatment Services (CTS) facility application. Our next step is to host virtual town hall meetings with the public. The virtual town halls will feature a panel of experts that will provide information about CTS facilities, review the two potential site locations, and answer questions from the community. These town hall meetings will complete the community consultations and data gathering, and will aid our final site selection and application.

We hope that you will be able to share information about the town halls through your networks and social media platforms. **Social media posts will run from Monday, July 26th to Thursday, August 5th.** We have prepared a social media calendar (**attached**), which you can select to use on your own social media accounts or to re-tweet or re-post from the WECHU’s account. Additionally, a **postcard** with information about the town halls has been created that you are welcome to share with your clients, or others that you feel would be interested in attending an event (**attached**).

The four virtual town hall sessions are scheduled to take place on the following dates and times via Zoom.

Tuesday, August 3 rd	6 – 7:30 pm
Wednesday, August 4 th	9 – 10:30 am
Thursday, August 5 th	6 – 7:30 pm
Friday, August 6 th	12 – 1:30 pm

The Health Unit has issued a media release, promoting the town halls to the public, to coincide with the social media posts.

We thank you for helping to get this important information out to your networks and the community.

Alexis

Appendix N – Virtual Town Hall Meeting Post Card

WINDSOR'S CONSUMPTION AND TREATMENT SERVICE SITE SELECTION

If you have questions,
we want to answer them!



Join one of the four online Town Hall meeting to have your questions answered by a panel of experts between August 3 and August 6, 2021.

For a list of dates and times, and to register for the event, visit www.wecoss.ca



Two sites are proposed for a Consumption and Treatment Service site in Windsor:
101 Wyandotte Street East
AND **628 Goyeau Street**

Contact CTSQuestions@wechu.org with questions or for help registering.

WHAT IS A CONSUMPTION AND TREATMENT SERVICE (CTS) SITE?

A CTS is a safe space for a person to use substances under the supervision of trained staff. CTS sites are a harm reduction strategy to lower the risks associated with substance use, keeping people who use substances alive, safe, and healthy.

They help the community by:

- Reducing the rates of emergency room visits, drug overdoses, and deaths
- Reducing the risk factors leading to the spread of infectious diseases
- Improving neighbourhood safety with less public drug use and discarded drug supplies

To learn more about CTS facilities, please visit www.wecoss.ca/cts



www.wecoss.ca



**CONSUMPTION AND TREATMENT
SERVICES SITE-SPECIFIC
COMMUNITY CONSULTATIONS
EXECUTIVE SUMMARY REPORT
(2022)**



WINDSOR-ESSEX
COMMUNITY
**OPIOID &
SUBSTANCE**
STRATEGY

Executive Summary

The Local Opioid & Drug Overdose Crisis

Over the last five years, opioid and drug-related morbidity and mortality trends have continued to rise at alarming rates across Windsor-Essex County (WEC):

- ✚ **416 opioid-related emergency department visits** were reported in WEC for 2021, which is 58 more than those reported for in 2020 (358) and nearly quadrupled from those reported for in 2016 (108).^{1 2}
- ✚ **68 opioid-related deaths** were reported locally in 2020, which represents the highest number of annual opioid deaths in WEC since reporting began in 2005.² These upward trends are expected to continue into the year of 2021, with **33 opioid-related mortalities** recorded in the first seven months of the annual period alone (January to July).¹

In response to the worsening opioid and drug overdose crisis in WEC, the *Windsor-Essex Community Opioid & Substance Strategy* (WECOSS) has moved forward with a project to implement a **Consumption & Treatment Services (CTS)** facility in the City of Windsor.

What is a CTS Facility?

- ✚ A **harm reduction strategy** aimed at reducing the risks associated with substance use and preventing opioid-related injuries and deaths in the community
- ✚ A **legally operated, indoor facility** where people come to use their own pre-obtained substances under safe conditions, with the supervision of medically trained workers, and with on-site access and/or referrals to basic medical care, social services, and mental health/substance use treatment

[Research in Canada](#) shows that supervised consumption services (SCS) (referred to as consumption and treatment services under the *Ontario Ministry of Health* model) can have many health and social benefits for both people who use substances and the larger community and can help to **save lives**.³

Did We Consult the Community?

Yes. In 2018 and 2019, the Windsor-Essex County Health Unit (WECHU) conducted a series of community consultations to gather feedback from members of the community about the overall feasibility and need for a Supervised Injection Services (SIS) facility (now referred to as CTS facilities under the *Ontario Ministry of Health* model) in WEC. Key findings outlined in the [SIS Community Consultations Report](#) demonstrated local support for an SIS in the City of Windsor:⁴

- ✚ **61%** of community members who responded to the online survey said that an SIS would be helpful to WEC (2520 responses in total).
- ✚ A **majority** of survey respondents who identified as a person who injected drugs said that they would consider using a local SIS if it were available (**71%** said “**yes**”; **7%** said “**maybe**”) (99 responses in total).
- ✚ **Many** of the respondents thought that the area of the downtown core in Windsor would be a well-served location for a local SIS.

¹ Windsor-Essex County Health Unit. Personal communication with the Epidemiology and Evaluation Department. January 21st, 2022.

² Public Health Ontario (PHO). Interactive Opioid Tool – Opioid Related Morbidity and Mortality in the Geographic Area of the Windsor-Essex County Health Unit. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed April 14th, 2022.

³ Health Canada. (2022). Supervised consumption sites and services: Explained. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>.

⁴ Windsor-Essex County Health Unit. (2019). *Supervised Injection Services Community Consultations Report*. Retrieved from <https://www.wechu.org/sis-community-consultation-reports>.

CTS Site Selection & Application Process

Subsequent to the release of the *SIS Community Consultations Report*, the WECHU, with the support of the *CTS Stakeholder Advisory Committee*, determined two candidate locations for a potential CTS in the City of Windsor’s downtown core – [101 Wyandotte Street East](#) & [628 Goyeau Street](#).

How Were the Candidate Locations Selected?

- ✚ An extensive consultation and communication process with local property owners
- ✚ With adherence to the mandatory site requirements outlined in the *Health Canada* and *Ontario Ministry of Health* application documents for the creation and approval of a local CTS/SCS, as well as to complementary eligibility criteria established by the *CTS Stakeholder Advisory Committee*
- ✚ Crime Prevention through Environmental Design (CPTED) Audits conducted by the Windsor Police Service in 2021 found that both of the candidate sites would lend themselves sufficiently to establishing manageable “Safe Consumption Zones”⁵

The CTS Site-Specific Community Consultation

As such, the WECOSS launched a site-specific community consultation on June 17th of 2021 to gather feedback from members of the community about the overall feasibility and acceptability of establishing a potential CTS at either of the candidate locations. The input collected through the community consultation would be used to inform the selection of one optimal location to submit through applications to the federal and provincial governments for approval. A four-phased, multi-pronged data collection approach was employed as part of the comprehensive community consultation plan:

- ✚ A community survey with a total of **448 survey responses**
- ✚ **13 key informant interviews** with business and agency stakeholders operating within a defined radius from the sites⁶
- ✚ **7 focus groups** with area stakeholder groups
- ✚ **3 Virtual Town Hall meetings** that allowed community members to ask questions and to voice concerns to a panel of expert speakers. In total, **53 community members** registered to participate.

What Did We Hear from the Community?

Key findings collected through the site-specific community consultations yielded local support for the creation of a potential CTS at either of the candidate locations.

Community Survey Results

- ✚ A **majority of respondents** indicated that they would **provide at least some degree of support, ranging from “very large” to “a little” support**, for a potential CTS at **628 Goyeau Street (68%)** and/or **101 Wyandotte Street East (67%)**.
- ✚ While respondents **most frequently** indicated that they would **provide equal support** for a CTS at either of the candidate locations (**39%**), **19% preferred 628 Goyeau Street**, and **13% preferred 101 Wyandotte Street East**. **Nineteen percent (19%)** indicated that they **did not support or prefer** either location.
- ✚ Of respondents who either lived, worked, owned a business, and/or went to school in the N9A FSA (inclusive of the downtown core) (N=168), **31%** equally supported both locations, **22% preferred 628 Goyeau Street**, and **14% preferred 101 Wyandotte Street East**. **Twenty-three percent (23%)** indicated that they **did not support or prefer** either location.

⁵ Windsor Police Service. (2021). Shortlisted Options – Consumption and Treatment Site. General Public-Safety Focused Review Based on CPTED Principles. Windsor, Ontario.

⁶ Note: At the time of this publication, 12 of the 13 key informants had provided their authorization to include their feedback within the final, public reporting materials in aggregate format. As such, results from one of the thirteen key informant interviews are not included within this report.

Key Informant Interview & Focus Group Results

- ✚ A **majority of key informants and focus groups** demonstrated **openness or support** towards establishing a potential CTS at one or both of the candidate sites, with very few expressing strong opposition towards either location.
- ✚ While **3** of the key informants **equally supported** both locations, **4 preferred 628 Goyeau Street**, and **3 preferred 101 Wyandotte Street East**. **Two** of the key informants expressed **strong opposition** towards either location (did not support or cite a preference for either location).
- ✚ **Five of the seven focus groups** reached a **consensus (i.e., majority will)** or a general agreement that **628 Goyeau Street** is or may be the **preferred, optimal, and/or more beneficial location** for a potential CTS in the City of Windsor's downtown core.
- ✚ The remaining **two focus groups did not reach a consensus** on a **preferred or optimal location**. At one or more points during these consultations, both of these focus groups cited that **either of the candidate locations could be sufficient** for a potential CTS, depending on the **interior and exterior design** of the spaces and/or the **ability of these spaces to accommodate the program's needs**.

Site Selection

- ✚ After extensive consultation with the *CTS Stakeholder Advisory Committee* and the property owners at both of the candidate locations, **101 Wyandotte Street East** was selected as the candidate location for a potential CTS in the City of Windsor.

Next Steps

- ✚ The WECHU, in collaboration with the *CTS Stakeholder Advisory Committee*, will seek the municipality's endorsement for the WECHU to apply for and to establish a CTS site at 101 Wyandotte Street East.
- ✚ Pending approval from the City of Windsor Council, the WECHU, in partnership with the Windsor-Essex Community Health Centre (WECHC), will submit the *Health Canada* and *Ontario Ministry of Health* applications for approval of a CTS at 101 Wyandotte Street East.
- ✚ Should the WECHU receive approval from the federal and provincial governments to establish the proposed CTS, the WECHC will assume the primary responsibilities of operating the services delivered at the site once operationalized. Pozitive Pathways Community Services (PPCS) will be responsible for embedding the PPCS Needle Syringe Program into the direct operations of the site.



WINDSOR-ESSEX
COMMUNITY
**OPIOID &
SUBSTANCE**
STRATEGY

CONSUMPTION & TREATMENT SERVICES – FREQUENTLY ASKED QUESTIONS

*Ontario Ministry of Health
(Consumption & Treatment
Services) and Health Canada
(Supervised Consumption
Services) Application &
Operational Requirements*

Consumption & Treatment Services – Frequently Asked Questions

Ministry of Health (Provincial) & Health Canada (Federal) Application & Operational Requirements

Introduction

This document provides a listing of responses to Frequently Asked Questions (FAQ) about the *Ontario Ministry of Health's Consumption & Treatment Services (CTS) Application* (provincial requirement) and *Health Canada's Supervised Consumption Services (SCS) application* (federal requirement).

In Canada, possession of controlled substances is prohibited under the *Controlled Drugs & Substances Act*. *Health Canada's SCS* program is responsible for granting exemptions to Section 56.1 of the *Controlled Drugs & Substances Act* in order to permit local agencies to legally operate SCS services in Canada. The *Ontario Ministry of Health's CTS* program augments *Health Canada's SCS* program to include additional requirements for treatment and recovery services. The Ontario CTS program is responsible for allocating provincial funding to local agencies that meet the ministry-defined criteria to operate CTS sites in Ontario. In order to receive provincial funding to operate a CTS, local agencies must complete and fulfill the requirements of both the *Health Canada SCS* application and the *Ontario Ministry of Health CTS* application.

For more information about the provincial and federal CTS application processes, please refer to the list of FAQs below or visit the following web resources:

- [Ministry of Health – Consumption & Treatment Services: Application Guide \(2018\)](#)
- [Health Canada – Apply to Run a Supervised Consumption Site: Overview \(2018\)](#)

References

Information outlined in this document has been accessed from the following sources:

- Ministry of Health (2018). Consumption & Treatment Services: Application Guide. Retrieved from https://health.gov.on.ca/en/pro/programs/opioids/docs/CTS_application_guide_en.pdf
- Ministry of Health (2018). Consumption & Treatment Services Application Form. Retrieved from https://health.gov.on.ca/en/pro/programs/opioids/docs/CTS_application_form_en.pdf.
- Health Canada. (2018). Apply to Run a Supervised Consumption Site: Overview. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/apply.html>
- Health Canada. (2018). Section 56.1 Exemption for Medical Purposes under the Controlled Drugs & Substances Act for Activities at a Supervised Consumption Site – Application Form. Retrieved from <https://www.canada.ca/content/dam/hc-sc/documents/services/substance-abuse/supervised-consumption-sites/apply/how-to-apply.pdf>

Ministry of Health – Consumption & Treatment Services Application & Program Requirements (FAQS)

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- [FAQ 31 – How does the Ministry of Health transfer provincial CTS funding to local agencies once a CTS application is approved?](#)

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- [FAQ 32 – What are the reporting and evaluation requirements for CTS operations that receive provincial CTS funding under Ontario’s CTS program?](#)
- [FAQ 33 – What are the safety and security requirements under Ontario’s CTS program?](#)
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To skip to the Health Canada – Supervised Consumption Services (SC) Application & Program Requirements (FAQ) Section, click [here](#).



Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p>FAQ 1 – What is Ontario’s Consumption & Treatment Services (CTS) program?</p>	<p>Ontario’s Consumption & Treatment Services (CTS) program was launched by the Deputy Premier and the Minister of Health & Long-Term Care in October of 2018. The CTS program is part of a larger harm reduction approach that is aimed at supporting health equity and reducing the risks associated with substance use across communities.</p> <p>The CTS program allocates provincial funding to local agencies that meet the ministry-defined criteria to operate CTS sites in Ontario. CTS sites provide safe spaces for people to consume substances under the supervision of medically trained workers. These sites also provide integrated, wraparound services that connect people who use drugs to harm reduction, primary care, treatment, and other health and social services in their communities. Program requirements also mandate strategies that seek to address community concerns and to foster ongoing community engagement with key stakeholders surrounding established CTS sites.</p>
<p>FAQ 2 – What is the process for seeking provincial funding to operate a local CTS?</p>	<p>In order to receive provincial CTS funding from the Ministry of Health, local level agencies must submit and fulfill the requirements of Ontario’s CTS application. Ontario’s CTS program augments Health Canada’s Supervised Consumption Services (SCS) program to include additional requirements for treatment and support services. Provincial CTS funding is considered for communities that demonstrate that their proposed service meets the federal requirements under Health Canada’s SCS program, as well as the additional requirements under Ontario’s program.</p>
<p>FAQ 3 – What application requirements must be satisfied in order to receive provincial CTS funding?</p>	<p>All CTS applications that are received by the Ministry of Health are reviewed to ensure that the proposed services meet the provincial program criteria (FAQ 4) and that the proposed costs are valid, reasonable, and within program funding levels based on proposed hours and service capacity. Applicants that successfully meet the provincial program criteria, as well as receive a federal exemption under Health Canada’s SCS program to legally operate SCS services in Canada, are considered by the Ministry of Health for provincial CTS funding. Both the provincial and federal applications must be successful in order to operate CTS sites in Ontario.</p>

Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p>FAQ 4 – What program criteria is assessed under the Ontario CTS application?</p>	<p>CTS applications to the Ministry of Health must demonstrate that their proposed service satisfies the following program criteria:</p> <ul style="list-style-type: none"> • Local conditions or neighbourhood evidence that supports the need and site-selection for the proposed CTS (FAQ 5) • Clear capacity to provide consumption and treatment services. Applicants must demonstrate that their agency is eligible to operate a CTS in Ontario, has the capacity to deliver the mandatory CTS services, is able to fulfill a well-suited service delivery and staffing model, and can meet the minimum site requirements for a CTS (FAQ 6 – FAQ 18) • Sufficient proximity to similar services (e.g., existing CTS sites) and sensitive land uses (i.e., parks, schools, child care centers, and post-secondary institutions) (FAQ 19 – FAQ 20) • Evidence demonstrating that the local community supports the proposed CTS. Plans must also be established for supporting ongoing community engagement during the operational phases of the CTS (FAQ 21 – FAQ 25) • Fully accessible in accordance with Ontario’s accessibility standards (FAQ 26)
<p>FAQ 5 – What local conditions must be demonstrated under Ontario’s CTS application criteria?</p>	<p>Local conditions or neighbourhood evidence that supports the need for the proposed CTS must be demonstrated in order to receive provincial CTS funding. The Ministry of Health identifies communities that demonstrate a high need for a CTS based on the following:</p> <ul style="list-style-type: none"> • Mortality data – Number of opioid-related deaths and rate of opioid-related deaths • Morbidity data – Rate of opioid-related emergency department visits and rate of opioid-related hospitalizations • Proxy measures for drug use – Needle distribution and naloxone distribution and oxygen <p>Local conditions or neighbourhood evidence must also support the proposed site-selection. Applicants should also include:</p> <ul style="list-style-type: none"> • Any local or neighbourhood data to support the choice of the proposed CTS site • A description of how the proposed service delivery model is best suited to local conditions

Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p>FAQ 6 – Who is eligible to submit an Ontario CTS application to the Ministry of Health?</p>	<p>Eligible applicants for Ontario’s CTS program include Community Health Centres (CHCs), Indigenous Health Access Centres, or similar incorporated healthcare or community-based organizations that can offer the full range of mandatory services (i.e., legal entities that are capable of entering into contracts).</p>
<p>FAQ 7 – What are the mandatory services that applicants must demonstrate an ability to provide through Ontario’s CTS application?</p>	<p>Applicants under Ontario’s CTS program must demonstrate an ability to provide the following mandatory services:</p> <ul style="list-style-type: none"> • Supervised consumption and overdose prevention services • On-site or defined pathways (i.e., mechanisms to ensure that clients access the intended services, which should be within walking or transit distance from the CTS) to the following services: <ul style="list-style-type: none"> ○ Substance use treatment services ○ Mental health services ○ Primary care services ○ Social services (e.g., housing, food, employment) • Harm reduction services: <ul style="list-style-type: none"> ○ Education on harm reduction, safe drug use practices, and safe disposal of equipment ○ First aid and wound care ○ Distribution and disposal of harm reduction supplies ○ Provision of naloxone and oxygen • Removal of inappropriately discarded harm reduction supplies surrounding the CTS area using the appropriate equipment (i.e., needle-resistant safety gloves) • Public education
<p>FAQ 8 – What types of supervised consumption services are required and funded through Ontario’s CTS program?</p>	<p>In order to receive provincial CTS funding, applicants must demonstrate an ability to provide injection, intranasal, and oral supervised consumption services at the CTS site. The CTS program does not include supervised inhalation services.</p>
<p>FAQ 9 – What service information must be included within the Ontario CTS application as it relates to the delivery of mandatory services?</p>	<p>In addition to demonstrating an ability to provide the mandatory CTS services (FAQ 7), applicants are required to submit the following service information under Ontario’s CTS application:</p> <ul style="list-style-type: none"> • The types of services (e.g., substance use treatment) that will be provided and how each will be delivered • Which services will be offered on-site and which will be offered through defined pathways • Expected wait times for services



Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p>FAQ 10 – Does Ontario’s CTS program fund any additional optional services?</p>	<p>Applicants may request funding for additional optional services through Ontario’s CTS application based on capacity and local conditions. The Ministry of Health will then consider the additional optional services for approval. Of note, optional services may require approval from Health Canada and/or the Ministry of Health based on the type of service.</p>
<p>FAQ 11 – Which service delivery models and hours of operation are rendered preference for provincial funding under Ontario’s CTS program?</p>	<p>Under Ontario’s CTS program, preference is rendered to proposed services that offer consistent hours of operation, seven days per week. Proposed hours should be based on the local context and via consultation with community stakeholders, local community groups, and persons with lived experience. Through the CTS application, applicants must identify the proposed hours of operation and the site’s capacity to offer such services (e.g., number of consumption booths).</p>
<p>FAQ 12 – What are the mandatory staffing requirements that applicants must demonstrate an ability to satisfy through the Ontario CTS application?</p>	<p>Under Ontario’s CTS program, applicants must submit a proposed staffing model to demonstrate that the proposed service meets the following operational and program requirements:</p> <ul style="list-style-type: none"> • A designated health professional must be present at all times • The staffing model must include peers/people with lived experience • The applicant has the capacity within the proposed staffing model to provide immediate overdose response and prevent and manage security incidents
<p>FAQ 13 – What are the mandatory site requirements that applicants must demonstrate an ability to satisfy through the Ontario CTS application?</p>	<p>Applicants under Ontario’s CTS program must demonstrate an ability to satisfy the following site requirements:</p> <ul style="list-style-type: none"> • A suitable floor plan (FAQ 14) • The proposed site meets municipal bylaws and provincial regulations for accessibility • The proposed site meets the ministry design standards for a CTS (FAQ 15-17) • Physical safety and security measures are in place to ensure client, staff, and community safety (FAQ 18)



Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p>FAQ 14 – What are the floor plan requirements outlined through the Ontario CTS application criteria?</p>	<p>Applicants must submit a floor plan in attachment to the Ontario CTS application that indicates the placement and orientation of the following services and stations:</p> <ul style="list-style-type: none"> • Areas for service intake, consumption, and post-consumption care • Areas for other mandatory services (FAQ 7) • Hand hygiene sink and foot wash station • Accessible washrooms
<p>FAQ 15 – What are the minimum ministry design standards (i.e., space types and square footage) for operating CTS services under Ontario’s CTS program?</p>	<p>The minimum ministry design standards for operating CTS services under Ontario’s CTS program are as follows:</p> <ul style="list-style-type: none"> • Consumption booths with individually partitioned desks/tables and chairs – 40sf per person, 240 sf for 6 booths, and 120sf for 3 booths • Assessment room that accommodates an interviewer workstation/chair and a client/chair (two chairs if needed) – 100sf in size, 100 sf for 6 booths, and 100sf for 3 booths • Observation area that includes workstations for supervision staff – 65sf in size, 130sf for 6 booths, and 65sf for 3 booths • Post-consumption area that accommodates at least 6 client chairs and one small desk/chair for supervisory staff – 120sf in size, 120sf for 6 booths, and 100sf for 3 booths (3-4 client chairs and desk/chair for supervisor)
<p>FAQ 16 – What are the Ontario Building Code requirements for Community Health Centres to operate CTS services under Ontario’s CTS program?</p>	<p>Community Health Centres are typically classed as a Class D occupancy building under the Ontario Building Code (OBC) and are built to the OBC standard of the year of construction. The nature of the CTS as offering self-administered “treatment” will likely define this group as individuals potentially needing more time and assistance for evacuation in the event of a fire (due to the potential degree of incapacitation). As a result, this space will likely be considered a B2 occupancy under the OBC and if so, will require additional physical renovations to include the following:</p> <ul style="list-style-type: none"> • Upgraded fire separations • Upgrades to the HVAC system • Fire alarm systems and doors to these areas • The use of “cookers” may also prompt some additional directions from the Ontario Fire Marshal’s office

Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p>FAQ 17 – What are the minimum ministry design standards for safe injection areas under Ontario’s CTS program?</p>	<p>The minimum ministry design standards for the safe injection area of the CTS are as follows:</p> <ul style="list-style-type: none"> • A counter space of +3 linear feet per client • Counter spaces that are non-porous, hygienic, and easily cleanable (e.g., stainless steel) • Appropriate biohazard waste disposal should be available for each client • Fixed mirrors should be provided for each client • Appropriate lighting should be provided to promote safe injection practice • Finish surfaces (i.e., wall, floor) should be non-porous and easily cleanable • A staff monitoring area should be provided in the post-consumption room with an emergency communication system • Lockable supply cabinets should be provided in the room • A hand hygiene sink and foot wash station should be provided in the CTS • Security and access control should be considered as part of the model of care • CSA Class C ventilation should be provided in the space. Enhanced ventilation should be considered if “cooking” is permitted • Other space(s) for clients to relax and/or access care while observation continues and to provide wrap-around services
<p>FAQ 18 – What physical safety and security measures are required under Ontario’s CTS program in order to ensure client, staff, and community safety?</p>	<p>Under Ontario’s CTS application, applicants must verify that the following physical safety and security measures are in place in order to ensure client, staff, and community safety:</p> <ul style="list-style-type: none"> • Provincial and municipal safety requirements • Fire safety plan • Security plan • Paramedics and other first responders have access to the consumption and post-consumption rooms • Occupational health and safety requirements • Infection prevention and control requirements

Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
FAQ 19 – What are the proximity criteria to similar services (e.g., existing CTS sites) under Ontario’s CTS program?	Applicants to Ontario’s CTS program must outline the proposed site’s distance, in metres or kilometres, from the site to other local CTS sites or similar services. CTS sites should be located at least 600 metres (i.e., two large city blocks) from existing CTS sites or other similar services.
FAQ 20 – What are the proximity criteria to sensitive land uses (i.e., parks, schools, childcare centres, and post-secondary institutions) under Ontario’s CTS program?	Applicants to Ontario’s CTS program must outline the proposed site’s distance, in metres or kilometres, to the closest licensed childcare centre, park, school, or post-secondary institution. If the proposed site is within close proximity to one or more of these institutions (e.g., 100 metres – 200 metres), the applicant must specify the methods to which community concerns will be addressed through community consultation and ongoing community engagement. Evidence of support by local stakeholders, including residents, must be submitted.
FAQ 21 – What are the components of the community consultation criteria through the Ontario CTS application?	Community consultations are a key requirement of Ontario’s CTS program. Consultations should allow the Ministry of Health to understand the efforts that have been undertaken to engage with stakeholders to inform them of the proposed CTS, and to learn about the potential impacts of the CTS on people who use drugs and the local community (as well as how these impacts can be mitigated). CTS applicants must include a description of consultation activities that were conducted for the proposed CTS site. Results from the consultations, including all feedback and comments that were received, should be provided in a summary report.
FAQ 22 – What types of activities constitute as sufficient community consultation methods under the Ontario CTS program?	Sufficient community consultation methods under Ontario’s CTS program include, but are not limited to, the following: <ul style="list-style-type: none"> • Door-to-door canvassing (e.g., flyers) • General email account to receive feedback and respond to inquiries • Information meetings/open houses • Presenting at community associations and other meetings • Surveys • Websites that include opportunities for individuals to submit feedback



Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p>FAQ 23 – Who must be consulted on the proposed CTS under Ontario’s CTS program?</p>	<p>At minimum, the following stakeholders must be consulted on the proposed CTS in order to meet the Ministry of Health’s CTS program criteria for community consultation:</p> <ul style="list-style-type: none"> • Health and social service stakeholders (i.e., substance use treatment, mental health, housing) • Local businesses and/or business associations • Local citizens and/or community groups • Local municipality • Police and other emergency services • Public health • Persons with lived experience
<p>FAQ 24 – Which community consultation documents must be submitted with an Ontario CTS application?</p>	<p>As part of the Ontario CTS application, applicants must submit the following documents in order to meet the Ministry of Health CTS program criteria for community consultation:</p> <ul style="list-style-type: none"> • A consultation report that provides information about who was consulted, a summary of feedback from each stakeholder group, concerns raised by stakeholder groups (if any), and how concerns will be addressed • Local municipal council support (i.e., council resolution) endorsing the proposed CTS • Other evidence of support for the CTS, such as letters of support from partnering organizations, local businesses, and/or other stakeholders • Board of health resolutions
<p>FAQ 25 – What are the CTS program criteria for ongoing community engagement?</p>	<p>As part of the Ontario CTS application, applicants must submit a community engagement and liaison plan that outlines how the community will be engaged on an ongoing basis. This plan may include the following:</p> <ul style="list-style-type: none"> • Follow-up(s) after the initial consultations • Public education about the CTS • Engagement mechanisms to identify and address community concerns on an ongoing basis

Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p>FAQ 26 – What accessibility criteria is mandatory under the Ontario CTS program?</p>	<p>As part of the Ontario CTS application, applicants must verify that the proposed CTS is fully accessible and in adherence to the following criteria:</p> <ul style="list-style-type: none"> • The proposed service is compliant with the <i>Accessibility for Ontarians with Disabilities Act</i> • The proposed services are culturally, demographically, and gender appropriate • The proposed service is strategically located, meaning that it is within walking distance from where open drug use is known to occur • The proposed service is easily accessible by public transit
<p>FAQ 27 – What are the operational funding request requirements under Ontario’s CTS program?</p>	<p>As part of the Ontario CTS application, applicants must submit a budget that provides a breakdown of all of the operational costs, including a brief description and rationale for the quantity and cost for each item requested. This may include information about how the item would be used, who would be using it, and an explanation in the rare case where existing staffing or equipment cannot be leveraged.</p>
<p>FAQ 28 – What are the eligible operational costs for coverage via provincial CTS funding?</p>	<p>Ontario’s CTS program funds the operational costs for full-time equivalent employees (FTEs) and supplies directly associated with the consumption service, post-consumption space, referrals, and/or services required for addressing community concerns. Operational cost items can include the following:</p> <ul style="list-style-type: none"> • Salaries and benefits • Supplies and services • Program, administrative, phone, and IT expenses – The Ministry of Health funds up to a maximum of 10% of the total operating budget for administrative and IT expenses (i.e., audit, accounting, and payroll costs).
<p>FAQ 29 – What operational costs are not eligible for coverage via provincial CTS funding?</p>	<p>The following operational costs are not eligible for coverage through provincial CTS funding:</p> <ul style="list-style-type: none"> • Direct costs of wraparound services • Physician funding to deliver clinical services • Costs associated with job postings and staffing recruitment for the CTS, travel, and conferences

Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p>FAQ 30 – Are capital budget requests (i.e., coverage for capital infrastructure, renovations and retrofits) funded through Ontario’s CTS program?</p>	<p>Ontario CTS applicants may submit a one-time funding request to cover capital infrastructure, renovations, and retrofits of facilities required to plan, establish, and operate the CTS with their application. The Ministry of Health will work with applicants to determine capital funding requirements immediately following a notification of the Minister’s approval of a site. The ministry will then provide an overview of the capital funding process, the application form, and the ministry’s funding guide.</p>
<p>FAQ 31 – How does the Ministry of Health transfer provincial CTS funding to local agencies once a CTS application is approved?</p>	<p>Prior to receiving any provincial CTS funds, approved applicants must agree to and sign a transfer payment agreement with the Ministry of Health. Transfer Payment Agreements outline the roles and responsibilities of each party and the accountability and reporting requirements to which the CTS provider must adhere to, including financial reporting and reporting on program indicators and outcomes.</p>
<p>FAQ 32 – What are the reporting and evaluation requirements for CTS operations that receive provincial CTS funding under Ontario’s CTS program?</p>	<p>As part of the monitoring and reporting requirements under Ontario’s CTS program, CTS operations are required to report on the following indicators on a monthly basis:</p> <ul style="list-style-type: none"> • Site data (i.e., # of visits, # of unique clients) • Provision of wrap-around services and treatment uptake (i.e., # of clients accessing on-site or referrals to 1) treatment, 2) mental health, 3) primary care, 4) counselling, 5) first aid/basic care, and 6) social services) • Safety and security (i.e., # of times security staff assisted with 1) an incident in the CTS and/or 2) a security event in the immediate perimeter of the CTS; # of times police were called to the CTS) • Site visits (i.e., visits by time of day and mode of consumption, peer-assisted injections, non-identifiable client demographics, drugs consumed by clients as reported at intake) • Overdose events (i.e., # of overdoses; # of overdoses treated 1) solely with oxygen/rescue breathing and stimulation and/or 2) with naloxone; # of doses of naloxone administered; # of deaths occurring in the CTS) • Emergency service calls (i.e., # of 911 calls related to 1) overdose and/or 2) other reasons, by reason, # of clients transported to an emergency department related to 1) an overdose and/or 2) other reasons, by reason)

<p>FAQ 32 Continued</p>	<ul style="list-style-type: none"> • Provision of basic medical care and education (i.e., # of visits where client received harm reduction education/information, # of visits where needle exchange/syringe services were provided for non-CTS use, frequency of needle 1) pick-ups and/or 2) removals in the surrounding area of the CTS) • Community engagement and liaison (i.e., description of community engagement and liaison efforts, including issues raised and how they have been mitigated) • Other (i.e., drug checking data, if applicable, additional comments at the discretion of the CTS provider) <p>Each CTS provider is also required to complete and submit an annual report, subject to the criteria provided by the ministry, in order to ensure that CTS programs are efficacious and are achieving provincial objectives. Evaluations of all provincially funded CTS programs are also completed by the Ministry of Health.</p>
<p>FAQ 33 – What are the safety and security requirements under Ontario’s CTS program?</p>	<p>Under Ontario’s CTS program, applicants must verify that the following mechanisms will be implemented as it pertains to security, access, and removal of harm reduction equipment:</p> <ul style="list-style-type: none"> • Control CTS site access – Only those intended to use the services will be allowed to enter the CTS • Discourage loitering outside the CTS • Ensure staff are trained in instances in which law enforcement should be contacted (i.e., substances left at a CTS) • Ensure staff are trained on Infection Prevention Control (IPAC) procedures, including needle handling and disposal policies and procedures • Comply with Health Canada rules related to possession, production, trafficking/sharing, and administering of substances within the CTS
<p>FAQ 34 – How are funded CTS programs enforced by the Ministry of Health?</p>	<p>Ontario CTS programs are enforced by the Ministry of Health or other authorized representatives through inspections of the organization’s operations and compliance with the CTS program requirements. This may include, but is not limited to, safety and security provisions and frequency of needle removal/pick-ups. The Ministry or any authorized representative may also audit or review CTS documentation and reports to ensure compliance with other program requirements (i.e., on-site or defined pathways to substance use treatment and wrap-around services). A program enforcement approach is used for any inspection or review. CTS sites may also be subject to inspections by the Ministry of Labour and Health Canada.</p>

Health Canada – Supervised Consumption Services (SCS) Application & Program Requirements (FAQS)

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Health Canada – Supervised Consumption Services (SCS) Application & Program Requirements (FAQS)

Question	Answer
<p>FAQ 35 – What is Health Canada’s Supervised Consumption Services (SCS) program?</p>	<p>In Canada, possession of controlled substances is prohibited under the <i>Controlled Drugs & Substances Act</i>. In order to legally operate an SCS site for medical purposes in Canada, an exemption is required under Section 56.1 of the <i>Controlled Drugs & Substances Act</i>. Health Canada may grant exemptions for SCS sites after the satisfactory completion of an application.</p> <p>SCS sites are similar to CTS sites in that they are offered in municipalities of high need (i.e., municipalities with high rates of public drug use) to provide health, social, and treatment services to people who use drugs. Sites offer a safe space for people to consume their own pre-obtained substances under the supervision of medically trained workers. SCS sites may also offer a wide range of wraparound services (depending on the applicant’s proposal for services), including drug checking services, emergency medical care, basic health services (e.g., wound care), testing for infectious diseases, on-site access or referrals to substance use/mental health treatment, healthcare, and social service providers, and harm reduction education.</p>
<p>FAQ 36 – What is the process for seeking a legal exemption to Section 56.1 of the <i>Controlled Drugs & Substances Act</i> under Health Canada’s SCS program?</p>	<p>In order to receive a legal exemption to the <i>Controlled Drugs & Substances Act</i> under Health Canada’s SCS program, local agencies must complete and submit an SCS application to Health Canada. Health Canada may grant exemptions for SCS sites after the satisfactory completion of an application.</p>
<p>FAQ 38 – How long are legal exemptions granted for SCS services?</p>	<p>Exemptions for SCS sites are generally granted by <i>Health Canada</i> for one year; however, length of time can vary based on the completeness of the application and compliance history. Once the initial exemption term has expired, applicants may submit a renewal application to extend the exemption.</p>

Health Canada – Supervised Consumption Services (SCS) Application & Program Requirements (FAQS)

Question	Answer
FAQ 39 – What information is required about the proposed site in order to submit an application through Health Canada’s SCS program?	<p>As part of Health Canada’s SCS application, applicants must submit the following information about the proposed site. In order to receive provincial funding to operate a CTS, this information must comply with the mandatory program requirements that are outlined through Ontario’s CTS program.</p> <ul style="list-style-type: none"> • Current services (if any) offered at the site • Proposed services to be offered at the site • Other proposed services or partnerships for relevant off-site services • Proposed hours of operation • Description of the flow of the site. A floor plan must also be submitted that clearly demonstrates the layout of the site, identifies storage areas for unidentified substances left behind, and any security features in the building (e.g., cameras, motion detectors, locks, etc.). • Method of drug checking and procedures (if applicable) • If the site is a mobile unit, locations of stops to be made along the route and where the mobile unit will be parked outside of operation hours.
FAQ 40 – What local conditions must be demonstrated under Health Canada’s SCS program criteria?	<p>Applicants to Health Canada’s SCS program must submit information about local conditions that support the need for the proposed SCS site within the local municipality/neighbourhood. Mandatory information to include is as follows:</p> <ul style="list-style-type: none"> • Description of the target population to be served at the site, which may include estimates of the number of persons who consume illegal substances, infectious disease rates in relation to substance use, and drug-related overdose deaths • Number of drug-related overdoses and deaths in the local area • Intended health and safety impact of the site on the target population, the general public, and the local area
FAQ 41 – What policies and procedures must be submitted as part of Health Canada’s SCS application?	<p>As part of Health Canada’s SCS application, the following policies and procedures must be developed and submitted:</p> <ul style="list-style-type: none"> • Roles and responsibilities of staff members and their training requirements (FAQ 42 – FAQ 44) • Addressing unidentified substances left behind (FAQ 45) • Loss or theft of unidentified substances left behind (FAQ 46) • Security measures taken to minimize risks (FAQ 47)



Health Canada – Supervised Consumption Services (SCS) Application & Program Requirements (FAQS)

Question	Answer
FAQ 42 – What is required under the “Roles & Responsibilities of Staff Members and their Training Requirements” SCS Policy?	<p>Site policies and procedures must clearly indicate who will be responsible for supervising consumption at the site. The site is required to have a Responsible Person in Charge (RPIC) (FAQ 43 – FAQ 44). The organization must inform and train the RPIC, A/RPIC(s), key staff members and all staff members on their roles and responsibilities. Organizations must also maintain a training log that indicates who has been trained and when the training has been completed.</p>
FAQ 43 – What are the responsibilities of the Responsible Person in Charge (RPIC)?	<p>The Responsible Person in Charge (RPIC) is responsible for the site and activities at the site during operational hours. The RPIC is not required to be in the consumption area, but must be located within the same building and on the same floor as the SCS during operating hours. When the RPIC is not on site during operating hours, an Alternate Responsible Person in Charge (A/RPIC) assumes the responsibilities of the RPIC.</p>
FAQ 44 – What is required to apply for the Responsible Person in Charge (RPIC) role?	<p>In order to apply for the Responsible Person in Charge (RPIC) role, candidates must submit the following information as part of the Health Canada SCS program:</p> <ul style="list-style-type: none"> • A valid criminal record check • A resume that outlines education and training • Contact information • Proposed schedule • Professional designation and regulatory body license number (if applicable)



Health Canada – Supervised Consumption Services (SCS) Application & Program Requirements (FAQS)

Question	Answer
FAQ 45 – What is required under the “Addressing Unidentified Substances Left Behind” SCS Policy?	<p>A site-specific policy with procedures on how to deal with unidentified substances left behind at the site should be provided. These should include a description of who is responsible for the substances, how they will be handled, where they will be stored (in a locked location, such as a safe, lockbox, double-locked drawer, etc.), and guidance for staff on how to appropriately transfer substances to law enforcement. Records for any unidentified substance found at the site are required to be maintained at the site and include the following information:</p> <ul style="list-style-type: none"> • The date the substance was found • The location where the substance was found • The name of the staff member who packaged and stored the substance • The date the local Police were contacted to request removal of the substance • The name and signature of the officer who removed the substance • The date the substance was removed from the site
FAQ 46 – What is required under the “Loss or Theft of Unidentified Substances Left Behind” SCS Policy?	<p>The site must have policies and procedures in place to prevent the loss or theft of unidentified substances left behind at the site, which includes record-keeping requirements. Loss or theft of any unidentified substance left behind must be reported to police immediately and to the OCS within 24 hours.</p>
FAQ 47 – What is required under the “Security Measures Taken to Minimize Risks” SCS Policy?	<p>The SCS must have a main door that locks. With respect to the SCS space, there are no prescribed physical or security specifications that need to be met. Applicants are responsible for ensuring that adequate measures are in place at the site for the security of staff and clients at all times. Security features and physical layout may be designed in a manner that is appropriate for the particular site needs and operational model. Security measures that may be included are as follows:</p> <ul style="list-style-type: none"> • Video surveillance • Restricted or controlled access areas • Locked or unidirectional doors separating rooms within the facility • Key card/keypad/fob/key access within the site • Panic alarms • Security alarms • Security personnel on site <p>In addition, there must be a system in place for keeping records of the entry and exit of clients and visitors from the consumption area of the site.</p>



Health Canada – Supervised Consumption Services (SCS) Application & Program Requirements (FAQS)

Question	Answer
FAQ 48 – Is a policy required for the disposal of sharps and biohazardous materials?	<p>A copy of this procedure does not need to be provided with the Health Canada SCS application; however, there should be one in place for the site. The site policies and procedures for the disposal of biohazardous waste may be adapted from or aligned with the approved policies and procedures used by the health authority or organization operating the site.</p>
FAQ 49 – What are the records retention requirements of Health Canada’s SCS program?	<p>As part of Health Canada’s SCS application, applicants must submit information about how the following records will be maintained at the SCS sites:</p> <ul style="list-style-type: none"> • Staff training log • Client or visitor entry and exit log • Record-keeping form for unidentified substances left behind <p>Records should be maintained for a minimum of 2 years; however, it is the responsibility of the applicant to ensure that all requirements set out by other applicable federal, provincial, and municipal legislation relevant to SCS services are met. A copy of the above records do not need to be provided with the SCS application; however, these records must be maintained at the SCS site and available to OCS if required.</p>
FAQ 50 – What are the community consultation requirements under Health Canada’s SCS program?	<p>As part of Health Canada’s SCS application, applicants must submit a consultation report that includes a description of the consultation activities that were undertaken for the proposed sites. Results from the consultations, including all feedback and comments that were received, must also be provided. Any advertising materials, forms, or documents used for collecting opinions may be included as supporting documentation. A description of measures to address concerns that were raised during the consultations should also be included. An optional requirement is to submit a letter of opinion from the provincial or territorial Minister of Health.</p>
FAQ 51 – What are the financial planning requirements under Health Canada’s SCS program?	<p>As part of Health Canada’s SCS application, applicants must submit a financial plan for the proposed SCS site. The purpose of the financial plan is to allow Health Canada to better understand whether the site has the resources needed to operate safely and effectively. Documents that can be included within the financial plan are as follows:</p> <ul style="list-style-type: none"> • Financial statements or audits for the organization applying • Documentation confirming sources of funds (private or public) • Confirmation of funding commitments • Budget proposals

Health Canada – Supervised Consumption Services (SCS) Application & Program Requirements (FAQS)

Question	Answer
FAQ 52 – What happens after an SCS exemption is approved by Health Canada?	If an SCS exemption is approved by Health Canada, an exemption document will be issued containing any required terms and conditions, including data collection requirements. Health Canada will also conduct an inspection before the site offers services to the public. The Department may issue an exemption before an inspection takes place if the SCS site is not fully constructed, thereby removing any uncertainty around the applicant’s investment of funds in the renovation process.
FAQ 53 – What happens if an SCS exemption is refused by Health Canada?	If an SCS exemption is refused by Health Canada, the applicant will be notified of the intent to refuse with the reasons for refusal. The applicants will be provided an opportunity submit additional information or reasons that the refusal may be unfounded. Final refusal and reasons for the refusal will be posted on Health Canada’s website.





WINDSOR-ESSEX
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**OPIOID &
SUBSTANCE**
STRATEGY

***CONSUMPTION & TREATMENT SERVICES IN
ONTARIO – OPERATIONAL & EVALUATIVE
INFORMATION***

Consumption & Treatment Services in Ontario – Operational & Evaluative Information

Introduction

According to the [Ontario Ministry of Health's website](#) (January, 2023), there are currently 17 Consumption & Treatment Services (CTS) programs operating across the province of Ontario. These sites have received approval and funding from the Ontario Ministry of Health to operate on-site CTS services (as well as exemptions to *Section 56.1* of the *Controlled Drugs & Substances Act* from Health Canada), and are currently operating in the following regions:¹

1. [Guelph Community Health Centre](#) – 176 Wyndham Street North, **Guelph**
2. [Hamilton Urban Core Community Health Centre](#) – 70 James Street South, **Hamilton**
3. [Kingston Community Health Centre](#) – 661 Montreal Street, **Kingston**
4. [Sanguen Health Centre & Region of Waterloo Public Health & Emergency Services](#) – 150 Duke Street West, **Kitchener**
5. [Regional HIV/AIDS Connection & Middlesex-London Public Health Unit](#) – 446 York Street, **London**
6. [Ottawa Inner City Health Inc.](#) – 256 King Edward Avenue, **Ottawa**
7. [Sandy Hill Community Health Centre](#) – 221 Nelson Street, **Ottawa**
8. [Somerset West Community Health Centre](#) – 55 Eccles Street, **Ottawa**
9. [Four Counties Addiction Services Team](#) – 220 Simcoe Street, Peterborough
10. [Positive Living Niagara](#) – 105 Queenston Street, **St. Catharines**
11. [NorWest Community Health Centre](#) – 525 Simpson Street, **Thunder Bay**
12. [Fred Victor Centre](#) – 145 Queen Street East, **Toronto**
13. [Parkdale Queen West Community Health Centre](#) – 1229 Queen Street West, **Toronto**
14. [Parkdale Queen West Community Health Centre](#) – 168 Bathurst Street, **Toronto**
15. [Regent Park Community Health Centre](#) – 465 Dundas Street East, **Toronto**
16. [South Riverdale Community Health Centre \(Moss Park\)](#) – 134 Sherbourne Street, **Toronto**
17. [South Riverdale Community Health Centre \(keepSix\)](#) – 955 Queen Street East, **Toronto**

This document reviews the operations that are currently in place at the CTS programs/services listed above. A summary of key evaluative data as it relates to CTS operations across Ontario is also included.

Disclosure:

Please note that the information contained within this document derives solely from the existing information that is available via the CTS operators' websites or other web-based materials. All information contained within this document was extracted on January 27th of 2023. As a result, some of the information represented within this document may be out of date. For ongoing updates and information, please visit the CTS websites linked above.

¹ Please note that this list is only inclusive of existing CTS sites in Ontario that are currently operational. It does not include authorized sites that are not currently offering services (e.g., not opened yet, closed temporarily) or sites that currently have open applications to the provincial and/or federal governments to become operational.



Table 1 – Consumption & Treatment Services in Ontario

Type of Operation	Summary of Operations in Ontario
Location	<ul style="list-style-type: none"> In terms of distribution, most of the CTS sites operating in Ontario are located in Toronto (6) or Ottawa (3).
CTS Operators	<ul style="list-style-type: none"> Most of the CTS sites in Ontario are operated primarily by local community health centres, while some are operated by local community health centres in partnership with a public health agency, an HIV/AIDS or harm reduction agency, a family health/care team, and/or a paramedic agency. In a few cases, primary CTS operators include local HIV/AIDS/harm reduction agencies, health or addiction services teams, or social service/charitable organizations.
Days & Hours of Operation	<p>Summary:</p> <ul style="list-style-type: none"> Most of the CTS sites in Ontario operate 7 days per week (11). Five of the CTS sites in Ontario operate 5 days per week. Of these five sites, 4 operate from Monday to Friday and 1 operates from Tuesday to Saturday. Only one CTS site in Ontario operates 24/7 (Ottawa Inner City Health Inc.). Of the CTS sites that do not operate 24/7 (15), 9 offer consistent hours of operation for each day that the CTS is open to the public (i.e., same hours each day), and 6 offer staggered hours of operation that vary by day of the week. <ul style="list-style-type: none"> Of the 9 CTS sites that offer consistent hours of operation, 4 operate for 7 to 8.5 hours per day during day-time hours (day time hours ranges between 9:00 a.m. – 7:00 p.m.) and 4 operate for 11 to 12 hours per day during day-time and mid-evening hours (hours range from 8:00 a.m. – 10:00 p.m.) One of these sites operates for 10 hours per day, starting in the afternoon and ending in the evening (Moss Park, Toronto). Of the CTS sites that offer non-consistent hours of operation, times of service availability vary per day. Of the CTS sites that do not operate 24/7, 8 sites provided a “last call” for consumption time on their website. Five of these sites take last calls for consumption 1 hour before closing time, and three of these sites take last calls for consumption 30 minutes before closing time. <p>Hours of Operation for CTS Sites:</p> <ul style="list-style-type: none"> Guelph CHC CTS: Monday to Sunday from 9:00 a.m. – 5:00 p.m. (4:00 p.m. – last entry) Hamilton Urban Core CHC CTS – Monday, Tuesday, Thursday, & Friday (10:30 a.m. – 10:30 p.m.), Wednesday (12:30 p.m. – 10:30 p.m.), Saturday & Sunday (4:00 p.m. – 10:30 p.m.)

	<ul style="list-style-type: none"> • Kingston CHC CTS – Monday – Sunday from 11:00 a.m. – 7:00 p.m. • Region of Waterloo Public Health & Emergency Services & Sanguen Health Centre CTS – Monday – Sunday from 9:00 a.m. – 9:00 p.m. • Regional HIV/AIDS Connection & Middlesex London Public Health Unit CTS – Monday – Sunday from 9:30 a.m. – 9:00 p.m. (last intake is 8:00 p.m.) • Ottawa Inner City Health Inc. CTS – 24/7 • Sandy Hill CHC CTS – Monday – Friday from 8:00 a.m. – 5:00 p.m. • Somerset West CHC CTS – Monday – Sunday from 9:00 a.m. – 4:00 p.m. (last call at 3:30 p.m.) • Positive Living Niagara CTS – Monday – Sunday from 9:30 a.m. – 8:30 p.m. (last intake at 7:30 p.m.) • NorWest CHC CTS – Monday – Saturday from 10:00 a.m. – 6:00 p.m. • Fred Victor Centre CTS – Monday (8:00 a.m. – 10:00 p.m.), Tuesday – Sunday (7:30 a.m. – 7:00 p.m.) • Parkdale Queen West CHC CTS (Queen Street) – Monday, Tuesday, & Thursday (10:00 a.m. – 6:00 p.m.), Wednesday (1:00 p.m. – 6:00 p.m.), Friday (9:30 a.m. – 4:30 p.m.), Saturday & Sunday (10:00 a.m. – 6:00 p.m.) (last call for service is 30 minutes before closing) • Parkdale Queen West CHC CTS (Bathurst Street) - Monday, Tuesday, & Thursday (10:00 a.m. – 6:00 p.m.), Wednesday (1:00 p.m. – 6:00 p.m.), Friday (9:30 a.m. – 4:30 p.m.) (last call for service is 30 minutes before closing) • Regent Park CHC CTS – Monday, Wednesday, Thursday, Friday (9:00 a.m. – 4:30 p.m.) & Tuesday (12:00 p.m. – 4:30 p.m.) • South Riverdale CHC CTS (Moss Park): Tuesday – Saturday from 12:00 p.m. – 10:00 p.m. (last call is typically 1 hour before close) • South Riverdale CHC CTS (keepSix): Monday (11:00 a.m. – 5:00 p.m.; last call is 4:00 p.m.) & Tuesday – Friday (9:00a.m. – 5:00 p.m.; last call is 4:00 p.m.)
<p>Supervised Consumption Services</p>	<ul style="list-style-type: none"> • All of the CTS sites operating in Ontario offer supervised consumption services via injection, intranasal, and oral consumption, as per the Ontario Ministry of Health (2018) application requirements. • Number of booths/stations available within the consumption rooms at CTS sites (if indicated via the organization’s web materials): <ul style="list-style-type: none"> ○ Guelph & Waterloo/Kitchener – 2 consumption booths ○ London (4 stations) & St. Catharines (4 consumption booths) ○ Ottawa Sandy Hill – 5-6 private injection stations ○ Ottawa Inner City Health – 13 consumption booths • Supervision of consumption and overdose response/monitoring is most frequently provided by registered nurses or other regulated healthcare professionals (e.g., paramedics), and/or is often supported by trained harm reduction workers or other trained staff.
<p>Services Provided</p>	<ul style="list-style-type: none"> • Staff at the CTS will connect clients to community resources (if desired/required), such as mental health, substance use treatment, primary health care, housing, income support, food support, and/or other health and social services.

	<ul style="list-style-type: none"> • All of the CTS sites operating in Ontario must offer on-site harm reduction services (Ontario Ministry of Health, 2018). These include: <ul style="list-style-type: none"> ○ Overdose prevention and harm reduction education ○ Harm reduction supplies and disposal (e.g., safer injection kits and biohazard disposal bins) ○ Provision of naloxone and oxygen ○ Removal of inappropriately discarded harm reduction supplies (e.g., potentially contaminated needles and other drug use equipment surrounding the CTS). • Most of the CTS sites in Ontario also offer drug checking services. • All of the CTS sites operating in Ontario are required to offer wrap around services, including on-site and/or defined pathways to substance use treatment services, mental health services, primary care services, and other health/social services. The models adopted to provide these supports varies across sites, but may include: <ul style="list-style-type: none"> ○ Case managers (e.g., client cases, case management, referrals to organizations) ○ Peer outreach workers (e.g., organize client involvement in the CTS' operations, such as kit-making and neighbourhood pick-ups, supports referrals to on-site or off-site services) ○ Community partner rooms for substance use treatment, mental health, primary care, and/or other health/social service delivery ○ Most CTS sites have regular onsite services, but in a few cases, partner agencies offer their services nearby or on-site a few days per week. ○ Social/System Navigators connect clients with substance use treatment, mental health, primary care, and other health/social supports ○ Drop-in centres (e.g., food access and nutrition education, harm reduction supply distribution and education, service referrals) and rest zone services (rest and sleep) ○ Additional supports, such as telephone and computer access, health card replacements, and other supports (e.g., basic needs, dental hygiene, navigating the legal system, mental health system, and the medical system)
<p>Staffing or Service Providers On Site</p>	<ul style="list-style-type: none"> • All CTS sites are required to be staffed by a designated health professional (Ontario Ministry of Health, 2018) and at most sites, this role is assumed by a registered nurse, a paramedic, and/or another primary care professional. • Peers/persons with lived experience take on a variety of roles that range from supporting with harm reduction supply distribution, connecting clients to wrap around services or accompanying to referral appointments, and supporting with neighbourhood pick-ups and security-related tasks (among other roles).

	<ul style="list-style-type: none"> • Harm reduction workers often staff the sites and also take on a variety of roles including harm reduction education, needle syringe program service provision, and supporting with supervised consumption. • Staff may also be present to prevent and manage security incidents.
(Physical) Safety and Security	<p>All CTS sites must have a variety of safety measures in place for site operation and to ensure safety for staff, clients, and the surrounding community (Ontario Ministry of Health, 2018). Operating sites must meet building codes, have fire plans, meet occupational health and safety requirements, and ensure infection prevention and control requirements. The specifics of how these measures are implemented vary across sites, but include:</p> <ul style="list-style-type: none"> • Working closely with local police services, EMS, and staff trained on instances when police should be contacted • Peers support some security roles, and/or other CTS sites have security staff employed at the site’s entrance • Walkie talkies and Crisis Prevention Training provided for staff • Clear plans for EMS, first responders, and fire services to have access to and within the site
Community Engagement & Liaison Efforts	<p>Each CTS has developed a <i>community engagement and liaison plan</i> to identify how the community will be engaged on an ongoing basis (Ontario Ministry of Health, 2018). Engaging with the local community and providing opportunities to raise any issues or concerns supports the operations of each CTS. CTS sites take an individual approach to community engagement based on identified community needs, but sites tend to offer one or a combination of the following:</p> <ul style="list-style-type: none"> • Scheduled open house events, or in-person or virtual tours of the site • Information flyers about the site and its services • Answers to Frequently Asked Questions (FAQs) about the CTS • Drug equipment that has been discarded in public spaces or other community concerns can be reported to CTS operators using a defined communication channel • Feedback surveys regarding the site • A direct contact person or Community Advisory Committee that meets to discuss issues as they arise
Accountability Requirements: Reporting & Evaluation	<p>Each CTS must report monthly on a specific set of indicators, as part of its monitoring and reporting requirements (Ontario Ministry of Health, 2018). In addition, each CTS provider is required to complete an annual report on its operations.</p> <p>Please see Table 2 for a summary of types of evaluation data collected by CTS sites in Ontario and Tables 3-5 for a summary of available data on these indicators across the province.</p>

Table 2– Summary of Types of Evaluation Data Collected by CTS Sites in Ontario (CTS Application Guide, Ontario Ministry of Health, 2018)

Types of Indicators Tracked	Summary of Indicators
<p>Visits and Clients</p>	<p>Collection of this data can support decisions made about hours of operation and staffing complements required for effective operations.</p> <ul style="list-style-type: none"> • Visits by month • Visits by time of day • Visits by consumption method/or substance used • Unique visits per month
<p>Overdoses & EMS Service Calls</p>	<p>Reversed overdoses are one of the most critical indicators of the benefits of a CTS site. A reversed overdose is a life that has been saved.</p> <ul style="list-style-type: none"> • Overdose events and overdose treatments: <ul style="list-style-type: none"> ○ # of overdoses ○ # of overdoses treated solely with oxygen/rescue breathing ○ # of overdoses treated with naloxone and # of doses of naloxone administered • Deaths <ul style="list-style-type: none"> ○ # of deaths occurring in the CTS <p>Collection of the following data has helped to demonstrate that these sites are cost-effective and contribute to reductions in pressure on community services, such as emergency medical services.</p> <ul style="list-style-type: none"> • Emergency Service calls <ul style="list-style-type: none"> ○ # of 911 calls related to an overdose: <ul style="list-style-type: none"> ▪ # of clients transported to an emergency department related to an overdose ○ # of 911 calls for other reasons (by reason) <ul style="list-style-type: none"> ▪ # of clients transported to an emergency department for other reasons (by reason)
<p>Onsite Services</p>	<p>The following data is collected and can also be used to demonstrate if these sites increase harm reduction and safer consumption practices (e.g., sharing drug equipment less frequently), reduce the spread of infectious disease, and increase access to other health and social services.</p>

	<ul style="list-style-type: none"> • Onsite Social Services <ul style="list-style-type: none"> ○ <i># of clients accessing onsite social services</i> • Onsite Primary care <ul style="list-style-type: none"> ○ <i># of clients accessing onsite primary care services</i> ○ <i># of times first aid or basic care (i.e. abscess, foot, wound) was provided</i> • Onsite addiction services and harm reduction services <ul style="list-style-type: none"> ○ <i># of clients initiating onsite addictions treatment services</i> <ul style="list-style-type: none"> ▪ <i>Opioid agonist treatment (e.g. methadone, suboxone)</i> ▪ <i>Other (e.g. detox, residential or community treatment)</i> ○ <i># of visits where needle exchange/syringe services were provided for non-CTS use</i> • Onsite mental health services <ul style="list-style-type: none"> ○ <i># of clients accessing onsite mental health services</i> ○ <i># of visits where clients received counselling services in CTS</i> ○ <i># of visits where client received harm reduction education or information</i>
<p>Referrals</p>	<p>These sites provide a low-barrier way to access the healthcare system. The following data is collected and can also be used to demonstrate if these sites increase access to health and social services.</p> <ul style="list-style-type: none"> • Social Services referrals <ul style="list-style-type: none"> ○ <i># of clients referred to social services:</i> <ul style="list-style-type: none"> ▪ <i>Housing</i> ▪ <i>Other</i> • Primary care referrals • Addiction services referrals <ul style="list-style-type: none"> ○ <i># of clients referred to addictions treatment services</i> • Mental health services referrals <ul style="list-style-type: none"> ○ <i># of clients referred to mental health services</i>
<p>Safety & Security</p>	<p>The following data that is collected can demonstrate that a CTS site adds stability to the community by improving public order and reducing the number of injections taking place in public.</p> <p>Sites are required to report on:</p> <ul style="list-style-type: none"> • Needles picked up around the CTS <ul style="list-style-type: none"> ○ <i>Frequency of needle pick-ups in the surrounding area of the CTS</i> ○ <i># of needles removed (i.e. picked up) in the surrounding area of the CTS</i> • Security <ul style="list-style-type: none"> ○ <i># of times security staff assisted with an incident in the CTS</i> ○ <i># of times security staff addressed a security event in the immediate perimeter of the CTS</i> ○ <i># of times police were called to the CTS</i>

	<ul style="list-style-type: none"> • Fentanyl testing strips and drug checking (if applicable)
<p>Community Engagement & Liaison</p>	<p>Regular, collaborative problem solving among safety and security partners and other stakeholders has demonstrated to be helpful in proactively addressing issues at CTS sites.</p> <p>Sites are required to report on:</p> <ul style="list-style-type: none"> ○ Description of community engagement and liaison efforts, including issues raised and how they have been mitigated.

Table 3 – Consumption & Treatment Services in Ontario – Data on Client Interactions

Region & Source	Number of Client Visits	Visits by Time of Day	Supervised Consumption Method	Type of Substances Consumed	Number of Overdoses	Number of Overdoses Reversed	Number of Deaths	Number of Referrals & On-Site Services
Region of Waterloo Public Health & Emergency Services – Consumption & Treatment Services Data Dashboard (October, 2019 – November, 2021) <i>Accessed January 27th, 2023</i>	23,502	Most frequent time of visit was during the afternoon hours (12:00 p.m. – 4:59 p.m.)	Most clients consumed their substances via injection.	Most common types of substances consumed were fentanyl and crystal methamphetamine.	842	842 Overdoses were most often treated solely with oxygen/ rescue breathing and stimulation.	0	See Dashboard .
Middlesex-London Public Health – Summary Report Findings from an Evaluation of London’s Temporary Overdose Prevention Site (now Carepoint CTS) (February – August, 2018)	7,152	70% of total visits occurred during the afternoon hours.	N/A	Most common types of drugs consumed were hydromorphone (38.3%) and crystal methamphetamine (26.4%). Approximately 60% of drugs consumed were opioids.	N/A	19 overdoses treated with oxygen and 7 overdoses treated with naloxone.	0	89% of client respondents to a Customer Satisfaction Survey agreed that staff have talked to them and helped them access other health and social services.
Toronto Overdose Information System – Supervised Consumption Services (August, 2017 – November 30th, 2021) <i>Accessed January 27th, 2023</i>	128,729	N/A	N/A	N/A	3,267 overdoses. 1,930 overdoses required naloxone.	N/A	N/A	N/A

Wellington-Dufferin-Guelph Public Health – Overdose Prevention Site (now a CTS) Evaluation (2018-2019)	4,085	N/A	N/A	N/A	45	100% reversed – 33% treated with naloxone.	0	N/A
Ottawa Board of Health – Interim OPH SIS Evaluation Results (September 26th, 2017 – January 22nd, 2018)	2700+ encounters and 174 unique clients served.	Client volume was highest during the first hour of operation and between noon and 7:00 p.m.	N/A	N/A	N/A	Enhanced monitoring was required during 19 (0.7%) of encounters involving injection, 4 of which required oxygen administration and 1 of which required oxygen and naloxone administration.	N/A	71 referrals to healthcare, mental health, housing, opioid substitution therapy, and other services. 85% of clients were provided on-site health services (counselling, harm reduction education, health teaching).
Summary of Ottawa Consumption & Treatment Services Data for July – September of 2019 (combined for Ottawa Inner City Health, Somerset West CHC, Sandy Hill CHC, and Ottawa Public Health)	33,588	N/A	Top drugs reported were opioids (including fentanyl, heroin, and other unspecified) and stimulants (including speed, crystal methamphetamine, and crack cocaine).	N/A	N/A	166 overdoses treated solely with oxygen or rescue breathing and stimulation and 126 overdoses treated with naloxone.	N/A	247* referrals to addiction, counselling, detox, opioid withdrawal, and/or treatment. <i>*Does not include Ottawa Inner City Health data.</i>

Table 4 – Consumption & Treatment Services in Ontario – Data on Client Experiences

Region & Source	Measure	Summary of Findings
Middlesex-London Public Health – Summary Report Findings from an Evaluation of London’s Temporary Overdose Prevention Site (now Carepoint CTS) (February – August, 2018)	Customer Satisfaction Survey for Clients (N=105)	<ul style="list-style-type: none"> • 96% rated the quality of service and care received as good or excellent. • 89% reported that they would be likely or extremely likely to recommend the site to other people who use drugs • 91% indicated that the rules and regulations rarely or never get in their way of using the site • 74% agreed that they learned tips at the site to use drugs more safely • 89% agreed that staff have talked to them and helped them access other health and social services • 95% indicated that they felt accepted at the site • 76% reported injecting less in public spaces • 53% reported disposing of their gear less in public spaces
Wellington-Dufferin-Guelph Public Health – Overdose Prevention Site (now a CTS) Evaluation (2018 – 2019)	51 client interviews	<ul style="list-style-type: none"> • 85% said that the OPS is important in their overall health • 88% said that the OPS is important to their overall safety
Ottawa Board of Health – Interim OPH SIS Evaluation Results (September 26th, 2017 – January 22nd, 2018)	Client survey	<ul style="list-style-type: none"> • 93% felt safer when they use drugs at the site • 87% injected in public less often • 60% thought more about reducing or stopping their drug use • 77% injected alone (by themselves) less often • 77% felt that their drug use was more stable/less chaotic • 97% reported a strong likelihood of recommending the service to other people who inject drugs • 97% believed that staff provided good support • 70% felt that staff have talked/helped them to access other services

Table 5 – Consumption & Treatment Services in Ontario – Data on Safety/Security & Community Impacts

Region & Source	Emergency Services Responses	Safety & Security	Community Impacts
<p>Region of Waterloo Public Health & Emergency Services – Consumption & Treatment Services Data Dashboard (October, 2019 – November, 2021; Accessed January 14th, 2022) & Consumption & Treatment Services Review (January – December, 2020)</p>	<ul style="list-style-type: none"> • 16 non-overdose related 9-1-1 calls • 12 overdose-related 9-1-1 calls • 5 overdose-related transports to the emergency department • 12 non-overdose-related transports to the emergency department <p>Region of Waterloo CTS Dashboard (October, 2019 – November, 2021)</p>	<ul style="list-style-type: none"> • 654 needles picked up around the CTS (pick-ups/sweeps are conducted three times per day) • 8 incidents where security addressed an event within the perimeter of the CTS • 2 police calls made by CTS staff • 30 incidents where security assisted with an incident inside the CTS <p>Region of Waterloo CTS Dashboard (October, 2019 – November, 2021)</p>	<ul style="list-style-type: none"> • Developed a Community Advisory Group comprised of neighbours in close proximity to the site (City of Kitchener, Downtown Kitchener BIA, Kitchener Public Library, Wilfred Laurier University, schools, childcare centres, neighbourhood associations, nearby neighbours, faith organizations). • A survey of Community Advisory Group members found that 80% strongly agreed or agreed that the CTS felt like a part of the community. <ul style="list-style-type: none"> ○ 90% strongly agreed or agreed that the CTS and its partners were responsive to addressing concerns with the CTS. ○ 70% strongly disagreed or disagreed that the CTS has negatively impacted the community. <p>Region of Waterloo Public Health & Emergency Services – CTS Review (January – December, 2020)</p>
<p>Middlesex-London Public Health – Summary Report Findings from an Evaluation of London’s Temporary Overdose Prevention Site (now Carepoint CTS) (February – August, 2018)</p>	<ul style="list-style-type: none"> • 5 calls to EMS related to an overdose • 2 transfers to an emergency department related to an overdose 	<ul style="list-style-type: none"> • 76% of clients to a Customer Satisfaction Survey reported injecting less in public spaces • 53% of clients to a Customer Satisfaction Survey reported disposing of their gear less in public spaces 	

Wellington-Dufferin-Guelph Public Health – Overdose Prevention Site (now a CTS) Evaluation	<ul style="list-style-type: none"> 7% of overdoses (N=45) transferred to the emergency department 	N/A
Ottawa Board of Health – Interim OPH SIS Evaluation Results (September 26th, 2017 – January 22nd, 2018)	<ul style="list-style-type: none"> Enhanced monitoring was required during 19 (0.7%) of encounters involving injection, 4 of which required oxygen administration and 1 of which required oxygen and naloxone administration. 9-1-1 was called for a drug overdose during two of these encounters. 	N/A
Summary of Ottawa Consumption & Treatment Services Data for July – September of 2019 (combined for Ottawa Inner City Health, Somerset West CHC, Sandy Hill CHC, and Ottawa Public Health)	<ul style="list-style-type: none"> 5 clients transported to an emergency department related to an overdose 	N/A

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Addiction and Substances Policy and Programs Unit
Health Improvement Policy and Programs Branch
Population and Public Health Division
Ministry of Health

Authorizations Division
Office of Controlled Substances
Controlled Substances Directorate
Opioid Response Team, Health Canada

August 5, 2022

Brentwood Recovery Home is in support of the Windsor-Essex County Health Unit's (WECHU) proposal to establish a Consumption and Treatment Services (CTS) site at 101 Wyandotte Street East in the City of Windsor.

Over the last five years, opioid-related morbidity and mortality trends have continued to rise at alarming rates across Windsor-Essex County (WEC). The onset of the global COVID-19 pandemic in March of 2020 has only served to exacerbate the local opioid and overdose crisis, with substantial increases in opioid-related emergency department (ED) visits and opioid-related mortalities observed in the year since the COVID-19 pandemic began.

In 2020, there were a total of 358 opioid-related ED visits reported locally in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported for in 2016 (108).¹ During the year of 2021, these cases continued to rise, with the highest annual number of opioid-related ED visits observed locally (505) since reporting began in 2003.¹ Seventy-one (71) opioid-related deaths were also reported locally in 2020, which represents the highest number of annual opioid deaths in WEC since reporting began in 2005.¹ Opioid-related deaths continued to be recorded in alarming numbers in 2021, with fifty-four (54) opioid-related mortalities recorded during the first nine months of the annual period alone (January to September of 2021).¹ These numbers represent individuals, families, friends, and loved ones that are greatly affected.

A CTS site is one of many harm reduction strategies aimed at reducing the risks associated with substance use in the community. These facilities are legally operated, indoor spaces where people come to use their own pre-obtained substances under safe conditions and with the supervision of medically trained workers. Research in Canada shows that CTS sites (referred to as "supervised consumption sites" under the *Health Canada* model) offer many health and social benefits for both people who use substances and the larger community and can help to save lives.² Brentwood supports the provision of a local CTS to offer essential, life saving supports and holistic services to people who use substances in our community.

The WECHU, in collaboration with partners involved with the *Windsor-Essex Community Opioid & Substance Strategy* (WECOSS) and the *CTS Stakeholder Advisory Committee*, has completed a series of comprehensive community consultations that support the overall feasibility, acceptability, and site-selection for a local CTS at 101 Wyandotte Street East. Brentwood Recovery Home agrees that 101 Wyandotte Street East is a suitable and accessible location for a local CTS, and endorses the WECHU's proposal to establish and operate a CTS site at this address.



BRENTWOOD

People helping people find recovery

As the Executive Director of Brentwood Recovery Home, I encourage you to support the WECHU's proposal as noted above. A CTS site at this location can help to prevent future deaths in our community and to support people who use substances in living safe, healthy, and meaningful lives. We are honoured to support this recommendation and look forward to the outcome of the proposal.

Sincerely,

Elizabeth Dulmage
Executive Director
Brentwood Recovery Home

¹ Public Health Ontario (PHO). Interactive Opioid Tool – Opioid-Related Morbidity and Mortality in the Geographic Area of the Windsor-Essex County Health Unit. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed June 16th, 2022.

² Health Canada. (2022). Supervised consumption sites and services: Explained. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>.

Windsor, August 5, 2022

Dear:

Addiction and Substances Policy and Programs Unit
Health Improvement Policy and Programs Branch
Population and Public Health Division
Ministry of Health

Authorizations Division
Office of Controlled Substances
Controlled Substances Directorate
Opioid Response Team, Health Canada

Canadian Mental Health Association, Windsor-Essex County Branch is pleased to support the Windsor-Essex County Health Unit's (WECHU) proposal to establish a Consumption and Treatment Services (CTS) site at 101 Wyandotte Street East in the City of Windsor.

Over the last five years, opioid-related morbidity and mortality trends have continued to rise at alarming rates across Windsor-Essex County (WEC). The onset of the global COVID-19 pandemic in March of 2020 has only served to exacerbate the local opioid and overdose crisis, with substantial increases in opioid-related emergency department (ED) visits and opioid-related mortalities observed in the year since the COVID-19 pandemic began.

In 2020, there were a total of 358 opioid-related ED visits reported locally in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported for in 2016 (108).¹ During the year of 2021, these cases continued to rise, with the highest annual number of opioid-related ED visits observed locally (505) since reporting began in 2003.¹ Seventy-one (71) opioid-related deaths were also reported locally in 2020, which represents the highest number of annual opioid deaths in WEC since reporting began in 2005.¹ Opioid-related deaths continued to be recorded in alarming numbers in 2021, with fifty-four (54) opioid-related mortalities recorded during the first nine months of the annual period alone (January to September of 2021).¹ These numbers represent individuals, families, friends, and loved ones that are greatly affected.

A CTS site is one of many harm reduction strategies aimed at reducing the risks associated with substance use in the community. These facilities are legally operated, indoor spaces where people come to use their own pre-obtained substances under safe conditions and with the supervision of medically trained workers. Research in Canada shows that CTS sites (referred to as "supervised consumption sites" under the *Health Canada* model) offer many health and social benefits for both people who use substances and the larger community and can help to save lives.² Canadian Mental Health Association, Windsor-Essex County Branch supports the provision of a local CTS to offer essential, lifesaving supports and holistic services to people who use substances in our community.

The WECHU, in collaboration with partners involved with the *Windsor-Essex Community Opioid & Substance Strategy* (WECOSS) and the *CTS Stakeholder Advisory Committee*, has completed a series of comprehensive community



consultations that support the overall feasibility, acceptability, and site-selection for a local CTS at 101 Wyandotte Street East. Canadian Mental Health Association, Windsor-Essex County Branch hereby agrees that 101 Wyandotte Street East is a suitable and accessible location for a local CTS, and endorses the WECHU's proposal to establish and operate a CTS site at this address.

As the Chief Executive Officer of Canadian Mental Health Association, Windsor-Essex County Branch, I encourage you to support the WECHU's proposal as noted above. A CTS site at this location can help to prevent future deaths in our community and to support people who use substances in living safe, healthy, and meaningful lives. We are honoured to support this recommendation and look forward to the outcome of the proposal.

Sincerely,



Dr. Sonja Grbevski
Chief Executive Officer
Canadian Mental Health Association
Windsor-Essex County Branch



Wednesday, August 10, 2022

Thank you, your worship Mayor Dilkens, and City Councillors, for the opportunity to speak to the issue of a Consumption Treatment Site at 101 Wyandotte Street East and express our support.

Over the past several years the Downtown Windsor Community Collaborative has spoken formally and informally with residents regarding the increased drug use and its impact on our neighbourhoods, and the possibility of a safe consumption site located in our city core.

Conversations have been both for and against the concept. However, as discussions progressed and we grew informed of the plan, the predominant perspective moved to approval or at the least resigned acceptance. As downtown residents we experience firsthand the cost and damage to people's lives, to property and to enjoyment of life in the city core. It wears on us and our families when finding the consequences of use in our backyards, our alleys, and the accompanying theft that goes with supporting the addiction. We realize that there is no one solution to the problem of the drug addictions. We as neighbors have felt helpless as the years have gone by. Residents withdraw from participation in their neighbourhoods, exhibit anger or the extreme step of moving out of the city. Providing a safe consumption site gives residents another tool for directing users and a signal of hope for a way out of the predicament.

We realize that the 'war on drugs', criminal charges, or shuffling the problem to another street are not productive. We understand that the site is in our backyard. Creative solutions are required and we are satisfied that this is the best of all options.

As well, DWCC's involvement in RE/ACT, a recovery program that is abstinence-based, sees the place for harm reduction. A safe place for persons in active addiction under medical awareness and out of isolation only gives opportunity for change to occur in person's restoration to health. DWCC supports the safe consumption site and will do whatever it can to assist in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Cameron", is placed on a light blue rectangular background.

Robert Cameron (Executive Director, DWCC + RE/ACT)



Bruce Krauter
Chief
Essex-Windsor Emergency Medical Services

November 4, 2021

Addiction and Substances Policy and Programs Unit
Health Improvement Policy and Programs Branch
Population and Public Health Division
Ministry of Health

Authorizations Division
Office of Controlled Substances
Controlled Substances Directorate
Opioid Response Team, Health Canada

Re: Consumption and Treatment Services, 101 Wyandotte Street Est, Windsor

Essex Windsor EMS is pleased to support the Windsor-Essex County Health Unit's (WECHU) proposal to establish a Consumption and Treatment Services (CTS) site at 101 Wyandotte Street East in the City of Windsor.

Over the last five years, opioid-related morbidity and mortality trends have continued to rise at alarming rates across Windsor-Essex County (WEC). The onset of the global COVID-19 pandemic in March of 2020 has only served to exacerbate the local opioid and overdose crisis, with substantial increases in opioid-related emergency department (ED) visits and opioid-related mortalities observed in the year since the COVID-19 pandemic began. In 2020, there were a total of 358 opioid-related ED visits reported locally in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported for in 2016 (108).¹ During the year of 2021, these cases continued to rise, with the highest annual number of opioid-related ED visits observed locally (505) since reporting began in 2003.¹ Seventy-one (71) opioid-related deaths were also reported locally in 2020, which represents the highest number of annual opioid deaths in WEC since reporting began in 2005.¹ Opioid-related deaths continued to be recorded in alarming numbers in 2021, with fifty-four (54) opioid-related mortalities recorded during the first nine months of the annual period alone (January to September of 2021).¹ These numbers represent individuals, families, friends, and loved ones that are greatly affected.

A CTS site is one of many harm reduction strategies aimed at reducing the risks associated with substance use in the community. These facilities are legally operated, indoor spaces where people come to use their own pre-obtained substances under safe conditions and with the supervision of medically trained workers. Research in Canada shows that CTS sites (referred to as "supervised consumption sites" under the *Health Canada* model) offer many health and social benefits for both people who use substances and the larger community and can help to save lives.² Essex Windsor EMS supports the provision of a local CTS to offer essential, life saving supports and holistic services to people who use substances in our community.

The WECHU, in collaboration with partners involved with the *Windsor-Essex Community Opioid & Substance Strategy* (WECOSS) and the *CTS Stakeholder Advisory Committee*, has completed a series of comprehensive community consultations that support the overall feasibility, acceptability, and site-selection for a local CTS at 101 Wyandotte Street East. Essex Windsor EMS hereby agrees that 101 Wyandotte Street East is a suitable and accessible location for a local CTS, and endorses the WECHU's proposal to establish and operate a CTS site at this address.

As the Chief of Essex Windsor EMS, I encourage you to support the WECHU's proposal as noted above. A CTS site at this location can help to prevent future deaths in our community and to support people who use substances in living safe, healthy, and meaningful lives. We are honoured to support this recommendation and look forward to the outcome of the proposal.

Sincerely,



Bruce Krauter Chief

CC:

¹ Public Health Ontario (PHO). Interactive Opioid Tool – Opioid-Related Morbidity and Mortality in the Geographic Area of the Windsor-Essex County Health Unit. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed June 16th, 2022.

² Health Canada. (2022). Supervised consumption sites and services: Explained. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>.

Addiction and Substances Policy and Programs Unit
Health Improvement Policy and Programs Branch
Population and Public Health Division
Ministry of Health

Authorizations Division
Office of Controlled Substances
Controlled Substances Directorate
Opioid Response Team, Health Canada

RE: CONSUMPTION AND TREATMENT SERVICES (CTS)

Family Services Windsor-Essex is pleased to support the Windsor-Essex County Health Unit's (WECHU) proposal to establish a Consumption & Treatment Services (CTS) facility at 101 Wyandotte Street East in the City of Windsor. Over the last five years, opioid-related morbidity and mortality trends have continued to rise at alarming rates across Windsor-Essex County (WEC). The onset of the global COVID-19 pandemic in March of 2020 has only served to exacerbate the local opioid and overdose crisis, with substantial increases in opioid-related emergency department (ED) visits and opioid-related mortalities observed in the year since the COVID-19 pandemic began.

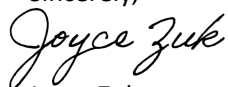
In 2020, there were a total of 358 opioid-related ED visits reported locally in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported for in 2016 (108).¹ During the year of 2021, these cases continued to rise, with the highest annual number of opioid-related ED visits observed locally (505) since reporting began in 2003.¹ Seventy-one (71) opioid-related deaths were also reported locally in 2020, which represents the highest number of annual opioid deaths in WEC since reporting began in 2005.¹ Opioid-related deaths continued to be recorded in alarming numbers in 2021, with fifty-four (54) opioid-related mortalities recorded during the first nine months of the annual period alone (January to September of 2021).¹ These numbers represent individuals, families, friends, and loved ones that are greatly affected.

A CTS facility is one of many harm reduction strategies aimed at reducing the risks associated with substance use in the community. These facilities are legally operated indoor spaces where people come to use their own pre-obtained substances under safe conditions, with the supervision of medically trained workers, and with on-site linkages to basic medical care, social services, and mental health/substance use treatment. Research in Canada shows that CTS facilities offer many health and social benefits for both people who use substances and the larger community and can help to **save lives**. Family Services supports the provision of a local CTS facility to offer essential lifesaving supports and holistic wraparound services to people who use substances in our community.

The WECHU, in collaboration with partners involved with the *Windsor-Essex Community Opioid & Substance Strategy (WECOSS)* and the *CTS Stakeholder Advisory Committee*, has completed a series of comprehensive community consultations that support the overall feasibility, acceptability, and need for a local CTS at 101 Wyandotte Street East. Family Services hereby agrees that 101 Wyandotte Street East is a suitable and accessible location for a local CTS and endorses the WECHU's proposal to proceed with the submission of the federal and provincial applications to *Health Canada* and the provincial *Ministry of Health & Long-Term Care*, respectively, for approval of a CTS facility at this address.

As the Executive Director of Family Services, I encourage you to support the WECHU's proposal as noted above. A CTS facility at this location can help to prevent future deaths in our community and to support people who use substances in living safe, healthy, and meaningful lives. We are honoured to support this recommendation and look forward to the outcome of the proposal.

Sincerely,



Joyce Zuk
Executive Director



August 4, 2022

Dear,

Addiction and Substances Policy and Programs Unit
Health Improvement Policy and Programs Branch
Population and Public Health Division
Ministry of Health

Authorizations Division
Office of Controlled Substances
Controlled Substances Directorate
Opioid Response Team, Health Canada

Legal Assistance of Windsor is pleased to support the Windsor-Essex County Health Unit's (WECHU) proposal to establish a Consumption and Treatment Services (CTS) site at 101 Wyandotte Street East in the City of Windsor.

Over the last five years, opioid-related morbidity and mortality trends have continued to rise at alarming rates across Windsor-Essex County (WEC). The onset of the global COVID-19 pandemic in March of 2020 has only served to exacerbate the local opioid and overdose crisis, with substantial increases in opioid-related emergency department (ED) visits and opioid-related mortalities observed in the year since the COVID-19 pandemic began.

In 2020, there were a total of 358 opioid-related ED visits reported locally in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported for in 2016 (108).¹ During the year of 2021, these cases continued to rise, with the highest annual number of opioid-related ED visits observed locally (505) since reporting began in 2003.¹ Seventy-one (71) opioid-related deaths were also reported locally in 2020, which represents the highest number of annual opioid deaths in WEC since reporting began in 2005.¹ Opioid-related deaths continued to be recorded in alarming numbers in 2021, with fifty-four (54) opioid-related mortalities recorded during the first nine months of the annual period alone (January to September of 2021).¹ These numbers represent individuals, families, friends, and loved ones that are greatly affected.

A CTS site is one of many harm reduction strategies aimed at reducing the risks associated with substance use in the community. These facilities are legally operated, indoor spaces where people come to use their own pre-obtained substances under safe conditions and with the supervision of medically trained workers. Research in Canada shows that CTS sites (referred to as "supervised consumption sites" under the *Health Canada* model) offer many health and social benefits for both people who use substances and the larger community and can help to save lives.² Legal Assistance of Windsor supports the provision of a local CTS to offer essential, life saving supports and holistic services to people who use substances in our community.

The WECHU, in collaboration with partners involved with the *Windsor-Essex Community Opioid & Substance Strategy* (WECOSS) and the *CTS Stakeholder Advisory Committee*, has completed a series of

comprehensive community consultations that support the overall feasibility, acceptability, and site-selection for a local CTS at 101 Wyandotte Street East. Legal Assistance of Windsor hereby agrees that 101 Wyandotte Street East is a suitable and accessible location for a local CTS, and endorses the WECHU's proposal to establish and operate a CTS site at this address.

As the Executive Director of Legal Assistance of Windsor, I encourage you to support the WECHU's proposal as noted above. A CTS site at this location can help to prevent future deaths in our community and to support people who use substances in living safe, healthy, and meaningful lives. We are honoured to support this recommendation and look forward to the outcome of the proposal.

Sincerely,



Marion Overholt
Executive Director
Legal Assistance of Windsor

¹ Public Health Ontario (PHO). Interactive Opioid Tool – Opioid-Related Morbidity and Mortality in the Geographic Area of the Windsor-Essex County Health Unit. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed June 16th, 2022.

² Health Canada. (2022). Supervised consumption sites and services: Explained. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>.



WINDSOR REGIONAL HOSPITAL

OUTSTANDING CARE – NO EXCEPTIONS!

August 10, 2022

Attention:

Addiction and Substances Policy and Programs Unit
Health Improvement Policy and Programs Branch
Population and Public Health Division
Ministry of Health

Authorizations Division
Office of Controlled Substances
Controlled Substances Directorate
Opioid Response Team, Health Canada

Windsor Regional Hospital (WRH) is supportive of the concept of a Consumption & Treatment Services (CTS) facility for the residents of Windsor-Essex County (WEC), and supports the Windsor-Essex County Public Health Unit (WECHU) to develop and submit a proposal based on stakeholder engagement and researched best practices to the Province of Ontario and Health Canada for consideration.

We appreciate the urgent need for additional harm reduction strategies to address opioid related challenges for the residents of Windsor-Essex. In 2020, preliminary data reported by Public Health Ontario indicates that there were a total of 358 opioid-related emergency department visits in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported in 2016 (108)[1]. Additionally, there were a total of 71 opioid-related deaths reported locally in 2020 which represents the highest number of annual opioid deaths in WEC since 2005. These numbers represent individuals, families, friends, and loved ones that are greatly affected.

Through our ongoing and strong partnership with WECHU, we look forward to ongoing collaboration on linkages to acute care as they continue to develop a model for CTS in our community. This model must be part of a sustainable addictions strategy and include pathways for rapid access to other services and safeguards to ensure appropriate supports are in place. Should The Ministry of Health and Health Canada give support for the site, we feel confident that the WECHU will ensure robust operational planning and engagement around these details.

Sincerely,

Jonathan Foster,
VP, Emergency, Mental Health, Trauma, Cancer, Renal & Office of Research
Windsor Regional Hospital

WINDSOR REGIONAL HOSPITAL
OUELLETTE - 1030 OUELLETTE AVE., WINDSOR, ONT, N9A 1E1
MET – 1995 LENS AVE., WINDSOR, ONTARIO, N8W 1L9
PHONE: 519-254-5577
WWW.WRH.ON.CA

COMPASSION is our
PASSION



8 August 2022

Addiction and Substances Policy and Programs Unit - Authorizations Division
Health Improvement Policy and Programs Branch -Office of Controlled Substances
Population and Public Health Division - Controlled Substances Directorate
Ministry of Health - Opioid Response Team, Health Canada

The Windsor-Essex Community Health Centre is pleased to support the Windsor-Essex County Health Unit's (WECHU) proposal to establish a Consumption and Treatment Services (CTS) site at 101 Wyandotte Street East in the City of Windsor.

Over the last five years, opioid-related morbidity and mortality trends have continued to rise at alarming rates across Windsor-Essex County (WEC). The onset of the global COVID-19 pandemic in March of 2020 has only served to exacerbate the local opioid and overdose crisis, with substantial increases in opioid-related emergency department (ED) visits and opioid-related mortalities observed in the year since the COVID-19 pandemic began.

In 2020, there were a total of 358 opioid-related ED visits reported locally in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported for in 2016 (108).¹ During the year of 2021, these cases continued to rise, with the highest annual number of opioid-related ED visits observed locally (505) since reporting began in 2003.¹ Seventy-one (71) opioid-related deaths were also reported locally in 2020, which represents the highest number of annual opioid deaths in WEC since reporting began in 2005.¹ Opioid-related deaths continued to be recorded in alarming numbers in 2021, with fifty-four (54) opioid-related mortalities recorded during the first nine months of the annual period alone (January to September of 2021).¹ These numbers represent individuals, families, friends, and loved ones that are greatly affected.

A CTS site is one of many harm reduction strategies aimed at reducing the risks associated with substance use in the community. These facilities are legally operated, indoor spaces where people come to use their own pre-obtained substances under safe conditions and with the supervision of medically trained workers. Research in Canada shows that CTS sites (referred to as "supervised consumption sites" under the *Health Canada* model) offer many health and social benefits for both people who use substances and the larger community and can help to save lives.² The Windsor-Essex Community Health Centre supports the provision of a local CTS to offer essential, lifesaving supports and holistic services to people who use substances in our community.

The WECHU, in collaboration with partners involved with the *Windsor-Essex Community Opioid & Substance Strategy* (WECOSS) and the *CTS Stakeholder Advisory Committee*, has completed a series of comprehensive community consultations that support the overall feasibility, acceptability, and site-selection for a local CTS at 101 Wyandotte Street East. The Windsor-Essex Community Health Centre hereby agrees that 101 Wyandotte Street East is a suitable and accessible location for a local CTS and endorses the WECHU's proposal to establish and operate a CTS site at this address.

As the Executive Director and Interim Director, Clinical Practice (Street Health & Addiction Services) of the Windsor-Essex Community Health Centre, we encourage you to support the WECHU's proposal as noted above. A CTS site at this location can help to prevent future deaths in our community and to support people who use substances in living safe, healthy, and meaningful lives. We are honoured to support this recommendation and look forward to the outcome of the proposal.

Sincerely



Rita Taillefer, RN, MN
Executive Director



Shawn Rumble, BA, BEd, MES, RSSW, Psychotherapist, CSAT-Candidate, SRT, IAT, PRT, PBTT, ICGC-II, ICADC, ICCS, CADC-II (GA), CCS (GA)
Interim Director, Clinical Practice (Street Health & Addiction Services)
Windsor-Essex Community Health Centre

¹ Public Health Ontario (PHO). Interactive Opioid Tool – Opioid-Related Morbidity and Mortality in the Geographic Area of the Windsor-Essex County Health Unit. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed June 16th, 2022.

² Health Canada. (2022). Supervised consumption sites and services: Explained. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>



Pozitive Pathways
511 Pelissier Street
Windsor, ON N9A 4L2
Tel. 519-992-0784
www.pozitivepathways.com

Dear,

Addiction and Substances Policy and Programs Unit
Health Improvement Policy and Programs Branch
Population and Public Health Division
Ministry of Health

Authorizations Division
Office of Controlled Substances
Controlled Substances Directorate
Opioid Response Team, Health Canada

Pozitive Pathways Community Services is pleased to support the Windsor-Essex County Health Unit's (WECHU) proposal to establish a Consumption and Treatment Services (CTS) site at 101 Wyandotte Street East in the City of Windsor.

Over the last five years, opioid-related morbidity and mortality trends have continued to rise at alarming rates across Windsor-Essex County (WEC). The onset of the global COVID-19 pandemic in March of 2020 has only served to exacerbate the local opioid and overdose crisis, with substantial increases in opioid-related emergency department (ED) visits and opioid-related mortalities observed in the year since the COVID-19 pandemic began.

In 2020, there were a total of 358 opioid-related ED visits reported locally in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported for in 2016 (108).¹ During the year of 2021, these cases continued to rise, with the highest annual number of opioid-related ED visits observed locally (505) since reporting began in 2003.¹ Seventy-one (71) opioid-related deaths were also reported locally in 2020, which represents the highest number of annual opioid deaths in WEC since reporting began in 2005.¹ Opioid-related deaths continued to be recorded in alarming numbers in 2021, with fifty-four (54) opioid-related mortalities recorded during the first nine months of the annual period alone (January to September of 2021).¹ These numbers represent individuals, families, friends, and loved ones that are greatly affected.

A CTS site is one of many harm reduction strategies aimed at reducing the risks associated with substance use in the community. These facilities are legally operated, indoor spaces where people come to use their own pre-obtained substances under safe conditions and with the supervision of medically trained workers. Research in Canada shows that CTS sites (referred to as "supervised consumption sites" under the *Health Canada* model) offer many health and social benefits for both people who use substances and the larger community and can help to save lives.² Pozitive Pathways Community Services supports the provision of a local CTS to offer essential, life saving supports and holistic services to people who use substances in our community.

The WECHU, in collaboration with partners involved with the *Windsor-Essex Community Opioid & Substance Strategy* (WECOSS) and the *CTS Stakeholder Advisory Committee*, has completed a series of



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comprehensive community consultations that support the overall feasibility, acceptability, and site-selection for a local CTS at 101 Wyandotte Street East. Pozitive Pathways Community Services hereby agrees that 101 Wyandotte Street East is a suitable and accessible location for a local CTS, and endorses the WECHU's proposal to establish and operate a CTS site at this address.

As the Executive Director of Pozitive Pathways Community Services, I encourage you to support the WECHU's proposal as noted above. A CTS site at this location can help to prevent future deaths in our community and to support people who use substances in living safe, healthy, and meaningful lives. We are honoured to support this recommendation and look forward to the outcome of the proposal.

Sincerely,

Mr. Michael Brennan
Executive Director
Pozitive Pathways Community Service

¹ Public Health Ontario (PHO). Interactive Opioid Tool – Opioid-Related Morbidity and Mortality in the Geographic Area of the Windsor-Essex County Health Unit. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed June 16th, 2022.

² Health Canada. (2022). Supervised consumption sites and services: Explained. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>.

Le 25 août 2022

Madame, Monsieur,

Unité des politiques et des programmes de lutte
contre la toxicomanie
Direction des politiques et des programmes
d'amélioration de la santé
Division de la santé de la population et de la santé
publique
Ministère de la Santé

Division des autorisations
Direction des substances contrôlées
Équipe d'intervention en matière
d'opioïdes, Santé Canada

Le Conseil scolaire catholique Providence se réjouit d'offrir son soutien à la proposition du Bureau de santé de Windsor-comté d'Essex visant à mettre sur pied un site de services de consommation et de traitement (SCT) au 101, rue Wyandotte Est dans la ville de Windsor.

Depuis cinq ans, les tendances en matière de morbidité et de mortalité liées aux opioïdes continuent d'augmenter à un rythme inquiétant à Windsor et dans le comté d'Essex. Le début de la pandémie mondiale de COVID-19 en mars 2020 n'a fait qu'exacerber la crise locale des opioïdes et des surdoses, ce qui a contribué à augmenter considérablement le nombre de visites aux services d'urgence et la mortalité relatives aux opioïdes, constatées dans l'année qui a suivi l'éclosion de la pandémie.

En 2020, on a signalé un total de 358 visites aux services d'urgence liées aux opioïdes à Windsor et dans le comté d'Essex, soit 98 de plus que le nombre enregistré en 2019 (260) et plus de trois fois celui déclaré en 2016 (108)¹. Au cours de l'année 2021, ces cas ont continué de s'accroître, le plus grand nombre annuel de visites aux services d'urgence se rapportant aux opioïdes ayant été noté localement (505) depuis qu'on a commencé à les déclarer en 2003¹. On a également signalé en 2020 soixante et onze (71) décès relativement aux opioïdes localement, ce qui représente le nombre le plus élevé de décès annuels en ce qui touche les opioïdes à Windsor et dans le comté d'Essex depuis qu'on a commencé à les déclarer en 2005¹. L'enregistrement d'un nombre alarmant de décès liés aux opioïdes s'est poursuivi en 2021, dont cinquante-quatre (54) au cours des neuf premiers mois de la période annuelle seulement (de janvier à septembre 2021)¹. Ces chiffres représentent des personnes, des familles, des amis et des proches qui ont été grandement touchés.

La création d'un site de SCT est l'une des nombreuses stratégies de réduction des méfaits visant à atténuer les risques afférents à la consommation de substances psychoactives dans le comté. Il s'agit d'établissements exploités légalement, dotés d'espaces intérieurs où les gens se rendent pour consommer des substances

.../2

SIÈGE SOCIAL

7515, promenade Forest Glade
Windsor, Ontario N8T 3P5

téléphone 519-948-9227
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Pain Court, Ontario N0P 1Z0

téléphone 519-355-1304
sans frais 1-877-250-4877
télécopieur 519-354-8337

BUREAU SATELLITE DE LONDON

1569, rue Oxford Est
London, Ontario N5V 1W5

téléphone 519-673-1035
sans frais 1-800-407-2338
télécopieur 519-673-1924

J'y crois, je m'engage!

CscProvidence.ca

psychotropes qu'ils ont eux-mêmes obtenues au préalable dans des conditions sûres, tout en étant sous la supervision de travailleurs ayant reçu une formation médicale. Les recherches menées au Canada démontrent les sites de SCT (appelés « sites de consommation supervisée » selon le modèle de Santé Canada) offrent de nombreux avantages sanitaires et sociaux tant aux consommateurs de substances psychoactives qu'à l'ensemble de la société, en plus de contribuer à épargner des vies humaines². Le Conseil scolaire catholique Providence appuie la mise en place d'un site de SCT local afin de fournir un soutien et des services généraux essentiels et de survie aux consommateurs de ces substances dans notre comté.

Le Bureau de santé de Windsor-comté d'Essex, en collaboration avec des partenaires participant à la *Windsor-Essex Community Opioid & Substance Strategy* (stratégie communautaire de lutte contre les opioïdes et les substances psychotropes à Windsor et dans le comté d'Essex) et au *Comité consultatif des intervenants des SCT*, a réalisé une série de consultations communautaires exhaustives qui appuient globalement la faisabilité, l'acceptabilité et la sélection du site de SCT local au 101, rue Wyandotte Est. Par la présente, le Conseil scolaire catholique Providence convient que l'emplacement 101, rue Wyandotte Est est convenable et accessible pour servir de site de SCT local et approuve la proposition du Bureau d'y fonder et d'y exploiter ce site.

En tant que Directrice de l'éducation du Conseil scolaire catholique Providence, je vous invite à donner votre appui à la proposition susmentionnée du Bureau. L'établissement d'un site de SCT à cet endroit peut contribuer à prévenir de nouveaux décès dans notre comté et à aider les consommateurs et consommatrices de substances psychoactives à mener une vie sûre, saine et enrichissante.

L'honneur nous revient d'apporter notre appui à cette recommandation et nous avons hâte de connaître l'aboutissement de la proposition.

Veillez agréer, Madame, Monsieur, l'expression de mes sentiments distingués.



Eugénie Congi
Directrice de l'éducation

/lc

¹ Santé publique Ontario. L'outil interactif sur les opioïdes : Morbidité et mortalité liées aux opioïdes dans la région géographique du Bureau de santé de Windsor-comté d'Essex. Extrait de <https://www.publichealthontario.ca/fr/data-and-analysis/substance-use/interactive-opioid-tool>. Consulté le 16 juin 2022.

² Santé Canada (2022). Explication des sites et des services de consommation supervisée. Extrait de <https://www.canada.ca/fr/sante-canada/services/dependance-aux-drogues/sites-consommation-supervisee/precisions.html>.



WINDSOR POLICE SERVICE

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JASON BELLAIRE
A/Chief of Police

FRANK PROVIDENTI
Deputy Chief

JASON CROWLEY
A/Deputy Chief

info@windsorpolice.ca
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August 23, 2022

Mayor Drew Dilkens and City Councillors
350 City Hall Square West
P.O. Box 1607
Windsor, Ontario, Canada
N8A 6S1

Dear Mayor Dilkens and City Council:

Re: Proposed Consumption Treatment Services (CTS) Site @ 101 Wyandotte Street East

The Windsor Police Service (WPS) is a member of the Windsor-Essex Community Opioid and Substance Strategy (WECOSS) collaboration and we continually work with our partners in addressing the escalating opioid crisis. Lead by the Windsor-Essex County Health Unit (WECHU), community health experts have applied for and commenced the process of establishing a Consumption and Treatment Service (CTS) site in the downtown Windsor area. Like others in the community, the Windsor Police Service relies on subject matter experts, such as the WECHU, to address health and medical issues.

A CTS facility is a strategy touted by health care experts to address the issue of substance use in the community. As a member of WECOSS, the Windsor Police Service provided resources to assist with identifying a proposed CTS site that prioritizes safety and security for those who will be visiting, working and residing in the area of the site. Following a broader collaborative assessment, 101 Wyandotte Street East was identified as the proposed CTS site.

The Windsor Police Service will allocate resources as needed to ensure that the staff, volunteers, visitors and residents in the area of the proposed CTS can work, visit and live in an area that is safe. The Windsor Police Service has no objection to this health lead initiative and will continue to provide assistance as needed for implementation of the CTS community plan.

Sincerely,

Jason Bellaire
Interim Chief of Police
Windsor Police Service



THE DOWNTOWN WINDSOR BUSINESS IMPROVEMENT ASSOCIATION
484 PELISSIER ST., WINDSOR, ONTARIO N9A 4K9
DWBIA@DOWNTOWNWINDSOR.CA
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519-252-5723

October 20, 2022

Mr. Eric Nadalin
Director, Public Health Programs
Windsor-Essex County Health Unit
1005 Ouellette Avenue
Windsor, ON N9A 4J8

Dear Mr. Nadalin:

Re: Downtown Consumption and Treatment Services Site

Further to our letter of January 14, 2022, addressed to Mayor Drew Dilkens and Members of Windsor City Council, this letter serves to support the location of the SharePoint CTS site at 101 Wyandotte Street East.

The Downtown Windsor Business Improvements Association represents over 680 member businesses in the city centre and, as such, recognizes that the health and welfare of vulnerable Windsorites is of paramount concern.

There is significant evidence, including numerous peer-reviewed literature by academics and scientists, that health services such as those offered at consumption treatment sites promote the health of individuals who use substances. More notably, they save lives. As such, they are an open door to treatment and hope.

Consumption and treatment services sites provide a necessary health service as they have been reviewed and reported to reduce deaths by overdose as well as the sharing of equipment, which lead to transmission of blood-borne infections; they also increase much-needed access to addiction treatment. Most of all, they benefit the greater public by reducing public injection.

As a country, we are experiencing a large-scale overdose crisis, and we are not immune to it in Windsor-Essex, and especially not in the core. The opioid overdose epidemic on its own has been reported as the most severe safety crisis in Canadian history. With such dire news, we must increase opportunities for treatment for problematic drug use, and support evidence-based harm reduction services such as consumption and treatment services sites.

We have heeded the recommendations of experts, considered the concerns of our member businesses and the citizens of our community, and have discussed and researched recommendations and mitigation strategies.

In regard to the appropriate interior and exterior design, we must insist that the operators of the building, where the CTS site will be housed, ensure that it looks welcoming and clean and is becoming of the neighbouring businesses and residents. Additionally, we ask that the operators ensure the cleanliness and beautification, including floral enhancements, of the site and the street where it will be located.

Further, it has been evidenced that a welcoming and inviting outdoor space complete with seating, greenery, foliage and landscaping is tremendously advantageous to the facility's clients and to the neighbourhood, especially during the spring, summer and fall. As such, the DWBIA insists that this feature be added as a requirement of the project and facility. We are also requesting that the design of the exterior include railings delineating the facility from the roadway as well as from the abutting commercial quick service business.

In regard to communication and outreach mechanism, we request that neighbouring businesses have a direct voice with the CTS site so that their concerns are addressed quickly and seriously, and that the operators be required to enter into a Good Neighbour Agreement with the DWBIA and the City to help ensure the successful integration of the CTS site into the surrounding neighbourhood and the broader community. Further, we ask that a designated representative from the CTS site becomes an active and engaged member of the Downtown Windsor BIA's Downtown Safety & Security Roundtable.

Additionally, with regards to neighbourhood and environmental sweep strategies, we ask that the operators be required to retain services that will conduct daily alleyway and neighbourhood cleaning.

In regards to policing and law enforcement, we recommend adequate staffing and support, in line with the staffing and support levels needed within the CTS site itself. We will need police support for a strategy on how to minimize congregations of people who use, drug dealers and suppliers around the site. The DWBIA is requesting that the operators be required to provide 24/7 security services at the site.

The DWBIA confirms that the facility will operate from 10am to 6pm Monday to Sunday. Further, the DWBIA requests that it continues to have input on the site's hours of operation to ensure that it's open and accessible at the most optimal times including weekends and holidays.

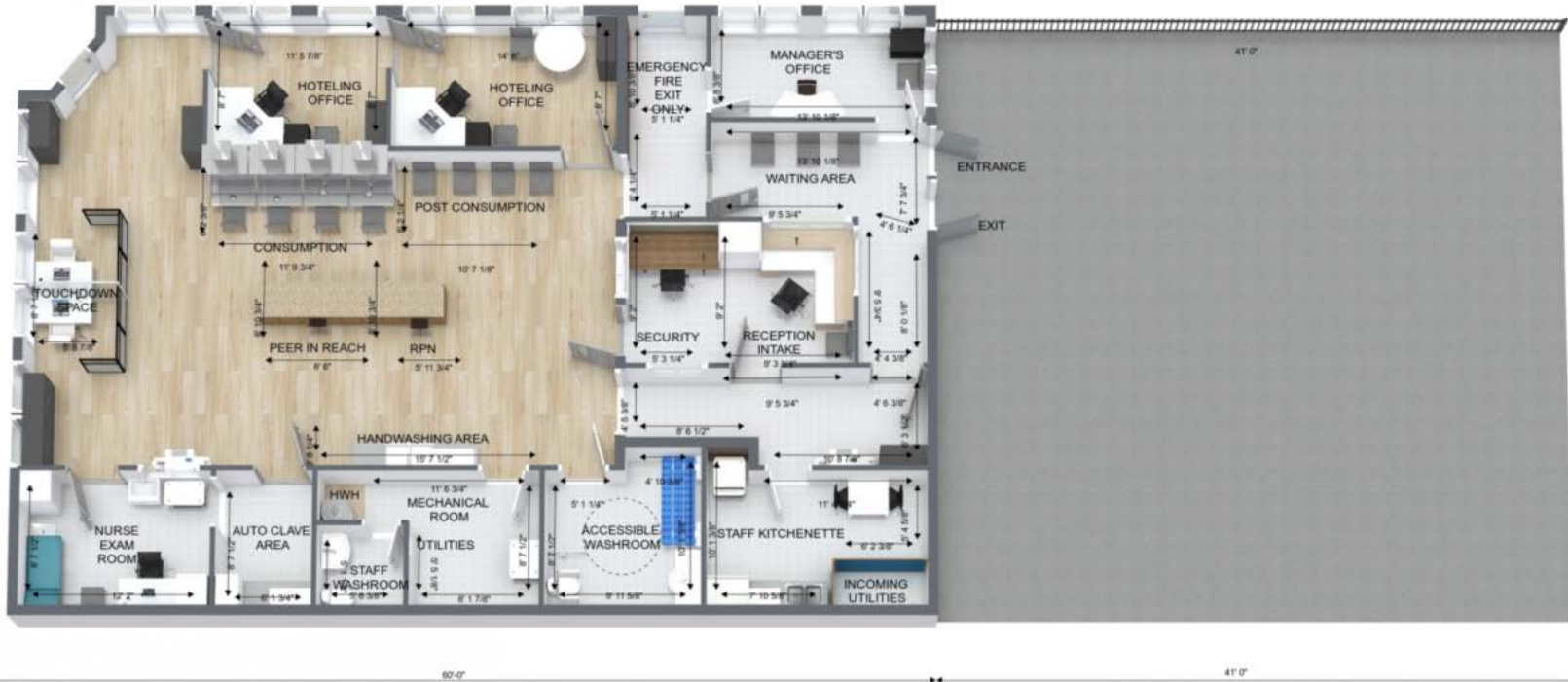
We thank you in advance for your consideration. The DWBIA recognizes that the success of the CTS site is critical to the health and welfare of our most vulnerable citizens and we look forward to building a relationship responsive to the needs of the CTS site's clients, our businesses, our residents, and our community as a whole.

Sincerely,



Pat Papadeas
Acting Chair

CTS Floor Plan - SafePoint at 101 Wyandotte East



FORECASTED OPIOID DEATHS IN WINDSOR-ESSEX COUNTY FOR 2023-2026 BASED ON HISTORICAL VALUES FROM 2012-2021

The table and graph below demonstrate forecasted opioid deaths in Windsor-Essex County (WEC) for the years of 2022 to 2026 based on historical values from 2012-2021. Upper and lower confidence bounds, depict best and worst case scenarios, while projections offer the statistical most likely outcome. **Interventions such as supervised consumption sites have the potential to shift these figures closer to the lower confidence bound.** Please note, complete data on opioid-related deaths that occurred locally in 2022 is currently unavailable and projections are offered for this year as well.

Table – Forecasted Opioid Deaths in Windsor-Essex County for 2023-2026 Based on Historical Values from 2012-2021

Timeline	Values	Forecast	Lower Confidence Bound	Upper Confidence Bound
2012	33	--	--	--
2013	28	--	--	--
2014	18	--	--	--
2015	24	--	--	--
2016	37	--	--	--
2017	36	--	--	--
2018	55	--	--	--
2019	51	--	--	--
2020	71	--	--	--
2021	86	--	--	--
2022	--	91.265273	71.53	111.00

2023	--	97.533254	70.97	124.10
2024	--	103.80124	71.83	135.78
2025	--	110.06922	73.46	146.67
2026	--	116.3372	75.62	157.06

Graph - Forecasted Opioid Deaths in WEC for 2023-2026 with Upper and Lower Confidence Bounds

