



# SIS Community Consultations

## Executive Report

September 2019

# table of contents



- **project background**
- **what we set out to achieve**
- **how we accomplished it**
- **who we consulted**
- **what we heard: key themes**
- **summary**
- **appendix**

# 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

online open-  
link survey\*  
(n=2520)

## COMMUNITY GROUPS

in-person  
focus groups  
(5 groups;  
27 participants)

## KEY INFORMANTS

one-on-one  
interviews  
(20 interviews)

## PEOPLE WHO INJECT DRUGS\*\*

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.

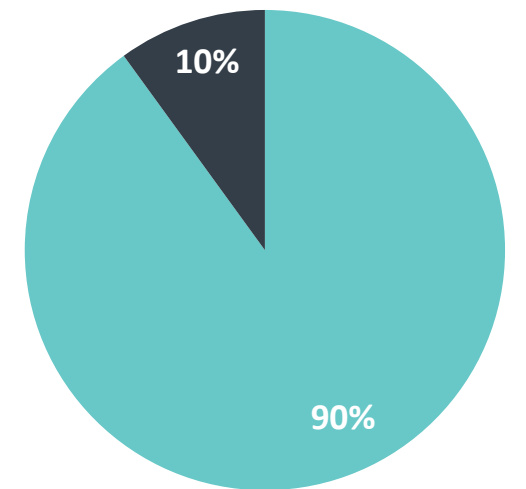
\*\*People who inject drugs=PWID

# 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

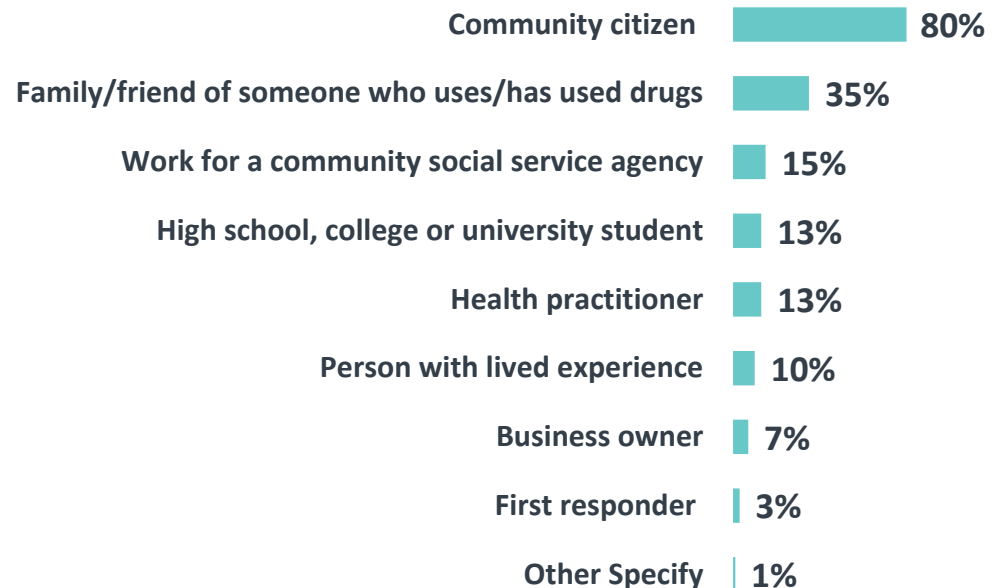
Live, work, and/or go to school in...(n=2520)



■ Windsor ■ Other area in WEC

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).

		Self-identified as a...(multi-response)							
	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
Base: All Respondents answering	2512	886	334	188	2012	376	71	327	255
<b>Self-identified as...</b>									
<b>A person with lived experience</b>	<b>10%</b>	<b>22%</b>	<b>17%</b>	<b>13%</b>	<b>11%</b>	<b>8%</b>	<b>7%</b>	<b>6%</b>	<b>100%</b>
<b>Being family or friend of someone who uses or has used drugs</b>	<b>35%</b>	<b>100%</b>	<b>47%</b>	<b>44%</b>	<b>38%</b>	<b>35%</b>	<b>20%</b>	<b>32%</b>	<b>77%</b>

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

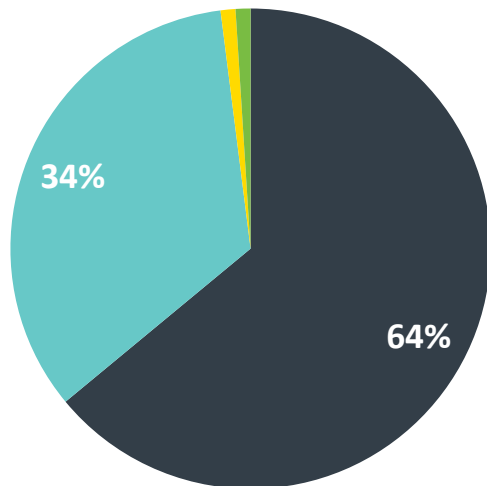
Stakeholders from:

- Government (municipal, provincial, federal)
- Health services organizations
- Emergency services
- Social services, and
- Other community organizations

# profile of PWID

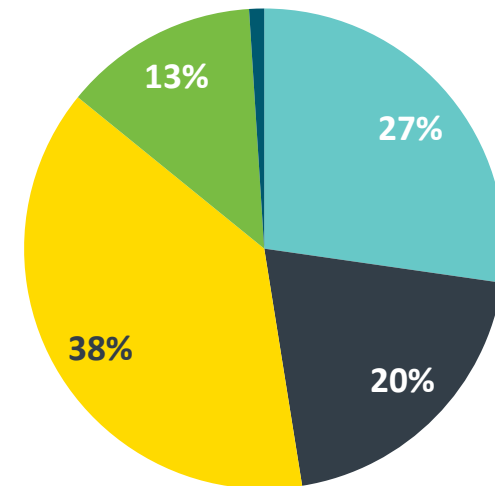
- **n=99** PWID completed the survey
- In-person interviews conducted by the WECHU's staff and/or peers
- Respondents compensated \$15 each for their participation

Gender



■ Male ■ Female ■ Other ■ Don't know

Age

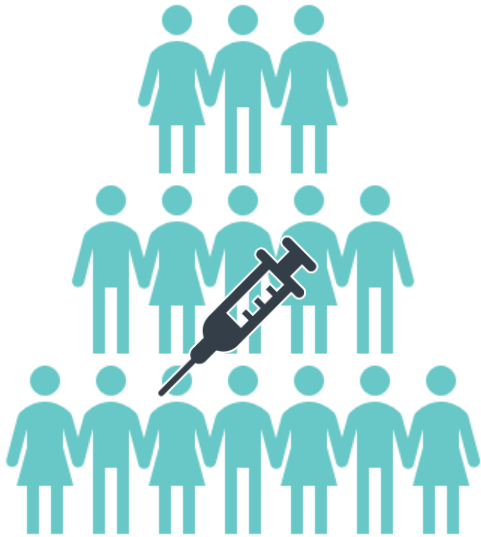


■ 18-34 ■ 35-44 ■ 45-54 ■ 55+ ■ DK/NS

# 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

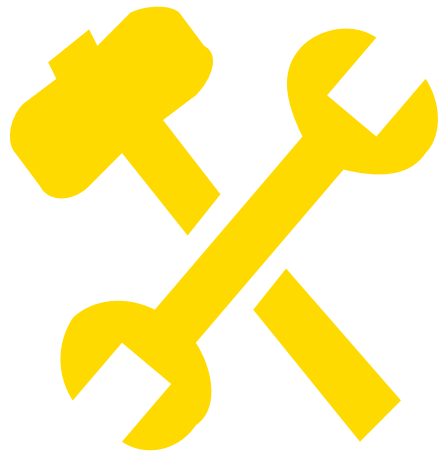
## majority of PWID said they would consider using SIS



- 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):

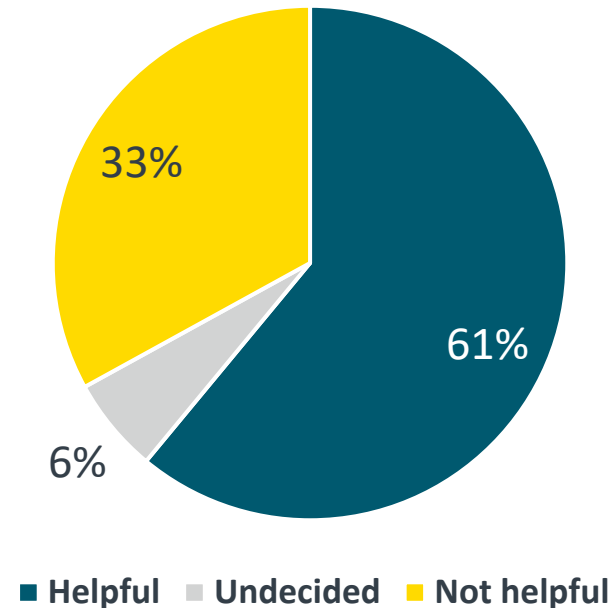
Supervised injection services are provided at legally operated indoor facilities where people come to inject their own drugs under the supervision of medically trained workers. People can inject there under safe and sterile conditions and have access to all sterile injecting equipment and receive basic 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**
<b>Helpful</b>	<b>61%</b>	56%	81%	68%	32%	74%	63%	66%	61%	87%
<b>Not helpful</b>	<b>33%</b>	39%	14%	24%	65%	22%	31%	28%	33%	13%
<b>Undecided</b>	<b>6%</b>	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?