SUPERVISED INJECTION SERVICES COMMUNITY CONSULTATIONS 2019

REPORT

WINDSOR-ESSEX COUNTY
HEALTH UNIT

WINDSOR-ESSEX COUNTY HEALTH unit
Bureau de santé de Windsor-comté d'Essex

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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]

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[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://dolorg/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.

		AGE GROUP				
	TOTAL	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 XOMMUNITY SOCIAL SERVICE AGENCY	FIRST RESPONDER	HEALTH PRACTITIONER	A PERSON WITH LIVED EXPEREINCE
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%

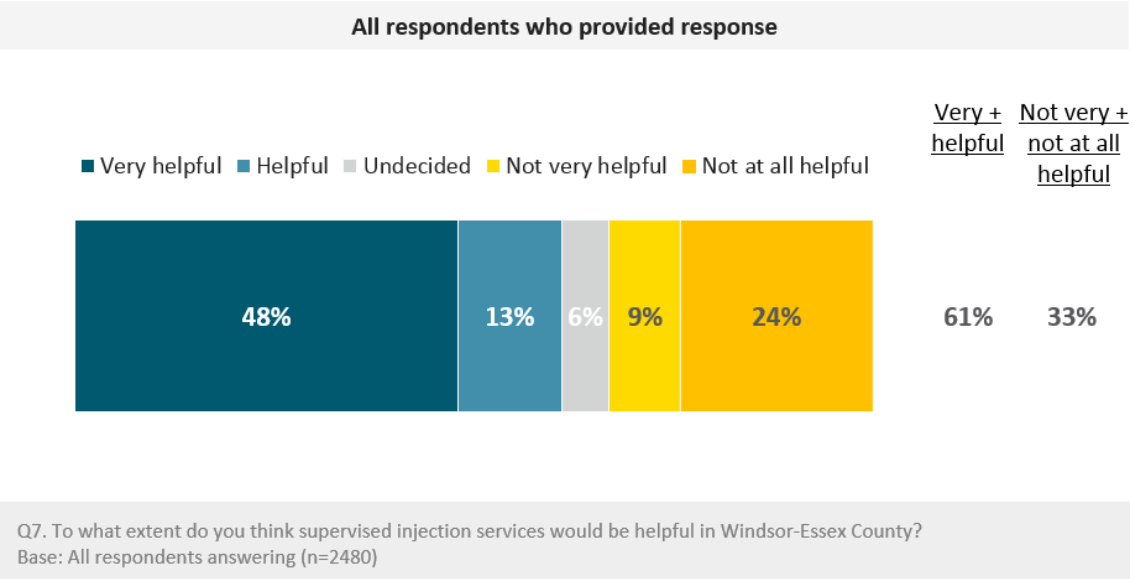
[Q2] Which of the following best describes you? (multi-select question)

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
Base: All Respondents answering	*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
Base: All Respondents answering	*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
Base: All Respondents answering	*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
Base: All Respondents answering	*n=2516*
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.

"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."

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.

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.

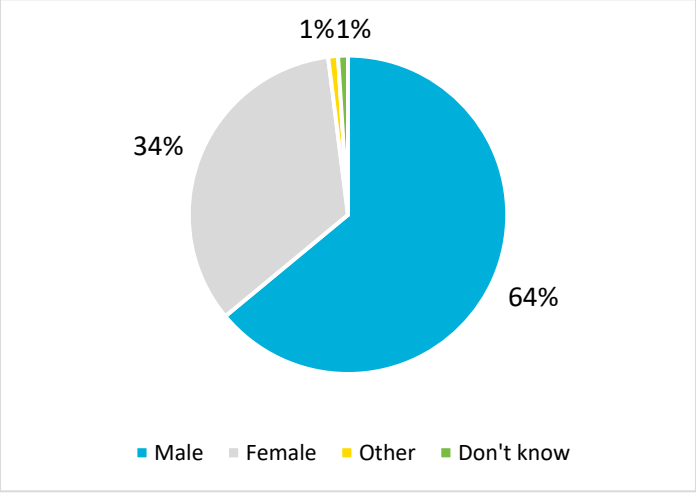
Detailed Findings

Profile of Respondents

Gender

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

Figure 2. Sex at birth.



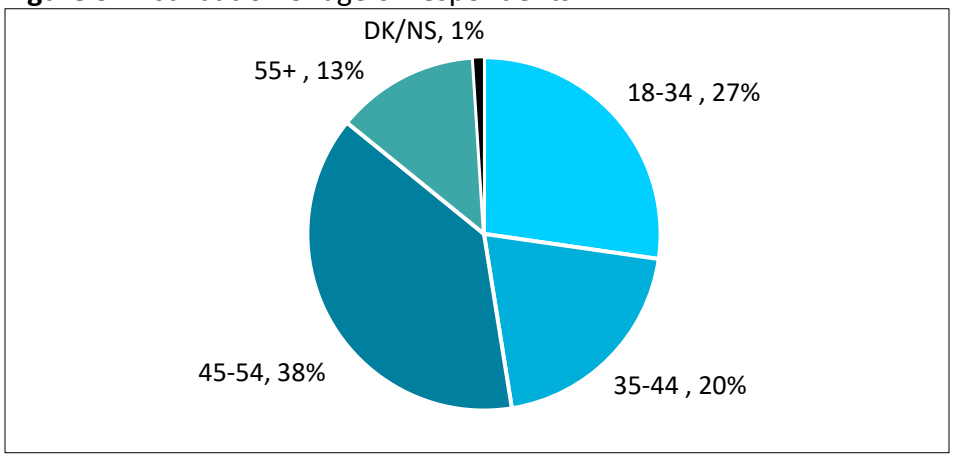
Q6 What sex were you assigned at birth (e.g., on your birth certificate)? Base: n=99 (All respondents).

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).

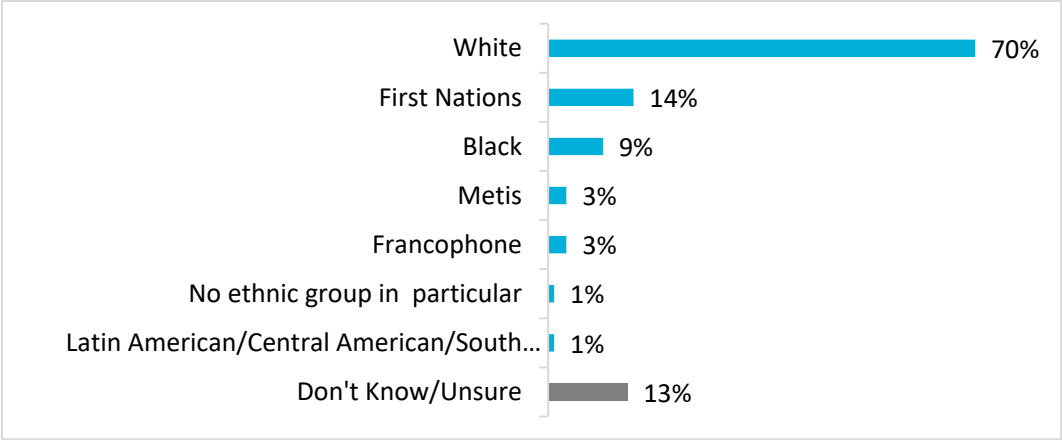
Table 13. Age, by gender.

	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.

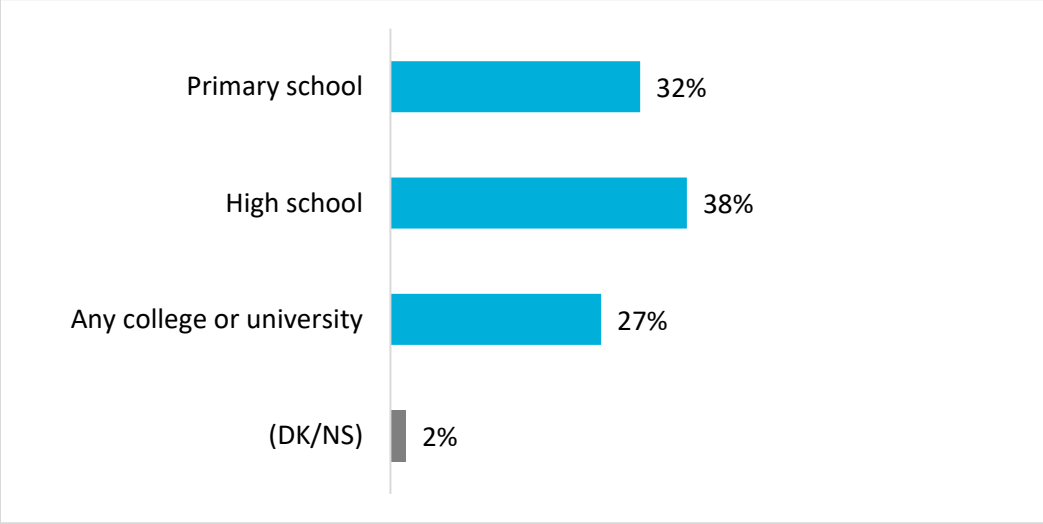


Q8 To which race, ethnic or cultural group do you feel you belong? Base: n=99 (All respondents).

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).

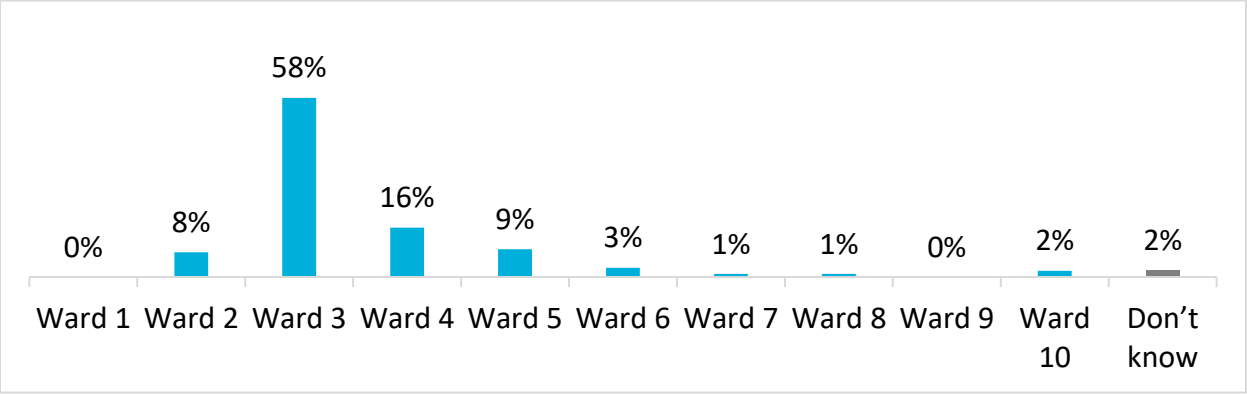
	TOTAL	MEN	WOMEN
Base: All respondents	*n=99*	*n=63*	*n=34*
Shelter or welfare residence	**57%**	57%	56%
On the street (abandoned buildings, cars, parks)	**47%**	52%	41%
No fixed address (couch surfing, here and there)	**37%**	33%	47%
House or apartment, my own or partner's	**28%**	27%	32%
House or apartment, 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.

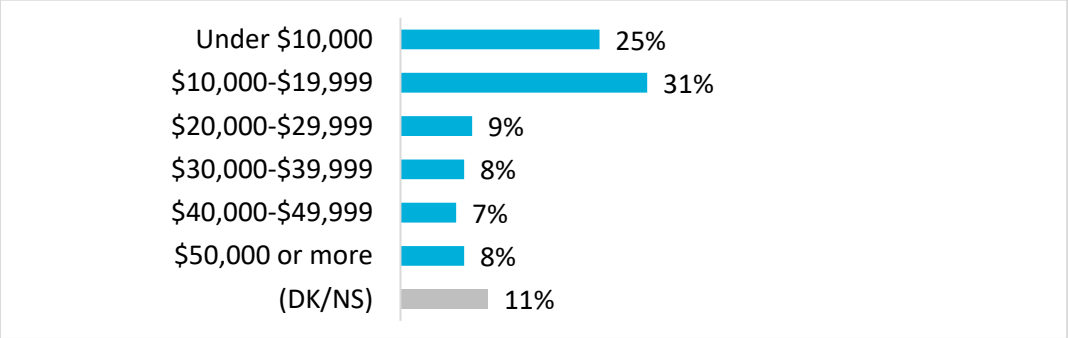


Q9 In which ward do you usually live? Base: n=99 (All respondents).

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
Base: All Respondents answering	*n=99*	*n=63*	*n=34*
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
Base: All Respondents answering	*n=99*	*n=63*	*n=34*
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%**

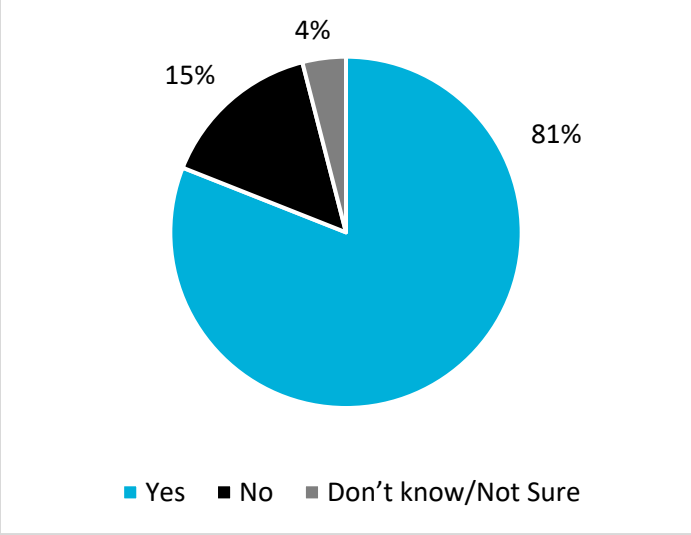
Q14 In the PAST SIX MONTHS, have you received any of the following for sex.

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.

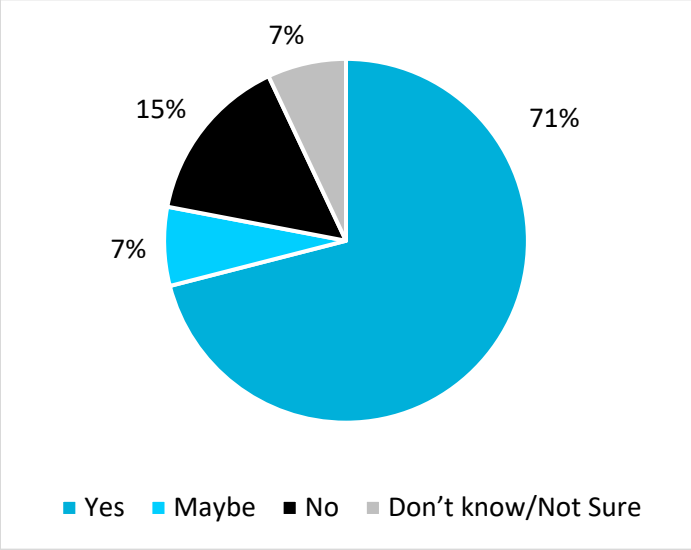


Q29 Have you heard of supervised injection services (SISs)? Base: n=99 (All respondents).

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.

		GENDER		AGE		
	TOTAL	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	*n=77*
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	*n=22 (very small base)*
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	*n=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	*n=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	*n=85*	***Base: Willing to walk in winter***	*n=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
Base: All Respondents	*n=99*
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.

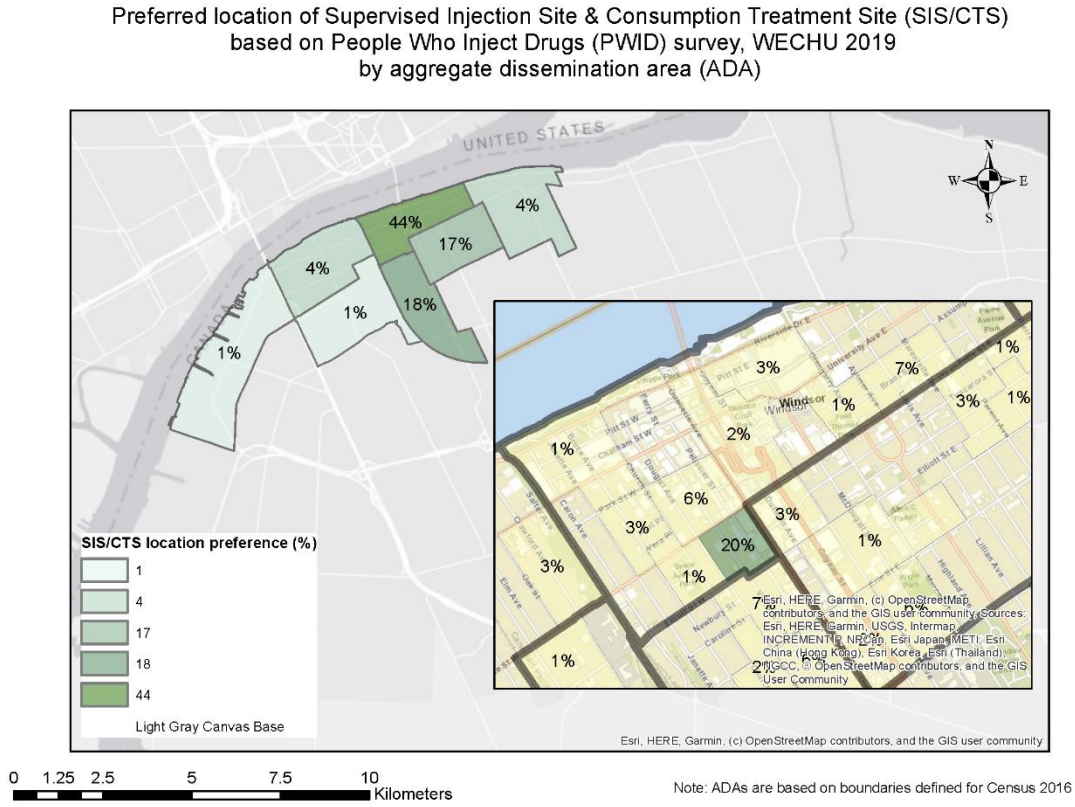
	TOTAL
Base: All Respondents	*n=99*
Private cubicles	53%
NET: An open plan	16%
An open plan with benches at one large table or counter	3%
An open plan with tables and chairs	13%
Combination of the above	23%
(DK/NS)	8%

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.

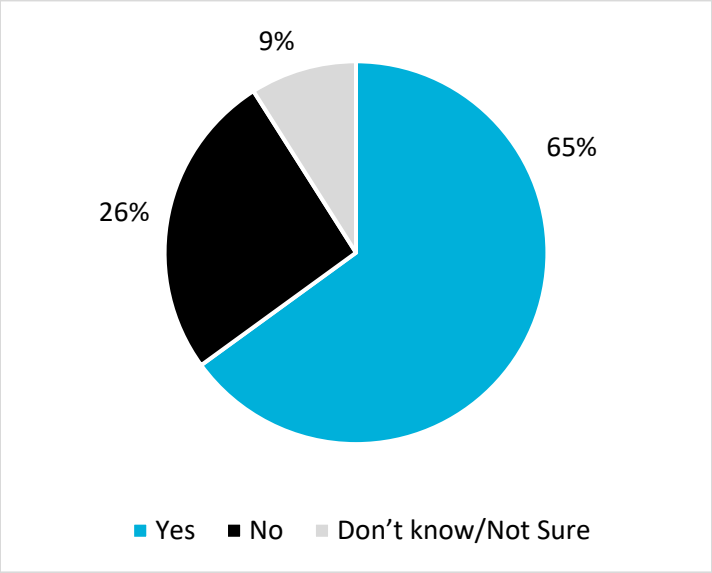


Q38 Using the below map, where would be your FIRST CHOICE for seeing SIS? (Enter the 3-digit DA identifier on the map provided).

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
Base: All Respondents	*n=99*	*n=63*	*n=34*
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	*n=99*
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.

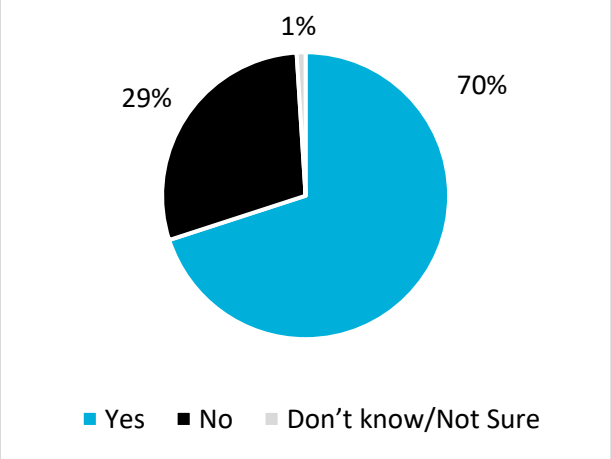
	TOTAL	GENDER MEN	WOMEN
Base: All Respondents answering **Age collapsed into categories:**	*n=99*	*n=63*	*n=34*
Under 18	19%	24%	12%
18-30	46%	46%	47%
31+	30%	29%	35%
(DK/NS)	4%	2%	6%
Mean age	27.5	26.9	28.8

Q15 How old were you the first time you injected drugs (shot up/fixed) 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 MEN	WOMEN	AGE 18-34	35-54	55+
Base: All Respondents answering	*n=99*	*n=63*	*n=34*	*n=27*	*n=58*	*n=13*
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.

		GENDER		EVER OVERDOSED BY ACCIDENT	
	TOTAL	MEN	WOMEN	YES	NO
Base: All Respondents answering	*n=99*	*n=63*	*n=34*	*n=50*	*n=43*
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.

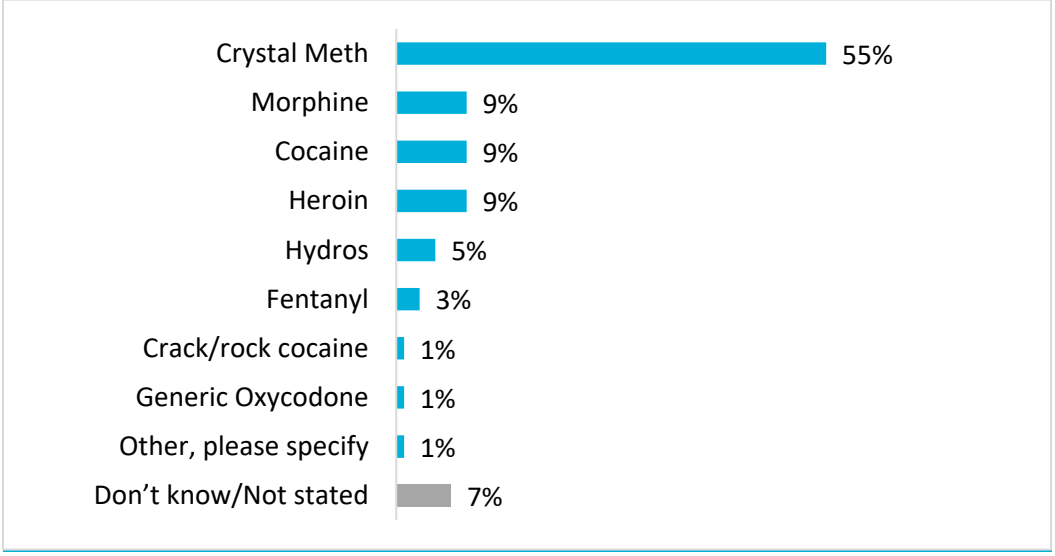
		FREQUENCY OF INJECTING EACH TYPE OF DRUG				
	NET EVER INJECTED	DAILY & MORE THAN ONCE PER WEEK	ONCE PER WEEK & 1-3 TIMES A MONTH	LESS THAN ONCE PER MONTH	NEVER	DK/NS
Base: All Respondents answering	*n=99*					
Crystal Meth	**76%**	44%	24%	8%	15%	8%
Morphine	**43%**	20%	8%	15%	42%	14%
Hydros (HydroMorph 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
Base: All Respondents answering	*n=99*	*n=63*	*n=34*
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 were drugs injected, last six months.

	TOTAL	MEN	WOMEN	18-34	35-54	55+
Base: All Respondents answering	*n=99*	*n=63*	*n=34*	*n=27*	*n=58*	*n=13*
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
Base: All Respondents answering	*n=99*	*n=63*	*n=34*
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
Base: Inject in public	*n=63*
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%

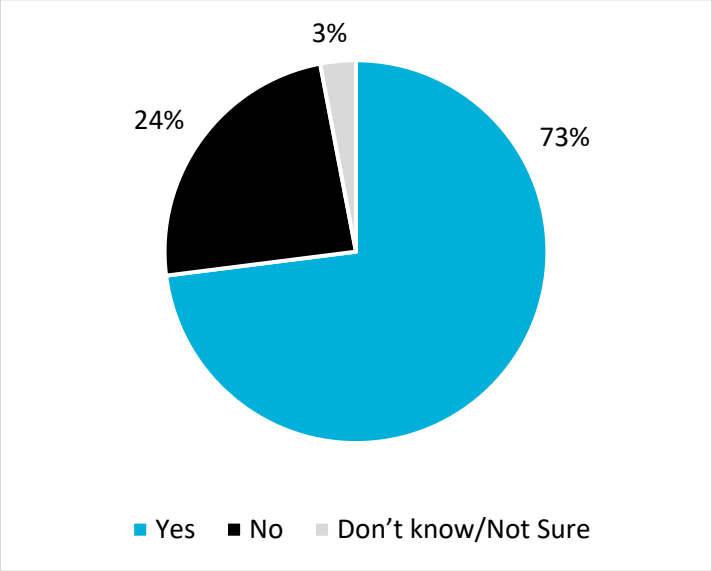
	TOTAL
I need assistance to fix	11%
I don't want the person I am staying with to know I use/am still using	10%
I'm involved in sex work and don't have a place to inject	8%
Guest fees at friend's place, but I don't want to pay	2%
Refused	-
(DK/NS)	5%

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.

		GENDER		AGE		
	TOTAL	MEN	WOMEN	18-34	35-54	55+
Base: All Respondents answering	*n=99*	*n=63*	*n=34*	*n=27*	*n=58*	*n=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	*n=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	*n=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	*n=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	*n=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

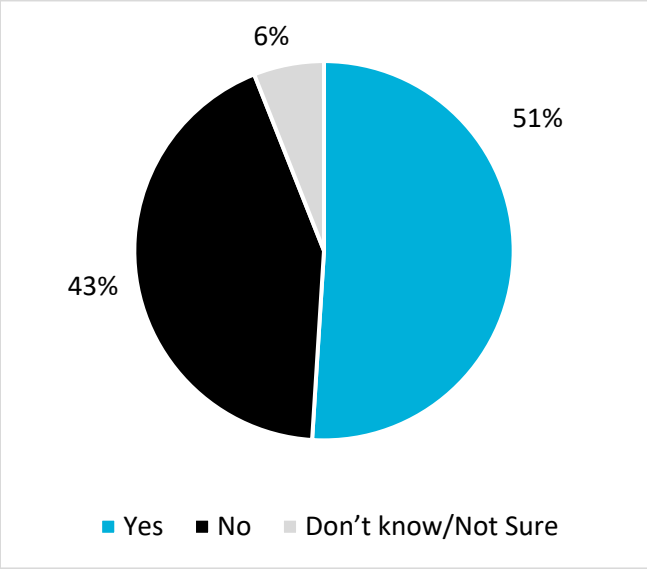
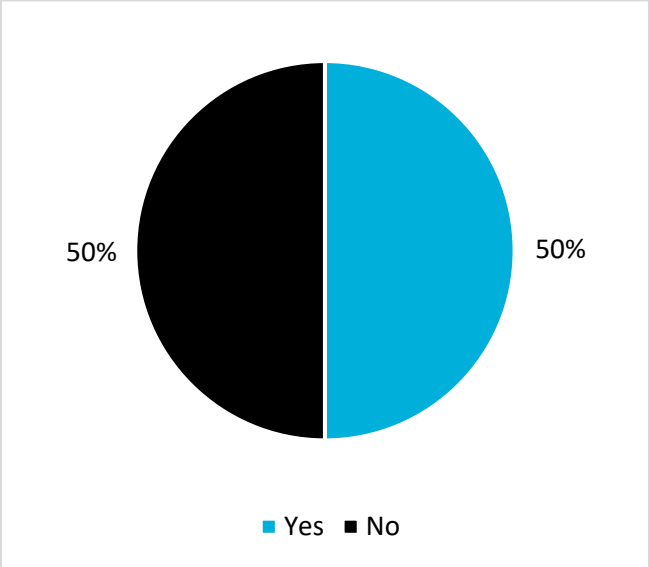


Figure 15-2. Overdosed in past six months (among those who have ever overdosed)



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.

		GENDER		AGE		
	TOTAL	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	*n=50*
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:	*Overdosed: 50*	*Drug Involved in Overdose:*
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	*n=50*
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	*n=50*
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	*n=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

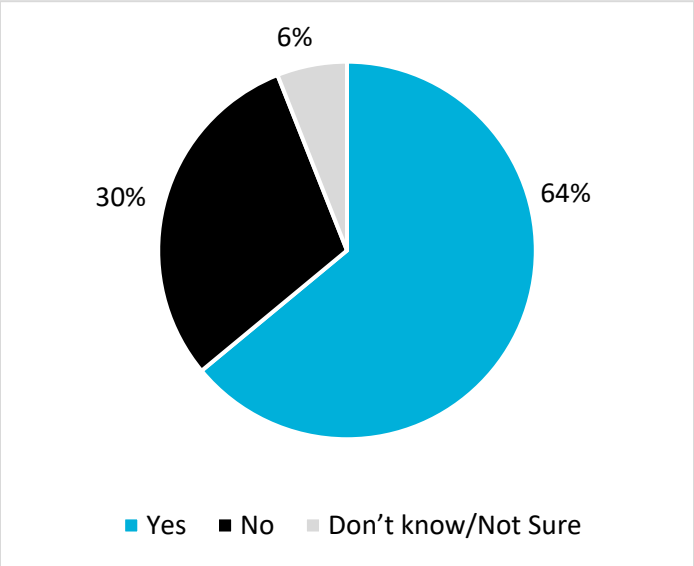
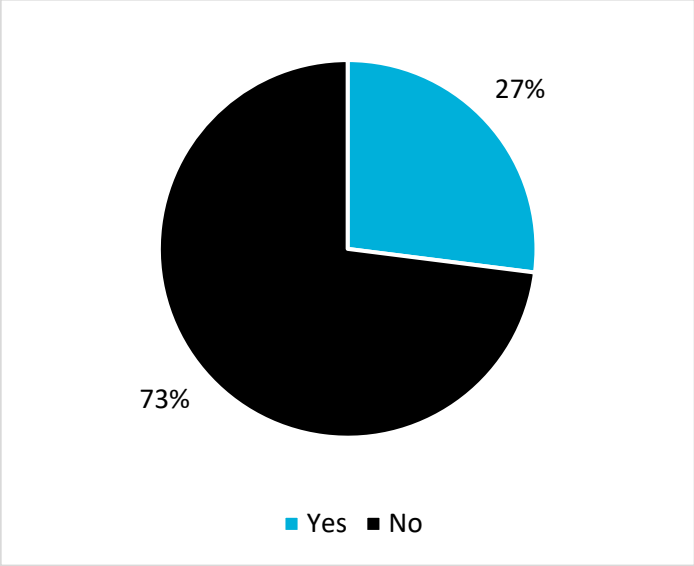


Figure 16-2. Been in drug treatment programme in past six months (among those who have been in programme)



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 size months (multiple selection).

	TOTAL
Base: Been in a drug treatment or detox programme in the last six months	*n=17 (very small base)*
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	*n=99*
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.

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

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

4. Which municipality do you usually live 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

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 Very helpful	2 Helpful	3 Undecided	4 Not very helpful	5 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 515 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 <u>explain.</u>**
    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

- ☐ Black
- ☐ Chinese
- ☐ Filipino
- ☐ First Nations
- ☐ Francophone
- ☐ Inuit
- ☐ Japanese
- ☐ Korean
- ☐ Metis
- ☐ South Asian
- ☐ Southeast Asian
- ☐ White
- ☐ No ethnic group in particular
- ☐ Other, specify: _____
- ☐ Don't know/Unsure
- ☐ Refused

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

i. Ward 1
ii. Ward 2
iii. Ward 3
iv. Ward 4
v. Ward 5
vi. Ward 6
vii. Ward 7
viii. Ward 8
ix. Ward 9
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.)**

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

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

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

- ☐ Money
- ☐ Drugs
- ☐ Gifts
- ☐ Shelter
- ☐ Food
- ☐ I have not exchanged any items for sex in the past 6 months
- ☐ Other, specify:
- ☐ 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/fixed) 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.)**

- ☐ Sexual partner's place
- ☐ Your own place (if different from sexual partner's place)
- ☐ Relative or friend's place
- ☐ Acquaintance's place
- ☐ Stranger's place
- ☐ Place which you pay to use or exchange drugs
- ☐ Abandoned building
- ☐ Parking lot
- ☐ Alley or laneway
- ☐ School yard
- ☐ In a stairwell/doorway of a store, office or other building
- ☐ Car
- ☐ Public washroom or toilet (e.g., library)
- ☐ Hotel or motel
- ☐ Place where you buy drugs
- ☐ Shelter
- ☐ Community-based organization or service provider
- ☐ 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.)**

☐ It's convenient to where I hang out

☐ There is nowhere to inject safely where I buy drugs

☐ I'm homeless

☐ I'm involved in sex work and don't have a place to inject

☐ I don't want the person I am staying with to know I use/am still using

☐ I'm too far from home

☐ I need assistance to fix

☐ Guest fees at friend's place, but I don't want to pay

☐ I prefer to be outside

☐ Dealing/middleing (connecting sellers to purchasers)/steering (guiding potential buyers to selling)

☐ Other, specify:

☐ 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
ii. Crystal Meth
iii. Cocaine
iv. Crack/Rock Cocaine
v. Speedball (stimulant mixed with opioids)
vi. Methadone prescribed to you
vii. Methadone not prescribed to you
viii. Morphine
ix. Hydros
x. Percocet
xi. Generic Oxycodone
xii. Oxy Neo
xiii. Fentanyl
xiv. Wellbutrin
xv. Ritalin or Biphentin
xvi. Tranquilizers or Benzos
xvii. Amphetamines (speed, uppers, dexies, bennies)
xviii. Steroids
xix. Valium
xx. Gabapentin
xxi. Other, specify:
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 'SISs' 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 trust supervised injection services.
I do not want to be seen.	I can get new sterile needles elsewhere.
I do not want people to know I am a drug user.	I have a place to inject.
I am afraid my name will not remain confidential.	I feel there are too many rules and restrictions associated with using supervised injection services.
I would rather inject with my friends.	I need to avoid other people that would use the SIS.
I always inject alone.	I don't know enough about SIS.
I feel it would not be convenient	Other, specify:
I fear being caught with drugs by police.	Refused
I'm concerned about the possibility of police around the service.	

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.)**

- ☐ Detox program with methadone/suboxone
- ☐ Detox program with other prescribed drugs
- ☐ Detox program with no drugs
- ☐ Methadone maintenance program
- ☐ Out-patient counselling
- ☐ Self-help group for your drug use
- ☐ Drug treatment with cultural programming
- ☐ Residential treatment
- ☐ Drug court
- ☐ Healing lodge
- ☐ Addictions case management
- ☐ Managed alcohol program
- ☐ Another drug treatment/detoxification program
- ☐ Other, specify:
- ☐ Refused

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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