

# **Supervised Consumption Site Needs Assessment and Feasibility Study for the Region of Peel**

Region of Peel – Public Health

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# Executive summary

## Background

Drug and substance use is a significant public health concern that is associated with health and social issues including death from overdose, spread of infectious diseases, family and work life disruption, and concerns about neighbourhood safety.

As the number of deaths, injuries, and illnesses due to drug and substance use continues to increase in Ontario, the Ministry of Health and many public health units are working to enhance local harm reduction services.

Supervised consumption services (SCS) allow people who use drugs (PWUD) to bring pre-obtained substances to consume under hygienic conditions with the supervision of trained medical personnel to prevent or reverse overdoses. SCS are used by populations at higher risk of harms related to drug use and have been shown to reduce overdose deaths and the incidence of HIV and Hepatitis C infections by decreasing risky behaviours such as needle sharing. SCS also reduce public drug use and publicly discarded injection equipment, increase uptake of social and health services by those at risk, and have proven to be a cost-effective service. SCS do not contribute to higher crime activity in the vicinity surrounding a site or promote drug use.

In Peel, drug and substance use is not concentrated in one geographic area, and there is limited evidence to describe the most effective way to deliver SCS in communities with dispersed drug and substance use, similar to Peel. Current data do not capture useful community level information such as frequency of drug use, most commonly used drugs and injection or drug use practices, indicating a knowledge gap that should be addressed.

## Study objectives

The objectives of the Region of Peel Needs Assessment and Feasibility Study for SCS were to better understand the community of PWUD in the Region of Peel, including demographics and drug use practices and document the perspectives of the community, including PWUD and key stakeholders with respect to the need and feasibility of SCS in Peel.

## Study methods

The Study used both numbers, stories and opinions. This information was obtained through health and crime statistics available to Peel Public Health, and surveying PWUD, community members, and key informants.

For academic readers, this was a one-time convergent-parallel mixed methods study incorporating quantitative and qualitative data collected in parallel, analyzed separately, and then merged. The quantitative portion consisted of available health and police information (fatal and non-fatal overdose, blood-borne infections, other drug-related emergency department visits and hospitalizations), as well as new survey data collected through the PWUD and general community surveys. The aim of the quantitative data analysis was to describe the local context and determine the need for SCS.

The qualitative portion included data derived from the free-text questions in the PWUD survey and general community survey, as well as from key informant interviews. The aim of these data were to help inform the Region of Peel's understanding of the concerns and/or interests, feasibility, and need for SCS.

## Findings

### Drug and substance use in Peel

- Opioid-related morbidity and mortality within Peel has increased in the last 6 years, with a more rapid increase beginning in 2016. Emergency department visits and hospitalizations have also increased.
- There were 109 opioid-related deaths in 2018 in Peel.
- Most opioid-related deaths were associated with fentanyl (72% in 2017).
- Most opioid-related deaths occurred in the home (69% of deaths from May 2017 to March 2019), and 68% of people who died from overdose in 2018 were alone at the time of death.<sup>18</sup>
- Most paramedic calls where naloxone was administered occurred in Brampton and Mississauga, specifically Downtown Brampton and Cooksville, Mississauga.
- 12.6% of hepatitis C cases in 2018 reported injection drug use.
- The demand for harm reduction programs such as needle exchange and naloxone are increasing.

### Drug use behaviours

- Most people surveyed (77.6%) used drugs daily.
- The most common location of drug use was their own home (64.6%).
- If use occurred in a public place, the most common were parks (45.8%), public washrooms (45.8%) and alleys (45.1%).
- 97% reported using drugs alone in their lifetime.
- Heroin (39.2%), crack/rock cocaine (38.3%) and crystal meth (28.6%) were the most commonly reported drugs used daily.
- 80% of respondents reported reusing needles.
- 64% of respondents had overdosed in their lifetime, with 39.6% experiencing an overdose in the last 6 months.
- 43% of respondents reported seeking out or accessing some type of treatment service in the last six months, with opioid substitution therapy (e.g., methadone or suboxone) being most common.

Thirty-nine per cent of respondents tried but were unable to access treatment programs in Peel in the last six months.

## Public perception of drug and substance use

General community survey respondents reported a lack of awareness of the magnitude of drug and substance use leading to morbidity and mortality in Peel and acknowledged not fully understanding what services SCS offer. General Community Survey respondents were divided in their opinions on harm reduction. A common opinion expressed was that illegal drug use is a crime and criminal behaviour should not be supported. Other respondents felt SCS would be a step toward treating drug and substance use as a health issue rather than a criminal issue. There was acknowledgment that drug use is a complex social problem that requires support of the community with a coordinated plan to address the associated harms.

Among key informants there was general agreement that drug use existed throughout the Region of Peel. Respondents emphasized the link between mental health and addictions and the importance of planning treatment and supports accordingly. Key informants also perceived a greater risk of overdose and death with obtaining illegal drugs off the street that may be contaminated. It was felt that people are not calling 911 for overdoses because they are on probation, have outstanding charges and are worried about legal or criminal consequences.

## Perceived benefits and concerns around SCS

### Potential benefits

- 86.5% of PWUD survey respondents reported they would consider using SCS.
- 44% of general survey respondents thought SCS would be helpful for Peel. The most commonly reported benefits of SCS were reduced risk of injury and/or death from overdose (52%), connecting users and their families to health and social services (49%), reducing the risk of HIV/hepatitis C transmission (48%), less public drug use (45%) and less used needles in public (43%).
- Key informants expect SCS to increase safety for PWUD, decrease crime in neighbourhoods, improve efficiency in the health system through partnerships and system navigation, and decrease costs of substance use, emergency room visits and hospitalizations.

### Potential concerns

- 61% of general community survey respondents reported having concerns with SCS in Peel with the most common concerns being more PWUD in the area (52%), more drug trafficking in the area (47%), decreased property values (46%), personal safety concerns (42%) and impact on the neighbourhood (45%).
- Key informants expressed concern about stigma and targeting of PWUD by other members of the community, potential protesters, and other selling drugs.
- Key informants identified the need for supports to prevent increases in crime and community perceptions that SCS are contrary to neighbourhood revitalization.

## Strategies to mitigate concerns around SCS

Among PWUD survey participants, 13.5% reported they would not consider using a SCS or were unsure. When asked what may change their mind about utilizing the service, the most commonly reported factors were access to sterile equipment (41%), safe from crime (23%) and safe from being seen by police (23%).

Sixty-one per cent of general community survey respondents reported having concerns with SCS in Peel. The most common strategies to address concerns as identified by GCS respondents included evaluating the service to determine what is and is not working (55%) and informing the community about the goals of SCS and how they can help the community (42%).

To mitigate concerns around SCS, key informants suggested involving PWUD in determining service design and operational preferences in order to increase acceptability and ensure the services meet their needs. They also emphasized the importance of involving the community and having a way to manage concerns.

## SCS operational preferences and services

### Location

PWUD survey participants provided their first and second choice locations for SCS in Peel:

- 46% of respondents reported Downtown Brampton as their preferred location.
- 31% of respondents reported Cooksville in Mississauga as their preferred location.

Key informants identified location of an SCS as the most prominent consideration for both PWUD and community acceptability. Decisions around location(s) need to be driven by data and determined based on need, including:

- The number of people who use and where they live or where they acquire drugs.
- Number and location of overdoses and opioid-related EMS calls.

For PWUD, the location chosen should not increase stigma and consequently deter users. For the community, an SCS should be placed in the least sensitive area where the service can be provided, and there is minimal impact on the surrounding community (including smoke from inhalation drug use).

### Type of Model

- 76% of PWUD surveyed selected a stand-alone SCS model as their preference. Stand alone models refer to independent facilities that are not integrated with pre-existing health or social services.
- Almost half of general community survey respondents (49%) felt that SCS would best fit in pre-existing health settings such as hospital or public health clinics or close to government buildings.
- Wraparound or integrated models, where multiple services are offered, were suggested by key informants.
- Mobile sites:
  - Key informants considered mobile sites to be a better option for less densely populated areas and for hard-to-reach locations.



- 38% of community respondents also felt that a mobile site would be the most effective model.
- Almost 40% of PWUD (38.6%) indicated preference for a mobile bus or van.

### **Services in SCS**

Community members and key informants suggested that along with traditional harm reduction services there should be access through SCS to withdrawal services and counselling. Other health services could include testing drugs prior to use, testing for infectious diseases (HIV, Hepatitis B and Hepatitis C), flu shots and other basic medical care, such as wound care

Key informants emphasized the importance of inclusive services for reaching populations who face barriers that make them more vulnerable including:

- Women who experience violence and whose partners control their drug use;
- Youth who are more susceptible to harms of drugs, are more likely to have academic and behavioural issues and are at risk of homelessness due to family conflicts; and
- Newcomers who may be prone to social isolation and experience challenges navigating services.

Additionally, from the PWUD survey, 85% of respondents who identified as Indigenous reported access to Indigenous counsellors was important.

# Recommendations

**1. The Region of Peel would benefit from supervised consumption services (SCS)**

Data on opioid-related harms, current harm reduction services and survey data collected from people who use drugs in this study indicate a need for SCS in the Region of Peel to reduce the morbidity and mortality related to opioids. Key informants, who represented leaders from community and governmental organizations, were largely supportive of SCS in the Region of Peel to reduce opioid-related harms.

**2. The Region of Peel should consider the following locations for SCS sites:**

- a. Downtown Brampton (the area flanked by Bovaird Street (north), Highway 410 (east), Queen Street (south) and Chinguacousy Street (west))
- b. Cooksville, Mississauga (the area flanked by St. Lawrence and Hudson Railroad (north), Cawthra Road (east), Queen Elizabeth Way (QEW) (south) and Mavis Road (west))
- c. Mobile sites to service less densely populated areas of the Region should be considered based on need and capacity.

Data from paramedic responses to overdose calls where naloxone was administered were highest in the areas of Downtown Brampton and Cooksville. Respondents from the survey of people who use drugs also identified these as preferred locations for SCS.

**3. SCS should be implemented in consultation with people who use drugs, the general community and other service providers**

Acceptability of SCS is dependent on consultation with people who use drugs on the types of services, location and other operational preferences. The general community should be involved in the implementation of SCS so there is a means to address concerns, increase understanding and support for these services.

**4. Regular evaluation and monitoring of SCS should be conducted by the lead agency**

Efficient and sustainable services require regular evaluation and monitoring to understand what has worked well and identify areas for improvement. This may include issues related to services available at SCS, as well as considerations related to establishing other sites including the possibility of a mobile SCS to provide services to less densely populated areas of the Region.

## Next steps

- A lead agency interested in applying for and implementing an SCS should be identified.
- People who use drugs and the general community should be involved in the planning, implementation and evaluation of a potential SCS, with special consideration given to seeking input from women, youth, newcomers and Indigenous people.
- Education and outreach to the general community on the benefits and purpose of SCS should be planned.

# Introduction

## Drug and substance use

Drug and substance use is a significant public health concern that is associated with several health and social issues including death from overdose, transmission of infectious diseases, family and work life disruption, and concerns about neighbourhood safety.<sup>1-3</sup> People who use drugs (PWUD) are a vulnerable population often difficult to reach with traditional public health interventions and primary health care services.<sup>4,5</sup> PWUD are faced with barriers to equitable health care compared to those with similar socioeconomic status who do not use drugs.<sup>5</sup>

## Harm reduction interventions

As the number of deaths, injuries, and illnesses due to drug and substance use continues to increase in Ontario, the Ministry of Health ('Ministry'), many public health units and community organizations are working to enhance local harm reduction services. As defined by the Canadian Centre on Substance Abuse, harm reduction "focuses on those policies, programs and interventions that seek to reduce or minimize the adverse health and social consequences of drug use without requiring an individual to discontinue drug use."<sup>6</sup> Examples of harm reduction services include overdose prevention sites (OPS), supervised consumption services (SCS) and the newer consumption and treatment service (CTS) model that incorporates harm reduction services with pathways to addiction treatment services, primary care, mental health, housing and other social supports.<sup>19</sup>

SCS have become increasingly common world-wide. Similar to supervised injection sites (SIS) and OPS, SCS allow PWUD to bring pre-obtained substances to consume in hygienic conditions under the supervision of trained medical personnel to prevent or reverse overdoses. Drugs may be consumed through injection, oral and intranasal routes of administration, unlike SIS (which only allow for injection). SCS are used by populations at higher risk of harms related to drug use and have been shown to reduce overdose deaths and the incidence of human immunodeficiency virus (HIV) and hepatitis C infections by decreasing risky behaviours such as needle sharing. SCS also reduce public drug use and publicly discarded injection equipment, increase uptake of social and health services by those at risk, and have proven to be a cost-effective service.<sup>8-10</sup> SCS do not contribute to higher crime activity in the vicinity surrounding a site or promote drug use.<sup>8-10</sup>

In the fall of 2018, the Ontario government began a review of the SCS and OPS service delivery model to enhance connections to primary care, treatment and rehabilitation efforts.<sup>11</sup> The review proposed a new harm reduction model to supervised drug and substance use called consumption and treatment services (CTS). CTS will require integrated, wrap-around services for PWUD and include requirements to address community concerns where CTS are implemented. Mandatory services in the CTS model include:<sup>12</sup>

- Supervised consumption and overdose prevention;

- Onsite or access to addiction treatment;
- Onsite or access to primary care, mental health, housing and social supports; and
- Harm reduction services (i.e. education, harm reduction supplies and naloxone).

As possession of controlled substances is illegal in Canada, sites interested in operating a SCS must apply to the federal government to obtain an exemption under section 56.1 of the Controlled Drug and Substances Act. As of June 7th, 2019, Health Canada has approved 44 SCS throughout Canada with sites currently offering services in Alberta (n=8), British Columbia (n=9), Ontario (n=23), and Quebec (n=4). Following this trend, other Canadian cities have submitted applications for additional SCS including two sites in Alberta (Calgary and Medicine Hat), two in British Columbia (Victoria and Vancouver) and five sites in Ontario (Hamilton, London, Ottawa and Kitchener).<sup>13</sup>

## Peel context

The Region of Peel is a diverse community of over 1.4 million people, consisting of the town of Caledon, and cities of Mississauga and Brampton. Peel has several harm reduction services for PWUD, including the Peel Works Needle Exchange Program ('needle exchange program') which distributes clean injection and inhalation equipment and naloxone. With the influx of highly potent opioids entering the illicit drug market, current programs and services are not enough to mitigate the harms associated with drug and substance use.

Harms associated with opioid use can be captured through data on emergency department (ED) visits, hospitalizations, overdose deaths and the burden of bloodborne infections such as HIV and hepatitis C. While these rates are lower in Peel compared to Ontario, there has been an increase over the past decade, with a more rapid rise since 2015, specifically for opioid-related morbidity and mortality.<sup>14</sup> Needle exchange program data also suggest an increasing need for sterile drug equipment throughout the region, with a rapid increase in needles distributed and clients seen since 2016.<sup>15</sup>

In Peel, drug and substance use is not concentrated in one geographic area. There is limited evidence to describe the most effective way to deliver SCS in smaller cities or communities with dispersed drug and substance use. Currently available data do not capture useful community level information such as frequency of drug use, most commonly used drugs and injection or drug use practices, indicating a knowledge gap that should be addressed.

# Objectives

The purpose of this study was to explore the perspectives of PWUD, other community members and key stakeholders on the acceptability, feasibility, and operational preferences for SCS. The study findings will inform discussions concerning the need for, and feasibility of, SCS in Peel Region.

The objectives of the Region of Peel Needs Assessment and Feasibility Study for SCS ('the Study') were to:

1. Better understand the community of PWUD in the Region of Peel, including demographics and drug use practices
2. Document the varied perspectives of the community of PWUD in the region of Peel, including:
  - a. Determination of the feasibility of SCS, including how likely they are to use the services
  - b. Preferences for SCS, including the location(s), features, and associated services
  - c. Supports needed to improve health of PWUD in Peel
3. Document the perspectives of community members and key stakeholders (including PWUD) in the region of Peel, including their:
  - a. Understanding of drug and substance use in the community
  - b. Familiarity of the purpose and evidence behind supervised consumption
  - c. Acceptability of, and preferences for, SCS in the community
  - d. Perceived benefits and potential consequences of SCS for both clients and community members who would not be accessing the services
  - e. Other suggested supports to improve the health of PWUD in Peel
4. Analyze available local drug and substance health data, social service availability, and local police information to help illustrate and describe the local context and need for SCS.

# Methods

## Study design

The study was a one-time convergent-parallel mixed methods study incorporating quantitative and qualitative data collected in parallel, analyzed separately, and then merged.

The aim of the quantitative data analysis was to illustrate and describe the local context and need for SCS. This included available health and police information (fatal and non-fatal overdose, blood-borne infections, other drug-related ED visits and hospitalizations, drug possession and trafficking), as well as new survey data collected through a survey of PWUD and a survey of the general Peel community.

The qualitative portion included data from free-text questions in the PWUD survey, general community survey and key informant interviews. The aim of this data was to help inform the Region of Peel's understanding of the concerns and/or interests, feasibility and need for SCS.

All instruments used for data collection, including the PWUD survey, general community survey, and key informant interview guide were adapted with permission from Dr. Thomas Kerr's toolkit used in various jurisdictions throughout Canada including British Columbia as well as London, Thunder Bay and Hamilton, Ontario.

This study was approved by the Hamilton Integrated Research Ethics Board (HiREB). The Region of Peel Public Health funded and carried out the study.

## Data methods

### Drug-related health and crime data

Quantitative data was used to illustrate and describe the local context and need for SCS in Peel, as well as assess the individual and community-level impacts of drug and substance use and overdose. The following information was analyzed from publicly-available crime data, and from health surveillance and health service utilization datasets available to Peel Public Health:

1. Incidence of fatal and non-fatal overdose
2. Blood-borne infections
3. Drug-related emergency department visits and hospitalizations
4. Harm reduction service use
5. Drug-related crime

## People Who Use Drugs (PWUD) survey

A survey was conducted with people who self-identified as having used drugs in the past six months. The survey was comprised of seven sections: (1) demographic information, (2) drug use and injection practices, (3) supervised consumption sites, (4) location and service design, (5) overdose prevention sites, (6) experience of overdose, health and HIV/hepatitis C testing and (7) drug treatment, all with both single and multiple measure questions.

Participants were eligible for the PWUD survey if they:

- Were 16 years of age or older;
- Self-identified as using drugs within the last six months;
- Understood the English language; and
- Were able to provide informed consent.

Participants were primarily recruited through peer researchers staffed by Moyo Health and Community Services, formerly the Peel HIV/AIDS Network (PHAN). Peer researchers are often used in research settings where hard-to-reach populations are of interest. The “nothing about us, without us” principle states that interventions should not be decided for a population without the direct participation of members of the community who would use and benefit from the proposed intervention. Because these populations are often marginalized and hard to reach in typical study recruitment practices, we incorporated peer researchers into our recruitment procedure. This allowed for more in-depth knowledge of the concerns and barriers experienced by PWUD.<sup>16</sup>

Additional sources of recruitment included:

- Business cards – Distributed by peer researchers to PWUD to book appointments for survey participation;
- Posters – Throughout Peel, posters with study and contact information were placed at libraries, public areas, pharmacies, social service agencies etc., to attract PWUD to participate in the survey; and
- Word of mouth – Through peer researchers in the community and using snowball sampling methods.

Peer researchers invited PWUD to participate in a 45-minute survey. Participants were able to complete the survey on the spot with peer researchers at community locations or schedule an appointment with a peer researcher or research assistant to complete it at a later time. All participants were provided with a \$25 honorarium, regardless of survey completion.

Survey data were entered electronically through mobile tablets directly onto the secure online survey tool (Survey Monkey). Following survey completion, data were extracted from the Survey Monkey platform and exported to secure Region of Peel servers in Microsoft Excel compatible files and analyzed using descriptive statistics with Stata<sup>®</sup> MP 15.



## General community survey

The online community survey was made available to community members through multiple channels including:

1. Region of Peel website;
2. Region of Peel social media (i.e. Twitter);
3. Email communications sent to Regional Council members and other Region of Peel staff;
4. Posters and flyers distributed to community partners;
5. Newspaper advertisements.

Participants were eligible to partake in the general community survey if they met the following criteria:

- 16 years of age or older;
- Lived, worked or attended school in the Region of Peel; and
- Had access to the Internet.

All data were entered electronically into Survey Monkey. Data were extracted from Survey Monkey onto secure Region of Peel servers. Qualitative data from the free text portion of the survey were manually analyzed in Microsoft® Excel® version 1902 using thematic extraction by two research members. Differences were resolved by consensus.

## Key informant interviews

Key informants were selected by study investigators from five sectors including: (1) health care, (2) social services, (3) government and municipal services, (4) police and emergency services, and (5) the business and community sector. These individuals were identified as notable stakeholders, influencers and decision-makers. Informants were invited to participate in a one-hour interview via a standardized email script sent by the Principal Investigator. Following informed consent, a standardized set of questions adapted from Dr. Thomas Kerr's toolkit were used for each key informant interview. With permission, interviews were voice recorded to ensure correct transcription. All audio files were uploaded to Wordwrap Associates Inc. secure online server for transcription and sent back to the Region of Peel through the same secure server. All transcripts were then thematically analyzed.

# Findings

Findings from the study were organized into seven common themes that emerged from data analysis:

1. **Characteristics of study participants**
2. **Drug and substance use in Peel**
3. **Public perception of drug and substance use**
4. **Perceived benefits and concerns around SCS**
5. **Strategies to mitigate concerns around SCS**
6. **SCS services and operational preferences**

# Theme 1:

## Characteristics of study participants

### PWUD survey

Between December 6 and 21, 2018 a total of 150 participants who self-reported using drugs in the past six months completed the PWUD survey component of the Study (see appendix A for full survey results). Among the 150 survey respondents, 97% reported using drugs in the past 30 days.

Table 1 summarizes the demographic information of survey participants. Respondents ranged in age from 18 to 65 years, with a median age of 40 years. Fifty-two per cent of survey respondents identified as male. Eighty-three per cent of respondents were of white ethnicity, which aligns with what has been observed with accidental opioid-related deaths Between May 2017 to December 2018, 71% of accidental opioid-related deaths in Peel were among residents of white ethnicity.<sup>18</sup>

**Table 1. Demographic information of PWUD Survey respondents in Peel Region**

Characteristic (number of responses excluding refusals)	Proportion of Respondents
<b>Street drug usage in the past 30 days (148)</b>	96.6%
<b>Age category (144)</b>	
16-24	4.9%
25-34	19.4%
35-44	38.2%
45-54	22.9%
55-65	14.6%
<b>Gender identity (149)</b>	
Male	51.7%
Female	43.6%
Trans Woman	4.0%
Trans Man	nr
<b>Ethnicity* (148)</b>	
White	83.1%
Indigenous	8.8%
Black	6.8%
Other	12.2%
<b>Places of Residence in last 6 months* (150)</b>	
Own House/Apartment	57.3%
Someone's House/Apartment	42.7%
Street	40.0%
Crack House	39.3%
No Fixed Address	35.3%
Hotel/Motel	34.7%

Shelter	25.3%
Hospital	19.3%
Jail	16.0%
With Parents	10.7%
Boarding House	8.0%
Rehab	5.3%
Medical Hostel	nr
Transitional Housing	nr
<b>Highest Level of Education Completed (149)</b>	
Primary School	15.4%
High school	61.1%
College or University	23.5%
<b>Personal Gross Annual Income (148)</b>	
Under \$5,000	6.8%
\$5,000 to \$10,000	9.5%
\$10,000 to \$15,000	17.6%
\$15,000 to \$20,000	20.3%
\$20,000 to \$25,000	16.2%
\$25,000 to \$30,000	12.2%
More than \$30,000	15.5%
<b>Sources of Income in past 6 months* (148)</b>	
Regular Job	14.9%
Temporary Work	15.5%
Self-employed	11.5%
Ontario Works (OW)	50.7%
Ontario Disability Support Program (ODSP)	28.4%
Canadian Pension Plan (CPP)	4.7%
Employment Insurance (EI)	nr
GST Rebate	8.1%
Recycling	5.4%
Panhandling	15.5%
Parent/Friend	8.1%
Theft	17.6%
Selling Needles	0
Selling Cigarettes	5.4%
Selling Drugs	21.6%
Other Criminal Activity	14.2%
Sex for Money	9.5%
Stipend	4.7%
<b>Exchanged Goods for Sex in the past 6 months* (105)</b>	
Money	27.6%
Drugs	24.8%
Gifts	15.2%
Shelter	12.4%
Food	7.6%
Haven't exchanged goods for sex	57.1%

nr = not reportable due to low response (fewer than 5 respondents)

\* = respondents could choose more than one answer, per centages can add up to more than 100%

Housing instability was apparent in this population, with 40.0% of respondents reporting living on the street in the previous six months, 25.3% reporting staying in a shelter, and 35.3% with no fixed address. Fifty-seven per cent of respondents had resided in their own home or apartment in the past six months.

Most survey respondents (61.1%) reported completing high school, and another 23.5% attended college or university. Seventy per cent of respondents reported earning less than \$25,000 per year (before taxes and deductions) which is lower than the 2016 median after-tax income of \$35,665 for individuals in Peel, and substantially lower than the 2016 median after-tax income of \$39,318 for individuals in Ontario.<sup>17</sup> In terms of how respondents earn their money, the most commonly reported formal sources in the past six months included Ontario Works (50.7%) and Ontario Disability Support Program (28.4%). Fifteen per cent of respondents reported working a regular job, and 11.5% were self-employed. Informal sources of income included selling drugs (21.6%), theft (17.6%) and panhandling (15.5%). Sex for money was reported by 27.6% of respondents; 83% of those were women.

## General community survey

The general community survey was accessible from December 6, 2018 to January 31, 2019 and received 557 eligible responses. Respondents ranged in age from 16 years to 55+, with 43% of our sample belonging to the 55+ age group. The 16 to-24-year-old age group was least represented. Respondents lived, worked or went to school in either Mississauga, Brampton or Caledon, with 41% providing Mississauga postal codes, 32% with Brampton postal codes and 27% with Caledon postal codes. The proportion of respondents from Mississauga and Brampton are comparable to the overall geographic distribution within Peel (52% of the population in Mississauga, 43% in Brampton and 5% in Caledon), with some overrepresentation from Caledon.<sup>20</sup>

Other notable demographic information included previous use of harm reduction services. Seventy-seven per cent of our sample had never used harm reduction services in their lifetime, with approximately 1% reporting current use of harm reduction services.

## Key informant interviews

Key informants were selected from five sectors, including: the healthcare sector, social services, police & emergency services, government & municipal services and the business & community sector.

Examples of organizations within each sector include:

- Healthcare Sector
  - Paramedics
  - Local Health Integration Network Chief Executive Officers
  - Health service directors
- Social Services

- Executive Directors of shelters
  - Community services directors
- Police & Emergency Services
  - Peel Region Police Services
  - Municipal Fire Departments
- Government & Municipal Services
  - Mayor's
  - Municipal Councillors
- Business & Community Sector
  - Chair's of Business Improvement Areas
  - School Board Officials

A total of 24 key informant interviews were completed, with 7 representatives from the healthcare sector, 5 from police & emergency services, and 4 each from social services, government & municipal services and the business & community sector.

## Theme 2: Drug and substance use in Peel

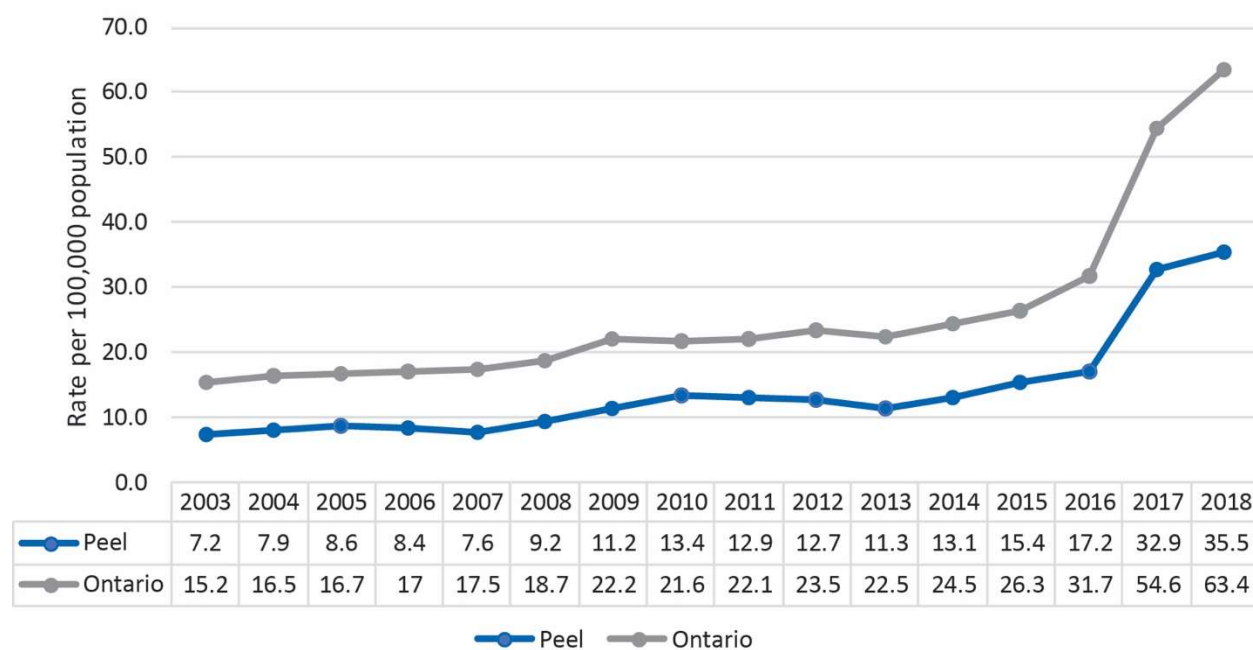
The following quantitative data was derived from datasets available to Peel Public Health to describe the current individual and community-level impacts of drug and substance use in Peel:

1. Morbidity and mortality data associated with opioid overdose;
2. Incidence of bloodborne infections;
3. Harm reduction service demand; and
4. Drug related crime data.

### Fatal and non-fatal overdose

Data from the past 16 years suggest that there has been a steady increase in opioid-related morbidity and mortality within Peel, with a more rapid increase beginning in 2016. Since 2003, opioid-related ED visits have increased almost fivefold with a rate of 7.2 per 100,000 population in 2003 (corresponding to 80 visits), to 35.5 per 100,000 in 2018 (547 visits). Although rates are consistently lower in Peel than the province, opioid-related ED visits in Peel have increased at a higher rate than Ontario's (Figure 1).

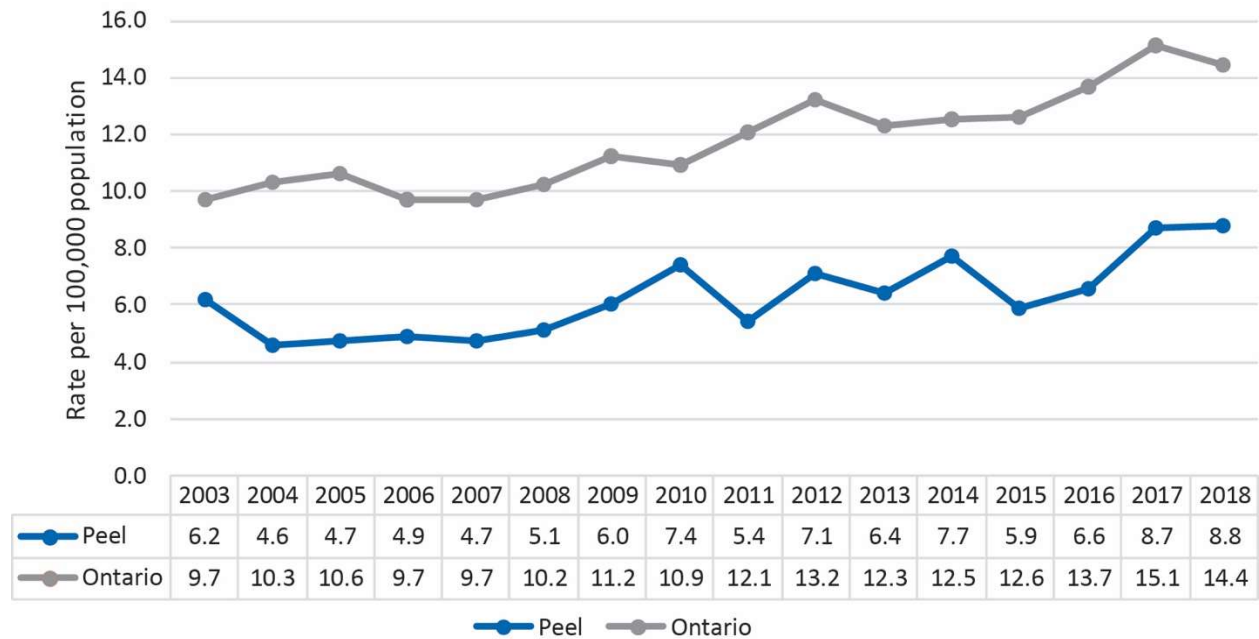
**Figure 1. Rates of opioid-related emergency department visits per 100,000 population, Peel and Ontario, 2003-2018**



Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: [publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool](https://publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool)

A similar trend is noted for opioid-related hospitalizations, which has increased by 42% between 2003 and 2018, with a rate of 6.2 per 100,000 population in 2003 (corresponding to 69 hospitalizations) to 8.8 per 100,000 population in 2018 (135 hospitalizations). Opioid-related hospitalization rates in Peel are increasing at an almost equal rate to that of the province (Figure 2).

**Figure 2. Rates of opioid-related hospitalizations per 100,000 population, Peel and Ontario, 2003-2018**

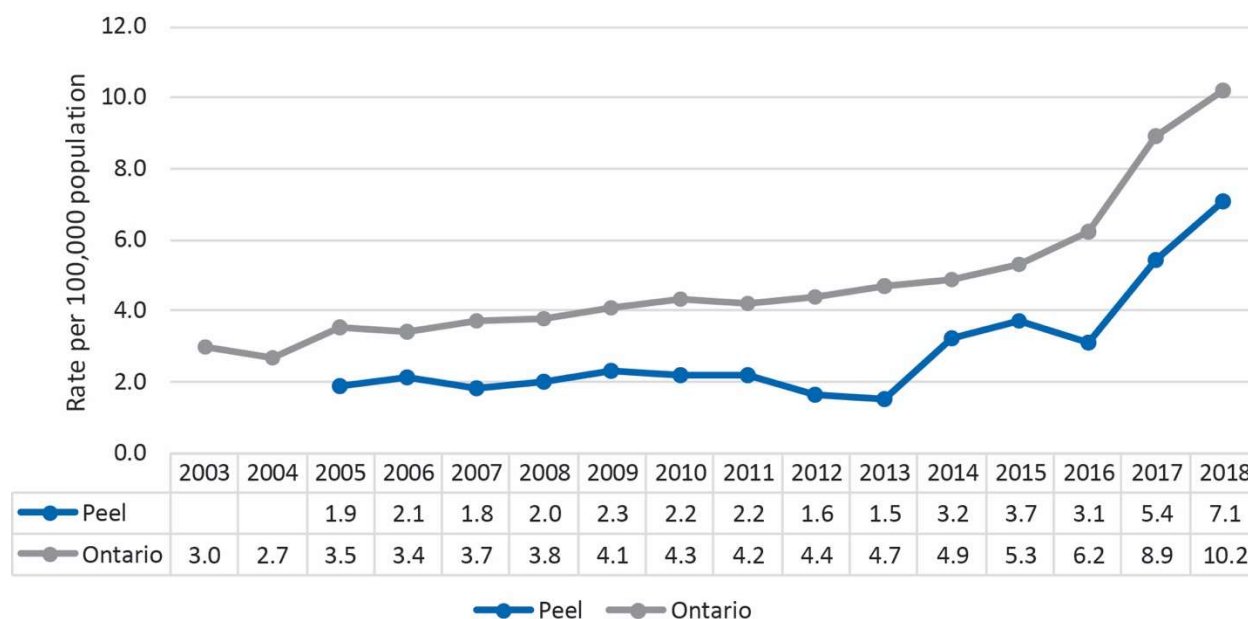


Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: [publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool](http://publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool)



In 2018, the preliminary number of opioid-related deaths in Peel was 109, corresponding to a rate of 7.1 per 100,000 population; a 274% increase compared to 2005 when there were 23 deaths at a rate of 1.9 per 100,000 population (Figure 3). Approximately 77% of 81 opioid-related deaths in 2017 were males, with the majority (53%) between the ages of 25 to 44. In Peel, 72% of opioid-related deaths in 2017 were attributed to fentanyl, compared to 64% throughout the province. Recent data obtained from the Office of the Chief Coroner for Ontario indicate that among 200 accidental opioid-related deaths in Peel between May 2017 and March 2019, 69% were at home at time of death.<sup>18</sup> Sixty-eight per cent (n=71) of people who died from opioid overdose in Peel in 2018 were alone at the time of death.<sup>18</sup>

**Figure 3. Rates of opioid-related deaths per 100,000 population, Peel and Ontario, 2003-2018**



Notes: Note: Mortality rates for Peel for 2003 and 2004 are unavailable. Death data for 2018 are considered preliminary and are subject to change.  
 Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: [publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool](http://publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool)

The geographic distribution of opioid-related deaths in Peel is provided in Table 2. The majority of opioid deaths in Peel in 2017 and 2018 occurred in Brampton (n=38 in 2017, n=54 in 2018) and Mississauga (n=42 in 2017, n=53 in 2018). The geographic distribution of paramedic calls where naloxone was administered in Peel is provided in Figure 4, and shows more calls in Brampton and Mississauga in comparison to Caledon. A high density of calls was seen in Brampton within the boundaries of Sandalwood Parkway to the north, Chinguacousy Rd to the west, Steeles Ave to the south and Dixie Rd to the east, and in Mississauga within the boundaries of Burnhamthorpe Rd to the north, Mavis Rd to the west, QEW to the south and Cawthra Rd to the east.

**Table 2: Opioid-Related Deaths by Location of Overdose by Census Subdivision, 2017 and 2018**

Census Subdivision	2017		2018	
	Deaths	Rate per 100,000	Deaths	Rate per 100,000
<b>Brampton</b>	38	6.4	54	9.1
<b>Mississauga</b>	42	5.2	53	6.5
<b>Caledon</b>	3	4.5	4	6.0

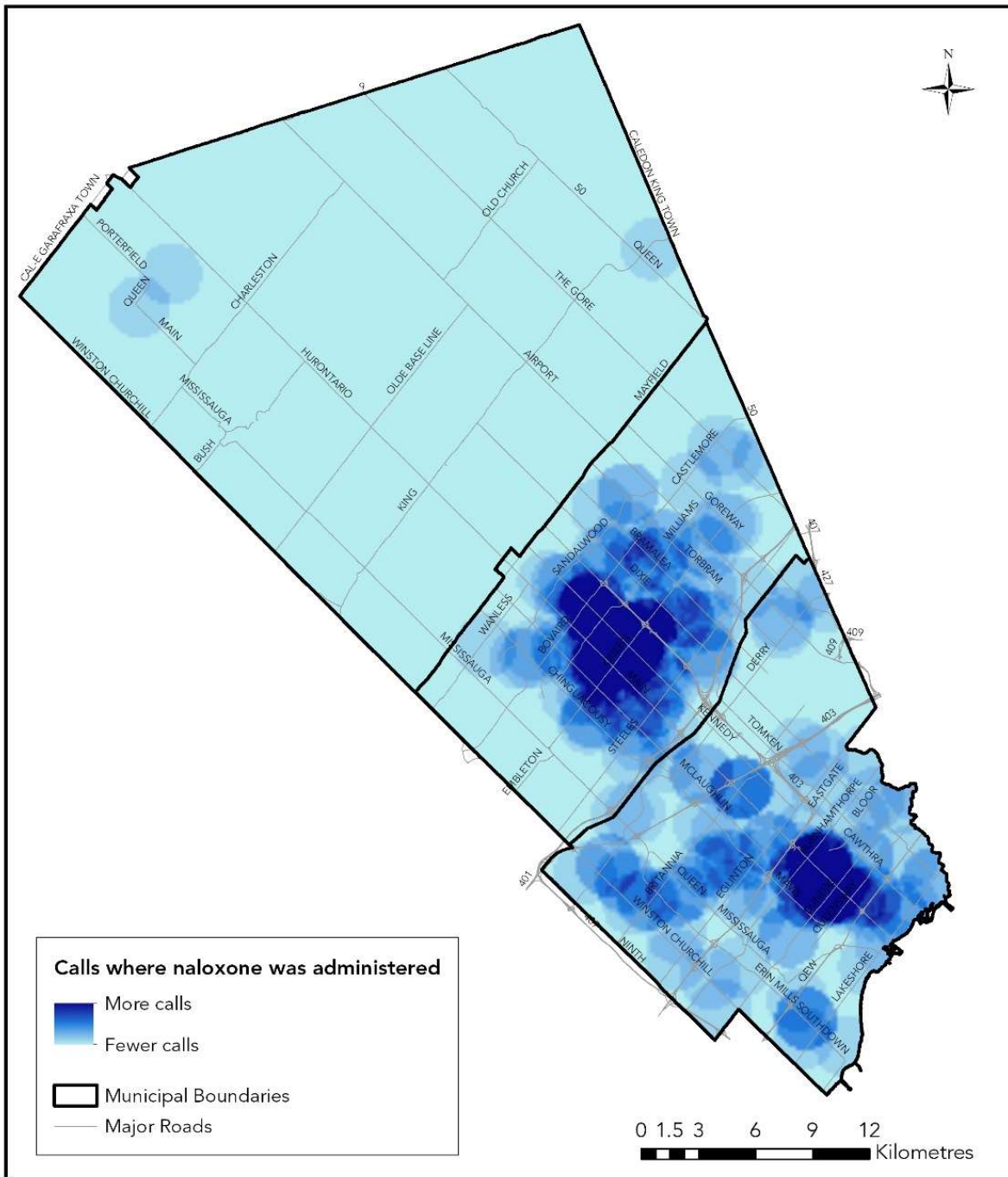
Source: Office of the Chief Coroner – Data effective Aug 16, 2019

Note: Categorization of cases to census subdivision was prioritized by the postal code of location of incident, followed by location of death and then location of residence. In situations where there was no specific postal code for incident location (i.e., died outdoors), the postal code where the individual died may have been used to categorize the case.

Note: 2018 data is preliminary and there may be small updates to the 2018 totals in some regions.

**Figure 4: Paramedic calls where naloxone was administered in Peel, 2018**

**Paramedic calls where naloxone was administered:  
Peel Region, January 1, 2018 to December 31, 2018**

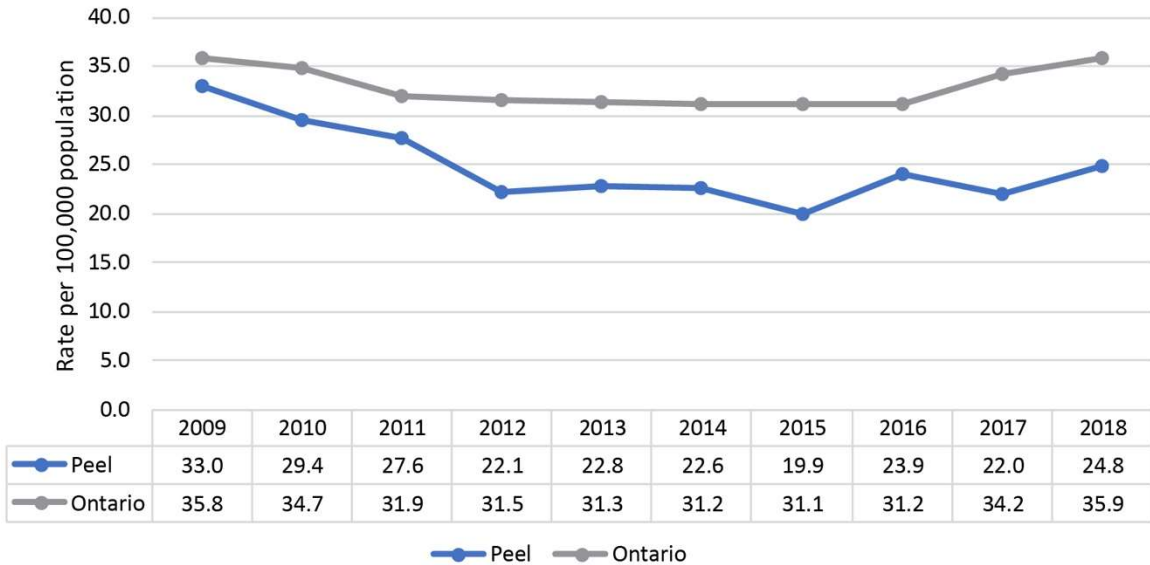


Prepared by Infection Prevention & Surveillance, Region of Peel - Public Health on 2019-08-28.  
 Note: 206 of 212 calls were mapped. 6 calls had a missing postal code or a postal code that could not be geocoded.  
 Source: Interdev iMedic, Peel Regional Paramedic Services, 2019-08-28

## Bloodborne infections

In 2018, there were 376 newly reported cases of hepatitis C in Peel, with a rate of 24.8 cases per 100,000 population when adjusted for age. This was lower than the provincial age-standardized rate of 35.9 per 100,000 population (Figure 5). Fifty-nine per cent of newly reported hepatitis C cases in Peel in 2018 were male, with the highest reported number of cases attributed to males aged 30 to 34 years old (n=35). Among 269 hepatitis C cases in 2018 who reported at least one risk factor to public health, 12.6% (n=34) reported injection drug use.

**Figure 5. Age-standardized rate per 100,000 population of newly reported hepatitis C cases, Peel and Ontario, 2009-2018**



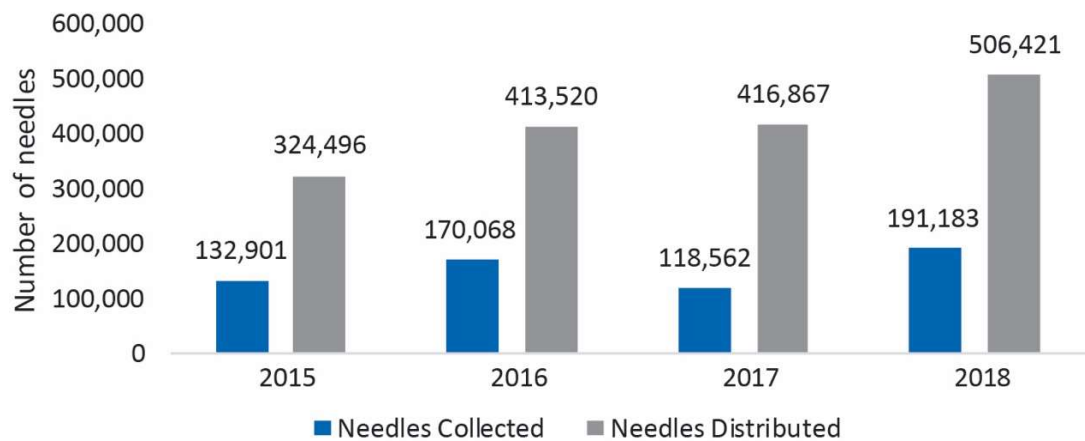
Sources: Ontario Ministry of Health. Integrated Public Health Information System (iPHIS), 2009-2018, extracted by Region of Peel – Public Health on 2018/05/09. Population Estimates, 2009-2016, Statistics Canada. IntelliHEALTH Ontario, Ministry of Health. Population Projections, 2017-2018, Ontario Ministry of Finance. IntelliHEALTH Ontario, Ministry of Health.

Rates of new cases of HIV infection have remained relatively stable between 2007 and 2017 in both Peel and Ontario. In Peel, there were 51 new HIV infections in 2017, with an age-standardized rate of 3.4 per 100,000 population. This is lower than provincial rates for new HIV infection (6.0 per 100,000 population in 2017). Only 3% of HIV cases between 2008 and 2017 reported injection drug use. Similar to hepatitis C, HIV has been higher amongst males than females between 2007 and 2017, with 73% of new infections occurring in males.

## Harm reduction service use

The Peel Works Needle Exchange Program ('needle exchange program') is a mobile harm reduction service that provides clean injection and inhalation equipment, naloxone kits, and accepts used needles for safe disposal. The number of client interactions, needles and naloxone distributed have been increasing on a yearly basis. Between 2015 and 2018, the needle exchange program has increased needle distribution by 56% with over 500,000 needles distributed in 2018 and a return rate of approximately 40% (Figure 6). Since beginning naloxone distribution in March 2017, the needle exchange program has distributed over 1,700 naloxone kits. Of the 1,376 naloxone kits distributed in 2018, a total of 236 needle exchange program clients (17%) reported administering their previous naloxone kit. Among these clients, 34% had 911 called when naloxone was administered, and 63% did not have 911 called.<sup>15</sup>

**Figure 6. Number of needles distributed and estimated number of needles collected from Peel Works Needle Exchange Program, Region of Peel, 2015-2018**

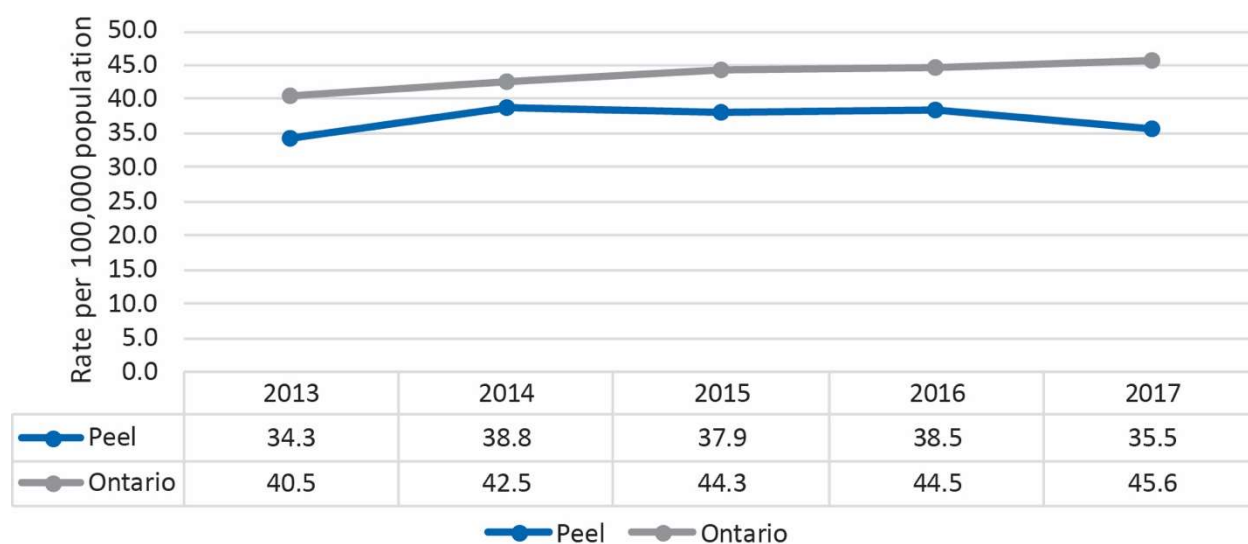


Note: While the number of needles distributed are exact, the amount of needles collected is estimated.  
Source: Peel Public Health. Peel Works Needle Exchange program data. May 30th, 2019.

## Police service data

Drug-related incidents, specifically possession and trafficking, production and distribution (excluding cannabis) are shown in Figures 7 and 8. The rate of incidents of drug possession in Peel has been lower than the province's (Figure 7), and has remained relatively stable, with a 3.5% rate increase between 2013 (477 incidents, representing a rate of 34.3 per 100,000 population) and 2017 (535 incidents, representing a rate of 35.5 per 100,000 population). Ontario's rate of drug possession increased 12.5% between 2013 and 2017.

**Figure 7. Incident-based rate per 100,000 population of drug possession, Peel and Ontario, 2013-2017**

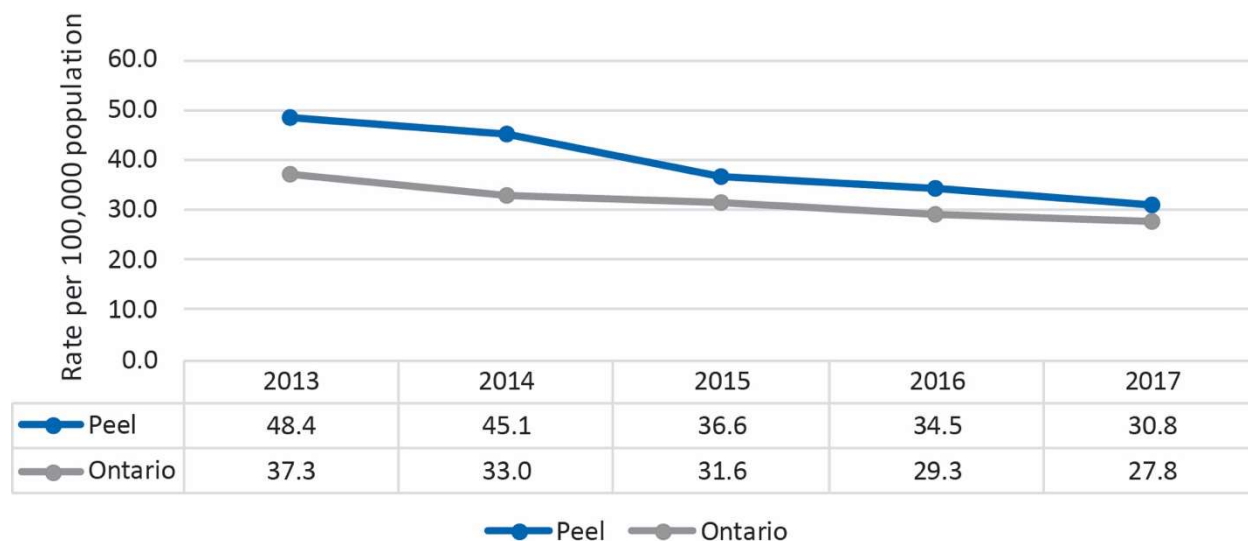


Notes: Includes incidents for possession of cocaine and other Controlled Drugs and Substances Act drugs. The Peel incidents include: Peel Region (Mississauga/Brampton), municipal; Caledon Ontario Provincial Police, municipal; and Caledon, Ontario Provincial Police, rural.

Sources: Statistics Canada. Table 35-10-0180-01 Incident-based crime statistics, by detailed violations, police services in Ontario [150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510018001](https://150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510018001). Population Estimates, 2013-2016, Statistics Canada. IntelliHEALTH Ontario, Ministry of Health. Population Projections, 2017, Ontario Ministry of Finance. IntelliHEALTH Ontario, Ministry of Health.

Between 2013 and 2017, Peel had higher rates of drug trafficking, production and distribution compared to Ontario (Figure 8). However, there was a decreasing trend of rates in this period for both Peel and Ontario, with Peel seeing a 31.1% decrease from 48.4 incidents of trafficking, production or distribution per 100,000 population in 2013 to 30.8 per 100,000 population in 2017.

**Figure 8. Incident-based rate per 100,000 population of drug trafficking, production and distribution, Peel and Ontario, 2013-2017**



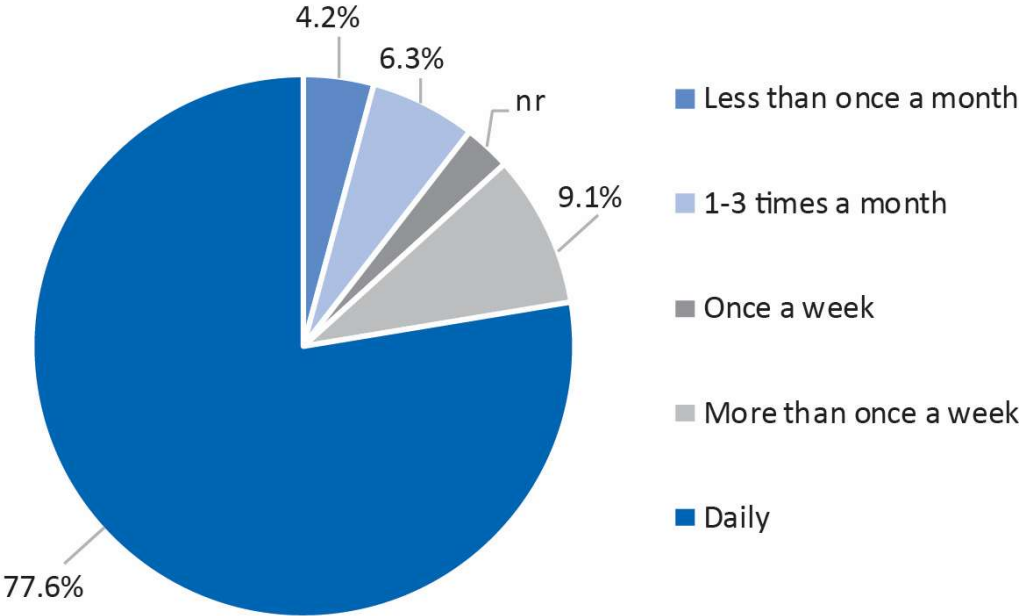
Notes: Includes incidents for trafficking, production or distribution of cocaine and other Controlled Drugs and Substances Act drugs. The Peel incidents include: Peel Region (Mississauga/Brampton), municipal; Caledon Ontario Provincial Police, municipal; and Caledon, Ontario Provincial Police, rural.

Sources: Statistics Canada. Table 35-10-0180-01 Incident-based crime statistics, by detailed violations, police services in Ontario [150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510018001](https://150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510018001). Population Estimates, 2013-2016, Statistics Canada. IntelliHEALTH Ontario, Ministry of Health. Population Projections, 2017, Ontario Ministry of Finance. IntelliHEALTH Ontario, Ministry of Health.

# Drug use behaviours

The majority of respondents of the PWUD survey (77.6%, 111 of 143) reported using drugs daily (Figure 9). On average, respondents used five times daily, with a range of one to 20 times per day.

**Figure 9. Frequency of drug use in the last six months, Region of Peel PWUD Survey (n=143)**



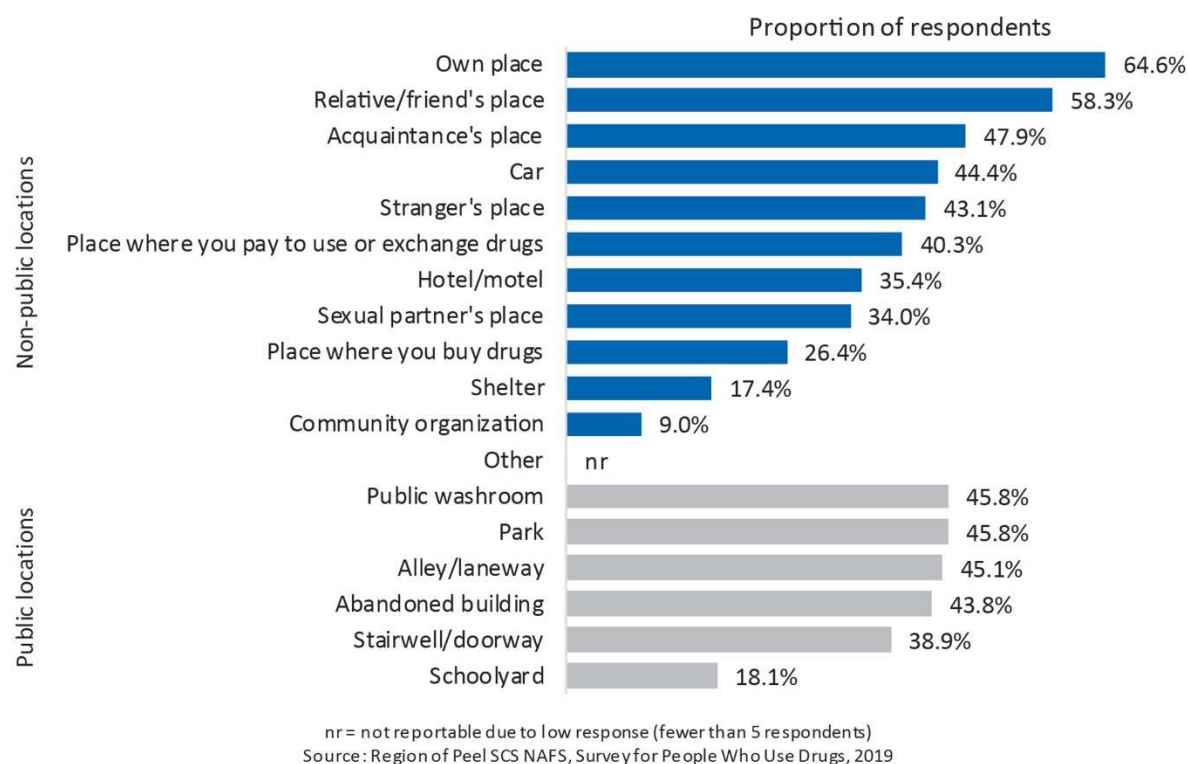
nr = not reportable due to low response (fewer than 5 respondents)  
Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019



The most commonly reported location of drug use was at respondents' own homes (64.6%, 93 of 147) (Figure 10). In public settings, the most common places of use were:

- Parks (45.8%, n=66);
- Public washrooms (45.8%, n=66); and
- Alleys (45.1%, n=65).

**Figure 10. Places of drug use in the last six months, Region of Peel PWUD Survey (n=144)**



Eighty-five per cent of respondents (122 of 144) reported using drugs in public at least once in the last six months, with 47.2% of respondents (68 of 144) using in public usually or always. Among the 122 respondents reporting public drug use, the most common reasons for using in public were:

- Convenience to where respondents spend time (54.6%, n=65);
- Homelessness (37.8%, n=45); and
- Having nowhere safe to use near where respondents purchased drugs (33.6%, n=40).

Respondents were also asked about drug use practices, including using alone, injecting drugs and most commonly used drugs. Ninety-seven per cent of respondents (142 of 147) reported using drugs alone in their lifetime, among whom 81 respondents (57.0%) reported using drugs alone usually or always in the last six months.

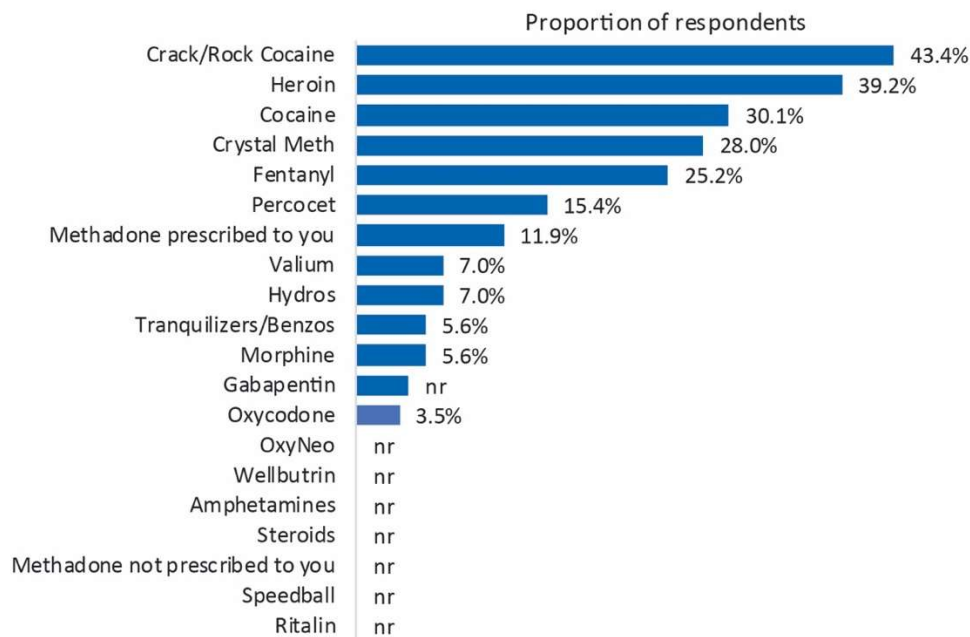
Among the 93 participants who reported injection drug use, half (n=47) required help injecting, citing not being able to find a vein (37.1%, 13 of 35 respondents) and not knowing how to inject (28.6%, 10 of 35 respondents) as the reasons why they needed help. Notably, 70% (105 of 150) of respondents refused to answer when asked how often they reused needles for more than one injection. Among those who did answer (n=45), 80.0% reported reusing needles (either with someone, or on themselves) in the past 6 months, while 20.0% reported never reusing needles.

When asked about which drugs were used most in the last six months, the most commonly reported drugs among 143 respondents were (Figure 11):

- Crack/Rock Cocaine (43.4%, n=62);
- Heroin (39.2%, n=56);
- Cocaine (30.1%, n=43);
- Crystal Meth (28.0%, n=40); and
- Fentanyl (25.2%, n=36)

Heroin (39.2%, 47 of 120 respondents), crack/rock cocaine (38.3%, 49 of 128 respondents) and crystal meth (28.6%, 34 of 119 respondents) were the most commonly reported drugs used daily.

**Figure 11. Most used drugs in the last six months, Region of Peel PWUD Survey (n=143)**



nr = not reportable due to low response (fewer than 5 respondents)  
 Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

Eighty per cent of respondents (118 of 147) reported they had received drugs cut with another substance. Of 119 respondents who reported receiving tainted drugs or were unsure their drugs were tainted, 41.2% (n=49) were trying to use heroin at the time. The majority of these respondents (n=43) believed their drugs were cut with fentanyl.

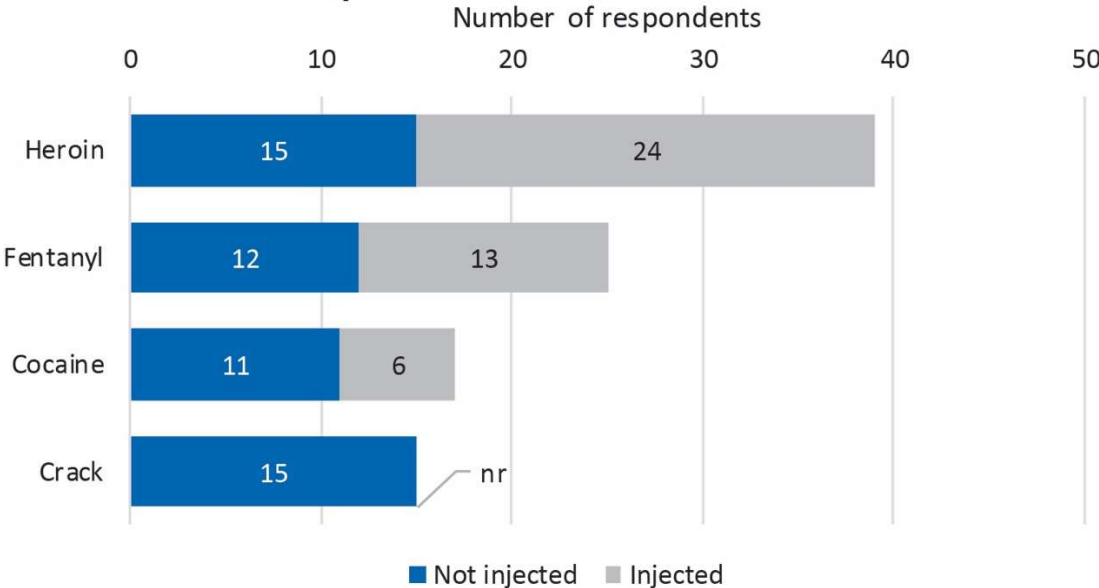
# Overdose and access to treatment

## Experiences with Overdose

Sixty-four per cent of PWUD survey respondents (91 of 143) had overdosed in their lifetime, with 39.6% (36 of 91) experiencing an overdose in the last six months.

When asked about drugs involved in their last overdose, the most commonly reported drug was heroin (n=39), of whom 24 (61.5%) reported injecting it. Figure 12 depicts which drugs were most commonly involved in overdose.

**Figure 12. Most commonly reported drugs involved in respondents' most recent overdose, Region of Peel PWUD Survey**



nr = not reportable due to low response (fewer than 5 respondents)  
Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

Notably, one in eight overdoses (12.5%; 11 of 88) were reported to occur on the street, with another 37.5% of participants (33 of 88) reporting that their overdose occurred in their own home.

Fifty-four per cent of respondents who experienced an overdose (49 of 90) did not have 911 called and 51.2% (43 of 84) were not taken to hospital. Twenty-three per cent (18 of 79) were offered transport to hospital but refused. Forty-six per cent of respondents (38 of 82) were given naloxone at the time of their last overdose. The majority of these 38 respondents reported that naloxone was administered by a community member (e.g., partner, family, friend, stranger). Six (15.8%) were given naloxone by a first responder.

In the last six months, 71.5% of PWUD survey respondents (98 of 137) reported witnessing an overdose. Nearly 70% of respondents (68.9%; 91 of 132) reported fearing being arrested when they or someone else overdosed.

## Treatment

Forty-three per cent (63 of 145) of PWUD survey respondents reported seeking out or accessing some type of treatment service in the last six months, with opioid substitution therapy being most common:

- Methadone maintenance therapy (52.5%, 32 of 61);
- Detox with methadone/suboxone (23.0%, 14 of 61); and
- Detox with other prescription drugs (13.1%, 8 of 61).

Thirty-nine per cent of 143 PWUD respondents tried but were unable to access treatment programs in Peel in the last six months.

# Theme 3:

## Public perception of drug and substance use

Several themes were extracted from qualitative responses to the General Community Survey and from the key informant interviews around the overall perception of drug and substance use.

### Awareness of the magnitude of drug and substance use related health outcomes in Peel

#### General Community Survey

General community survey respondents reported a lack of awareness of the magnitude of drug and substance use leading to morbidity and mortality in Peel:

*“I have no idea about the size of the overdose issue in Peel or if it even is an issue.”*  
– General Community Survey respondent

Other respondents also reported not fully understanding what is offered at supervised consumption sites:

*“I am not aware whether these sites provide clean needles and other services or are simply a place to use drugs under supervision in case of an overdose- so my answers are not well informed”*  
– General Community Survey respondent

#### Key Informant Interviews

There was general agreement among key informants that drug use existed throughout the Region of Peel. However, given the geographic size and different populations in the Region, drug use was seen as either stable or increasing in pockets, especially in the more densely populated areas. Problem drug use was perceived to be from illicit or prescription drugs as well as from alcohol and marijuana. Participants noted that drug use could be seen across the socioeconomic spectrum and highlighted the complexity of factors leading to and stemming from drug use.

The following themes arose from key informants when asked about their understanding of drug use in Peel:

- **Overdoses and deaths** – the numbers of people overdosing, dying, or acquiring brain injury from overdoses was brought up often, along with the impact of these on service use, such as police and emergency services, and on families and the community who care for or lose loved ones because of drug use. Impaired driving was also seen to lead to injuries or deaths.
- **Infectious diseases** – key informants demonstrated understanding that PWUD can contract blood-borne infections, such as HIV and hepatitis B and C, from sharing needles and can have injection-related infections, such as skin infections and endocarditis. Blood-borne infections can

spread to non-drug users through sexual contact and other means such as maternal to fetal transmission. Discarded needles were seen as a health threat to the community.

- **Mental health and addictions** – the link between mental health and addiction, and its importance for planning treatment and supports for PWUD and their families was discussed. These problems were seen as intertwined, with early drug use leading to mental health problems and mental health problems leading to drug use. Mental health and addictions can impact relationships and cause social isolation, worsening these problems.
- **Economic and employment challenges** – key informants acknowledged PWUD face problems finding and maintaining jobs due to workplace policies restricting drug use leading to potential loss of jobs and further economic challenges.
- **Lack of services or stigma within services** – rural areas were perceived as having few services available and long waitlists for services such as youth mental health services or housing. PWUD may be reluctant to access health and social services if they are seen as judgmental or stigmatizing. Lack of services also affects friends and families of PWUD who may be seeking supports for dealing with their loved ones' drug use.
- **Criminalization and other policy-related issues playing a role in harms of drug use** – key informants believed when substances are illegal, there is a risk associated with obtaining drugs off the street that may be contaminated, which can lead to overdoses and deaths. It was felt that people are not calling 911 for overdoses because they are on probation or have outstanding charges and are worried about legal or criminal consequences.
- **Considerations for specific groups** – special considerations were noted for women, youth and newcomers. Key informants identified women drug users who suffer from violence and whose partners control their drug use as especially vulnerable. Youth were seen as more susceptible to harms of drugs, are more likely to have academic and behavioural issues and are at risk of homelessness due to family conflicts. Newcomers were perceived to be more prone to social isolation and may have a harder time navigating services.
- **Existing interventions for addressing drug-related harms in the community-** Many key informants were unfamiliar with specific existing interventions for addressing drug-related harms. However, there was acknowledgement of agencies playing roles in acute responses, such as overdoses, in the prevention and management of drug-related harms, in harm reduction strategies, such as methadone clinics and needle exchange programs, and community health and social services. There was a wide range of knowledge about SCS and OPSs—from not being familiar at all to almost half of respondents being very familiar with SCS, the rationale behind them, and how they functioned. There were specific knowledge gaps identified around services provided at and expectations of SCS.

## Harm reduction as a polarizing moral issue

General Community Survey respondents were divided in their opinions on harm reduction. A common opinion expressed was that illegal drug use is a crime and criminal behaviour should not be supported. Respondents believed tax payers should not be held responsible for harms associated with drug use and suggested that people who use drugs should be held responsible for their decisions and the consequences

that come with drug and substance use. Respondents worried that SCS would enable drug use and not address the root causes of addiction.

*“Drug addicts need therapy and not a “safe” place to use drugs”*

– General Community Survey respondent

*“I can see how those individuals who use the SCS would be safer  
but what I don’t see is how this effectively addresses the problem of opioid use”*

– General Community Survey respondent

Other respondents felt SCS would be a step toward treating drug and substance use as a health issue rather than a criminal issue. There was acknowledgment that drug use is a complex social problem and that it is important to remove criminal consequences to drug use to increase support and treatment for addiction. Respondents felt the issue of drug and substance use required the support of the community with a need for a coordinated plan to address the associated harms.

### Approaches to addressing drug use

General community survey respondents provided the following strategies for addressing drug and substance use:

- Treat the underlying causes of drug use and addiction such as mental illness, early childhood trauma and experiences, and loneliness.
- Provide rehabilitation and treatment services
- Reduce supply and distribution of illegal drugs through enforcement
- Reduce stigma by increasing awareness in the community around the complexity of drug use and addiction
- Educate people on the harms of drug and substance use
- Engage key advocates and stakeholders in developing solutions and reducing stigma including social service organizations, religious leaders, first responders including paramedics and police, PWUD and their families.

## Theme 4:

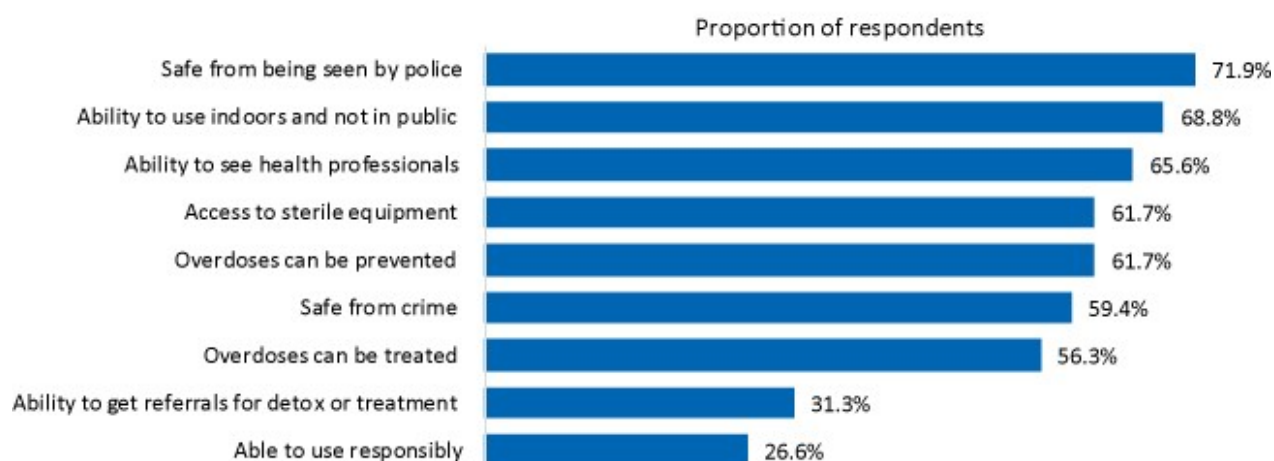
# Perceived benefits and concerns around SCS

### PWUD Survey

There were many benefits of SCS reported by PWUD (Figure 13). Of those who reported they would or maybe would consider using SCS (n=128) the most common reasons were as follows:

- Safe from being seen by police (71.9%);
- Ability to use indoors and not in public (68.8%);
- Ability to see health professionals (65.6%);
- Access to sterile equipment (61.7%); and
- The prevention of overdoses (61.7%).

**Figure 13. Reasons for using a SCS, Region of Peel PWUD Survey (n=128)**



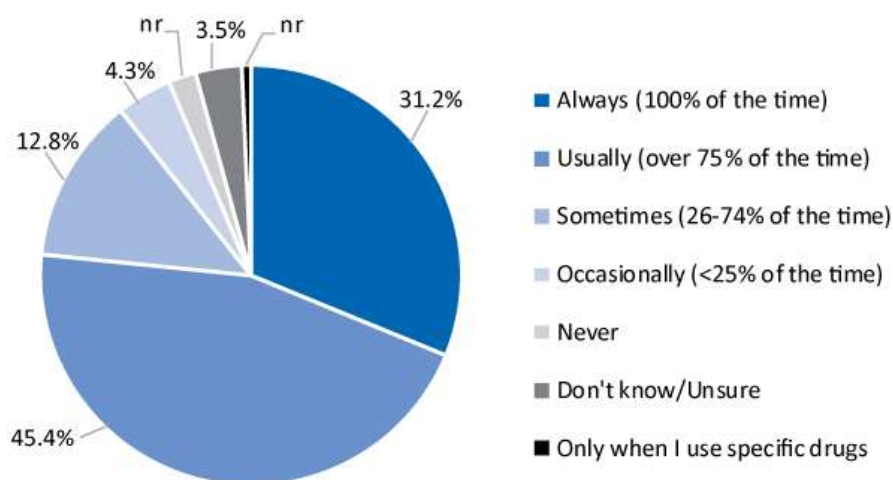
Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

The majority (122 of 141, 86.5%) of PWUD survey respondents reported they would consider using SCS, while 8.4% (n=10) said they would not.



Respondents were also asked how often they would use SCS if implemented in a convenient location (Figure 14). Seventy-seven per cent of respondents reported they would use SCS over 75% of the time to use drugs.

**Figure 14. Frequency of SCS access to use drugs, Region of Peel PWUD Survey (n=141)**



nr = not reportable due to low response (fewer than 5 respondents)  
 Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

Although SCS were deemed beneficial by most PWUD survey respondents, 13.5% (19 of 141) reported they would not or were unsure about using SCS. The most commonly reported reasons for not accessing SCS were:

- Not wanting to be seen using SCS (55.6%, n=10);
- Not wanting to be known as a drug user (22.2%, n=4);
- Not knowing enough about SCS (22.2%, n=4); and
- Fearing being caught with drugs by police (16.7%, n=3).

### General community survey and key informant interviews

There was mixed support for SCS from respondents of the general community survey. Approximately 44% of respondents thought that SCS would be helpful in Peel, 42% did not think SCS would be helpful, 5% had a neutral opinion, and 9% were unsure. The following were the most commonly reported benefits of SCS:

- Reduced risk of injury and/or death from overdose (52%);
- Connecting users and their families to health and social services (49%);
- Reducing the risk of HIV/hep C transmission (48%);
- Less public drug use (45%); and
- Less used needles in public (43%).

Qualitative responses from the community survey and key informant interviews addressed several individual, community-level and system-level benefits including, but not limited to:

- Treating drug use and addiction as a health issue, which could decrease stigma and help people get off drugs.
- Demonstrating kindness and providing hope to people living with addiction.
- Showing that Peel residents understand the complexity of drug use and addiction.

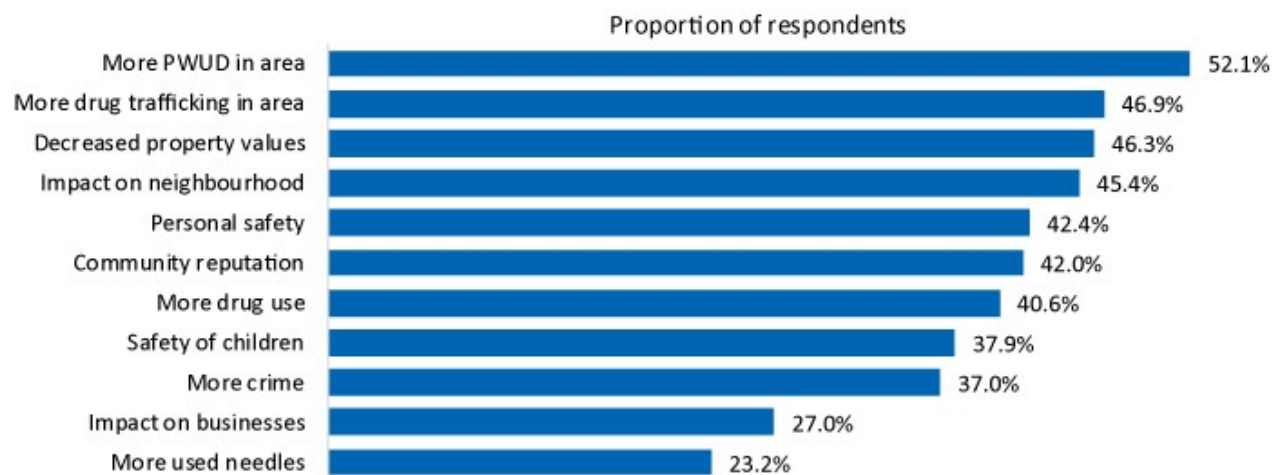
Key informants listed the following additional benefits:

- Increased safety for PWUD by having professionals or peers on-site for supervised consumption, offering those who need it a chance to learn how to inject properly, allowing for testing of drugs prior to use to make sure there are no unexpected substances in the drugs, and informing other drug users and police if there are bad batches of drugs circulating in the community.
- Decreasing crime in neighborhoods by having a safe place to use drugs. Special safety considerations were mentioned by participants for women and youth.
- Helping improve efficiency in the health system by building partnerships and improving system navigation for PWUD by coordinating services.
- Decreasing costs by addressing substance use but also by shifting services to more appropriate use/levels, decreasing number of emergency room and hospital visits and avoiding duplication of services.

Sixty-one per cent of respondents reported having concerns with SCS in Peel (Figure 15), with the most common concerns being:

- More PWUD in the area (52%);
- More drug trafficking in the area (47%);
- Decreased property values (46%);
- Personal safety concerns (42%); and
- Impact on the neighbourhood (45%).

**Figure 15. Reported concerns about SCS (n=22), Region of Peel General Community Survey**



Source: Region of Peel SCS NAFS, General Community Survey, 2019

Qualitative responses from the community survey demonstrated the following additional concerns:

- Concern that SCS would normalize, promote and enable drug use.
- Concern around proximity of sites to schools and exposure to children.
- Concern around the financial cost of SCS to taxpayers and the community.
- Resources could be better used for other issues or could be directed toward drug use prevention and treatment efforts.
- Concern around barriers to access SCS for PWUD including increased police presence around SCS and accessibility of location given the geographic dispersion of PWUD throughout the region.

Key informants brought forward the following concerns:

- Concern around stigma and targeting of PWUD by others who know people are using, by potential protesters, or by those selling drugs.
- Concern that if not fully supported and supervised, an SCS could increase crime, such as petty theft, generally, and liability specifically for the landlord.
- Proper supports and resources would be needed if an SCS was set up to prevent staff burnout.
- Perceived risk of legal ramifications as possession is illegal that individuals assisting in drug use (especially if something goes wrong) may be legally responsible.
- Concern about drug users hanging out locally after using drugs and staying in the community or in businesses around the site(s), which could also harm businesses in the area.
- Concerns that if other drugs were used at an SCS, smoke and smells might affect neighbors
- Perceived contradiction that some neighbourhoods are trying to revitalize or improve the community but SCSs and related services could counteract these efforts.
- SCS could attract drug users from surrounding areas, which may heighten other concerns and increase demand for services.
- Concern that SCS may condone and enable drug use.

## Theme 5:

# Strategies to mitigate concerns around SCS

Among PWUD survey participants, 13.5% reported they would not consider using a SCS or were unsure. When asked what may change their mind about utilizing this service, the following were most commonly reported:

- Access to sterile equipment (41%);
- Safe from crime (23%); and
- Safe from being seen by police (23%).

Sixty-one per cent of general community survey respondents reported having concerns with SCS in Peel. The most common strategies to address concerns as identified by GCS respondents included:

- Evaluating the service to determine what is and is not working (55%).
- Informing the community about the goals of SCS and how they can help the community (42%).

Other mitigation strategies suggested by general community survey respondents in the qualitative responses included the need for community education, clear communication to the public and drug users regarding evidence around SCS.

Key informants discussed the following strategies to mitigate concerns around SCS:

- **Involve PWUD in determining service design and operational preferences** – key informants mentioned the need to involve and consult with PWUD to ensure services meet their needs and that education around harm reduction to PWUD would encourage use of SCS. They also pointed to other examples, such as Vancouver or Toronto to show that PWUD would use an SCS. Participants felt that in order for SCS to be acceptable to PWUD, the sites needed to be inclusive, provide services PWUD needed and valued, the location needed to be convenient and accessible, services needed to be provided without judgement, and users needed to feel safe. Safety included knowing that police were not going to target or arrest them or that other negative consequences would come from using an SCS. Specific considerations for youth and women were mentioned. Youth may not want to access a facility if there are mainly adults using the services.
- **Involve the community to increase acceptability of SCS and encourage communication** – most key informants felt that acceptability by the community would depend on involving the community and having means to address concerns. They felt that communication, education, understanding and engagement could decrease fear and address reasons and evidence for and expectations of SCS. They felt champions or community leaders, such as ward councillors and other elected officials, police, and

faith institution leaders would need to buy in and help educate the public and act as liaisons between services and the community. Participants felt that seeing the issue of the opioid crisis, deaths and tainted drugs on the news moved public opinion. Several participants felt that if situated and managed properly, the community would support it over time if there was no negative overflow into the community, such as detrimental effects on businesses.

# Theme 6:

## SCS operational preferences and services

### Policies and lead organizations

There are many policies and services that enhance the effectiveness of SCS. All proposed policies in the PWUD survey were deemed either “very acceptable” or “acceptable” by at least 70% of the PWUD survey respondents (see Appendix A for more detailed data). When considering which services were most “unacceptable”, respondents reported the following:

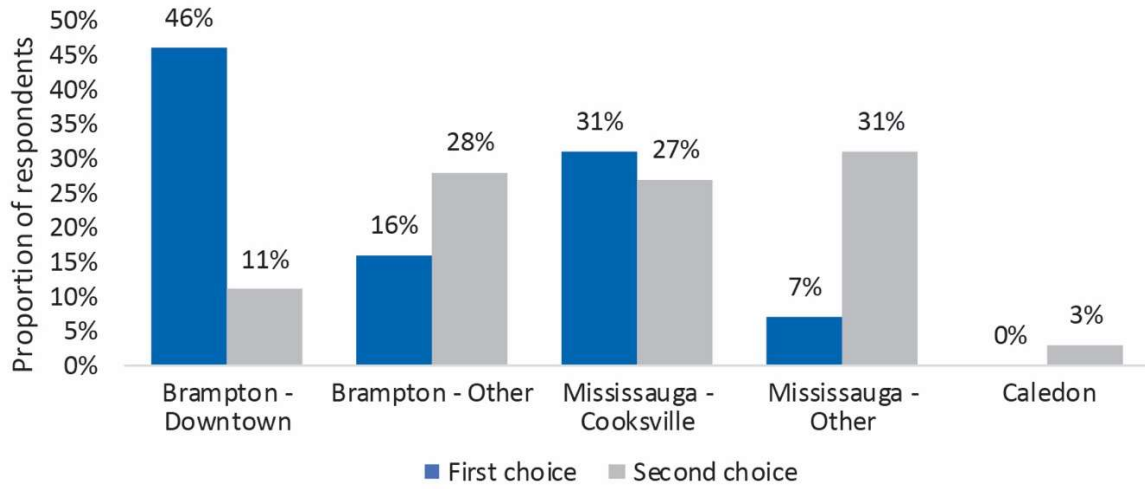
- Having to show government ID to access SCS (17.4% considered it unacceptable);
- Not being permitted to smoke drugs in the SCS (15.6%); and
- Not being permitted to share drugs with other SCS clients (14.2%)

Key informants provided suggestions for who should be involved in setting up and running an SCS. Specifically, participants were divided between having Peel Public Health / the Region of Peel or an existing community-based harm reduction or similar program that already works with PWUD, such as Moyo, leading this initiative. Reasons for a top-down approach include expertise, resources, coordination of services and community acceptability. Reasons for a community-based group to lead include that they are well established in the community, already offer services to PWUD, there is trust, this has been a successful model in other areas (such as HIV or AIDS service organizations), they are low barrier and can be easier to run. However, participants highlighted the need for a collaborative approach.

### Locations and Travel Time

PWUD survey participants provided their first and second choice locations for SCS in Peel (Figure 16). For their first choice, 46% of 123 respondents reported that Downtown Brampton (the area flanked by Bovaird Street (north), Highway 410 (east), Queen Street (south) and Chinguacousy Street (west)) would be their preferred location. The second choice for location was in Mississauga (31% of 102 respondents). Specifically, Cooksville (area flanked by St. Lawrence and Hudson Railroad (north), Cawthra Road (east), QEW (south) and Mavis Road (west)) was the most reported choice for an SCS in Mississauga (Figure 17).

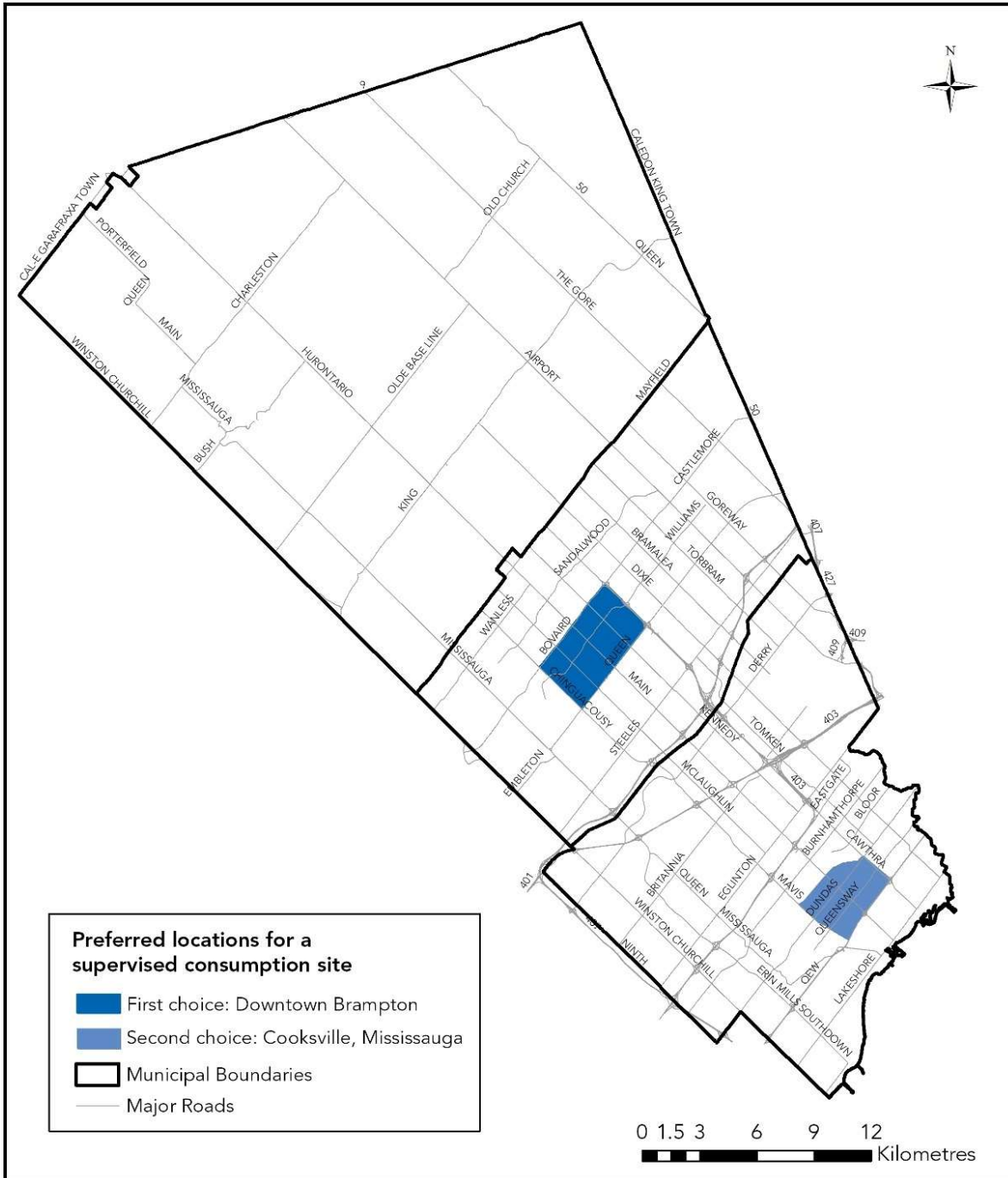
**Figure 16. First (n=123) and Second choice (n=102) locations for SCS, Region of Peel PWUD Survey**



Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

Figure 17: Preferred locations for supervised consumption sites in Peel, 2019

Preferred locations for supervised consumption sites in Peel,  
Survey of People Who Use Drugs, 2019



Source: Region of Peel Supervised Consumption Site Needs Assessment and Feasibility Study, Survey of People Who Use Drugs, 2019



PWUD survey respondents were asked the longest distance they would be willing to walk to use an SCS, with half (74 of 140, 52.9%) reporting they would walk a maximum of 15 minutes. Eighty-three per cent (n=115) reported they would be willing to take public transit, of whom 42.0% (n=48) reported they would travel a maximum of 15 minutes by bus to access a SCS.

Respondents from the qualitative portion of the general community survey had concerns about potential locations, with many reporting “not in my backyard” (NIMBY). Community members feared their perceived concerns around SCS would be exacerbated with proximity to their homes, and worried about the wellbeing of their children.

Key informants identified location of an SCS as the most prominent consideration for both PWUD and community acceptability. Convenience, including location and hours, was seen as an important factor for PWUD to use an SCS. Key informants felt that while the community may support an SCS in principle, they may not agree with the location. “...location is going to be very important to how well they’re accepted in the community” – Business 3. Close to children, school, shopping centres or in residential areas were sites that would not be considered acceptable by the community.

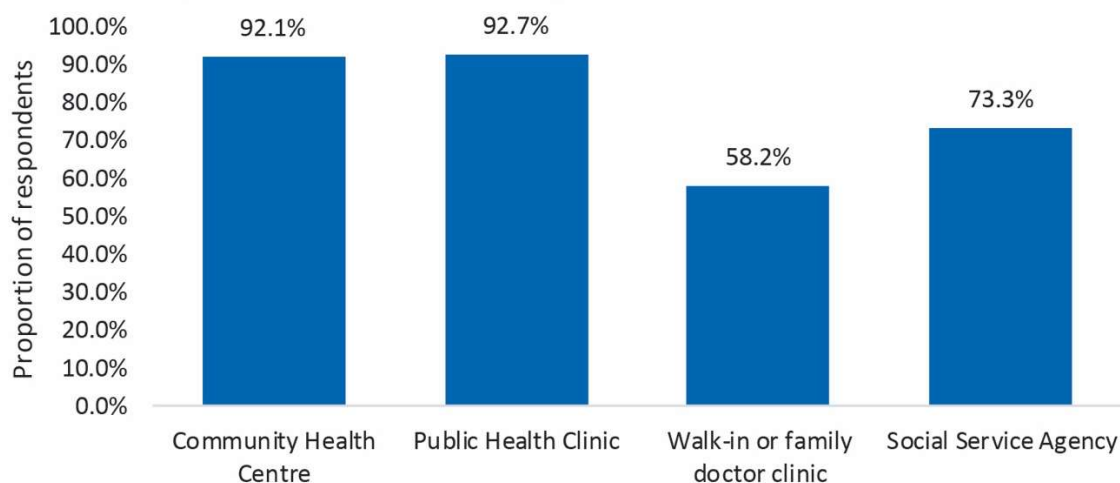
Key informants emphasized that the decision around location(s) needed to be driven by data and determined based on need, including the number of people who use and where they live or where they acquire drugs, current drug use, burden of drug use, number of overdoses, number of EMS calls. For PWUD, the location chosen should not increase stigma and consequently deter users. For the community, an SCS should be placed in the least sensitive area where 1) the service can be provided and 2) there is minimal impact on the surrounding community (including smoke from inhalation drug use).

Participants in the key informant interviews noted their limitations in knowing the number and exact locations for an SCS. They highlighted that Peel is vast and geography may be a challenge especially for accessibility of sites. Some recommended starting with a pilot site and then expand based on need and lessons learned while others stressed placing as many sites as quickly as possible to address the current situation. Several participants suggested having sites in Brampton and Mississauga to start with, and mobile or satellite sites for harder-to-reach locations, such as Caledon. Suggestions for sites included Mississauga around City Centre Square One, Cooksville, Four Corners, Port Credit, the Peel Public Health building at Derry Rd and Hurontario St, Downtown Brampton, Malton.

## Operational hours and SCS model

PWUD were asked questions about the type of SCS model they would prefer. Seventy-six per cent (107 of 140) selected a stand-alone model as their preference. Stand-alone models refer to an independent facility that is not integrated with pre-existing health or social services. When asked if they would use a SCS in a specific pre-existing location (e.g., community health centres, public health clinics, walk-in or family doctors’ offices and social service agencies) 93% (114 of 123) of respondents reported they would use an SCS if they were located in a public health clinic, followed by 92% (117 of 127) if it were in a community health centre (Figure 18). General community survey respondents suggested SCS would best fit in pre-existing health settings such as hospital or public health clinics or close to government buildings.

**Figure 18. Willingness to use SCS in pre-existing locations, Region of Peel PWUD Survey**



Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

When asked about useful hours of operation (in intervals of four to eight hours through the day), approximately half of PWUD survey respondents (48.9% of 139) reported having access to SCS between the hours of 8 a.m. and 12 p.m. would be most useful. Many general community respondents suggested a 24 hour, 7 days a week approach. This would allow for SCS access whenever PWUD require using drugs and enhance the evidence-based benefits associated with SCS utilization.

Most general community survey respondents (49%) suggested that an integrated site that offers access to other services would be the best service model. Permanent locations were deemed as more effective, as they would be a standing part of the community and would guide PWUD to treatment services.

There was also some consideration given to the role of mobile sites, specifically to more rural areas of Peel and at large events, with 38% of respondents expressing that a mobile site would be the most effective model. Almost 40% (38.6%) of PWUD surveyed indicated preference for a mobile site.

Key informants highlighted the importance of engaging PWUD to determine need based on times of use and willingness to access the service(s), to identify ways to reduce barriers, to decide on practical aspects of what organizations are able to offer, and model type. For example, if a mobile model is adopted, how will these complement the current needle exchange van timings? If a wraparound or embedded service is available, what other services are included (e.g., shelter)? The most common limitation discussed was availability of resources. It was also mentioned that it would be important to let organizations, such as first responders, know of the days and hours of operation of the SCS so that they could plan their own resources accordingly.

Specific ranges of times were offered but differed based on the target audience or on perceptions of drug use. For example, many key informants stated that people used drugs at any time of the day and may not use on a set schedule but rather when the need arises, and therefore, a 24/7 model was important.

Others specifically included working drug users who would want to have access during lunchtimes, after work and on the weekends, and these considerations were important to encourage employability. Those who focused on students or youth mentioned after school times, late nights and weekends. It was very clear that respondents felt a regular work day schedule was not appropriate for an SCS. There was disagreement on whether it should be offered 24/7 or whether piloting and starting with a few hours and expanding accordingly were the best ways to start.

Generally, wraparound or integrated models, where multiple services are offered, were suggested. However, key informants also noted that other services did not need to necessarily be on site but have outreach or referral systems in place to make system navigation easier. Case managers were suggested to coordinate services. One participant noted that while an integrated model may be easier, standalone centres may be more easily accessible in the specific geographic areas where they are needed and individuals may feel more comfortable going there and therefore decrease barriers. There was a concern that having many services together would attract drug users from other communities. There was a conflict between having too many services concentrated in one place for bringing in more drug users and for accessibility versus having services available in one location to deal with multiple health and social aspects of drug use. Mobile sites were considered to be better for less densely populated areas and for hard-to-reach locations. Mobile sites were also seen as more flexible and decrease the need for capital infrastructure in these areas. Participants remarked that the structure needs to reflect the needs of the community. Special considerations included separating youth from adult sites. It is important to note that the participants did not define “youth”.

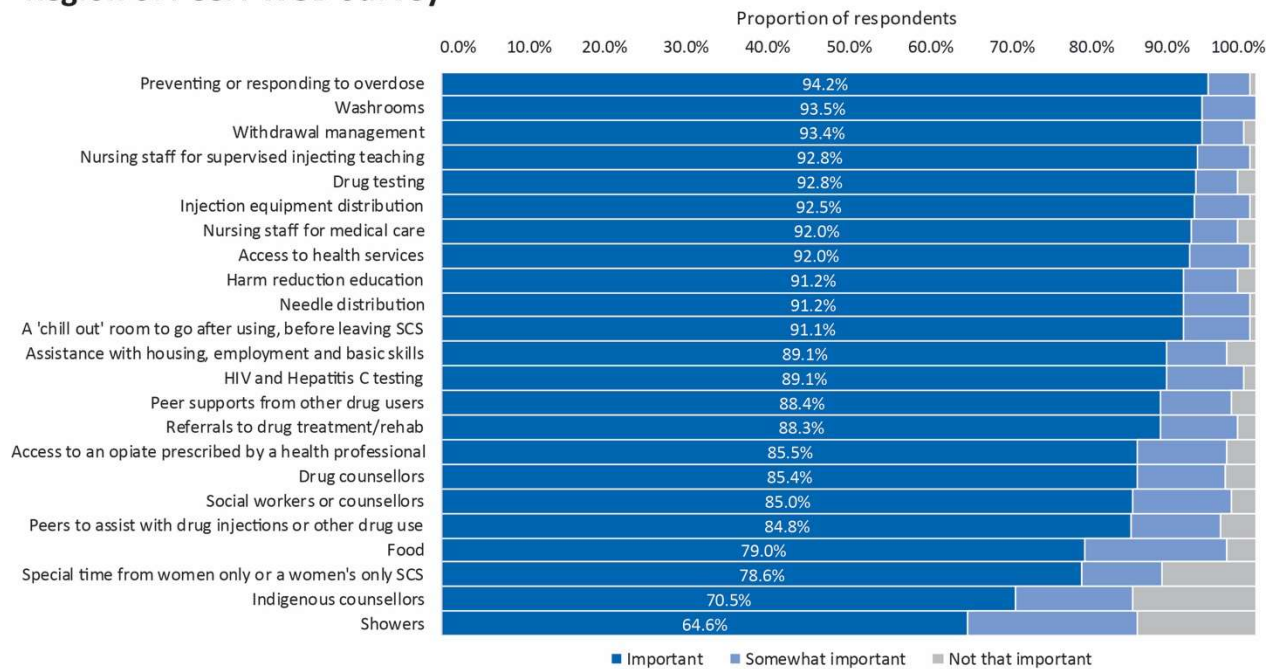
## SCS services

PWUD survey participants were asked to rank which services they deemed important to be included in SCS (Figure 19). The most important services were:

- Preventing/responding to overdose (94.2%);
- Washrooms (93.5%); and
- Withdrawal management (93.4%).

Seventy-four per cent of respondents (100 of 136) reported they would test their drugs prior to use at an SCS usually or always if available.

**Figure 19. Importance of potential services accessible through SCS, Region of Peel PWUD Survey**



Source: Region of Peel SCS NAFS, Survey for People Who Use Drugs, 2019

Community members and key informants highlighted SCS services to consider in the qualitative survey responses and interviews. Along with traditional harm reduction services including access to health care and needle exchange, respondents suggested having access to withdrawal services and counselling is imperative to the success of SCS. Other health services could include testing drugs prior to use, testing for infectious diseases (HIV, Hepatitis B and Hepatitis C), flu shots and other basic medical care, such as wound care. Other important services included social workers to help with case management and navigation of services, employment skills training and job search, food and housing, financial and legal services, and health promotion activities. Partnerships to services such as shelters were also important. Participants mentioned opportunities for social connections on-site to reduce isolation and connect with peers, including having meals and art or community action pieces. One participant mentioned the possibility of adding a spiritual component. Even though there were conflicting views on the role of police, a couple of participants mentioned having security at the site in case any problems arose. Lastly, supports for youth and women were highlighted as needing special consideration.

### Inclusive services

Participants in key informant interviews noted that drug use could be seen across the socioeconomic spectrum and highlighted the complexity of factors leading to and stemming from drug use. PWUD may be reluctant to access health and social services if they are seen as judgmental or stigmatizing.

Special considerations were noted for women, youth and newcomers. Women drug users who suffer from violence and whose partners control their drug use are especially vulnerable for any of the problems

described. Women might have specific needs especially around trauma and gender-relevant services, including access to women-led contraceptives, such as female condoms. Youth are more susceptible to harms of drugs, and the involvement of social service agencies could make it more difficult for families to deal with drug use issues. Furthermore, youth are more likely to have academic and behavioural issues and are at risk of homelessness due to family conflicts. Youth may be reluctant to use the same location as adults for drug use. Newcomers are prone to social isolation and may have a harder time navigating services. From the PWUD survey, when stratified by ethnicity, 85% of respondents who identified as Indigenous reported access to Indigenous counsellors was important.

# Discussion

Findings from this study support the need for supervised consumption services in the Region of Peel in order to prevent overdoses, reduce the risk of transmission of bloodborne illnesses, decrease public drug use and drug litter, and provide linkages to care for people who use drugs. There has been a marked increase in opioid-related deaths since 2013, as well as hospitalizations and Emergency Department visits in the Region of Peel. Existing harm reduction services in Peel like needle exchange and naloxone distribution have experienced an increase in demand. Of the PWUD surveyed in this study, 64% had experienced an overdose in their lifetime and 97% reported using drugs alone. Eighty per cent reported reusing needles in the past 6 months either on themselves or with others. Eighty-seven per cent of PWUD surveyed reported they would use SCS if available.

The geographic distribution of paramedic calls to overdoses where naloxone was administered tells us there are two areas that experience the highest density of incidents—downtown Brampton and Cooksville in Mississauga. This is also in keeping with preferred locations identified in our survey by people who use drugs for potential SCS in Peel.

This study also highlighted the importance of acceptability of SCS to people who use drugs and the community. Participants from the general community who were surveyed expressed concern that SCS might result in increased drug use and trafficking in the area. There were also concerns around personal safety and the proximity of SCS to schools. Acceptability of SCS to the general community would be dependent on choosing an appropriate location, involving the community and having a way to address concerns. Increased communication, engagement and education around the problem of drug and substance use in Peel should be used to address concerns.

People who use drugs should also be involved in determining operational preferences and the types of services provided at SCS. Special consideration should be given to providing inclusive services for women, youth, newcomers and Indigenous people. Involving people who use drugs in the planning and implementation process will also increase uptake of services and can help build trust.

Concerns from the general community in this study included increased drug use and trafficking in the neighbourhood, issues related to personal safety and negative impacts on the image of the community. These are similar to concerns expressed by the public in other jurisdictions that have implemented SCS.<sup>21</sup> Other considerations have included worry about increases in petty theft, crime and drug litter. These concerns have not been shown in the evidence to date but warrant consideration as part of the consultation process with the broader community.<sup>22,23</sup> In fact, the evidence has shown that SCS decrease drug litter and public drug use. Other jurisdictions have included regular evaluation of supervised consumption services in order to assess what works well and identify areas for improvement. Active involvement of the community through advisory boards and establishing a method of meaningfully engaging the community to receive feedback, and provide education and awareness to decrease stigma have also been suggested in other jurisdictions.<sup>24</sup>

The strengths of this study include the meaningful involvement of people who use drugs in the study implementation through peer researchers and as participants. These populations are often marginalized and hard to reach through typical study recruitment practices. The use of peer researchers helped with recruitment but also enabled engagement of people with lived experience in the study implementation. We were also able to recruit a large number of participants for the general community survey (n=557) through the use of the Region of Peel newsletter, website and other email communications. A diverse group of key informants from cross-cutting areas such as healthcare and social services, police and emergency services, government and businesses also provided input to the study. A use of quantitative and qualitative methods enabled collection of various types of data and a more in-depth analysis of the complex perspectives, ideas and attitudes around drug use in the Region of Peel.

# Study Limitations

## PWUD survey

Our population of interest, people who use drugs, are a vulnerable population often hard to reach with typical recruitment strategies. Because of this, other methods of recruitment such as convenience and snowball sampling were used and may have introduced bias. Convenience sampling allowed for peer researchers to recruit PWUD when they encountered them at social service agencies or in the community. Snowball sampling methods allowed peer researchers to ask recruited PWUD to mention our survey to their friends and acquaintances who met the inclusion criteria. These methods of recruitment led to the introduction of sampling bias as all members of the PWUD community did not have an equal chance of being recruited into this survey. For example, those who used drugs but did not attend social service agencies in Peel, specifically in Brampton where Moyo (formerly PHAN) is located, had less of a chance of being recruited. Having peers administer the surveys to PWUD may have introduced social desirability bias and participants may have responded to questions in a way that would be viewed favorably by the interviewer. Some questions resulted in a large proportion of refusals to answer (e.g., whether respondents reuse needles). While it is unclear why certain questions received a greater number of refusals to answer in comparison to others, social desirability bias may be one possible explanation.

Another form of bias that may have been introduced to the PWUD survey is recall bias. This refers to discrepancies between respondents' memory of past experiences or situations and reality. Many questions involved respondents to recall information from their past, therefore leading to potential bias in data (i.e. number of overdoses, most commonly used drugs, etc).

Further, due to the inclusion of a \$25 honorarium for those who participated in the PWUD survey, people may have attempted to complete the survey more than once to receive an extra honorarium. Peer researchers were made aware of this beforehand and were requested to remove surveys that were speculated to have been completed by the same person prior to analysis. Although we do not believe this occurred, it is important to note that it was still possible.

## General community survey

Similar to the PWUD survey, recruitment methods may have also introduced bias to the general community survey portion of the study. The survey was advertised through Region of Peel newsletters and newspapers to which individuals must subscribe. As an unanticipated consequence of this recruitment strategy, our sample was over represented by the 55 years and over age group. As such, the demographics of respondents do not represent the distribution seen in Peel and our sample may not be generalizable to the entire Peel population. Additionally, inherent in studies that include surveys is the presence of volunteer bias. There may be differences between those people who volunteered to participate in the survey compared to those who did not.



## Key informant interviews

Those who participated in the key informant interviews were selected because of the leadership roles they held in their respective sectors. Some informants had a wider breadth of knowledge regarding drug and substance use and SCS as part of their day to day work, whereas others recognized their lack of expertise on the issue. Because of this, some questions related to the logistics surrounding operating SCS in Peel received more general responses or were left unanswered. Additionally, there was one informant who did not want their interview to be audio recorded, which meant transcription could not occur, and analysis was completed using real-time notes.

Given the nature of qualitative interviews and the topic, there were times when the interviewer was explaining terms. This may have then shaped responses from participants. The results may have also been affected by response bias where the participants may provide what they believe are desired answers, knowing the interviewers were affiliated with Public Health. Shifting and rephrasing of some questions may have also changed the interpretations of some questions.

# Recommendations

## **1. The Region of Peel would benefit from supervised consumption services (SCS)**

- a. Data on opioid-related harms, current harm reduction services and survey data collected from people who use drugs in this study indicate a need for SCS in the Region of Peel to reduce the morbidity and mortality related to opioids. Key informants, who represented leaders from community and governmental organizations, were largely supportive of SCS in the Region of Peel to reduce opioid-related harms.

## **2. The Region of Peel should consider the following locations for SCS sites:**

- a. Downtown Brampton (the area flanked by Bovaird Street (north), Highway 410 (east), Queen Street (south) and Chinguacousy Street (west)).
- b. Cooksville, Mississauga (the area flanked by St. Lawrence and Hudson Railroad (north), Cawthra Road (east), Queen Elizabeth Way (QEW) (south) and Mavis Road (west)).
- c. Mobile sites to service less densely populated areas of the Region should be considered based on need and capacity.

Data from paramedic responses to overdose calls where naloxone was administered were highest in the areas of Downtown Brampton and Cooksville. Respondents from the survey of people who use drugs also identified these as preferred locations for SCS.

## **3. SCS should be implemented in consultation with people who use drugs, the general community and other service providers**

- a. Acceptability of SCS is dependent on consultation with people who use drugs on the types of services, location and other operational preferences. The general community should be involved in the implementation of SCS so there is a means to address concerns, increase understanding and support for these services.

## **4. Regular evaluation and monitoring of SCS should be conducted by the lead agency**

- a. Efficient and sustainable services require regular evaluation and monitoring to understand what has worked well and areas for improvement. This may include issues related to available services at SCS, as well as considerations related to establishing other sites including the possibility of a mobile SCS to provide services to less densely populated areas of the Region.

## Next steps

- A lead agency interested in applying for and implementing an SCS should be identified.
- People who use drugs and the general community should be involved in the planning, implementation and evaluation of a potential SCS, with special consideration given to seeking input from women, youth, newcomers and Indigenous people.
- Education and outreach to the general community on the benefits and purpose of SCS should be planned.

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22. Addictions & Mental Health Ontario. Overview of the effectiveness of supervised consumption services: what does the evidence and the Ontario experience tell us? 2018
23. Region of Waterloo Public Health. Supervised consumption services literature review. 2016
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# Appendix A:

## Detailed results of the survey of people who use drugs

Note: Unless otherwise noted, the denominator for the computed proportions represent the total number of respondents for each survey question, excluding refusals and missing responses.

### Demographic Information

Characteristic (number of respondents excluding refusals)	Frequency	Proportion of Respondents
<b>Street drug usage in the past 30 days (148)</b>	143	96.6%
<b>Age category (n=144)</b>		
16-24	7	4.9%
25-34	28	19.4%
35-44	55	38.2%
45-54	33	22.9%
55-65	21	14.6%
<b>Gender identity (149)</b>		
Male	77	51.7%
Female	65	43.6%
Trans Woman	6	4.0%
Trans Man	nr	nr
<b>Ethnicity* (148)</b>		
White	123	83.1%
Indigenous	13	8.8%
Black	10	6.8%
Other	18	12.2%
<b>Places of residence in last six months* (150)</b>		
Crack house	59	39.3%
Hospital	29	19.3%
Hotel/motel	52	34.7%
Own house/apartment	86	57.3%
Someone's house/apartment	64	42.7%
No fixed address	53	35.3%
On the street (abandoned buildings, cars, parks)	60	40.0%
Jail	24	16.0%
Rehab	8	5.3%
Boarding house	12	8.0%
Shelter	38	25.3%
With parents	16	10.7%
Medical hostel	nr	nr

Characteristic (number of respondents excluding refusals)	Frequency	Proportion of Respondents
Transitional housing	nr	nr
<b>Highest level of education completed (149)</b>		
Primary school	23	15.4%
High school	91	61.1%
College or university	35	23.5%
<b>Personal annual income (148)</b>		
Under \$5,000	10	6.8%
\$5,000 to \$10,000	14	9.5%
\$10,000 to \$15,000	26	17.6%
\$15,000 to \$20,000	30	20.3%
\$20,000 to \$25,000	24	16.2%
\$25,000 to \$30,000	18	12.2%
More than \$30,000	23	15.5%
Unsure	nr	nr
<b>Sources of income in the past six months* (148)</b>		
Regular job	22	14.9%
Temporary work	23	15.5%
Self-employed	17	11.5%
Ontario Works (OW)	75	50.7%
Ontario Disability Support Program (ODSP)	42	28.4%
Canadian Pension Plan (CPP)	7	4.7%
Employment Insurance (EI)	nr	nr
GST rebate	12	8.1%
Recycling	8	5.4%
Panhandling	23	15.5%
Parent/friend	12	8.1%
Theft	26	17.6%
Selling needles	0	0
Selling cigarettes	8	5.4%
Selling drugs	32	21.6%
Other criminal activity	21	14.2%
Sex for money	14	9.5%
Stipend	7	4.7%
<b>Exchanged goods for sex in the past six months* (105)</b>		
Money	29	27.6%
Drugs	26	24.8%
Gifts	16	15.2%
Shelter	13	12.4%
Food	8	7.6%
Haven't exchanged goods for sex	60	57.1%

nr = not reportable due to low response (fewer than 5 respondents)

\* = respondents could choose more than one answer, proportions can add up to more than 100%

† = respondents who were not applicable to respond were removed from the denominator

## Drug Use & Injection Practices

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
<b>Frequency of drug use in the last six months (143)</b>		
Less than once a month	6	4.2%
1-3 times a month	9	6.3%
Once a week	nr	nr
More than once a week	13	9.1%
Daily	111	77.6%
<b>Number of times of drug use per day (134)</b>		
Median	5 times / day	
Range	1-20 times / day	
<b>Places of drug use in the last six months* (144)</b>		
Sexual partner's place	49	34.0%
Own place	93	64.6%
Relative/friends	84	58.3%
Acquaintance	69	47.9%
Strangers	62	43.1%
Place where you pay to use or exchange drugs	58	40.3%
Car	64	44.4%
Hotel/motel	51	35.4%
Place where you buy drugs	38	26.4%
Shelter	25	17.4%
Community organization	13	9.0%
Abandoned building	63	43.8%
Alley/laneway	65	45.1%
Park	66	45.8%
School yard	26	18.1%
Stairwell/doorway	56	38.9%
Public washroom	65	45.8%
Other	nr	nr
<b>Frequency of public drug use in the last six months (144)</b>		
Always (100% of the time)	16	11.1%
Usually (over 75% of the time)	52	36.1%
Sometimes (26-74% of the time)	22	15.3%
Occasionally (<25% of the time)	32	22.2%
Never	22	15.3%
<b>Reasons for public drug use*† (119)</b>		
Convenient to where I use	65	54.6%
Nowhere safe to use close to purchase	40	33.6%
Homeless	45	37.8%
Sex worker	7	5.9%
Hiding drug use from roommate	27	22.7%
Too far from my home	38	31.9%
Need assistance	nr	nr
Guest fees	nr	nr



Question (number of respondents excluding refusals)	Count	Proportion of Respondents
Prefer to use outside	17	14.3%
Dealing	23	19.3%
Need to use as soon as possible	36	30.3%
<b>Have ever used alone (147)</b>		
Yes	142	96.6%
No	5	3.4%
<b>Frequency of using alone in the last six months† (139)</b>		
Always (100% of the time)	16	11.5%
Usually (over 75% of the time)	65	46.8%
Sometimes (26-74% of the time)	36	25.9%
Occasionally (<25% of the time)	20	14.4%
Never	nr	nr
<b>Frequency of needing help to inject drugs in the last 6 months (139)</b>		
Always (100% of the time)	10	7.2%
Usually (over 75% of the time)	16	11.5%
Sometimes (26-74% of the time)	12	8.6%
Occasionally (<25% of the time)	9	6.5%
Never	46	33.1%
I do not inject drugs	46	33.1%
<b>Reasons for needing help while injecting*† (35)</b>		
Unsure how to inject myself	10	28.6%
Do not like injecting myself	nr	nr
Can't find my vein on my own	13	37.1%
Need help preparing drugs	nr	nr
Prefer someone else to inject me	8	22.9%
My partner prefers injecting me	nr	nr
Unsafe to do alone	nr	nr
<b>Willingness to learn how to inject† (44)</b>		
Yes	30	68.2%
No	8	18.2%
Maybe	6	13.6%
<b>Frequency of reusing needles for more than one injection in the last six months† (45)</b>		
Always (100% of the time)	5	11.1%
Usually (over 75% of the time)	16	35.6%
Sometimes (26-74% of the time)	10	22.2%
Occasionally (<25% of the time)	5	11.1%
Never	9	20.0%
<b>Most used drugs in the last six months* (143)</b>		
Heroin	56	39.2%
Crystal Meth	40	28.0%

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
Cocaine	43	30.1%
Crack/rock cocaine	62	43.4%
Speedball	nr	nr
Methadone prescribed to you	17	11.9%
Methadone not prescribed to you	nr	nr
Morphine	8	5.6%
Hyrdos	10	7.0%
Percocet	22	15.4%
Oxycodone	5	3.5%
Oxyneo	nr	nr
Fentanyl	36	25.2%
Wellbutrin	nr	nr
Ritalin	nr	nr
Tranquilizers/Benzos	8	5.6%
Amphetamines	nr	nr
Steroids	nr	nr
Valium	10	7.0%
Gabapentin	6	4.2%
Other	9	6.3%
<b>Ever received drugs cut with another substance (147)</b>		
Yes	118	80.3%
No	13	8.8%
Unsure	16	10.9%
<b>Drugs respondents were trying to use the last time they were contaminated† (119)</b>		
Heroin	49	41.2%
Crystal Meth	6	5.0%
Cocaine	21	17.6%
Crack/rock cocaine	23	19.3%
Percocet	nr	nr
Fentanyl	16	13.4%
Other	nr	nr

nr = not reportable due to low response (fewer than 5 respondents)

\* = respondents could choose more than one answer, proportions can add up to more than 100%

† = respondents who were not applicable to respond were removed from the denominator

## Frequency of use of specific drugs in the last 6 months

Drug	Number of respondents	Less than once a month	1-3 times a month	Once a week	More than once a week	Daily	Never
Heroin	120	10 (8.3%)	nr	nr	9 (7.5%)	47 (39.2%)	46 (38.3%)
Crystal Meth	119	10 (8.4%)	7 (5.9%)	nr	7 (5.9%)	34 (28.6%)	58 (48.7%)
Crack/rock cocaine	128	7 (5.5%)	16 (12.5%)	6 (4.7%)	16 (12.5%)	49 (38.3%)	34 (26.6%)
Speedball (stimulant mixed with opioids)	146	nr	nr	5 (3.4%)	10 (6.8%)	5 (3.4%)	82 (56.2%)
Methadone prescribed to you	111	nr	nr	nr	nr	32 (28.8%)	72 (64.9%)
Methadone not prescribed to you	103	nr	nr	nr	nr	nr	94 (91.3%)
Morphine	105	7 (6.7%)	7 (6.7%)	nr	nr	5 (4.8%)	81 (77.1%)
Hydros (HydroMorph, Contin or Dilaudid)	107	7 (6.5%)	11 (10.3%)	nr	nr	7 (6.5%)	76 (71%)
Percocet	109	6 (5.5%)	13 (11.9%)	nr	7 (6.4%)	11 (10.1%)	69 (63.3%)
Generic Oxycodone	104	5 (4.8%)	5 (4.8%)	nr	5 (4.8%)	nr	82 (78.8%)
Oxy Neo	104	nr	5 (4.8%)	nr	nr	nr	87 (83.7%)
Fentanyl	108	nr	nr	7 (6.5%)	7 (6.5%)	26 (24.1%)	63 (58.3%)
Wellbutrin	107	nr	nr	nr	nr	6 (5.6%)	92 (86%)
Ritalin or Biphentin	104	6 (5.8%)	nr	nr	nr	nr	88 (84.6%)
Tranquilizers or Benzos	105	nr	nr	nr	nr	11 (10.5%)	83 (79%)
Amphetamines	105	nr	nr	nr	nr	nr	89 (84.8%)
Steroids	103	nr	0 (0%)	nr	nr	nr	96 (93.2%)
Valium	105	nr	nr	nr	nr	9 (8.6%)	86 (81.9%)
Gabapentin	104	nr	nr	nr	nr	8 (7.7%)	88 (84.6%)

## Supervised Consumption Services

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
<b>Respondents who have heard of SCS (143)</b>		
Yes	115	80.4%
No	28	19.6%
<b>Respondents who would consider using SCS in Peel (141)</b>		
Yes	122	86.5%
No	10	8.4%
Maybe	9	7.1%
<b>Reasons for using SCS among those who answered Yes or Maybe*† (128)</b>		
Access to sterile equipment	79	61.7%
Safe from crime	76	59.4%
Ability to use indoors and not in public	88	68.8%
Safe from being seen by police	94	70.7%
Ability to see health professionals	84	65.6%
Ability to get referrals for detox or treatment services	40	31.3%
Overdoses can be prevented	79	61.7%
Overdoses can be treated	72	56.3%
Able to use responsibly	34	26.6%
<b>Reasons for not using SCS among those who answered No or Maybe*† (18)</b>		
Do not want to be seen	10	55.6%
Do not want people to know I am a drug user	nr	22.7%
Afraid my name will not remain confidential	nr	nr
Would rather use with friends	nr	nr
Always use alone	nr	nr
Inconvenient	nr	nr
Fear being caught by police	nr	nr
Concerned about police presence	nr	nr
Do not trust SCS	0	0
Can get clean equipment elsewhere	0	0
I have a place to use already	nr	nr
Too many rules/restrictions	nr	nr
Avoid other people who would use SCS	0	0
Too much of a hurry	nr	nr
I don't know enough about SCS	nr	nr
<b>Reasons that would make you change your mind about not using SCS among those who answered No or Maybe*† (22)</b>		
Access to sterile equipment	7	38.9%
Safe from crime	5	27.8%
Ability to use indoors and not in public	nr	nr
Safe from being seen by police	5	27.8%
Ability to see health professionals	nr	nr
Ability to get referrals to detox or treatment services	nr	nr

Overdoses can be prevented	nr	nr
Overdoses can be treated	nr	nr
Able to use responsibly	nr	nr

### Acceptability of SCS policies

Policy	Number of respondents	Acceptable	Neutral	Unacceptable
Drug use is supervised by trained staff member who can respond to overdoses	138	134 (97.1%)	nr	0 (0%)
30 minute time limit for drug use	138	111 (80.4%)	16 (11.6%)	11 (8%)
Have to register each time you use it	136	106 (77.9%)	18 (13.2%)	12 (8.8%)
Required to show government ID	115	81 (70.4%)	14 (12.2%)	20 (17.4%)
Required to show client number	134	112 (83.6%)	17 (12.7%)	5 (3.7%)
Video surveillance cameras on site to protect users	130	96 (73.8%)	21 (16.2%)	13 (10%)
Not allowed to smoke crack/crystal meth/tobacco/vape	128	97 (75.8%)	11 (8.6%)	20 (15.6%)
May be allowed to assist in the preparation of drugs for peers	134	108 (80.6%)	16 (11.9%)	10 (7.5%)
May be allowed to assist other peers with their drug use	136	112 (82.4%)	13 (9.6%)	11 (8.1%)
Not allowed to share drugs	134	101 (75.4%)	14 (10.4%)	19 (14.2%)
May have to sit and wait until space is available for you to use	135	104 (77%)	19 (14.1%)	12 (8.9%)
Have to hang around for 10 to 15 minutes after injecting so that your health can be monitored	131	114 (87%)	12 (9.2%)	5 (3.8%)

### Importance of SCS services

Service	Number of respondents	Important	Somewhat important	Not that important
Nursing staff for medical care	138	127 (92%)	8 (5.8%)	nr
Nursing staff for supervised injecting teaching	139	129 (92.8%)	9 (6.5%)	nr
Washrooms	139	130 (93.5%)	9 (6.5%)	0 (0%)
Showers	130	84 (64.6%)	27 (20.8%)	19 (14.6%)
Social workers or counsellors	133	113 (85%)	16 (12%)	nr
Drug counsellors	137	117 (85.4%)	15 (10.9%)	5 (3.6%)
Indigenous counsellors	132	93 (70.5%)	19 (14.4%)	20 (15.2%)

Service	Number of respondents	Important	Somewhat important	Not that important
Food (including take away)	138	109 (79%)	24 (17.4%)	5 (3.6%)
Peer supports from other drug users	138	122 (88.4%)	12 (8.7%)	nr
Peers to assist with drug injections or other drug use	138	117 (84.8%)	15 (10.9%)	6 (4.3%)
Access to an opiate (methadone or buprenorphine) prescribed by a health professional	138	118 (85.5%)	15 (10.9%)	5 (3.6%)
Needle distribution	136	124 (91.2%)	11 (8.1%)	nr
Injection equipment distribution	134	124 (92.5%)	9 (6.7%)	nr
HIV and Hepatitis C testing	137	122 (89.1%)	13 (9.5%)	nr
Withdrawal management	137	128 (93.4%)	7 (5.1%)	nr
Special time from women only or a women's only SCS	131	103 (78.6%)	13 (9.9%)	15 (11.5%)
Referrals to drug treatment, rehab, and other services when you're ready to use them	137	121 (88.3%)	13 (9.5%)	nr
A 'chill out' room to go after using, before leaving SCS	135	123 (91.1%)	11 (8.1%)	nr
Preventing or responding to overdose	137	129 (94.2%)	7 (5.1%)	nr
Access to health services	137	126 (92%)	10 (7.3%)	nr
Assistance with housing, employment and basic skills	138	123 (89.1%)	10 (7.2%)	5 (3.6%)
Harm reduction education	137	125 (91.2%)	9 (6.6%)	nr
Drug testing	138	128 (92.8%)	7 (5.1%)	nr

### SCS Location and Service Design

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
<b>Willing to use an SCS if located in a community health centre (127)</b>		
Yes	117	92.1%
No	10	7.9%
<b>Willing to use an SCS if located in a public health clinic (123)</b>		
Yes	114	92.7%
No	9	7.3%
<b>Willing to use an SCS if located in a walk-in or family doctor clinic (122)</b>		
Yes	71	58.2%
No	51	41.8%
<b>Willing to use an SCS if located in a social service agency (120)</b>		
Yes	88	73.3%

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
No	32	26.7%
<b>Longest time respondent is willing to walk to reach SCS (140)</b>		
5-15 minutes	74	52.9%
15-25 minutes	46	32.9%
25-35 minutes	14	10.0%
35 minutes+	6	4.3%
<b>Willing to take public transit to reach SCS (139)</b>		
Yes	115	82.7%
No	24	17.3%
<b>Longest time respondent is willing to travel on public transit to reach SCS† (112)</b>		
5-15 minutes	47	42.0%
15-25 minutes	34	30.4%
25-35 minutes	20	17.9%
35 minutes+	11	9.8%
<b>Frequency of SCS use if established in convenient location (141)</b>		
Always	44	31.2%
Usually	64	45.4%
Sometimes	18	12.8%
Occasionally	6	4.3%
Never	nr	nr
Don't know/Unsure	5	3.5%
Only when I use specific drugs	nr	nr
<b>Most useful hours of operation (139)</b>		
8am-12pm	68	48.9%
12pm-4pm	25	18.0%
4pm-8pm	12	8.6%
8pm-12am	18	12.9%
12am-8am	16	11.5%
<b>Frequency of drug checking if available prior to injecting drugs (136)</b>		
Always	63	46.3%
Usually	37	27.2%
Sometimes	17	12.5%
Occasionally	nr	nr
Never	6	4.4%
Don't know/Unsure	9	6.6%
<b>Preferences for type of SCS model* (140)</b>		
Stand-alone	107	76.4%
Integrated	85	60.7%
Mobile	54	38.6%
Don't know/Unsure	11	7.9%
<b>Number of SCS needed in Peel (127)</b>		
Median	5	
Range	1-50	

## Experience of overdose

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
<b>Number of respondents ever experiencing an overdose (143)</b>		
Yes	91	63.6%
No	52	36.4%
<b>Number of respondents experiencing an overdose in the last six months† (91)</b>		
Yes	36	39.6%
No	55	60.4%
<b>Number of overdoses amongst respondents who have ever experienced an overdose† (86)</b>		
Median	3	
Range	1-147	
<b>Drugs involved in most recent overdose*† (91)</b>	Involved in overdose [Injected]	
Cocaine		17 [6]
Crack		15 [nr]
Hydros		nr [nr]
Heroin		39 [24]
Methadone		nr [nr]
Suboxone		6 [nr]
Morphine		nr [nr]
Percocet		nr [0]
Wellbutrin		0 [0]
Oxycodone		nr [nr]
Fentanyl		25 [13]
Ritalin		nr [0]
Benzodiazepines or Tranquilizers		nr [0]
Speed		nr [0]
Amphetamines		nr [nr]
Crystal meth		nr [nr]
Valium		nr [nr]
Gabapentin		nr [0]
Alcohol		6 [0]
Pot		nr [0]
Other injection drugs		0 [0]
Other non-injection drugs		nr [0]
Unknown		nr [0]
<b>Number of respondents who had people with them during last overdose† (91)</b>		
Yes	70	77.8%
No	15	16.7%
Don't know/unsure	5	5.6%
<b>Type of location where respondents last overdosed† (88)</b>		
My place	33	37.5%
Partner's place	5	5.7%



Question (number of respondents excluding refusals)	Count	Proportion of Respondents
Friend's place	17	19.3%
Relative's place	nr	nr
Dealer's place	nr	nr
Street	11	12.5%
Public washroom	nr	nr
Shelter	6	6.8%
Abandoned building	0	0
Jail	0	0
Social services	0	0
Other	5	5.7%
Don't know/unsure	nr	nr
<b>Number of respondents who were assisted by other people during most recent overdose† (88)</b>		
Yes	62	70.5%
No	20	22.7%
Don't know/unsure	6	6.8%
<b>Number of respondents who had an ambulance called during most recent overdose† (90)</b>		
Yes	35	38.9%
No	49	54.4%
Don't know/unsure	6	6.7%
<b>Number of respondents who were taken to hospital† (84)</b>		
Yes	35	41.7%
No	43	51.2%
Unknown	6	7.1%
<b>Number of respondents who refused transport to hospital† (79)</b>		
Yes – refused transport	18	22.8%
No – accepted transport	33	41.8%
Don't know/unsure	28	35.4%
<b>Number of respondents who were given naloxone† (82)</b>		
Yes	38	46.3%
No	30	36.6%
Don't know/unsure	14	17.1%
<b>Who administered naloxone to respondent† (38)</b>		
Boyfriend/girlfriend/partner	11	28.9%
Stranger	7	18.4%
Casual sex partner	nr	nr
Close friend	10	26.3%
Casual friend	nr	nr
Date (sex worker)	nr	nr
Family member	nr	nr
Ambulance or hospital employee	6	15.8%
Don't know/unsure	nr	nr
<b>Number of respondents who witnessed an overdose in the last six months (137)</b>		

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
Yes	98	71.5%
No	39	28.5%
<b>Number of respondents concerned of being arrested when they or someone else overdosed (132)</b>		
Yes	91	68.9%
No	33	25.0%
Not applicable	8	6.1%

## Drug Treatment

Question (number of respondents excluding refusals)	Count	Proportion of Respondents
<b>Number of respondents whom have ever been in a drug treatment or detox program (144)</b>		
Yes	94	65.3%
No	50	34.7%
<b>Number of respondents who have sought out or been in a drug treatment or detox program in the last six months (145)</b>		
Yes	63	43.4%
No	82	56.6%
<b>Types of treatment programs respondents have been in, in the last six months*† (61)</b>		
Detox with methadone/suboxone	14	23.0%
Detox with other prescribed drugs	8	13.1%
Detox without drugs	9	14.8%
Methadone maintenance program	32	52.5%
Out-patient counselling	11	18.0%
Self-help group for drug use	nr	nr
Drug treatment with cultural programming	nr	nr
Residential treatment	nr	nr
Drug court	nr	nr
Healing lodge	0	0
Addictions case management	nr	nr
Managed alcohol program	nr	nr
Other	nr	nr
<b>Number of respondents who tried but were unable to access treatment programs in the last six months (143)</b>		
Yes	55	38.5%
No	88	61.5%

nr = not reportable due to low response (fewer than 5 respondents)

\* = respondents could choose more than one answer, proportions can add up to more than 100%

† = respondents who were not applicable to respond were removed from the denominator