SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

An Exploration of the Need for and Feasibility of Consumption and Treatment Services

In the Southwestern Public Health Region

June 2023

PREPARED BY:
Southwestern Public Health and Collective Results Inc.

Acknowledgments

Southwestern Public Health and Collective Results conducted this study with support from other agencies and community members across several sectors.

We want to acknowledge the vital perspectives on drug use, harm reduction, and treatment from our Indigenous partners and the significant time spent planning and implementing an Indigenous-specific focus group alongside the research team. In addition, we appreciate and value the cultural perspectives and historical context that is critical to embed throughout the process of exploring effective initiatives to address the drug crisis in Indigenous populations. An ongoing partnership and relationship with Indigenous service providers in the surrounding area will be imperative as we implement the recommendations of the Feasibility Study and other public health interventions.

We wish to recognize the important voices of people who have lived or living experiences (PWLE) of substance use that contributed to and reviewed specific methodologies and processes before data collection. We also want to acknowledge the PWLE who sat on the External Advisory Committee and contributed significant recommendations throughout data collection, data analysis, and finalizing the report. Additionally, we would like to recognize all the PWLE who participated in the study and provided in-depth responses to the questions from their personal experiences. We recognize the importance of including PWLE when considering initiatives that may impact their lives. As PWLE have stated regarding meaningful involvement in substance use program decision-making, "nothing about us without us." (1)

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Executive Summary

Southwestern Public Health (SWPH) works with our communities to promote and protect the health of people who live, work, attend school, and play in Elgin and Oxford Counties and the City of St. Thomas. The province mandates SWPH to deliver programs and services and collaborate with relevant community partners to monitor and address substance use-related harms in the local area.

Based on local data, SWPH conducted a Situational Assessment that demonstrated the need for further local interventions in the SWPH region, such as exploring the feasibility of a local consumption and treatment services (CTS) site. (2) Local statistics show that opioid-related harms have increased between 2019 and 2022 in the SWPH region. Local rates of opioid-related emergency department visits and hospitalizations have been consistently higher than the provincial rates over time, with the rate of opioid-related deaths often very similar to or just below the provincial rate. However, data from the last four years shows concerning local trends.

The local rate of opioid-related emergency department visits began to increase in 2016, rising to almost 1.5x the provincial rate in 2021. The rate of hospitalizations has been higher compared to Ontario every year since 2011; it was roughly 2x the provincial rate in 2021. Finally, the rate of opioid-related deaths has been similar in that it has increased over time. However, the rate of deaths increased quicker than emergency department visits and hospitalizations, more than doubling between 2019 and 2021, surpassing the provincial rate. The unregulated drug supply has also experienced rapid changes in drug availability since 2019, which may have impacted the toxicity level of unregulated drugs.

In response to the current situation of opioid use-related harms in the SWPH region, local drug and alcohol strategies[I] have emphasized the need to evaluate the viability of implementing a CTS site model locally as one potential solution. CTS are places where people who use substances can access supervised consumption services and wrap-around supports linking them to health and social services. CTS sites have several benefits to the community, including reducing overdoses, reducing the spread of infectious disease, increasing connections to supports and services for people with lived experience of substance use, and reducing public disorder. A CTS feasibility study was conducted to explore the potential feasibility of this type of intervention in the SWPH region.

This study defines feasibility as a combination of community support, political buy-in, and the likelihood of people with lived or living experience of substance use (PWLE) using these services in our region. This definition was based upon the needs of this study and was inspired by previous work done in this field in other jurisdictions. (3)

[I] A group of PWLE and community partners who work together towards reducing substance use related harms within a specific region.

The study's objectives were:

1. To determine if there is a **perceived need** for CTS in the SWPH region.
2. To assess the **buy-in and support** of CTS in the SWPH region.
3. To examine the **models, operations, and practical components** of offering CTS in the SWPH region.

Data collection occurred from January to March 2023. The study included semi-structured interviews with people with lived or living experience with substance use (PWLE), key informant interviews with municipal partners, focus groups with community partners, an Indigenous-specific focus group, and a community-wide perception-based survey.

The key themes highlighted in the findings from all data collection methods were:

1. There was a perceived need for CTS among PWLE, municipal partners, and the majority of community members who participated in the feasibility study.
2. There was support for CTS site(s) locally across all participant groups.
3. Most participants felt CTS site(s) would benefit the local community, although concerns were also noted.
4. There was a strong preference for the embedded delivery model (embedded within other settings such as hospitals and shelters (3)) for CTS site(s), with the option of a mobile model being an add-on or stand-alone option for outreach in rural areas in Elgin and Oxford Counties.
5. Additional wrap-around services and supports (i.e., mental health supports, wound care, etc.) were identified as a need at CTS site(s).
6. There was strong support for peer involvement in the CTS site(s) in either a paid or volunteer position.
7. All participant groups indicated the central downtown areas of St. Thomas and Woodstock as the best locations for CTS site(s), with the caveat of not being on the main street. As for rural communities, Ingersoll and Tillsonburg were also highlighted as ideal locations, in addition to mobile services.
8. The most common facilitators for success identified across groups were engagement in planning and location selection; education for PWLE and community members on CTS site(s) purposes, reducing stigma and addressing misconceptions; and creating CTS site(s) that are accessible, welcoming, and meet all clients with dignity and respect.
9. The most frequent barriers to CTS site(s) success in the local community were choosing the right location, lack of community buy-in, common misconceptions of CTS and deterrents for potential clients to visit the site(s). Common mitigation strategies suggested included community-wide evidence-based education and transparent communication; implementing an evidence-informed planning process; choosing locations that are accessible and make PWLE and community members comfortable in inclusive spaces; building trust with potential clients of CTS site(s); including peers in roles both on-site and in outreach activities; and ensuring a wide range of needed services are offered on-site.

Data review sessions were held with local advisory committees to provide interpretation and additional context and to validate the findings.

Following a comprehensive review of the local data and the CTS Feasibility Study findings, the External Advisory Committee (EAC), a multidisciplinary committee, including PWLE and Indigenous leaders have collaborated to develop the following recommendations.

1. Southwestern Public Health consults with local partners, including local hospitals, community health centres, community organizations, and the Elgin and Oxford Ontario Health Teams, on the feasibility and application process requirements of such partners who are considering operating CTS in Southwestern Public Health's region.

2. Southwestern Public Health to support discussions by using the findings and local data to consider potential locations that could host CTS; the potential location must meet the requirements for Federal approval and Provincial funding. This process shall be done in consultation with PWLE, the public, business owners and operators, Indigenous community partners, health system partners, municipalities, and other community partners.

3. Pending the outcome of the consultation process outlined in point 2, Southwestern Public Health supports obtaining Letters of Support from the respective cities and host locations (i.e., the City of St. Thomas and/or the City of Woodstock) based on the community's readiness[ii] to participate and the preparedness of a community partner(s) to operate such an intervention. These letters are required to support the provincial funding application for a CTS site(s).

4. To address the concerns raised during the consultation process, further education, consultation, and data collection with the general community, business owners/operators, Indigenous community partners, municipalities, and community partners on the purpose and expected impacts of CTS, as informed by the experiences of other CTS sites in Ontario. In addition, consultation should be developed and delivered with PWLE and community partners that support and/or interact with PWLE.

5. Southwestern Public Health supports providers interested in operating a CTS site in the completion of the Federal Exemption Application and the Provincial Funding Application, as necessary, to the Federal government and Ministry of Health, respectively, pending the participation of a willing community partner(s).

[ii] "Community readiness refers to how prepared the community is to take action to address a particular health issue." For any additional information please visit the Rural Health Information Hub. (4)

Background

The region served by Southwestern Public Health (SWPH) encompasses Oxford County, Elgin County, and the City of St. Thomas. This region is a mix of rural and urban settings, with most of the population living in the urban municipalities of Woodstock, St. Thomas, Aylmer, Tillsonburg, and Ingersoll. (5)

Substance use is a significant public health concern across Ontario, impacting individuals and communities in many ways. Collaborative evidence-informed efforts are required to promote and protect the health of people who use substances, those in their support networks, and communities at large. Based on local data, SWPH conducted a Situational Assessment that demonstrated the need for further local interventions in the SWPH region, such as seeking out the feasibility of a local CTS site. (2)

Local statistics show that opioid-related harms have increased in the SWPH region, with different opioids contributing to fatalities, including Fentanyl, Methadone, Carfentanil, Hydromorphone, and Oxycodone. (6,7,8) The unregulated drug supply has also experienced rapid changes to drug availability since 2019, which may be due to movement restrictions relating to the COVID-19 pandemic. (9) These measures may have also impacted the toxicity level of unregulated drugs. (9,10) In 2020, there was an increase in emergency department visits for opioid poisoning and the number of calls to paramedic services for opioid-related issues. (10) Harm reduction services also noted changes locally, with SWPH's mobile services experiencing almost triple the number of requests. (10)

In response to the current substance use-related harms in our region, local drug and alcohol strategies have emphasized the need to examine the feasibility of a supervised CTS site model locally. (11) CTS sites are places where people who use substances can access supervised consumption services and wrap-around supports linking them to health and social services. CTS sites have several benefits to the community, including reducing overdoses, reducing the spread of infectious disease, increasing connections to supports and services for people with lived experience of substance use, and reducing public disorder. (12,13) A study was conducted to explore the potential feasibility of CTS in the SWPH region.

SWPH has examined locally relevant statistics to help determine who among our community members may be experiencing more harms related to the toxic drug supply in Ontario. This information will be examined in greater detail in the section below.

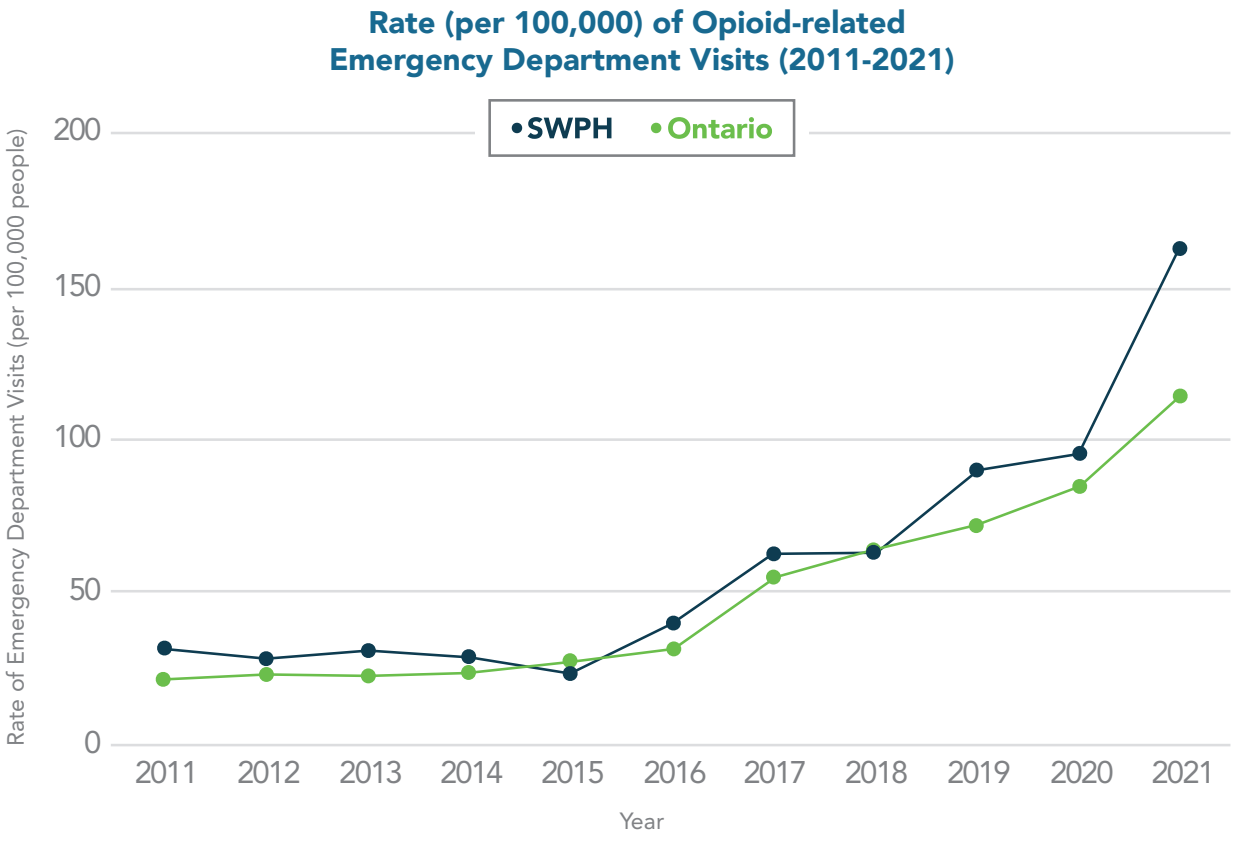
[iii] A group of PWLE and community partners who work together towards reducing substance use related harms within a specific region.

Local Data

Although several harm reduction services are available in the SWPH region for individuals who use substances, the rates of all opioid-related harms (including emergency department visits, hospitalizations, and deaths) have continued to rise since 2016, with steep increases observed between 2019 and 2020. Local rates of opioid-related emergency department visits and hospitalizations have been consistently higher than the provincial rates over time, with the rate of opioid-related deaths often very similar to or just below the provincial rate. However, data from the last four years shows concerning local trends.

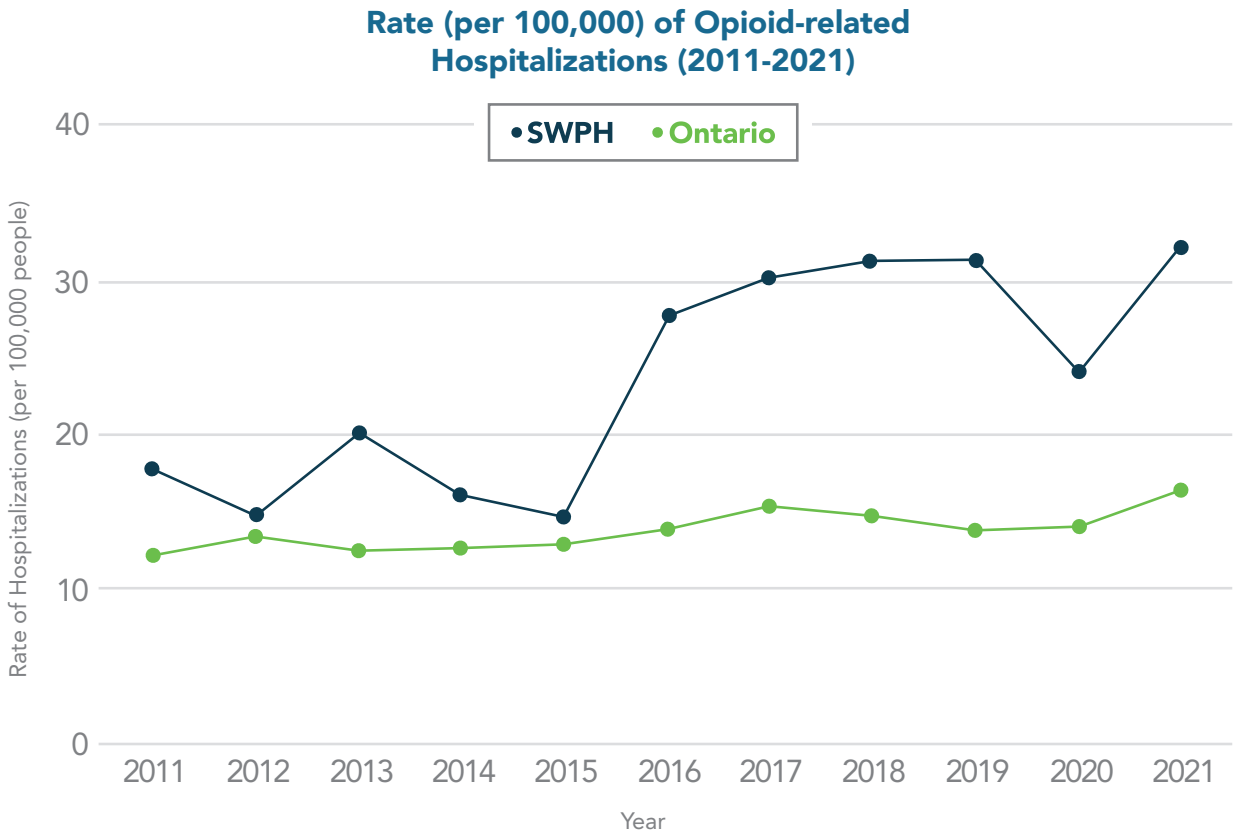
The following quantitative data was obtained from datasets available to SWPH to provide additional information relating to opioid-related harms and mortality in Oxford, Elgin, and the City of St. Thomas. In addition, SWPH has conducted a Situational Assessment that specifically focused on opioid mortality in Oxford, Elgin, and St. Thomas. (2) The evidence obtained during the Situational Assessment demonstrated the need for further local intervention in the SWPH region, such as seeking out the feasibility of a CTS site.

Figure 1. Rate (per 100,000) of opioid-related emergency department visits (2011-2021).



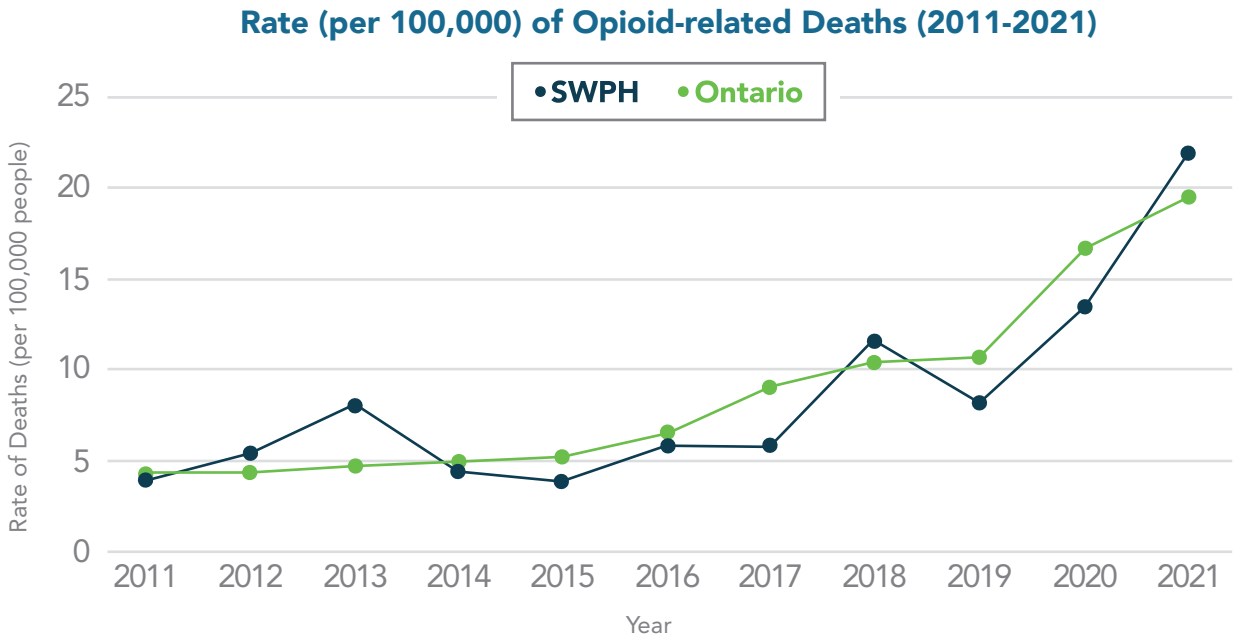
The local rate of opioid-related emergency department visits began to pull away from Ontario in 2016, rising to almost 1.5x the provincial rate in 2021, while the rate of hospitalizations has been higher compared to Ontario every year since 2011. It was roughly 2x the provincial rate in 2021.

Figure 2. Rate (per 100,000) of opioid-related hospitalizations (2011-2021).



The rate of opioid-related deaths has been similar in that it has increased over time. However, the rate of deaths increased quicker than even emergency department visits and hospitalizations, more than doubling between 2019 and 2021, surpassing the provincial rate. (2)

Figure 3. Rate (per 100,000) of opioid-related deaths (2011-2021).



The local data demonstrates the need for a comprehensive approach that effectively addresses the numerous opioid-related harms in the SWPH region, particularly among those at the highest risk.

CTS Feasibility Study

In response to the current situation of substance use-related harms in our region, local drug and alcohol strategies have emphasized the need to evaluate the viability of implementing a CTS site as one potential solution locally. (11) CTS sites are places where people who use substances can access supervised consumption services and wrap-around supports linking them to health and social services. CTS sites provide a place for individuals who use substances and have numerous unmet health and social needs to facilitate interaction with the health system. CTS sites have several benefits to the community, including reducing overdoses, reducing the spread of infectious disease, increasing connections to supports and services for people with lived experience of substance use, and reducing public disorder. (12) A study was conducted to explore the potential feasibility of this type of intervention in the SWPH region, encompassing Oxford County, Elgin County, and the City of St. Thomas. The methodology utilized in this study is outlined in the section below.

Purpose of the Feasibility Study

The purpose of this study was to determine the perceived need for, the feasibility of, and examine the logistics of the models, operations, and practical components of CTS site(s) in Southwestern Public Health's (SWPH) region. CTS sites provide a safe, clean space for people to bring their drugs to use in the presence of trained staff. A CTS site helps prevent accidental overdoses and reduce the spread of diseases like human immunodeficiency virus (HIV). The sites also provide health and social services and other harm reduction services. (14,15) The study findings will inform recommendations to address opioid-related harms in the community based on concerns and barriers brought forward from the data.

Objectives

The CTS Feasibility Study's objectives are:

1. To determine if there is a **perceived need** for CTS in the SWPH region.
2. To assess the **buy-in and support** of CTS in the SWPH region.
3. To examine the **models, operations, and practical components** of offering CTS in the SWPH region.

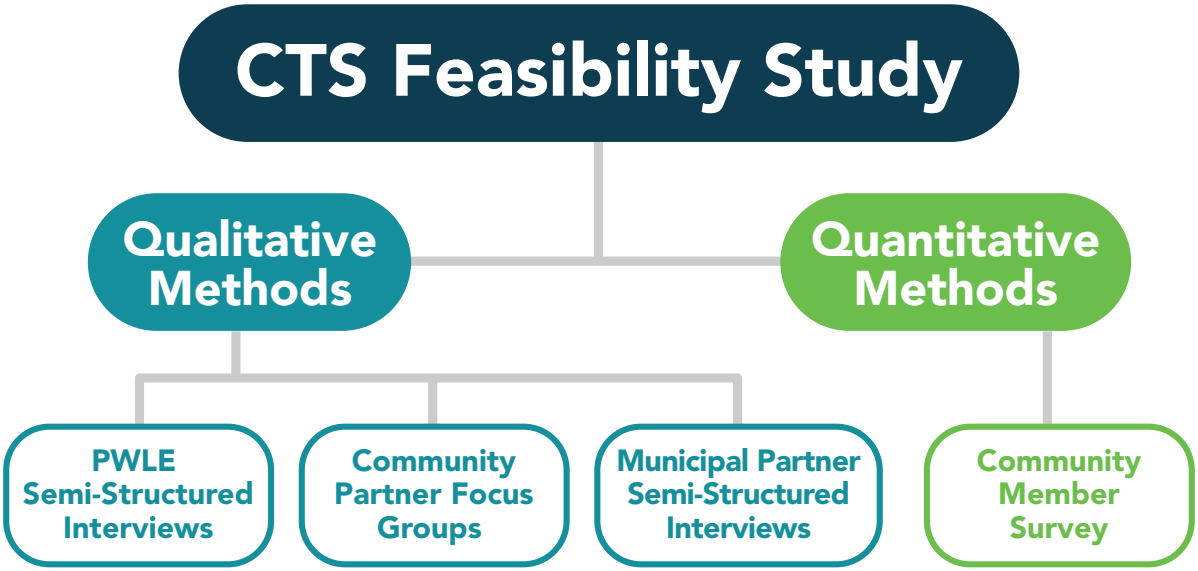
Study Design

A mixed methods approach was used for data collection, employing quantitative and qualitative methodologies (Figure 4). These methods included:

- Semi-structured interviews with people with lived or living experience using substances (PWLE);
- Focus groups with community partners;
- Semi-structured interviews with municipal partners; and
- Community member survey.

This mixed methods approach led to more robust and comprehensive findings to determine the feasibility of CTS in the SWPH region. The design provided an iterative process with results from the PWLE interviews and focus groups informing elements of the municipal interviews and community survey.

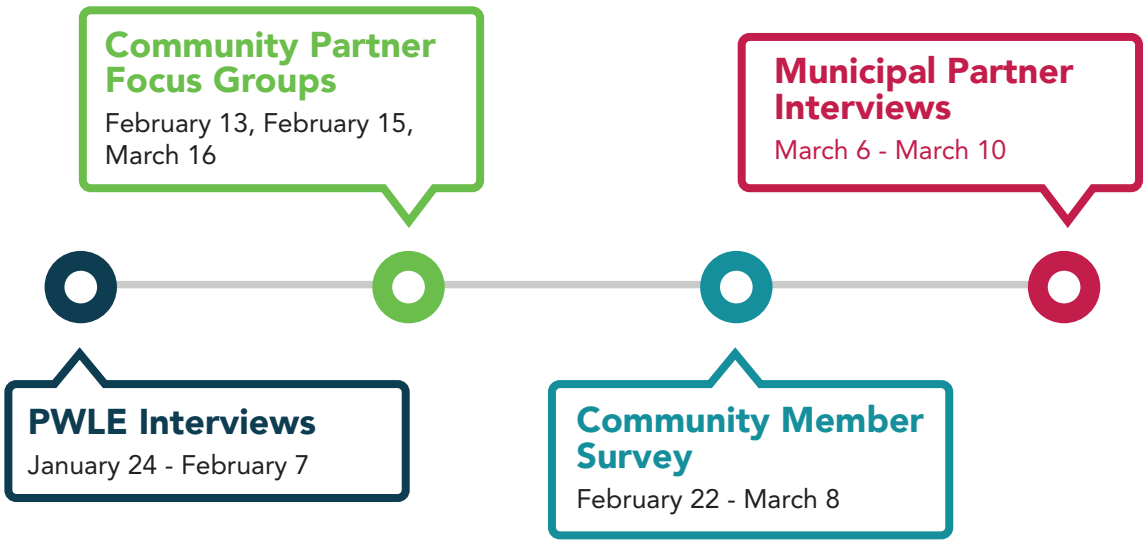
Figure 4. Mixed Methods Study Design



Study Timelines

The study engaged the community using the outlined methods from January-March 2023 (Figure 5).

Figure 5. Study Timelines



Study Methods and Tools

Study methods and tools were created collaboratively with SWPH, the Southwestern Public Health Internal Working Group, and PWLE. Public Health Ontario's Research Ethics Board approved the study methodology and tools before data collection occurred. An overview of the methods will be detailed in the associated sections below.

PWLE Interviews

Semi-structured interviews were conducted with PWLE for three weeks in January and February 2023. PWLE was defined as anyone who had substance use experience at some point in life. (16) We recognize the importance of PWLE and their contributions as experts in this field, and their involvement in research on this subject is vital. Substance use relating to CTS encompasses the use and support for those who use opioids (e.g., fentanyl, hydros, heroin), stimulants (e.g., cocaine, speedball, crystal meth), gabapentin, tranquillizers, and/or benzodiazepines. (16,17)

In total, 30 participants were interviewed over four days in three community-based locations across the City of Woodstock and the City of St. Thomas. Participants had to be 18 years or older; live, work or stay in Oxford County, Elgin County, City of St. Thomas or the City of Woodstock; and had drug use experience at any point in their life (i.e., use of licit and illicit substances via smoking, injecting, or other methods).

Recruitment occurred before the sessions through local service agencies and at each community location on the day of the interviews by staff or volunteers from the locations. Participation was voluntary. Each potential participant had the opportunity to review the letter of information before providing informed consent to participate.

The interviews were conducted virtually by a Collective Results Interviewer and Recorder. In addition, there was an Interview Partner (i.e., Public Health Nurse) in the room to guide participants through the interview process (e.g., letter of information review, ongoing informed consent, etc.), document consent, and be a source of support, if needed. Additionally, participants were invited to bring up to two extra people in the room from their support network. All participants who consented to participate in the study were given an honorarium for their time, regardless of how many questions were answered. They also received a Community Resources handout to provide information about additional relevant supports available in the community.The interview tool consisted of three demographic questions and 18 content questions.

Community Partner Focus Groups

Five focus groups with selected community partners were conducted virtually over three days in February and March 2023 by a Collective Results Interviewer and Recorder. One of the focus groups was specific to the local Indigenous community and community partners.

Of the 48 community partners invited to engage in the interview process, 33 were available and consented to participate. The community partners were 18 years of age or older; worked in Oxford County, Elgin County, St. Thomas or Woodstock in some of the required consultation groups outlined in the Ontario CTS application guidelines (18) (e.g., health and social services, local business associations,

non-profit groups, community groups, emergency services); and were selected by the CTS External Advisory Committee.
The CTS External Advisory Committee selection criteria included samples from distinct sectors, diverse opinions and a broad range of knowledge, skills, experience, expertise, and perspectives.

Recruitment occurred via email with an invitation to participate and the letter of information and consent materials. Participation was voluntary. On the day of the session, the Interviewer reviewed the letter of information and documented each participant's informed consent before beginning the focus group questions. The focus group guide consisted of 11 content questions.

Municipal Partner Interviews

Three semi-structured interviews were conducted over two days in March 2023 with a Collective Results Interviewer. There was an open invite to all municipal partners to engage in the interview process. Municipal partners were identified as municipal councillors, mayors, directors, or managers. They also were required to be involved in community health decisions and planning the delivery of health services that meet the needs of communities. Since municipal approval is needed for the provincial CTS funding application, understanding municipal decision-makers perspectives in locations of interest is key to determining the local political state and buy-in for these potential CTS sites. (18)

Municipal partners were invited to participate by the CTS External Advisory Committee if they serve jurisdictions that were:

a) Identified as having the highest rates of substance use in the SWPH region by existing quantitative data sources.

b) Most frequently identified in CTS location questions from the PWLE interviews and community partner focus groups.

Recruitment occurred via email with an invitation to participate, the letter of information and consent materials. Participation was voluntary. On the interview day, the Interviewer reviewed the letter of information and documented the participant's informed consent before beginning the interview questions. The interview guide consisted of 14 content questions.

Community Survey

An online community survey was administered from February 22 to March 7, 2023 (14 days). The SWPH region community members were invited to complete the survey online if they were 18 or older, lived, worked and/or attended school in Oxford County, Elgin County, St. Thomas and/or Woodstock. The survey was promoted via SWPH's social media accounts and advertisements, posters/flyers in the community (e.g., libraries, recreation centers, municipal departments, etc.), website postings and a formal news release. Participation was voluntary, and consent was implied by answering the survey questions. It is worth noting that there were demographic differences between the community survey respondents and Census data (2021) of SWPH region's community members. (19) For additional details, please see Appendix A. In total, 547 community members completed questions in the survey.

The survey consisted of 16 content questions and 8 demographic questions. Questions related to the possible locations of CTS sites and preferred delivery models were determined by the results of the PWLE interviews and community partner focus groups.

Findings

This section presents findings associated with each of the study's objectives. Each objective presents a summary from each participant group and a consolidated summary of key themes. Not all concepts were included in each data collection method; therefore, some participant groups will not be listed within specific theme subsections.

The findings section will present the three study objectives and associated themes:

1. To determine if there is a **perceived need** for CTS in the SWPH region.
    - CTS Knowledge
    - Perceived Need of CTS
2. To assess the **buy-in and support** of CTS in the SWPH region.
    - Support and Buy-In
    - Helpfulness and Concerns of CTS
3. To examine the **models, operations, and practical components** of offering CTS in the SWPH region.
    - CTS Model
    - Services Offered
    - CTS Location
    - Facilitators
    - Barriers & Mitigation Strategies

Perceived Need for Consumption and Treatment Services

One of the study's main objectives was to determine if there is a perceived need for CTS in the SWPH region. PWLE, municipal partners and community members were asked about their current knowledge of CTS and if they felt there was a need in the local area for CTS.

CTS Knowledge

From the perspective of PWLE

Half of the PWLE participants knew what CTS sites were and, more specifically, about CTS sites in London, Toronto, and Vancouver. A few participants had been to other CTS sites, noting the importance of CTS sites in reducing the spread of infections, reducing overdoses, receiving new harm reduction supplies, testing substances before using them, and using substances in a setting with a nurse present.

> **"I have, I went to the one in London across from the men's mission shelter. I was impressed with the efficiency of it and the rules were easy to follow. It was amazing with how much safer you felt, and the level of confidence that if something was to go wrong, you knew you were in great hands. It was a big relief for people who use. It's stressful to lose people to overdoses, it's sad to see friends I had who repeatedly use gear over and over which can spread disease. Has been really effective from what I have seen."**
>
> *- From the perspective of a PWLE*

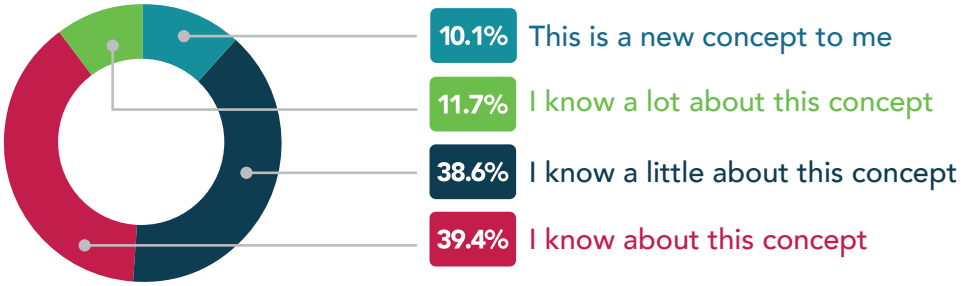
From the perspective of municipal partners

There was some awareness among municipal partner participants regarding the CTS and what it might offer to clients. This included access to wrap-around services and care for people with substance use disorders and/or mental health challenges. Lessons from other CTS were also discussed, including arguments for and against CTS sites, the lack of awareness of the additional benefits of the sites (e.g., reducing overdoses and public disorder, additional support services offered) and challenges other sites have encountered.

From the perspective of local community members

About four out of five community member respondents either knew about CTS or knew a little about CTS (Figure 6). Additionally, 10% of respondents indicated that CTS was a new concept.

Figure 6. Community Respondents CTS Knowledge (n=546)



Perceived Need of CTS

From the perspective of PWLE

Overall, most PWLE participants identified that their respective communities need a CTS. Participants spoke about the many overdose deaths in recent years and how the CTS can help reduce overdose-related deaths by having medical personnel (e.g., nurses) present. In addition, many clients would benefit from having other health and social services offered at the CTS. Participants also felt that CTS sites would provide an option for people who want to use substances in a hygienic space to help reduce the risk of infection. CTS sites would also be an enclosed space for precariously housed people to use substances, thereby reducing the use of substances in public spaces (e.g., parks) or public washrooms. Participants also discussed CTS sites providing people with the opportunity to be in the presence of others when using substances, as opposed to being alone. Furthermore, the CTS would benefit the general community because of the lower presence of public drug use and fewer instances of public disorder.

> **"Absolutely, 100%. Because I can't describe the amount of overdoses that I have seen. I have saved several people. A CTS would be great where medical staff can recognize signs of overdose quickly, they know what to look for, they won't panic when it happens. I've seen so many people panic and freak out when it happens. So to have people there already would save quite a few lives. It would be the difference between life and death. It is most definitely needed in this town."**
>
> *- From the perspective of a PWLE*

A few participants identified the need for CTS but said they would not use the site because they preferred to use substances alone.

> **"The communal vibe and the togetherness would be good [with a CTS]. A wall has been put up between the community and homeless. Have been painted with an exile brush because we are using [substances]. We are out of the eye of the community if we had a CTS to use. If they are not on the streets using or overdosing on the street. So for that to be removed from the community and the children, that would have a positive impact on how they would view homeless people, the stigma of [people who use substances]."**
>
> *- From the perspective of a PWLE*

From the perspective of municipal partners

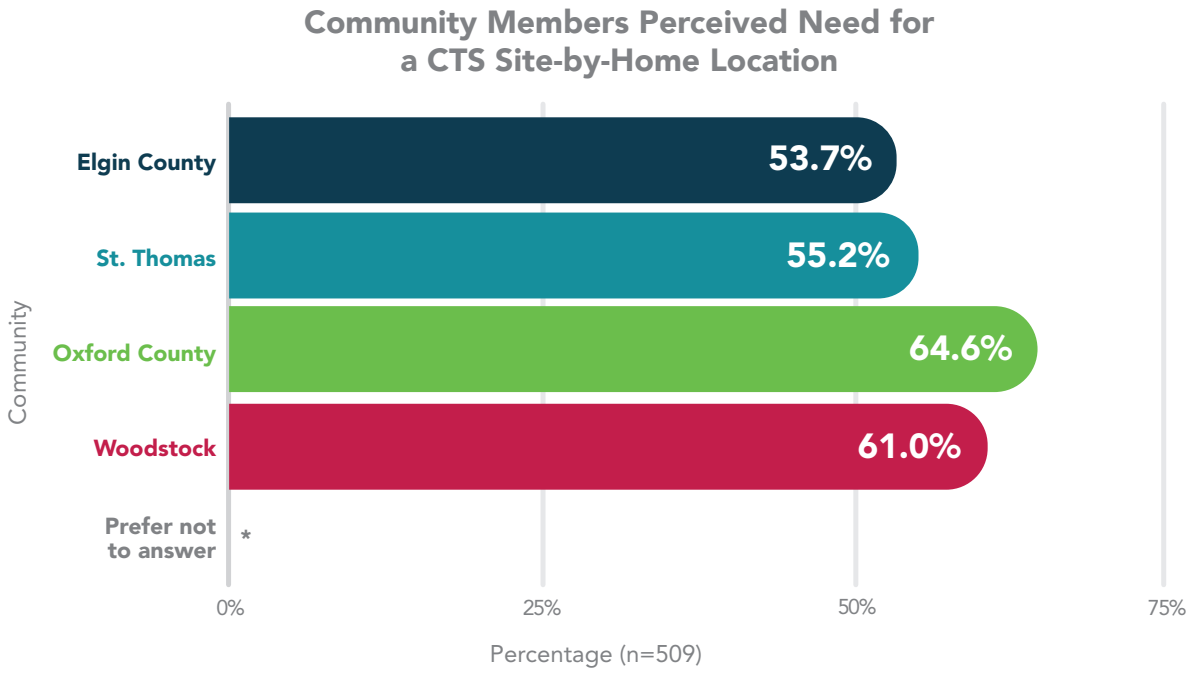
All municipal partner participants agreed that CTS is needed within the SWPH region. All participants talked about public substance use within the community, especially in streets, bank lobbies, and restaurant bathrooms.

Participants also noted a rise in the number of used harm-reduction supplies discarded in public spaces, a significant concern for first responders, service providers, and community members. They implored the value of CTS in benefiting not just people who use substances but all community members.

From the perspective of local community members

Almost all community member respondents (96%) felt there was a local drug issue. However, as depicted in Figure 7, slightly more respondents from Oxford (65%) and Woodstock (61%) felt there was a need for a CTS locally, compared to Elgin County (54%) and St. Thomas (55%). A common theme noted throughout the survey in open text boxes was the need for this service.

Figure 7. Community members perceived need for a CTS site-by-home location n=543



*Note. * Indicates the respondent count for this option was too small (<5) to be reported, therefore, protecting the anonymity of participants.*

Summary: Perceived Need

There is a perceived need among PWLE, municipal partners and the majority of community members who participated in this study. The most frequent reasons discussed for the need were to prevent overdoses and overdose-related deaths in the community, provide safe, clean spaces to use substances, and drop off used harm-reduction supplies in a safe way. Although there was a perceived need for local CTS in this study, not everyone who participated felt there was a need for or was knowledgeable about CTS.

CTS Support and Buy-In

Another main objective of the study was to assess the support and buy-in for CTS in the local area. Therefore, this section details findings related to willingness to use CTS, buy-in, support, ways CTS sites would be helpful for the community and concerns about CTS sites.

Support and Buy-In

PWLE and community partners were asked about potential clients' willingness to use CTS. Municipal partners were asked about community and political buy-in. Community members were asked about their support for a CTS site locally.

Willingness to use CTS

From the perspective of PWLE

Most PWLE participants said they or others they know would use CTS. They talked about having a place to go to use substances, especially in a clean space and away from the public. Some participants noted that it would be valuable for the winter when it is cold and difficult to use substances outside. Several participants noted the importance of drug testing (i.e., testing the composition of the substance before it is consumed safely) at CTS site(s). A few participants did not think they would use a CTS site because they preferred to use substances alone or they were trying to quit using substances. Some participants also wondered if the CTS/s site only had space for intravenous drug use or if inhalation substances would be permitted.

> **"Yes, I would definitely use this. I know a few of my friends would use it. Because it's safer with someone watching over me. I wouldn't trust very many of my friends to revive me if I overdosed."**
>
> *- From the perspective of a PWLE*

> **"I currently smoke drugs. I would likely use it, but don't inject drugs. Others who inject would likely use the CTS. You don't really know what's in the drugs. I care about my life, I care about others' lives. I would use [the CTS]."**
>
> *- From the perspective of a PWLE*

From the perspective of community partners

There was a consensus among community partner participants that people who use intravenous substances will likely use CTS. However, there will still be some people who prefer not to be in such a public space or to use intravenous drugs alone.

Political Buy-In

From the perspective of municipal partners

The municipal partner participants agreed that there would *likely* be buy-in from a majority of council members. **The participants stated that there was recognition among council members of** the value of CTS, particularly in seeing the challenge of homelessness within the various communities. While there may be buy-in for the CTS at this level, there might be difficult conversations about how to fund the CTS and whether the municipalities will need to invest money into CTS site(s).

> **"Many in the community would say this is great, but just not in my backyard. NIMBYism[IV] will raise its ugly head in this."**
>
> *- From the perspective of a municipal partner*

It was noted that mental health and addiction services have not traditionally been within the provision of municipalities, making it challenging to argue for increased funding from municipalities to contribute to the CTS. Thus, participants felt there needed to be discussions on the funding source for the CTS.

Community Support

From the perspective of municipal partners

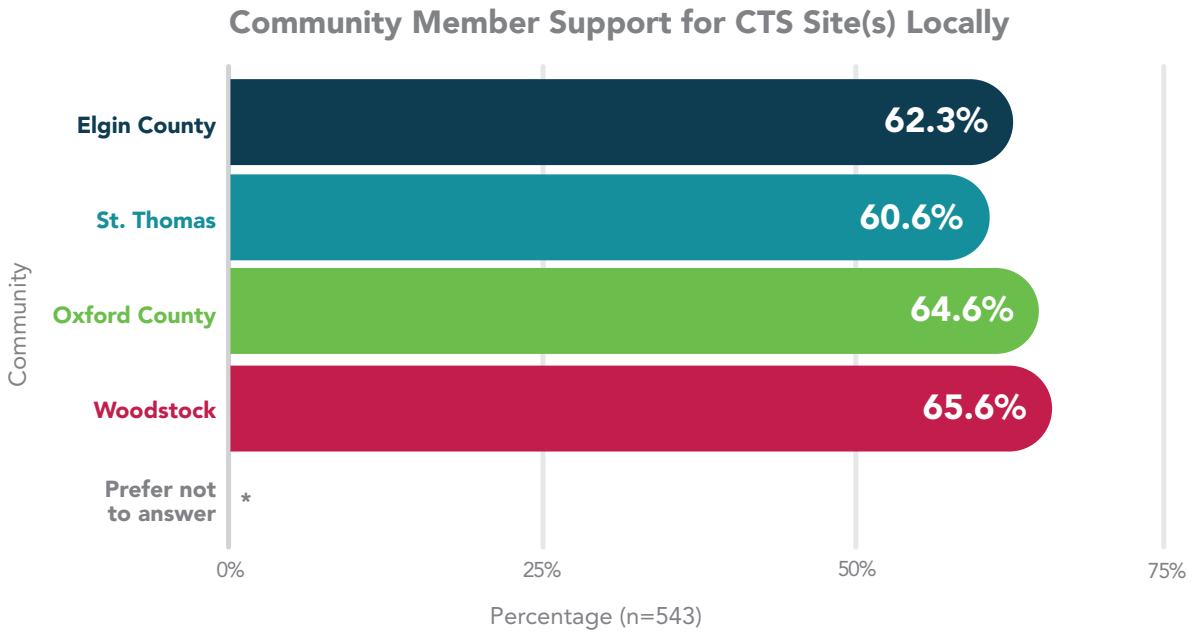
Participants identified that the community would likely support CTS in theory but not near them. Thus, the main challenge will be finding the right location for a CTS site(s). Participants suggested using other communities, such as London, as examples to show how CTS is working as part of the education about the CTS.

From the perspective of local community members

The majority of community member respondents supported offering a CTS in the local area, regardless of where they lived (61-66%, see Figure 8).

[IV] *Note.* NIMBY stands for the "Not In My Backyard" sentiment that may be expressed from community members to signify opposition to locating a harm reduction and/or treatment intervention within their own neighbourhood. Individuals may recognize the need for the service but have concerns or fears about what an initiative will bring to their neighbourhood. (20)

Figure 8. Community member support for CTS site(s) locally
n=509



*Note. * Indicates the respondent count for this option was too small (<5) to be reported, therefore, protecting the anonymity of participants.*

Summary: CTS Support and Buy-In

There was support for CTS site(s) locally across all participant groups. Both PWLE and community partner participants felt there would be the use of a CTS site(s) locally. There was also interest in using CTS site(s) for inhalation drugs. Both municipal and community buy-in or support was noted. These findings highlighted concerns about funding CTS site(s) and NIMBY-ism from the community.

Helpfulness and Concerns of CTS

To further support the objective of assessing the support and buy-in for CTS in the local area, PWLE, municipal partners and community members were asked how CTS would be helpful, concerns about CTS and mitigation strategies.

Helpfulness of CTS

From the perspective of PWLE

Overall, most participants thought CTS would benefit the community. They felt CTS would help provide a safe, clean space to use substances to avoid the use of substances in public spaces. This could lead to fewer instances of public disturbance, which might help reduce public stigma around substance use. Many participants felt that having staff trained to respond to overdoses and a non-judgemental attitude around substance use would be helpful. A few people identified that CTS site(s) could help prevent disease by having more opportunities to distribute new harm-reduction supplies (instead of reusing or sharing) and increasing awareness of what is consumed through drug testing. Some participants discussed increased access to resources and support for substance use (e.g., counselling, treatment) and education around harm reduction and substances.

> **"They won't have to be judged. They can go and hang out with their street family. Knowing that it's a safe place to go and there is trained staff there."**
>
> *- From the perspective of a PWLE*

> **"You're taught as a kid that you should worry about yourself, but I am concerned about other people. The CTS will help people stay alive. Every day is a good day above ground. Lives matter."**
>
> *- From the perspective of a PWLE*

> **"They would be off the street not using drugs on the street, the street would be cleaner. No more littering and leaving their stuff behind. Not enough disposable bins around anyways, so not enough areas to put it when they are done."**
>
> *- From the perspective of a PWLE*

From the perspective of Municipal Partners

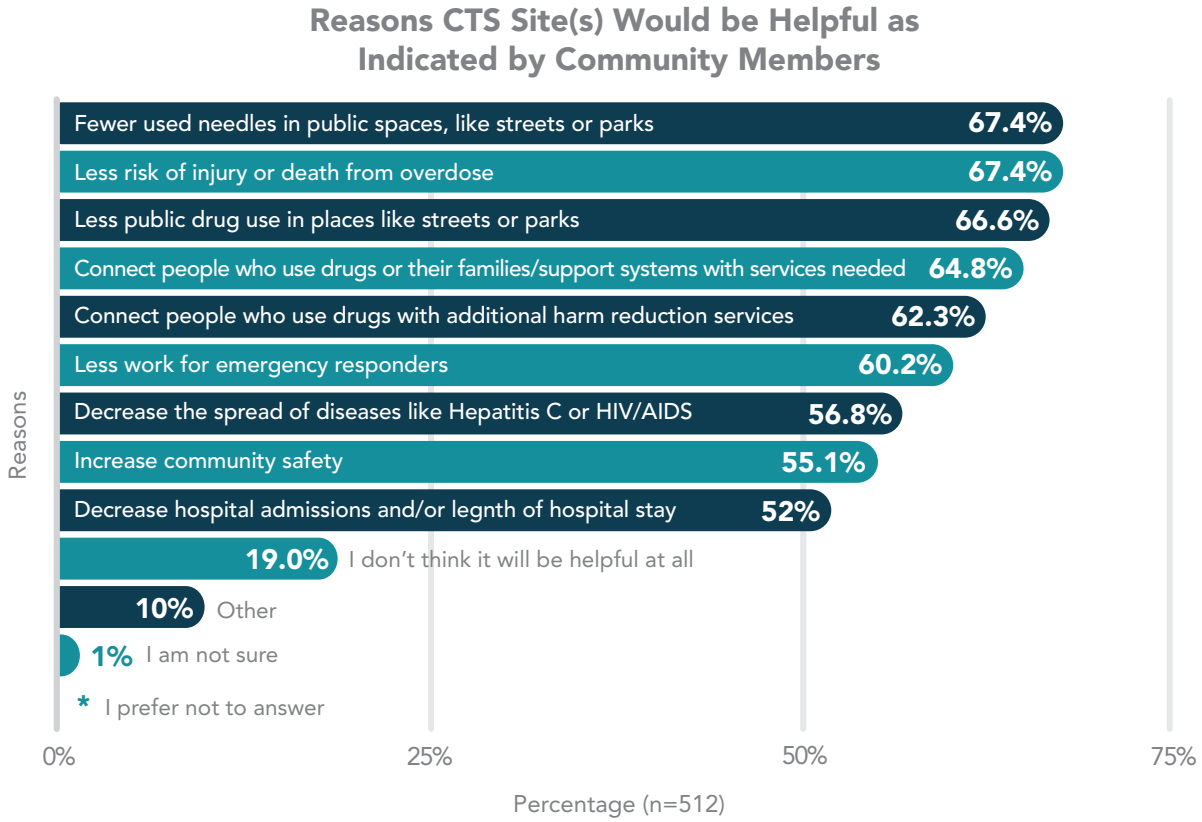
The municipal partners described individual-level benefits, such as having a safer place to go and use substances while being watched by trained professionals and reducing the likelihood of overdose, particularly in areas where no one could see and call for help. The value of individuals having a safe place to go who might feel ashamed about their substance use was discussed, which might help minimize the chances of using substances alone and potentially overdosing. Furthermore, CTS might offer substance use supports to help people better manage their use. Personal safety concerns were noted for people who use substances and have precarious housing situations (e.g., living in encampments). At the community level, participants identified a potential to reduce public disorder and lessened strain on the healthcare system and first responders (e.g., EMS, police) if overdoses were minimized.

> **“A person who is addicted may feel ashamed; [the CTS] would provide a place for them to get help. They don’t have to hide… that they do drugs. It would be helpful for families, who have family members who have addictions with the wrap-around services.”**
>
> *- From the perspective of a municipal partner*

From the perspective of local Community Members

As shown in Figure 9, community member respondents felt CTS sites would be most helpful in the local area by having: fewer used needles in public spaces, like streets or parks (67%), less risk of injury or death from overdose (67%); less public drug use in places like streets or parks (67%), people who use drugs or their families/support systems connect with services needed (65%), and people who use drugs connect with additional harm reduction services (62%). 19% of respondents felt a CTS would not be helpful. 10% of respondents indicated other ways it would be helpful, including destigmatizing substance use, providing dignity to people who use drugs and increasing social connections. Some respondents indicated they did not support a CTS site and that a treatment site would be better.

Figure 9. Reasons CTS site(s) would be helpful as indicated by community members n=512



*Note. * Indicates the respondent count for this option was too small (<5) to be reported, therefore, protecting the anonymity of participants.*

Summary: Helpfulness of CTS

Most participants felt CTS site(s) would benefit the local community. **The common reasons identified why CTS site(s) would help the community were related to the reduction of opioid-related deaths, bloodborne infections, and public use of substances; connecting people who use substances and their families to needed supports and services; bolstering the dignity of people who use substances; and reducing strain on the health care system and first responders.**

Some community members did not feel that a CTS site(s) would be helpful for the community and that a focus on treatment services would be better.

Concerns of CTS and Mitigation Strategies

From the perspective of PWLE

Concerns

Many PWLE participants did not see any concerns with having CTS in the community. Some participants discussed how community members might be against having a CTS in the community due to their lack of knowledge about the issues faced by people who use substances, concern for the potential increase in substance use or criminal activity in their community, or simply not wanting a CTS site near their homes. A few participants noted concerns about police presence around the CTS or being arrested for using CTS site(s). Regarding CTS site(s) operations, there were some concerns about where people would go if CTS site(s) were not open 24hrs, no one using CTS site(s), privacy concerns, age restrictions, potential increased access to substances, and normalizing substance use.

Mitigation

A few PWLE participants talked about providing education and awareness around what CTS is and the value of CTS (e.g., reducing disease transmission and harm reduction supplies in public spaces) to address the community's concerns about the presence of CTS site(s). For example, to ensure CTS site(s) are used by people who use substances, it would be helpful if it was located where other services already exist (e.g., shelter), ensure the privacy of people using the site(s), have security personnel enforce rules to maintain cleanliness and comfort for all clients and staff at CTS sites(s), have no police presence nearby, ensure no drug dealing occurs on-site or around CTS site(s), and ensure there are always trained staff available.

From the perspective of municipal partners

Concerns

The municipal partner participants identified concerns related to location, namely its accessibility for clients and its locality with residential neighbourhoods, businesses, and schools. Participants also discussed the

> **"We can't force someone to use it. Or they don't play by the rules and end up on the street and living in that unsafe environment. We're not going to be able to convince the public that it will put it out of sight out of mind. There will still be individuals who choose not to use this type of facility and use in a public space, so it's not going to suddenly take away the finding of sharps and other drug paraphernalia. We need to be honest with the public in that regard."**
>
> *- From the perspective of a municipal partner*

importance of providing realistic expectations about CTS (e.g., not everyone using substances will use the site(s). This could lead to ongoing concerns about public disorder. Another critical message noted is for clients to bring their substances to sites/s for use, and they will not have access to a safe supply of substances. Realistically, this means the concern around the drug poisoning crisis remains.
Another identified concern was about the client's well-being after they leave a CTS site (e.g., who will monitor how high they are when they leave the CTS, where their next destination is, and how they will get there if they are not sober enough to do so).

> **"Show what police or EMS or healthcare have seen. What have been the advantages and disadvantages? We can't just show the advantages and candy-coat things. We need to be transparent about it. Use success stories to build comfort. It's been something that has been talked about in a number of communities. People get pretty hesitant because they don't know what actually happens and are naive about it. Make sure we are transparent about all the aspects of a CTS and allow people to feel more comfortable."**
>
> *- From the perspective of a municipal partner*

Mitigation

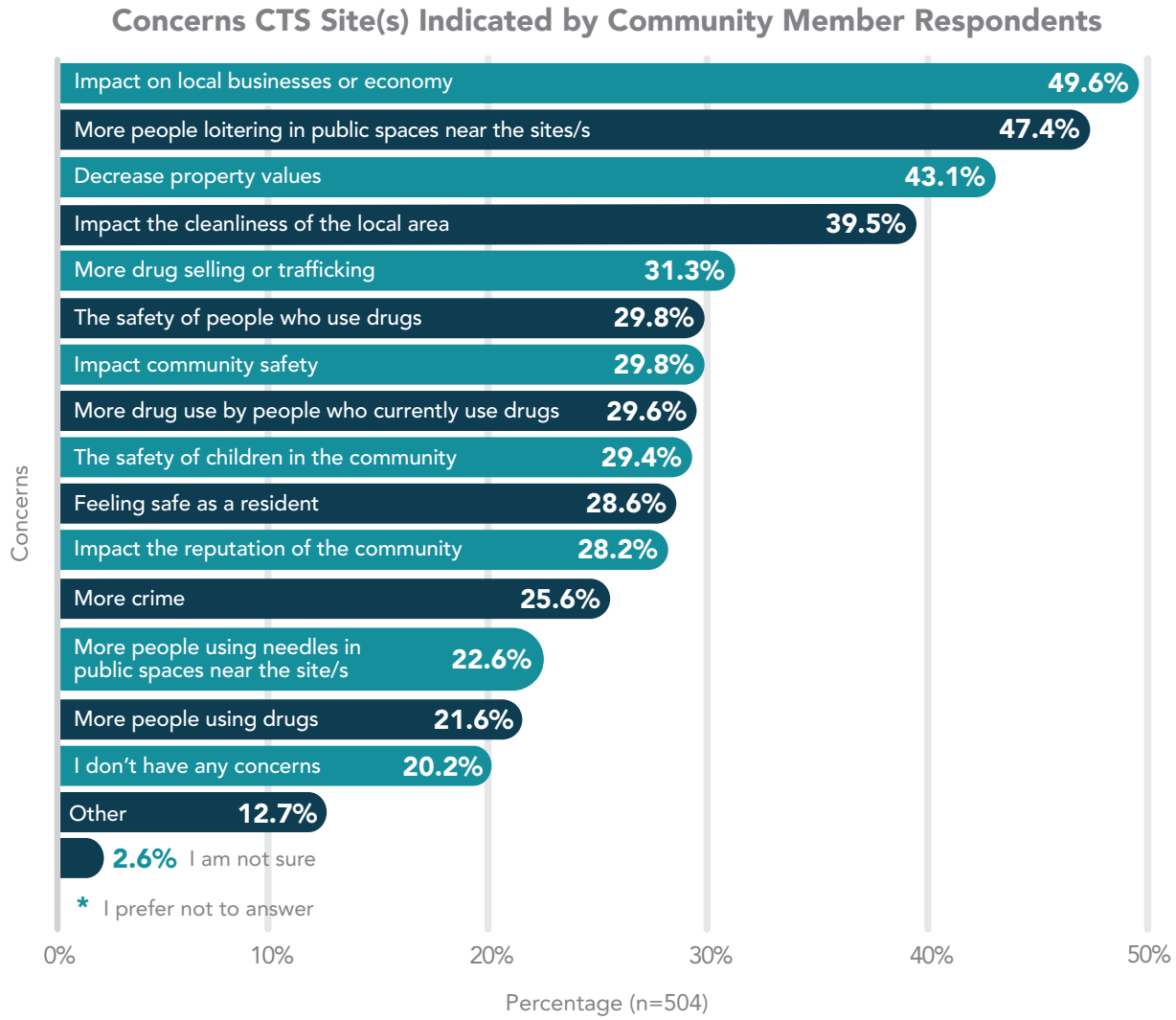
Municipal partner participants focused on community education, not being a one-sided view of why CTS is needed, with information about the CTS site(s), advantages, misconceptions, and realities of having CTS in the communities. First, this education should be gleaned from similar-sized communities with CTS site(s) to ensure people know what to expect. Second, community education should centre on substance use and the importance of harm reduction, mainly what harm reduction means for people with substance use disorders, as well as ways to reach out for help if you have a substance use disorder. Third, the value of community consultations with community members and businesses about the site and its location was also highlighted. Finally, they recommended that wherever the CTS goes, it needs to be integrated into the existing services within the community to be successful.

From the perspective of local community members

Concerns

As shown in Figure 10, the most frequent concerns identified by community member respondents about the possibility of CTS in the local areas were: the impact on local businesses or the economy (50%), more people loitering in public spaces near the sites/s (47%); decreases in property values (43%); and more drugs being sold or trafficked (31%). 20% of respondents indicated they did not have any concerns. 13% of respondents indicated other concerns, including choosing the right location and further stigmatization of people who use substances. Some respondents also felt that public dollars should be spent elsewhere. Additionally, common themes across open text boxes in the survey suggested concerns about increases in crime and lack of law enforcement, and this approach not actively addressing the root issues people using substances are dealing with.

Figure 10. Concerns of CTS site(s) indicated by community member respondents n=504

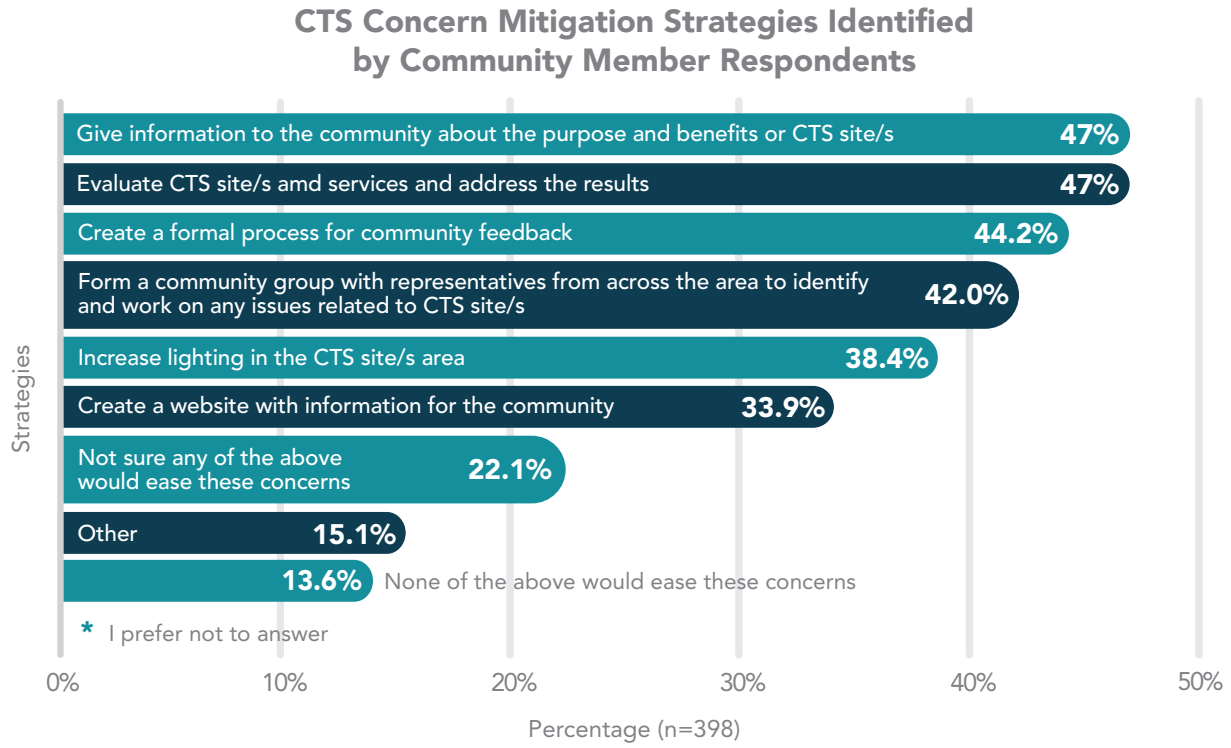


*Note. * Indicates the respondent count for this option was too small (<5) to be reported; therefore, protecting the anonymity of participants.*

Mitigation

As shown in Figure 11, the most frequent approaches identified by community member respondents to mitigate CTS concerns included: the evaluation of a CTS site and services and addressing the results (47%); giving information to the community about the purpose of the CTS site(s) (47%); create a formal process for community feedback (44%); form a community group with representation from across the area to identify and work on any issues related to the CTS site(s) (42%); and increase lighting in the CTS site(s) area (38%). In addition, 15% of respondents indicated other mitigation strategies, choosing the right location and implementing safety measures in and around the site. Some respondents also expressed that they were not supportive of CTS and that there should be a focus on treatment instead.

Figure 11. CTS concern mitigation strategies identified by community member respondents n=398



*Note. * Indicates the respondent count for this option was too small (<5) to be reported; therefore, protecting the anonymity of participants.*

Summary: Concerns and Mitigation

Of the participants who did identify concerns about the CTS site(s), **the most noted were related to lack of buy-in from community members; choosing the suitable locations for clients, the community and businesses; more drugs being sold; and more loitering and drug use in public spaces close to the CTS site(s). PWLE were also concerned about police presence around the site, accessibility to the site and privacy.**

Some community members were also concerned about spending public dollars on this service.

Mitigation strategy recommendations included **community-wide evidence-based education and awareness; integration with other supports and services; maintaining the safety and privacy of clients; community consultations and feedback; and ongoing evaluation of the CTS site(s) with an assigned group to remediate any issues.**

Operational Components

The final study objective examines the models, operations, and practical components of offering CTS in SPWH's region. This section will detail findings related to preferences for the CTS model and set-up options, suggested services offered and agencies involved, PWLE involvement, ideal locations, and facilitators and barriers to making potential local CTS sites successful.

CTS Model

All participant groups were asked what CTS model would best fit the region. In addition, PWLE were explicitly asked how the site(s) could be set up and operated.

Types of models

- Stand-alone - distinct facility with majority of resources dedicated to services. (3)
- Integrated - services are offered as one aspect of broader health and harm reduction. (3)
- Embedded - embedded within other settings such as hospitals and shelters. (3)
- Mobile-outreach - a modified van or bus that can move to different locations .(3)
- Women-only - address the unique barriers for women. (3)

From the perspective of PWLE

Type of model

PWLE participants recommended an embedded CTS site(s) that offers harm reduction, health services, and social services housed within an existing organization/agency offering services (e.g., shelter, Community Health Centre), or a mobile outreach via van or bus.

Layout options

Many participants liked having booths or individual rooms for privacy reasons. However, several participants also suggested a mix of open spaces, booths, and/or individual rooms because people have various preferences regarding using substances and the presence of others they may or may not be familiar with.

> **"All of it; some people like using in a group, some people don't like to use in front of others. Some open space and some private. Some people do [drugs] for the social part."**
>
> *- From the perspective of a PWLE*

Creating a welcoming, safe and accessible space

Some participants identified the importance of having a non-judgmental and friendly staff, including peers and those who have used substances in the past, who might be able to handle difficult situations. Participants also identified wanting music, TV, and recreational activities (e.g., computers) available for people to relax. A few participants mentioned having comfortable furniture and welcoming decor to make the space feel less sterile.

Some additional suggestions focused on basic needs, like food and snacks, clothing, and a shower. The importance of no police presence was highlighted to help people feel at ease within the CTS site.

Hours of operation

Many participants suggested that CTS site(s) should be open 24/7. Some participants recognized that this might not be realistic and recommended that the hours of operation at least span the afternoon into the late evening (i.e., midnight). Only a few participants identified the regular business hours (9 am-5 pm) but explained that those hours could be during the trial period and see what hours would be ideal. The importance of consistency in the hours of operation was highlighted.

From the perspective of community partners

The most common site recommended was an embedded model, with clients accessing many services in one location. The CTS site(s) should be large enough to house various services, including harm reduction services, mental health care, addiction medicine/treatment, primary care, and social services. Housing support and/or safe beds were noted as useful. It was suggested that the CTS site(s) could be embedded within other existing services, like the Community Health Centre. The participants also discussed a mobile unit for smaller, rural communities.

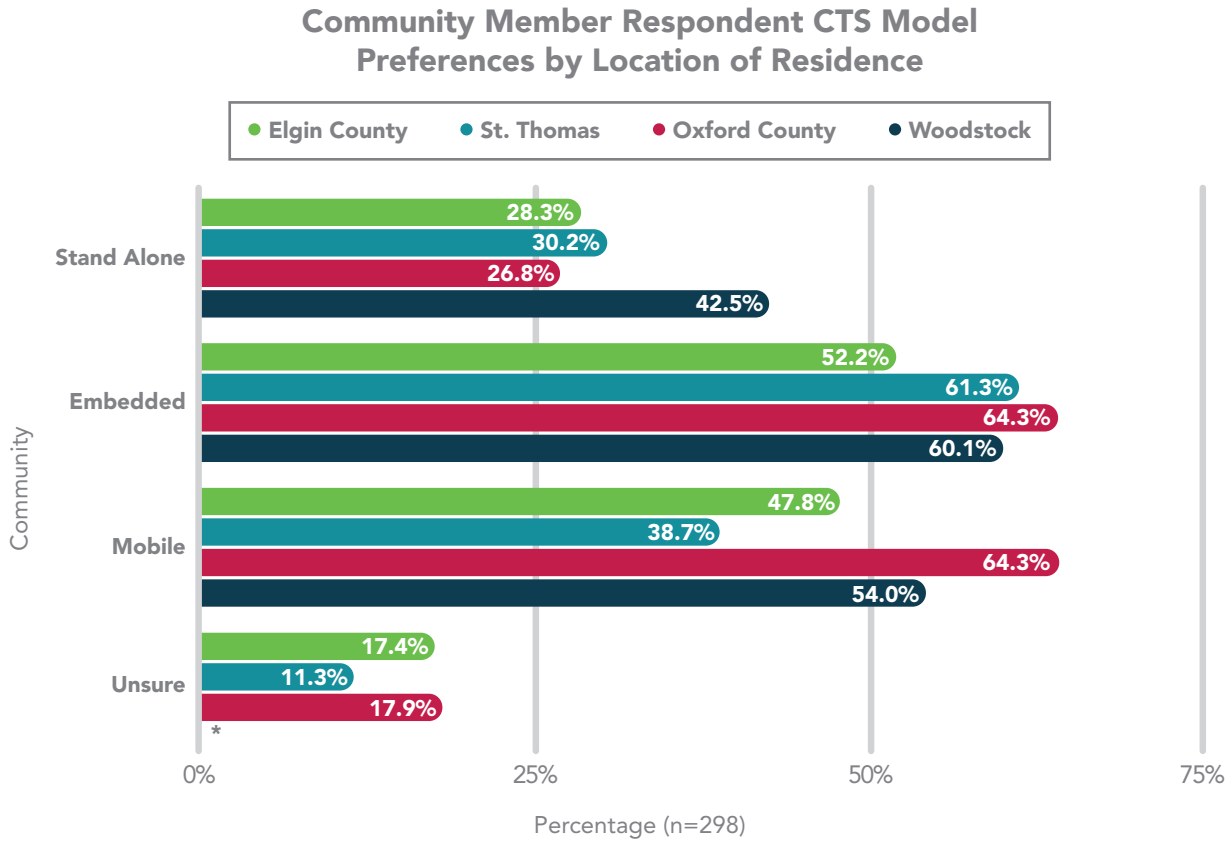
From the perspective of municipal partners

Participants supported an embedded model (e.g., with a shelter, Community Health Centre, SWPH) and a mobile outreach model (e.g., for smaller communities). However, there was concern about being connected to the hospital because it is not in an accessible location, and some individuals with a history of healthcare system trauma may not feel safe there.

From the perspective of local community members

As displayed in Figure 12, respondents across both rural and urban areas in the region showed a preference for the embedded model (52-64%), with the respondents in rural areas of Elgin County and Oxford County also indicating a preference for the mobile model (48% and 64%, respectively). These findings were corroborated in numerous survey responses across open text boxes.

Figure 12. Community Member Respondent CTS Model Preferences by Location of Residence N=298



*Note. * Indicates the respondent count for this option was too small (<5) to be reported; therefore, protecting the anonymity of participants.*

Summary: Model

There was a strong preference for the embedded delivery model, with the option of a mobile model for outreach in rural areas in Elgin and Oxford Counties. To make the site welcoming and comfortable for clients, PWLE suggested a mixture of open and individual spaces, non-judgmental staff, no police presence, comfortable furniture, and recreational and entertainment activities. Operating hours should either be 24/7 or afternoon into the late evening.

Services Offered

PWLE and community partners were asked which services should be offered at a CTS site(s). Community Partners were also asked which agencies should be involved in the CTS site(s).

From the perspective of PWLE

Many participants identified a need for outreach or on-site mental health care, including counsellors and psychiatrists, to manage psychosis or personality disorders. A few participants suggested a peer education/day program to manage substance use or alcoholics anonymous/narcotics anonymous meetings on-site. Many individuals identified a need for various social services on-

site (e.g., housing, ODSP, OW, ID clinic, employment, and education/job skills training), health care (e.g., STI testing), and harm reduction services (e.g., testing the drugs before consumption, distribution of harm reduction supplies). Many participants also identified a need for treatment for substance use disorders (e.g., Methadone, Suboxone, Sublocade) and a detox centre. A few participants thought food and clothing donations would be helpful.

From the perspective of community partners

The programs and services identified include outreach supports, system navigation, ID supports, housing and shelter services, mental health care, addiction counselling, addiction medicine/ treatment, detox centre, narcotics/alcoholics anonymous, primary care (testing/treatment), life/ job skills training, employment services, legal clinic, OW, ODSP, as well as Indigenous and spiritual supports. Other resources include access to food, showers, harm reduction supplies (e.g., harm reduction supplies, naloxone), drug testing, STI testing, and wound care.

Community partner participants suggested the following agencies should be involved in CTS sites/s:

- Shelters
- Community Health Centers
- Rapid Access Addiction Medicine (RAAM) clinic
- Addiction services
- Police
- Paramedics
- Hospital
- Food security services
- Housing supports
- Neighbourhood groups
- Getting identification
- Access to primary care (nurse practitioner)
- Community Paramedicine programs: support for wound care, vaccinations, COVID testing, etc. (especially in considering a mobile unit)

> **“If people want help, they should get help immediately. If they are told to come back later then they are more likely to go out and endanger themselves. If people are asking for treatment, they need it right away.”**
>
> *- From the perspective of a PWLE*

Summary: Services Offered

Additional services and supports were identified as a need at CTS site(s). A range of services was suggested, including mental health support, peer education support, social services, primary health care, harm reduction services, basic needs supports, treatment services, Indigenous support and spiritual support.

Peer Involvement

PWLE and community partners were asked how peers could participate in the CTS site(s).

From the perspective of PWLE

Participants suggested providing volunteer or work opportunities at the CTS site(s) for peers focusing on providing peer support and sharing success stories. It was also suggested that engaging PWLE to gather ideas for the site(s) (e.g., decor, activities, resources) and ongoing feedback on what would or would not work, how the site(s) are running and what could be improved would be useful.

From the perspective of community partners

Community partner participants suggested involving peers in a peer mentorship program, peer support opportunities and providing word-of-mouth marketing support. Peers could also build harm reduction kits, do advocacy work, participate on committees, and provide feedback. Ideally, these peers would be paid staff, but volunteer positions could also be provided. CMHA's peer training and engagement program exists and could be learned from.

> **"People who would volunteer to come and help if there was something to give them feedback. Get feedback from clients on how helpful the staff were, did they answer their questions, etc. If volunteers get good feedback, they would be more likely to help out and maybe get hired and advance. It can kickstart a career for the volunteer, a reward system to help climb the ladder and advance in a career to help others. For a recovering [substance user], the feeling of helping others is very fulfilling and gives purpose. It could be something that helps our own lives to have room for advancement as a reward for encouraging volunteer[s]. They would dedicate themselves to helping other people. Help them find something they were meant to do. It could lead to a career maybe. They want to help others get through their addiction."**
>
> *- From the perspective of a PWLE*

Summary: Peer Involvement

There was a lot of support for peer involvement in the CTS site(s) in either a paid or volunteer position. Involvement activities suggested included peer support or mentorship programs, advocacy, building harm reduction kids and engagement in the development and ongoing refinement of the site(s).

CTS Location

Please note that no decisions have been made regarding potential locations for a possible CTS site. There will be a need for further consultation regarding locations, and these consultations will need to involve PWLE, community members, business owners, local decision-makers, and other groups of interest.

All participants were asked about ideal locations for CTS site(s) in the local area. The locations presented in the community members survey were based on the PWLE interviews and community partner focus group findings.

From the perspective of PWLE

Almost all PWLE participants suggested 1-2 sites in their respective communities. Table 1 details the most common location suggestions.

Table 1. CTS site location suggestions from PWLE

Oxford County & Woodstock

1. **Downtown Central Woodstock** (Dundas & Huron)
2. **Downtown West Woodstock** (SWPH/CMHA/OW)
3. **South-West Woodstock** (Hwy 59 & 401)
4. **North-East Woodstock** (Devonshire & Clarke)
5. **Ingersoll**
6. **Tillsonburg**

Elgin County & St. Thomas

1. **Downtown Central-West St. Thomas** (near the Inn)
2. **North-East St. Thomas** (Burwell & S Edgeworth)
3. **South-East St. Thomas** (near Elgin Centre Mall)
4. **Downtown West St. Thomas** (Talbot & Elgin)

From the perspective of community partners

The most common locations suggested by community partner participants focused around the downtown areas of the City of St. Thomas and the City of Woodstock. It was recommended that the site(s) be easily accessible but not on the main street (i.e., perhaps a side street). This latter suggestion might appease some business owners while providing some privacy for clients to visit. As mentioned in the Model section above, an embedded model with other programs and services in a location where people already go for programs and services is ideal. Other ideas included being somewhere on a bus route and/or in an abandoned church. Participants discussed a mobile unit for the smaller municipalities but highlighted the challenge of clients not knowing where the mobile unit would be each day.

From the perspective of municipal partners

Municipal partners suggested putting CTS within the current shelters, the SWPH buildings, Community Health Centres, or an existing medical centre. It was also recommended that CTS be integrated with existing infrastructure to manage the costs.

From the perspective of local community members

As mentioned, the locations presented in the community members survey were predetermined through an iterative process from the PWLE interview and community partner focus group location findings.

Elgin County & St. Thomas

Image 1 illustrates potential St. Thomas location options presented to community members.

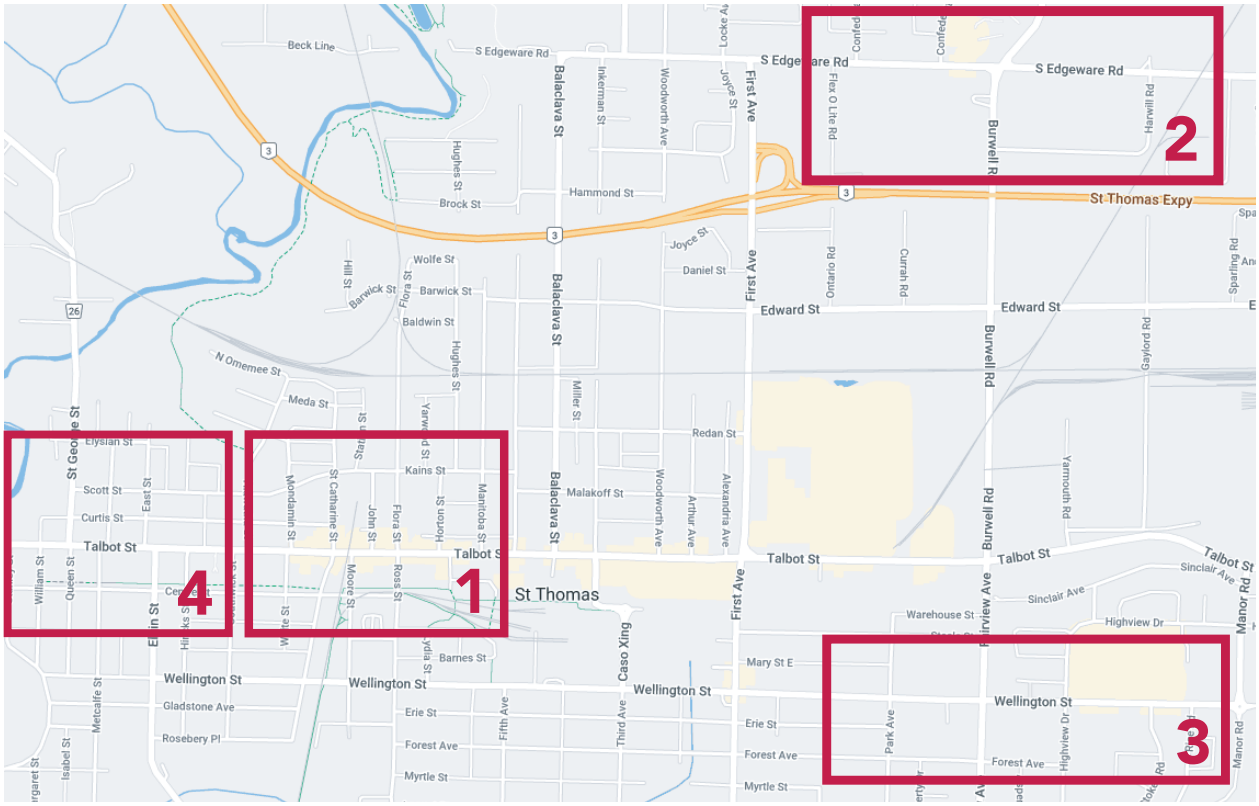
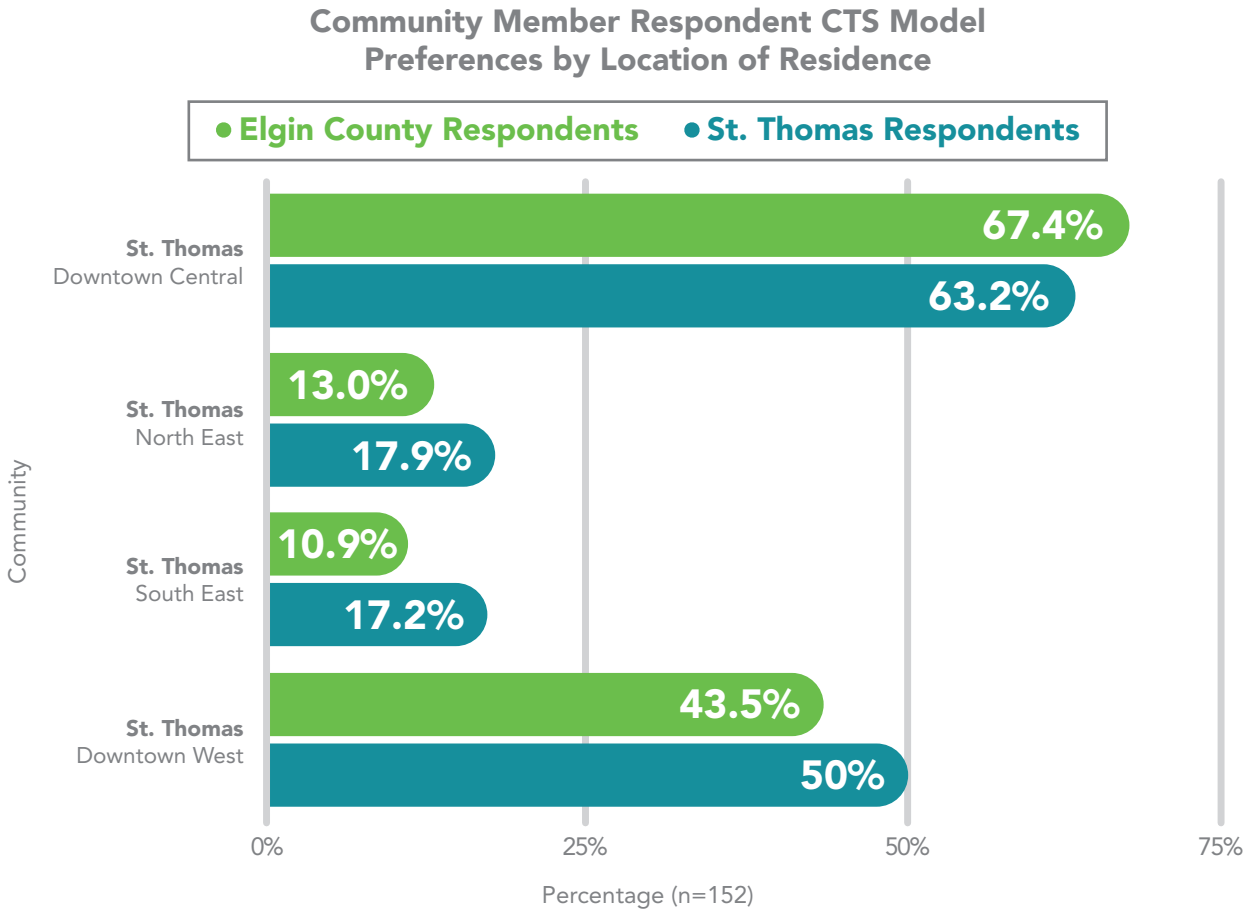


Image 1. St. Thomas location options presented in the community members' survey.

Elgin County and St. Thomas survey respondents preferred locations in the downtown area of St. Thomas, with more support for St. Thomas Downtown Central (67% and 63%, respectively; see Figure 13).

Figure 13. Preference of potential CTS site(s) locations indicated by Elgin County and St. Thomas, community member respondents
n=152



Oxford County & Woodstock

Image 2 illustrates potential Woodstock locations options presented to community members and Ingersoll and Tillsonburg in Oxford County.

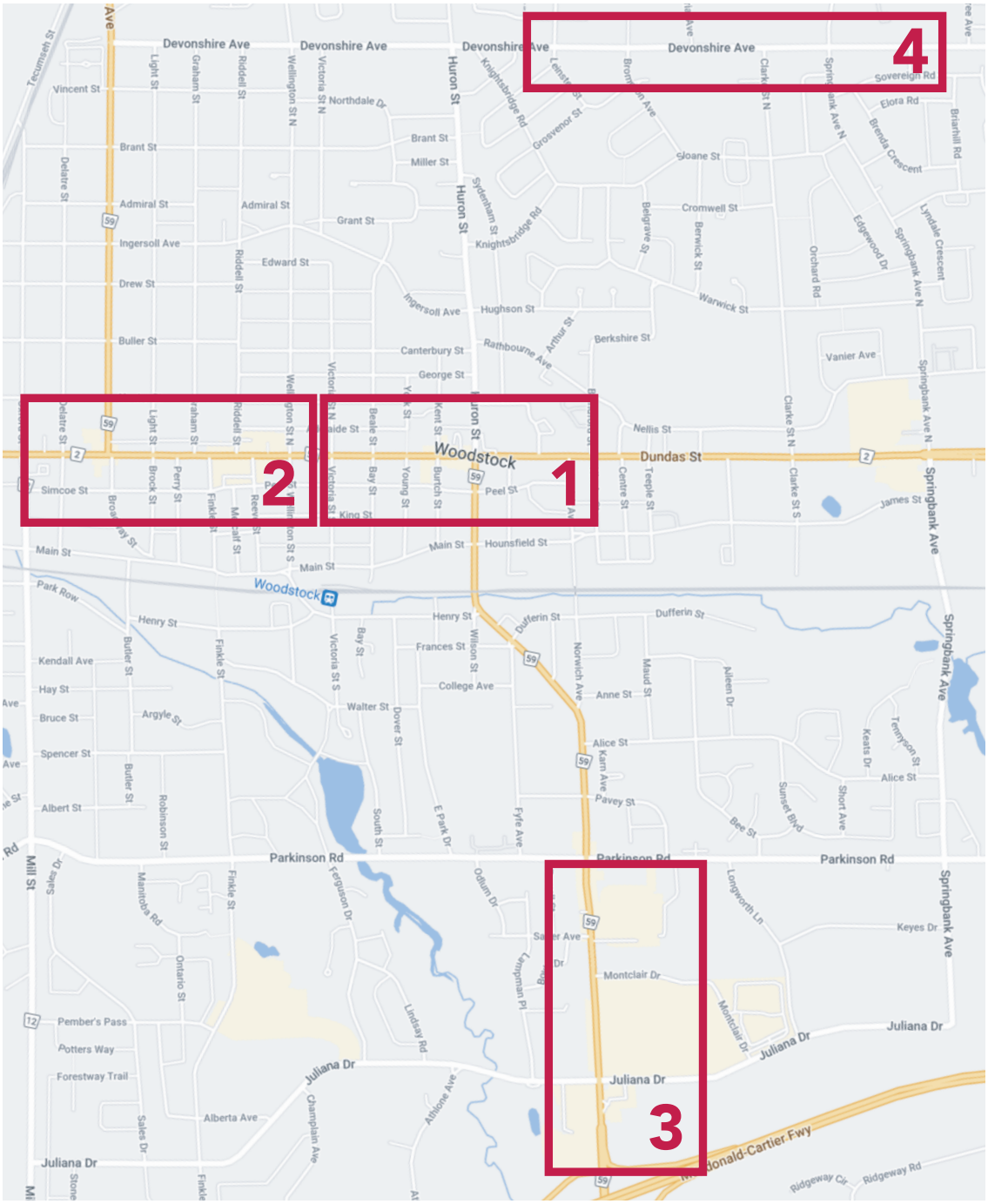
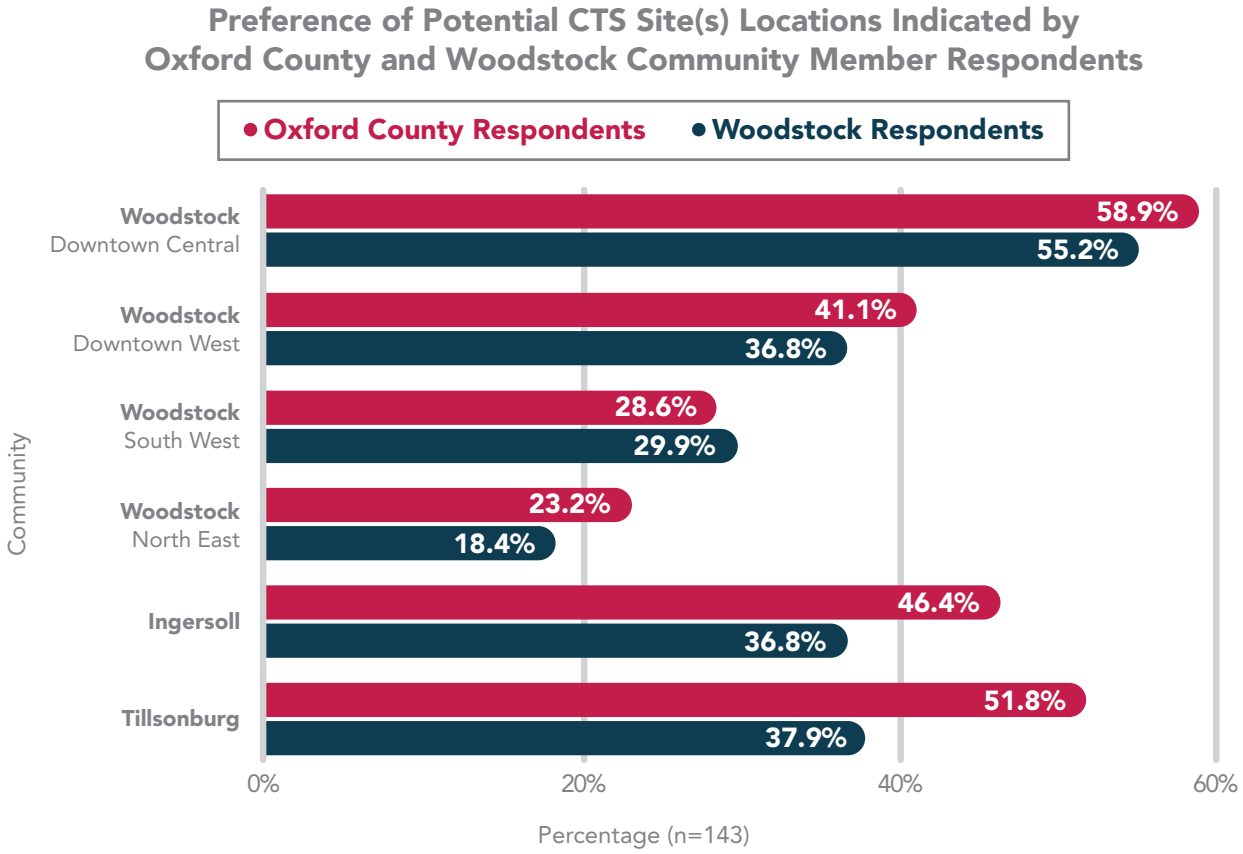


Image 2. Woodstock location options presented in the community members' survey.

As displayed in Figure 14, Oxford County and Woodstock survey respondents preferred locations in the central downtown area of Woodstock (59% and 55%, respectively). About half of Oxford County survey respondents indicated that Ingersoll and Tillsonburg would be good locations for CTS sites (46% and 52%, respectively).

Figure 14. Preference of potential CTS site(s) locations indicated by Oxford County and Woodstock community member respondents
n=143



In addition to the survey question about specific location areas in the community, survey respondents frequently commented about ideal location considerations in open textboxes throughout the survey. Common themes presented included: avoiding school zones, residential areas, high concentration of businesses, public spaces (e.g., parks) and downtown areas; choosing the right location for clients that is accessible either via active transportation or near a bus route and protects privacy; and common location suggestions (i.e., SWPH buildings, the hospital). One dominant common theme throughout the survey was empowering potential clients to choose their ideal location.

Summary: CTS Location

All participant groups indicated the central downtown areas of St. Thomas and Woodstock as the best locations for CTS site(s), with the caveat of not being on the main street. As for rural communities, Ingersoll and Tillsonburg were also highlighted as ideal locations, in addition to a mobile facility. Additional suggestions included avoiding schools, public spaces, and residential and business areas and ensuring locations are accessible and protect privacy. Finally, participants felt potential clients should choose the CTS site location to ensure uptake.

Facilitators

All participant groups were asked what approaches would ensure the CTS site(s) meets the local community's needs.

From the perspective of PWLE

Some participants focused on having non-judgemental, knowledgeable staff in a comfortable, welcoming space and not sterile like an office. A few participants discussed the physical location being in/near other services or somewhere easily accessible (e.g., on a bus route) with privacy considerations (e.g., door not visible from the road). Many participants discussed having other services available on-site (e.g., detox centre, treatment, testing drugs before consumption, sexually transmitted infections testing, harm reduction supplies, psychiatric and other mental health care); recreational activities and classes on-site (e.g., art classes, tv, lounge); and offering necessities (e.g., shower, snacks, meals). Word of mouth and other advertising was highlighted as essential to ensure awareness among potential clients of the CTS. A few individuals identified the importance of having rules/boundaries and security to enforce them (e.g., no weapons, no drug dealing) and not having a police presence nearby.

From the perspective of community partners

Community partner participants discussed several approaches that could contribute to the success of potential CTS site(s) locally. Participants felt that ongoing education to the community to address stigma and misconception, highlighting success stories within the sites/s and community engagement with community members and business owners was important. Participants also suggested creating a comfortable and welcoming space for clients that maintains privacy, builds trust with clients, and establishes appropriate guidelines for using the site(s). It was also suggested that clients be treated with dignity and respect in their interactions.

> **"Law enforcement is a big deterrent. Confidentiality should be part of it. No matter what goes on here, it stays here. Don't have to worry about the police. Could enter one way but leave out the back another way so they don't see you leave. People won't see you leave. We aren't proud of being [substance users], so it would be great to have a private entrance and exit. That would be great. Confidentiality is huge!"**
>
> *- From the perspective of a PWLE*

> **"As long as people are there that won't judge, and they will make people feel welcome and not judged. If people feel judged, they won't come. Need people who have been there [have used drugs] and they understand us. It gives hope to people to see that it can be done, it is possible to be successful."**
>
> *- From the perspective of a PWLE*

> **"As long as the word was out that it was coming, people would tell others who would use it. Location is a really big thing, depending on where they would put it would depend on how many people will use it. If it's more centralized it would help, people don't want to go too far away for it."**
>
> *- From the perspective of a PWLE*

This includes hiring staff who are trained, appropriate for the role, culturally sensitive, and, if possible, have lived experience with substance use. Finally, participants recommended a partnership model for offering services to ensure wrap-around services are present for clients, peers, and staff (harm reduction services, sharps disposal, mental health services, addiction services, social services, primary care, wound care), with ongoing support from a system navigator role for clients.

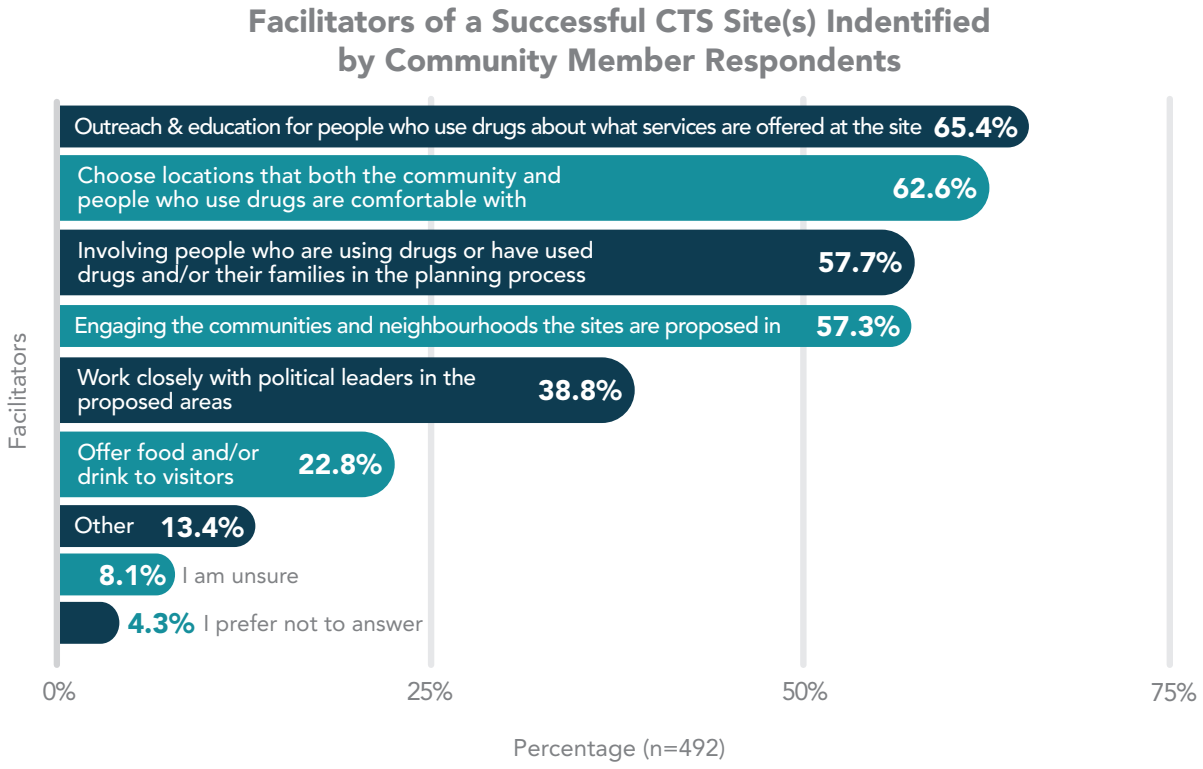
From the perspective of municipal partners

Municipal partner participants discussed the importance of community education and engagement throughout the process to ensure all concerns are raised. This also includes the engagement of decision-makers and community organizations that might support and provide care for people who use substances. Some potential partners identified were churches, hospitals, SWPH, politicians, municipalities, businesses, and shelters. In addition, CTS site(s) should be embedded with existing programs and services to ensure client privacy. In this approach, clients could visit the site for community programs or services (e.g., CTS, mental health, primary care, housing, employment).

From the perspective of local community members

As shown in Figure 15, the most frequent approaches identified by community member respondents to facilitate the success of potential CTS site(s) were: outreach and education to people who use drugs about what services are offered (65%), choosing locations that both the community and people who use drugs are comfortable with (63%); involving people who are using or have used drugs and/or their families in the planning process (58%); and engaging the communities and neighbourhoods the sites are proposed in (57%). In addition, 13% of respondents indicated other facilitators, including choosing the right location and making the site welcoming to clients. Some respondents felt that CTS site(s) should not be opened locally.

Figure 15. Facilitators of a successful CTS site(s) identified by community member respondents n=492



Summary: Facilitators

The most common facilitators for success identified across groups were engagement in planning and location selection (PWLE, community members, community partners, decision makers); **education for PWLE and community members on CTS site(s) purposes, reducing stigma and addressing misconceptions; and creating CTS site(s) that are accessible, welcoming, and meet all clients with dignity and respect.** This includes ensuring the privacy and comfort of clients with non-judgmental, experienced staff and comprehensive wrap-around services and supports for clients to access.

Barriers & Mitigation Strategies

All participant groups were asked about anticipated obstacles and mitigation strategies if a CTS site(s) was opened locally.

Barriers

From the perspective of PWLE

Almost all PWLE participants offered barriers regarding community, operational, and individual factors that might make it challenging for CTS to succeed locally. The community factors related to concerns about police presence, community protests, increased vandalism, and substance use in the neighbouring communities. The operational factors included the location and accessibility of the CTS site, poorly trained and judgemental staff, restrictions, and limitations for engaging in CTS sites/s, limited hours of operation, and lack of privacy and confidentiality. Some people described individual factors, including lack of safety within CTS site(s), clients' disrespect for people and property during the use of the site(s) and lack of awareness about CTS and what it has to offer.

> **"Judgement. Any sort of comments from staff. Staff need to be sensitive. Some clients may have mental health issues, so paranoid or depressed. If a staff member isn't well trained to deal with someone with mental health issues, one bad interaction could deter that person from coming back again. They might feel embarrassed."**
>
> *- From the perspective of a PWLE*

> **"People might be afraid of being set up [for arrest], afraid of cops showing up. They would need to feel safe from being arrested."**
>
> *- From the perspective of a PWLE*

From the perspective of community partners

Barriers discussed among community partner participants focused on the community's misconceptions about CTS site(s) and the operational aspects of CTS site(s). Many possible misconceptions were identified, including the purpose of harm reduction, what is provided at CTS site(s) and potential impacts of CTS in a community (e.g., vandalism, increased harm reduction supplies, use and drug dealers in the neighbourhood) and detrimental impact on businesses. This may lead to increased stigmatization of people who use substances, lack of community support and possibly community protests at CTS site(s). This will impact the safety of people who might want to visit/use the site.

Concerning the CTS operations, common barriers mentioned included poor location choice, accessibility to the location by clients and EMS, improperly trained, unempathetic staff with judgmental attitudes, limited hours of operations, and lack of safety and privacy. Other concerns relate to the kinds of programs and services offered at the CTS. For example, many community partners note that a place to use substances alone would not be enough to get people into CTS locations. Additionally, the presence of police in CTS site neighbourhoods was noted as a concern that could cause the fear of entrapment by police.

From the perspective of municipal partners

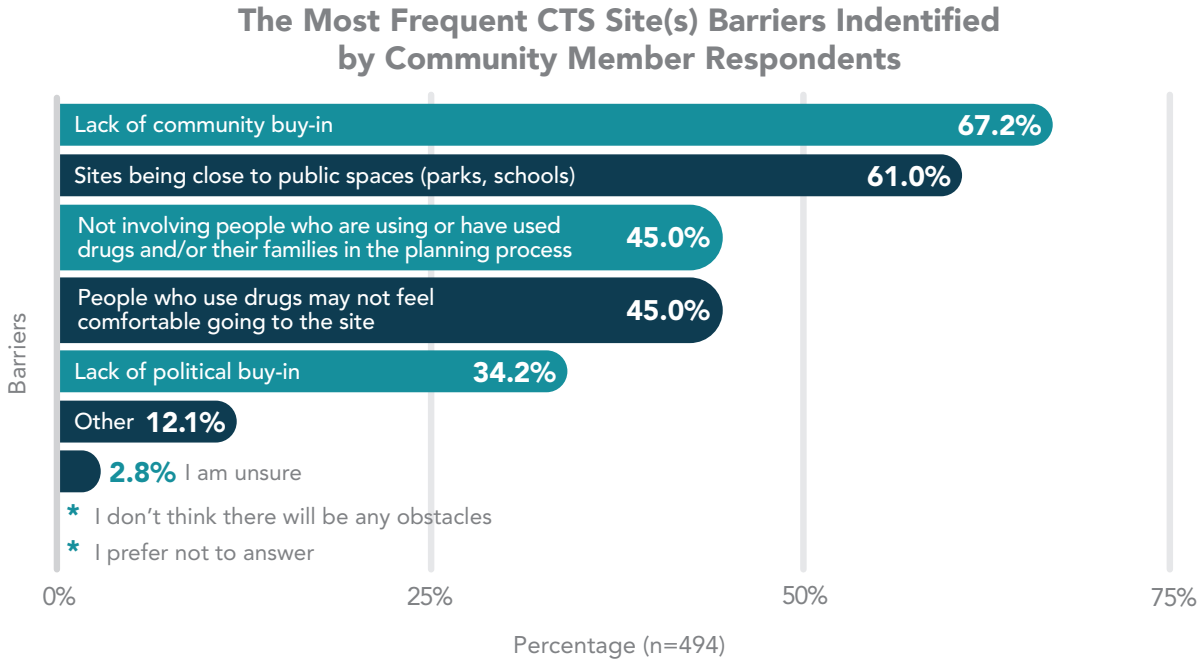
All municipal partners identified challenges with CTS site(s) being easily accessible for clients while not in a busy location that could deter businesses from operating. Some initial adjustment period may be needed to ensure potential clients know that the CTS exists, where it is located, how it works, and that it is a safe place to use. Another concern might be related to people who are intensely against CTS, which might prevent potential clients from feeling safe visiting CTS site(s) (e.g., harassing clients).

> **“Barriers in getting people there, getting it noticed, and people in the community that are very much opposed to a CTS. There are a lot of people that think this is an ‘encourager’ for people to use drugs. It would be a barrier to get through this mindset.”**
>
> *- From the perspective of a municipal partner*

From the perspective of local community members

As displayed in Figure 16, the most frequent CTS site(s) barriers identified by community member respondents were lack of community buy-in (67%), sites being too close to public spaces, like schools and parks (61%), not involving people who are using and have used drugs and/or their families in the planning process (45%) and people who use drugs may not feel comfortable going to the site (45%). Twelve percent (12%) of respondents suggested additional barriers, including choosing the right location, impacts on residents and businesses, more people using substances locally (residents and people relocating) and the fact that this approach does not address treatment.

Figure 16. CTS barriers identified by community member survey respondents n=494



*Note. * Indicates the respondent count for this option was too small (<5) to be reported; therefore, protecting the anonymity of participants.*

Barrier Mitigation

From the perspective of PWLE

The primary barrier mitigation suggestions from PWLE participants focused on building trust with people who use substances to ensure they feel welcomed and encouraged to continue visiting CTS site(s). This includes raising awareness about the CTS and what is offered at the site, having staff use non-judgmental practices when engaging with clients and maintaining the confidentiality of clients (e.g., using initials/nicknames rather than real full names).

From the perspective of community partners

Public education campaigns as part of the launch of the CTS were a main suggestion from community partner participants. This could include simple facts, infographics, and other communication strategies to inform the public about a CTS, the community benefits, and address misconceptions. In addition, part of this work could involve community champions to support the elimination of stigma within the community.

To mitigate barriers related to the CTS site(s) operations, several considerations were made, including longer and flexible hours of operations; convenient, welcoming and easily accessible location; having well-trained and caring staff; engaging with different groups in the community to ensure the space is inclusive and culturally sensitive (e.g., traditional Indigenous medicines to honour different teachings around the use of those medicines and sobriety); and providing a range of programs and services at the CTS (e.g., harm reduction, STI testing, addiction medicine/treatment, system navigation). In addition, to remove the stigma of visiting the site(s), it was suggested that the CTS site(s) could be marketed not just as a place where people who use substances go but that the programs and services offered could be provided to anyone (e.g., employment skills training mental health care, primary care). This may help with the concerns around privacy.

> **“It is here, it is everywhere, we can continue as we are but it’s not going away. This is the alternative to people overdosing on a park bench. It’s quite traumatic for someone to see that. This is the flip side to this, if we provide this type of service, we reduce the harm and the potential for this to happen. It’s a form of harm reduction!”**
>
> *- From the perspective of a community partner*

> **“We need more education in general in Oxford County and beyond to address fear, assumptions, and stigma. Substance use is a chronic disease, it’s an illness like high blood pressure or diabetes, and we need to change that thought process. Outcomes with this are ‘alive or dead’ everyone deserves to live.”**
>
> *- From the perspective of a community partner*

Peers or people with lived/living experience of substance use as trusted staff or volunteers would help potential clients feel welcomed, particularly knowing that someone who has experience is present to provide additional support. Peer outreach activities in the local community would also allow peers to contribute to the community and further address misconceptions about this population. There were recommendations of having two CTS sites, one physical location and one mobile facility, particularly considering the variations in the large geography of Southwestern Public Health.

From the perspective of municipal partners

One key solution described by municipal partner participants focused on the transparency around CTS through the balanced presentation of both benefits and downfalls of having CTS in a local community. In addition, this work should involve testimonials and success stories from other communities to help convince the community of CTS impacts. Another suggestion related to the challenges of choosing the right location included the possibility of a site being located outside of downtown with dedicated buses that run to it.

From the perspective of community members

Mitigation strategies for CTS barriers in the local community were presented as an open-text question to community member survey respondents. Of the responses submitted, the most common mitigation strategies suggested focused on using an evidence-informed planning process, including ongoing evaluation of CTS site(s), learning for existing CTS sites and thorough engagement with PWLE, community members and community partners; community-wide evidence-based education, including findings from other CTS sites, using local data to support need and sharing results of local sites if implemented; and choosing the right location for potential clients and community members. Some participants suggested focusing on treatment options instead and not having a CTS locally.

Summary: Barriers and Mitigation Strategies

The most frequent barriers to CTS site(s) success in the local community were choosing the right location, lack of community buy-in, common misconceptions of CTS and deterrents for potential clients to visit site(s). In addition, a lack of community buy-in and common misconceptions may lead to additional barriers like increased stigmatization of those who use substances, protests at site(s) and potential clients' fear of using CTS site(s). Other deterrents for potential clients identified were site location and accessibility, poorly trained or judgmental staff, lack of confidentiality and safety, gaps in additional services and supports offered and police presence near the site(s).

Common mitigation strategies suggested included community-wide evidence-based education and transparent communication; implementing an evidence-informed planning process using local data, thorough engagement, evaluation and information from other CTS sites; **choosing locations that are accessible and make PWLE and community members comfortable in inclusive spaces; building trust with potential clients of CTS site(s); including peers in roles both on-site and in outreach activities; and ensuring a wide range of needed services are offered on-site.**

Discussion

This section of the report was informed by two data review events that occurred in April with the CTS External Advisory Committee and an Indigenous Advisory Committee. The local community experts at these events provided additional interpretation and context and further validated the study findings. These valuable contributions and the implications of the findings are summarized below.

PWLE Involvement

One vital component consistent across this study's themes was the need to involve PWLE in the CTS site(s). As such, the involvement of PWLE as potential clients, key voices in decision-making, and site(s) operations is essential for the site(s) to succeed. Extensive engagement with potential clients should be integrated into every location and site development phase, implementation, and ongoing refinement. In addition, it is imperative that there is ongoing financial compensation for PWLE throughout each phase. For example, the concerns highlighted by PWLE should be prioritized to be addressed foremost. This includes police presence, privacy issues and accessibility of potential site locations (e.g., walkable, on a bus route, or with transportation options provided). This population should also be further consulted on what services should be offered and what would *realistically* make a welcoming and safe space to access services with dignity—for instance, ensuring that post-consumption/aftercare rooms are welcoming and able to connect service users to wrap around supports, including housing needs and referral to treatment services. In addition to intravenous substances, inhalation substances permitted for use under supervision at CTS site(s) should also be considered.

As mentioned in the theme regarding peer involvement, CTS site(s) also offers an opportunity to provide employment or volunteer positions to PWLE. These types of opportunities should be offered to build capacity to break down current employment barriers for this population. Additionally, compensating peers for their expertise at the same rate as staff and providing the appropriate training and support for peers to help navigate their dual relationships with fellow peers and CTS site(s) staff should also be considered.

Relationship building

The importance of relationships was a consistent element in the study findings. It was clear that relationship building needs to occur to potentially move forward with CTS site(s) and ensure uptake of this service. In particular, trusting relationships must be created or bolstered between potential clients, service providers, and potential clients and first responders. For example, cross-trauma with any uniformed first responders (e.g., police) may be experienced by potential clients. These experiences may impact the relationship EMS has with this population (e.g., hesitation to trust EMS) and their ability to help clients.

Learning from other CTS sites

A consistent suggestion throughout the findings was using existing CTS sites' experiences, successes, challenges, and learnings while making decisions, educating the community, planning the site(s) and mitigating potential issues. Promisingly, it was noted that this CTS feasibility study was similar to findings from other CTS communities, including concerns and suggested mitigation strategies. Mitigation strategies should reflect successful strategies from other communities. Additionally, having a thorough understanding of what works and does not work at other CTS sites from the perspective of local PWLE who have visited these existing sites could be instrumental to uptake at a local site.

Model

Given the smaller size of urban communities locally, the embedded model was highlighted as the ideal model for CTS site(s).

This type of model ensures the ability to provide anonymity while someone accesses several services in one location. Additionally, embedding CTS services in existing multi-service locations or hubs may lead to quicker and larger service uptake due to established, trusting relationships with potential clients.

A mobile unit was also highlighted as a potential option for outreach in rural areas. However, this model type was noted to have both positives and negatives. A mobile unit model will meet people where they are, which removes the accessibility barrier; however, the service may not be as reliable as people move or if the schedule lacks consistency. Furthermore, it was suggested that mobile outreach services often aren't used as much as expected due to a lack of privacy for those accessing the mobile unit. Thus, if a mobile unit is selected, more extensive privacy and confidentiality strategies, comprehensive communication plans and a reliable scheduling system that meets the needs of rural clients will need to be considered.

Proper support and training for staff

For CTS site(s) to be a welcoming space, the findings noted that staff must be non-judgmental, professional, and qualified. Clients deserve this consistent and familiar support, and it will only be offered if staff and peers working at the site(s) have access to their wrap-around services and support. This should include peer support workers available for peers employed or volunteering on-site. In addition, learning from other CTS sites on how to support their staff members best to maintain their well-being and prevent compassion fatigue and burnout (e.g., how shifts are scheduled, training, and recovery time) should be considered. The site(s) should also invest in its staff and volunteers by providing adequate and appropriate training based on their role to build a deeper trust with clients (e.g., motivational interviewing, cultural sensitivity training) and navigate potential scenarios that may arise (e.g., CPR, naloxone administration). These necessary supports and professional development opportunities for staff, volunteers and peers should be considered when determining the budget and potential funding asks.

A challenge to please everyone

The challenge to please all community groups impacted by CTS site(s) locally was an overarching premise in the findings. For example, choosing a location right for everyone is a significant challenge. The findings accentuate the need to avoid residential areas, business areas, school zones, and public spaces (e.g., parks) but also be in locations accessible for potential clients, either on foot or on a bus route. This decision will be challenging, but if site(s) are deemed feasible, the planning team must be prepared for some community members and groups to strongly voice their lack of support.

The findings also detail the most frequent concerns about CTS site(s) and barriers to success. Addressing these concerns and challenges as early as possible with the suggested mitigation strategies will help decrease potential community push-back. For example, implementing an ongoing evidence-based community-wide education strategy when releasing the recommendations from this report could inform potential clients, the community and business owners about what a CTS is, address common misconceptions, and use successes and lessons learned from other CTS sites to ease some NIMBY concerns potentially.

Additionally, the importance of ongoing evaluation, engagement, and refinement of the site(s) as issues arise may be integral to community acceptance of this approach.

Data Limitations

A few notable data limitations to this study focus on the applicability of the findings to the general population in the area.

Political Support

The suggestion that most political leaders would support a CTS seemed promising; however, this finding was questioned by some members of the EAC, with only three municipal partners participating in the study. Lack of political will could be a significant barrier to CTS site(s) becoming a reality if deemed feasible. The actualization of CTS site(s) locally will not occur without this critical commitment at the political level with associated funding, highlighting that this is indeed a policy issue.

Location and Generalizability

Additionally, the PWLE semi-structured interviews were held in urban communities (i.e., St. Thomas, Woodstock) to maximize uptake on the interview dates. This led to a lack of rural perspective in the PWLE interview data. Lastly, ***due to the demographic profile and lack of diversity of the survey respondents*** (e.g., more females), the findings are not considered generalizable to the entire population in the SWPH region.

Conclusion and Recommendations

Study Conclusions

1. The region served by Southwestern Public Health would benefit from consumption and treatment services that are accessible and include wrap-around services operating in the municipalities of the City of St. Thomas and the City of Woodstock.

2. People who use substances and have lived experiences should be consulted and engaged in the ongoing planning of the feasibility of consumption and treatment services in the region.

3. While most support the need for a consumption and treatment services site, it is important to note that some people do not support this strategy. Therefore, ongoing consultation and engagement with the community, business owners and operators, health system and community partners are required to support the ongoing exploration of consumption and treatment services in the region.

Recommendations & Next Steps

The External Advisory Committee, a multidisciplinary committee including people who use substances, has collaborated to develop the following recommendations.

1. Southwestern Public Health consults with local partners, including local hospitals, community health centres, community organizations, and the Elgin and Oxford Ontario Health Teams, on the feasibility and application process requirements of such partners who are considering operating consumption and treatment services in Southwestern Public Health's region.

2. Southwestern Public Health to support discussions by using the findings and local data to consider potential locations that could host CTS; the potential location must meet the requirements for Federal approval and Provincial funding. This process shall be done in consultation with with people who use substances, the public, business owners and operators, Indigenous community partners, health system partners, municipalities, and other community partners.

3. Pending the outcome of the consultation process outlined in point 2, Southwestern Public Health supports obtaining Letters of Support from the respective cities and host locations (i.e., the City of St. Thomas and/or the City of Woodstock) based on the community's readiness[v] to participate and the preparedness of a community partner(s) to operate such an intervention. These letters are required to support the provincial funding application for a CTS site(s).

4. To address the concerns raised during the consultation process, further education, consultation, and data collection with the general community, business owners/operators, Indigenous community partners, municipalities, and community partners on the purpose and expected impacts of CTS, as informed by the experiences of other CTS sites in Ontario. In addition, consultation should be developed and delivered with PWLE and community partners that support and/or interact with PWLE.

5. Southwestern Public Health supports providers interested in operating a CTS site in the completion of the Federal Exemption Application and the Provincial Funding Application, as necessary, to the Federal government and Ministry of Health, respectively, pending the participation of a willing community partner(s).

Some of the unintended impacts of these recommendations identified by the EAC included the following points:

- Assessing the feasibility and potentially implementing a CTS site can be a lengthy process; in some communities spanning years. These long timelines may result in built-up stigma, hatred, and dehumanization of PWLE in the interim timeframe if dedicated steps are not taken to address these impacts. Conversely, the extended waiting period before any potential implementation of this type of intervention could result in a false sense of hope among PWLE.
- Both PWLE and community members may have strong preferences regarding potential site options for these services, and there should be an expectation of compromise for this process from both sides of the topic. For example, considerations may have to be made based on by-laws, landlords, group preferences for location, etc.
- The potential sites for further investigation identified in this feasibility study are not guaranteed to be CTS sites. As noted earlier, further consultation is necessary to determine community-level readiness for this type of service, and the degree of readiness will determine if and where this type of intervention can be implemented.

In the following order of operations, to further examine the steps and anticipated outputs in the exploration of consumption and treatment services in the region, specifically,

i. Obtain letters of support from the municipal councils and a letter of Opinion from the Ministry of Health;

ii. Submit a request for Federal Exemption from Health Canada; and

iii. Submit a provincial funding application to the Ministry of Health.

[v] "Community readiness refers to how prepared the community is to take action to address a particular health issue." For any additional information please visit the Rural Health Information Hub. (4)

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Appendix A

Community Survey Demographic Information.

In total, 547 community members completed questions in the survey. Almost all respondents lived in the local area (90%), while just over half worked locally (55%), and 1% went to school in the area. As shown in Figure 17, more respondents lived in the urban areas of St. Thomas and Woodstock (37% and 28%, respectively) compared to the rural areas in Oxford and Elgin Counties (18% and 15%, respectively). Compared to the Census data (2021), the respondents consisted of more residents from St. Thomas (20%) and Woodstock (22%) and fewer from Oxford County (34%) and Elgin County (24%). (19) Most of those who worked locally, worked in St. Thomas (47%) and Woodstock (39%; Figure 18). Most of the respondents were in the middle-age brackets [35-44 (24%), 45-54 (25%), 55-64(23%)]. In comparison to Census data (2021), more respondents were aged 35-44 compared to the local population (24% and 15.4%, respectively). (19) Whereas there were fewer respondents aged 45-64 compared to the local population (48% and 68%, respectively). (19) 72% of the survey respondents were female, which is notably more than 50.5% in the local population data noted in the Census. (19) Most respondents were employed for wages or a salary (66%). Notably, 9% of respondents were business owners.

Knowledge of CTS, a perceived need and support in the community, was found in the community survey results. Although this is encouraging, it is essential to note that participants volunteered to be included in this study and therefore the sample is not representative of Census data (2021). (19) This type of participation indicates that many participants likely had an interest in the topic, experiences with substances or experiences with someone who uses substances, either personally or professionally. Overall, there may be support from the majority of those who participated in this study, but this may not be reflected as firmly in the general population, as noted by the lack of community buy-in as a concern.

Figure 17. Community Survey Respondents' Location
n=441

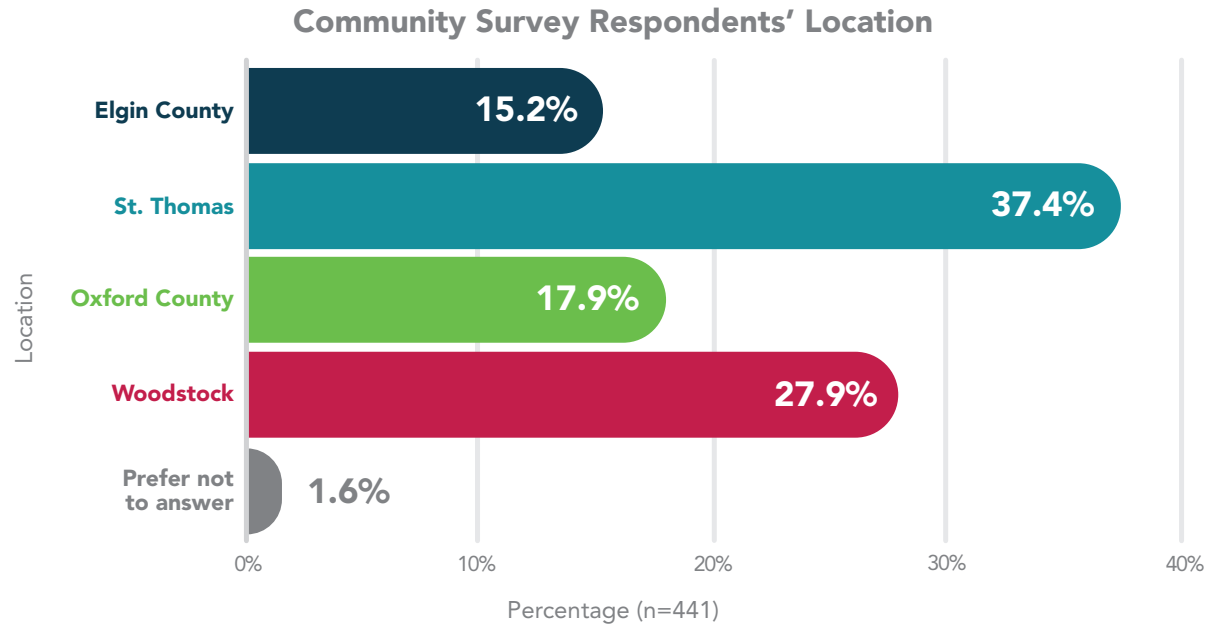
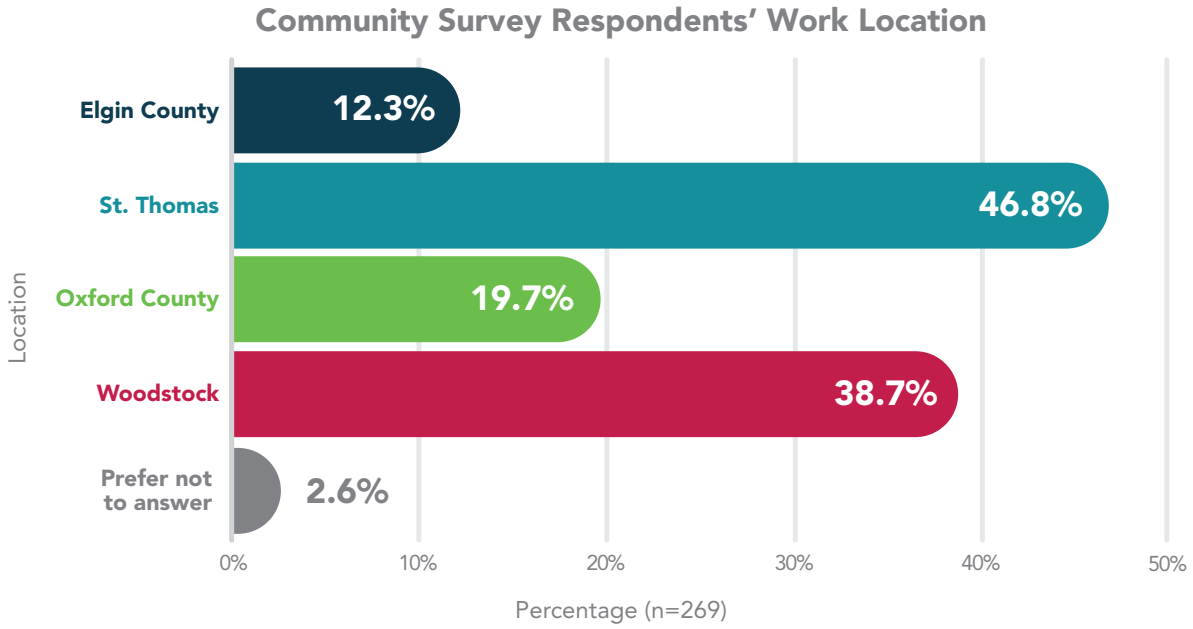
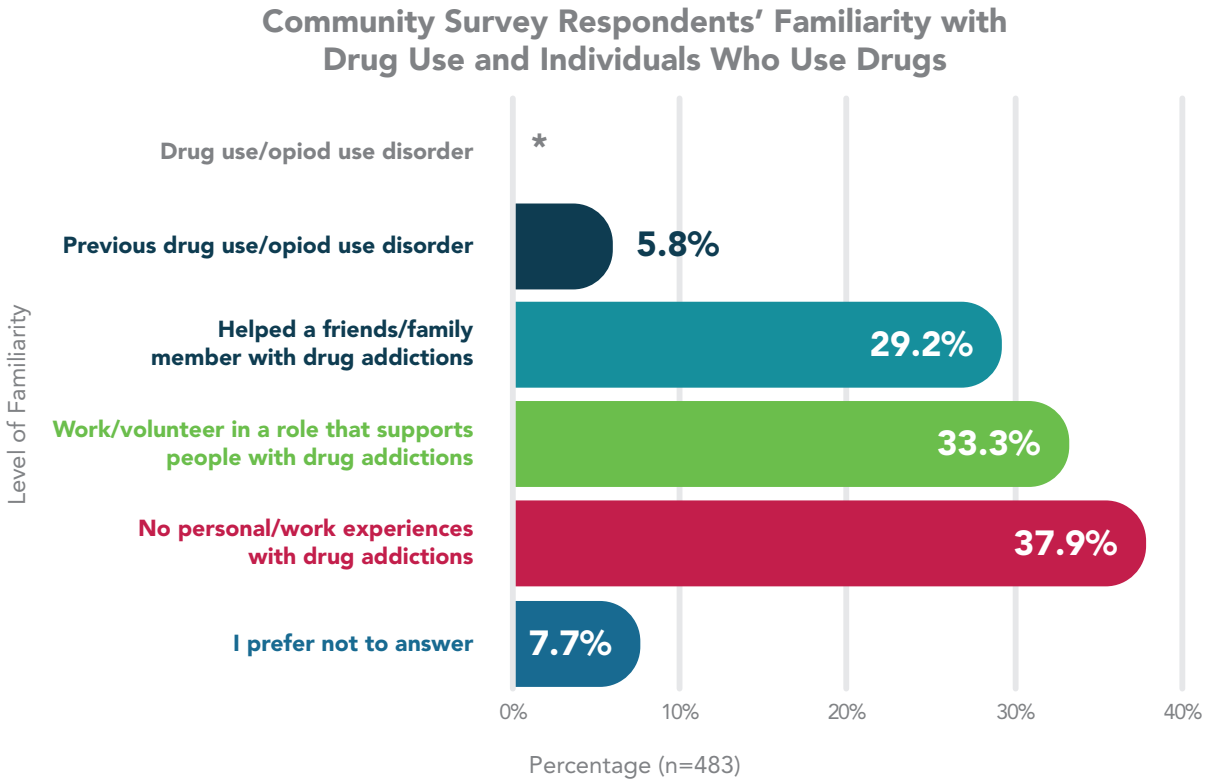


Figure 18. Community Survey Respondents' Work Location
n=269



Of the respondents, around 69% of all respondents had some experience with someone with a substance use disorder or drug addiction. 6% had previous experience with substance use themselves, 30% helped a friend or family member with drug addictions, and 33% worked or volunteered in a role that supports people with drug addictions (Figure 19).

Figure 19. Community Survey Respondents' Familiarity with Drug Use and Individuals who Use Drugs
n=483



*Note. * Indicates the respondent count for this option was too small (<5) to be reported, therefore, protecting the anonymity of participants.*

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