

Supervised Consumption Facilities

Community Consultation | London Ontario
Summary Report | January 2018



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The community consultation process was facilitated by the Centre for Organizational Effectiveness on behalf of the Opioid Crisis Working Group and could not have occurred without the efforts of many. We are grateful to the leadership, evaluation and administrative staff of the Middlesex London Health Unit who provided invaluable support and contributions to the consultation process. Thank you to Dr. Chris Mackie, Shaya Dhinsa, Dan Flaherty, Laurie Young, Lori Mercer, Tamara Thomson and Bernie Lueske.

We are also grateful for the fifteen peers who attended the peer focus group to provide invaluable insight that will strengthen the service delivery model for supervised consumption facilities.

A special thank you to the community partners who came and volunteered their time to facilitate table group conversations at our community-wide consultations – we greatly appreciate your time and commitment. Volunteers included:

Aja Romilowych, London InterCommunity Health Centre,
 Barbara Schuster-Lawrence, London InterCommunity Health Centre
 Brian Lester, Regional HIV/AIDS Connection
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 Shelly Happy, London InterCommunity Health Centre
 Sonja Burke, Regional HIV/AIDS Connection
 Stephen State, Western University
 Tosha Densky, London InterCommunity Health Centre

We would also like to thank our team at the Centre for Organizational Effectiveness: Anne-Marie Sanchez, Gerda Zonruiter, Kathleen Schreurs, Elizabeth Zimmer, Shirley Mitchell, and the support of Joe Antone. They all demonstrated tremendous commitment to the project to ensure that all voices were heard and honoured.

Maria Sanchez-Keane, Principal Consultant
 Centre for Organizational Effectiveness Inc.

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Executive Summary

Background

As in many parts in Canada and Ontario, London is experiencing an opioid crisis. In response, London is committed to responding in a comprehensive manner, which includes the establishment of Supervised Consumption Facilities. As part of the application for Supervised Consumption Facilities (SCF), a community consultation process was facilitated in November – December 2017 to gather feedback from London residents for the purposes of:

- providing information to Londoners about Supervised Consumption Facilities and local need
- Obtaining feedback on perceived benefits and concerns, recommendations to address concerns and site location suggestions and considerations

About this Report

- This is a report of results from 2,145 survey responses, 334 community consultation participants and 56 focus group participants.
- Charts are used to results of the closed-ended survey questions and the results of voting that occurred at each of the consultation sessions combined with themed table group responses
- New themes emerging from open-ended survey responses and consultation notes are reported along with a description of the types of responses captured in each new theme
- Throughout the report the term ‘respondent’ is used to identify community consultation participants, those who completed the survey, and focus group participants
- This report also includes input received through four formal letter submissions. Actual letters will be submitted as part of the compendium
- Neighbourhood-specific input regarding location selection is summarized with a summary map and highlights per neighbourhood
- Quotes provided are used with permission of the respondent

"I believe the benefits of a Supervised Injection Site ... far outweigh the concerns." (submission)

"It creates a community support system instead of treating people with addictions as 'less than'" (respondent)

"Speaking from the lens of an addiction/mental health/homeless serving worker, a former IV user who has kicked Hep-C, and community member--this is fantastic work. Please hear me when I say more consideration needs to be given to attaching immediate access to withdrawal management and treatment centre options to this--these relationships and MOU's need to be in place." (respondent)

Summary:

- **Benefits:** Overall Londoners want to support people who use drugs and see the benefits of SCF. Many respondents identified numerous benefits of an SCF. Top community benefits selected from a list of benefits include: reduce risk of injury and death from drug overdose; help reduce risk of infectious diseases like HIV/AIDS and hepatitis C; link people who use drugs or their affected family/friends with health, treatment and/or social services. Other top benefit themes include direct benefits to individuals who use the facility including being treated with dignity and increased safety; reduce costs to health care system and improved health outcomes; and reframing addiction.
- **Concerns:** Many respondents identified concerns. Top community concerns selected from a list of concerns include: negative impact on reputation or image of community; decrease in safety (personal, children); and increase in drug selling/trafficking in the area. Other top concern themes relate to factors affecting potential success or effectiveness of the SCF such as: inadequate funding, collaboration and capacity challenges in the local system, not being part of a broader strategy; concerns with effective implementation and operation of the facility; and concerns that an SCF enables an illegal activity and won't help people
- **Recommendations to Address Concerns:** Top community recommendations to address concerns (selected from a list) include: provide information about the goals and benefits of SCFs; evaluate services, share and respond to results of the evaluation; establish a community body and/or community feedback mechanism/process to identify and respond to emerging issues/for accountability. Other top recommendation themes include: integrating services with existing services, making linkages and providing wraparound support; researching and implementing best practices such as learning from the experiences of other jurisdictions, needle exchange and methadone clinics as well as ensuring that the focus is on a 4 pillars approach to an effective drug strategy inclusive of (education & prevention, harm reduction, treatment and enforcement) with SCF being a part of this overall strategy; funding and sustainability
- **Additional Services at an SCF:** Top additional services that should be included in order to best support people using the facility (selected from a list of services) include: addiction services; medical support and withdrawal management. A range of other additional services were identified. Some key suggestions include: having peers and Indigenous individuals on staff; culturally relevant, trauma and violence informed service delivery; and wraparound support

“Away from parks and residential areas and not on commercial streets. This is a very hard question.” (respondent)

“transportation is key for accessing SCFs” (respondent)

“Safety for both people who use and citizens who live in the area” (respondent)

“peer outreach workers might be helpful reaching those that aren't already accessing services. Some aren't aware of the services, but the largest obstacle is fear of reprisal that keeps addicts from needle exchanges etc. Having peer outreach workers could help bridge this gap” (respondent)

Summary Regarding Location of SCFs

A range of suggestions were provided regarding the location of SCFs within one of the four identified neighbourhoods of Old East Village, SOHO, East Hamilton, and Downtown/Core. Top location suggestions and things to keep in mind about the neighbourhoods when selecting a site include:

- Specific site locations made most often include: area around Dundas and Adelaide; vicinity of Dundas and Richmond; vicinity of Horton and Wellington.
- Mobile sites and multiple locations were suggested as ways to reach more people and to reduce impact on one particular neighbourhood
- Many responses advised locating the site away from schools, parks, residential areas, children as well as away from areas where there is commercial, tourist and entertainment activity
- There were also a number of suggestions for locating the facility in or near medical services and/or existing social services as well as suggestions for using existing vacant spaces
- Considerations for the site itself include: accessibility with suggestions for locating the site on a bus line, and locating the site based on where drug activity occurs/where people who use drugs are; facility that is discreet, offers privacy yet is visible, has safety features like lighting; ensuring the safety of clients, staff, and the neighbourhood
- Top aspects to keep in mind about the neighbourhood when selecting a site include: potential impact on the neighbourhood which includes planning in order to mitigate impact, considerations of impact on revitalization efforts and how businesses may be affected; neighbourhood make up which includes considerations of population living there, efforts at neighbourhood improvement, current issues, and the amount of social services already in the area/service concentration; and Commitment to community engagement, site accountability and community education

Recommendations Based on Community Consultation

1. Ensure site location is accessible and welcoming to potential clients and respects the immediate neighbourhood context:

- Select an accessible site for people who consume drugs and would benefit from using the services of an SCF; locating the site close to areas of heavy drug activity, on a bus line, in a discreet but visible location, and in a space that is welcoming and safe will help to encourage people to use the site
- Plan to have multiple sites and/or mobile sites in order to have the broadest reach
- Consider the immediate environment of the site. Respondents would prefer that the site be away from schools and residential areas, and ensure that it does not disrupt businesses that rely on foot traffic
- Consider, co-location or sharing space with other existing health and/or social services. At the same time, it is important to be cognizant of the impact that adding another social and health service could have in areas that already have many services
- Site features that matter include: lighting, privacy, space for people to connect without having to spill out on the sidewalk
- Conduct a site assets and risk assessment as part of site selection

2. Implement and operate from a base of evidence and best practices, and commit to ongoing evaluation:

- Be informed by the experiences of similar facilities located in other jurisdictions, and local needle exchange and methadone clinics experience in developing local site policies and practices that address safety concerns of people who visit the site, staff and the neighbourhood, site maintenance, and timely identification and response to emerging issues and concerns
- Plan for ongoing developmental evaluation from a continuous quality improvement lens inclusive of monitoring of on-site and off-site/community/local environment issues and changes, usage, review of policies and procedures
- Develop an evaluation framework focused on outcome and impact assessment that are anchored on clear objectives, goals and measures of success
- Respect client confidentiality in terms of data collection. Data collection and presentation of data should be ethical, respectful and useful
- Share, report and act on evaluation results

“People are not traveling far from where they are staying to use” (respondent)

“the chosen locations should be discreet, convenient, and accessible and offer reduced harm to clients and surrounding businesses” (submission)

“We can learn from the recent experiences in Toronto and Montreal by asking ourselves what we can do to prevent similar negative consequences in London.” (submission)

“There needs to be an Indigenous lens when discussing these interventions and how medicine does its work. It’s not about evidence. It’s very much about spirit – 50% is belief and 50% is the substance itself” (respondent)

“How is our voice going to be heard if we have concerns?” (respondent)

“Currently, most service delivery methods do not address local loitering, drug dealing, theft, vandalism and conflict in public spaces. Services are client-centred instead of employing a more holistic neighbourhood-centred model.” (submission)

“The truth is Indigenous people need to be made a priority by more than just Indigenous people.” (participant)

3. Be equipped to serve diverse group of clients with varying needs:

- Create an inclusive site, respecting the individual needs, experiences and contexts of a broad spectrum of clients that includes, but is not limited to, LGBTQ2+, Indigenous, women, sex trade involved, diverse languages and cultures and persons with disability
- Commit to a diverse workforce and recognize the importance of Indigenous people working in and informing the SCF team
- Provide extensive training for staff to address systemic racism, understand trauma and intergenerational trauma, and destigmatize addiction
- Develop and monitor policies and practices that address client safety issues
- Adopt best practice approaches to engaging with clients in a way that root causes to addiction can be addressed
- Include a Peer Support strategy

4. Respect neighbourhood needs and concerns:

- Locate in the neighbourhood with understanding of and respect for the existing community – their concerns, their support, their context
- Establish mechanisms for ongoing communication and feedback. This can be done through a formal "Good Neighbour Agreement" or through deliberate informal processes
- Use a community development approach to ensure a more successful integration of the site into the local community and provide resources as needed to address negative impacts that may occur for the community

5. Communicate, educate, and train:

- Provide public education on addiction, the opioid crisis and the four pillars approach to a comprehensive drug strategy as well as SCF as one tool in the approach
- Provide opportunities for persons who use drugs to receive information and education on topics including treatment options
- Provide comprehensive training for staff on trauma, violence and de-stigmatization

“Wraparound supports are essential to providing quality care and also fighting this idea that we are somehow encouraging drug use.” (respondent)

“Provide peer services – it gives [people who use] something to work towards. I want to hear someone who has been there; they’ll get it if I say “I’m pill sick”” (respondent)

6. Develop strong partnerships and commit to system shift:

- Provide opportunity for wraparound supports and services that recognize the client as a whole person with a view to addressing needs ranging from basic needs to health and well-being
- Link to existing services through partnerships and protocols that ensure timely access to additional services
- Ensure that SCF is effectively integrated into the broader system and is not simply “added on”; encourage partners to consider the implications of SCF in terms of their work and their policies and procedures

7. Continue to work with the “bigger picture” in mind:

- Recognize that an SCF is part of a broader strategy. Advocacy and work on each of the four pillars of harm reduction, education & prevention, treatment, and enforcement should continue
- Advocate for adequate funding for SCF but not at the expense of existing health and social services

8. Develop and implement a comprehensive implementation strategy:

- Take time to develop a comprehensive and effective implementation strategy that integrates the recommendations stemming from the community consultation and sets up the SCF for success in our community
- As part of the implementation strategy, include a communication and engagement plan that explains the decisions made, engages the appropriate stakeholders and articulates how the community consultation informed the decisions

Part I

Context



Background

As in many parts in Canada and Ontario, London is experiencing an opioid crisis. In response, London is committed to responding in a comprehensive manner, which includes the establishment of Supervised Consumption Facilities. As part of the application for Supervised Consumption Facilities (SCF), a community consultation process was facilitated in November – December 2017 to gather feedback from London residents for the purposes of:

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“the [person who uses drugs] has somewhere safe to go without exposing their family/children to it and in the same regard, a spouse/family member has some comfort in knowing at least if they're pushing them out of the home that they're going somewhere safe.” (respondent)

“Londoners who struggle with addictions deserve wrap-around supports, adequate recovery services, and the dignity of discrete service delivery.” (submission)

“Invest in the other pillars before throwing a band aid on a broken system by adding a supervised consumption site” (respondent)

General Observations - Summary

- Many Londoners who participated support and see numerous benefits that an SCF could provide in London, many also identified concerns.
- Overall Londoners want to support individuals who use drugs and see the benefits that come with an SCF such as preventing injury and death and improving health outcomes. Many also wondered if SCF was the right strategy as they were unsure that SCF would address the problem and had concerns about how an SCF might be seen as legitimizing drug use and negatively impacting the neighbourhood in which it was located
- Mobile units and multiple sites were a consistent message heard at consultations and reflected in the survey responses as an opportunity to mitigate negative impact at the neighbourhood level as well as reach as many people as possible across the city
- For many Londoners, and in all consultations the importance of having an integrated SCF was seen as essential. This site would include opportunity to link to wraparound support, treatment and rehabilitation
- Having an effective feedback loop between the community and the site emerged as a theme of critical importance as a way to immediately address concerns as well as to ensure site accountability to residents and the community. In many consultations this was discussed as a community/neighbourhood advisory group that would be connected to the SCF
- An important theme threading throughout is the need for Supervised Consumption Facilities to be part of a larger strategy that includes addressing related issues such as problems with housing and homelessness, and mental health and addictions. Additionally there were references to the importance of SCF being embedded in a larger community strategy that addressed the four pillars of an effective community drug strategy: education & prevention, harm reduction, treatment and enforcement.

Methodology

In order to reach as many Londoners as possible community consultations were held across the city in the evenings. Londoners could also provide their feedback through an online survey. As well, the Middlesex London Health Unit created an Opioid Crisis webpage to inform Londoners.

The feedback received was gathered, themed and analyzed with the understanding that it would inform the application and the implementation of SCF in the City of London.

Consultation Process

(9 community sessions and 4 focus group sessions, November 2017)

Ahead of each of the community consultations and focus groups, table group facilitators participated in a brief in-service about the process and their role as recorders/facilitators. Each table group facilitator was provided with data books to record all table group discussions. These were submitted back to the consultants. Participants were welcomed to review the recorded information at the end of the session.

At the beginning of each consultation, an overview of the process was provided inclusive of the process being voluntary and a reminder that they were welcomed to leave at any point during the consultation. Ground rules were set at the beginning. As well, participants were given a variety of ways to provide their input. This included recorded table group discussion, anonymous/private feedback through cue-cards, anonymous voting (paper and electronic).

In order to create shared understanding and ensure a more informed dialogue at table groups, the consultation process started with a presentation on SCF that was provided by the Middlesex London Health Unit and was based on research and best practice. Participants were then given the opportunity to ask questions. All questions were recorded and have been themed to provide information as it relates to the application for SCF and the implementation process.

The consultation process for the SCF used a community-based research approach. As such the presentation regarding SCF evolved to incorporate learnings and questions asked during previous consultations. The emphasis was not on keeping the presentation identical at each consultation but on evolving the presentation based on the insights of participants.

Consultations in neighbourhoods where a SCF may be located were given opportunity to provide feedback regarding location and neighbourhood considerations.

Focus groups with special population to ensure their perspective was captured were facilitated. This included peers (people who use/have used drugs), Indigenous communities and service providers.

Input provided at the consultation sessions was captured at table group levels in data books for analysis. Individual level input was captured through an electronic/manual voting process in consultation sessions with 10 or more participants and through anonymous cue-cards.

Survey

(October 26, 2017 to December 15, 2017)

The survey, administered primarily online with opportunity for hard copy completion, was based on the survey questions used by other cities when seeking community feedback for the federal exemption application for a Supervised Injection Site. The survey was customized to reflect the current situation in London; as of yet, no specific site for SCF has been selected.

Respondents who identified living in one of the four neighbourhoods identified as areas likely to house an SCF were asked for suggestions and input related to selecting a location an SCF within their neighbourhood.

Data Analysis

NVivo, a qualitative data software program, was used to code all qualitative responses collected from the survey and the consultations. The bulk of the survey responses were first coded and created the foundation of the theme structure for both the survey and the consultations. Themes were further informed by work completed in other jurisdictions. New themes emerging from the data were added to the coding manual and data was recoded as needed.

Coding for the consultation included the results of voting (electronic and manual) as well as coding data from all table group discussions. Rich dialogue which occurred during the consultation resulted in further themes from the survey. For this reason, when possible, the data references are separated between survey data and consultation data.

Data Limitations

Coding is an imperfect science as there will be bias from the coder to a certain degree. This bias was minimized as four different evaluators collaborated to develop the coding manual and code results.

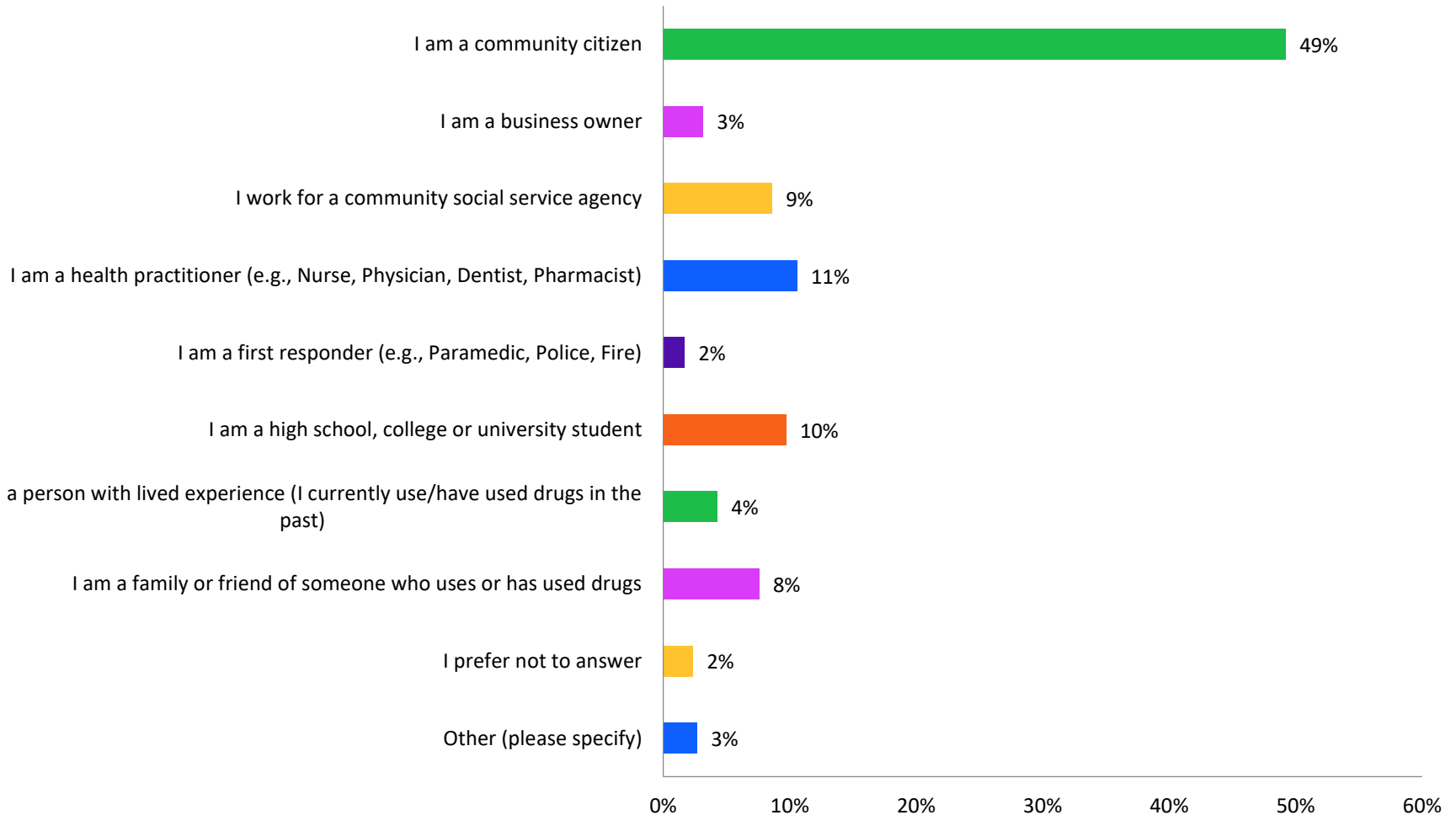
Some respondents identified limitations to the research process including:

- Consultation sessions held in the evening only
- The survey questions were informed by jurisdictions that were further along in the site selection process. For this reason, some of the answer options in the survey were less applicable and some respondents identified needing more information in order to provide informed responses

2145 survey participants | 334 community consultation participants

56 focus group participants | 4 written submissions

Summary of Survey Participants (2145)



Part II

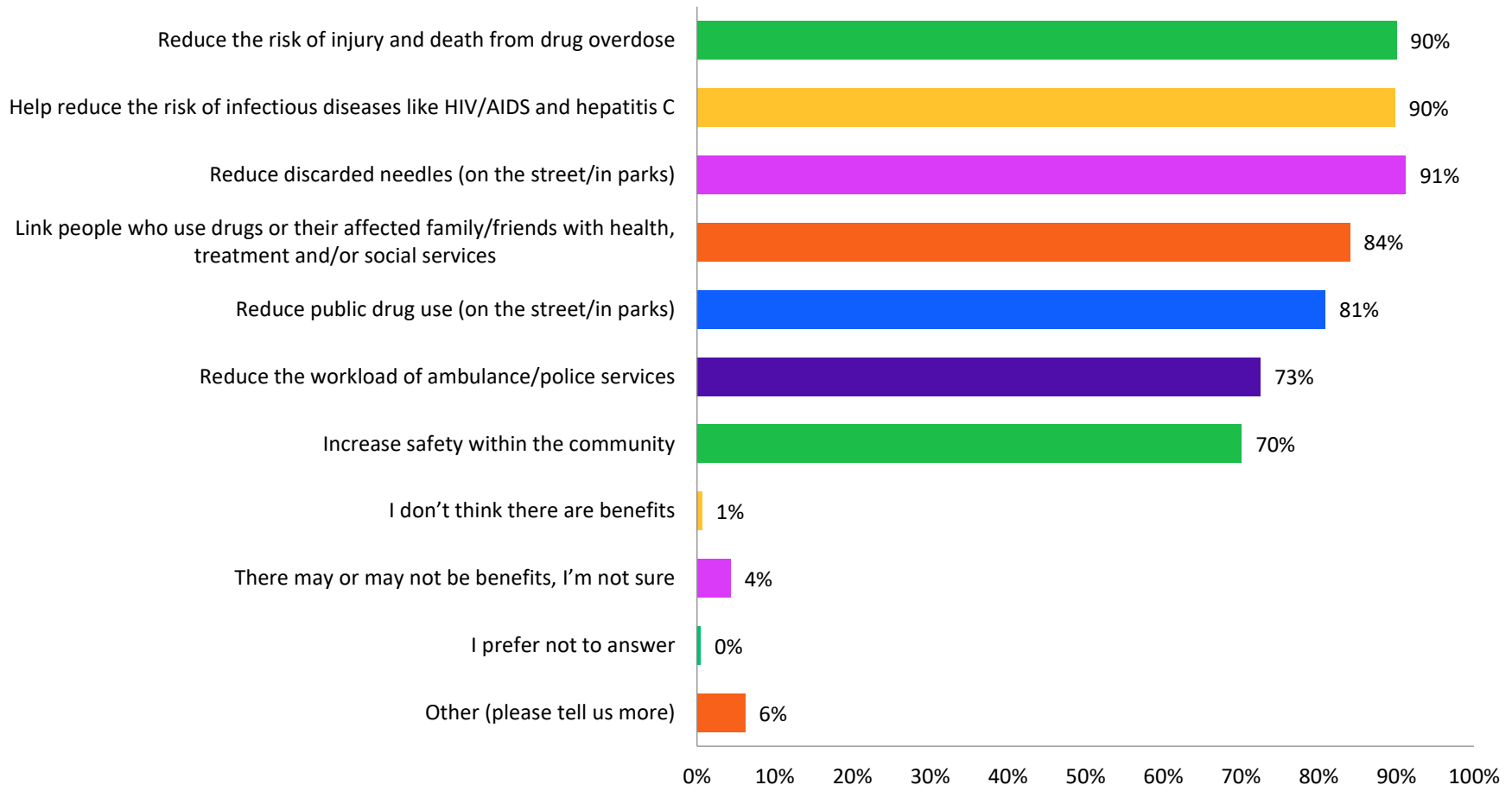
Benefits | Concerns | Recommendations
to Address Concerns | Additional Services

Benefits – Survey Results Summary

72% of survey respondents agreed that there are benefits to an SCF. Survey respondents were asked to select benefits that they felt an SCF could provide to London from a list of options. They could select as many benefits as they felt applied as well as add other comments.

According to survey respondents, top benefits provided by an SCF in London are a reduction in discarded needles, reducing the risk of injury and death from drug overdose, and reducing the risk of infectious diseases

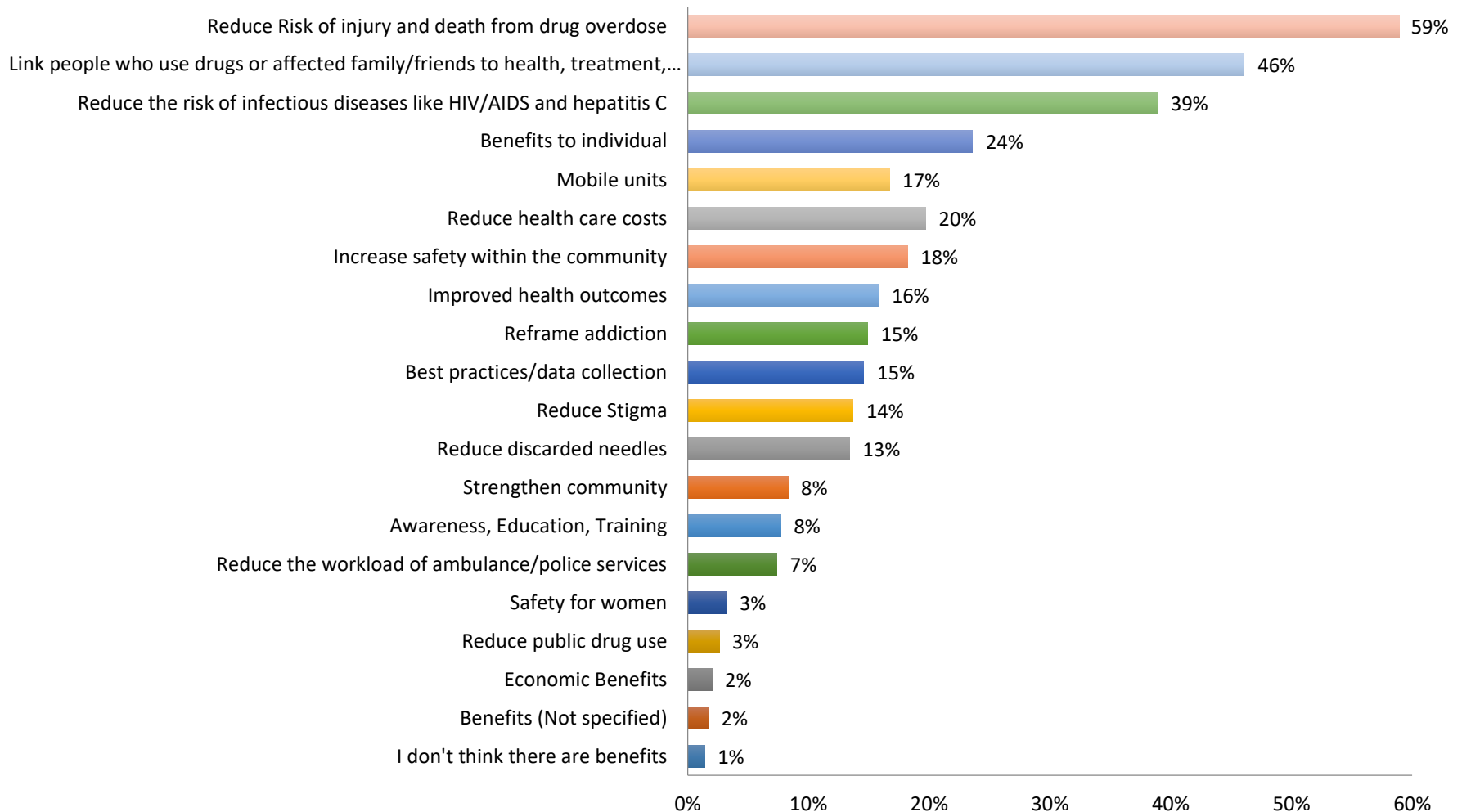
Answered: 1,651 Skipped: 474



Benefits – Community Consultation Summary

Table discussions at the consultations resulted in the identification of a list of benefits. These discussions generated 10 new themes as well as covering pre-identified benefits. These benefits were posted and voted on by all session participants. Voting results are supplemented by review and coding of session documents. Top benefits provided by an SCF in London include reducing the risk of injury and death from drug overdose, linking people who use drugs or are affected to services, and reducing the risk of infectious diseases like HIV/AIDS and hep C. New themes are described on the following slide.

Totals from 10 community consultations. Total participants: 334



Benefits – New Themes Emerging from the Data

The following description of new themes of benefits emerging from the survey responses and consultation discussions is provided for explanation purposes and in no way reflect relative importance compared to the data in the charts. These themes are ones that are not in the list of closed-ended response options provided on the survey. The themes are the labels created during the consultation sessions, used in the voting activity and supplemented by the review of the session documents.

Benefits to individuals: includes responses that directly benefit individuals in a social and/or emotional way, or increasing their safety. This included references to people being treated with care and compassion, dignity and respect, reduced isolation, safety and clean supplies and reducing crime against individuals such as sexual assault

Reduced health care costs: includes responses that identify reducing costs to hospitals, health care, and community services; and responses that reference cost savings from fewer people going to emergency, fewer hospital admissions and shorter stays

Mobile units/multiple sites: while not strictly a benefit that could be provided by an SCF, this theme reflects references to the benefits of a mobile unit or multiple sites as the best way to realize the benefits of an SCF in terms of increasing accessibility across the City and mitigating the impact for any neighbourhood

Improved health outcomes – this theme captures instances where people simply stated “better health outcomes”, “pathway to a healthier lifestyle” or “improved health outcomes” are labeled generally as “improved health outcomes”. Examples of improved health outcomes encompass “harm reduction”, and reducing risk of diseases such as Hep C, HIV, and Endocarditis

Reframes addiction: includes references to decriminalization, looking at the issue through a health lens rather than a criminal or legal lens, treatment is a better option than jail, and not a moral failing

Best practices and data collection: includes responses that identify the SCF as providing an opportunity to gather data about people who use drugs and quantify the magnitude of drug use. Ability to learn more quickly about new drugs on the street. It includes references to learning from other cities and being able to have data to inform government policy

*“I was opposed at first then I watched videos of the Vancouver injection sites and I am all for it now. If one person is able to recover the project will be worth it in my opinion”
(respondent)*

“Targets very high-risk individuals who might be hesitant in seeking services – builds rapport and relationships” (respondent)

“Human side of addiction – it could be anyone” (respondent)

“I am very worried about the idea of this but I am more worried for the lives of the addicted in the community and that is what matters more” (respondent)

“Access to wraparound service that might not otherwise have had.” (respondent)

“will also reduce stigma around using drugs which stops people from getting help. Can't help anyone if they're afraid to tell you they're using.” (respondent)

“we can also better quantify the magnitude of drug use in London, much like InSite in Vancouver is able to. With this information, we can better guide policy at a multiple levels of government.” (respondent)

Reduce stigma: includes responses and comments that state “reduce stigma”. References relate to reducing stigma of drug use, towards people who use drugs, of addiction itself, or of neighbourhoods that have an SCF, and the positive effects that reducing stigma could have such as “reducing isolation”, “encouraging people to seek treatment” and “increasing understanding and empathy”

Strengthen community: Includes responses and comments that reference bringing community together to collaborate and problem solve; comments that articulate that people who use drugs are community members as well

Awareness, education, training: includes responses and comments that reference education for individuals such as safe practices, additional services and treatment options, education to and for the community about drug addiction, the positive impact that education and awareness can have on community attitudes with regards to an SCF, and training for site staff, Emergency Medical Team, police.

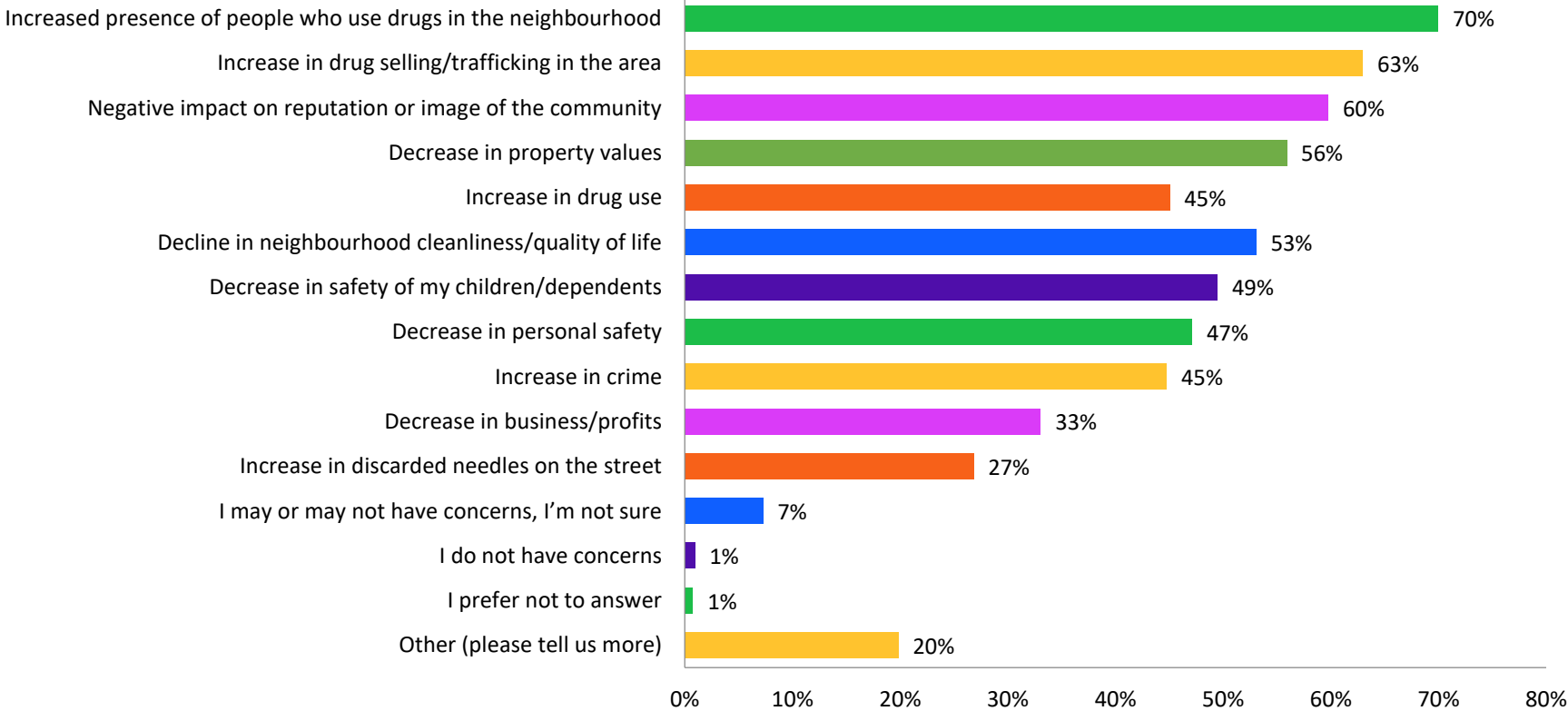
Safety for women: includes references that identify an SCF as a safer place for women to use as an alternative to current options

Economic benefits: includes responses that identify cost savings in community services, reduction in incarcerations or homelessness. Also includes references to jobs being created, and benefits to businesses when people have an alternative to using in or near business sites

Concerns – Survey Results Summary

49% of survey respondents said they have concerns, don't know if they have concerns or preferred not to answer if they have concerns. These survey respondents were asked about the concerns they had about SCF's in London from a list of options. They could select as many concerns as they felt applied as well as add other comments. Top concerns are "increased presence of people who use drugs in the neighbourhood", "increase in drug selling/trafficking in the area"; and "negative impact on reputation or image of the community"

Answered: 1,059 Skipped: 1,066



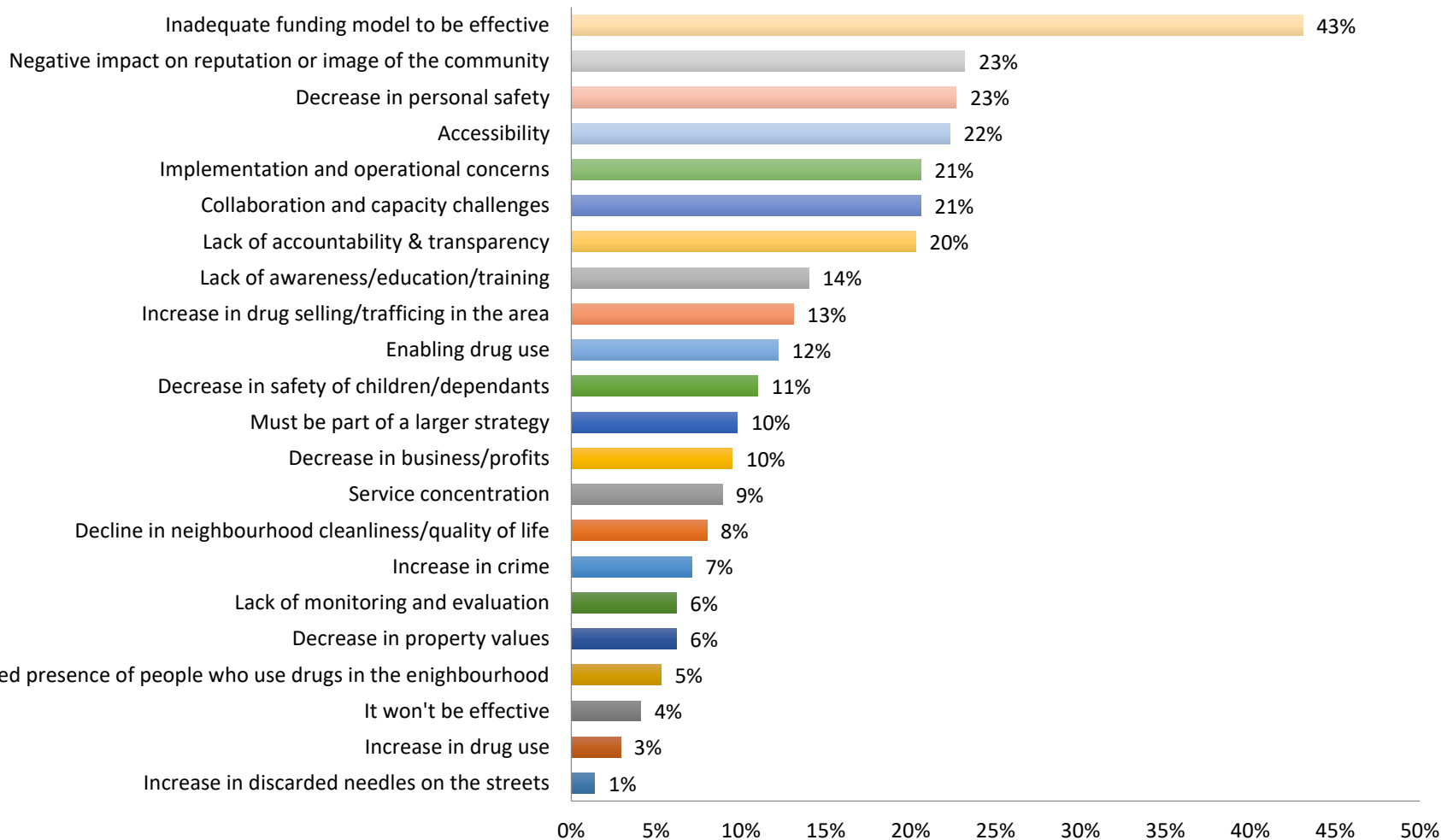
Concerns – Community Consultation Summary

Table discussions at the consultations resulted in the identification of a list of concerns. These discussions generated 10 new themes as well as covering pre-identified concerns. Top table-generated concerns were posted and voted on by all session participants. Voting results are supplemented by review and coding of session documents.

Top concerns include: “inadequate funding model to be effective” (new theme); “negative impact on reputation or image of the community”; and “decrease in personal safety”.

New themes are described on the following slide.

Totals from 10 community consultations. Total participants: 334



“Not enough resources for wraparound service” (respondent)

“won’t be funded properly to be successful” (respondent)

“Concern that perhaps those who do not feel comfortable attending the site would face more danger and will be increasingly stigmatized if seen using in public instead. I think we need to be sure that we continue to advocate for bio bins throughout the city, including public washrooms.” (respondent)

“How are you addressing the primary drug concern in London: methamphetamine (crystal meth). And what amount of training are front line workers going to receive to deal with a meth user?” (respondent)

“Why have we not considered a number of mobile sites first?” (respondent)

“My concern is that this will be seen as the silver bullet to end drug addiction, when so much more has to go into it. I hope that there is sufficient services for people to use, and that users get comprehensive care including mental health care and support for re-integrating into the community. This should be sustainable and there should be long term follow up for the users.” (respondent)

Concerns – New Themes Emerging from Data

The following description of new themes of concerns emerging from the survey responses and consultation discussions is provided for explanation purposes and in no way reflect relative importance compared to the data in the charts. These themes are ones that are not in the list of closed-ended response options provided on the survey. The themes are the labels created during the consultation sessions, used in the voting activity and supplemented by the review of the session documents.

Inadequate funding for the model to be effective: covers responses that include references to where funding and resources will come from; adequacy of funding; impact on funding of other services.

Accessibility: This includes potential barriers such as hours, lack of accessibility, transportation, police presence and references to multiple sites and mobile units. It includes a concern about the potential for inequitable access due to such things as age, gender, ethnicity, mental health

Implementation and Operational Concerns: Includes references that relate to policies, protocols and practices such as: who can use the facility; drug screening, confidentiality considerations, how long people can stay on site, people abusing the site, whether or not the chill room is mandatory, and legal responsibility of the site for people who use the site

Also includes references to safety concerns for people using the facility or working there and work conditions for staff, including safety associated with client behaviours, people protesting outside the facility, police targeting individuals

Includes references specific to the operation of mobile sites such as issues of reliability, convenience, practicality

Collaboration and Capacity Challenges: includes responses that relate to service partners and partnerships; standalone site; co-location with other service providers; linkages needed; capacity of supporting services, partners and linkages to support an SCF, to accommodate referrals

“overloading already overburdened community partners” (respondent)

“The operator of this service(s) should be prepared to enter into an agreement with the community(s) in which the service(s) is located to respond quickly and efficaciously to any problems that arise.” (respondent)

“What will consultation after site is chosen look like?” (respondent)

“Absence of accountability and clear communication challenges” (respondent)

“Will have a service in neighbourhood that will result in unintended negative consequences for that neighbourhood and no effective mechanisms to deal with it”(respondent)

“[people who use drugs] certainly need help and assistance in dealing with their situation, however we should not condone and support the negative activities which would result....there are other ways to help these people” (respondent)

Failure to balance harm reduction with the other pillars” (respondent)

“Failure to provide high quality long-term rehabilitation services in conjunction with supervised consumption sites” (respondent)

“How is success defined?” (respondent)

Lack of accountability and transparency: includes responses and comments that reflect the need for a process and commitment to meaningful ongoing communication and feedback. Reflects comments that identified the need for proper planning, using valid data for location selection, and consulting with people who will use the facility.

Also includes references that articulate lack of support for an SCF, costs to the taxpayer, preference for tax dollars going to addiction and mental health services, to other social issues like homelessness and poverty, or to other areas like education, special needs, chronic diseases and more timely medical care.

Lack of awareness, education, training: includes references and responses about the role of education and awareness to address stigmatization of sites, of people using the site or working at the site, community backlash, and the need for public education to dispel myths, funding for public education and ongoing communication

Enabling drug use: includes comments and responses that expressed the belief that an SCF “enables”, “condones”, “legitimizes” drug use and reflects concerns around issues of supporting an illegal activity, including enforcement issues.

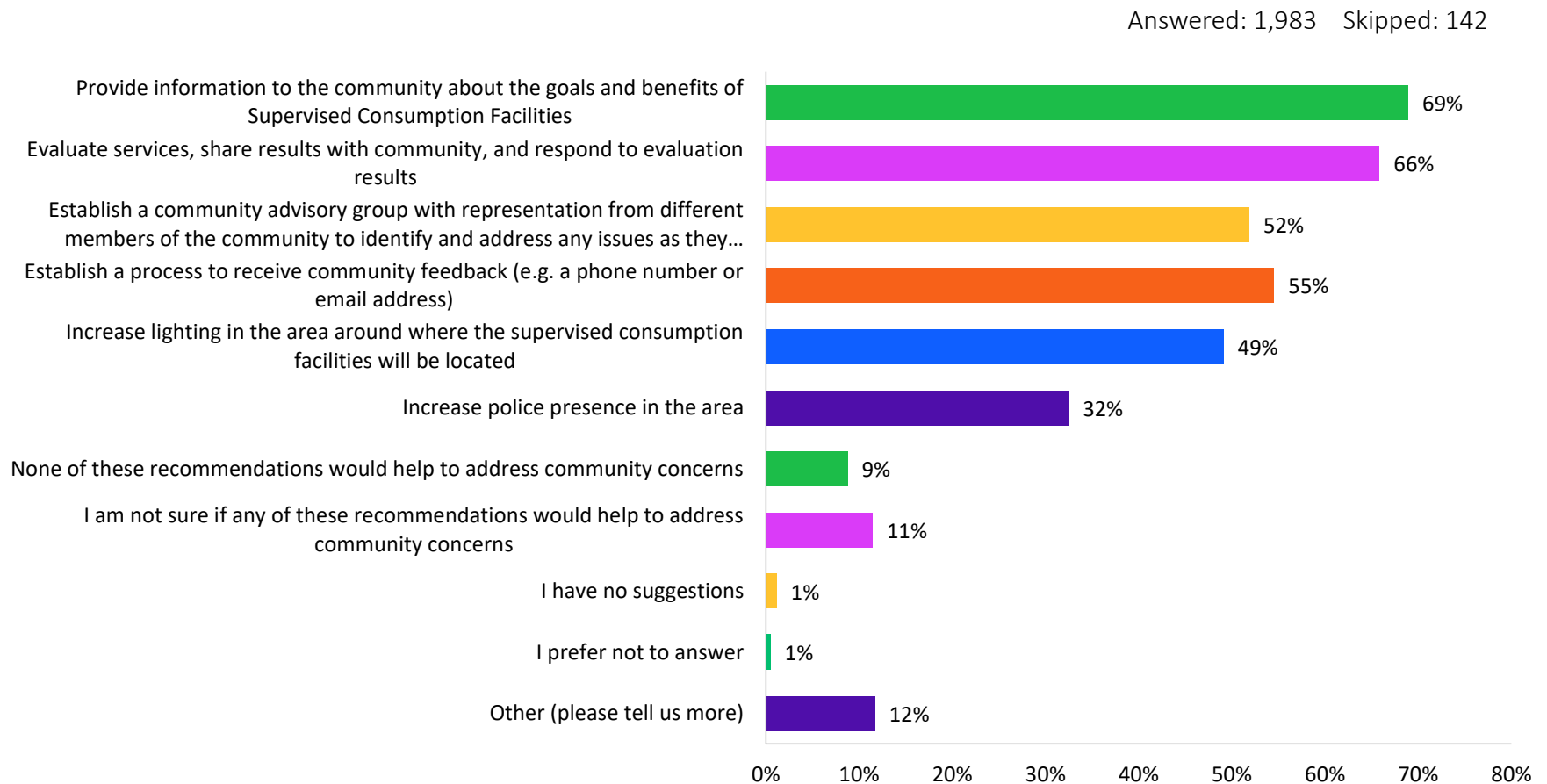
Must be part of a larger strategy includes references to 4 pillars approach to a drug strategy; references to the need for more treatment facilities, housing, and broader addiction treatment and rehabilitation services. Includes comments expressing concern about a narrow focus on opioids and availability of other treatment options

Service concentration: includes references to the amount of social services already in the neighbourhood

Monitoring and evaluation : includes references that articulate the concern that at SCF won’t help address the problem of drug addiction, won’t be effective, won’t be used; includes references regarding future evaluation

Recommendations to Address Concerns – Survey Results Summary

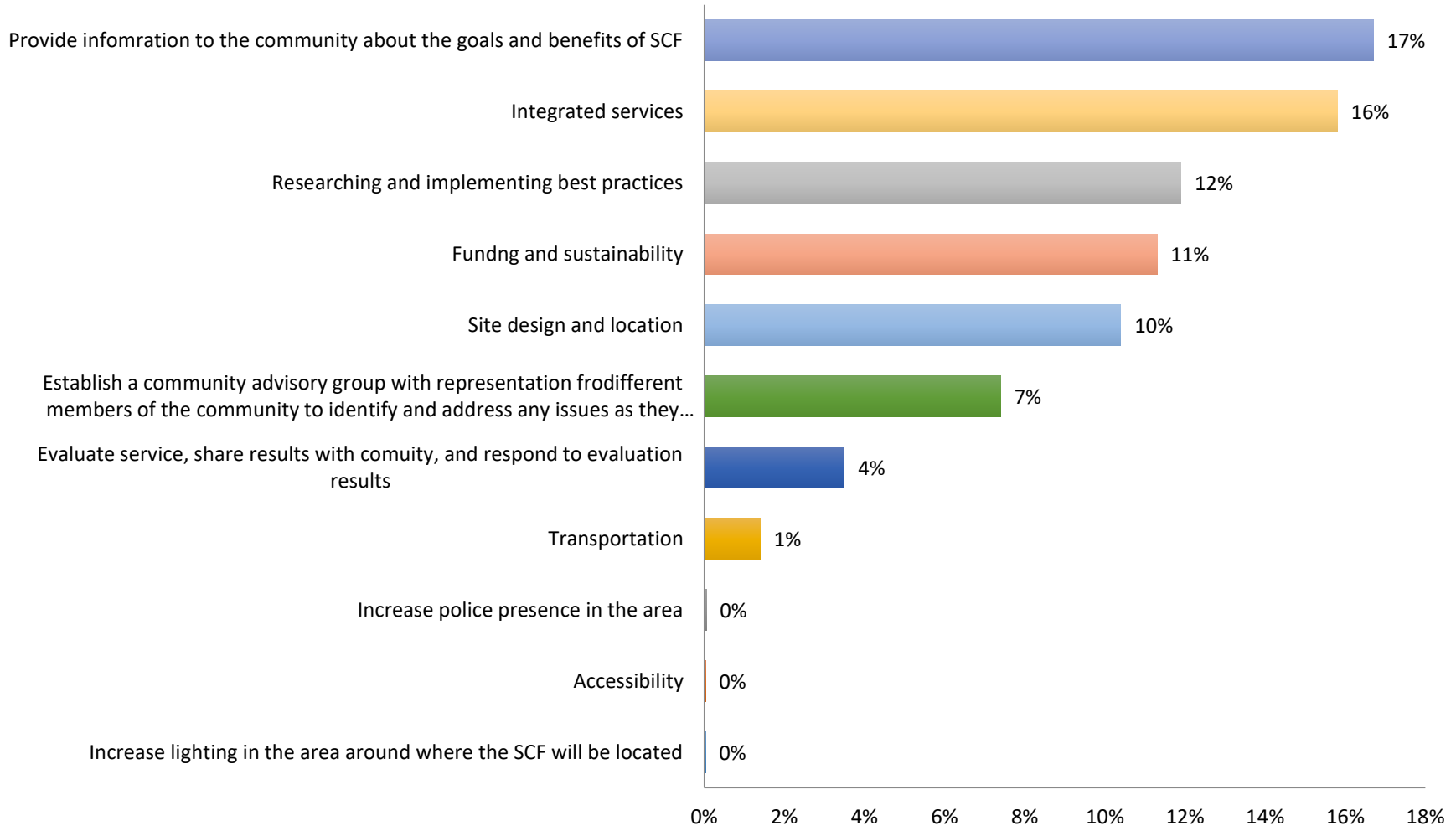
Survey respondents were asked which recommendations would help address community concerns about SCF in London. The survey included a list of pre-identified recommendations. They could select as many recommendations they felt applied as well as add other comments. Top recommendations are: “provide information to the community about the goals and benefits of SCF”; “evaluate services, share results with community, and respond to evaluation results”; and “establish a process to receive community feedback (e.g. phone number or email address”.



Summary of Recommendations to Address Concerns - Consultations

Table discussions at the consultations resulted in the identification of a list of recommendations to address concerns. Due to time constraints this discussion occurred at 6 of the 10 community consultations. These discussions generated 5 new themes as well as covering pre-identified concerns. Top table-generated concerns were posted and voted on by session participants. Voting results are supplemented by review and coding of session documents. Top recommendations to address concerns include: “provide information to the community about the goals and benefits of SCF”; “integrate services” (new theme); and “researching and implementing best practices” (new theme).

Totals from 10 community consultations. Total participants: 334



Recommendations to Address Concerns

“at the beginning I suspect people won't be open to the benefits, only the risks, so I'm guessing that minimizing the perceived risks will be more helpful initially than talking about the benefits” (respondent)

“Lots of public education - People with lived experiences talking. About what these facilities do. That there are services there to help” (respondent)

“Integrated into a wellness centre – not to be stigmatize but to be discrete” (respondent)

“what are we doing to support Indigenous communities?” (respondent)

“Address the current issues that exist with our needle distribution program” (respondent)

“I think there need to be clear indicators collected and reported regularly with transparency for the community.” (respondent)

“pharmaceutical companies should fund” (respondent)

“We need more treatment beds” (respondent)

The following description of themes emerging from the survey responses and consultation discussions is provided for explanation purposes and in no way reflect relative importance compared to the data in the charts. These themes include ones that are in the list of pre-identified recommendations listed on the survey. The new themes are the labels created during the consultation sessions, used in the voting activity and supplemented by the review of the session documents.

Provide information about the goals and benefits of SCF: In addition to the selection of this response on the survey, this includes consultation and survey references that articulate recommendations such as references to public education about injection sites themselves, drug use, harm reduction, using statistics and story telling

Integrated services : includes references to making linkages with existing services coordinated service access, co-location with other health services or in shelters, minimizing duplication; being strategic about services offer on-site and the experts that are needed on site as well as systems navigator, and an advocate

Includes references to making services welcoming to people who use the site; welcoming to Indigenous, LGBTQ, youth, people involved in sex trade, cultural groups

Researching and implementing best practices: In addition to the selection of the survey response option “evaluate services, share results with community and respond to evaluation results”, this includes consultation and survey references to using evidence and available data; learning from existing sites in other jurisdictions and from local experiences with needle exchange and methadone clinics; clarifying goals; and ongoing and impact evaluation

Includes references that caution against “politicizing public health” and that decisions should be based on evidence not public opinion

Also includes responses that make reference to ensuring that the local response is not limited to an SCF as this is only one part of the 4 pillar drug strategy approach; and includes responses that advocate for treatment and rehabilitation resources

“Establish community liaisons who can address stakeholders' concerns directly” (respondent)

“I have not selected the community advisory group. I think that these groups are a great idea in theory. However, they rarely have power (financial or otherwise) to actually implement their ideas, and they can quickly turn into a monthly meeting of good ideas that go nowhere. Representation matters, but this group must be given some control.” (respondent)

“Have services on bus lines and in amongst other services so people can approach them with some anonymity”. (respondent)

“Absolutely do not increase police presence. You want people to use this space.” (respondent)

“If police presence is increased, the police need to be trained properly and thoroughly and regularly monitored on their performance” (respondent)

Funding and sustainability: Includes references to clarify immediate, short-term and long-term needs; community buy-in and collaboration; volunteer support; public/private partnerships; streamlining of resources; reallocation of health care system savings to SCF

Also includes references to need for all 4 pillars (education & prevention, harm reduction, treatment and enforcement) to be adequately funded and supported in order for an SCF to be sustainable

Site design and location: includes references to safe location, discrete/visibility/privacy/accessibility; doing a risk assessment; locating the site in a non-residential area; mobile and multiple sites; open 24/7

Includes references to policies and procedures to implement such as “no loitering in the area” and “ensure that needles are properly disposed of before they can leave the facility”

Accountability: Includes responses that go beyond the survey options of “establishing a community advisory group”, “good neighbour agreement” and “establish a process to receive community feedback.”

Includes references that articulate the importance of the site being accountable for problems and responsible for addressing these such as having a formalized or binding process between the community and the site to respond to issues. Includes references that do not support establishing a community advisory group and providing resources to local community to deal with impact

Transportation and Accessibility: on a bus route; shuttle services

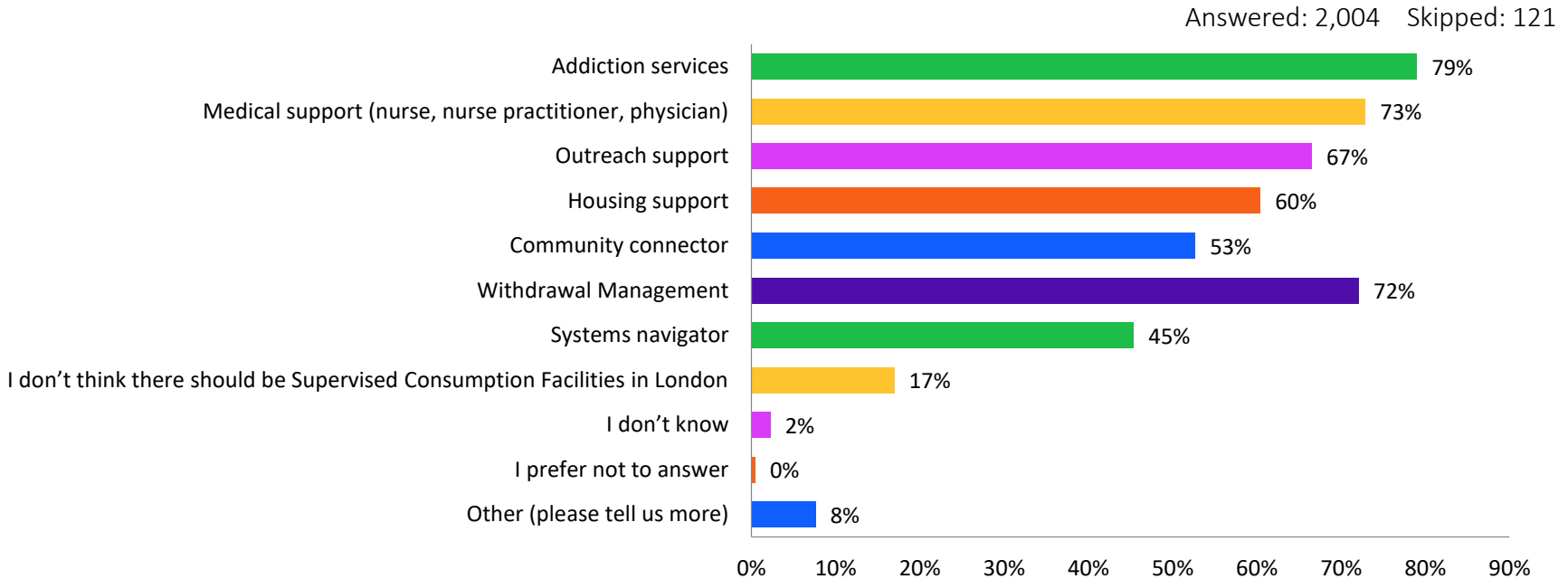
Police presence in the area: Includes references to police presence that go beyond or do not fit within the survey answer option “increase police presence”. Includes references to discouraging increased police presence, self-policing, and the need for training of police

Increase lighting in the area: In addition to selection of this survey response option, this includes references discouraging an increase in lighting.

Additional Services

Survey respondents were asked “In London, Ontario, when integrating an SCF what additional services should be included in order to best support people using the facility”. The survey included a list of pre-identified recommendations. They could select as many recommendations they felt applied as well as add other comments.

Many survey respondents identified the importance of including additional services to best support people using an SCF with addiction services, medical support and withdrawal management selected most often.



Many of these people have mental health issues for various reasons that need to be addressed as well. Very complicated. Almost need a mentor for each person. Very difficult situation” (respondent)

“Link it to the Identification clinic run by Community Legal Services at Western Law” (respondent)

“I don't think any of these additional services should be offered. There are already organizations who offer these services, and people who want to get help can access them. The safe injection sites should be for that. Maybe one social worker in case someone comes in and wants to get clean, but in order to keep cost down there shouldn't be duplication of community services that already exist.” (respondent)

Other Additional Services

Additional services emerging from survey responses to “other”:

Mental health services and supports

General counselling and education - counselling in this context could refer to personal counselling for a range of things including education and employment

Staffing suggestions include social worker, peer workers and harm reduction workers

Need to provide culturally relevant services respecting the needs of diverse population groups including having spiritual care, Indigenous services, LGBTQ, and support for people involved in the sex trade

Reintegration focused services such as wraparound support, social support, life skills, sober living units, employment and education services, meals or snacks, and arts, recreation and leisure activities

Police, security and site cleanup

Parenting support including onsite child care, perinatal education, parent and child support services, and family planning

No additional services be provided but that linkages and referrals be made

Medical services including quick access to fentanyl overdose kits

Having multiple locations

Emerging from the Consultations and Focus Groups

Participants were not asked this question directly. Specific mentions of additional services were captured in response to other questions and include the following:

- Indigenous staff, linkages to Elders and Indigenous healing practices, applying an Indigenous service-delivery model
- Addiction Services and Withdrawal Management
- Medical Support (Physicians, Nurses, and Dentists)
- Housing Support
- Extensive training for staff to address systemic racism, understand trauma and intergenerational trauma, and destigmatize addiction
- Peer Support
- Systems Navigator/Indigenous Systems Navigator
- Sexual Health Screening
- Family Planning
- Wraparound
- Replacement Therapy
- Wound Care Opportunity
- Safe Space for Women
- Drug Testing Before Use
- Testing strips to be distributed to rural areas and First Nations reserves
- Transportation (from First Nations reserves) to overcome geographic barriers

“If we don’t offer all the services, why are we doing this?”
(respondent)

Part III

Focus Groups Summary

Focus Group Overview

Four focus groups were held to gain insight from specific groups:

- Indigenous Voice on the Chippewas of the Thames First Nation Reserve (at SOAHAC)
 - Two public health nurses attended (two others participated late in session)
- Urban Indigenous Voice at At^Lohsa downtown (9 participants)
- Peer Voice (15 participants)
- Service Providers (28 participants)

Format

All the focus groups were given a formal presentation regarding SCFs which was prepared and presented by the Middlesex London Health Unit and then a large group conversation followed with the Indigenous and Peer consultations. The Service Provider focus group followed a similar format to the community-wide consultations.

Participants of the peer and Indigenous consultations were offered twenty dollars as compensation for their participation at the session. Some respectfully declined the offer.

Summaries

The following provides a summary of the dialogue which occurred at each focus group.

Indigenous Voice

The following is a summary of the different areas of focus during the conversation at the two focus groups held for Indigenous people.

Systemic Racism and Intergenerational Trauma: Participants stressed that it is critical for staff and those serving Indigenous clients to understand the systemic racism that Indigenous people face and the realities of intergenerational trauma and its relationship with substance use. Participants noted that too often they experience racism and stigmatization by health care professionals who make assumptions of their stories and their needs. Their assumptions and overall attitude are harmful and can often further perpetuate distrust between Indigenous people and the health care system.

Service Delivery Model: Participants from the focus group at the Chippewas of the Thames First Nation suggested that those who will be implementing a SCF investigate if SCF models for Indigenous people exist and if so to learn from their best practices (e.g. Saskatchewan). Participants from the focus group at At[^]Lohsa strongly emphasized the importance of having Indigenous staff helping Indigenous clients not simply having staff who receive Indigenous cultural competency training. This would help avoid some of the colonial undertones that occur when settlers provide health care to Indigenous people.

Participants recognized the need to also have difficult conversations within their own communities around harm reduction. The hope would be to help Indigenous people who are using substances feel safe and accepted, and to reconnect to their communities and traditional healing practices.

Additional Services: Between both focus groups it was suggested to have direct linkages to Elders and Indigenous healing services. Providing a resource sheet that lists Indigenous resources in the area was also recommended. Participants further suggested that staff provide pregnancy tests (family planning), antibiotics, wound care, and drug testing strips. Providing transportation and access to testing strips for people who live in neighbouring First Nation communities was also seen as important.

Data Collection: Both groups discussed data collection – how the data would be collected effectively and how it would be used. It was recommended to ask clients if they are Indigenous but to also track more specific data (e.g. from which community do they belong) and to be mindful of how the data is presented. Data presented incorrectly can sometimes present bias and/or further stigmatize the groups.

“There needs to be a connection between the trauma, the attempted genocide, and the consequences of addiction.” (participant)

“We need our people serving our own people.” (participant)

“The truth is Indigenous people need to be made a priority by more than just Indigenous people.” (participant)

A resource sheet should be made available with all the different Indigenous resources in the area. (participant)

Peer Voice

The following provides a summary of the dialogue during the Peer focus group:

Operations: Peers had several questions related to how the site should be operated. They suggested that it should be open until 3am as many people who use inject one last time around that time of the day. Peers were concerned about police presence and emphasized how critical it is for the facility to have a positive and trusting relationship with the police. Peers noted that it's unlikely that drug dealers would increase their presence around the site. For example, they noted that drug dealers do not hang out around the needle exchange program at the Regional HIV/AIDS Connection.

Service Delivery Model: Peers stressed the importance of having a peer support model. As one peer noted, it would be nice to "have someone to just go to, a balance between a professional and a peer." Another peer suggested for there to be suboxone treatment offered at the site. Other peers suggested for the site to be dog friendly as many people who use substances are very attached to their pets and do not wish to be separated from them. Another peer noted that many people who use look for others to administer their drugs for them, they suggested that the site help people who use with the administration of their drugs.

From a staffing perspective, peers highlighted the need for staff to be trained in trauma-informed care and ensure staff are non-judgmental. Peers shared stories of healthcare professionals who were judgemental and in turn, peers would not want to seek help and this would hinder their healing or overall health. Peers also stressed the importance of offering other services but not being too prescriptive as this would push people away from the site.

Locations: Peers observed that people who use never go to far too use. Therefore, the site should be close to shelters such as the Unity Project, Mission Services or to other services in the area such as the Coffee House on Hamilton Rd.

Peers also suggested that there be a combination of a fixed and mobile sites. Their hope would be that the mobile site would eliminate the tension among communities that do not want the site in their neighbourhood.

Making it work: Right away, Peers indicated that it would be important to have an SCF because it would make areas safer for the public, especially children. The sites would give people who use substances a safe place to inject without the fear of being caught. It is in the rush to not get caught that people who use discard needles carelessly. One peer shared, "I'm quite sure I got HIV because I grabbed someone's needles in a rush."

"People think addicts are being disrespectful but it's not that at all. Addicts can't help it, we are rushed and don't want to get caught." (peer)

"[Supervised Consumption Facilities] will be better for people who don't use, they will be safer because there will be less exposure to discarded needles." (peer)

"I want this to go through. I'll be extra responsible so that we have this solution." (peer)

"Already at needle exchange program, dealers don't come around here because they are worried about cops." (peer)

Service Providers

There were twenty-eight service providers who participated in this consultation. Because of its size, this focus group followed a similar structure of the community consultations and was coded and themed as such. Themed data was included in the community consultation themes.

In addition, the following are other insights that were shared by Service Providers:

- Providers stressed the importance of public education to convey the benefits to the overall community
- Providers were concerned that the location needs to be where there is high usage, as people who use often use “where they’re at.”
- Their top concerns were related to:
 - Privacy
 - Mixing populations (age, mental health, gender)
 - Funding for proper evaluations
 - Location of sites
 - Safety for all
 - Impact of integration to other services (resources and funding)

When service providers were asked, what they are noticing regarding substance use and how it relates to potential locations, they shared the following:

- People don’t travel far to use (locate site near shelters)
- Housing first model should be a priority (people can use at home)
- People who use often use in isolation (alleys, hidden or abandoned areas)
- High fear of getting caught with equipment by police
- Core/East of Adelaide/Hamilton are important locations to consider
- Usage occurs where there is a high concentration of services
- There is high use among Indigenous communities

“How will folks who use substances be supported once they leave the facilities?” (service provider)

“Many women do not (know how to) self-inject which creates a circumstance of dependence on men. Within a context of relationship violence, this gives men who are abusive a significant degree of control over women. SCFs can provide women with information and support to become more independent.” (service provider)

“There needs to be good funds for proper evaluation and public education of benefit the to everyone.” (service provider)

Part IV

Location & Neighbourhood Feedback

“Cannot be on Dundas or adjacent to Dundas – too risky” (respondent)

“The SCF should be a mobile unit administering to the individuals. There is NO community in London that will not be impacted significantly by a full time SCF.” (respondent)

“Not supportive of a location on Dundas/near commercial corridor but supportive of other sites or mobile sites” (respondent)

“We need these sites in the West end as well. The Byron area has a lot of [people who use drugs] and I'd much rather see [people] use a safe injection site than Springbank Park, behind the Metro strip mall, at our public pool or on the playgrounds of our schools.” (respondent)

“Near Victoria Hospital. My house backs on to the plaza at Wellington & Baseline (Staples plaza). Just over our fence we are constantly finding used needles.” (respondent)

“A couple blocks south of Hamilton and east of Adelaide there is a large area of space.” (respondent)

Location Suggestions

547 Survey respondents who identified as living in Core/Downtown, Old East Village, SOHO or East-Hamilton and over 200 people attending consultations in one of these four areas or attending focus groups provided opinions on the question:

1. “Do you have any suggestions as to where in your neighbourhood the Supervised Consumption Facility should be located?”

Specific location suggestions such as addresses, buildings and intersections are shown on the map included in this report.

Other themes emerging from the responses include:

- Suggestions for general location areas including Planning Districts, neighbourhood areas, and streets as well as suggestions for mobile sites and multiple locations
- Suggestions for places to avoid
- Suggestions that correspond to “things to think about”

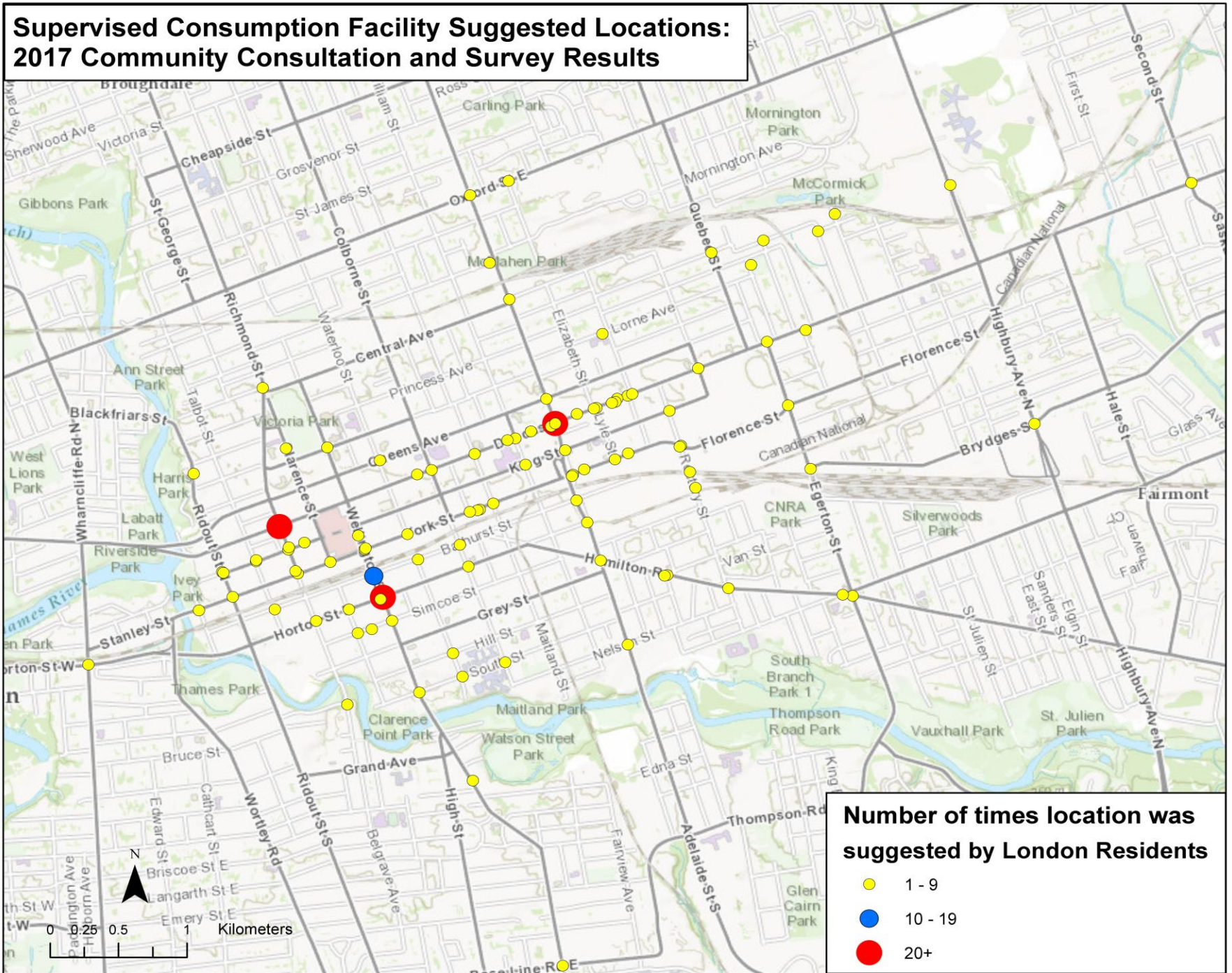
Highlights of these themes are summarized for each neighbourhood on the Neighbourhood Highlights slides.

About the Map: “Supervised Consumption Facilities Suggested Locations” is a visual representation of responses that were either specific addresses or buildings, were landmarked to a specific building or location, or were identified as an intersection.

- Smaller yellow dots represent locations that were mentioned 1 to 9 times.
- Larger blue dots represent locations that were mentioned 10 to 19 times.
- The largest red dots represent locations that were mentioned 20 times or more.

Responses from all areas are shown on this map as people provided suggestions both inside their neighbourhood area and outside their neighbourhood area. For example, a resident who self-identified as living in OEV may have provided a suggestion for a location in the Downtown area.

Supervised Consumption Facility Suggested Locations: 2017 Community Consultation and Survey Results



Location

About the Neighbourhoods – Things to Keep in Mind – Summary

“... if not managed and planned properly ...would reverse or stall some of this revitalization progress.” (respondent)

Would be nice if it was in something just like a house so it's not a big deal for anyone (respondent)

“not near schools, as far away from residential as possible, well lit high traffic areas” (respondent)

“The IVDU population frequents the area already. To increase area resident buy in, you must show that you are improving safety from what it is currently. Through better lighting, increased transit, increased policing etc.” (respondent)

“responsibility, to ALL members of the community, not just the healthy members” (respondent)

Survey respondents who identified as living in one of the neighbourhoods, attendees of a consultation session located in any of the 4 neighbourhoods and focus group participants were asked "what needs to be kept in mind about your neighbourhood as a location is being selected?".

Responses from 533 survey respondents and session attendees are combined and cross-referenced with the “things to think about” theme responses that were provided to the location suggestion question

Potential impact on neighbourhood: Includes responses that describe an anticipated change to the current situation or that suggest the need for services, supports, funding to deal with expected impact. For example: respondents talked about potential impact on revitalization and businesses; includes one word responses like “crime”, “safety”, “litter” and “sidewalk congestion”; references to safety, security for people who will use the facility as well as site maintenance.

A response may reflect that the expected impact is positive or negative or it may mean “plan for” a particular impact

Community Engagement and Accountability: Refers to responses that reflect where the community is at with this and what it might need. For example: Responses related to need for education, community development; perception of support for or against facility; Attitude towards individuals who use drugs and comments on the research process; includes responses that suggested that an SCF be located outside of London, "not in my community" or not at all.

Also includes reference to the need for effective management, site monitoring and ensuring community voice is heard and for ensuring that the perspective of people who use drugs is considered

“There is already problems in my area and a supervised safe injection site would be welcomed” (respondent)

“We already have an abundance of services bringing addicted persons into our neighbourhood and a lack of police presence” (respondent)

“Why not have multiple locations? Not all people who inject drugs live/use in the same place. Why would I come downtown to use if I lived in the northwest? That's like a 45 minute bus ride.” respondent

“there needs to be open space/driveways for police or EMS to respond, safety mirrors, and in a location that could be a multiuse facility for example safe injection site and a place for people to get a free warm drink/meal”. (respondent)

Neighbourhood makeup: includes responses that describe the neighbourhood as it is currently. Examples: “we have lots of children/seniors/student night life”; one-word socio-demographic references like “children, families, income, employment, population density”; references to current local activity such as crime patterns, drug use, homelessness

Zoning /built environment-related: refers to site location recommendations such as: “residential or commercial areas”; includes one word responses like “schools”, “parks” and family and tourist attractions; where establishments used for sex trade are. Location suggestions often used the phrase “away from...” when describing general areas that the site could be located

Service concentration: Includes responses that identify that an area is overburdened with a high concentration of services and responses that simply identify “proximity” of other services including supportive, social and medical services

Site criteria and design: Refers to recommendations about the facility itself including: Physical location considerations such as where heavy drug use already occurs; needle box locations; vacant space; on a side street/on a main street;

Site attributes such as whether the site is safe, discreet, private, lighting, security; standalone/co-located; sidewalk space; references to traffic and traffic levels

Characteristics such as whether or not it is a welcoming place to go, harm reduction approach, access to wraparound support

Site accessibility: includes single word response “accessible”, as well as “on a bus line”, “walkable”, “parking available”, convenience; ease of access for emergency vehicles; references to mobile units and multiple sites

Site Evaluation and Needs Assessment. Refers to responses that reflect the idea of the need for evidence-gathering: a site evaluation; risk assessment

Location Highlights: Core/Downtown

The following reflect highlights of the responses to “location suggestions” and “things to keep in mind about your neighbourhood as a location is being selected” emerging from the survey responses and cross-referenced with the consultation and focus group sessions.

Other Location Suggestions

In Downtown
On Dundas St, York St., Horton St
Multiple locations, mobile units
Where needle boxes are, where drug activity occurs
In or near medical and/or social service buildings
Vacant space
On or close to main street
On a side street
Near police, fire, city supervised area
Avoid Dundas St, Dundas & Richmond, Downtown, police station

Site Selection Criteria

Accessible – on bus line, walkable, for police, EMS, gender, ability
Nice facade
Discreet, private
Space for community room to decrease loitering
Away from residential and commercial areas, restaurants, tourist areas
Safety – lighting, traffic levels
Apply a needs-based approach to select location – need to reach the most people

Things to Consider

Potential impact on area: crime, revitalization, exacerbating current issues, stigmatizing area, quality of life, needle littering
Operational issues - Site maintenance, hours of operation, safety
Needs of businesses, residents as well as people with addictions
Advertising so people will use it/know about it
May benefit area – clean up needles, help people

Keep in Mind about Neighbourhood

Population diverse in ages and stages of life; high population of people with addictions, mental health and homelessness issues; lower socio-economic families; densely populated
Multi-purpose, high traffic – both foot and automobile, student night life
Has designated Heritage sites, Flex St.
Undergoing revitalization; planned construction for Dundas St between Wellington and river
Current issues include loitering; drug activity along the bike path, around the Market area, in wooded areas; needles; poor reputation
Social services in area, needle exchange

Community Engagement and Accountability

Responses reflect that SCF in the area has both community supporters and community resistance; anticipate negative community reaction
Broad consultation including people with lived experience as stakeholders
Listen to community – concern that won’t listen to community
Communicate with community about reasons for site selection
Monitor sites
Ensure timely and efficient response to concerns of residents and business owners
Educate community members to decrease stigma and provide drug education programs as prevention

Community Feedback to Location Questions: 487 survey respondents; 38 consultation session attendees

Location Highlights: East Hamilton

The following reflect highlights of the responses to “location suggestions” and “things to keep in mind about your neighbourhood as a location is being selected” emerging from the survey responses and cross-referenced with the consultation and focus group sessions.

Other Location Suggestions

In Downtown, Masonville
 On Dundas St, Hamilton Road
 Multiple locations
 Where needle boxes are, where drug activity occurs
 Near hotels, motels used for sex trade
 In or near medical and/or social service buildings
 Vacant space
 On or close to main street
 On dead end street
 Near police, fire, city supervised area
Avoid any of these 4 neighbourhoods, police station

Keep in Mind about Neighbourhood

Growing population of young families, children and teenagers; seniors population
 Cultural diversity – unique cultural needs
 Already have many small support services
 Poor reputation that does not reflect community pride and ownership and diversity of population
 Relatively high population of people with mental illness
 Many drug houses and people who use drugs in area
 Criminal and gang presence

Site Selection Criteria

Accessible – on bus line, walkable
 Convenient for people who will use site
 Parking and space
 Conduct site risk assessment
 Away from other controlled substance areas like LCBO, Beer Store
 Away from churches, schools, playgrounds, seniors’ residences, businesses
 Proximity to 24 hour store

Things to Consider

Potential impact on area: perpetuate an existing problem, reputation, quality of life, crime, area cleanliness, needle littering, more people using drugs come to area
 Ensuring safety of people who use facility, for children, seniors, citizens, businesses
 Traffic levels – related to safety
 Proximity to housing, addiction services
 Legal responsibilities of staff
 Need to make it welcoming and safe, respect for beliefs and cultures

Community Engagement and Accountability

Responses reflect that SCF in the area has both community supporters and community resistance
 Listen to community
 Communicate with community about reasons for site selection and how community will be supported
 Minimize risks and impact
 Education for community members

Community Feedback to Location Questions: 186 survey respondents; 27 consultation session attendees

Location Highlights: Old East Village

The following reflect highlights of the responses to “location suggestions” and “things to keep in mind about your neighbourhood as a location is being selected” emerging from the survey responses and cross-referenced with the consultation and focus group sessions.

Other Location Suggestions

Downtown
On Dundas St., King St., York St.
Supportive of mobile and multiple sites
Where heavy drug activity occurs
Vacant space
Find out where people will go
Avoid Dundas St., Old East Village, areas where there are already a lot of social services, police station

Keep in Mind about Neighbourhood

Residential, family neighbourhood
Active community association
Mixed income
Caring community
Much effort and investment has gone into revitalization
Experience problems with existing needle drop boxes and methadone clinic
Already have an abundance of services
Already have problems with crime, drug use, homelessness in the area

Community Feedback to Location Questions: 310 survey respondents; 95 consultation session attendees

Site Selection Criteria

Accessible – on a bus line or walkable
Discreet – afford dignity to people who use facility
Located away from schools, residential areas, commercial areas
Safety for all
Enough space to prevent crowds on sidewalk

Things to Consider

Potential impact on quality of life, property values, revitalization and development, crime, stigma, and drawing people from across city to the area
Could help with people in the area who are homeless, are drug users
Proximity to social, health, justice system, recreation services

Community Engagement and Accountability

Responses reflect that SCF in the area has both community supporters and community resistance
Residents need to see evidence, feel support for addressing any problems that arise - examples: better lighting, transit, community development support
Need to work with business community
Would like to see neighbourhood-centred service model that includes a “Good Neighbour Agreement” to better address problems of loitering, drug dealing, theft, vandalism, conflict

Location Highlights: SOHO

The following reflect highlights of the responses to “location suggestions” and “things to keep in mind about your neighbourhood as a location is being selected” emerging from the survey responses and cross-referenced with the consultation and focus group sessions.

Other Location Suggestions

Downtown
South St., Horton St.
Multiple locations
In or near medical services
Integrated into another service
Near existing services/away from existing services
Where needle boxes are
Where drug activity occurs
Close to shelter beds or highly used services
Avoid Four Corners project

Site Selection Criteria

Accessible – by bus, for emergency vehicles
Private, discreet but not hidden/not brightly signed or advertised
Away from residential area and away from schools
Empty building
Close to park
Appearance of building important

Things to Consider

Potential impact on area: needle littering, criminal activity, attractiveness, reputation, revitalization and development, development on grounds of old Victoria Hospital
Could help clean up current needle problem
Proximity to social services and hospitals, schools, major streets, walkways, paths, Thames Park
Safety for all - Needs to feel safe

Keep in Mind about Neighbourhood

Middle-class families, many children – some unsupervised
People live and work in the area
Area already has reputation of being “sketchy”
Dealers live in neighbourhood, already have high drug activity
Existing social service agencies already draw people challenged by homelessness, addictions, poverty

Community Engagement and Accountability

Expect negative community reaction
Awareness of the need for compassion
Ensure property is maintained, area is kept safe
“in reach versus outreach”

Community Feedback to Location Questions: 96 survey respondents; 36 consultation session attendees

Part V

Recommendations



Recommendations Based on Community Consultation

“People are not traveling far from where they are staying to use” (respondent)

“the chosen locations should be discreet, convenient, and accessible and offer reduced harm to clients and surrounding businesses” (submission)

“We can learn from the recent experiences in Toronto and Montreal by asking ourselves what we can do to prevent similar negative consequences in London.” (submission)

“There needs to be an Indigenous lens when discussing these interventions and how medicine does its work. It’s not about evidence. It’s very much about spirit – 50% is belief and 50% is the substance itself” (respondent)

1. **Ensure site location is accessible and welcoming to potential clients and respects the immediate neighbourhood context:**
 - Select an accessible site for people who consume drugs and would benefit from using the services of an SCF; locating the site close to areas of heavy drug activity, on a bus line, in a discreet but visible location, and in a space that is welcoming and safe will help to encourage people to use the site
 - Plan to have multiple sites and/or mobile sites in order to have the broadest reach
 - Consider the immediate environment of the site. Respondents would prefer that the site be away from schools and residential areas, and ensure that it does not disrupt businesses that rely on foot traffic
 - Consider, co-location or sharing space with other existing health and/or social services. At the same time, it is important to be cognizant of the impact that adding another social and health service could have in areas that already have many services
 - Site features that matter include: lighting, privacy, space for people to connect without having to spill out on the sidewalk
 - Conduct a site assets and risk assessment as part of site selection
2. **Implement and operate from a base of evidence and best practices, and commit to ongoing evaluation:**
 - Be informed by the experiences of similar facilities located in other jurisdictions, and local needle exchange and methadone clinics experience in developing local site policies and practices that address safety concerns of people who visit the site, staff and the neighbourhood, site maintenance, and timely identification and response to emerging issues and concerns
 - Plan for ongoing developmental evaluation from a continuous quality improvement lens inclusive of monitoring of on-site and off-site/community/local environment issues and changes, usage, review of policies and procedures
 - Develop an evaluation framework focused on outcome and impact assessment that are anchored on clear objectives, goals and measures of success
 - Respect client confidentiality in terms of data collection. Data collection and presentation of data should be ethical, respectful and useful
 - Share, report and act on evaluation results

“How is our voice going to be heard if we have concerns?” (respondent)

“Currently, most service delivery methods do not address local loitering, drug dealing, theft, vandalism and conflict in public spaces. Services are client-centred instead of employing a more holistic neighbourhood-centred model.” (submission)

“The truth is Indigenous people need to be made a priority by more than just Indigenous people.” (participant)

3. Be equipped to serve diverse group of clients with varying needs:

- Create an inclusive site, respecting the individual needs, experiences and contexts of a broad spectrum of clients that includes, but is not limited to, LGBTQ2+, Indigenous, women, sex trade involved, diverse languages and cultures and persons with disability
- Commit to a diverse workforce and recognize the importance of Indigenous people working in and informing the SCF team
- Provide extensive training for staff to address systemic racism, understand trauma and intergenerational trauma, and destigmatize addiction
- Develop and monitor policies and practices that address client safety issues
- Adopt best practice approaches to engaging with clients in a way that root causes to addiction can be addressed
- Include a Peer Support strategy

4. Respect neighbourhood needs and concerns:

- Locate in the neighbourhood with understanding of and respect for the existing community – their concerns, their support, their context
- Establish mechanisms for ongoing communication and feedback. This can be done through a formal "Good Neighbour Agreement" or through deliberate informal processes
- Adopt a community development approach in working with the neighbourhood
- Use a community development approach to ensure a more successful integration of the site into the local community and provide resources as needed to address negative impacts that may occur for the community

5. Communicate, educate, and train:

- Provide public education on addiction, the opioid crisis and the four pillars approach to a comprehensive drug strategy as well as SCF as one tool in the approach
- Provide opportunities for persons who use drugs to receive information and education on topics including treatment options
- Provide comprehensive training for staff on trauma, violence and de-stigmatization

“Wraparound supports are essential to providing quality care and also fighting this idea that we are somehow encouraging drug use.” (respondent)

“Provide peer services – it gives [people who use] something to work towards. I want to hear someone who has been there; they’ll get it if I say “I’m pill sick”” (respondent)

6. Develop strong partnerships and commit to system shift:

- Provide opportunity for wraparound supports and services that recognize the client as a whole person with a view to addressing needs ranging from basic needs to health and well-being
- Link to existing services through partnerships and protocols that ensure timely access to additional services
- Ensure that SCF is effectively integrated into the broader system and is not simply “added on”; encourage partners to consider the implications of SCF in terms of their work and their policies and procedures

7. Continue to work with the “bigger picture” in mind:

- Recognize that an SCF is part of a broader strategy. Advocacy and work on each of the four pillars of harm reduction, education & prevention, treatment, and enforcement should continue
- Advocate for adequate funding for SCF but not at the expense of existing health and social services

8. Develop and implement a comprehensive implementation strategy:

- Take time to develop a comprehensive and effective implementation strategy that integrates the recommendations stemming from the community consultation and sets up the SCF for success in our community
- As part of the implementation strategy, include a communication and engagement plan that explains the decisions made, engages the appropriate stakeholders and articulates how the community consultation informed the decisions