

# Executive Summary

## Consumption and Treatment Services in Kitchener Evaluation

April 2023



Region of Waterloo  
PUBLIC HEALTH AND  
PARAMEDIC SERVICES

**A full version of this report is available upon request.**

**For more information contact:**

Prevention and Harm Reduction Program

Healthy Living and Foundational Standards Division

Region of Waterloo Public Health and Paramedic Services

150 Main Street, 2<sup>nd</sup> Floor

Cambridge, ON N1R 6P9

Email: [harmreduction@regionofwaterloo.ca](mailto:harmreduction@regionofwaterloo.ca)

## Executive Summary

Consumption and Treatment Services (CTS), previously called supervised consumption services in Ontario, are medically supervised sites that hold an exemption from the Controlled Drugs and Substances Act (CDSA) to operate where individuals can consume pre-obtained illicit drugs intravenously, intra-nasally and through oral consumption. These sites create a supportive environment for people who want to consume drugs and are available worldwide, including Canada.

The CTS located at 150 Duke Street West in Kitchener, opened on October 15, 2019. The site is open 9 a.m. to 9 p.m. seven days a week, including holidays. Sanguen Health Centre operates the site in partnership with Region of Waterloo Public Health and Paramedic Services.

The CTS provides services such as supervised consumption / overdose prevention, harm reduction supply distribution, naloxone kit distribution, wound care, sharps disposal, as well as access to mental health supports, addiction services, primary care and social services on site or by referral.

In April 2018, the City of Kitchener recommended completing a comprehensive review of the CTS within two years of its opening. As per the request of Regional Council, Region of Waterloo Public Health and Paramedic Services began a comprehensive evaluation of the CTS in late 2022.

### Evaluation purpose and methodology

The purpose of this study is to assess the effectiveness of the CTS in Kitchener and to make recommendations for program refinements and improvements. The study aimed to answer the following research questions:

1. How has the CTS affected client health and wellbeing?
2. How has the CTS affected safety and security in the neighbourhood?
3. How has the CTS affected businesses in the neighbourhood?
4. To what extent is the CTS facilitating referrals and connections with other services?
5. How does the CTS affect the use of emergency services?
6. What would improve access to the CTS?
7. What needs to be improved/refined?

This evaluation incorporated five data collection methods:

- In-person interviews with people who use drugs (including those who use the CTS and those who currently do not use the CTS)
- Interviews and online surveys with CTS staff
- Key informant interviews with business, safety/security, and emergency response stakeholders
- Secondary data reviews of CTS program data, Waterloo Region Police Service (WRPS) data, Waterloo Region Paramedic Services data, and data from the Overdose / Drug Poisoning Dashboard – Region of Waterloo

- A community perspective survey administered to all residents and business owners in the area surrounding the CTS

Data was analyzed through qualitative and quantitative analysis, responses were categorized based on themes, and results are presented below. The Region of Waterloo Public Health and Paramedic Services Research Ethics Board and/or the University of Waterloo Research Ethics Board reviewed all data tools and collection processes.

## Key Findings

- 1,929 unique clients accessed the site between October 2019 and October 2022
- 3.6 per cent of all consumptions resulted in a drug overdose/poisoning and zero deaths occurred between October 2019 and October 2022
- 3,887 referrals were made to community services
- The preferred ways to use drugs by CTS participants were smoking (54%), injecting (46%), and snorting (2%)
- The top three reasons for not using the CTS included no place to smoke / the participant does not inject drugs (52.8%), utilizing other services / using elsewhere (25%), and transportation barriers / location / not convenient (22.2%)
- Since coming to the CTS, 83 per cent of respondents reported re-using supplies less often, 74 per cent reported using alone less often, 61 per cent reported overdosing less often, and 69 per cent reported using drugs in public spaces less often
- Drug overdose/poisonings at the CTS require fewer emergency services since most clients do not need an ambulance or go to the hospital. The CTS decreases the number of drug overdoses/poisonings where first responders are needed, as CTS staff are able to provide an effective response
- CTS staff described the relationships and trust-building process with clients as a key component to the success of the CTS
- Staff reported seeing behaviour changes in the people using the service (e.g., proper vein care, using new supplies) and seeing them share their knowledge with others
- Service gaps preventing people from accessing the CTS included limited hours, capacity, location, additional supports (such as housing, food, etc.) and inhalation services
- There was no clear change in the trends related to the CTS opening in 2019 for the proportion of all of the calls to Waterloo Region Police Service within 400 metres of the CTS from 2011 to 2021

## Conclusions

The evaluation consistently highlighted the positive impacts the CTS had on client health and wellbeing. The CTS is a supportive, safe, and valuable resource for clients who experience fewer adverse effects due to the less-invasive process used by staff for managing drug overdoses/poisonings (i.e., providing oxygen, stimulation or breath coaching before naloxone is administered). Additionally, clients report feeling safer and more cared for at the site when compared to their experience with drug overdoses/poisonings elsewhere, and clients report experiencing drug overdoses/poisonings less often since coming to the site.

The crime statistics provided by WRPS demonstrate that the presence of the CTS has not been connected to an increase in crime in the area, despite public perception surrounding this issue. While almost half of the respondents in the community perspective survey felt criminal activity has increased since the opening of the CTS, the data from WRPS illustrates that no increase was seen or connected to the CTS.

The CTS facilitated 3,887 referrals for clients to community services between October 2019 and October 2022. The ability for the CTS to provide referrals and connections to community services not only enhances client wellbeing but also facilitates a system whereby providers can work together to support the community more effectively.

The CTS did not significantly affect the use of emergency services during its first three years of operation. The limited use of emergency services can be attributed to the client care provided by CTS staff. Staff reduce the need for emergency services by preventing overdoses / drug poisonings from occurring.

## Suggestions for improvement

### Inhalation services

The inability to smoke/inhale drugs at the CTS is a barrier and creates a missed opportunity to provide support to 72.2 per cent of clients surveyed who reported this was their main reason for not using the site.

With increased funding to support the required structural changes needed to accommodate safe inhalation, the CTS could explore this option in the future, pending federal and provincial support and resources.

### Accommodations for specific populations

The CTS staff identified certain populations including Black, Indigenous and racialized groups, 2SLGBTQ+, youth, women and people who do not identify as cis males, do not regularly access the CTS. Finding ways to provide accommodations for these groups, such as creating certain dates or times where groups could exclusively access the site (as suggested by some staff) or involving these groups in decision-making processes, may help to encourage members of these groups to feel more comfortable accessing the space.

### Site logistics and operations

The location, hours, and current building facility were noted as barriers to access from CTS staff, key informants, and those who use drugs. Multiple locations are needed across the region to reduce transportation barriers and wait times. All respondents felt services at the site should be offered 24/7.

### Community Referrals

Facilitating referrals for the populations accessing the site can be problematic. Continuing to offer space at the CTS for community programming and services and encouraging service providers to provide their programming and services can help clients have immediate access to needed supports in a space where they feel comfortable. Education for service providers should also be explored to help them better understand the unique needs and barriers of this population to inform their services and approaches accordingly.

### Site education and awareness

Stigma and misinformation regarding the CTS and substance use continues to exist throughout the community. The many benefits of harm reduction and the CTS are not widely known by the public, contributing to the barriers many face accessing the CTS for service. Education and awareness on substance use and the benefits that exist because of the availability of CTS along the spectrum of supports can help build support and create safer environments for people using drugs.

### Funding

Ministry of Health funding has remained the same since the site opened and has not accounted for the evolving needs of the site. Funding restrictions contribute to many of the barriers noted by both clients and staff including limited hours, space, staffing, and the ability to provide support services (e.g., laundry and showers).

Advocacy efforts continue to be implemented through letters of support and requests to provincial and federal governments for increased funding of the CTS. It is anticipated that the costs charged to service providers in order to operate at the site will provide minimal relief to the limits in funding.