

Consumption and Treatment Services Consultations

Question and Answer

This document responds to questions received at the community consultation sessions that were held between January 29th and February 13th in both Kitchener and Cambridge. There is an additional [Questions and Answers](#) document, responding to frequently asked questions about Consumption and Treatment Services.

1. How do the Federal exemption and Provincial funding work? How far does the exemption extend and can one exemption be used for more than one location?

In Canada, the legal operation of Consumption and Treatment Services requires Federal Government approval, granted by the federal Minister of Health for legal exemption under section 56 of the Controlled Drugs and Substances Act (CDSA). The exemption is granted only for the building in which the services are provided.

In the fall of 2018, Health Canada reviewed its approach to Supervised Consumption Facilities to make it easier for communities to address the immediate health crisis. As a result of the review, municipalities and not-for-profits can apply for a federal exemption. No letter of support is required from the Provincial Minister of Health; however, there is no federal funding available to support consumption programs. A separate application for an exemption is needed for each site. In Ontario, funding for Consumption and Treatment Services are provided by the Provincial Government.

Funding for Consumption and Treatment Services cannot move forward without an exemption from the federal government. However, given the recent changes made by the federal government, municipalities and not-for-profits can apply for exemptions separate from the provincial funding process. The federal government provides for the exemption only and municipalities and not for profits would need to find an independent source of funding.

In October, the Ministry of Health and Long-Term Care indicated that there will be a cap of 21 sites for the province. Existing sites needed to reapply to continue to be funded and new sites were told to apply in advance of April 2019. The Ministry requires that data be provided indicating a need for CTS and does not restrict communities to one application. The sites need to be accessible by foot as they relate to high areas of need.

2. What are the phases of the Consumption and Treatment Services Feasibility Study and what are the next steps?

The initiation of the Consumption and Treatment Services project began with a report to Community Services Committee of Regional Council in June 2017. This report

highlighted the opioid crisis in Waterloo Region and evidence based research regarding strategies to combat the opioid crisis. One of these strategies was Supervised Consumption Services, now called Consumption and Treatment Services. The report in question is [Enhancing Harm Reduction Services in Waterloo Region](#). Public Health also completed a [literature review on Supervised Consumption Services](#).

Region of Waterloo Public Health and Emergency Services is currently in the last phase of conducting a feasibility study for Consumption and Treatment Services. The study is based on best practices and is designed to meet the requirements of the Federal and Provincial applications for Consumption and Treatment Services. Each Phase of the study receives approval from Regional Council before moving ahead. A brief description of each phase is provided.

Phase 1 of the study identified that Consumption and Treatment Services would serve a need in our region. It included a review of data relating to consumption drug use in the Region, overdose related deaths, overdose related emergency department visits, and opioid related paramedic service calls. The study also included broad community consultation with community residents, harm reduction service providers, people who inject drugs, and key stakeholder groups in the region. A link to the full report from Phase 1 can be found on the Public Health website: [Waterloo Region Supervised Injection Services Feasibility Study](#).

Phase 2a of the study involved identification of candidate locations in Waterloo Region as well as an operating model for the sites. If endorsed, Region of Waterloo Public Health, in partnership with Sanguen Health Centre, will apply for a Federal exemption to operate Consumption and Treatment Services in Waterloo Region. Sanguen Health Centre will be responsible for the daily operations of the sites in Waterloo Region and Public Health will provide leadership, administrative support, evaluation and community engagement. The service will also be supported by our community partners in the following ways:

- Primary care support provided by Langs Community Health Centre (Cambridge location) and Kitchener Downtown Community Health Centre (Kitchener location)
- Treatment services (counselling, program navigation and access) provided by the House of Friendship
- Opioid Replacement Therapy services intake provided by the Canadian Addiction Treatment Centres (CATC) through their Towards Recovery Clinic and Ontario Addiction Treatment Centre clinics

The candidate locations for Consumption and Treatment Services in phase 2a were:

- 115 Water Street North, Kitchener
- 150 Duke Street West, Kitchener

- 149 Ainslie Street North, Cambridge (this location has since been removed from consideration)
- 150 Main Street, Cambridge

Phase 2b of the study involved development of a “Made in Waterloo Region” model through stakeholder consultation, identifying the community vision for Consumption and Treatment Services and how operations and partnership with support the vision.

Five key themes were identified for a vision for Consumption and Treatment Services in Waterloo Region:

- Safe and Inclusive Community for Everyone
- Safe Places to Live and Sleep
- Accessible and Appropriate Services
- Reduce Overdose and Overdose Deaths
- Problematic Substance Use is Seen as a Health Issue

Many services, supports and partnership were identified as being needed as part of the site operations to help realize the practical vision and common elements of a model of Consumption and Treatment Service were identified. A summary report of the visioning session can be found at the following link: [Consumption and Treatment Services Visioning a “Made in Waterloo Region” Model Summary Report](#).

Phase 2c of the study has recently been concluded. It involved hearing from the community on the candidate sites. An external consultant (ICA Associates) was hired to facilitate public consultation sessions and prepare and analyze an online survey. The community had the opportunity to identify benefits and concerns of the candidate site locations and provide insight into how concerns can be mitigated. A report on the findings of the community consultation will be released by ICA Associates in April 2019.

Phase 3 of the study planned for spring 2019 would include a report to Regional Council that would include a summary of full site assessments including the results from the community consultation and, if appropriate, a recommendation to proceed with an application to have Consumption and Treatment Services in Waterloo Region. Applications for funding to the Ministry need to be endorsed by municipal councils.

3. What were the criteria and process used to identify candidate locations for Consumption and Treatment Services in Waterloo Region?

The same criteria were used to assess all candidate locations for Consumption and Treatment Services.

According to the Ministry of Health and Long-term Care (MOHLTC), Consumption and Treatment services will be located in communities in need based on ministry-defined criteria. These criteria include the following:

- Number of opioid-related deaths
- Rate of opioid-related deaths
- Rate of opioid-related emergency department visits
- Rate of opioid-related hospitalizations
- Proxy measures for drug use:
- Needle distribution
- Naloxone and oxygen use to respond to an overdose
- Any local or neighbourhood data to support the choice of the proposed CTS site

In addition, further criteria set out by the Ministry of Health and Long-term Care includes:

- Capacity to provide consumption and treatment services – onsite or defined pathways to treatment and social services;
- Operations that are available seven day a week;
- A minimum 600m distance between Consumption and Treatment Services sites;
- Requirement of local municipal council support as well as submissions of other letters of support, including the Board of Health resolution;
- Requirement that the area surrounding Consumption and Treatment Services sites is monitored for improper needle disposal;
- The site is compliant with the Accessibility for Ontarians with Disabilities Act; and
- An established and ongoing process to hear and address community concerns.

A full description of the provincial criteria can be found in section 5.2, Appendix 2 of the [PHE-IDS-18-13](#) report that went to Community Services Committee of Regional Council on December 11, 2018.

It is well established in Waterloo Region that Consumption and Treatment Services are needed in Central Kitchener and South Cambridge based on these criteria. This is further validated by the Feasibility Study survey of people with lived experience of drug use who identified these as leading choices for service location.

The provincial and federal governments have specific requirements for locations and Waterloo Region has criteria for consideration. All proposed locations were evaluated based on the provincial, federal and local criteria. Locations were brought forward to the Consumption and Treatment Services Implementation Workgroup for consideration if they met the following:

- The property is available for lease;

- The property owner/landlord is in agreement with the intended use of the space; and
- All criteria listed below:
 - The site is in an area of high need as indicated by high occurrences/rates of overdose (fatal and on-fatal) and current occurrences of public illicit drug use.
 - The site is a minimum 1000 square feet and is ideally 2000 square feet to accommodate wrap-around services.
 - The site has capacity for various security measures (e.g. has security on site, secure entry, cameras, etc.).
 - The site is strategically located within an approximately 10-15 minute walk to areas of highest reported drug use.
 - The site is easily accessible by public transit (i.e. within 450 meters of a GRT stop).
 - The site is accessible or can be made accessible for people with disabilities (e.g. on a main floor).
 - The site is in close proximity (i.e. 10-15 minute walk) to complementary health and social services including mental health care, primary care, palliative care, opioid withdrawal support, and social services.
 - The location is accessible by first responders.

To support site selection that meets these, as well as other provincial and federal criteria, public health staff sought community input to list additional considerations important to site selection. As reported in [PHE-IDS-18-09](#), the following considerations were identified:

- Service integration - That the site has adequate space to accommodate the integration of other health and social services within the same building (approx. 2000 sq. ft.)
- Proximity to youth/families - That proximity to sensitive business areas, schools, youth serving agencies, or mainly residential areas is considered.
- Proximity to places that would discourage clients - That proximity to police stations, courthouses and other similar settings is considered.
- Welcoming and engaging environment - That the site has natural light, adequate square footage for an appropriately sized waiting room, and curb appeal. That the site be inviting and inclusive, and is discreet for both the community and people who will use the site.
- Interim Control Bylaw - That the boundaries identified by the City of Cambridge Interim Control Bylaw be considered.
- Concentration of services - That the impact of service concentration in one area be considered.

- Other - That other factors such as the flow of individuals into the surrounding areas and proximity to areas experiencing issues of public drug use be considered.

An assessment methodology based on the above considerations was created and included where possible, quantifiable indicators that would allow for site to site comparisons. To support decision-making, any site that was suggested as a potential (or candidate) site was evaluated using a two-step process:

1. In order to make it through the first step, a site needed to meet the federal and provincial criteria (Refer to [PHE-IDS-18-13](#) for details)
2. If sites met the federal and provincial criteria, they were then evaluated using locally defined considerations.

Community consultation not only guided the process to identify local considerations against which to measure recommended sites, but was also part of the process to identify potential sites. The following strategies were used to identify sites:

- Focus groups involving community agencies, hospitals, school boards, neighbourhood associations, interest groups, Business Improvement Areas and first responders
- Suggestions from the Consumption and Treatment Services Implementation work group comprised of service providers, people with lived experience, police, LHIN, municipal staff from Cambridge, Kitchener and Waterloo, and Public Health (See Attachment 2 for membership).
- Realtor search
- Online public survey
- Other correspondence with Public Health staff (phone, email)

Over 100 unique addresses were suggested through these strategies and each was examined by the Consumption and Treatment Services Implementation Work Group. The role of the work group is to provide guidance and recommend direction for the service model, candidate sites, and site evaluation and design. Table 1 describes the process taken to assess sites and identify the candidate locations for Consumption and Treatment Services.

Process taken to identify candidate locations for Consumption and Treatment Services in Waterloo Region:

Step 1	Contact property owners to determine if sites being assessed are available for the intended use of providing Consumption and Treatment Services
Step 2	Evaluate available locations against provincial and federal criteria and key

Step 1	Contact property owners to determine if sites being assessed are available for the intended use of providing Consumption and Treatment Services
	considerations
Step 3	Assess all sites that pass Step 2 against the local considerations
Step 4	Identify best options through analysis and discussion by the Consumption and Treatment Services Implementation Work Group
Step 5	Based on decision by Consumption and Treatment Services Implementation Work group, recommend candidate sites to Regional Council for approval

The locations endorsed by Community Services Committee on August 14, 2018, meet local, provincial, and federal criteria; align with the findings in the Supervised Injection Services Feasibility Study ([refer to PHE-IDS-18-04](#)) and have been approved by the Consumption and Treatment Services Implementation Work Group. The candidate locations endorsed in August 2018 were:

- 115 Water Street North, Kitchener
- 150 Duke Street West, Kitchener
- 105 Victoria Street North, Kitchener
- 150 Main Street, Cambridge
- 149 Ainslie Street North, Cambridge (since removed from consideration due to layout challenges)

4. What are the descriptions of the candidate locations, square footage, capital and operating costs?

150 Duke Street West is a large (6,500 sq. ft.) building that is located in Central Kitchener and close to many services that are used by the target population. The property has the capacity to accommodate a significant level of service integration to achieve all vision components with full use of the space requiring commitment of partnership from other agencies willing to co-locate services. It is estimated that the site could be operational within one year of confirming its location. The estimated capital cost for 150 Duke Street West is \$438,000 and the operating costs are estimated at \$802,000 annually.

115 Water Street North is a two-storey house where The Working Centre would serve as the landlord. The building would be renovated to meet the needs for the integrated service model making the structure 3,666 sf. ft. and would also aim to incorporate supportive transitional housing in partnership with The Working Centre. The property is currently undergoing renovations related to the other, planned purposes by the owners, which are not being funded by the Region. The Region has been clear with the property owners that no decision regarding the location of a potential Consumption and Treatment site in Kitchener have yet been made. This property is closer to Ministry's model of integration within an existing agency and is expected to be operational in the summer of 2019. The building is located near other services that are used by the target population. The estimated capital cost of 115 Water Street North is \$231,000 and the operating costs on an annual basis are estimated at \$776,000.

105 Victoria Street North is a vacant lot on the corner of Victoria and Weber adjacent to the Paramedic Services building. The lot is located in a central location to many services that are used by the target population. Based on preliminary drawings, the proposed building has a small footprint of 2,300 sf. ft. total over three storeys and a driveway shared with Paramedic Services. The estimated capital cost of developing a property at 105 Victoria Street North is \$1,186,000 and the operating costs on an annual basis are estimated at \$711,000. The property would take approximately 1.5 years to build.

150 Main Street is a multi-tenant, multi-floored Regional building providing service anonymity to people accessing services there. The Consumption and Treatment Service would occupy a unit currently available on the main floor at the back of the building that is 1,637 sq. ft. The closest entrance and exit is just outside the suite. The building provides other health and social services currently being accessed by the target population including an Opioid Replacement Therapy clinic (Ontario Addiction and Treatment Centre). There is ample parking available for staff and others and the appropriate level of security is already in place. The building has the potential to provide an overdose prevention site while renovations are underway. The property is peripheral to downtown but still accessible. The estimated capital cost of 150 Main Street is \$320,000 and the operating costs on an annual basis are estimated at \$729,000. The property would take approximately 10-12 months to renovate.

No renovations have begun on any candidate location to house Consumption and Treatment Services. Renovations would begin after approval from the federal and provincial governments is received.

5. What data is used by Public Health to inform decisions on the local opioid situation?

Region of Waterloo Public Health is committed to using the most up to date data to inform decision making related to Consumption and Treatment Services. An update on opioid data was provided to Regional Council on December 11th, 2018 in the following report ([PHE-IDS-18-12](#)).

Also frequently used by Region of Waterloo Public Health to inform decision making related to opioids is a heat map that represents the distribution of opioid-related paramedic service calls within the last 12 months. The most recent heat map presented to Regional Council can be found at the following link, refer to [PHE-IDS-19-01](#). Gradients of colour represent call volumes. Areas shaded white represent no calls to very low call volume. Areas shaded in blue tones indicate a low number of calls. Areas shaded in yellow tones indicate higher call levels. The highest levels of call activity are shown in red tones. The map shows that opioid use and overdose are a region-wide issue with concentration in Central Kitchener and South Cambridge.

The [Waterloo Region Overdose Monitoring Report](#) is another source of data and is accessible to the public through the Waterloo Region Integrated Drugs Strategy:

6. Why are consultations moving ahead for 150 Main St. when there is an interim control by-law in place?

Regional Council provided direction on January 8th, 2019, to move forward with the public consultation on potential candidate sites for Kitchener and Cambridge. This provides residents a further opportunity to provide input on the potential locations. The input process is part of the Consumption and Treatment Services Feasibility Study which is a requirement of the Federal and Provincial application process. The input from the consultations will be combined with the other findings from the Feasibility Study to inform recommendations made to Regional Council about whether or not to proceed with applications for Consumption and Treatment Services in Waterloo Region. The consultations themselves do not mean that Consumption and Treatment Services will be implemented.

7. Once Consumption and Treatment Services are open, what indicators are reported to the Ministry of Health and Long-Term Care for monitoring and evaluation?

Based on requirements of the Ministry of Health and Long-Term Care, annual reporting will take place subject to criteria provided by the ministry to ensure programs are reaching provincial objectives and the ministry will complete evaluations of all provincially funded Consumption and Treatment Services Operations.

Monthly reporting will also be a requirement to the ministry for Consumption and Treatment Services and will include utilization statistics such as:

- Number of visits and number of unique clients
- Number of overdose interventions and number and type of method of reversal and outcome
- Paramedic service calls and outcomes
- Provision of harm reduction and health education
- Provision of needle syringe program, needle disposal and litter data
- Provision of wrap-around services and treatment uptake onsite including treatment, mental health, primary care
- Number of client referrals to treatment, housing, mental health and other social services
- Initiation to Rapid Access Addiction Medicine Clinics
- Data on safety and security including incidents at the site and in the immediate perimeter and number of time police are called
- Visit data (timing, mode and type of consumption, etc.) and client demographics
- Description of community engagement and liaison efforts

Federally, all operating Supervised Consumption Service locations are required to submit performance indicators on an ongoing basis. The federal indicators are:

- The average number of visits per day;
- The number of unique visitors per month;
- The general demographics of the clients served;
- The number of referrals to other health care facilities including treatment and rehabilitation services;
- The number of referrals to other health and social services;
- The number of overdoses/drug emergencies at the site per year; and
- The percentage of the most prevalent drugs used at the site according to the user.

8. If the area of need changes, would the location of Consumption and Treatment Services change?

Federal and Provincial criteria and local considerations for where to locate Consumption and Treatment Services are being used to inform candidate locations for the service.

These criteria, that identify the area of need, include the following:

- Number of opioid-related deaths
- Rate of opioid-related deaths

- Rate of opioid-related emergency department visits
- Rate of opioid-related hospitalizations
- Proxy measures for drug use:
- Needle distribution
- Naloxone and oxygen use to respond to an overdose

Consumption and Treatment Services are needed in Central Kitchener and South Cambridge based on these criteria. This is further validated by the Feasibility Study survey of people with lived experience of drug use who identified these as leading choices for service location.

If Regional Council recommends submitting a Federal and Provincial application to have Consumption and Treatment Services in Waterloo Region, and if funding and approval are received for services, the criteria data will continue to be monitored. In addition to that data, service utilization statistics and performance indicators used to report to the Ministry of Health and Long-Term Care (Refer to Question 7) will be monitored and used to evaluate continuation of the service at a particular location.

9. Why not mobile Consumption and Treatment Services?

The research from the Consumption and Treatment Services feasibility study indicated that the needs of our community would be best met by pursuing up to three Consumption and Treatment Services locations in Waterloo Region, including one each in the central areas of Kitchener and South Cambridge, as a starting point to support access for people who inject drugs and to prevent concentration of services in one area.

Service Integration and Fixed Locations

Integrated services at a fixed location were preferred over mobile services by community members who would access the site. There was also strong support for service integration within a Consumption and Treatment Service model across all respondent groups. Service integration means that these services are connected to other health and social services within the same location or close-by. This includes access to counselling and addiction treatment options, which were seen as essential by all respondents including those who use substances. Service integration is not well supported by a mobile option, as mobile services provide supervised consumption and referral but don't offer further onsite services. The need for a consistent location that aligns with use and overdose patterns, and has reliable hours was established through the study.

Federal and Provincial Applications for Consumption and Treatment Services

Legal exemption from the Federal government will be provided based on local research that demonstrates the needs of the community and that the services will be used, as per

the application requirements. Service integration is required to receive funding from the Provincial government.

Mobile Services

Existing mobile services are used for outreach to supplement fixed locations when need has been established in the community and when community members have indicated that they would access the service if offered. Integrated services at a fixed location were preferred in our community. Similarly, integrated services provide a level of anonymity in that people are not aware which service is being accessed, whereas mobile services can be stigmatizing for those accessing them. For these reasons, mobile services alone are not recommended for our community but may be explored as a supplement to fixed services where the potential benefits of this mode of service may outweigh its disadvantages (e.g. a more dispersed population of users). The main differences between fixed and mobile services are summarized below:

Fixed model	Mobile model
<ul style="list-style-type: none"> • Service integration is a key component of fixed services, including access to basic needs, social support, counselling and treatment. • Less visibility/more discreet from a client perspective as there may be multiple services offered at one location • Provide access to people from the surrounding area who need support 	<ul style="list-style-type: none"> • Limited space will reduce the amount of service integration that can occur • Will not provide space for support services such as a waiting area, washrooms, and post-consumption observation • More obvious presence of a mobile site (i.e. bus or van) • May support reaching less densely populated areas; however issues of stigma will need to be explored

10. What would Waterloo Region’s Consumption and Treatment Service Model look like?

Region of Waterloo Public Health and Sanguen Health Centre will partner to provide consumption and treatment services. Region of Waterloo would apply for a federal exemption from the Federal Government and will have overall responsibility and accountability for the operation of the facility. Sanguen Health Centre would be responsible for the daily operations of the sites based on an agreement with Region of Waterloo Public Health. Public Health will provide leadership, administrative support, and community engagement.

Sanguen Health Centre has long-standing partnerships in place with Region of Waterloo Public Health and has a demonstrated track record for responsive service delivery. As an agency they have well established positive relationships with members of the community who are using substances, a key factor in ensuring services are accessible to those who need them. Sanguen Health Centre was founded by Dr. Chris Steingart and employs outreach workers, nurses, social workers, and peer support workers.

Public Health and Sanguen Health Centre would work in partnership with health and social service agencies in Waterloo Region to ensure that needed support services are integrated into the sites. Access to wrap around services is an important part of the Consumption and Treatment Services model, including that the site be in close proximity to complementary health services. Once relationships are developed with people who would access services, they can be referred for treatment when ready. That is, addiction treatment options, primary care, housing, and addictions counselling would be available onsite at both service locations. To support this model at both locations, the following agencies have expressed interest in partnership:

- Primary care support provided by Langs Community Health Centre (Cambridge location) and Kitchener Downtown Community Health Centre (Kitchener location)
- Treatment services (counselling, program navigation and access) provided by the House of Friendship
- Opioid Replacement Therapy services intake provided by the Canadian Addiction Treatment Centres (CATC) through their Towards Recovery Clinic and Ontario Addiction Treatment Centre clinics (uptake and referral to methadone programs is a ministry reporting requirement)

Through stakeholder consultation a practical vision, service supports, and partnerships, and common elements of a service model were identified for consumption and treatment services in Waterloo Region. The full summary report that includes a list of participants is available: [Consumption and Treatment Services Visioning a “Made in Waterloo Region” Model Summary Report](#). A visual of the model is included as Attachment 6 (p. 56) in the following report to Regional Council – [PHE-IDS-18-13](#).

Five themes for a practical vision of Consumption and Treatment Services has been identified for Waterloo Region:

- Safe and Inclusive Community for Everyone
- Safe Places to Live and Sleep
- Accessible and Appropriate Services
- Reduce Overdose and Overdose Deaths
- Problematic Substance Use is Seen as a Health Issue

Common elements for the model of service identified were welcoming design, client and community safety, client-centred, community support, and service access.

Many services, supports and partnership were identified as being needed as part of the site operations to help realize the practical vision and the following ideas were prioritized:

- Having onsite or defined and accessible referral pathways to addiction and trauma counselling
- Having needle recovery teams in place to ensure neighbourhoods surrounding a CTS site are safe for community members
- Having onsite access or nearby access to primary care that can provide health care to complexly marginalized populations
- Having a site that is well-designed and inviting for clients where they can feel a sense of belonging
- Having access to housing supports including day-time rest spaces and onsite access or referral to supportive housing beds
- Having consumption services
- Providing services 7 days a week with hours aligned with client need to ensure accessibility for clients
- Staffing the site with trained personnel to assist with overdoses
- Establishing a Community Advisory Group to allow community members and services providers to guide how the site operates.

11. Can you describe client access and experience at proposed Consumption and Treatment Services in Waterloo Region?

In Waterloo Region, approximately 4,665 residents inject drugs (2018), an increase of 19.1% from 2017¹. Of the 146 people with lived experience of drug use surveyed in the Feasibility Study, 86 per cent indicated they would or might use consumption and treatment services.

Learning from other successful consumption and treatment services locations, outreach, relationship development, and establishing trust with those who would access the service is key to service utilization. It is therefore expected that service utilization would increase over the first few months of operation. The services would be accessible to those who would want to use it and would be an access point for services and supports for some populations where they would otherwise not have any, including access and

¹ This number is calculated by counting the number of unique clients accessing Needle Syringe Programs in Waterloo Region and is often an underestimation as not all injection drug users access Needle Syringe Programs.

referral to primary care, social and community services and treatments, counselling and supports.

Candidate locations for consumption and treatment services meet Federal and Provincial criteria by being in high areas of need and accessible by foot. Accessibility for people who would use the site is a priority, including that it be within a 10-15 minute walk, weather dependant, for those who would access. Public Health does not recommend or promote that people who would use the service operate a vehicle in order to access services.

The Ministry of Health and Long-Term Care requires seven day a week operation of consumption and treatment services. Operating hours would be determined by client need.

Once in the building, each consumption and treatment service location would welcome clients through a reception area. Depending on the candidate site, each location would accommodate three to six consumption booths for client use. There would be a post-consumption space where clients can be monitored and make connections with site staff. While there is no formal requirement that clients stay in this post consumption area, staff would strongly encourage clients to remain in the building for at least 15 minutes after consuming a substance so that they can be monitored. Clients would be provided with access and referral to primary care providers, counselling supports, treatment services, opioid replacement therapy, housing and other social services.

Clients would also be able to use the onsite washroom facilities as needed.

Being in high areas of need, means the consumption and treatment services will be available where clients are already accessing other services and using substances. Consumption and treatment services would provide a safe, inclusive space for them to access services and supports and build relationships. This would have the impact of decreasing public drug use and needle litter around the service.

12. How long has Waterloo Region been offering Needle Syringe Programs and how many are located in each city?

Needle Syringe Programs have existed in Ontario since 1989 and locally in Waterloo Region since 1995. Extensive evidence demonstrates the effectiveness of harm reduction supply programs to prevent the spread of blood-borne infections such as human immunodeficiency virus (HIV), hepatitis C, and hepatitis B. Local harm reduction services have been monitored and enhanced according to community need with a concentrated focus on improving safe needle disposal in the past year. This work is led by the Harm Reduction Disposal Work Group which consists of municipal staff, police, community members, harm reduction agencies, Grand River Conservation Authority,

Region of Waterloo Licensing and Enforcement, and Public Health. This work group monitors improper needle disposal in our community and works to improve the effectiveness of disposal options. In addition, the group provides education on proper needle disposal.

Initiatives to address improper needle disposal include:

- Installation of five outdoor disposal kiosks that are accessible 24/7;
- The Working to Improve Neighbourhood Safety (WINS) pilot project - a peer-based needle recovery outreach project in Cambridge implemented in 2018 and currently being evaluated.

The following table shows the number of Needle Syringe Program locations in each of the three cities, these programs are also required to provide disposal services.

City	Number of Needle Syringe Program Locations
Waterloo	1
Kitchener	7
Cambridge	4

1. Why were “we” and other businesses and residents who live in the immediate area not invited to the invitation-based sessions?

The purpose of the invitation-based consultation sessions in Cambridge and Kitchener were to ensure that those individuals who may be most impacted by the possibility of locating Consumption and Treatment Services in their neighbourhood had an opportunity to voice the benefits, concerns and mitigating strategies of the location at this stage in the process. The invitation-based sessions and the public sessions followed the same format, asking the same questions of everyone.

Residents and business owners residing within 250m of a candidate location were invited to an invitation-based session to comment on the proposed candidate location for Consumption and Treatment Services in their neighbourhood. Public Health staff used mapping software to determine the 250m radius around each candidate location and the addresses that fell within these radiuses. An external company was then hired to deliver letters of invitation to each of those addresses on January 10th, 2019.

13. Will crime increase in the immediate vicinity of a Consumption and Treatment Service location?

In September 2017, the Ministry of Health and Long-Term Care reported the following impacts related to the establishment of Supervised Consumption Services (now called Consumption and Treatment Services):

- Reduced overdose related morbidity;
- Improved community safety by decreasing public injecting and discarded needles, and no increase in drug-related crime;
- Increased referrals to health and social services including detoxification and drug treatment programs; and
- Reduced HIV and Hep C transmission as a result of fewer needles being shared and/or reused².

In addition, Health Canada states that “SCS are life-saving services that improve health, are cost-effective, do not increase drug use or crime, and are an entry point to treatment and social services for people who wish to stop or reduce their use of substances — as demonstrated by research conducted both in Canada and internationally”. See the [Supervised Consumption Sites Explained](#) page.

Furthermore, Public Health conducted a literature review related to Safe Injection Sites (SIS)/Supervised Consumption Services in May 2017. The researcher reported the following:

One critique of SIS implementation is the suggestion that it will encourage or increase public nuisance and crime, including drug-related loitering, drug trafficking or crime in areas surrounding the SIS (40, 47). This sentiment is often echoed both by the public and police services when opposing SIS implementation. Despite this critique, the evidence suggests that SIS do not result in increases in crime, loitering, violence or drug trafficking (12, 32, 49). The evaluation of the supervised injection facility in Sydney, Australia found no evidence to suggest that the opening of the facility increased the number of theft and robbery incidents in the surrounding area (29). A study conducted by Wood et al. reported that since the opening of Insite, there has been no significant increase in drug related crimes (49). Similarly, Boyd and colleagues analyzed Vancouver City Police dispatch data and found no increases in violent crime, drug crime, or property crime following Insite’s opening (42).

While no formal studies have been done, there are some reports about CTS sites in some communities (e.g. Calgary) that highlight concerns regarding improper needle

² These reported impacts are supported by evidence gathered from supervised injection services located in Canada and Australia.

disposal and increased crime. A plan to prevent and address drug-related crime will be an important part of mitigation planning for any CTS site in Waterloo Region. It is important to determine a baseline of data related to crime and to monitor surrounding areas of sites for changes to crime-related incidents.

14. What supports will be in place to support parents and students of neighbouring schools?

As part of the provincial requirements to operate Consumption and Treatment Services, applicants must submit a community engagement and liaison plan which outlines how the community will be engaged on an ongoing basis. This plan may include:

- Follow-up(s) after initial consultations
- Public education about CTS
- Engagement mechanisms to identify and address community concerns on an ongoing basis.

In a report to Community Services Committee of Regional Council ([PHE-IDS-18-13](#)), Public Health, in consultation with a variety of community stakeholders, developed a “Made in Waterloo Region” model for Consumption and Treatment Services. The conceptual model includes services and operational components in support of a practical vision to address opioid and substance use related issues in Waterloo Region.

The Made in Waterloo Region model incorporates all components required by the province and includes additional services, supports, and partnerships that would further serve the target population. The main components include welcoming design; safety for clients and community members; a community advisory group to guide and support operations and respond to concerns; client-centered approach to ensure programming is relevant to their needs; and seamless access to other services.

The consultations to develop a Made in Waterloo model highlighted strong community interest in continued involvement in the process to implement Consumption and Treatment Service in Cambridge and Kitchener. Public Health is committed to working with stakeholders in Cambridge and Kitchener to further develop a vision for each site that addresses concerns unique to both communities to the best extent possible. This will include processes to address concerns identified through the consultation sessions to develop a Made in Waterloo Region model, in addition to other concerns that may be raised in future consultation sessions.

15. Were local hospitals considered as site locations?

On December 11, 2018, Community Services Committee directed staff to explore the three hospitals in Waterloo Region as potential locations for Consumption and Treatment Services. In response to this request, staff met with local hospital

administrators to explore the feasibility of locating Consumption and Treatment Services within each of the hospitals. While hospital staff expressed full support of the need for these services in our communities, no hospital indicated that they are in a position to accommodate the services onsite at this time. For statements from each of the hospitals regarding this matter, please see [PHE-IDS-19-01](#) (Refer to Attachment 3, 4 and 5 for correspondence).

16. To what extent has the business community been involved?

The business community has been involved in the following capacities:

- Five information and consultation sessions with Business Improvement Areas in Waterloo Region (November 2017)
- Opportunity to provide feedback regarding Supervised Injection Services through an online community survey in October/November 2017
- Invitation and attendance at the Stakeholder Consultation Sessions in May 2018 to determine local considerations for site selection
- Invitation and attendance to the Made in Waterloo Region Visioning Sessions in October 2018
- Businesses within 250 meters of any candidate location were invited to participate in an invite-only community consultation session in January/February 2019. If unable to attend, business owners were invited to complete an online survey in January/February 2019.

17. What studies have been done by the region on sex trafficking impacts?

Public Health is not aware of any studies that specifically reviewed the impact of CTS with respect to sex trafficking. Available evidence shows that crime does not increase in areas surrounding CTS sites. Working with police services in Waterloo Region will continue to be important to monitor all activities occurring around a site.

18. How many people have been helped? Who are they?

The new provincial program called Consumption and Treatment Services was enacted in October 2018. To date, there is insufficient data to determine the proportion of clients who have accessed treatment through a Consumption and Treatment Services program. A major component of this new program are monitoring and reporting requirements. On a monthly basis, the service provider is required to track indicators to determine success of the site. These indicators include (but are not limited to):

- # of visits and # of unique clients (i.e. individuals)
- # of clients initiating onsite addictions treatment services

- #of clients accessing onsite mental health services
- # of clients accessing onsite primary care services
- # of clients referred to addictions treatment services/mental health services/primary care services
- # of times police were called to the CTS
- # of visits where client received harm reduction education or information
- Description of community engagement and liaison efforts, including issues raised and how they have been mitigated.

To review all reporting requirements, please see the [Consumption and Treatment Services: Application Guide](#).

Data that is available shows that multiple overdoses are reversed daily nationwide at supervised consumption facilities/consumption and treatment services locations.

Works Cited

Page	Description
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Appendix A

List of Questions asked at Consumption and Treatment Services Community Consultation Sessions (January 29th to February 13th) and Location of Answer

*Some questions asked at the sessions were comments or concerns and will be reflected in the community consultation report.

Question asked at session	Location of Answer in this Document
<ul style="list-style-type: none"> • When you talk about exemption, where does it end? • Why not walk clinics? 	<p>Q1 - How do the Federal exemption and Provincial funding work? How far does the exemption extend and can one exemption be used for more than one location?</p>
<ul style="list-style-type: none"> • Why was phase 2A to identify a site done before 2C - before they asked the public what they think? • What happens next? • What are the steps to be taken before an application goes in? • Why is the region not listening to the concerns of the board, mayor, city and regional council? • Why are the substance users not involved in these sessions? • How many users were paid stipends to fill the survey? • Why is a survey on 150 Main drug users not released? Has it been analyzed? Would users thoughts on location be used? 	<p>Q2 - What are the phases of the Consumption and Treatment Services Feasibility Study and what are the next steps?</p>
<ul style="list-style-type: none"> • What were the criteria used for 150 main street? • Why was no site chosen in Waterloo? • What do the users want? • 9 sites were found but non were moved forward – why, criteria, more details on why they came off the list • Have users been asked which site they prefer? 	<p>Q3 - What were the criteria and process used to identify candidate locations for Consumption and Treatment Services in Waterloo</p>

Question asked at session	Location of Answer in this Document
<ul style="list-style-type: none"> • Why is the region not listening to the concerns of the board, mayor, city and regional council? • Why were the sites all chosen in a two block radius? • What were the criteria used in the site selection, and site elimination? • How does one get public access to data around site selection? • With BC 1st injection site death toll data, who is deciding these sites are working? • Why would the region replicate a model that is not working in British Columbia, which has the highest overdose deaths in the country: 1,489 people died of overdoses in BC in 2018? • How has geographical uniqueness been accounted for? • What is a “safe distance” from an elementary school? • Considering committee diligence, how were schools overlooked? 	Region?
<ul style="list-style-type: none"> • What is the operating cost per year? Do you have real numbers of what it costs? • Where is 105 Victoria St. N? • Is cost a consideration overall? • Has PHE identified a preferred for location and growth – intended to grow? - Square footage options • What is the timeline for 105 Duke? • What is the cost-benefit analysis for each site? • Are there current renovations? 	Q4 - What are the descriptions of the candidate locations, square footage, capital and operating costs?
<ul style="list-style-type: none"> • How accurate is the hot spot map? What do the numbers mean? • Are public health going to be using up-to-date 2018 data. Where is the current data? • Where is the original Heat Map from Waterloo? 	Q5 - What data do Public Health use to inform decisions on the local opioid situation?
<ul style="list-style-type: none"> • With the by-law in place, why are we here? • If Mayor, Council, regional reps and board are opposed to 150 Main, then why is it being discussed? 	Q6 - Why are consultations moving ahead for 150 Main St. when there is an interim control by-law in place?

Question asked at session	Location of Answer in this Document
<ul style="list-style-type: none"> • What are the Key Performance Indicators for keeping, running, evaluating, or stopping a site? • Criteria for closing? • No increase in crime and drug use – acceptable level? Measure to shut doors? Can we guarantee crime will not go up – what is the metric to determine shut down? • How is the success of site measured? • Is there a process for measuring the success of the site? 	<p>Q7 - Once Consumption and Treatment Services are open, what indicators are reported to the Ministry of Health and Long-Term Care for monitoring and evaluation?</p>
<ul style="list-style-type: none"> • In the event the hot spot location shifts, the site would also likely be considered for relocation – if the hot spot moves does public health also then move the site? • What do the users want? • Have users been asked which site they prefer? • For location reconsideration – how will Bridges move impact the hot spot? 	<p>Q8 - If the area of need changes, would the location of Consumption and Treatment Services change?</p>
<ul style="list-style-type: none"> • Has public health looked at mobile or trailer solutions? • Why is a mobile site not seen as a practical solution? Can hours not be expanded? And needs to be moved around the community (e.g. Sanguen)? • Mobile? 	<p>Q9 - Why not mobile Consumption and Treatment Services?</p>
<ul style="list-style-type: none"> • How will Alzheimer and methadone clinic people not feel threatened by this site? • The mental health component – how do they get therapy if it is not often at the same site? Does that mean there are going to be two locations? An injection site and mental health site? • At 150 Main St., there is currently a methadone clinic. Has Public Health looked at the dichotomy / justification of an injection site right beside of this where people are trying to get off of drugs? • How will treatment work? – how will it operate? Wrap around services? Projections of daily users? What goes on? • Why aren't all the services being put together in one building? 	<p>Q10 - What would Waterloo Region's Consumption and Treatment Service Model look like?</p>

Question asked at session	Location of Answer in this Document
<ul style="list-style-type: none"> • Where will the wrap-around public services be provided, separate or co-joined with existing? • Rehab centre and injection site – how do they work together? • Regarding Non-inclusion of women, why perpetuate a problematic model? 	
<ul style="list-style-type: none"> • How many people/users will be attending during a day based on the accessibility hours at each proposed location. • In a facility how many usage booths would there be? • What are the hours of operation? • What is the legal culpability? If a pregnant woman uses the site, and a child is born, can that child sue for compensation for harm done during gestation. • The mental health component – how do they get therapy if it is not often at the same site? Does that mean there are going to be two locations? An injection site and mental health site? • Why is Public Health promoting that users come by vehicle to the site, which is located in a school zone, and then they drive away? • How will treatment work? – how will it operate? Wrap around services? Projections of daily users? What goes on? • Will the site be open 24 hours? • What happens after people are done using? Where do they go? • Is there a requirement for users to stay at the site for a fixed length of time after consumption? • Why aren't all the services being put together in one building? • What are the hours of operation? • Will there be washroom facilities? 	<p>Q11 - Can you describe client access and experience at proposed Consumption and Treatment Services in Waterloo Region?</p>
<ul style="list-style-type: none"> • When did public health first start providing needles and how did it progress (locations per year)? • How will Alzheimer and methadone clinic people not feel threatened by this site? 	<p>Q12 - How long has Waterloo Region been offering Needle Syringe Programs and how many are located in each city?</p>

Question asked at session	Location of Answer in this Document
<ul style="list-style-type: none"> • Why were “we” and other businesses and residents who live in the immediate area not invited on January 29th? • Who was consulted from the parents of the children at the school? • Why weren’t daycare and school parents not invited to the first meeting? 	<p>Q13 - Why were “we” and other businesses and residents who live in the immediate area not invited to the invitation-based sessions?</p>
<ul style="list-style-type: none"> • Post millennial article – crime increases? Which facts are correct? • What data exists to support that there is no increase in crime? • No increase drug trafficking – what is the real data? • Safe zone? Myth? • From the data, what is working and what isn’t working? • What is the response to Mark Fisher’s report? • East Vancouver study – not found to increase, Calgary study • Data says there was a spike in crime in Calgary after site was in place. How can it be said that ‘sites don’t increase crime?’ • What is the police radius – safe zone – for users? • What will be the role of police to prevent or limit crime, drug trafficking and sex trade happening in and around the site? • What does the exemption of law cover for the user? • What can we do to protect our family and property if the police won’t? Texas law? 	<p>Q14 - Will crime increase in the immediate vicinity of a Consumption and Treatment Service location?</p>
<ul style="list-style-type: none"> • Will children be educated in how to deal with what would be next door? • What measures will be in place to protect the children in the school yard from post consumption users entering the school yard or approaching them? • How will Public Health support businesses? 	<p>Q15 – What supports will be in place to support parents and students of neighbouring schools?</p>
<ul style="list-style-type: none"> • Why weren’t hospitals on the list? • Why were Ainslie and CMH removed? • Is it 150 or nothing at all? Can there be future options? 	<p>Q16 – Were local hospitals considered as site locations?</p>
<ul style="list-style-type: none"> • To what extent has the business community been 	<p>Q17 – To what</p>

Question asked at session	Location of Answer in this Document
involved?	extent has the business community been involved?
<ul style="list-style-type: none"> • What studies have been done by the region on sex trafficking impacts? 	Q18 - What studies have been done by the region on sex trafficking impacts?
<ul style="list-style-type: none"> • How many people have been helped? Who are they? 	Q19 - How many people have been helped? Who are they?