Waterloo Region Substance Use Study

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Acknowledgements

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Executive Summary

Substance use is a public health issue of importance in Waterloo Region. The purpose of the Waterloo Region Substance Use Study is to gather quantitative and qualitative data to provide a profile of substance use in Waterloo Region. The profile will identify emerging issues and describe changes in substance use patterns in the region since the release of the Baseline Study in 2008. Specifically, this report will provide information related to the following objectives:

- To identify and describe substance use trends in Waterloo Region;
- To describe drug-related health issues and risk behaviors of people who use substances;
- To describe the current needs of individuals who use substances;
- To obtain feedback on services for individuals who use substances, including barriers and supports to accessing health care and other supportive services; and
- To identify strategies to improve the health of people who use substances and reduce substance use related harms.

For this study a range of methods were used to gather data, including an online survey completed by 388 people who use substances, interviews with 52 people who use substances; three focus groups with staff from Waterloo Region Police Services and the justice system; and five focus groups with service providers representing over 27 organizations. In contrast, information gathered for the Baseline Study included key informant interviews with 26 people who use substances and one focus group; two focus groups with service providers; and an online survey completed by 75 service providers.

Overall, alcohol and cannabis were the most prevalent substances used with 89.9 and 89.2 per cent of individuals reporting their use, respectively. While alcohol use was not reported in the Baseline Study, cannabis use was also reported as prevalent at that time. Beyond cannabis and alcohol use, the five most commonly used substances include:

- Substances often associated with recreational events (a.k.a. party or club drugs; e.g. Ecstasy/MDMA, LSD);
- Cocaine;
- Prescription opioids (illicit use);
- Methamphetamine (a.k.a. crystal meth); and
- Benzodiazepines (e.g. valium, lorazepam)

Patterns of substance use locally have changed since 2008, in particular the use of methamphetamines and fentanyl. In 2008, use of methamphetamines was emerging as

a substance of choice for some groups. In contrast, information obtained and data reviewed as part of this study reveal that methamphetamine use is firmly established in Waterloo Region and is causing significant health and social harms for those who use it. Illicit use of prescription opioids continues to prevalent in Waterloo Region. Opioid use and fentanyl use, specifically, is increasing overall and is largely being blamed by people who use substances, law enforcement personnel and service providers for a spike in the number of fatal and nonfatal overdoses in Waterloo Region. Fentanyl use is unique since people may use it either intentionally, where an individual knowingly seeks out the substance, or unintentionally, often as a result of the substance being added or "cut" into other substances that are used. Individuals expressed deep concern about the rising number of opioid overdoses among people in their community.

In addition to the increased use of methamphetamines and opioids, it should also be noted that use of crack, which was described in the Baseline Study as one of the most accessible drugs, has significantly declined.

Typically, substance use among students is different from that of the general population with most students reporting abstaining from using most substances. Cannabis and alcohol are the most commonly used substances among all participants; however, there are higher proportions of cannabis use among people under the age of 25. The other substances used by youth include substances often associated with recreational events (a.k.a. party drugs; e.g. LSD, MDMA/Ecstasy), benzodiazepines and amphetamines. Of note is that youth who are not students accounted for all prescription opioids, methamphetamine, and cocaine use in this age group. Youth who were not full-time students were also more likely to use cocaine, methamphetamines, amphetamines and "party drugs" compared to all survey respondents.

Comparable to the findings from the 2008 study, many harms, health issues and unmet basic needs are experienced by people who use substances including, risk of overdose and infections, inadequate housing, food insecurity and poor physical and mental health. Similar to the findings in 2008, participants of this study also reported access to health care and social services as challenging due to difficulty finding and qualifying for these services, long wait times, location of services, and feelings of being judged or disrespected by health care professionals. These challenges result in people who use substances delaying seeking treatment or treating their health issues themselves which results in worsening physical and mental health.

Several strategies to address the harms and challenges facing people who use substances emerged from study participants. These included establishing a safe place to use substances and access health care, enhanced treatment and mental health services, more housing options, and increased access to harm reduction supplies.

Having a safe place to use substances was identified as a key strategy that could address many of the harms identified, including access to health care services, risk of overdose and infections, improper needle disposal, and exposure to violence and theft. It was described as a service hub with multiple services co-located on site. Addressing the availability and types of housing was also seen as key to supporting people who use substances.

Large community strategies were also identified through the study. Key to the success of these community strategies is coordination and collaboration among sectors who work with people who use substances. Through these connections and intersectoral planning, agencies recognized that they could increase their capacity to address the complex needs of people who use substances and increase access to services. In addition, training of staff in multiple sectors including law enforcement, health care and support services was identified as a way for reducing the discrimination and hesitancy to treat or work with people who use substances. Finally, the findings of this study support a targeted approach to youth since their substance use, experiences and needs differ from those of the overall population of people who use substances.

Similar strategies were identified by participants in the Baseline Study, specifically, increasing access to services and supplies, coordination and collaboration among sectors who work with people who use substances and the importance of trained non-judgemental staff.

The information in this report will be shared with community partners working in all areas of the Integrated Drugs Strategy as the findings provide useful information to help inform work in the areas of prevention, treatment, enforcement and justice. This information will also be used to inform the collaborative next steps for Region of Waterloo Public Health and Emergency Services and our community partners.

Abbreviations

Abbreviation	Name
AIDS	Acquired immunodeficiency syndrome
CAMH	Centre for Addition and Mental Health
DART	Drug and Alcohol Registry of Treatment
DATIS	Drug and Alcohol Treatment Information System
HIV	Human immunodeficiency virus
ID	Injection Drug
LSD	Lysergic acid diethylamide
PCP	Phencyclidine
OHRDP	Ontario Harm Reduction Distribution Program
OSDUHS	Ontario Student Drug Use and Health Survey
PWUS	Person or people who uses substances
RAR	Rapid Assessment Response
WHO	World Health Organization
WRIDS	Waterloo Region Integrated Drugs Strategy

Tables and Figures

1.0 Introduction

Substance use[1] is an important public health issue as it plays a major role in both health and social outcomes. To best address the associated heath and social issues, we need to ensure that available services, programs and resources meet the needs of the community. Therefore, it is essential to study substance use trends, the available local services and identify the needs of the community to inform programming, policy and resource development for people who use substances in Waterloo Region. To gather this information, the Waterloo Region Substance Use Study (herein referred to as the Substance Use Study) was designed and implemented.

The purpose of the Substance Use Study is to gather quantitative and qualitative data to provide a profile of substance use in Waterloo Region. The profile will identify emerging issues and describe changes in substance use patterns in the region since the release of the "Baseline Study of Substance Use, Excluding Alcohol, in Waterloo Region" (herein referred to as the Baseline Study). Specifically, this report will provide information related to the following objectives:

- To identify and describe substance use trends in Waterloo Region;
- To describe drug-related health issues and risk behaviors of people who use substances;
- To describe the current needs of individuals who use substances;
- To obtain feedback on services for individuals who use substances, including barriers and supports to accessing health care and other supportive services; and
- To identify strategies to improve the health of people who use substances and reduce substance use related harms.

In 2008, the Centre for Community Based Research and Region of Waterloo Public Health and Emergency Services collaborated to conduct research on substance use in Waterloo Region. The result was the creation of the Baseline Study report. The Baseline Study served to provide a description of illicit substance use in the region, determine whether existing services met the needs of persons who use drugs, and to identify the challenges of service providers that work with these communities. The findings from the study provided the following picture of substance use in Waterloo Region at that time:

- Crack, cocaine, cannabis and prescription opioids were the most prevalent illicit substance used;
- Awareness of health and safety risks associated with sharing equipment was low in individuals who use non-injection drugs;

[1] The use of illicit (illegal) substances including the use of prescription drugs for non-medical purposes and the misuse of prescription drugs excluding the use of tobacco products

- Individuals who use drugs in Waterloo are confronted with other health concerns including mental illness, oral health issues and poor nutrition;
- Individuals who use drugs reported that a lack of access to appropriate health providers, fear of discrimination and/or criminal repercussions were reasons they did not access health services in Waterloo Region
- Barriers to treatment included limited hours of service availability, transportation issues, program admission requirements, and environmental triggers within close proximity to services

Data from the Baseline Study and overdose reports informed the development of the Waterloo Region Integrated Drugs Strategy, which was released in December 2011. The Drugs Strategy provides recommendations on how to approach preventing, reducing and eliminating problematic substance use in Waterloo Region.

As the Baseline Study was completed several years ago, current information on substance use, substance-related health issues, and access to supportive services in Waterloo Region is needed. The Substance Use Study aims to update local information regarding substance use and the associated implications in Waterloo Region.

2.0 Methodology

A similar methodology was used for this study as was used in the Baseline Study; a Rapid Assessment Response (RAR) research framework. The World Health Organization provides the following definition of Rapid Assessment Response as a tool to support community planning:

> Rapid Assessment Response is a way of making a comprehensive assessment of a specific public health issue. It involves focusing on the characteristics of the health problem, the population groups affected, key settings and contexts, health and risk behaviour and social consequences. It identifies existing resources and opportunities for intervention and helps in planning, developing and implementing interventions and programmes (WHO, 2004).

RAR is widely used as a framework to effectively investigate issues of substance use, with various adaptations used internationally (Dupont et al., 2015; Mukamba, 2013) and in Canada (Melles, 2009). There is evidence to support the use of RAR to influence and advance community responses to public health issues (Stimson et al., 2006).

Three methods were used to gather data for this study: online surveys with people who use substances, key informant interviews with people who use substances, and focus groups with service providers and law enforcement personnel.

2.1 Ethics

Region of Waterloo Public Health requires all research involving human participants to undergo an ethics review. As such, the study design, survey questions, key informant interview guide and focus group discussion guide were presented to the Region of Waterloo Public Health Research Ethics Board and a full ethics review was conducted on March 24, 2016. The project was granted approval to proceed. All standard ethical practices were followed. Participation in the survey and key informant interviews was voluntary and anonymous; participants' names were not recorded on either the surveys or key informant interviews.

Survey and interview participants were informed that they could stop participating at any point and could skip questions they were not comfortable answering. Participants were informed that the final report would share general information only and not identify people in any way. At the end of the interviews with people who use substances, researchers provided a list of resources and supportive contacts they can access if they need support. Key informants were compensated $25.00 for their time.

Survey and interviews: people who use substances

Three-hundred and eighty-eight (388) people completed the survey. The survey consisted of 31 questions and included both open-ended and multiple response questions. Some of the questions in the survey were similar to those in the Baseline Study to allow for comparisons where appropriate. The survey was available online and in paper form. Participants were provided options to complete the survey independently or receive assistance from a Community Researcher, who were employed and trained by Region of Waterloo Public Health staff, to fill out the survey. The survey asked questions about demographics, substance use and substance use behaviours, health issues, health behaviours, and social and health services use.

Fifty-two people who use substances participated in key informant interviews conducted by two Community Researchers. The interview questions were broad and open ended in nature to allow participants the freedom to discuss topics important to them. Interviews were approximately one hour in length and were conducted at various locations throughout the Region. Locations were chosen by the interviewees and were often held at community agencies, coffee shops and parks.

In order to be eligible to complete the survey and interviews individuals needed to self-identify as having engaged in using illicit substances, misusing prescription drugs (e.g.

taking more than prescribed or using drugs not prescribed by their doctor to treat symptoms), or using prescription drugs for non-medical reasons. Use of such substances would need to have happened at least six times in the twelve months prior to the survey (or within twelve months of incarceration). Individuals needed to be living in Kitchener, Waterloo, Cambridge, Wilmot, Woolwich, Wellesley, or North Dumfries at the time of participation or have visited the region at least four times over the past 12 months to purchase or use drugs.

A different recruitment strategy was used by researchers in the Waterloo Region Substance Use Study than was used in the Baseline Study, with the goal of reaching a larger cohort of people who use substances either through surveys or interviews. Over 50 organizations in Waterloo Region, including healthcare services, social services, academic institutions, and housing services including shelters, were contacted to promote the survey and interviews. Organizations were sent a recruitment package containing information about the survey including the link. Organizations were offered various promotion tools including posters, special event flyers, buck cards, and a guide for in-person recruitment. Completed paper surveys were either mailed or dropped off to the Public Health Unit. Participation in the survey or interviews was also promoted through Twitter, Facebook, Craig's List and Reddit (University of Waterloo).

As participation in the study grew, the recruitment strategy was altered based on preliminary review of participants to reach groups with less or no representation related to participant age, socio-economic status, ethno-cultural identity, geographic location, and substance use experience. On-site recruitment of participants by the Community Researchers occurred in six targeted locations. The Community Researchers planned their work schedules to coincide with prime times for reaching potential participants depending on location.

2.2 Focus groups: health care and social services providers

Focus groups with staff from healthcare and social service organizations included questions about client needs, challenges and barriers to providing services to clients who use drugs, and key supports. There were four focus groups in total, two with health care providers and two with social service providers working in harm reduction, prevention and treatment. In order to participate, individuals must have reported that they currently (or within the past year) provided a service to individuals who use substances in a prevention, harm reduction, or treatment capacity.

The recruitment plan aimed to include healthcare and service providers representing a broad range of services and supports, including those targeted to specific populations, within various sectors of support and located in various municipalities in Waterloo

Region. Staff from twenty-seven organizations participated in the focus groups. Table 1 summarizes the sectors represented by the focus group participants, as well as the populations served and geographic locations,

Table 1. Sectors represented by focus groups with health care and service providers

	Health Care	Social Services
Sector	• Drug treatment • Emergency care • Harm reduction • Mental health and addiction • Pharmacy • Primary care	• Community Services • Day treatment • Drop-in housing • Emergency care/Crisis • Harm reduction • Outreach • Emergency Shelter • Residential treatment • Supportive housing • Transitions support
Populations served	• General	• First Nation, Metis, Inuit • Youth • Women • General
Geography	• Cambridge • Kitchener • Region-wide/general	• Cambridge • Kitchener • Waterloo • Region-wide/general

2.3 Focus groups: law enforcement personnel

Three focus groups with Waterloo Region Police Services and justice system personnel were conducted by Public Health staff. Participants were asked questions about local substance use and the needs of people who drugs, and the supports and barriers to reducing drug related issues in the community. In order to participate, individual were required to have interacted with individuals who use substances through their work in law enforcement or other community services, and have worked in this capacity in Waterloo Region for at least one year.

Individuals from various parts of the law enforcement and justice system were invited to participate in a focus group. Staff from eleven agencies or police divisions participated in a focus group. The following sectors were represented:

- Correctional Services
- Community crime prevention
- Diversion
- Waterloo Region Police Services (drug branch, patrol, crime management, community resource)
- Ontario Provincial Police
- Probation
- Transition/re-integration
- Youth corrections

2.4 Secondary data sources

Secondary data sources were also reviewed and analyzed to further inform the research. These included:

- The Centre for Addiction and Mental Health Monitor
- Ontario Student Drug Use and Health Survey
- Drug and Alcohol Treatment Information System
- Waterloo Region Emergency Medical Services opioid overdose indicators
- Emergency Room Visits
- Towards Recovery data
- Coroner data
- Adult inpatient mental health bed data

The Centre for Addiction and Mental Health Monitor is an anonymous survey which aims to describe trends in smoking, drinking, drug use, mental health, physical health, impaired driving, and other risk behaviours among Ontario adults. There were approximately 600 respondents in Waterloo Region for a 5-year period.

The Ontario Student Drug Use and Health Survey is administered to students in grades 7 through 12 in Ontario every two years. The sample does not include students in private schools, students attending school through health or correctional facilities, students attending schools on Reserves and students attending schools on Canadian Forces Bases. For Waterloo Region, the 2015 OSDUHS sample was too small to use. Instead, combined data from 2011 and 2013 was used.

The Drug and Alcohol Treatment Information System collects data on addiction treatment (numbers of clients and services accessed) in Ontario that is funded by the Ministry of Health and Long-Term Care. Data is collected regarding all clients who are assessed and/or accepted for one or more types of treatment service for their own, or another person's, substance abuse and/or problem gambling issue. People admitted to acute care or psychiatric hospitals are excluded.

Waterloo Region Emergency Services collect data on the types on calls they receive from people requiring emergency medical services (i.e. ambulance). There are two indicators of relevance: Number of opioid overdose calls and number of Naloxone (Narcan) interventions, representing severe overdose cases.

The three hospitals in Waterloo Region (Cambridge Memorial, Grand River and St. Mary's) collect statistics on the number of emergency room visits coded as drug overdose related to drug use. Data was available for up to 2015.

There are three Towards Recovery clinics in Waterloo Region. Focusing on drug rehabilitation and treatment (methadone), urine sample data is collected and tested for the presence of substances. Data from 2016 was used.

Data from the Coroner is available for drug toxicity deaths related to opioids for Ontario and Waterloo Region for the period of 2009 to 2015.

Adult inpatient mental health bed data contains information about all individuals receiving adult mental health services in Ontario. Data related to adult inpatient mental health and substance use for 2011 to 2015 was used.

2.5 Study limitations

While the recruitment plan aimed to reach people with a broad range of experiences within the target population, participation was voluntary and a convenience sampling frame was used. Since participants were recruited by staff from healthcare or social service agencies or by Community Researchers at service locations, the sample may not reflect the opinions of people who do not access services or who are unwilling or unable to volunteer to participate. Individuals may choose not to participate for a number of reasons, including shame, lack of time, or fear (despite not being asked to provide a name and being informed that no identifiable information would be included in the report). It should also be noted that the survey was only available in English which may have prevented some people from participating. As such, the findings are not representative of the whole population of people who use substances in Waterloo Region.

Similarly, the focus groups with healthcare and social service providers and enforcement and justice personnel included a few people from each service area; therefore, the findings should be understood as the views of individuals rather than the sector as a whole.

It is important to note that while individuals were invited to participate in the study based on illicit substance use, they may also have been taking substances prescribed to them by a medical professional. As such, when asked to report their substance use practices, individuals may have included both types of substance use potentially resulting in inaccuracies in illicit substance use reporting.

3.0 Overview: people who use substances

The following information describes the sample for the Waterloo Region Substance Use Study. The characteristics of the respondents are not representative of the overall population of people who use substances in Waterloo Region. The gender, age, place of residence and other sample characteristics relate only to the participants and should not be generalized to Waterloo Region as a whole. For example, higher respondent numbers in Kitchener does not mean there is a higher number of people who use substances in Kitchener compared to other municipalities.

3.1 Socio-demographic characteristics

A total of 388 people participated in the Waterloo Region Substance Use Study Of the total number, 57 per cent identified as male, 40 per cent identified as female and 1.5 per cent identified as transgender. Table 2 provides the number and proportion of survey respondents by gender.

Table 2. Gender of participants

Gender	Frequency	Per cent
Male	223	57.5
Female	153	39.4
Trans	6	1.6
Other/Don't know/Rather not say	4	1.0
Missing	2	0.5
Total	388	100.0

Note: Total may not add up to exactly 100 per cent due to rounding

Just under one third (32.47per cent) of respondents were less than 25 years of age at the time they completed the survey. Individuals ages 25 to 34 made up approximately

another third of all respondents (32.73per cent). Most (26.29per cent) of the remaining respondents were between the ages of 35 and 54 years of age. Table 3 provides the number and proportion of respondents by age.

Table 3. Age of participants

Age	Frequency	Per cent
Less than 25 years of age	126	32.5
25 to 34 years of age	127	32.7
35 to 44 years of age	61	15.7
45 to 54 years of age	41	10.6
55 to 64 years of age	17	4.4
65 and older	2	0.5
Missing	14	3.6
Total	388	100.0

Note: Total may not add up to exactly 100 per cent due to rounding

Table 4 shows the geographic distribution of respondents. Kitchener was the most commonly reported place of residence (49.74per cent or 193 people), followed by Waterloo (27.84per cent or 108 people). Just over 10 per cent of respondents reported living in Cambridge and only 16 people representing 4.12 per cent of respondents were from townships in Waterloo Region.

Table 4. Geographic distribution of participants

Municipality	Frequency	Per cent
Cambridge	42	10.82
Kitchener	193	49.74
Waterloo	108	27.84
Townships	16	4.12
Outside Waterloo Region	22	5.67
Rather not say/Missing	7	1.80
Total	388	100.00

Note: Total may not add up to exactly 100 per cent due to rounding

Survey participants reported a range of education levels with 43.9 per cent of respondents having graduated from college or university, and another 24.0 per cent having completed some college or university. Sixteen percent of respondents reported not graduating from high school. Table 5 show the educational level for survey respondents.

Table 5. Education level of participants

Highest level of education completed	Frequency	Per cent
Did not graduate from high school	59	16.1
Graduated from high school	59	16.1
Some college/university	88	24.0
Graduated from college/university	161	43.9
Missing	21	5.4
Total	388	100.0

Note: Total may not add up to exactly 100.0 per cent due to rounding

Just under one half (48.45per cent) of respondents reported an annual income of under $25,000. Of that number, the majority (74.5per cent) reporting an income of under $15,000. Sixteen per cent (63) of respondents had an annual income of $25,000 to $49,999 and just over ten per cent had an annual income of $50,000 to $75,000. Ten per cent made an annual income of over $75,000. Table 6 reports the annual income of respondents at the time they completed the survey.

Table 6. Annual income of participants

Income range	Frequency	Percent
Under $15,000	140	36.1
$15,000 - $24,999	48	12.4
$25,000 - $49,999	63	16.2
$50,000 - $74,999	49	12.6
$75,000 - $99,999	26	6.7
$100,000 and over	14	3.6
Don't know/ Rather not say/Missing	48	12.4
Total	388	100.0

Note: Total may not add up to exactly 100.0 per cent due to rounding

When asked about their main source of income, the highest proportion (40.8 per cent) indicated their main source of was from full-time employment. Following that, respondents indicated that Ontario Works (15.8 per cent), Ontario Disability Support Benefits (10.3) and part-time employment (9.5) was their main source of income. Almost 14 per cent of respondents reported being full-time students with their main source of income coming from grants, loans or family support. Table 7 shows respondents' main source of income.

Table 7. Participants' main source of income

Main source of income	Frequency	Percent
Full time employment	150	40.8
Part time employment	35	9.5
Ontario Works (OW)	58	15.8
Ontario Disability Support Benefits (ODSP)	38	10.3
Employment Insurance Benefits (EI)	3	0.8
Pension	5	1.4
Full-time student (grants, loans, family support)	51	13.9
I get my income elsewhere (e.g. selling drugs, sex work, panhandling)	11	3.0
Other/Missing	37	9.5
Total	388	100.0

Note: Total may not add up to exactly 100.0 per cent due to rounding

Respondents reported various living arrangements in the 12 months prior to completing the survey. Just over one in five people reported owning a home and another 63.7 per cent reported renting their home at some point during the time frame. Just over 30 per cent reported living with parents or relatives. A number of respondents reported living in emergency housing or being homeless at some point during the 12 months prior to completing the survey. Sixty-one people (16.2 per cent) reported living in a shelter, twenty-two (5.8 per cent) reported living in an abandoned building and forty people (10.6 per cent) reporting living on the street. Table 8 provides all living arrangements reported by respondents.

Table 8. Living arrangements of respondents in the 12 months prior to completing the survey

Living arrangements	Frequency (n=377)	Per cent
Parents' or relatives'	120	31.8
Living with a friend	75	19.9
Rented house or apartment	240	63.7
Owned home or condo	84	22.3
Shelter/hostel	61	16.2
Subsidized housing	9	2.4
Addiction treatment facility	19	5.0
Transition house/halfway house (non-correctional)	6	1.6
Jail/prison/corrections	32	8.5
Abandoned building/squats	22	5.8
Street	40	10.6
Other	16	4.2

Note: Some respondents reported having multiple living arrangements in the 12-month period prior to completing the study

4.0 Overview: substance use in Waterloo Region

In this section, an overview of substance use in Waterloo Region will be described. The information will be organized into four sub-sections: the types of substances being used, initiation of substance use, frequency of substance use and the specific substance use of youth. When relevant, comparisons will be made to the themes and data shared in the Baseline Study.

4.1 Types of substances being used in Waterloo Region

Participants were asked to share the types of substances they used in the 12 months prior to completing the survey, the frequency of use and their method of consumption. It is important to note that while the Waterloo Region Substance Use Study included questions regarding alcohol consumption; eligibility criteria included a requirement of using other substances. By comparison, in the Baseline Study, questions regarding alcohol consumption were excluded.

Alcohol and cannabis were used by almost 90 per cent of survey respondents at 89.9 per cent and 89.2 per cent respectively. While "party drugs" do not fall into one category of substances, on a whole, they were the next most commonly reported substance being used by respondents. Respondents frequently reported use of cocaine (29.4 per cent), prescription opioids (24.7 per cent), methamphetamine (meth or crystal meth) (21.1 per cent), and benzodiazepines (benzos or Valium) (19.6 per cent). Over one in

ten respondents reported using crack or heroin. Table 9 provides a summary of the types of substances being used and their prevalence among survey respondents. The top 10 substances are bolded.

Table 9. Types of substances used by participants

Substance	Frequency (n=388)	Per cent
Alcohol	349	89.9
Cannabis	346	89.2
Substances often associated with recreational events (a.k.a. party drugs; e.g. LSD, MDMA/Ecstasy)	131	33.8
Cocaine	114	29.4
Prescription Opioids	96	24.7
Methamphetamine	82	21.1
Benzodiazepines	76	19.6
Amphetamines	65	16.8
Crack	46	11.9
Heroin	45	11.6
Fentanyl (not prescribed)	35	9.0
Prescription Methadone	26	6.7
Speedball	22	5.7
Ketamine/PCP	19	4.9
Barbiturates	16	4.1
Talwin & Ritalin (combined)	15	3.9
Inhalants	14	3.6
Methadone (not prescribed)	14	3.6
Prescription Fentanyl	13	3.4
Alcohol (non-beverage)	7	1.8
Steroids	8	2.1
Other	20	5.2

The prevalence of cannabis and alcohol use among survey respondents is not unexpected and is consistent with the Baseline Study when cannabis use being the most prevalent substance being used in Waterloo Region at that time. Given that alcohol is not an illegal substance and that legalization and regulation of cannabis is expected to occur in 2018, removing the data from respondents who reported only using cannabis and/or cannabis and alcohol deepens our understanding about illicit substance use in Waterloo Region. While top ten most commonly reported substances

are the same, the proportion of people using substances is higher, with the exception of alcohol and cannabis. Almost half of respondents reported using “party drugs” (49.6 per cent), and over one third of respondents reported using cocaine (43.2 per cent) and prescription opioids (36.4 per cent). Table 10 shows the top ten most frequently reported substances excluding respondents who reported using only cannabis or only cannabis and alcohol.

Table 10. Top ten substances being used by participants, excluding people who use cannabis only and cannabis and alcohol only

Substance	Frequency (n=264)	Per cent
Alcohol	234	88.6
Cannabis	222	84.1
Substances often associated with recreational events (a.k.a. party drugs; e.g. LSD, MDMA/Ecstasy)	131	49.6
Cocaine	114	43.2
Prescription Opioids	96	36.4
Methamphetamine	82	31.1
Benzodiazepines	76	28.8
Amphetamines	65	24.6
Crack	46	17.4
Heroin	45	17.0

Analysis of DATIS information for 2015 showed some similarities with the survey results. Statistics on people from Waterloo Region indicate that of people receiving treatment for substance use, 24 per cent had reported using cocaine in the last 12 months, 19 per cent used opioids, 30 per cent used methamphetamines, 14 per cent used heroin, and 10 per cent used crack.

Use of methamphetamines, opioids and fentanyl

All primary and secondary data support the conclusion that use of methamphetamines and opioids including fentanyl has increased since the release of the Baseline Study in 2008.

In 2008, use of methamphetamines (also known as meth or crystal meth) was emerging as a substance of choice for some groups. Today, all sources of data point to the conclusion that methamphetamine use cannot only be considered established in

Waterloo Region but resulting in increasing and significant health and social harms for those who use it.

Information from surveys and interviews with people who use substances supports what law enforcement personnel and service providers know anecdotally - people who use meth are more likely to use it daily or multiple times per week, tend to be more at-risk in terms housing stability and income level, and tend to use riskier methods of substance use (i.e. injection). Of the survey respondents who reported using meth:

- 64.5 per cent reported an annual income of below $15,000.
- 73.3 per cent reported their main income source to be Ontario Works or Ontario Disability Support Benefits.
- Almost 10 per cent of people who use methamphetamines reported getting their main source of income “elsewhere” including panhandling and sex work.
- 48.6 per cent reported injecting methamphetamines and 74.3 per cent reported smoking or inhaling methamphetamines.

Data further highlights a trend that sees people switching from using heroin, crack and opioids to using methamphetamines due to its lower cost and high availability.

People who use methamphetamines frequently are likely to experience deeper marginalization because of “outward” behaviours associated with meth use and rapidly declining health. Service providers, law enforcement personnel, and people who use substances all described the association between crystal meth and aggressive and unpredictable behaviour, paranoia, psychosis, depression and declining mental health overall. Poor dental health was also mentioned as a concern.

According to DATIS, there was a 320 per cent increase in number of people seeking treatment for substance use who reported using methamphetamines during the period of 2008 to 2015. During that same period, there was a 488 per cent increase in the number of people seeking treatment for substance use where methamphetamine use was the presenting problem substance (DATIS, 2015).

The following comments illustrate the above findings:

> “I would say for us, crystal meth probably has the highest use, followed by an array of opiates.” - Service provider
>
> “And then meth has just…it’s a lot cheaper than crack. It’s really poured into the city, there’s no doubt about it. “- Law enforcement personnel

> "The easiest drug you can get. Every corner I turn I hear somebody, "hey you want meth, I'm looking for meth, this meth, that meth", like, it's bad." – Person who uses substances

> "[People who use] meth tend to act out a lot in the community. You get a lot more problems out on the street, or within the family." - Law enforcement personnel

> "It does seem that people who are at risk of homelessness, now we see a lot more of the crystal meth and heroin in that demographic." - Service provider

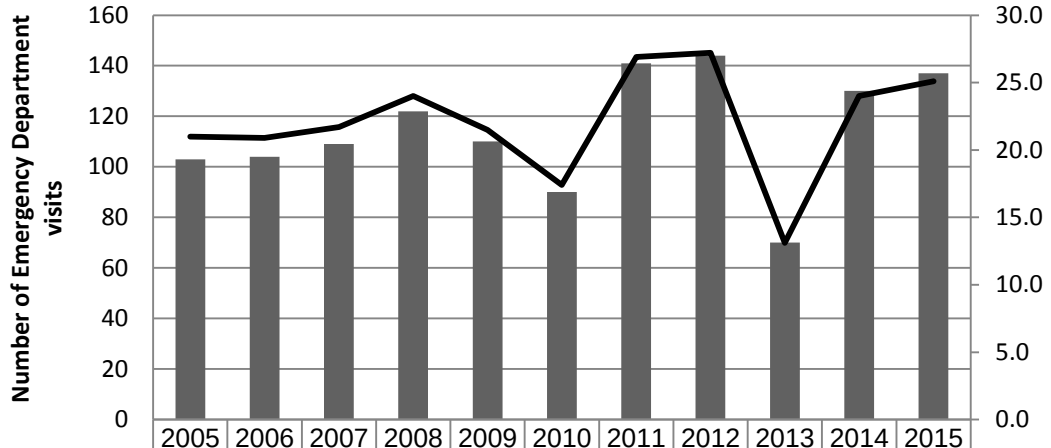
All sources of data indicate that opioid use[2] continues to be prevalent since the Baseline Study was published in 2008.

Reports from people who use substances, service providers and law enforcement personnel describe prescription opioids and heroin as being commonly used. In 2016, 26.7 per cent of people accessing Towards Recovery services in Waterloo Region tested positive for morphine. Similarly, Waterloo Region hospital emergency department statistics for 2015 shows that of 366 emergency room visits related to substance use, 137 (37 per cent) were opioid-related. Hospital data also shows an increase in the average number of opioid-related visits per year. From 2005 to 2010, opioid-related disorders[3] accounted for an average of 106 visits per year, compared to 124 visits per year in the 2010 to 2015; a 17 per cent increase (Intellihealth Ontario, extracted November 2016). Figure 1 shows the number of emergency department visits from 2005 to 2015 for opioid-related disorders.

[2] Includes illicit use of opioids such as Demerol, Dilaudid, fentanyl, heroin, morphine, opium, oxycodone and Percocet.

[3] Opioid-related disorders include poisoning by heroin, methadone and other opioids; and poisoning by narcotics and hallucinogens not otherwise classified

Figure 1. Number and rate of emergency department visits for opioid-related disorders in Waterloo Region hospitals, 2005-2015



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Number	103	104	109	122	110	90	141	144	70	130	137
Rate (per 100,000)	21.0	20.9	21.7	24.0	21.5	17.4	26.9	27.2	13.1	24.0	25.1

In contrast to methamphetamine use, survey data shows that opioid use appears to cross all age groups more evenly, with service providers sharing that people seeking out support who use opioids tend to be middle-aged or older adults. While service providers and law enforcement personnel describe illicit opioids use as common, they also shared that people who use opioid are less likely to seek supportive services and have less obvious signs of use and addiction. With opioid use being more hidden, service providers described the risk of overdose being greater.

Consistent with findings in the Baseline Study, several people who use substances and service providers reported that problematic prescription opioid use for some people evolved from being prescribed medication for pain management. Once prescriptions are discontinued, individuals begin seeking pills elsewhere (e.g. from drug dealers). Several service providers described scenarios of individuals switching from using OxyContin to using heroin or other opioids after government restrictions were applied making it difficult to get and harder to misuse (i.e. crush). The following comments were made regarding opioid use in Waterloo Region:

> “I think there’s a lot more prescription drug abuse. A lot more. I have friends that…do Percocet every day, multiple times a day.” – Person who uses substances

> “Anyone on prescription opiates transitioned to heroin.” – Person who uses substances

> “I often ask people, was this originally because of pain management? And they say “yea it was. I hurt my back. I have an injury” Due to past injuries, pain. That’s how they became dependant.” - Service provider

> “Then heroin moved in once they clamped down on the OxyContin, the doctors, the restrictions there.” - Law enforcement personnel

Fentanyl is a type of opioid that is typically prescribed for severe pain. According to people who use substances, service providers and law enforcement, fentanyl is being used either intentionally, where an individual knowingly seeks out the substance, or unintentionally, often as a result of the substance being added or “cut” into other substances that are used.

Excluding survey respondents who reported using cannabis only, 13 (4.3 per cent) people reported using prescription fentanyl and 35 (13.3 per cent) reported using non-prescription fentanyl. Towards Recovery client statistics indicate somewhat similar rates of fentanyl use with 13.2 per cent of people testing positive for fentanyl across their four locations in Waterloo Region.

By all accounts, it appears that fentanyl use is increasing overall and is largely being blamed by people who use substances, law enforcement personnel and service providers for a spike in the number of fatal and nonfatal overdoses in Waterloo Region. Several people who use substances suspect that fentanyl is being added to other substances to increase their strength. Individuals who unknowingly take fentanyl are unprepared for the higher potency, which in turn increases their risk of overdose. A number of individuals expressed profound fear and worry about this possibility. The following comments were shared by participants in the surveys, interviews and focus groups:

> “With the fentanyl, you never know what you’re getting now. You do like a point one day and then you do a quarter of a point the next day and drop because [of] the fentanyl – it’s like they’re cutting it with steroids. You know what I mean? They’re cutting it with a stronger opioid.” - Person who uses substances

> “A lot of the heroin is cut with fentanyl. Cocaine too. It’s the wild west of drugs.” - Law enforcement personnel

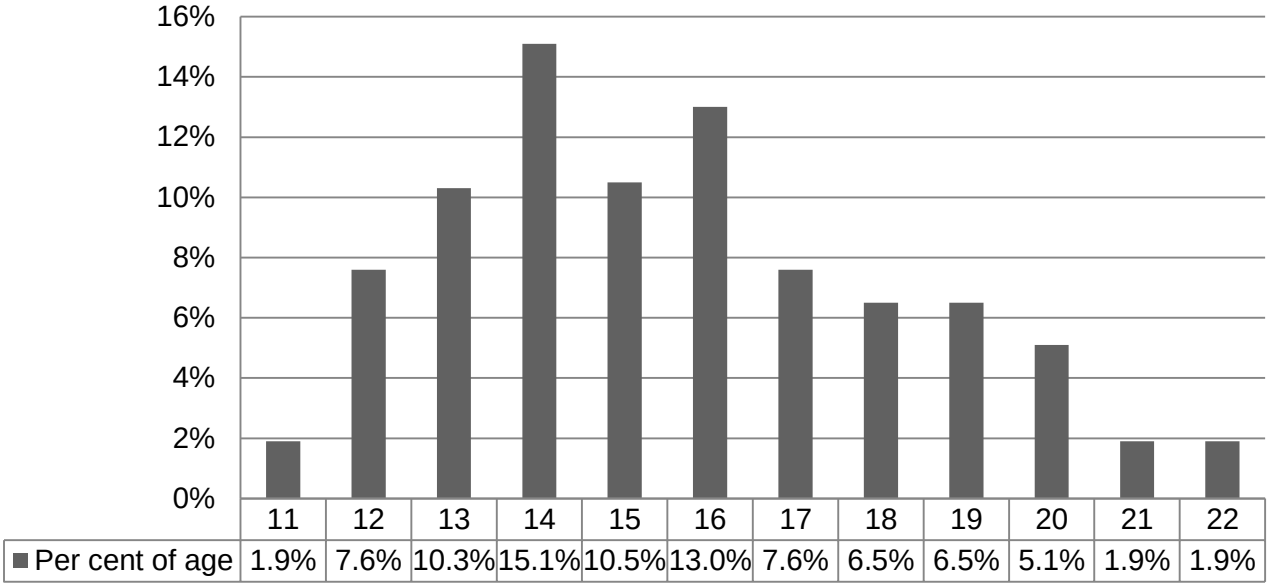
> “They’re finding things in their blood work that they didn’t even know they had. I think people are assuming they’re getting what they’re getting, and they really don’t know.” - Service provider

"I've lost so many friends over this year because of crystal being …laced with fentanyl." - Person who uses substances

4.2 Substance use initiation

Most survey respondents reported being in their teenage years when they had their first experience with illegal substance use, with ages 13 through 16 being particularly common. Figure 2 shows the age at which respondents had their first experience with illegal substance use.

Figure 2. Respondents' first experience of illegal substance use by age group



	11	12	13	14	15	16	17	18	19	20	21	22
Per cent of age	1.9%	7.6%	10.3%	15.1%	10.5%	13.0%	7.6%	6.5%	6.5%	5.1%	1.9%	1.9%

Note*:* Data related to ages 10 and younger and 23 and older were supressed due to low numbers

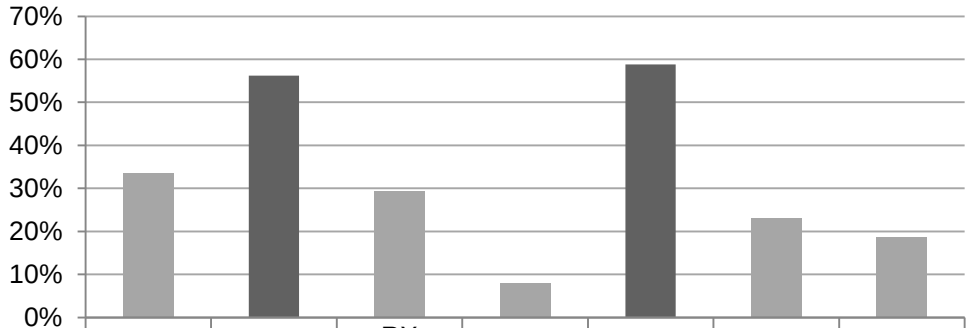
Participants reported three ways they were introduced or motivated to begin illicit substance use. Some people reported being introduced to substance use by their peers, often a relationship partner. Other participants shared being introduced to illicit substance use by way of a family member who uses substances including a sibling or parent. Individuals also reported that exposure to prescription medications for pain related to injury, surgery or general pain was the crux of their substance use.

4.3 Frequency of substance use

Examining how often some individuals use substances provides some insight into the patterns of substance use and in some instances, the nature of the addiction. Respondents shared how often they use each substance with response options

including never, less than once a month, 1 to 3 times a month, once a week, more than once a week and every day. For people who use methamphetamines, almost 60 per cent reported using either every day (33.8 per cent) or more than once per week (25.0 per cent). Only cannabis comes close to this frequency of usage with 56.2 per cent reporting using every day or more than once per week. While ‘party drugs” were one of the most commonly used substances overall, people reported using it very infrequently with almost 98 per cent of reporting using it less than once per month (79.8 per cent) or 1 to 3 times per month (17.8 per cent). About one in three people who use prescription opioids use either every day or more than once per week. Figure 3 reports the percentage of respondents who reported using a substance every day or more than once per week.

Figure 3. Percentage of respondents who reported using a commonly used substance every day or more than once per week



	Alcohol (n=343)	Cannabis (n=340)	RX opiates (n=92)	Cocaine (n=111)	Meth. (n=80)	Benzo. (n=76)	Amphet. (n=64)
Percentage of respondents	33.60%	56.20%	29.40%	8.10%	58.80%	23.20%	18.80%

Note: Data for “party drugs” were excluded due to low numbers

4.4 Youth substance use

Typically, substance use among students is different from that of the general population with most students reporting abstaining from using most substances. The Ontario Student Drug Use and Health Survey (2011 and 2013) data shows that alcohol and cannabis are the most used substances among students in grades 9 through 12 with 25.8 per cent of students using cannabis in the 12 months prior to completing the Ontario Student Drug Use and Health Survey. This number is not significantly higher than the provincial average at 28.8 per cent; however, it represents an observable increase since the Baseline Study which reported 21.8 per cent of students using cannabis based on 2007 Ontario Student Drug Use and Health Survey data. By comparison, of the 51 participants in the Waterloo Region Substance Use Study who

reported being full-time students (high school, college, university), 94.1 per cent used cannabis in the 12 months prior to the survey.

According to Ontario Student Drug Use and Health Survey data, there was 25 per cent decrease in opioid pain reliever use among secondary school students in 2011 and 2013 (13.7%) compared to 2007 (18.3%). A similar proportion (9.8 per cent) of Substance Use Study participants who reported being full-time students used prescription opioids.

Reports of cocaine use among secondary school students decreased slightly; 3.0 per cent in 2011 and 2013 compared to 3.9 per cent in 2007. In comparison almost 10 per cent of full-time students in the people who use substances reported using cocaine.

Ecstasy use was up (5.5 per cent) since 2007 (3.4 per cent) which is higher than the provincial average at 3.8 per cent. While not directly comparable, nearly 40 per cent of full-time students from the Substance Use Study reported using “party drugs” which includes ecstasy but also other substances.

Table 11 show the types of substances used by Substance Use Study participants who reported being full-time students. Among this population, alcohol and cannabis use is prevalent at 96.1 per cent and 94.1 per cent respectively, followed by “party drugs” at almost 40 per cent. No full-time students who completed the survey reported methamphetamine, crack or heroin use, a marked difference compared to the general sample.

Table 11. Types of substances used by participants who are full-time students

Substance	Frequency (n=51)	Per cent
Alcohol	49	96.1
Cannabis	48	94.1
Substances often associated with recreational events (a.k.a. party drugs; e.g. LSD, MDMA/Ecstasy)	20	39.2
Benzodiazepines	8	15.7
Amphetamines	6	11.8

While cannabis use among participants crossed all age groups, there are higher proportions of people who reported its use in the under 25 age group (36.0 per cent) and in the 25 to 35 age group (33.3 per cent). This is supported by services providers who also commented on high levels of cannabis use among youth accessing their

services. Several shared that many youth do not view their cannabis use as problematic, and that in general, youth do not view cannabis as an illegal substance. One service provider shared the following observation:

> "Cannabis is common. I mean, I think every one of my clients use cannabis, particularly by my younger folk." – Service provider

There are notable differences in the types of substances being used by youth in Waterloo Region who are not students compared to those who are full time students. Of 126 survey respondents in the under 25 age group, respondents who were not full-time students (n=75) reported higher rates of substance use overall. In particular, youth who are not students accounted for all prescription opioid, methamphetamine, and cocaine use in this age group. Youth who were not full-time students were also more likely to use cocaine, methamphetamines, amphetamines and "party drugs" compared to all survey respondents. Table 12 reports substance use for all youth separated into three groups: youth who are full-time students, youth who are not full-time students, and all survey respondents.

Table 12. Proportion of substance use by respondents <25 years of age who are full-time students, respondents <25 years of age who are not full-time students, and respondents of all ages

Substance used	Per cent full-time students (n=51)	Per cent not full-time students (n=75)	Per cent of all respondents (n=388)
Alcohol	96.1%	92.0	89.9
Cannabis	94.1%	96.0	89.2
Prescription opioids	-	24.0	24.7
Cocaine	-	37.3	29.4
Methamphetamines	-	33.3	21.1
Benzodiazepines	15.7%	20.0	19.6
Substances often associated with recreational events (a.k.a. party drugs; e.g. LSD, MDMA/Ecstasy)	39.2%	41.3	33.8
Amphetamines	11.8%	28.0	16.8

Service providers, law enforcement personnel, and survey respondents support the finding that methamphetamine use crosses all age groups and genders, but that young people, especially, are using it in increasing numbers.

5.0 Harms facing people who use substances

This section will describe the harms, health issues and unmet basic needs that are experienced by people who substances. An overview of each of these issues will be provided. Service providers, law enforcement personnel and people who use substances identified the following harms:

- Risk of overdose;
- Risk of infections;
- Exposure to violence and theft;
- Inadequate housing;
- Food insecurity and poor nutrition;
- Poor physical health, and
- Poor mental health

5.1 Risk of overdose

Dying from an overdose is a very real concern for a number of people who participated in the study. Many commented that overdoses have become more prevalent in the last few years with a number of people reporting having personally experienced an overdose (9%) or knowing someone who overdosed (19.4%). There may be several reasons for this reported increase in fatal and non-fatal overdoses in Waterloo Region. One reason identified by service providers, law enforcement personnel and people who use substances is the intentional and unintentional use of fentanyl. The quote below from a person who uses substances highlights the issue of unintentional use of fentanyl.

> "The heroin, or whatever you want to call it nowadays because nine times out of ten what they're telling me is heroin is really fentanyl or it's heroin with fentanyl in it and that stuff is unpredictably [sic] as hell. It scares me so bad." – Person who uses substances

The following comment from a law enforcement worker highlights their perspective on the role fentanyl is having on overdoses locally.

> "But then the powder form (fentanyl) is what's being put into the heroin. Overdoses are definitely up. But deaths related to it are not showing that. It's the non-fatal overdoses that are showing us that fentanyl is here." - Law enforcement personnel

Other reasons associated with overdose include using substances alone or receiving an injection from someone else, such as a partner or dealer. Both of these situations put the person at risk of overdose because there is no one there to assist in case of an

emergency (using alone) or being in control of the amount of drug entering your system (receiving an injection from someone else). Approximately 27 per cent of survey respondents indicated they used alone and approximately 18 per cent indicated they received an injection from someone else.

Police also observed that 9-1-1 is not called for some non-fatal overdoses (where a person recovers) hiding the extent of the problem as statistics are only kept for fatal overdoses. A recent bulletin from the Canadian Community Epidemiology Network on Drug Use supports this comment as data collected between 2013 and 2016 suggest that laypeople trained to administer naloxone and who had used a naloxone kit to treat an overdose did not call 9-1-1 in 30% to 65% of overdoses.

Data from secondary sources confirms that the number of fatal overdoses in Waterloo Region and Ontario has risen. According to the Office of the Chief Coroner for Ontario, the number of drug toxicity deaths in the region increased from 16 in 2009 to 31 in 2015. In 2015, 19 people died of opioid overdose with fentanyl and oxycodone being identified in a least six instances. Another data source that provides some insight into the number of overdoses in Waterloo Region is hospitalization and emergency room data. The number of emergency department visits to all Waterloo Region hospitals for opioid toxicity increased from an average of 97 per year from 2003 to 2009 to an average of 131 per year in 2010 to 2015, representing a 35 per cent increase overall (Ontario Ambulatory data, 2003-2016).

5.2 Risk of infections

People who use previously used supplies or share harm reduction equipment are at increased risk of infections such as hepatitis C, HIV/AIDS. Sharing of both injection supplies and inhalation supplies was prevalent in our survey respondents. Of the survey respondents who indicated they are injection drug users, 25 per cent reported that in the past 12 months they used needles that were used by someone else and approximately 21 per cent revealed that they lent needles to others that they had already used. Information shared by the key informants confirms the survey results. The interviewees reported that sharing drug use equipment occurs in the community. Some individuals reported that they have observed others sharing (or stealing) needles and explained that needles will sometimes be re-used by an individual when the person is desperate or cannot wait for clean equipment. It was also reported that individuals would break-in to sharps containers to retrieve and use previously used needles.

Key informants reported they share more inhalation equipment such as pipes and bowls, (53%) as compared to injection drug use equipment (25%). Some people also reported commonly using broken pipes. A similar trend for using broken pipes was found through the Baseline Study. This anecdotal information is supported by the survey responses. Respondents who indicated they inhaled substances reported using

previously used equipment (53.9%), lending their used device to someone (54.1%) and using a homemade pipe (37.8%).

When survey participants were asked if in the past 12 months they were always able to get the harm reduction supplies they wanted (e.g. safer injection supplies, safer inhalation supplies, naloxone), approximately 29 per cent indicated they were not able to get the supplies they wanted. Of those participants who couldn't get the supplies they needed (n=29), 61 per cent indicated they could not get safer inhalation supplies; approximately 5.5 per cent indicated they could not get injection supplies and approximately 16 per cent indicated they could not get Naloxone. The above statistics potentially explain why people who use substances are sharing or using broken equipment.

5.3 Exposure to violence and theft

People who use substances experience or are at risk of violence and theft when obtaining substances and while on substances. Key informants reported that risks of violence and theft pose a major threat to the safety and health of people who use substances. They shared that the effects of drug use can impact their behaviour and therefore increase the chance they engage in dangerous acts or find themselves in unsafe environments. Specifically, they report that when purchasing drugs, they frequently perceive there is an increased risk of violence and theft from dealers or other individuals. This perceived level of risk is in contrast to the level of risk participants in the Baseline Study reported. Participants in that study described little to no safety concerns when purchasing their drugs. Respondents reported that theft can occur after people "pass out" from drug use or during drug transactions. Numerous women reported experiencing violence and/or being a part of abusive relationships. The quote below showcases the violence experienced by some women.

> "My husband's finding it very difficult lately to find pills and he makes my life hell, he's beaten the crap out of me a few times, because of crystal meth."

Law enforcement personnel also said they are seeing an increase in drug related crimes, such as thefts, break and enters, shoplifting, particularly in locations where there is high drug use.

5.4 Inadequate housing

Over 16 per cent of survey participants shared that they lived on the street, in abandoned buildings or squats at some point during the past 12 months. This statistic highlights the fact that people who use substances are experiencing housing issues. When asked about stressors experienced over the past 12 months, eleven per cent of people who use substances reported housing issues as being a source of stress.

To delve further into this issue, we asked survey participants if they needed any social services such as help with housing, food, employment, clothing and child care in the past 12 months. We also asked them if they were able to get all the services they needed. Almost 50 per cent of respondents indicated they did not get all of the services they needed. Of the people who said they didn't get all the services they needed, 54.8 per cent reported housing as the service not received. Of all services, housing was the most commonly reported service that people who use substances were unable to access.

Interviews with people who use substances also highlighted access to housing as a significant issue. They shared that they view instable housing as a barrier to improving the health and safety of people who use drugs. The most commonly reported issues with housing related to the challenges around accessing housing in a timely fashion and the lack of safe and affordable housing in the Region. Concerns regarding access to housing were also reported in the Baseline Study. Participants shared that housing in "good" neighbourhoods was limited which resulted in their return to neighbourhoods where they felt they were more likely to relapse. The quotes below highlight the housing struggle faced by people who uses substances.

> "Because OW really isn't fuck all, and uh to get a place that is decent and safe, on your own, is expensive. Like my one bedroom is like $800 a month that that's pretty much my whole cheque." – Person who uses substances

> "This area supports university students with available housing and there's nothing for people with low incomes who want help. I have learned to hate this city because they don't want me here." – Youth who uses substances

Another barrier identified by people who use substances centered on the rules or policies for accessing and securing housing. Specifically, rules that limited the length of time they can stay or when they could access housing services was also reported as a barrier. With respect to securing housing, rules that required a bank account, such as the need to directly deposit rent cheques or pay rent by credit card, were also identified as barriers to stable housing.

5.5 Food insecurity and poor nutrition

Food insecurity and poor nutrition was identified as one of the stressors experienced by people who use substances in the past 12 months (24.9%). Some interview participants reported difficulty accessing food services in the region and reported that weight loss or nutrition issues are a health concern. Of the people who reported being unable to get all

the services they needed, approximately half (51.6%) shared that they could not get services related to food.

People who use drugs reported that improvements to food programs in the region would be beneficial, in particular, greater access to food programs and a better variety of foods, fresh foods and appropriate foods based on the population (e.g. ready-made meals for those without a home). The following quotes from people who use substances highlight the necessity for ready-made meals and the desire for fresh foods.

> "Hampers for, um, especially homeless people. Me and my girlfriend… like we are homeless and on the street, so we don't have a stove, and pots and pans and all this stuff. So we are going to go and get all this stuff that we can't even cook…So maybe food hampers that are more, like…ready-made stuff."

> "I'm usually struggling for food. The food bank has a lot of canned stuff and stuff like that, but my kids like fruit and fresh vegetables and you know milk and yogurt, things that you can't get from there."

Similar to the barrier for accessing housing, people who use substances identified restrictive rules of some food program as barriers. For example, rules that limited the number of times services can be accessed or how much food can be obtained were mentioned as barriers.

Service providers recognize the role proper nutrition plays in good health and had conversations with their clients about this important contributor to good health. People using drugs have nutritional issues; drug use can lead to weight fluctuations, reduced appetite.

It is worth noting that for both food and housing related issues the underpinning stressor is the issue of an unstable income and unemployment; 45.3 per cent of survey respondents reported this as a stressor.

5.6 Poor physical health

The second most frequently reported health care service that was a challenge to access was a family physician. Some challenges around family physicians were reported by participants and include overall difficulty finding and accessing family physicians, refusal of service by family physician, and unqualified/inexperienced family physician.

As part of this study we wanted to know about any health issues people who use substances experience. Nearly all key informants reported experiencing physical health issues related to substance use with approximately 25 per cent of survey respondents rating their physical health as fair or poor. The most commonly reported health issue experienced by people who use drugs was dental issues including missing teeth,

decayed teeth and having to have teeth pulled. Abscesses or infections, pain including chronic pain, withdrawal symptoms, sleep, cardiac and respiratory illnesses were also reported by many interviewees.

When survey participants were asked if in the past 12 months they were always able to get the health care services (counseling, drug treatment/detox, family doctor, public health clinics, mental health services) they wanted approximately 27 per cent indicated they were not able to get the services they wanted.

Key informants reported that many people who use drugs will treat health issues themselves or wait for it to heal on its own. They will delay seeking medical attention at hospitals or walk-in clinics until symptoms reach unbearable and/or unsafe levels. Numerous reasons why people avoid seeking health services were identified with the most common factors being judged or disrespected by health care providers, long wait times for services, location of service and fear of criminal consequences. One respondent shared:

> "They're very, very judgmental at the hospitals. If someone has the choice between going to a friend's house to have a friend cut it open and get rid of it they will do it every time instead of going to the hospital."

In contrast to the experiences by people who use substances in this study is the experience described by participants of the Baseline Study. In the Baseline Study accessing health care was not an issue for people who use substances and most described positive interactions with health care providers.

5.7 Poor mental health

When survey respondents were asked about their mental health, 35.4 per cent described their mental as fair or poor. Interviewees added that it is variable from day to day. More than half of key informants reported having a mental health issue or identified mental health disorders as a common health concern for people who use drugs. Similarly, 33 per cent of survey respondents indicated they had been diagnosed and treated and 19.7 per cent indicated they were concerned but had not been diagnosed.

The most commonly reported mental health issues reported by key informants included depression, anxiety, post-traumatic stress disorder, and bipolar disorder. These mental health issues are similar to the ones identified by participants of the Baseline Study. Individuals believed that drug use, specifically crystal meth use, triggered or contributed to negative mental health issues, including symptoms of psychosis. Service providers and law enforcement personnel also noted that crystal meth use is associated with declining mental health including psychosis and also with violent, aggressive and

unpredictable behavior. In addition, service providers noted that they see the link between alcohol use and depression and anxiety. As one service provider shared substance use and mental health are commonly seen together.

> "Mental health….tons…. concurrent disorders…substance use and mental health illness. It's almost the exception if someone doesn't have mental health issues".

6.0 Strategies

This section shares strategies identified by people who use substances, service providers and law enforcement that are currently being used, or are recommended to address some of the issues identified above. Strategies employed by some people who use substances to reduce their personal harm highlight the complexity of substance use in the context of overdose fears. Additional strategies being recommended encapsulate the need for community-wide and comprehensive solutions. Strategies include:

- Actions taken by individuals to reduce their personal harm;
- Safe places to use substances and access health care;
- Increased access to harm reduction supplies;
- Increased disposal options;
- More and enhanced treatment options;
- Less restrictive rules/policies;
- More and enhanced mental health services;
- More housing options, and
- Youth focused services.

6.1 Actions taken to reduce personal harm

There are various strategies employed by people who use substances themselves to prevent overdose and other harms associated with substance use. These include receiving naloxone training, substituting perceived lower risk drugs for higher risk drug, limiting intake and using safer practices. People who use substances, service providers and law enforcement personnel noted that there has been an uptake in naloxone training and the number of people carrying naloxone. Some individuals reported that they avoid or abstain from injecting as they perceived this as a higher risk activity than smoking. Similarly, other individuals reported choosing to snort rather than smoke substances. Both service providers and people who use substances reported a practice of substituting perceived higher risk drugs with perceived lower risk drugs (e.g. substituting crystal meth for cannabis) or avoiding specific drug mixtures. Some individuals reported using better quality equipment or avoiding homemade devices to reduce their risks. Individuals also reported reducing the total amount or frequency of

their drug use, diluting their drugs, or spacing out their drug use to avoid overdosing. It was also reported that supervision systems or "buddy systems" where individuals have pre-arranged plans to check in on each other to ensure action is taken if someone overdoses.

6.2 Safe places to use substances

Having a safe place to use substances was identified as a strategy that could address many of the harms identified, including risk of overdose and infections, improper needle disposal, and exposure to violence and theft. A safe place to use substances was described by people who use substances, law personnel and service providers as a holistic, client-centred "hub" in which people who use substances wouldn't be judged, could use drugs using clean equipment, be observed, and access multiple service providers all under one roof. A similar concept to this "hub" was described by participants of the Baseline Study. When survey participants were asked to identify what community services or programs are needed (or need to be improved) to make using drugs safer for people who use drugs in this area, 65.5 per cent indicated that safer places to use drugs are needed. Key informants believed that providing safer places to use drugs would improve the overall health and safety of people who use drugs.

> "Safer inhalation/injection places where there are qualified nurses and such. That way they can show people safer spots to inject and help them if they OD"

Service providers also supported this concept, with one service provider commenting:

> "I like the idea of a hub…have a social worker there , victim services, legal support, housing support, all those different supports because those are all the social determinants that these people with addictions would have…if you have that linkage right there, you wouldn't have to go navigate a system…"

Focus group participants added that they believe having a safe place to use would also help alleviate hesitancy of people who use substances have about calling 9-1-1 in emergency situations. While law enforcement personnel believe they recognize / prioritize health over criminal offenses during overdose situations, they also recognize that fear of police can pose a significant health risk if:

- needles are disposed improperly;
- police not being called when overdoses occur ("silent ODs");
- if police do not attend, it may delay first responders to enter premises, and
- people not disclosing their substance use to first responders if police are present

6.3 Increased access to harm reduction supplies

People who use drugs believe that enhanced access to harm reduction supplies will help them stay safer when using drugs. Strategies identified that would assist with this include expanding hours of operation, increasing the locations at which harm reduction equipment is available, and streamlining the equipment pickup process (i.e. reduce wait time). Currently, the people who use substances in our study identified several agencies at which they access clean equipment. These include; the Sanguen mobile van, Region of Waterloo Public Health, St. John's Kitchen, oneROOF, ACCKWA and the Cambridge Self-Help Foodbank. Having after-hours access to harm reduction supplies was identified by participants of the Baseline Study as a need in the community. Currently, With over 60 per cent of people who use substances indicating they could not get safer inhalation equipment, combined with the over 37 per cent of people who indicated they smoked substances, it was recommended by all study participants that increasing access to this type of equipment is essential to reduce the risks associated with sharing drug equipment. This lack is forcing individuals to create meth pipes from crack pipes. In addition, it was noted that safe inhalation practices is lacking in comparison to injection.

Enhancing access to naloxone was recommended by law enforcement personnel, people who use substances and service providers. Service providers and law enforcement personnel indicated that access to naloxone should be enhanced for both people who use substances and staff who work with people who use substances. In addition to enhanced access, they both requested that training be provided to their staff. Law enforcement personnel also believe that the training currently being offered to people who use substances could be improved as they don't believe people are aware that they should call 9-1-1 after administering Naloxone. The following quote highlights one of the reasons people are not calling 9-1-1 after administering Naloxone.

> "9 times out of 10, when somebody is Narcanned, nobody's calling an ambulance. If they wake back up, nobody's calling an ambulance. Even though it says you should. They say you should, or whatever. No, no, if we think we can wake them up we're not calling an ambulance because …we're trying not to get busted…" – Person who uses substances

6.4 Increased disposal options

While indoor substance use is far more common (80.5 per cent), outdoor substance use is of concern as it increases the likelihood of unsafe needle disposal in public places. Almost 28 per cent of people surveyed indicated they used drugs in public places such as streets, alleys, parks, stairwells and abandoned buildings within the past 12 months. Furthermore, when asked if they had ever disposed of their equipment improperly, that

is put them in the garbage, left them in the streets, parks or alleys, 23 per cent indicated they had.

To provide us with more information that could inform a disposal strategy, we asked people who use substances their reasons for disposing of needles and drug equipment improperly. There were three main reasons; 27.7 per cent indicated they didn't have time, needed to leave the area quickly, 25.5 per cent indicated they didn't have a proper container with them and 23.4 per cent indicated there were no disposal options nearby. In light of this information, increasing the number and locations of disposal bins should be the main focus of the strategy.

Both service providers and law enforcement personnel believe that needle disposal issues are increasing and that a strategy to address this is needed. According to one service provider, "…disposal is our biggest thing right now, just disposal of all their supplies." Service providers reported that in addition to improper disposal of needles they are also having problems with people breaking into or tampering with disposal boxes. In order to access the equipment inside the disposal bins, some people who use substances are burning the bottom of the containers. Law enforcement personnel also commented that addiction and drug use impairs people's ability to dispose properly.

Several people who use substances also identified improper disposal as a growing issue in the community and voiced their concerns about frequently finding used equipment, specifically needles, in public areas. They described improper disposal of substance use equipment (specifically needles) as a safety risk to people who use drugs and the general public. As one person who uses substances shared,

> "…I don't understand why people, why I'm finding f*ing rigs in alleys. Like there's got to be some way to get f*ing people to wrap their head around disposal."

6.5 More and enhanced treatment services

Based on the evidence provided by this study, a strategy to address the treatment needs of people who use substances was viewed as necessary. Study participants opined that it is essential that we increase the types and number of treatment services, including those services provided family physicians, and also the location of these services. Enhanced access to detox services was specifically identified as needed in the region. Hard to get to locations was identified by over 9 per cent of survey participants as a barrier to accessing treatment. Service providers and law enforcement personnel also acknowledged that transportation is an issue particularly for the rural areas and people living in Cambridge who may want to access services outside of the their city.

Increasing the number of treatment services was seen as a way to improve access and decrease the wait times for treatment which was identified as a barrier by both people

who use substances and service providers. Experiencing long wait times was identified as a problem by several interviewees. The following quote highlights the impact wait times can have on someone seeking treatment.

> "It's just it's too long of a wait, cause when you decide you want to get clean you mean it then, you don't mean two weeks from now…cause you'll change your mind… guaranteed you'll change your mind."

Service providers shared their opinion that we not only need more family physicians we also need physicians, including those who work in emergency departments, who are trained and willing to treat people who use substances. Many individuals who were interviewed reported that accessing a family physician remains an issue for them while others reported that they have a family physician; however, they had a poor relationship with their physician. Interviewees shared that they have been refused care or medication, were not referred, treated unfairly, discriminated against and perceived that they were labeled as drug seeking due to their current or past substance use. Furthermore, specifically trained family physicians was also seen by focus group participants as a way to decrease the burden placed on emergency departments since many of the people we interviewed indicated they delayed or avoided seeking treatment due to the discrimination and poor service they experienced with their own physician.

6.6 Less restrictive rules/policies

A barrier identified by service providers, law enforcement and People who use substances related to the rules and policies of organizations that restrict or limit access to services such as treatment, housing and food. Some organizational policies limit access to health care and limit the effectiveness of the care. Providers limited by scope of practice and expertise, will only provide specific services, which was reported to be particularly challenging for individuals with complex/concurrent disorder and leads to multiple provider visits. Program length limits were also reported to reduce the effectiveness of services. Programs and institutions that require administrative requirements (e.g. ID, health card, and medical forms) prior to providing services or referrals were also identified as an issue. In addition, drug programs are not staffed 24/7 and the effectiveness of program is impacted. Crisis support, including HERE 24/7, is challenging during off-hours.

To address these barriers, law enforcement personnel stated that mobile services with crisis workers available after hours has been successful and recommended that this be expanded to include Public Health Nurses also fulfilling this role.

6.7 More and enhanced mental health services

In addition to experiencing mental health issues, people who use substances also face difficulty accessing services. Survey participants were asked which health care services they were not able to access within the past 12 months. The most frequently reported health care service that participants were not able to access was mental health services. Respondents frequently reported accessing general mental health services as an issue, however, in some cases, specific services were reported as being harder to access including counseling services and psychiatric or psychological support. Reasons for these challenges include long wait times, feeling judged and limited hours of operation.

In light of the prevalence of mental health concerns for people who use substances and the access challenges they face, people who use substances, service providers and law enforcement personnel all identified a need for improved and more mental health services. Addiction counselling was specifically mentioned as needed in our community. It was flagged by service providers that finding a counselor with expertise in addictions is a challenge and that in many instances if someone presents with a mental illness, their addiction issue will not be treated or if their addiction is being treated, their mental health issues will not be addressed. This situation often leaves people with addiction and mental health issues with nowhere to go for help.

Furthermore, service providers recommended mental health services that are individualized and can be provided in other forms i.e. not office based would be helpful. Service providers also acknowledged that the need for addiction and mental health specialists is recognized by the hospitals, with the addition of concurrent disorder specialists, however, the capacity is limited as there are few staff that are trained.

6.8 More housing options

Service providers and law enforcement personnel concur with people who use substances that housing for people who use substances is limited and that changes are needed to address the current situation. Similarly service providers recognized that cost and policies are issues. Throughout their work with people who use substances they often heard stories about discrimination by landlords.

It is evident that a variety of housing options are needed for people who use substances. Some people who use substances want housing that allows for substance use while others want housing that is dry (without substance use). The other barrier that needs to be addressed is affordability. Service providers shared that most of the places that are affordable may have triggers for their clients that can inadvertently sabotage their efforts to reduce or stop their substance use. In particular, the gentrification of downtown areas was mentioned as reducing the options for affordable housing.

A need for appropriate housing was also identified by participants of the Baseline Study. In that study it was identified by both people who use substances and service providers as the most pressing social issue facing people who use substances.

6.9 More supports for youth

Throughout the Substance Use Study, the specific drug-related health issues and risk behaviors of youth who use substances were highlighted. Particular emphasis was placed on youth who are under 25 and not enrolled in school. Results from the survey show that this group of youth has higher rates of substance use in comparison to youth under age 25 who are not enrolled in schools. In addition to higher substance use, these youth also use substances that are considered higher risk, such as prescription opioids, methamphetamine, and cocaine. Poly drug use was also common among all youth. Service providers shared their concern about how experimental youth are in their drug use, explaining that youth mix various drugs and use unconventional / high risk methods to consume drugs (e.g. snorting prescription drugs, using high doses and replacing water with Gatorade). As one service provider put it:

> "Youth are in a stage where they will experiment with anything and everything that's given to them…even trying to inject or snort anti-depressants, seeing what would happen…."

Service providers also reported that they see more overdoses among younger people. Service providers and people who use substances also reported that programs designed for youth that have child care are limited and youth detox services are currently unavailable.

The desperation shared by a youth regarding access to services is evident in the following quote:

> "I moved out of my parent's home and live with a friend who does more drugs than I do. I have no where else to go. I only work part time because I can't find a job as I didn't finish high school. I can't afford to go back to school, food shop, pay for any prescriptions if I am sick. How do I find help? This area supports university students with available housing and there's nothing for people with low incomes who want help. I have learned to hate this city because they don't want me here."

7.0 Community Strategies

Larger strategies that focus beyond harm reduction were also identified by law enforcement personnel and service providers. System strategies that involve multiple

sectors that work with people who use substances would require various organizations to work together were also identified. These include:

- Improve services for people who use substances through increased connections, intersectoral planning, coordination and collaboration;
- Build capacity of service providers to better understand harm reduction and to address complex needs of people who use substances;
- Address issues in the local health care sector related to stigma and discrimination against people who use substances;
- Provide services to support transition from treatment, hospital and jail to community, and
- Address issues facing youth

7.1 Improve services through increased coordination and collaboration

With the aim of improving health and social services for people who use substances, service providers and law enforcement personnel strongly recommended that opportunities for collaboration be created and that face to face meetings are held. Service providers stressed that for intersectoral planning to be successful the right representatives need to be at the table. There was consensus among focus group participants that the right representatives include the police, health care providers such as the hospitals and withdrawal management teams, the Local Health Integrated Networks (LHINs), and all service providers that work with people who use substances. During the focus groups it became evident that there is a lack of understanding about what each organization does, its mandate, its approach to working with people who use substances and the referral process. In addition to providing networking and information sharing, these face to face meetings would also help alleviate the barrier of communication between agencies.

Law enforcement personnel face specific challenges. Focus group participants highlighted that police officers frequently interact with people who use drugs and acknowledge that they lack the expertise to support the individuals. And while police officers are willing to facilitate people who use substances getting the support they need, it is essential that they know which agency is the appropriate one. In addition, law enforcement personnel expressed the importance of health care and service providers to learn more about the role of police officers dealing with a person who use substances. The following quote highlights why an understanding of the role of police officers is needed.

> “Because even the doctors are saying that when they kick them out they think we’re taking them to jail… Then you figure out, that’s why they kick them out,

they think we have them at the end game here, and we don't, we've walked away from it…"

Collaboration is also necessary to provide the services required for people who use substances. The reality, as shared by service providers, is that the demand for services for people who use substances exceeds the staff available and staff members are stretched to capacity. It was proposed that by working together, community based harm reduction initiatives could be developed that would have agencies pooling their resources, including funding, thus avoiding duplication of services and having a larger impact.

Service providers also shared that they have concerns and challenges with the Here 24/7. They indicated that the service still feels fragmented despite its intention of being the front door to 12 different agencies. The service providers say there are issues with the referral process including differences between community agencies in the needs/priorities of a client, lack of relationship between Here 24/7 and the client, and that the system requires the client to have significant capacities (e.g. access to phone, ability to navigate, and capacity to complete long arduous processes).
Law enforcement personnel also acknowledge that the court system is challenging for many people who use drugs. While diversion programs are available, space is limited which results in people who use substances entering the court system. Law enforcement personnel shared that they have an interest in enhancing diversion programs to include greater supports.

7.2 Build capacity of service providers

Training was identified by service providers as a way for them to learn how to address the complex needs of people who use substances. Law enforcement personnel also saw the value in providing more training to staff as they shared that there are still some mixed feelings about harm reduction, specifically the needle syringe program. Training topics identified by service providers include:

- Addictions;
- Mental health;
- Trauma;
- Motivational interviewing, and
- Working with challenging populations

Law enforcement personnel explained that Community Resources officers are more proactive in connecting individuals with supports and have the time to build relationships with people who use drugs, however training for other staff would be beneficial. The following topics were identified:

- Safety protocols related to needles, specifically needle stick injury training;
- Rationale against one-for-one needle exchange;
- Communicable diseases associated with substance use;
- Naloxone and how it works;
- Fentanyl, and
- Information on how best to interact with people who use substances

Law enforcement personnel also believe that training could be provided by police to service providers who could then pass the information on to their clients. Information would include that while police try to connect individuals to mental health, harm reduction and housing services as they recognize need for health and social supports; their mandate is crime prevention and law enforcement. With that in mind police also want people who use substances to know that arrests are made on behaviour (crime) not drugs (or needles) and that while arrests of people who use substances does occur the focus of the police is on people who are selling/dealing drugs.

7.3 Address health care sector issues related to stigma and discrimination

People who use substances reported experiencing discrimination and being stigmatized by the health care sector. This discrimination often leads to worsening health conditions as people who use substances will delay seeking care. In addition, some people who use substances shared that they had been “fired” by their family physician leaving them dependent on visiting the emergency department or a walk-in clinic for their health care needs.
While general training for all health care sector staff was identified as essential by focus group participants, an urgency to hire more staff who specialize in working with people who use substances was also noted. It was felt that trained staff would be better equipped to deal with the complex issues experienced by people who use substances or have concurrent disorders, and may be perceived as less judgmental. Local hospitals have recently added concurrent disorder nurses to their staff complement which is an excellent approach, however, it was reported that there are too few of them.

The people who use substances who were interviewed as part of this study shared their belief that health care services focused on the needs of people who use drugs would improve the health of individuals. It would also increase their access to knowledgeable health care providers and reduce the stigma they experience or perceive. As one person said:

> “Well maybe if they had like a healthcare place for like drug issues. You know what I mean? If you think you’re starting to get endocarditis or …you believe that

you're sick or something, like some place where people who use substances would feel more safe going to."

7.4 Provide services to support transitions

Through the focus groups and key informant interviews it was identified that transitions are challenging for people who use substances. Service providers shared that people who transition into or out of jail or into housing after treatment often do not receive the health care supports they need. Specifically they noted that health care is less accessible when entering jails. Service providers also expressed that challenges exist when transitioning care between different service providers.

In addition to health care services, it was noted that social supports are often not present when people who use substance return to the community which results in people being discharged into the same high-risk environment they left, such as a housing situation that triggers substance use. Participants in the Baseline Study also shared that limited housing options can be debilitating to their health as they transition back into the community. It was also mentioned that transitions can be increasingly challenging when support services are accessed out of the region as local agencies may not be aware of supports available in the community.

These challenges highlight the need for a larger strategy that supports people who use substances as they transition between situations and back into the community.

8.0 Conclusion

The overall purpose of the Waterloo Region Substance Use and Surveillance Study was to gather quantitative and qualitative data to develop a profile of substance use in Waterloo Region. The profile was developed based on information from people who use substances, service providers and law enforcement personnel and describes local substance use trends, current needs, health issues and risk behaviors of people who use substances, barriers and supports to accessing health care and other supportive services and strategies to improve the health of people who use substances and reduce substance use related harms.

8.1 Substance use in Waterloo Region

Patterns of substance use have changed in Waterloo Region as compared to the profile that emerged through the Baseline Study of 2008. Overall, alcohol, cannabis, party drugs, cocaine, prescription opioids, methamphetamines, benzodiazepines, amphetamines, crack and heroin are the most prevalent substances used. Specifically,

the use of methamphetamines and opioids including fentanyl has increased since the release of the 2008 study whereas; the use of crack has decreased. With the rise in methamphetamines and opioids injection drug use has become common with a trend towards people who use substances moving to injection as a method for substance use more quickly than before.

Of concern to all study participants is the increasing unintentional, i.e. mixed into a substance without the person's knowledge, or intentional use of fentanyl. Intentional use of fentanyl was reported by nine per cent of survey participants; however, it is likely that the overall use of fentanyl is higher. A reason for the suspected higher use of fentanyl is the spike in the number of fatal and nonfatal overdoses currently occurring in Waterloo Region.

Typically, substance use patterns of youth vary from that of the general adult population. Evidence from this study supports this belief as overall, youth reported frequent use of alcohol, cannabis and party drugs; however, they did not report using prescription opioids, cocaine and methamphetamines. Further analysis was done on the youth data sample to determine if the substance use patterns of youth not enrolled in school vary from the substance use of youth enrolled in school. The results of this analysis indicate that the patterns of substance use by the two groups do vary, with only youth who are not enrolled in school reporting use of prescription opioids, methamphetamine, and cocaine.

8.2 Drug-related health issues and risk behaviors

People who use substances regularly experience a range of both physical and mental health issues. Nearly all of the individuals interviewed for this study reported experiencing physical and mental health issues related to substance use and the majority of survey participants described their physical and mental health as fair or poor. Dying and experiencing an overdose was also identified as a health concern for people who participated in the study. Additionally, people who use substances shared that risk of violence and theft pose a major threat to their safety and health.

Physical health issues reported by people who use substances included dental issues, abscesses or infections, and pain, including chronic pain. Mental health issues such as depression, anxiety, post-traumatic stress disorder, and bipolar disorder were frequently reported by survey participants. Service providers and law enforcement personnel also shared that a large number of the people they interact with report or appear to have mental health issues in addition to their addiction.

Sharing of drug use equipment is associated with increased risk for abscesses, hepatitis C and HIV/AIDS. Sharing of both injection supplies, including needles, and inhalation supplies was prevalent in our sample of people who use substances, with sharing of inhalation supplies, such as pipes, being the most prevalent. In addition to the risky behaviour of sharing drug equipment, people who use substances and law enforcement personnel reported that some people are breaking into disposal bins and reusing the deposited needles. Furthermore, it was shared by both service providers and people who use substances that the high risk practice of using homemade pipes and other broken equipment is common.

8.3 Needs of individuals who use substances and strategies to address them

The health issues, harms and risk behaviours of people who use substances directly relates to their needs. The prevalence of physical and mental health concerns of individuals who use substances indicates that more treatment and mental health services are needed particularly since service providers shared that it is common for people who use substances to delay getting treatment. Medical and mental health services tailored for people who use substances was also identified as being beneficial.

As the risk of harm from sharing drug equipment is significant, it is essential that all types of harm reduction supplies are available. People who use drugs believe that enhanced access to harm reduction supplies will help them stay safer when using drugs. Strategies identified that would assist with this include expanding hours of operation, increasing the locations where harm reduction equipment is available, and streamlining the equipment pickup process (i.e. reduce wait time). Specifically, the availability of inhalation supplies, such as pipes and bowls, needs to increase as this type of equipment was shared most frequently and makeshift equipment is also used. Increased access to needles is also needed as evidence indicates that needles are being shared and reused. In addition, an assumption can be made that the reason people who use substances are accessing needles in disposal bins is due to unavailability.

Increased disposal options are also a need for people who use substances as improperly disposed needles pose a risk for community members due to the potential for a needle stick injury; in addition, an improperly disposed needle could potentially increase the likelihood that a needle is reused. Several reasons were identified as to why people who use substances may dispose of needles improperly, these included not having a proper container with them and a lack of disposal options nearby. Thus increasing the number and location of large needle disposal bins and increasing the distribution of individual disposal containers is necessary.

According to people who use substances and service providers there is a need for more housing options tailored for the specific needs of people who use substances. The most commonly reported challenges experienced when trying to access housing are not being able to get housing in in a timely fashion and the lack of safe and affordable housing in the Region. Appropriate housing, i.e. housing that matches the needs of the person who uses substances is also needed. This may include housing that allows substance use on the premises (wet) or housing that is “dry”; substance use is not allowed on the premises.

8.4 Feedback on services to accessing health care and supportive services

Feeling judged or discriminating against was seen as a barrier to accessing both health care services and other supportive services such as housing. People who use substances reported being refused care or housing due to their substance use. Additional barriers for accessing health services such as counseling, drug treatment or detox, family doctors, Public Health clinics, or mental health services include long wait times, limited hours of operation, and rules that restrict access, such as requiring abstinence or a health card. The location of services within the Region was also identified as a barrier mostly due to transportation issues.

Challenges were identified by services providers with Here 24/7. Providers indicated that the process for accessing the service was not easy to navigate for someone who uses substances and that a lack of relationship between the service provider and client impacted the effectiveness of the service.

The mobile van and the services it provides were seen as an effective strategy for increasing access for people who use substances to multiple services. The services identified as being most beneficial include distribution of harm reduction supplies, distribution and pick up of needle disposal containers, referrals to community agencies and supports, nursing services and overdose prevention training including Naloxone kits.

The addition of concurrent disorder specialists in hospitals was also identified as a support for people who use substances receiving health care; however, it was noted that there are too few of these specially trained staff. The work of Community Resources officers was also seen as helpful since these officers are more proactive in connecting individuals with supports and have the time to build relationships with people who use drugs.

8.5 Strategies to reduce substance use related harms and improve health

The need for improved services for people who use substances was stressed by focus group participants. One strategy that emerged recommends that sectors such as health

care, social services, and law enforcement create opportunities for increased connections, coordination, and collaboration and participate in intersectoral planning. For this strategy to be successful, it was noted that having all community partners who interact with people who used substances at the planning table is important. Communication between sectors was also identified as essential to the success of this strategy.

Another strategy identified to address the needs of people who use substances, centred on training. Training of staff who interact with people who use substances was seen as an effective way of building the capacity of service providers to better understand harm reduction and to address complex needs of people who use substances.

Training was also seen as a key component of a strategy to address issues in the local health care sector related to stigma and discrimination against people who use substances. The significant impact of stigma was commented upon by all study participants. Stigma impacts access to and the quality of care for people who use substance. In addition stigma often prevents people who use substances from seeking help.

Dealing with transitions, such as from treatment, hospital and jail to community, for people who use substances was noted as a challenge by study participants. Ensuring that support services are available to assist with these transitions was recommended.

The substance use patterns, experiences and needs of youth are unique and are heterogeneous within that population. Youth who are not enrolled in school are more likely to use riskier substances such as prescription opioids, methamphetamine, and cocaine. These unique characteristics led to the recommendation that a strategy focused on youth be developed.

The findings from this study are based on the information provided by the people who used substances, service providers and law enforcement personnel who participated. It is important to remember that the information shared is based on their experiences and knowledge and as such this information may not provide a complete picture of substance use in Waterloo Region.

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