

Preliminary Assessment of Sudbury Ontario's First Supervised Consumption Service ('The Spot'): Final Report

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Executive summary

Overdoses are increasing in the province of Ontario, Canada; however, they are not evenly distributed. Northern communities such as Sudbury, Ontario have experienced a disproportionately elevated rate of drug-use related harms, with opioid-related deaths doubling that of the provincial average. To address this issue, governments have implemented supervised consumption services (SCS) where people who use drugs (PWUD) can use their pre-obtained substances onsite under supervision. In 2022, the City of Sudbury was granted approval to operate a SCS, entitled 'The Spot'. However, the site's sustainability remains uncertain due to issues securing long-term funding, which is contingent on the site demonstrating benefit to PWUD and the neighboring community. To examine the impact of the site on PWUD and the community, we undertook an initial evaluation of the consumption service at 'The Spot'.

The study employed a non-interventional multi-methods design involving a brief five-minute survey to collect demographic and substance use profiles of 20 individuals who utilized the consumption room at the site, followed by a semi-structured one-on-one qualitative interview. Interviews were also conducted with nine site staff. The interviews for both clients and staff explored participants' initial perceptions of the site, including any benefits, challenges, and barriers to utilization and operationalization, as well as the impact it has had on drug use patterns and risks of associated harms. A total of 29 interviews were conducted onsite at 'The Spot' between December 1st and 5th 2022 by two members of the research team. Qualitative data were analyzed using iterative thematic analysis techniques, and results were informed by common responses to the research questions. These responses were collapsed into overarching categories and narratively reported. To supplement the survey and qualitative data, the study also combined cross-sectional site utilization data of overall site uptake and member profiles, provided from the 'The Spot'.

The cross-sectional site utilization data highlighted an overall increase in consumption service uptake. A total of 256 unique clients had visited the site, representing 706 total consumptions between September 28th, 2022, and March 31st, 2023. Nine overdoses were treated, two of which required naloxone. The site distributed various harm reduction supplies to PWUD, including syringes, alcohol swabs, and sterile water.

Qualitative results were organized into four main categories: 1) Site impacts on substance use, including perceptions of overdose risk and frequency of use; 2) Site impacts on stigma, including impacts on community-level stigma; 3) Site operational impacts, such as policies related to lack of inhalation services, drug checking services, and rules regarding splitting and sharing substances in the consumption room, the impact of site staff and peer harm reduction staff involvement, hours of operation, geographic location, and impacts of funding; and 4) Site functionality, including physical infrastructure.

Participants and staff described the importance of the site in preventing and responding to overdoses and providing a safe and comfortable environment to consume drugs; increased

feelings of safety when utilizing the site was the most common benefit reported by participants. Participants also described the site's ability to reduce public drug use, which they suggested can reduce stigmatization within the community. However, participants suggested a number of challenges, including negative attitudes in the community regarding the site, and issues regarding site operational policies that hindered site uptake by PWUD. Suggestions made by participants to improve site uptake and sustainability included educating the community about the site's benefits (e.g., the potential for reduced public drug consumption), relocating 'The Spot' to downtown Sudbury where PWUD commonly congregate, improving the site's infrastructure, incorporating inhalation services, and extending operational hours.

These findings warrant the need for continued operation and long-term sustainability of the site. The site, as it stands, offers invaluable benefits in enhancing safety and reducing harms associated with substance use. By maintaining operation of the site, the site has the potential to continue to reduce harms associated with injection drug use, as well as reduce public drug use and associated discarded equipment, which can lead to eventual reductions in stigma. Ongoing and longer-term evaluations are needed to monitor site uptake and impact of the site on PWUD in the City of Sudbury, and results can be drawn on and considered by other Northern or rural communities interested in implementing a SCS in their community.

Background

The rise in opioid use and an increasingly toxic drug supply in Canada has resulted in a well-documented public health crisis and epidemic.¹ For more than a decade, opioid use rates and related health harms have been increasing across the country and have worsened since the onset of the novel coronavirus 19 (COVID-19) pandemic, including in the province of Ontario.² For example, between April and September 2020, after the onset of COVID-19, emergency medical services in Ontario responded to 2,159 suspected opioid overdoses, which was a 57% increase from the same period in 2019 (1,374); fatal opioid overdoses also increased by 60% (from 1,475 to 2,426).³ Ontario has continued to experience the highest number of opioid overdose deaths in the country since with 2,907 reported in 2021 and 1,278 reported between January and June 2022 alone.⁴ Within Ontario, opioid overdose deaths are not equally distributed, and there have been stark increases in opioid-related deaths in northern and rural areas in particular since the pandemic began, underscoring the disproportionate burden of harms and related deaths in these areas.^{2,3,5}

The situation in the City of Sudbury is particularly concerning. Recent data from Sudbury's Community Drug Strategy (CDS) highlighted a drastic increase in opioid-related overdoses and deaths in the Sudbury and Manitoulin districts in 2021 after paramedic services responded to 896 suspected opioid-related incidents, compared to 683 in 2020, and 468 in 2019, indicating more than a two-fold increase since before COVID-19.⁶ The rate of emergency department visits for opioid-related overdose visits in 2022 was also substantially higher than the provincial rate (219.7 vs. 78.3 per 100,000 population, respectively).⁶ Moreover, the opioid-related death rate in Sudbury was 44.6 per 100,000 individuals in 2021, which was more than double the provincial rate of 19.6 per 100,000.⁶ The increase in opioid-related deaths during the pandemic can be attributed to several factors including an unregulated and toxic drug supply, exacerbated by travel and border restrictions, , and substantial price increases and fluctuations in the drug supply availability.⁷ Additional factors include the cumulative effect of social isolation and pandemic-related stress, physical distancing requirements, temporary housing measures (e.g., Motels), and concerns about COVID-19 among people who use drugs (PWUD),

all contributed to an increase in using drugs alone.⁸ Lastly, harm reduction and health care services were forced to reduce their capacity due to COVID-19 public health measures, resulting in significant barriers to treatment and support for PWUD, the impact of which cannot be understated.^{3,7,8}

As the overdose crisis progresses, several interventions and harm-reduction measures have been implemented across the country. One such measure has been the approval of Supervised Consumption Sites (SCS), with twenty-six sites currently operational in Ontario.⁹ SCS are evidence-based harm reduction services that provide space for PWUD to safely use substances, typically under the supervision of trained healthcare providers or public health professionals, as well as offer referrals to treatment services.¹⁰ SCS allow PWUD to use pre-obtained drugs by injection, intranasal, and/or oral consumption. Evidence shows that SCS can reduce stigma, improve relationships and trust between PWUD and service providers, and significantly reduce harms associated with substance use.¹⁰⁻¹³ This is especially important during the current crisis of increased drug supply toxicity.^{7,11,13}

Recognizing the importance and the need to implement an SCS in Sudbury, Sudbury's CDS conducted a feasibility and needs assessment study to support the application for a site in 2021. The results highlighted many potential benefits, including the ability for the site to prevent accidental overdoses, the ability for PWUD to access sterile injection equipment, and the ability for the site to reduce public drug use.¹⁴ However, the report also highlighted potential concerns from some members of the community, likely impacted by stigma, a not-in-my-backyard (NIMBY) mentality, and a lack of information around the benefits and effectiveness of SCS. Thus, the report suggested that increasing public awareness could help address some of these concerns. The CDS report also indicated that an evaluation of the SCS combined with knowledge dissemination activities to increase awareness is thus extremely important to strengthen community support for the SCS. Using the report's data, the Sudbury CDS and its allies and advocates developed and submitted multiple applications for a federal exemption towards the establishment of a SCS in Sudbury. However, as has been reported and

experienced elsewhere within Ontario,⁵ they were met with opposition and difficulties such as securing a location to operate, and all applications were denied. However, once the Sudbury city council was able to agree to a location they committed \$1.1 million in funding towards the site for one year.¹⁵ Following this, in May, 2022, Sudbury was granted a time-limited federal exemption from Health Canada to operate the first federally sanctioned SCS in the community. The site, also known as ‘The Spot,’ opened on September 28th, 2022, and provides an array of services such as distribution of harm reduction supplies, consumption services, and referrals to other social and health services. The site is run by the Réseau ACCESS Network, a non-profit, community organization committed to holistic and comprehensive approaches in promoting wellness, harm and risk reduction, and education. The ACCESS Network also has a main site located in downtown Sudbury which offers clinical services and harm reduction supplies.¹⁶

Although the site was federally approved, as of early 2023, it has not yet received provincial funding and is currently relying on \$1.1 million, which was funded by Sudbury city council for one year. Provincial funding and site permanency is contingent on whether the service meets federal and provincial requirements on an ongoing basis. Given the uncertainty of the site’s sustainability, it is important to evaluate the service to assess its ability to meet the community’s needs. Our research team therefore conducted a rapid mixed-methods evaluation by surveying and interviewing both service clients and staff of ‘The Spot’. Engaging both site clients and staff at the onset of the site’s implementation allowed us to gather insightful information regarding their perceptions of the service, including any challenges, barriers to service use, and benefits, and to document trends and suggestions for ways to decrease opioid-related harms in the community and improve the operationalization of the site. This preliminary assessment can be used to inform changes to improve the site as well as decision-making practices regarding sustainability of the site, including providing evidence on the demonstrated need of the site in Sudbury.

The intent of this preliminary assessment was two-fold:

1. Outline 'The Spot's' impact on PWUD in the City of Sudbury
2. Identify areas for service improvement to meet the needs of PWUD in the City of Sudbury

Methods

Study Design

The study employed a non-interventional multi-methods approach that involved in-person qualitative semi-structured interviews with staff and clients who used the consumption service at the site, combined with quantitative cross-sectional surveys collected from clients. Two independent semi-structured interview guides were developed, one specific for clients and one for staff. The client interview guide focused on exploratory questions identifying perspectives on the site, including benefits, experiences, and challenges, how the site has impacted their risk of adverse health outcomes, and discussions around potential improvements to the site. The staff interview guide focused on exploratory questions regarding their experiences working at the site, their perceptions of benefits to PWUD accessing the site, as well as any challenges or barriers they have experienced or anticipate regarding sustainability, and suggested improvements. These study instruments were developed in collaboration with the research team and peer advisors.

In addition, we obtained quantitative cross-sectional snapshot data of the number of new and returning clients from the site's inception (i.e., September 28th, 2022) until March 31st, 2023 (i.e., a 6-month period). This data was used to supplement the qualitative interview data, by highlighting 'The Spots' utilization, in terms of number of clients, consumptions, overdose reversals, harm reduction supplies distributed, as well demographic and substance use profiles of clients accessing the site.

Eligibility Criteria

Eligible participants were 18 years of age or older, currently living in Sudbury, fluent in English and had used the consumption service at 'The Spot' at least once. Clients who attended the site

only for harm reduction supplies or did not speak English were excluded from the study. Any staff member that was working at the site at the time of data collection was eligible to participate in the study.

Recruitment

The research team worked closely with the staff at 'The Spot' to recruit clients to participate in the study. A sign-up sheet that designated three days for interviews and offered 60-minute interview time slots was circulated by staff two weeks in advance of data collection (in November 2022). Staff assisted with recruitment by posting recruitment flyers at consumption booths and spreading the word to clients via word of mouth. Interested individuals could sign up at a pre-determined time slot. In addition, the research team allocated two drop-in days where participants could participate on a first come first-serve basis as they accessed the consumption room at the site.

With respect to staff recruitment, no pre-scheduled interviews were set up. The research team, in collaboration with the manager decided interviews with staff members would occur on an ad hoc basis when staff were willing and available on-site. This decision was made to ensure that the study would not interfere with the staff roles and responsibilities to the clients and ensure that the research team were not burdening staff workload.

Data Collection

The study was conducted over the course of five days from December 1st to 5th, 2022, in a private designated room at 'The Spot' which allowed the two members of the research team trained in qualitative interviewing (FA and CR) to conduct the interviews. Prior to each interview, the researchers engaged in a thorough informed written consent process to outline participants' rights and ability to withdraw from the study at any time with no penalty. Study participants were assigned a unique code to maintain their confidentiality. Clients were asked to participate in a ~5-minute survey whereby demographics and substance use profiles were captured; no survey was required for staff. A one-on-one qualitative semi-structured interview

was subsequently conducted, which asked clients and staff about their experiences and perceptions of the site. All interviews were audio-recorded on secure devices.

To compensate participants for their time and participation, \$30 cash honoraria was provided upon completion of the study. The \$30 honoraria for staff members were set aside and donated to 'The Spot' since they were not allowed to accept the honoraria. Additionally, 'The Spot' staff sent the research team site anonymized utilization data which included monthly member demographic information and substance use profiles. The study was approved by the Centre for Addiction and Mental Health (CAMH) Research Ethics Board (#087/2022).

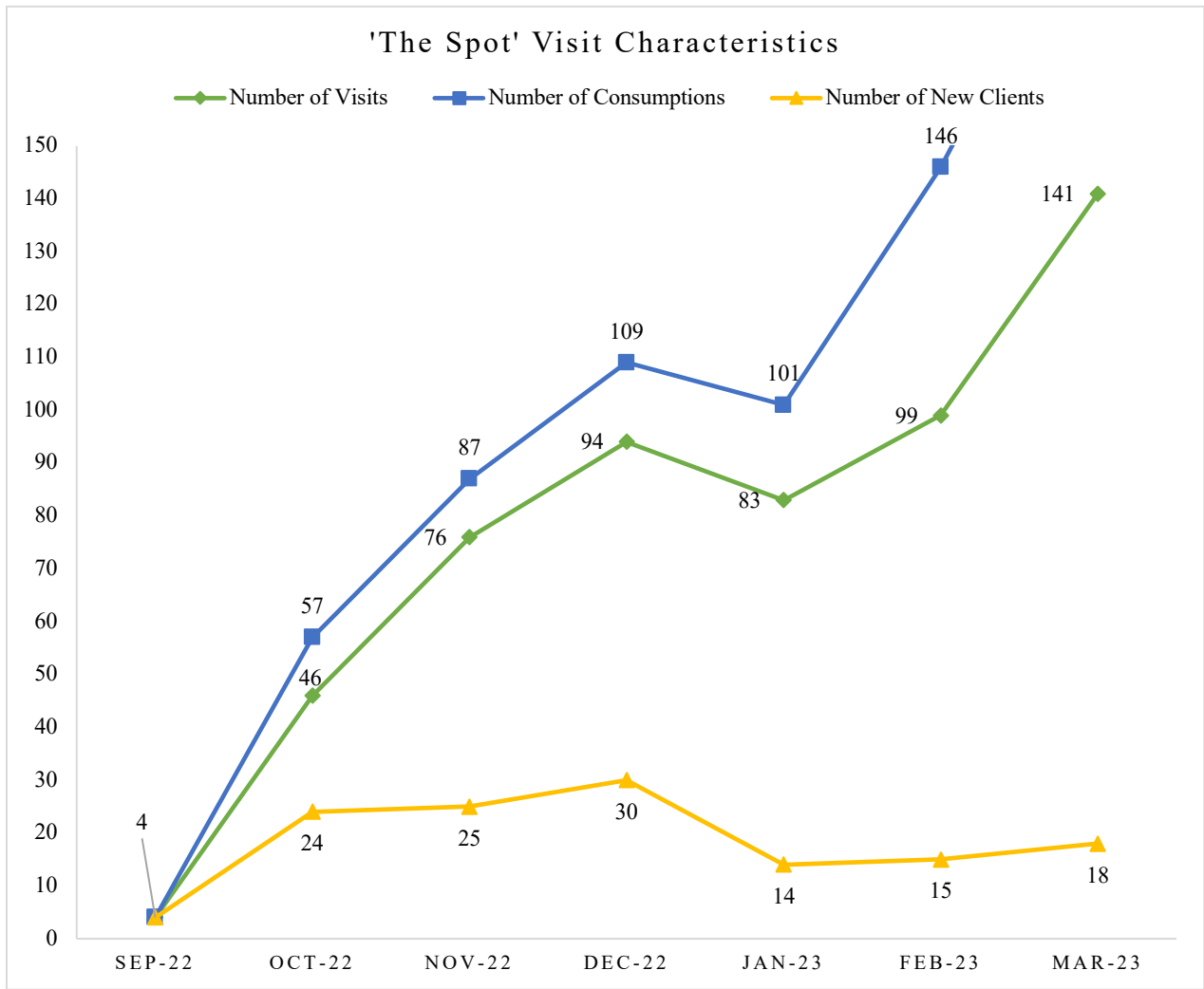
Data Analysis

All quantitative socio-demographic survey data were exported into Excel where basic descriptive statistics were analyzed. All qualitative data audio files were uploaded onto a secure network and later transcribed verbatim. All identifying information was removed. The transcripts were imported into qualitative software (NVivo, v12) and subsequently reviewed by two members of the research team (FA and CR) who identified and coded common themes. Two initial codebooks of themes were prepared based on the member interview guide and the staff interview guide, respective research questions, and preliminary analyses. The codebooks were subject to further development and revision based on ongoing analyses and discussion among members of the research team. Any coding discrepancies were discussed among team members and agreed upon. All qualitative data were analyzed using iterative thematic analysis techniques, and results were informed by common responses to the research questions. These responses were collapsed into overarching categories and narratively reported.

Findings

'The Spot' Utilization Data

A total of 256 unique clients accessed 'The Spot' between its inception on September 28th, 2022 and March 31st, 2023, representing 543 total visits, and 706 total consumptions, 24 of which were peer-to-peer consumptions (i.e., when an individual accompanies a member inside the consumption room to assist with the injection; this occurs for a number of reasons, including when a member has difficulty finding a vein or is inexperienced with injecting). Fentanyl was the most commonly injected drug (n=452 consumptions), followed by speedballs (i.e., mixtures of opioids and stimulants, typically either cocaine or methamphetamine) (n=69 consumptions), and methamphetamine (n=58 consumptions). 'The Spot' reversed a total of nine overdose events, two of which specifically required naloxone, none of which required emergency medical services.



Study Participant Characteristics

A total of 20 clients, and nine staff participated in our study (n=29). The average age of clients was 37. Nearly three-fourths self-identified as male (n=14; 70%), and almost half (n=9; 45%) identified as unhoused at the time of the study. Regarding ethnicity, approximately half of participants identified as Indigenous (n=10; 50%), while the remaining half (n=10; 50%) identified as White. Full demographic characteristics are listed in Table 2.

Demographic Characteristics (N=20)	Frequency (n=)	Percentage (%)
Age (years, mean \pm SD)	37.2 \pm 9.5	
Age Groups		
18-30	6	30
31-50	12	60
\geq 51	2	10
Gender		
Man	14	70
Woman	6	30
Ethnicity		
White	10	50
Indigenous	10	50
Living Situation		
Stably Housed	6	30
Unstably Housed	5	25
Unhoused	9	45
First time accessing site		
Yes	12	60
No	8	40
Experienced overdose since site opened	0	0
Number of times accessing the site		
Less than five	5	25
More than five	4	20

In terms of substances used among participants, illicit opioids, primarily fentanyl, was the most commonly used substance with 96% (n=19) of participants reporting usage within the last 30 days, followed by 85% (n=17) reporting using crack cocaine, and 75% (n=15) reporting using methamphetamine. In terms of routes of administration, the most common route of illicit opioid consumption was injection (n=18; 95%) followed by inhalation (n=14; 78%). The most common route of consumption for crack-cocaine was inhalation (94%; n=16), followed by injection (24%; n=4). Among the 15 participants who used methamphetamine, injection was the most common route of consumption (73%; n=11), followed by inhalation (n=9; 60%). Full substance use characteristics are outlined in Table 3. Categories are not mutually exclusive.

Substance Use Characteristics (N=20)	Frequency (N)	Percentage (%)
Substances used in the past 30 days		
Powder cocaine	9	45
Injection	7	78
Inhalation	4	44
Nasal	2	22
Crack cocaine	17	85
Injection	4	24
Inhalation	16	94
Nasal	1	6
Methamphetamine	15	75
Injection	11	73
Inhalation	9	60
Nasal	1	7
Illicit Opioids (fentanyl)	19	96
Injection	18	95
Inhalation	14	78

Prescription Opioids	8	40
Injection	3	36
Nasal	1	13
Oral	4	50
Stimulant Opioids	10	50
Injection	10	100
Inhalation	4	40
Other	15	75

With regards to staff demographics, seven were female and two were male. Staff roles varied and included three peer harm reduction workers, two paramedics, two case managers, one registered nurse, and one manager.

Qualitative Findings

The findings from participants – both staff and clients – are narratively synthesized and presented below, organized into the following four categories: 1) Site impacts on substance use, including perceptions of safety and frequency of use; 2) Site impacts on stigma, including community attitudes, and impacts on public consumption, 3) Site operational impacts, such as policies related to lack of inhalation services, drug checking services, splitting and sharing of substances in the site, site staff and environment, hours of operation, geographic location, and impacts of funding, and 4) Site functionality, including infrastructure, layout, and consumption booths. Where appropriate, the themes are illustrated with select quotes from the interviews. The quotes are followed with demographic characteristics of the participants, including their gender, housing status, age, and ethnicity. No identifying information was provided for the staff.

Site Impacts on Substance Use and Related Risk

Perceptions of Safety

The most common benefit reported by participants related to increased feelings of safety when utilizing the site to consume their substances. All participants (n=20) stated that they felt safe using their substances in the consumption room, with trained staff in proximity. This was particularly relevant for 80% (n=16) of participants who reported a fear of overdosing, and suggested they felt at ease knowing that if they were to overdose, there would be trained staff present to intervene. For instance, when asked why they decided to come to 'The Spot' to consume, one participant described these safety aspects:

“For safety. Because I would just prefer to be somewhere where I’m safe and know if I do overdose, there’s someone there to help me...I’m here for that safety reason like I said, I don’t want to die. Bottom line.” (Male, Unhoused, White, Age 45)

Some participants specifically described the importance of having trained staff available on site to respond in the case of an overdose and prevent them from dying. A number of participants described not being able to trust their friends or peers to intervene in the event of an overdose, underscoring the importance of using the site in reducing their overdose risk. Some provided anecdotes of situations they had been in where the people they were using with had left them during an overdose: *“I almost died a couple times, and my friends I was with at the time just left me there, you know what I mean? They won’t let me die in here.” (Male, Unhoused, White, Age 40)*

Another participant reiterated this sentiment, providing explanations for why people typically leave when someone overdoses, including a fear of being criminalized or not wanting to ruin their own high:

“A lot less people are going to lose their life because of [‘The Spot’]. It makes me sick because I’ve been around so many people that have overdosed and everyone just leaves

because they're scared to get involved with the police and say "oh it's a buzz kill." (Male, Unhoused, Indigenous, Age 30)

Feelings of safety when utilizing the site were also expressed among participants who disclosed that they typically used alone (n=8; 40%), many of whom also iterated the importance of having trained staff nearby as an overdose mitigation and lifesaving strategy:

"If you want to do drugs alone [The Spot] is the best place to do it and instead of doing it alone, you're doing it with somebody watching over your back kind of thing... Like they save you, and like fentanyl, you don't wanna use it alone because if you do and you die, or you go over, then there's no one to pull you back" (Male, Stably Housed, Indigenous, Age 28)

"Just to be in a safe environment, and if I'm using by myself and I come here at least I don't have to worry about overdosing." (Female, Unstably Housed, Indigenous, Age 31)

Another participant described feeling vulnerable to victimization when using drugs off-site, highlighting the importance of personal safety when utilizing the site, especially in the event of an overdose:

"Yeah, it's nice just having people around that you know if you fall over, your stuff will stay in your pocket" (Male, Unstably Housed, Indigenous, Age 37)

Other perceptions of safety expressed by participants related to the availability of harm reduction supplies at the site. Nearly half of participants (n=9; 45%) described that the ability to access sterile drug use supplies during their time in the consumption room as well as when they were not using the site to consume increased their feelings of safety. Some participants described the importance of being able to access sterile drug use equipment such as syringes and indicated that they often stocked up on these supplies since they otherwise had difficulties

obtaining them outside typical harm reduction operational hours, which resulted in having to reuse their equipment and consequently increased their risk for harms. Being able to access supplies while onsite and being given education on how to use the supplies were key strategies for reducing risky and unsafe drug use practices:

“I think the biggest thing is the reusing of the equipment and giving them knowledge on how to use it. They should all be asked if they want naloxone, and that they should not use alone” (Staff)

Further, being provided with support and enough time to appropriately use the supplies while onsite was also noted as important, particularly since participants described that when they consume in public they would often feel rushed and not be able to engage in appropriate harm reduction measures to reduce the risks associated with use, such as sanitizing the injection area:

“Yeah they help you clean yourself before you do it and after you do it. But you don’t do that when you’re outside and you’re trying to rush and you’re worried someone’s gonna come up on ya, so you skip the swabs.” (Male, Unhoused, White, Age 40)

Overall, participants described how ‘The Spot’ enhanced their feelings of safety, particularly in relation to fears of overdosing, as well as in relation to its ability to reduce risky drug use behaviors such as not using alone.

Frequency of Substance Use

Another positive impact that was commonly discussed was the likelihood of participants to reduce the frequency of their drug use as a result of using ‘The Spot’. Half (50%; n=10) of participants suggested that due to the site’s ability to reduce their risk of overdose and drug use-related harms, they felt more inclined to limit their drug use to when they were able to

access and use the consumption room, which they indicated could ultimately help reduce their overall substance use. For instance, when asked whether the site may have any impact on their substance use, one participant stated:

“It’d kind of help me slow down. Like if I chose to just do it here... I would use less ... if I wanted to just quit, that way I won’t go anywhere else like on the street or you know, like my place of residence by myself, you know? I would use the site to slow down and eventually quit.” (Female, Unstably Housed, Indigenous, Age 31)

Other participants echoed similar sentiments and suggested that they felt inclined to use only at the site due to their increased feelings of safety when injecting there. For instance, one participant insisted that they would limit their use to when they were able to access the consumption room:

“I will not inject anywhere else other than here. Not at a friend’s house. Not even with another person if they’re with me. I just won’t. I don’t feel comfortable...there’s many times when I won’t inject because they’re closed” (Male, Unhoused, White, Age 45)

However, while some participants suggested ‘The Spot’ could support reductions in drug use, two indicated the opposite and described the potential for their use to increase due to the same feelings of safety when consuming at the site. For instance, when asked if they felt as though the site might lead to changes in their substance use patterns, one participant stated:

“[The site] might increase it though, because then I know it’s more of a safer spot to do it. Because when I’m alone, like I said, I try not to use. Like I’ll do a little bit but I won’t use as much as I normally would, just in case, right? But if I knew I could come here to use I’d always come here, and it’d probably increase it a little bit I guess?” (Male, Stably Housed, Indigenous, Age 40)

Overall, participants noted ‘The Spots’ potential to impact the frequency of their drug use, with the majority indicating that it would support reductions in their use.

Site Impacts on Stigmatization

Perceptions Regarding Community Attitudes

The presence of stigma against drug use and PWUD within the Sudbury community was commonly discussed by participants who suggested that these negative attitudes had been amplified since the implementation of ‘The Spot’. Nearly half of participants (n=9; 45%) described how the implementation of the site was not supported by Sudbury residents and business owners and suggested there had been a lot of community push-back. For instance, the site staff recalled accounts where individuals would drive by the site and yell vulgar and stigmatizing words directed towards the site, the clients, and the staff:

“I don’t know how many times when we are outside having a smoke some Joe Shmoe in a nice car would roll down their windows and would yell ‘junkies’.” (Staff)

Participants discussed how some Sudbury residents and business owners believed that the site’s implementation was enabling and encouraging drug use and how there was a general lack of knowledge among the Sudbury community regarding the benefits of ‘The Spot’:

“There’s a stigma attached to this place for sure. I personally don’t care. Well, I can’t say that. I do care what people think. I think no matter where this building is there’s always gonna be negative people. Saying you’re enabling them. But it’s an epidemic, people are dying, they need places like this to keep people alive... They don’t look at it the other way and realize [The Spot is] saving lives... Some [residents] are negative because they think you’re enabling people to use because of the fact that you open these doors but that’s not true, I don’t believe that at all. I’ve had three people die over the weekend of

overdoses, because they were using outside by themselves” (Male, Unhoused, White, Age 45)

Staff reiterated negative community attitudes towards the site as well as a lack of knowledge and understanding of the site’s benefits. For instance, a staff member described how residents and business owners near the site felt as though the site would increase crime in their neighborhood:

“I know some of our neighbors aren’t happy with us being here because they think it’s gonna increase the amount of crime and people doing drugs in the area.” (Staff)

However, participants emphasized the site’s potential to educate the community as a means of mitigating stigma. For instance, when asked whether the site has the potential to reduce stigma, one member described how business owners could eventually come to recognize and appreciate the need for the site as it could be beneficial for their business:

“I think the site would [reduce stigma] because then {the community would} feel like there’s a spot for [PWUD] to go to and stay out of our business areas and they would get to see how it works. Who knows what they think, but I think it would help the population feel more safe about their stores or restaurants. Instead of having [PWUD] sit in front of them with a needle and then leave a needle sitting there, or someone OD’ing or nodding out in front of a restaurant. That doesn’t look too good, right? But if the store knows [PWUD] have a spot, then they’d feel more receptive to it. Like these guys have a spot, we’ve got a spot, so don’t come in our area.” (Male, Stably Housed, Indigenous, Age 40)

Staff also described how providing education on the site’s potential benefits to the community may be particularly beneficial, particularly for those who they felt may harbor longstanding and entrenched stigmatizing attitudes against PWUD:

“Education is a big piece, especially for the seniors. They’re from a different generation, they don’t really understand. But educating them that if you sit and talk to one of our folks for 5 minutes, they’re sweethearts. Do a seminar, educate the seniors and show them that we’re not scary people.” (Staff)

Overall, participants noted how negative community attitudes were pervasive within Sudbury and there was a common perception that the implementation of the site was enabling and encouraging substance use. However, participants noted that educational strategies could be used to help reduce some of the stigma.

Impacts on Public Consumption

Participants suggested that ‘The Spot’ had the potential to reduce negative community attitudes and stigmatization specifically through a reduction in public drug use. Many participants described a stark increase in the pervasiveness and visibility of public drug consumption and related littering of equipment in recent years, particularly within the downtown Sudbury area, which had exacerbated negative community attitudes towards PWUD. For instance, a number of participants described the increase in public consumption and related impacts:

“Five years ago you could walk around, there wasn’t needles everywhere. Now, it’s like every corner you go by there’s a needle, an uncapped needle on top of that. Even parks where kids play, I found a few of them sitting there. I’ll grab them and pick them up and put em in my pocket and go discard them because it’s not fair for a kid. Like what if they take off their shoes and run in the sand and get pricked by a needle and what, they get sick, they get AIDS, something like that? That’s not cool.” (Male, Stably Housed, Indigenous, Age 28)

A number of participants suggested that they, too, disapproved of the public consumption and littering of equipment and went to great lengths to actively clean up and dispose of needles

when they saw them on the street: *“Once or twice a week I volunteer picking up needles in the downtown core.” (Male, Stably Housed, White, Age 46)*

Another participant reiterated the disdain toward public consumption and articulated how discarded needles posed a risk to the residents and children of Sudbury:

“That’s something I actually got into a fight with two people out. They did their shot and just chucked their rig uncapped. There’s kids that can get poked by that, you know?” (Male, Stably Housed, White, Age 28)

Given the negative community attitudes towards public consumption and the increased visibility of drug use in Sudbury, some participants suggested that the site actually offers an avenue to safely use and discard used equipment, away from the public’s gaze, which could reduce community-level stigma:

“It’s gotten to be too much of nothing for drug users to be walking around and probably nodding off and there’s a good chance they could be dead and [pedestrians] just walk right by. If they’re [at The Spot] it’s good for a lot of people, the people who don’t die, the people who don’t have to see it, kids” (Female, Stably Housed, White, Age 30)

Staff at ‘The Spot’ iterated the potential for the site to reduce public consumption. For instance, one staff member provided this statement suggesting that if the site remained operational, then over time there would likely be less public consumption: *“Parks are already injection sites, just not supervised. Long term [The Spot] will reduce the amount of use in the park” (Staff).*

However, despite participants suggesting the site had the potential to reduce public consumption and visibility, and ultimately stigma, over one-third of participants (n=7; 35%) suggested that stigma against PWUD will remain prevalent within the Sudbury community. For instance, when asked whether they believed the site could reduce stigma, one participant stated:

“[The stigma] has gotten so bad in this city. The people who don’t use are just like, oh, another one. You can learn ten thousand great things about me but the second you learn I’m a junkie, that’s it. I don’t think we’ll ever get rid of that. There’s always gonna be a stigma attached to someone.” (Female, Stably Housed, White, Age 45)

Overall, ‘The Spot’ was recognized by participants as an opportunity to reduce public substance use in Sudbury, which many suggested had the potential to translate into addressing negative community attitudes and stigma against PWUD. Although participants expressed their frustration about the visibility of substance use and the extensive littering of used substance use equipment, they simultaneously noted that ‘The Spot’ could help redirect PWUD away from using where they are visible on the street.

Site Operational Impacts

Lack of Inhalation services

In terms of the operational impacts of the site, participants suggested services that the site currently did not offer but would be beneficial. Specifically, the vast majority (n=17; 85%) of participants expressed the importance of having inhalation services available at the site, particularly considering many were both injection and inhalation users, and one-fifth (n=4; 20%) identified a preference for inhalation as a route of administration over injection use. As such, participants suggested the lack of inhalation services was a potential deterrent to accessing the site. Moreover, participants expressed confusion regarding this policy and did not understand the rationale as to why the site would allow them to inject but not smoke their substances:

“If you’re allowed to shoot up here, you should be allowed to smoke up. I understand the cigarette part, but having a separate room, well-ventilated, and let the people smoke their fentanyl. You can come up here and shoot crystal meth but you can’t smoke it?”

Same with the down? You can't smoke the down but you can shoot it? You should allow it because you can just die just as easy and no one's there to help you. I wonder why they don't allow it. That's a bullshit policy" (Male, Unhoused, White, Age 45)

Based on the high percentage of PWUD who preferred to inhale their drugs or inhaled and injected interchangeably, it was suggested by participants that the uptake and utilization of the site is substantially less than it would be if it offered inhalation services. As such, participants described how in its current form, the site does not offer the protection and safety for the diverse community of PWUD in Sudbury:

"I'd say half or more of the people smoke it. So you have to take that into consideration too, and how many people have died from just smoking it?" (Male, Stably Housed, White, Age 49).

Staff echoed the views of clients by also emphasizing the importance of having the site offer inhalation services, recognizing that many PWUD consume their drugs via inhalation:

"I don't think we're capturing half the population; people aren't doing IV drug use as often as before and we had an overdose here where someone inhaled in the bathroom. I think there's some misinformation where people think they're less likely to overdose by inhalation which is unequivocally not true. We've had people try and light up in the consumption room and we have to tell them to leave." (Staff)

As alluded to in this quote, misconceptions that smoking was a safer route of administration compared to injecting were prevalent among participants. For instance, some described how they believed that there was a lower risk of overdosing associated with inhalation: *"There's also a far lower chance of overdosing from smoking, but there still is. A lot of people think you can't overdose if you smoke it" (Female, Stably Housed, White, Age 30)*

Based on these notions, a few (n=4; 20%) participants who typically consumed their drugs via both injection and inhalation mentioned that they would often first smoke their substance as a harm reduction measure to test its toxicity and strength. These participants believed that once they tested their substances via inhalation, they would be able to better determine whether it would be safe to engage in injection use:

“I smoke a bit as a risk mitigation strategy, and I feel it’s safer than injecting. It takes a while to feel the effects of it.” (Male, Unhoused, White, Age 51)

Another participant described engaging in this practice as well:

“The reason why I do the injection here [The Spot] is because when I smoke I’ll test it, you know what I mean? But usually when you put it in a rig, it’s all going in at once, it’s riskier I find.” (Male, Unhoused, White, Age 45)

Some participants therefore indicated that if the site offered inhalation services it would increase uptake by PWUD who are deterred by the non-inhalation policy, and who typically inhale their substances before injecting. For instance, one participant described the benefits of the site if it were to offer inhalation services:

“I think a lot more people would use here because a lot of people do both at the same time...Like I said, I smoke my down before I shoot it, just in case it’s too strong, right? I’d come here [to test it if it were offered]. With fentanyl, I have watched people with a huge tolerance who do this shit every day, do one puff, not even exhale yet, and they’re dropped. One puff. Now that fentanyl is a big thing like it is, I definitely think [inhalation services] would be a good thing.” (Female, Stably Housed, White, Age 45)

Staff even provided anecdotes of having to turn clients away due to a lack of inhalation services, which they considered very frustrating:

“I just find it strange that we offer a service to teach people to be healthy and not overdose, and help people when they are, but there is an even more common method that people use that is higher risk and we don’t cover it...happens all the time [we turn people away], and sometimes it is a deterrent for people who come in and they do inject, and they come in with a buddy or significant other who only inhales, and once they find out that they can’t smoke in here, then they leave too, even though they can use in here.” (Staff)

Participants described the importance of being allowed to inhale their substances at the site, but also recognized logistical challenges of an inhalation room such as needing ventilation and space, etc. As such, three participants suggested that just placing an awning or a tent or outside ‘The Spot’ would be a low-barrier way that PWUD could smoke there but also capitalize on the safety of the medical staff at the site. Overall, participants suggested the inclusion of inhalation services would be extremely beneficial, reduce overdoses, and increase uptake of the site: *“I’d be here every day if they offered inhalation services” (Female, Unhoused, Indigenous, Age 32).*

Drug Checking Services

Drug checking services were also identified as a beneficial service. While fentanyl testing strips were available at the site for clients to use and test their drugs prior to injection, some participants were not aware that this service was available to them. Three-fourths of participants (n=15; 75%) articulated that they would use a drug checking service if it was available at ‘The Spot’ and described the value of such a service in terms of saving lives, particularly in the context of the toxic drug supply. For instance, one member, who was a fentanyl user, shared their experience of when they went for a urine test as part of opioid agonist treatment (OAT) compliance, and discovered that there were no traces of fentanyl in his urinalysis, even though that is what he thought he had consumed, highlighting the importance of being able to test your substances given the adulterated drug supply:

“That’d be cool to come and drop your shit in it. Sometimes on methadone I would go pee and there’s no fentanyl in it, and I’m like excuse me? It was some benzo or some fucking shit. When I say I have to play Russian roulette every day, that’s what I mean. You don’t know what’s in it. Just this week four people died that I knew very well. Two days ago.” (Male, Unhoused, White, Age 58)

Other participants elaborated on the benefits of drug checking services and expressed their interest in using them as a means to mitigate their risk of harms related to using drugs:

“I would 100% love that. Can you get that? Something I can take my cocaine and test. I would 100% come in for that reason. I only grab from some people and my dad said anyone you get from you can’t trust. But I don’t grab from anyone I don’t know. So, throwing it on a strip to see what’s in it. You know how many lives that could save, just doing that?” (Male, Stably Housed, White, Age 46)

Staff also reiterated the benefits and importance of having drug testing strips available, and further suggested incorporating more rigorous testing capabilities:

“I think it would be interesting if we had a mass spectrometer to really see the breakdown. Especially with the benzo test strips and the benzo dope is very much a thing in this community.” (Staff)

However, some staff also discussed the challenges with testing strips and cautioned against relying on them as they were not always accurate and could unintentionally give people a false sense of security. Other issues included the potential for false negatives or positives, or for not capturing ‘hot spots’ within the drugs where some areas may be particularly concentrated or potent. Further, they described that the tests were not able to give you detailed composition information:

“It’s helpful for people to know if they’re doing like coke and they wanna make sure there’s not fentanyl in there. But it doesn’t tell you the potency and ...there’s a lot of caveats.” (Staff)

Generally, participants and staff suggested that drug checking services were beneficial, and that the site should continue to offer and expand on these services, with the added caution that such tests may not be completely accurate, thus requiring education around the limits of such tests.

Splitting and Sharing

Some participants identified the inability to ‘split’ or ‘share’ drugs with others while in the consumption room as a challenge. Reasons for engaging in this practice included for safety purposes, where they did not want to consume alone, or for economic purposes as they commonly pooled their money together to purchase a larger quantity of drugs than one individual could afford on their own, with the idea that they would consume the drugs together. Thus, participants suggested that because the site did not allow this practice, it was not reflective of their use patterns, and was a deterrent for utilizing the consumption room:

“Because you’d maybe want two people to go in, like a couple. I don’t know how that works...for sharing sometimes, because that’s what happens on the street...Yeah, not like anything dirty or anything. But yeah. That would be a thing.” (Male, Unstably Housed, Indigenous, Age 37)

Staff also recognized this as a drawback of the site and reiterated that not allowing such practices does not mirror community realities, and may discourage people from utilizing the consumption room:

“The splitting and sharing issue. Of course, they’re not allowed to do that on site and have to go off property. So some are more likely to just go use outside. They’re not gonna go and just make up two rigs. It doesn’t mirror community use and what they do

in real life” (Staff)

Another staff member highlighted how splitting and sharing is common practice among people, and they did not understand the justification for having to enforce the no splitting or sharing policy:

“People can’t split or share substances. If a couple comes in and have pooled their substances and money, technically, they can’t pass anything. They have to prepare it separately. Splitting and sharing is such a huge part of drug culture. Especially among couples. A couple comes in and one’s injecting and they want to split it but they can’t. If you see someone passing something you have to say, hey no passing in the room” (Staff)

Overall, participants and staff suggested that the inability to split and share drugs in the consumption room does not reflect and support realities of use among PWUD, and that this policy may deter people who commonly engage in such practices from consuming at the site.

Geographic Location

Another operational impact of the site that was commonly discussed among participants was the location. ‘The Spot’ is physically located at 24 Energy Court, which is an approximate five-minute drive or a 15-20-minute walk from Sudbury’s downtown core. The majority of participants (n=14; 70%) and all staff noted that the distance to travel to the site acted as a major barrier to accessing the site, and it was commonly referred to as “out of the way”. Participants suggested that most PWUD use and purchase their drugs downtown, and that having to travel away from that area to use was a major deterrent for utilizing the site. Participants suggested that the site should be relocated to downtown Sudbury, which would encourage access and uptake:

“Preferably I’d like the location to be downtown because that’s where everyone hangs out and that’s where the drugs are. It doesn’t make sense to buy drugs down there and walk all the way up here when you can just shoot it up down there. A lot of people say

the same thing” (Male, Unhoused, Indigenous, Age 36)

Participants reiterated that PWUD typically need or want to consume their drugs as soon as they purchase them, and are reluctant to travel or walk a long distance to the site:

“It’s too far away from where the drug scene really is in this city. A person isn’t gonna buy some, most people are on the ankle express, and they’re not gonna walk all the way up here just to get high. Again, that might change in the winter when it’s deathly cold out.” (Male, Unhoused, White, Age 58)

“[The location] wouldn’t be bad if your dealer lived in the area. But most people that will come here are homeless and coming from downtown. And it’s the walk. They’re not just street junkies, they’re people with real medical issues and it’s just the cheapest way to ease the pain, not just the physical but the mental pain that comes with living on the street” (Male, Unhoused, White, Age 51)

Over half of participants (n=11; 55%) shared experiences of going through withdrawal or feeling ‘dope sick’, and described how during these moments there is a sense of urgency and a need for them to consume their drugs expeditiously in order to reduce their withdrawal symptoms. Participants and staff suggested that during these instances, their focus and priority is on relieving their symptoms, which takes priority over figuring out where and how they can use more safely:

“Most of the population who are unhoused and use drugs are centralizing in the downtown core area and it’s a bit of a walk from where we are. It’s a barrier. People aren’t going to wake up in the morning and be dope sick and buy their dope and then walk all the way over the field to use. I think if we were downtown, we would be packed.” (Staff)

As suggested in the previous quote, these experiences were emphasized by participants as justification for the site to be relocated to downtown Sudbury, which they suggested would encourage access and uptake of the site:

"I guarantee you guys don't get people here because of the location. I know downtown don't want it down there and I understand that. But it's gotta be down there I think. A lot more people would be using this facility if it were closer to the downtown core. Because what do you do? You wake up in the morning and want to do your fix, you're gonna walk a half a mile first? No...Because it's the first thing you wanna do when you wake up. You roll over, sometimes sick and the first thing you want to do is get un-sick. If I can walk three minutes compared to 20 minutes, I would be here." (Male, Unhoused, White, Age 45)

One member also identified the location being a deterrent for those that have physical disabilities or health issues, which would increase the challenges in commuting to the site:

"Someone with a walker, or even without a walker. I have issues walking from pain of some sort" (Male, Unhoused, White, Age 51)

When discussing possible locations, one of the staff members noted that an optimal setting would be inside the Réseau ACCESS Network main site as it is already located in downtown Sudbury. Some staff elaborated that the integration of the consumption room into the already existent location would be beneficial as a one-stop shop for PWUD:

"I think where the main site is it would be the perfect spot for the consumption site, there is an alleyway, there is a back door, the park is right there where most of our folks hang out. Could be more coordination with different services" (Staff)

Another suggestion provided by staff to improve access to the site was to facilitate

transportation from the downtown area to 'The Spot' which would reduce the barriers associated with traveling to access the site:

"Transportation for our members because we are so far out, and a lot of our population tends to hang downtown and hunker down. So, I think transportation to and from the site would be so cool, even just a few times a day" (Staff)

However, nearly a third of participants (n=6; 30%) noted that they did not mind the location, as they either lived nearby, or they preferred that it was outside of the 'drug scene', where they were less visible. These participants suggested that they preferred the location of the site being away from people as they felt less judged or stigmatized for accessing the site: *"Yeah because we're not being judged. Older people would look at us and be scared and other people would judge us."* (Male, Stably Housed, Indigenous, Age 40)

This was also relevant for one participant who described the value of the discreteness of the site, and he suggested it made him more comfortable and willing to access it:

"I work part time and if they knew I was using I might not have that job. My buddy here isn't a user. He knows I do, but I try to hide it from everyone, I really do. I'm not afraid of people seeing me here because it is farther away, right? So the location is good in a way, I never thought of it that way." (Male, Unhoused, White, Age 45)

Hours of Operation

In addition to issues around the location of the site, the site's limited hours of operation were also commonly discussed as an access barrier. Currently, the site is open from 10:00am until 4:00pm, seven days a week. When asked about ideal hours of operation, all participants suggested that the hours were not long enough and did not reflect the times PWUD typically consumed their drugs. Participants emphasized that site should be opened for a longer duration of time to ensure it meets the needs of diverse PWUD and their lifestyles:

“And the hours, like I said, most people don’t wake up at 10am. They’re usually up at like 7am. I think [the site] should be open earlier and later. What about the nightlife? People go out and start drinking and the next thing you know they wanna do a fix. I know everything cost money too, like the workers. I get that. But if it’s gonna be done, it’s gotta be done right. That’s my opinion.” (Male, Unhoused, White, Age 45)

Discussions around having the site open earlier than 10:00am were mentioned by seven participants (n=7; 35%) for a variety of reasons. For instance, as mentioned above, participants described that PWUD typically wake up in withdrawal or feeling ‘dope sick’, and the first thing they need to do is consume their drugs to feel better. One participant therefore suggested to open the site earlier in order to capitalize on this opportunity:

“Yeah, well people start withdrawing first thing in the morning, super early. Most people want their shit by 8 o’clock. Just follow the dealers and the street girls. It’d probably be 8am.” (Male, Unhoused, White, Age 51)

Other justifications for the site opening earlier included recognizing that people attend methadone clinics to get their medications in the morning, and because PWUD who use the shelter are often mandated to vacate them early in the morning. As such, participants described having a place to consume their drugs at that time would be important:

“Well, I know a lot of people if they’re homeless, they get kicked out. Like that one place you’re out at 7:00am. And a lot of methadone clinics, mine’s open at 7:30 and the other is open at 9:00. So that’s two hours [before the site opens]. And they need it every day. That’s why there’s dealers down there at that time. Just waiting.” (Male, Unstably Housed, Indigenous, Age 37)

Some participants suggested that the site should be open 24 hours a day. For instance, when

asked if there was anything that could be improved about the site, one participant mentioned:

*“Longer hours. I don’t know if it would be possible to have it open 24 hours, you know?”
(Female, Unstably Housed, Indigenous, Age 31)*

In recognizing that the hours of operation were not inclusive of PWUD diverse needs, staff engaged with clients and asked them to weigh in on optimal hours of operation:

“So we had a bit of a pizza party meet and greet in October and that went well and one of the things we asked was about our hours and the option that got the most votes was 10am-4pm but some people will joke, do junkies keep business hours? It would be open 24 hours in a perfect world. Here and there we’ve been discussing as a team to shift our hours one day a week from 11-5, 12-6 and see if it captures more people wanting to come. At some point we’ll examine moving to a more 12-hour shift” (Staff)

Overall, the location and hours of operation of the site were perceived as a significant barrier to increased uptake and usage of the site by PWUD. The location was perceived out of the way, and not situated within the drug scene. Participants stated that a prime location would be in the downtown area of Sudbury, which would make it more accessible to PWUD. In addition to the location, the hours were deemed as limited and all participants expressed a desire for increased hours of operation, with some requesting earlier opening hours.

Impact of Funding

Another topic related to operational impacts of the site was funding. Although a few participants suggested they recognized the impacts of limited funding on the site (e.g., in relation to staffing, hours of operation, etc.), this issue was most commonly reported by staff. A few emphasized that due to the precariousness of the current funding (as the site had not yet received long-term funding from the province), they were not able to operate at full capacity. This negatively impacted the site in a number of ways, including the infrastructure. Discussions

around the limited infrastructure (i.e., the site was built within a small trailer) were commonly brought up, including how this posed a challenge to their functionality. However, the staff were all very positive and suggested they've made the best of what they had in terms of space:

“Being mindful that we’re in a trailer. I think we’ve done the best we can with the space we have available to us. We’ve tried to make it not look super clinical and be welcoming and laid back. It would be nice to have a bit more storage room or little things like that. But as far as trailers go we’re not doing too bad.” (Staff)

The lack of funding was also deemed a challenge in relation to staffing and hours of operation. Staff discussed restrictions in the ability to hire more staff and to accommodate for longer hours of operation, as described by the following participant:

“Currently right now we’re pretty bare bones staff because we don’t have the funding to hire more and that’s why the hours are the way that they are. So we kind of had to stick to the 9-5 working hours because then we get a bit of overlap with staff. Having additional funding to hire more staff would be awesome.” (Staff)

Additionally, ‘The Spot’ has a room dedicated to host community partners, such as mental health counsellors, representatives from food banks, housing services, or nurse practitioners to support and educate and provide services to clients. However, at the time of data collection, this initiative and the use of the room had been put on hold due to the limited funding, and staff members suggested that their clients are currently not benefitting from these services:

“If we had more money, we ‘d be open longer with more staff and could use the community room which we’re waiting for the money to come in to use it for” (Staff)

“The community room has a lot of potential, it’s for community partners, with the nurse practitioners, on a rotating scheduling and folks can connect with them about wound

care, but they do have to be members. If we can collaborate with some community partners that would be good.” (Staff)

Overall, the discussions around funding suggested a clear linkage between funding and the ability to increase capacity and be able to effectively operate with additional hours, staffing, and support services, underscoring the value in securing long-term funding.

Site Staff Behaviors, Knowledge and Skills

Lastly, although participants described the drawbacks and impacts of certain site policies and operational impacts, the majority (n=16; 80%) suggested that the staff working at the site were welcoming and personable and made them feel comfortable when accessing the site. Participants referenced various positive and non-stigmatizing interactions with staff. These sentiments were commonly endorsed among first-time service users (n=12; 60%) who discussed how they initially felt hesitant to access the site as they were worried they would be judged or stigmatized by staff, and were unsure about the environment. However, they unequivocally voiced how pleasantly surprised they were with the site staff and how any reservations they had regarding stigmatization were discarded after their initial experience, as described by the following participants:

“I think the staff here are really good. They’ve all been really nice to me. Even if a guy comes in here and has a big beard and hasn’t showered in a month, they still treat him like a person” (Male, Unhoused, White, Age 40)

“Just the staff, being friendlier than I thought, I guess... Just that the people are actually looking out for people, I guess” (Male, Unstably Housed, Indigenous, Age 28)

Staff members also suggested that this was a common sentiment they heard and experienced. For instance, one staff member shared an experience of how a client kept returning to the site after disclosing how comfortable they felt consuming at ‘The Spot’:

“On the weekend we had one gentleman come in for the first time, and then we saw him all weekend, it was awesome, we saw him three times that day” (Staff)

In addition to the welcoming atmosphere the staff of ‘The Spot’ fostered, some participants discussed how they felt confident in the expertise and training of staff, which further encouraged them to return to the site:

“They [staff] are subject matter experts, I think that’s a good thing. If you’re gonna walk in and do something, they know more about drugs than I do. The staff take it very seriously and I appreciate that and it made me want to come back.” (Male, Stably Housed, White, Age 46)

Importantly, the inclusion of peer harm reduction workers who had lived and living experience with drug use and were employed at the site were noted as an invaluable asset. Half of participants (n=10; 50%) emphasized that the presence of these workers provided a sense of comfort since they could relate to them:

“Well, the one guy, he’s been where I am, so he knows. I don’t know exactly where he’s been, but I know [he has lived experience]. Like hands-on. He’s given me advice on stuff. Changed my life talking to him and stuff” (Male, Unhoused, White, Age 40)

Other participants described the importance of offering employment to peer workers in a field where they are knowledgeable and passionate as a means of providing structure and stability in their lives:

“A lot of people have come from places on the street. And I think that’s the best thing, to hire people that have been there. Even if it’s one of the smaller jobs, it’s a good idea. It helps them turn their lives around. (Male, Stably Housed, White, age 49)

“It’s nice to see some of the local people here. They’ve got drugs. They’re working. They’re off the street. They look clean and fresh and they’re not using on site, I can tell. They’re holding it down. Kudos to them. To get up and go to work and hold it down all day.” (Male, Unhoused, Indigenous, Age 28)

One of the peer workers also spoke about how rewarding their position is, and how it provides a sense of hope to some of the clients:

“I got clean, and just tried to give back. People were there for me, and I feel like I want to be part of saving someone’s life. Give them a chance that I was given.” (Staff)

Due to ‘the Spots’ comfortable and non-stigmatizing environment, participants felt encouraged to return to the site. The staff played a large role in enabling such an environment, and participants commonly praised staff behaviors, knowledge, and interpersonal skills. Additionally, the peer harm reduction workers contributed to feelings of ease as participants felt as though these workers could resonate with their experiences which amplified their feelings of comfort.

Site Functionality

Physical Infrastructure

Similar to staff concerns about the impact of the site’s limited infrastructure, participants also discussed potential implications related to the physical infrastructure of ‘The Spot’. Some concerns were raised regarding the location of the trailer and its visibility, including a lack of privacy or confidentiality due to the lack of surrounding buildings and greenery. Some participants expressed that this exposure made them feel paranoid or uncomfortable leaving the site, as they felt an increased potential to be visible to the public where they could easily be seen using the site:

“It’s open and there’s no sneaking around. For people who are trying to hide their

addiction they're not hiding jack shit around here." (Male, Unhoused, White, Age 51)

These concerns were also accompanied by discussions around the fear of being exposed to police when leaving the site. A few participants described that the presence of police in the area was a deterrent for using the site:

"I guess you could probably put a tree in front of the building and cover it up a bit. That's why a lot of people were worried that [the cops] were watching this place, because why else would they have cleared all the bushes away." (Male, Unhoused, White, Age 40)

Some suggestions were given on how to increase the privacy and make the site more discreet. For instance, participants suggested planting greenery such as bushes or trees, or installing latticework or fences around the site:

"There was talks of an outdoor space like a garden, but maybe getting a wall along the railing or lattice structure to obstruct vision of people leaving the site" (Staff)

However, on the contrary, a few participants noted that they appreciated the fact that 'The Spot' was physically located on an open field and described that they preferred the openness so that when they exited the site, they did not have to feel worried about whether someone was waiting for them:

"I think most people are paranoid so it's better that [The Spot] is open. So they can see everything, and no one is hiding" (Female, Stably Housed, White, Age 45)

Two staff also discussed how the layout of the site was clinical, cold, and institutionalized, and could therefore be triggering to clients, particularly for those who have history of incarceration, confinement, or institutionalization. Currently, 'The Spot' has metal doors leading from one room to the next, and for privacy reasons, each door remains closed as clients wait to do their

intake assessments before using the consumption room and in the waiting room after consumption. For instance, one staff described the potential drawbacks of this layout:

“When you come in, you have to go through this door and the door gets shut, then you go through the other door and the door gets shut, then it’s like the closed doors, it’s like a jail environment, that is a bit concerning. I understand we have to respect confidentiality, but they are metal doors, they are not warm and welcoming, they are steel, it can be very triggering.” (Staff)

This sentiment was reiterated by other staff members:

“A lot of members have been incarcerated; the jail is across the street. We have people pop in as soon as they get out of jail, which is great because the potential for overdose for folks who just leave jail is higher but the tiny rooms and having to go through in a step-by-step process is the same thing you do when you’re incarcerated.” (Staff)

Some participants also discussed how they felt as though the layout of the site resulted in unnecessary staff traffic in the consumption room, which made them feel uncomfortable having to consume their drugs in front of other people. One participant suggested that it would be beneficial to have alternative entrance and exit doors for staff which would reduce the number of people passing through the consumption room while clients are using it:

“When someone’s in that [consumption] room, they should just keep it for those people in that room, they should have an alternate entrance and exit for staff, a lot of people are very uncomfortable doing it in front of other people.” (Male, Unhoused, White, Age 51)

In terms of the booths themselves, a few participants discussed how they felt as though the booths should be stainless steel to enhance sterilization and cleaning measures, as opposed to

being made from wood:

“I still don’t think that the booths should be wooden. I think they should be stainless for cleaning purposes because I find with wood the blood can stay in it. That’s how they are out west, they’re all stainless-steel booths.” (Male, Unhoused, White, Age 45)

This issue was recognized among staff who discussed having already ordered stainless steel to cover the surface of the booths to enhance cleaning protocols and measures:

“We have these wooden booths, and we don’t know how much [blood] is absorbed. We’re ordering a metal plate to go on top of the booths for sanitary reasons” (Staff)

Overall, a few minor suggestions were noted regarding physical infrastructure and attributes of the site that could be improved to increase feelings of privacy and comfortability. Regardless of these suggestions, all participants said they would still return to the site.

Lack of Privacy in Consumption Room

In addition to the limited infrastructure of the site, there were a few suggestions among participants on how to improve the functionality of the site. Almost half of the participants (n=9; 45%) suggested they would appreciate more privacy in the consumption room and recommended higher and wider partitions between the booths to ensure privacy and comfortability when consuming their substances. This was deemed to be particularly relevant for those that typically inject in areas on their body considered more private, as discussed by one participant:

“Some women I’m sure might get really uncomfortable having to pull down their pants too. Some girls do it in their boobs...When I fix I use my leg so I gotta take down my pants, you know what I mean? (Male, Unhoused, White, Age 45)

Participants suggested that increased privacy in the consumption room would also benefit those who were not comfortable injecting in front of others or felt as though they were being watched by other clients and staff. For instance, one participant described feeling uncomfortable with people watching them and described that this inadvertently put pressure on them to inject more quickly:

“Because I don’t like people watching when I do it. I feel under pressure and I don’t want to miss, you know? I feel put on the spot. Not that I’ve missed but I do try and hide it and I want to feel comfortable. Maybe high enough [the partitions] so if someone prefers to stand.” (Female, Unstably Housed, Indigenous, Age 31)

Although suggestions related to increased privacy or higher partition walls between the booths were discussed, participants recognized the importance of being visible to the medical staff, while simultaneously remaining private from others:

“Yeah, like where I was using, there were people watching, they were right there. I’d rather be in my own little area where the workers can see me but other people not just watching.” (Female, Unstably Housed, Indigenous, Age 28)

One individual alluded to how the large mirror situated within each booth would enable other people to see the individuals consuming at the booth in the reflection, which also interfered with the privacy of the booth. For instance, one participant suggested ways to improve the privacy of the consumption booths:

Yeah, like an office cubicle. As long as it blocks off you in that one little section, enough for them to come check on you, but you’re not visible to others. And then the mirror thing. There’s a mirror [right in front of you], people can see.” (Female, Unstably Housed, Indigenous, Age 28)

The provision of small portable mirrors at the booths was also suggested, instead of one big mirror to help ensure privacy is maintained and provide assistance in viewing injection areas. Some participants who had difficulty locating their vein, or injected in places that were hard to visibly see with one large mirror, and noted that they would appreciate a smaller one:

“Portable mirrors, not just the one big mirror in front of you. It’s good to have a little portable mirror in front of you because it’s hard to actually get in there [veins], but if you had a little portable mirror, it’s right here.” Male, Unhoused, White, Age 45)

A few participants discussed how there were not that many booths, and surmised about what the experience would be like if they were all full at once. For instance, one participant discussed that she did not mind if people watched her, but that she would feel uncomfortable having someone inject right beside her, and reiterated the need for more privacy in the consumption room between booths:

“I was comfortable, but there wasn’t anyone beside me [in the consumption room]. If there were people [beside me], I wouldn’t want to see them, I don’t care if they watch me. Maybe that’s why I had such a good experience. If there was 4 other people and I’m just picturing it, I don’t know what state they’re in. I probably wouldn’t be as comfortable. It wouldn’t deter me from coming but I wouldn’t want to look at it. The more privacy the better” (Male, Stably Housed, White, Age 46)

Overall, both participants and staff provided a number of suggestions to improve the site’s functionality, particularly in terms of ease of use, privacy, and comfortability.

Implications and Recommendations

This preliminary evaluation of ‘The Spot’ highlighted many benefits of the site, including an increase in uptake and utilization among clients as well as the reversal of a number of overdoses. Since its inception, the site has seen over 256 clients and supported over 700

consumptions. Combined with the information gleaned from participants and staff during the interviews, the findings suggest that the implementation of the site has been beneficial in meeting PWUD's needs thus far. Participants described the importance of the site in terms of its ability to improve their safety, particularly in regards to overdose risk, as well as in relation to accessing sterile drug use equipment. Participants also suggested that using the site could potentially help them reduce their drug use, which many expressed as a positive unintended benefit of the site. Further, participants proposed that if the site continued to operate it could help redirect PWUD from the downtown area and reduce public consumption and visibility, which may in turn have an impact on reducing overall community stigma towards PWUD. This is in line with extant literature on the impact of SCS in other communities. For instance, evidence suggests that SCS can reduce stigma toward PWUD, improve relationships and trust between PWUD and service providers, and reduce crime rates, drug use, and prevalence of discarded needles in public spaces.^{6,14-15} Participants from our study elaborated on these points and discussed that these benefits could help mitigate negative community attitudes regarding PWUD and the site, which many community members held. They further suggested that community members could come to recognize the importance and value the site and its ability to increase overall safety in their community over time. Essentially, participants suggested that as long as the service is being utilized and is accessible for PWUD, then this could translate into the reduction of stigma that has been so prevalent in the City of Sudbury. However, despite these overarching benefits, participants also suggested a number of recommendations to improve the site which could ultimately increase uptake and utilization.

1. Relocate Site to Downtown Sudbury

Participants and staff interviewed highlighted the challenges associated with the current location of the site and suggested it was posed a significant barrier for clients to access the site. Participants also indicated that the location was directly impacting uptake and utilization numbers, since many of them emphasized that they purchase their drugs downtown and they have a need to consume their drugs immediately upon purchasing them as they are often experiencing withdrawal symptoms or feeling 'dope sick'.

Evidence suggests that travel is a significant barrier for PWUD in accessing health and social services¹⁷⁻¹⁸. Previous research demonstrates the importance of location in meeting the needs of intended populations and ensuring that travel or distance does not influence their decision to use at the site¹⁹. This was evident in our study, whereby participants and staff identified the challenges of having a stand-alone site in a secluded area away from Sudbury's downtown core (colloquially referred to by participants as the 'drug scene'). Studies have documented how PWUD prefer to have SCS integrated into existing harm reduction programs as this can help them access other critical services, in a more discreet way, and can help foster trusting patient-provider relationships within these sites. Furthermore, it has been suggested that the public would be more open and supportive of an integrated model of care, as opposed to independent services dispersed throughout the city¹⁹.

Given that the Réseau ACCESS Network is already established and located within the downtown Sudbury area, participants and staff suggested it would be ideal to have 'The Spot' integrated within this larger site. This would encourage PWUD who access harm reduction, educational materials, public health resources, and Hepatitis C or HIV/AIDS services to be able to easily access the consumption room, as well as other services, all in one location. This location could act as a one-stop shop for PWUD in the City of Sudbury. Having this service be as low-barrier and accessible as possible is integral to increasing its uptake, which could in turn reduce public consumption and increase community support.

Also given that finding a location that the public deemed acceptable was a significant hurdle in the initial phases of applying for approval for the site, based on participants suggestions, it would be beneficial to provide more public education and awareness of the site's benefits. Tailoring public awareness campaigns to business owners and residents who reside downtown and may be hesitant to support the site relocating to their neighborhood may be important to reduce their concerns and increase community 'buy-in'. As the site comes up for renewal, it will be important to take these factors into consideration.

2. Improve the Site's Infrastructure

Despite participants suggesting that 'The Spot' has maximized the space and utility of the current trailer it is in; some suggestions were provided to improve the site's infrastructure. Participants described issues related to a lack of privacy as they could easily be spotted entering or leaving the service. There were a number of recommendations put forth that would be low-cost but would help mitigate these concerns if 'The Spot' is to remain at this location, including improving the landscaping around the site, such as planting trees. Studies have corroborated the impact of standalone services in regards to privacy concerns,²⁰ which further emphasizes the need to relocate and integrate the site into the larger Réseau ACCESS Network.

Other issues that were noted related to the current design of the consumption room and the lack of privacy when injecting in the booths, which was a particular concern for those who may inject in areas of their body that they would like to remain private. Literature has also reiterated the importance of site layout and has identified the size and setting of consumption booths and the presence of others can act as a deterrent to using the site¹⁹. Participants suggested to redesign the consumption booths by increasing the size of the partitions and removing the large mirrors, which would be a simple way to address concerns related to visibility when injecting.

3. Provide Inhalation Services

Participants and staff emphasized the need for the site to offer inhalation services to support PWUD and their diverse drug use patterns and related risks. Participants described commonly smoking their substances prior to injecting, or preferring smoking over injecting, indicating that the site is currently not able to support the risks associated with these practices. There also appears to be a misconception among study participants that smoking is safer than injection, which underscores the importance and need for the site to offer inhalation services, particularly as evidence suggests that smoking may be just as risky as injection drug use²¹. Inhalation services enhance safety and have the potential to mitigate overdoses. Data suggests that in recent years, more individuals have been dying from opioid poisoning via inhalation than

injection in Canada, which is a significant shift from injection as the primary route of administration²²⁻²⁵.

However, the lack of inhalation services within the site is not novel considering the majority of SCS do not offer the ability to smoke onsite, aside from a few select SCS which have been able to successfully implement these services (i.e., a number of these services exist in British Columbia, and one service in Ontario was recently granted approval to offer inhalation)²⁶⁻²⁷. Getting approval to offer inhalation services is complicated due to community bylaws that forbid smoking inside businesses, as well as requirements for proper ventilation, etc. Further exploration on how administrative and logistical issues can be addressed to support the incorporation of such vital service into 'The Spot' is warranted.

4. Increase Hours of Operation

Another improvement that was suggested by both participants and staff was the limited hours of operation. In order to cater to diverse PWUD and their drug use patterns and lifestyles, participants suggested the hours of operation need to be extended. Participants and staff noted challenges with the current hours of operation, and suggested the importance of opening the site opening earlier in the day in order to capitalize on periods of time when PWUD are commonly utilizing drugs but have nowhere to do so safely. Participants suggested that in an ideal situation, the site would remain open 24 hours a day. This has also been substantiated by evidence which indicates that operating a SCS 24 hours a day, seven days a week, is not only preferred by PWUD but would optimize site uptake and effectiveness¹⁷. Extending the site's hours would ensure that the service is supporting PWUD and providing them with a safe space to consume their drugs at times that work best for them. However, as mentioned by participants, this would be contingent on funding.

Limitations

A number of limitations to this study should be noted. While semi-structured interviews provide opportunities to comprehensively explore participant responses, not all participants

were asked the exact same questions or subsequent probes due to the naturally occurring phenomena and conversational flow inherent in the one-on-one interview process. This resulted in a wide range of responses and experiences, which are entirely subjective and were based on participants' interpretation and understanding of the interview questions. Responses are also prone to biases inherent in self-report data such as social desirability, recall, etc.

Due to the small window of time (i.e., two and a half months) that the site was open prior to our assessment, it is likely that the uptake data is an underrepresentation of the 'The Spot's' potential utilization and impact. Some participants were first time consumption room users and suggested they were unaware that the site was open or did not know what the hours of operation were, insinuating that as time goes on, additional PWUD will become aware of and utilize the site. It will therefore be important to conduct a follow-up evaluation to determine longer-term uptake and impact of the service.

Conclusion

This initial assessment of Sudbury's first SCS suggests that the site offers many benefits to PWUD within the community. Based on the responses received during this study, the site has been able to effectively mitigate risks related to drug use among PWUD in Sudbury, including reducing fatal overdoses. These benefits underscore its utility as a key harm reduction service and the need for site sustainability. Participants described the site's ability to prevent and respond to overdoses, provide a safe and comfortable environment to consume drugs, and reduce public consumption of drug use which can potentially reduce stigmatization. However, participants also suggested drawbacks, including issues regarding site operational policies that hindered site uptake. Suggestions to improve site uptake and sustainability include relocating 'The Spot' to downtown Sudbury where PWUD are located, improving the site's infrastructure, incorporating inhalation services, and extending the operational hours. These findings warrant the need for continued sustainability and operationalization of the site. The site, as it stands, offers invaluable benefits in reducing harms associated with substance use. The sustainability of the site would not only save lives but would also play a substantial role in reducing

stigmatization, by providing a safe space for PWUD to consume their substances. Ongoing and longer-term evaluations are needed to continuously monitor the site uptake and impact of the site on PWUD and the community in the City of Sudbury.

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