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COMMUNITY CONSULTATION AND ENGAGEMENT FOR A SUPERVISED CONSUMPTION SITE IN BARRIE

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Participating Sites for the People with Lived Experience Survey

Canadian Mental Health Association of Simcoe County (CMHA)

David Busby Centre, Barrie

Elizabeth Fry Society of Simcoe County

John Howard Society of Simcoe and Muskoka

Rapid Access Addiction Medicine (RAAM) Clinic, Barrie

KEY HIGHLIGHTS

- A total of 2,039 people who live, work, or go to school in Barrie, 47 people with lived experience of drug use, and 24 community partners participated in the community consultations. Based on the way the data was collected, consultation results represent the perspectives of the respondents only, and do not represent the entire Barrie community.
- The majority of general public respondents and respondents with lived experience know or have heard of Supervised Consumption Sites (SCSs), 98.3% and 76.6% respectively.
- All community partners believe that there is a problem with drug use in Barrie - that there is an increase in drug use, and more availability of tainted and dangerous drugs.

Potential Benefits of a Supervised Consumption Site in Barrie

- Almost half of general public respondents (49.2%) think that an SCS in Barrie will be helpful. The top three benefits of having an SCS in Barrie as identified by these respondents include:
 - reduce drug use in public (91.0%)
 - reduce risk of injury and death from drug overdose (89.5%)
 - reduce the number of used needles on the streets and in parks (88.8%)
- The top three benefits for people who use drugs, as identified by respondents with lived experience, include:
 - help lower the risk of injury and death from drug overdose (83.0%)
 - help lower the risk of developing diseases such as HIV, and Hepatitis C (57.4%)
 - help increase the use of new drug-related equipment for each injection (57.4%)
- The top three benefits for clients (i.e. people who use drugs) of an SCS, as identified by community partner respondents, include:
 - act as a bridge to other services and connect clients to additional services and supports
 - save lives and extend an individual's life
 - create a safe and supportive environment for a client

Concerns of a Supervised Consumption Site in Barrie

- About two out of three general public respondents (63.4%) had concerns about having an SCS in Barrie. Their top three concerns include:
 - encouraging more drug use (74.4%)
 - more people who use drugs would be in the neighbourhood (73.1%)
 - safety of community members (69.8%)
- The top three negative impacts of an SCS in Barrie to the community, as identified by community partner respondents, include:
 - increase in crime, drug trafficking and drug use

- negative perception and rejection from the community of having an SCS in Barrie
- increase in vulnerable populations in the community, such as people who use drugs and homeless individuals

Preventative Strategies to Address Identified Concerns

- The top three preventative strategies to address the concerns above, as identified by general public respondents, include:
 - evaluate SCS services to see what is working and what is not and share the results with the community to take action (43.3%)
 - increase security in the area of an SCS (40.7%)
 - increase clean-up of publicly discarded needles (32.9%)
- The top three preventative strategies to address the concerns above, as identified by community partner respondents, include:
 - ongoing communication with the community, and continued consultations with the community possibly through a committee
 - having an SCS in an appropriate location, with appropriate staff and services available to clients
 - community partners working together for success of an SCS in Barrie

Perceived Outcomes of a Supervised Consumption Site in Barrie

- The top three situations respondents with lived experience think are most likely to occur in the community if an SCS were opened in Barrie include:
 - people who use drugs could have their questions answered about drug treatment (97.9%)
 - less chance of drug-related equipment being reused (93.6%)
 - decreased amount of used equipment found on the streets (91.5%)

Service Delivery Model

- The majority of respondents with lived experience (97.9%) indicated that if an SCS was available in Barrie, people who use drugs would use it.
- The top three reasons people who use drugs would be encouraged to come to an SCS include:
 - to prevent overdoses (74.5%)
 - to treat overdoses (57.4%)
 - to be safe from being seen by police (55.3%)
- The top three reasons that would prevent people who use drugs from coming to an SCS include:
 - fear of being caught with drugs by police (80.0%)

- worried about the presence of security and police around the SCS (60.0%)
- they don't want to be seen (53.3%)
- The majority of respondents with lived experience identified that a variety of services from nursing staff for medical care in case of overdose or infection, to a 'chill-out' room to go after using and before leaving the SCS, would be important to people who use drugs.
- Eighty-one percent of respondents with lived experience suggested a specific location in downtown Barrie where an SCS should be located.
- Thirteen community partner respondents identified specific locations within downtown where an SCS should be located, while three respondents mentioned downtown overall as a location for an SCS.

Mitigation Strategies

- The results from the community consultations were used to develop mitigation strategies as outlined in the body of the report, and which will be included in the SCS applications to Health Canada and to the Ontario Ministry of Health and Long-term Care. These mitigation strategies are intended to address the concerns identified in the consultations, including community and client safety, site selection, ongoing community engagement, access to wrap-around community services, and education and awareness.

COMMUNITY CONSULTATION AND ENGAGEMENT FOR A SUPERVISED CONSUMPTION SITE IN BARRIE

BACKGROUND

According to the Centre for Addiction and Mental Health¹,

“Supervised consumption sites (SCSs) provide safe space and sterile equipment for individuals to use pre-obtained drugs under the supervision of health care staff. Consumption refers to taking opioids or other drugs by injection, smoking, snorting or taking them orally. SCSs provide fundamental services for people who use drugs. SCSs are health care facilities that are part of a full array of harm reduction services.”

In 2017, the Harm Reduction Pillar of the Simcoe Muskoka Opioid Strategy (SMOS) agreed to explore an application to Health Canada and to the Ontario Ministry of Health and Long-term Care for a Supervised Consumption Site as part of a comprehensive strategy to address the current opioid crisis. The Canadian Mental Health Association Simcoe County (CMHA), the Gilbert Centre, and the Simcoe Muskoka District Health Unit (SMDHU) are leading this work on behalf of SMOS. One of the key components of the application process is to conduct community consultations to gather stakeholder perspectives for an SCS for Barrie. These stakeholders include people with lived experience (PWLE) of drug use, community partners, and the general public, specifically those who work, live or go to school in Barrie.

PURPOSE

Through community consultations with the groups identified above, synthesized feedback will answer the following questions:

1. What do community stakeholders see as potential benefits of a supervised consumption site in Barrie, and what measures can be taken to help ensure these benefits are achieved?
2. What concerns do community stakeholders have regarding a supervised consumption site in Barrie and what measures can be taken to address them?
3. What kind of facility and service model for a supervised consumption site in Barrie (i.e., location, types of services offered, time/days of week, etc.) would meet the needs of PWLE, and be acceptable to the local community?

The results will be used to inform the application process for an SCS in Barrie, including mitigation strategies to address identified concerns.

ABOUT THE DATA COLLECTION

Community consultation and engagement was completed via three data collection initiatives, with each specifically tailored for each stakeholder group. Please see [Appendix A](#) for all data collection tools.

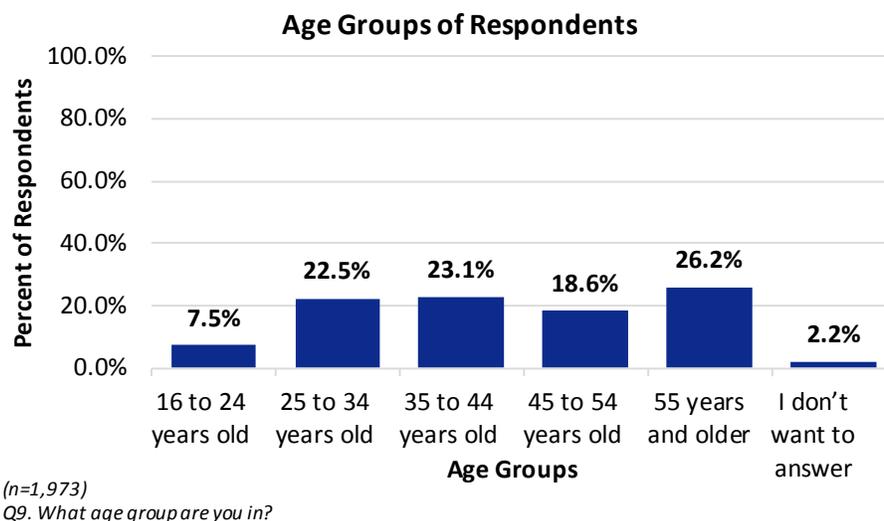
General Public

Individuals who live, work or go to school in Barrie, and are 16 years of age or older, were invited to participate in an online survey through SurveyMonkey® from February 19, 2019 to March 25, 2019. The online survey was promoted through SMDHU's website, Facebook and Twitter accounts, as well as through radio advertising. See [Appendix B](#) for the communication activities used to promote the various opportunities for consultation and engagement. As well, through media promotion, the general public was invited to an Open House held on March 20th, 2019 in the Rotunda at the Barrie City Hall, and were provided the opportunity to complete a paper version of the online survey. These paper survey responses were later entered into the online survey.

In total, 2,151 responses to the public survey were received. Since the target population was only those individuals who live, work or go to school in Barrie, and are 16 years of age and older, 112 respondents were screened out as not meeting these criteria and their responses are excluded from the results.

Overall, 2,039 respondents were included in the results from this consultation piece. These respondents cover a range of age groups 16 years and over; 7.5% (n=147) were 16 to 24 years old, 22.5% (n=444) were 25 to 34 years old, 23.1% (n=455) were 35 to 44 years old, 18.6% (n=367) were 45 to 55 years old, and 26.2% (n=516) were 55 years and older. A small percentage of respondents (2.2%, n=44) did not answer this question. See Figure 1.

Figure 1 General Public: Age Group of Respondents



Due to the survey being a convenience sample, the results obtained from this survey cannot be generalized to the population of Barrie.

People with Lived Experience (PWLE)

People with lived experience include individuals who access community services within Barrie, have engaged in the use of drugs in the past six months, and are 16 years of age and older. These individuals were provided the opportunity to participate in an in-person survey (interviewer administered) at participating agencies in Barrie. These agencies were selected based on their engagement with the population of interest and their willingness to support this survey. Individuals within these agencies who were responsible for recruiting participants only recruited those individuals already known to be eligible for the survey. Participants were provided with a \$25 gift card for participating. The in-person survey was conducted from February 19, 2019 to March 29, 2019.

In total, 47 respondents with lived experience completed the in-person survey at five participating agencies. All respondents met the criteria to participate in the survey; respondents had personally used drugs in the past six months and were 16 years and older.

Community Partners

Thirty-five community partners, located in and around Barrie, were contacted to participate in structured key informant interviews. Community partners who were contacted consisted of first responders (police, fire, and paramedics), Indigenous organizations, municipal staff and elected officials, provincial and federal members of Parliament, faith-based organizations, Local Health Integration Network, businesses, health care providers, social services, and neighbourhood organizations.

Prior to the key informant interviews, some community partners participated in an informal pre-consultation meeting to learn about SCS, share feedback regarding the engagement process, and provide initial insights into an SCS in Barrie. This feedback was not documented and is not included in the results below.

The key informant interviews were facilitated by one interviewer, with a recorder present to document the conversations electronically. These interviews took place between January 21, 2019 and April 1, 2019.

Of the 35 community partners who were contacted, 23 completed the interview, while one community partner provided feedback via email, for a total of 24. Those interviewed represent social services, municipal staff and elected officials, health care providers, first responders, faith-based organizations, businesses, and neighbourhood organizations.

ANALYSIS

Data analysis was completed using Microsoft Excel 2013 software and QSR International's NVivo 12 Plus³ software. Frequencies and proportions were calculated for each close-ended question from the general public and PWLE surveys. For qualitative questions from all data collection initiatives, QSR International's NVivo 12 Plus³ software was used for thematic analysis. Comments could be themed into more than one category, and only comments that pertained to the question asked were included in the analysis. Results from all three initiatives were synthesized together, where possible, to answer the questions set out in the purpose.

RESULTS

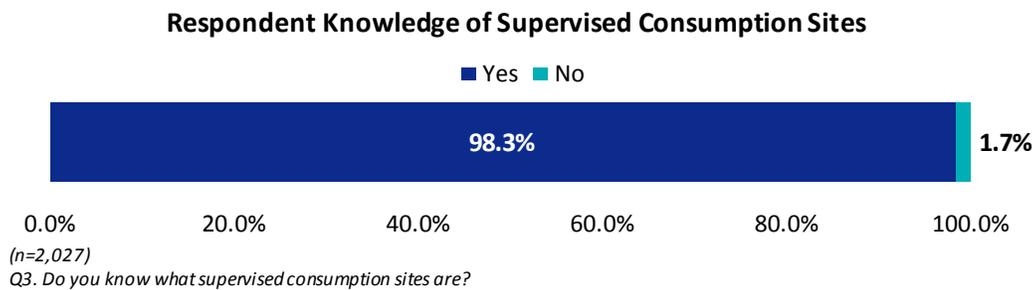
Knowledge of Drug Use and Supervised Consumption Sites

Prior to determining the benefits and concerns that the general public and people with lived experience have regarding an SCS in Barrie, it was important to determine their knowledge of SCSs in general.

General Public

The majority of respondents from the general public (98.3%, n=1,993) indicated that they know what SCSs are, while very few (1.7%, n=34) did not. See Figure 2.

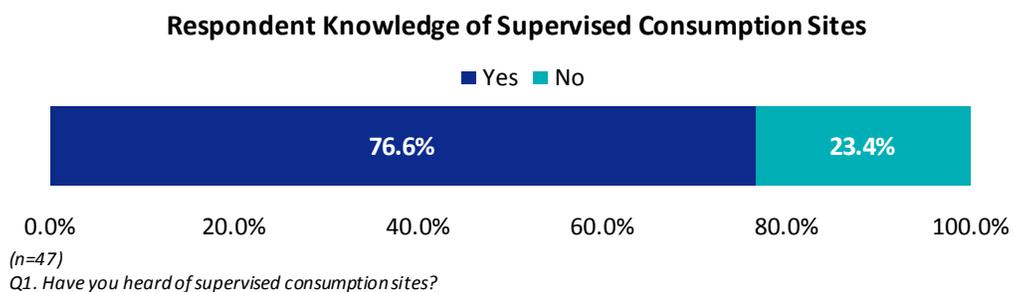
Figure 2 General Public: Respondent Knowledge of Supervised Consumption Sites



People with Lived Experience (PWLE)

Overall, 76.6% (n=36) of respondents with lived experience have heard of SCSs, while the remaining 23.4% (n=11) have not. See Figure 3.

Figure 3 PWLE: Respondents Knowledge of Supervised Consumption Sites



Community Partners

Community partners were not directly asked about their knowledge of SCSs, but they were asked about drug use in Barrie. All community partner respondents believe that there is a problem with drug use in Barrie. The problems that they believe exist include;

- drugs and drug usage, such as increase in drug usage, increase in tainted and more dangerous drugs, unsafe street drug practices such as using in unsafe places, and increase in normalization of drug use in the community (n=14)
- community safety issues, such as increase in criminal activity in the area, unsafe spaces for families, discarded equipment or paraphernalia in public spaces, and increase public drug use (n=12)
- lack of education, resources, and supports/services around drug use for the community and people who use drugs (n=11)
- how other issues, as they related to the social determinants of health, are affecting the drug problem in Barrie, for example, homelessness, poverty, poor mental health, or access to health services (n=11)
- increase in drug overdoses, and the increase in emergency room visits as well (n=9)
- stigmatization of drug use and those who use drugs (n=5)
- increase of vulnerable populations in Barrie due to downtown concentration of drug use (n=4)
- general issues of opioid use in general, and drug use as a national problem (n=2)
- an increase in families affected by those who use drugs (n=1)

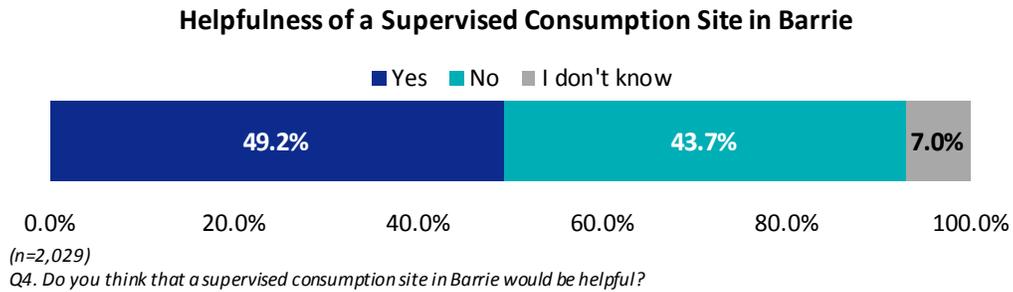
Potential Benefits of a Supervised Consumption Site in Barrie and Strategies to Achieve Them

One of the main questions the community consultations intended to answer was what the community sees as potential benefits of an SCS in Barrie, and what strategies can be taken to ensure the identified benefits are achieved. Each group was asked what they see as potential benefits of an SCS in Barrie.

General Public

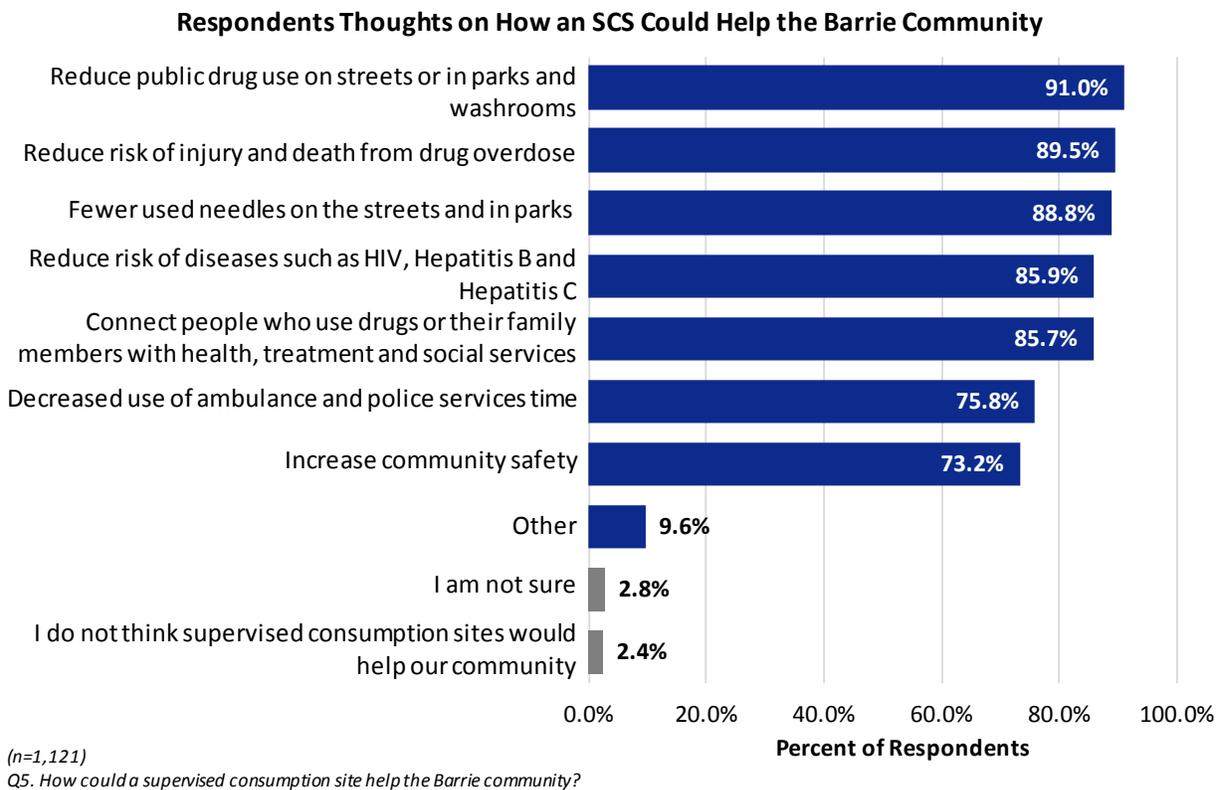
Respondents to the general public survey were asked if they think that an SCS in Barrie will be helpful. There was almost an equal proportion of respondents who think an SCS will be helpful (49.2%, n=999), and who think it will not be helpful (43.7%, n=887). A small proportion of respondents (7.0%, n=143) were not sure if an SCS will be helpful in Barrie. See Figure 4.

Figure 4 General Public: Respondents Who Think a Supervised Consumption Site in Barrie Would Be Helpful



Respondents who answered that an SCS will be helpful or are not sure (n=1,121) were then asked to indicate how an SCS would be helpful to Barrie. The majority of these respondents (91.0%, n=1,020) indicated that an SCS will help the Barrie community by reducing public drug use on streets or in parks and washrooms, 89.5% (n=1,003) indicated it will help reduce risk of injury and death from drug overdose, 88.8% (n=995) indicated it will reduce the number of used needles on the streets and in parks, 85.9% (n=963) indicated it will reduce risk of diseases such as HIV, Hepatitis B and Hepatitis C, and 85.7% (n=961) indicated it will connect people who use drugs or their family members with health, treatment and social services. See Figure 5.

Figure 5 General Public: Respondents Thoughts on How an SCS Could Help the Barrie Community



Almost one in 10 of the respondents who think an SCS would be helpful or are not sure (9.6%, n=108) indicated “other” ways an SCS could help the Barrie community. Sixty-one respondent comments were not applicable as they were reiterating benefits identified above (see Figure 5), or they did not identify any additional benefits. Other additional benefits identified by respondents were grouped into four levels; *client, community, community partner, and family*.

Forty-one respondents indicated other benefits for *clients* of an SCS in Barrie, such as:

- reduce stigmatization of people who use drugs, drug use, and addiction (n=20)
- save lives of those who use the site (n=8)
- provide a safe and supportive environment for those who use drugs (n=5)
- provide appropriate education to clients (n=5)
- reduce negative behaviours of clients, such as criminal charges (n=2)
- centralize clients in one location for service provision (n=1)

“I believe that these sites will help to remove the stigma against those who use drugs and allow them to feel more comfortable and confident in seeking help and medical treatment”

General Public Respondent

Ten respondents provided other benefits for the *community*, such as:

- create awareness and understanding regarding the opioid crisis and addictions (n=9)
- decrease crime in the community (n=1)

In terms of *community partner level*, the other benefits mentioned by six respondents include providing a response to the opioid crisis (n=3), and reducing demand and costs for emergency rooms (n=3). Four respondents were unsure of the benefits of an SCS on the community, and two respondents indicated that an SCS would provide benefits for *families*, such as reduce youth exposure to drug use and ease the minds of families of people who use drugs.

Respondents who answered that an SCS will not be helpful (n=887) were then asked if they had any concerns about having an SCS in Barrie. Please refer to [Concerns of a Supervised Consumption Site and Preventative Strategies](#) for more information.

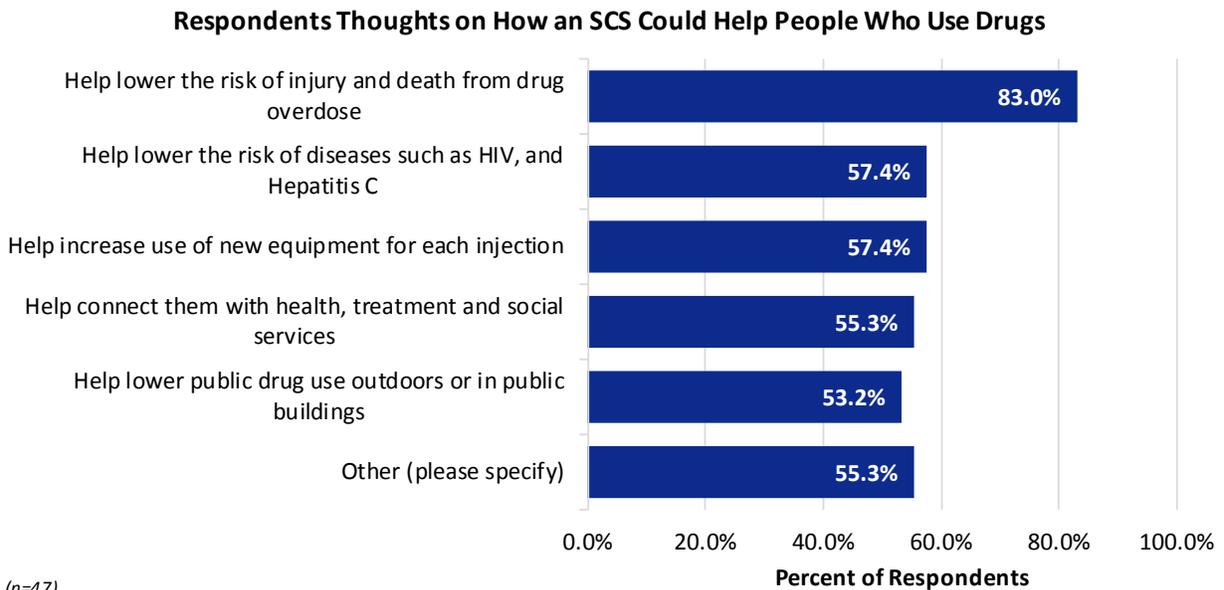
People with Lived Experience (PWLE)

Respondents with lived experience were asked how an SCS could help people who use drugs. The majority of respondents (83.0%, n=39) indicated that an SCS in Barrie could help lower the risk of injury and death from drug overdose. Over half of respondents with lived experience also thought an SCS could help people who use drugs, as follows: (See Figure 6)

- help lower the risk of diseases such as HIV, and Hepatitis C (57.4%, n=27)
- help increase use of new drug-related equipment for each injection (57.4%, n=27)
- help connect them with health, treatment and social services (55.3%, n=26)

- help lower public drug use outdoors or in a public building for people who use drugs (53.2%, n=25)

Figure 6 PWLE: Respondents Thoughts on How an SCS Could Help People who Use Drugs



(n=47)

Q3. How could SCSs help people who use drugs?

Over half of respondents (55.3%, n=26) also indicated “other” ways that an SCS could help people who use drugs, such as providing a safe, clean and supportive environment to use (n=12), providing education and maintenance regarding safe drug use (n=6), having support to quit using drugs (n=4), having a service available specifically for those who use drugs (n=2), reducing stigma (n=1), and decreasing crime (n=1).

Community Partners

In terms of potential benefits of an SCS in Barrie, community partner respondents indicated benefits at various levels, which include for *clients* of an SCS, the *community*, and *community partners*.

Twenty-one of 24 respondents mentioned benefits of an SCS in Barrie for *clients* (i.e. people who use drugs), such as:

- acting as a bridge to other services and connect clients to additional services and supports (n=13)
- saving lives and extending an individual’s life (n=12)
- creating a safe and supportive environment for a client (n=10)
- preventing and decreasing infectious diseases (n=6)
- preventing and treating overdoses from drug use (n=6)
- allowing for relationships and trust to be built between clients and SCS staff (n=6)

- increasing the safety of clients, including new equipment and safer drug practices (n=4)
- assisting clients in addressing any underlying issues they may be facing. (n=3)

There were 11 respondents who mentioned benefits for the *community*, such as:

- less discarded needles and drug paraphernalia in the community (n=6)
- less public drug use (n=5)
- fewer public safety concerns and making streets safer (n=2)
- an increase the downtown economy and tourism (n=1)
- an increase of tolerance within the community (n=1)

There were nine respondents who mentioned benefits of an SCS for *community partners* which include:

- less stress on services, such as less emergency visits, less first responder calls and safer environments for first responders to work in (n=5)
- allows for referrals between community partners and an SCS (n=3)
- cost-effective for community partners (n=3)

In order to achieve these benefits, community partner respondents provided a variety of strategies that should take place. These include:

“If we do the consumption site it needs to be done properly, and no cutting corners. We need to be state of the art. That is how it will work.”

Community Partner Respondent

- service availability, such as having the right services and supports in place within the SCS, having appropriate and well-trained staff, providing wrap-around services for clients, and having proper funding for an SCS (n=15)
- location strategies, such as a location where clients can have privacy, having it located to meet the needs of the community, safe distances away from parks, childcare, schools, seniors, etc., having it located where it is acceptable to the public but accessible to those who would use it most (n=11)
- community strategies, such as being transparent with the community, providing public education to build awareness and understanding (n=8)
- community partner strategies, such as partnership building with an SCS, education for community partners, and working together to ensure an SCS is successful (n=5)

Other mentions include hours of operation being essential (n=4), and having ongoing evaluation of an SCS to ensure it is meeting the needs of clients (n=3).

Concerns of a Supervised Consumption Site in Barrie and Preventative Strategies

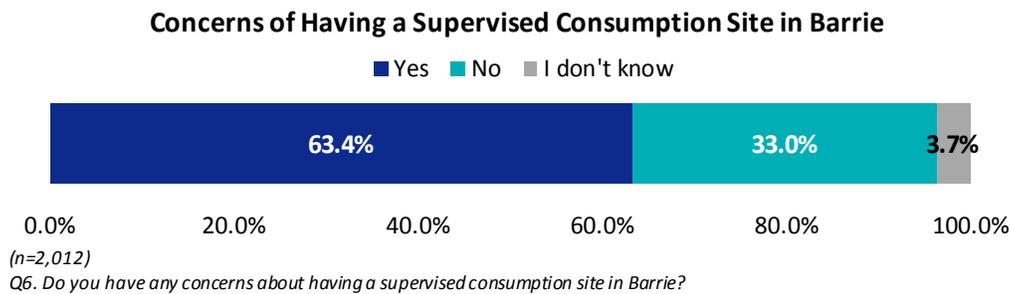
The general public and community partners were asked about their concerns regarding locating an SCS in Barrie, and what preventative strategies can be taken to address the identified

concerns. People with lived experience were not directly asked their concerns regarding locating an SCS in Barrie, but were asked which situations they thought would be likely to occur if an SCS were opened in Barrie. Please refer to [Perceived Outcomes of a Supervised Consumption Site](#) for more information.

General Public Concerns

Overall, about two out of three general public respondents (63.4%, n=1,275) indicated that they do have concerns about having an SCS in Barrie, while 33.0% (n=663) of respondents indicated they do not have concerns, and 3.7% (n=74) were not sure. See Figure 7.

Figure 7 General Public: Respondents Concerns Regarding an SCS in Barrie

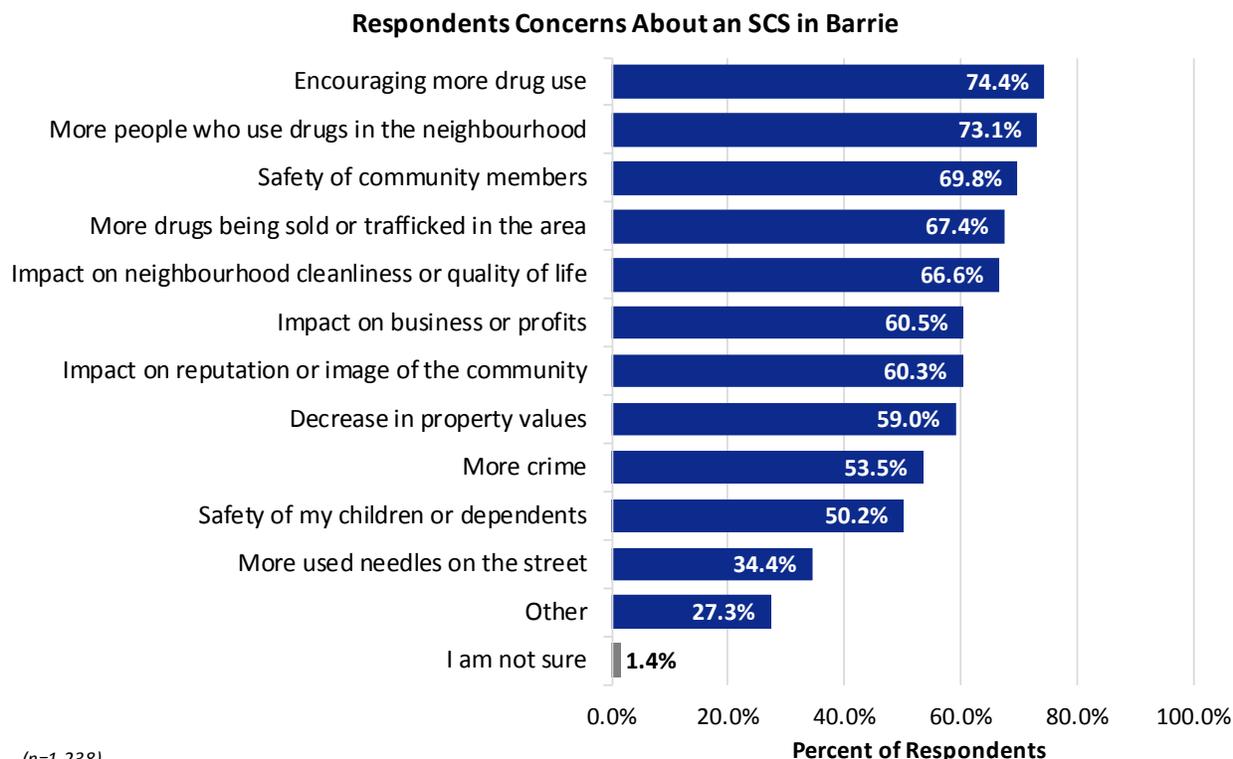


Of those respondents who indicated that they do have concerns about an SCS in Barrie, the top five concerns include:

- an SCS in Barrie would encourage more drug use (74.4%, n=921)
- more people who use drugs would be in the neighbourhood (73.1%, n=905)
- safety of community members (69.8%, n=864)
- more drugs being sold or trafficked in the area (67.4%, n=835)
- it would have an impact on neighbourhood cleanliness or quality of life (66.6%, n=824)

Additional concerns raised by the general public are found in Figure 8.

Figure 8 General Public: Respondents Concerns about an SCS in Barrie



(n=1,238)

Q7. What are your concerns about a supervised consumption site in Barrie?

“Other” concerns identified by 27.3% (n=338) of respondents with concerns were grouped into different levels, such as *SCS services, community, community health, community partner, and client* concerns. Two hundred and thirty-seven respondent comments were not applicable as they reiterate concerns identified above (see Figure 8), or they did not identify any additional concerns. Of those respondents who provided additional concerns, 76 mentioned concerns regarding the *services of an SCS*, such as:

- general concerns about the location of an SCS (n=43)
- lack of appropriate services being available within an SCS (n=13)
- overall cost of running an SCS and the potential for inadequate funding for an SCS (n=12)
- lack of use from target clients (n=6)
- negative effects on potential staff of the SCS, such as staff burn out, traumatic impacts, or personal safety (n=3)

“I live on a street that goes from non-users to users, depending on which end you're at. I can't say that I enjoy that. It's that "Yes, I want a site, but not in my neighbourhood" problem, and I'm not sure how to solve that.”

General Public Respondent

Fifty-six respondents mentioned concerns at the *community level*, such as:

- SCS being funded by taxpayer dollars (n=37)

- increase in public drug use and intoxicated people in the community (n=10)
- having a negative effect on the economy and tourism (n=8)
- negative response from community members (n=5)

Twenty-nine respondents mentioned concerns for *community health*, such as an SCS normalizing drug use (n=14), and it being only a temporary solution to the drug use problem in Barrie (n=9).

Twenty-seven respondents mentioned concerns at the *community partner level*, such as:

- should be a focus on detox and rehabilitation services (n=11)
- there being an “amnesty zone” for clients of an SCS, referring to an area where clients will not be charged or arrested by police (n=7)
- SCS taking away from other community services and resources (n=5)

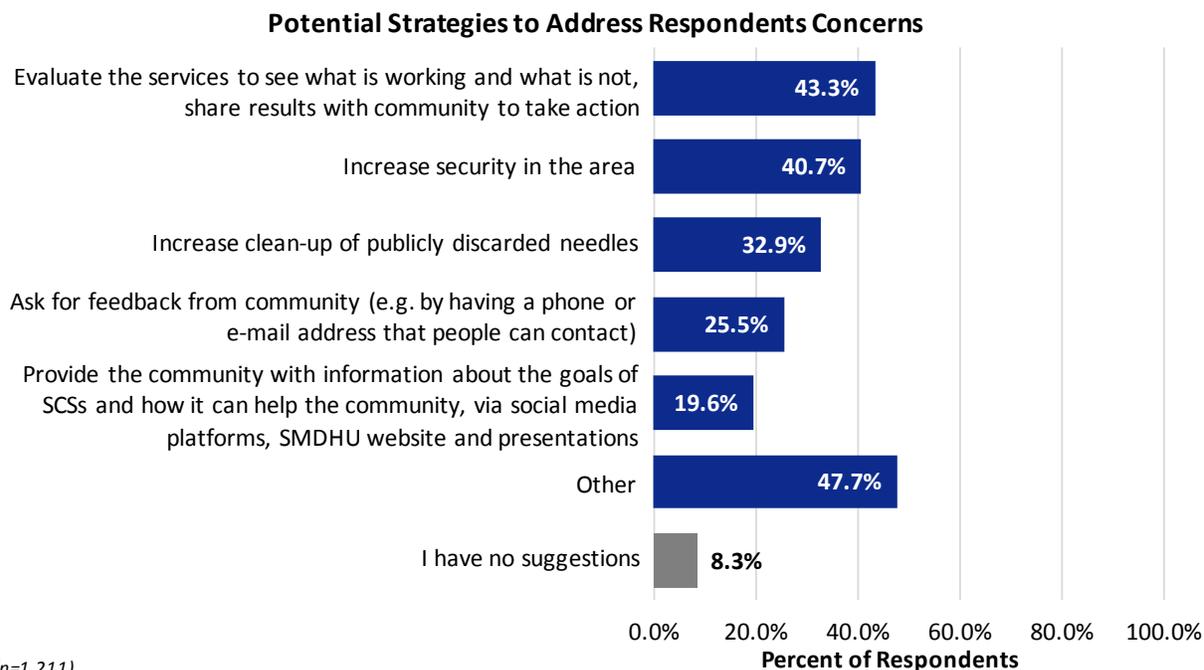
Finally, 10 respondents mentioned concerns at the *client level*, such as:

- some clients may abuse the services provided by an SCS (n=7)
- negative exposure to other vulnerable populations (n=2)
- clients developing more health and mental health issues (n=1)

Preventative Strategies

About two of five respondents (43.3%, n=524) indicated that to address these concerns there must be an evaluation of services to see what is working and what is not, and share the results with the community to take action. 40.7% (n=493) indicated that there needs to be an increase in security in the area, 32.9% (n=398) indicated there needs to be an increase in clean-up of publicly discarded needles, and 25.5% (n=309) indicated there needs to be feedback from the community, for example, having a phone or email address that people can contact. 19.3% (n=237) indicated the need to provide the community with information about the goals of SCSs and how it can help the community, via social media platforms, SMDHU website and presentations, while 8.3% (n=101) did not have any suggestions to address these concerns. See Figure 9.

Figure 9 General Public: Respondents Identified Strategies to Address Concerns



(n=1,211)

Q8. What might help address these concerns?

Additional strategies were mentioned by the 47.7% (n=578) of respondents who selected “other”. These comments were categorized into the following groups: *location, client, community partners, SCS services, and community*. It is important to note that of the 47.7% (n=578) of respondents who provided other preventative strategies, over half (57.8%, n=334) provided comments in opposition of an SCS in Barrie, stating that an SCS should not be opened in Barrie (n=249), treatment and rehabilitation services should be provided instead (n=74), or funding should be used for other individuals in need (n=12).

Strategies that can be taken in terms of *location*, as mentioned by 100 respondents, include:

- locate an SCS away from downtown (n=55), with some suggestions as locating it in an industrial zone of Barrie
- have specific strategies in place when picking a site, such as away from schools, public spaces, residential areas, businesses, etc., or in a discrete location (n=30)
- locate an SCS within another community organization, such as the hospital, city hall, the health unit, or where other services are provided (n=15)
- not having a site in Barrie, but in another community (n=1)

“I agree that these people need assistance, and I want our community to help them. But I don’t want this help to be at the expense of the reputation of our downtown core and downtown business. With more drug users downtown it may lead to people avoiding the area which in turn will negatively impact the local business.”

General Public Respondent

Strategies that can be taken for *clients* of an SCS, as mentioned by 65 respondents, include:

- provide prevention services, rather than enabling drug use (n=30)
- provide appropriate services and supports within an SCS (n=24)
- provide education to clients (n=6)
- make clients accountable for drug use (n=4)
- provide incentives for people to use an SCS (n=2)
- limit access to an SCS to a specific population (n=1)

Strategies that can be taken for *community partners* as mentioned by 63 respondents, include:

- increase police presence in the area and arresting those who use drugs (n=51)
- increase other community services for vulnerable population (n=4)
- learn from other communities that have an SCS (n=4)
- collaboration between organizations to ensure the success of an SCS (n=3)
- improve prescribing measures for physicians and pharmacists (n=3)
- have government regulated services (n=1)

Strategies that can be taken at the *community level*, as mentioned by 30 respondents include:

- ongoing communication and transparency of an SCS with the community (n=11)
- ongoing consultations with the community (n=9)
- increase community safety, such as reducing needles in public spaces and public drug use (n=7)
- continue to educate the community about SCS and drug use (n=2)
- reduce the exposure of SCS and drug use to youth (n=2)
- provide supports for the community (n=1)

Strategies that can be taken in terms of an SCS itself, as mentioned by 12 respondents include:

- have a temporary or mobile SCS site (n=5)
- have properly trained staff employed at an SCS (n=5)
- protect the safety of staff (n=1)

Other strategies mentioned by these respondents having and ensuring appropriate funding for an SCS (n=6), and having family of clients involved (n=1).

Community Partners

Concerns

Community partner respondents indicated negative impacts of an SCS in Barrie at various levels, such as *community*, *client*, and *community partner* level. Seven of 24 respondents indicated that there will not be any negative impacts of an SCS in Barrie.

There were 17 respondents who mentioned negative impacts at the *community* level, such as:

- increase in high risk behaviours in the community, such as crime, drug trafficking and drug use (n=9)
- negative perception and rejection from the community of having an SCS in Barrie (n=10)
- lack of community understanding of an SCS and the positive effect it can have on the community (n=5)
- increase in vulnerable population in the community (n=4)
- normalization of drug use and the message it gives to youth, and children coming into contact with people who use drugs (n=3)
- negative impact it would have on downtown (n=1)
- increase in discarded needles in the community (n=1)

There were nine respondents who mentioned negative impacts to *clients* of an SCS, such as:

- increase the vulnerability of clients (n=5)
- lack of services at SCS could prevent its success (n=3)
- police arresting clients (n=3)

There were five respondents who mentioned negative impacts to *community partners*, such as:

- increased need for community services (n=2)
- seen as endorsing drug use (n=2)
- could create conflict between community partners (n=1)

Preventative Strategies

Although there were a number of negative impacts identified by community partner respondents, they provided suggested strategies to address these concerns, such as:

- community strategies, such as providing education, ongoing communication with the community, and continued consultations with the community or through a committee (n=13)
- SCS service strategies, such as having an SCS in an appropriate location, having staff that are properly trained to work with clients or provide security, providing appropriate and accessible services, and exploring various models of treatment used in other communities (n=12)
- community partner strategies, such as agencies working together for success, and working with the local police (n=6)
- ongoing evaluation of an SCS, such as collecting and monitoring data of activities, to determine effectiveness (n=5)
- client strategies, such as user education, intentional conversations with clients regarding treatment, and transparency with clients about community issues (n=3).

Perceived Outcomes of a Supervised Consumption Site in Barrie

Respondents with lived experience were asked which situations they think would be likely to occur in the community if an SCS were opened in Barrie. The top five situations respondents with lived experience identified include: (See Table 1)

- people who use drugs could have their questions answered about drug treatment (97.9%, n=46)
- less change of equipment being reused (93.6%, n=44)
- the amount of used equipment found on the street would be less (91.5%, n=43)
- the number of people using outdoors would be less (89.4%, n=42)
- people who use drugs would visit the area of the SCS more (89.4%, n=43)

Table 1 PWLE: Do you think the following situation would be likely to occur in the community if an SCS were opened in Barrie? Benefits

	Yes	No	Don't know	Total (n)
People who use drugs could have their questions answered about drug treatment	97.9%	2.1%	0.0%	47
Less chance of equipment being reused	93.6%	4.3%	2.1%	47
The amount of used equipment found on the street would be less	91.5%	8.5%	0.0%	47
The number of people using outdoors would be less	89.4%	8.5%	2.1%	47
People who use drugs would visit the area of the SCS more	89.4%	4.3%	6.4%	47
Overdoses would be less	76.6%	14.9%	8.5%	47
People who sell drugs would be attracted to the area	67.4%	25.6%	7.0%	43
Street violence would be less	51.1%	23.4%	25.5%	47
Crime would be less in the area	42.6%	34.0%	23.4%	47
People who use drugs would move to the area	40.0%	31.1%	28.9%	45

A few respondents with lived experience (n=7) also provided some additional situations that would likely occur in Barrie if an SCS were opened in Barrie. These include an increase in drug consumption, loitering around where the SCS would be located, and that overdoses would not decrease (n=3). There was also mention of community situations such as the public not being comfortable with where an SCS is located, and it having a negative impact on public events such as the Santa Claus Parade (n=2).

Service Delivery Model for a Supervised Consumption Site in Barrie

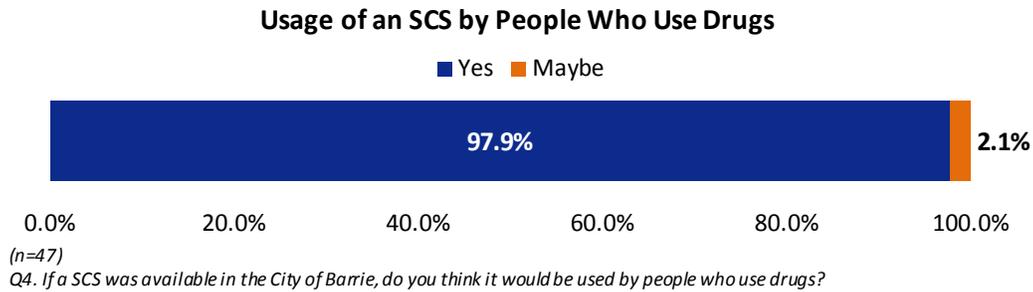
In terms of a service delivery model for an SCS in Barrie, PWLE and community partners were asked specific questions regarding the location, hours of operation, and services that should be available within an SCS. Although the general public were not asked specific questions regarding the service model of an SCS, respondents were able to provide their thoughts at the end of the survey. Further community engagement is to take place in May 2019 for residents and businesses within a 300 metre proximity of the proposed site.

People with Lived Experience (PWLE)

Usage of a Supervised Consumption Site in Barrie

The majority of respondents with lived experience (97.9%, n=46) indicated that if an SCS was available in Barrie, people who use drugs would use it. See Figure 10.

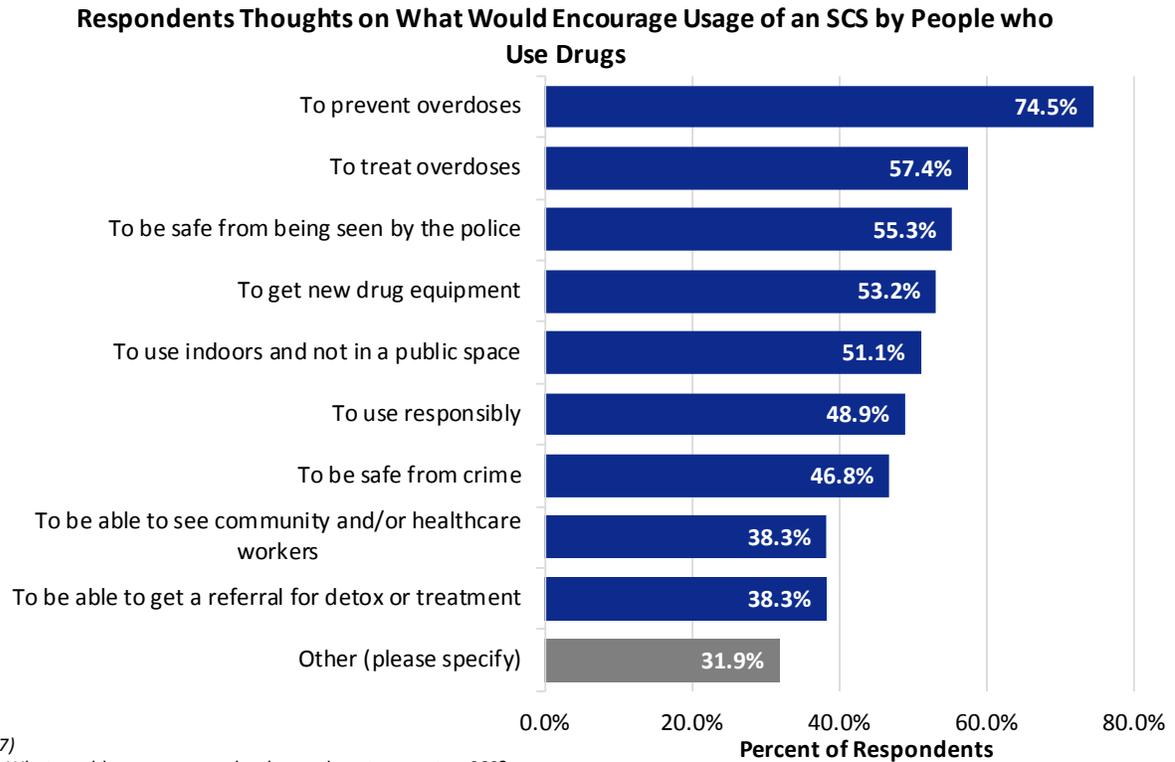
Figure 10 PWLE: Respondents Thoughts of Usage of SCS by People Who Use Drugs



The top five reasons people who use drugs would be encouraged to come to an SCS, as indicated by respondents, include: (See Figure 11)

- to prevent overdoses (74.5%, n=35)
- to treat overdoses (57.4%, n=27)
- to be safe from being seen by police (55.3%, n=26)
- to get new drug equipment (53.2%, n=25)
- to use drugs indoors and not in public spaces (51.1%, n=24)

Figure 11 PWLE: Respondents Thoughts on What Would Encourage Usage of SCS by People Who Use Drugs



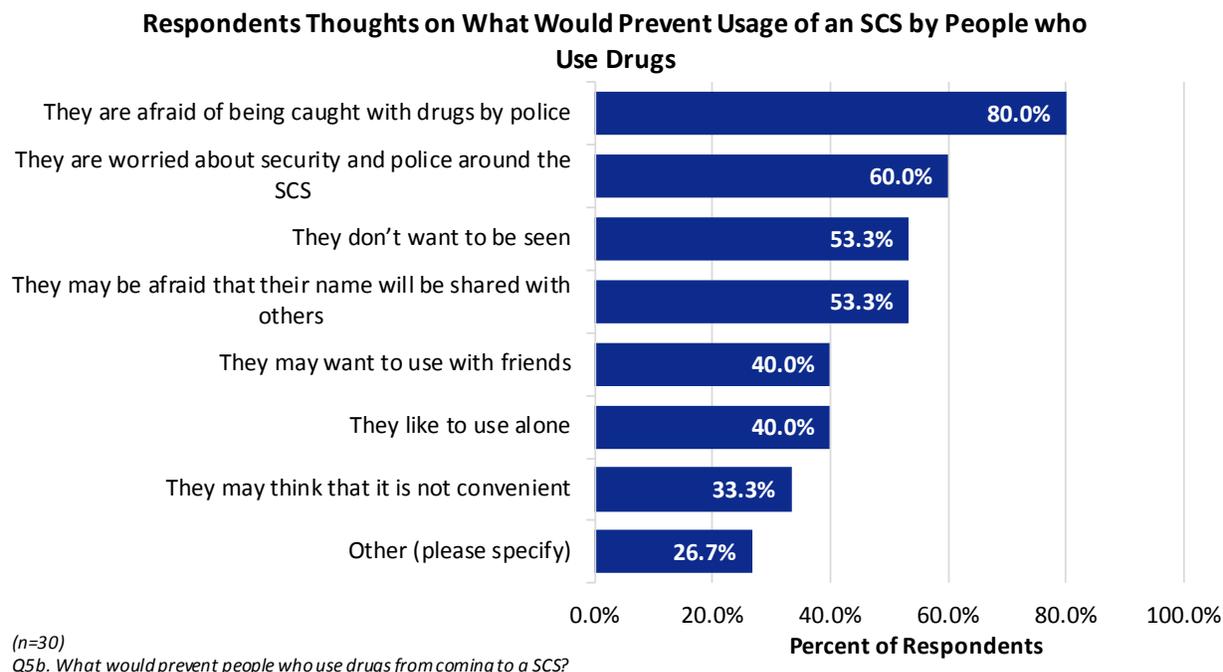
(n=47)
Q5a. What would encourage people who use drugs to come to a SCS?

Almost one in three respondents with lived experience (31.9%, n=15) also indicated “other” ways an SCS would encourage usage by people who use drugs, such as having a safe supportive environment (n=6), having other services and amenities available (n=4), the opportunity to get clean, having privacy, the social aspect, it would reduce waste on the ground, and word of mouth.

The top five reasons that would prevent people who use drugs from coming to an SCS in Barrie, as indicated by those respondents who answered this question (n=30), include: (See Figure 12)

- they are afraid of being caught with drugs by police (80.0%, n=24)
- they are worried about security and police around the SCS (60.0%, n=18)
- they don’t want to be seen (53.3%, n=16)
- they may be afraid that their name will be shared with others (53.3%, n=16)
- they may want to use with friends (40.0%, n=12)

Figure 12 PWLE: Respondents Thoughts on What Would Prevent Usage of SCS by People Who Use Drugs



About one out of four respondents with lived experience (26.7%, n=8) provided “other” things that may prevent people who use drugs from coming to an SCS, which include wanting to avoid confrontation (n=3), afraid of theft among people who use an SCS, don’t want to be educated about drug use, inconvenient location, lack of privacy, and unaware of SCS.

Available Services within a Supervised Consumption Site

Respondents with lived experience were able to identify potential services within an SCS that would meet the needs of people who use drugs. To provide this input, respondents were asked to indicate, from the list provided, which services at an SCS would be important to a person who uses drugs. Overall, the majority of respondents indicated that all services from the list were important to a person who uses drugs. See Table 2 for full list. The top 10 indicated by respondents include:

- nursing staff for medical care in case of overdose or infection (97.9%, 46)
- new needles and syringes for use (97.9%, n=46)
- HIV and Hepatitis C testing (97.8%, n=45)
- washrooms (95.7%, n=44)
- access or referral to addiction treatment services like methadone or buprenorphine (95.7%, n=44)
- referrals to drug treatment, rehab, and other services when ready to use them (95.7%, n=44)
- referral or access to mental health counselling (95.7%, n=44)

- drug testing to see what is in your drugs (95.6%, n=43)
- addiction counsellors (93.5%, n=43)
- a 'chill out' room to go after using, before leaving the SCS (91.5%, n =43)

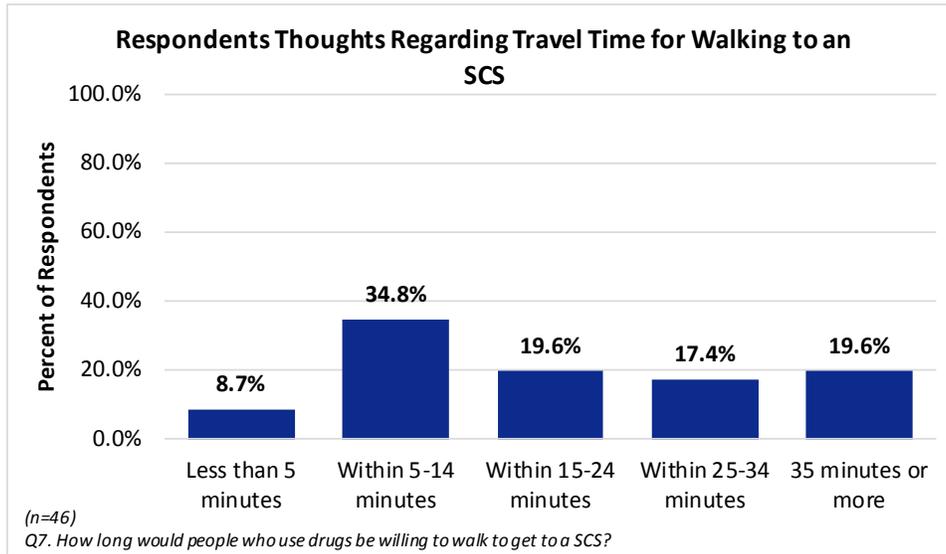
Table 2 PWLE: Do you think the following services at an SCS would be important to a person who uses drugs?

	Yes	No	Don't know	Total (n)
Nursing staff for medical care in case of overdose or infection	97.9%	0.0%	2.1%	47
New needles and syringes for use	97.9%	0.0%	2.1%	47
HIV and hepatitis C testing	97.8%	0.0%	2.2%	46
Washrooms	95.7%	2.2%	2.2%	46
Access or referral to addiction treatment services like methadone or buprenorphine	95.7%	4.3%	0.0%	46
Referrals to drug treatment, rehab, and other services when you're ready to use them	95.7%	0.0%	4.3%	46
Referral or access to mental health counselling	95.7%	2.2%	2.2%	46
Drug testing to see what is in your drugs	95.6%	2.2%	2.2%	45
Addiction counsellors	93.5%	4.3%	2.2%	46
A 'chill out' room to go after using, before leaving the SCS	91.5%	6.4%	2.1%	47
Nursing staff for health teaching	91.3%	6.5%	2.2%	46
Referral or access to doctors	91.3%	6.5%	2.2%	46
Snacks	89.1%	8.7%	2.2%	46
Peer support from other people who use drugs	87.2%	10.6%	2.1%	47
Showers	84.4%	8.9%	6.7%	45
Social workers	84.4%	11.1%	4.4%	45
Peers to assist with injections or other drug use	80.9%	12.8%	6.4%	47
Help with housing, jobs and basic skills	78.3%	13.0%	8.7%	46

Travel and Transportation to a Supervised Consumption Site

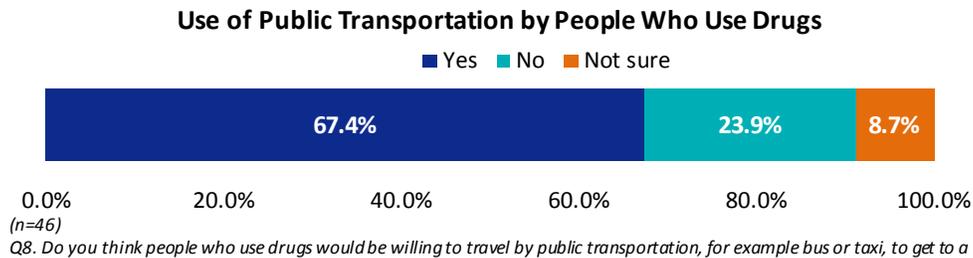
In terms of travelling to an SCS, 34.8% (n=16) of respondents indicated that people who use drugs would be willing to walk five to 14 minutes to an SCS. 19.6% (n=9) of respondents indicated that people who use drugs would be willing to walk 15 to 24 minutes, and an equal proportion indicated 35 minutes or more to an SCS (19.6%, n=9). Some additional comments from respondents include people who use drugs are willing to walk long distances to get somewhere safe to use, and having a 30 minute perimeter for travel around an SCS. See Figure 13.

Figure 13 PWLE: Respondents Thoughts on Walking Time to SCS for People Who Use Drugs



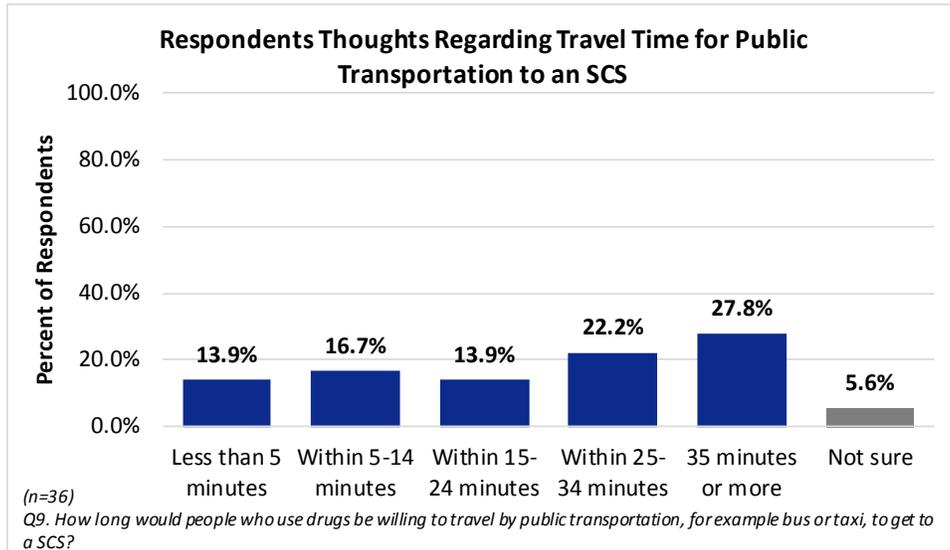
For public transportation, about two out of three respondents (67.4%, n=31) indicated that people who use drugs would be willing to use this type of transportation to get to an SCS. See Figure 14.

Figure 14 PWLE: Respondents Thoughts of Use of Public Transportation by People Who Use Drugs to Get to SCS



These respondents indicated that people who use drugs would be willing to travel 35 minutes or more (27.8%, n=10) to an SCS by public transportation, or 25 to 34 minutes (22.2%, n=8). See Figure 15. Some respondents also provided additional comments, such as SCS covering transportation costs for clients.

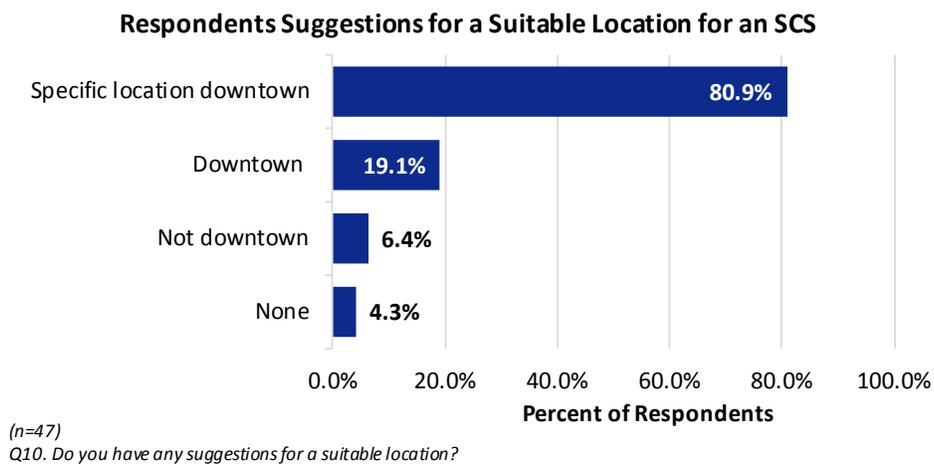
Figure 15 PWLE: Respondents Thoughts Regarding Travel Time for Public Transportation by People Who Use Drugs to SCS



Location of a Supervised Consumption Site in Barrie

Since it is being proposed that an SCS be opened in downtown Barrie, respondents with lived experience were given the opportunity to provide suggestions on where the site should be located. The majority of respondents (80.9%, n=38) identified specific locations in downtown Barrie, 19.1% (n=9) indicated downtown Barrie in general, 6.4% (n=3) indicated a location not in downtown Barrie, and 4.3% (n=2) indicated none. See Figure 16. See [Appendix C](#) for a map showing the specific locations identified by respondents. Respondents could have identified more than one specific location for an SCS.

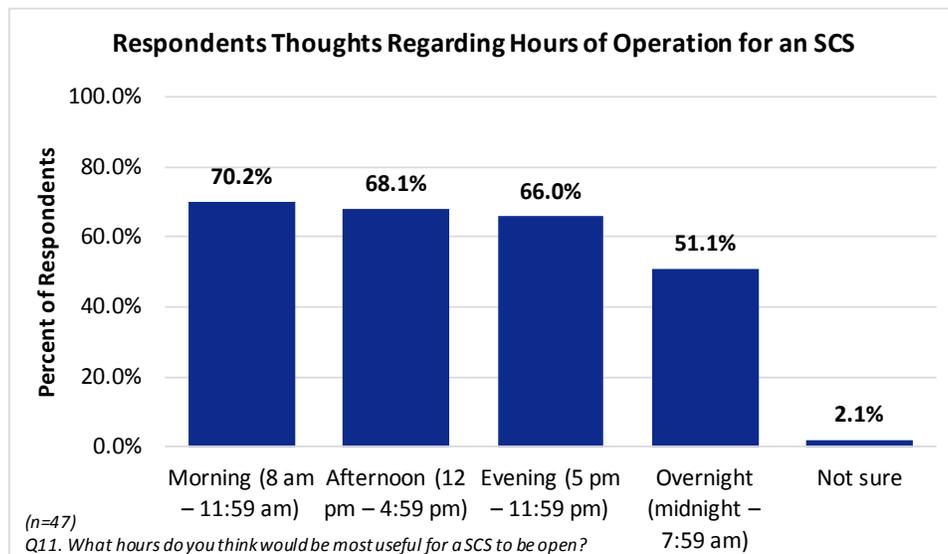
Figure 16 PWLE: Respondents Suggested Location for an SCS in Barrie



Hours of Operation of a Supervised Consumption Site

Respondents with lived experience were also asked what hours they think would be most useful for an SCS to be open. Respondents were able to indicate a time period verbally, while the interviewer checked off the corresponding time on the survey. 70.2% (n=33) of respondents indicated that the most useful time for an SCS to be open is in the morning (8:00 a.m. to 11:59 a.m.), 68.1% (n=32) indicated afternoon (12:00 p.m. to 4:59 p.m.), 66.0% (n=31) indicated evening (5:00 p.m. to 11:59 p.m.), and 51.1% indicated overnight (midnight to 7:59 a.m.). Some respondents did mention that an SCS should be open 24 hours a day, seven days a week. See Figure 17.

Figure 17 PWLE: Respondents Thoughts Regarding Hours of Operation for SCS



Community Partners

Location of a Supervised Consumption Site in Barrie

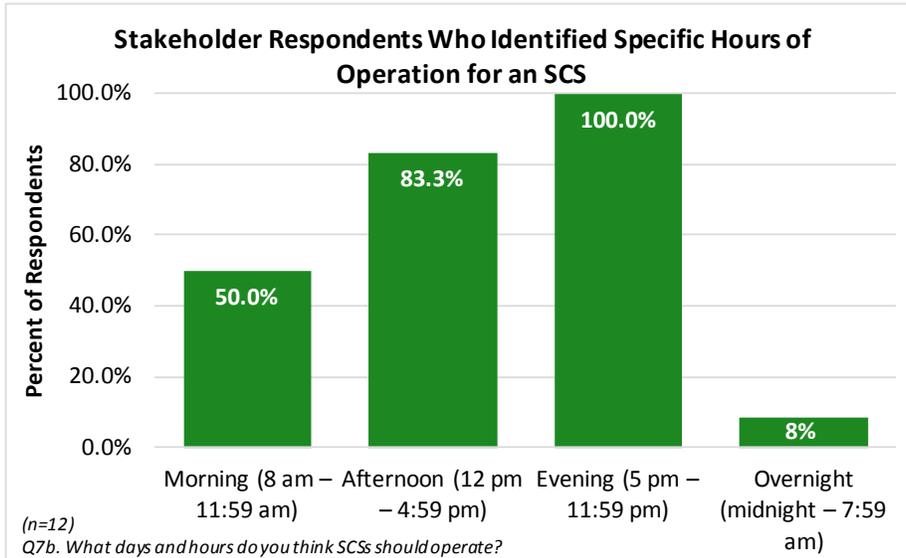
Community partner respondents were asked if they had any suggestions for a suitable location for an SCS in downtown Barrie. Overall, 13 respondents mentioned specific locations within downtown, three respondents mentioned downtown specifically, three respondents mentioned areas not in downtown, and seven respondents provided suggestions in picking a location, such as proximity to community spaces and accessibility for clients. See [Appendix C](#) for a map showing the specific locations identified by respondents. Respondents could have identified more than one specific location for an SCS.

Hours of Operation of a Supervised Consumption Site

Community partner respondents were also asked what days and hours they thought an SCS should operate. Ideally respondents would like to see an SCS open 24 hours a day, seven days a week (n=10), but for those respondents who indicated a specific time (n=11), they would like

to see an SCS open during evening hours, between 5:00 p.m. and midnight. See Figure 18. Six respondents indicated that evidence should be used to determine the hours of operation of an SCS, while three respondents were not sure, and one respondent was opposed to an SCS in Barrie.

Figure 18 Community Partners: What days and hours do you think SCSs should operate?



- having a negative impact on vulnerable populations, such as youth, seniors, and those who are trying to quit (n=17)
- general concerns about where the SCS would be located (n=15)
- an SCS would not be used by those it is meant for (n=8)
- general concerns regarding funding of an SCS (n=6)
- increased drug paraphernalia in the community (n=5)
- having a negative impact on staff working at an SCS, such as personal safety, or traumatic impact (n=4)

Other respondents (4.4%, n=52) made mention about the need for continued transparency, education and communication with the community regarding an SCS in Barrie.

People with Lived Experience (PWLE)

Respondents with lived experience were asked if they had any additional comments regarding an SCS in Barrie. Of those who provided a response to this question, 20 respondents provided comments in support of an SCS, mentioning that an SCS is a great idea, and will provide many benefits to people who use drugs and the community; nine respondents provided suggestions such as having the proper practices, services, and security in place; and other comments such as, currently there being a lack of safe places to go, how an SCS could make or break Barrie, and being conflicted on the issue.

"I think this is a great program and will be beneficial to anyone to get clean."

People with Lived Experience Respondent

Community Partners

Community partner respondents were also given the opportunity to provide any additional thoughts or concerns regarding an SCS.

Overall, 11 respondents provided suggestions, such as:

- ideas for SCS services, such as suggested resources, approaches, having properly trained staff, and having wrap around services within an SCS (n=7)
- continued open communication and transparency with all community partners, as well as continued consultations with all groups (n=2)
- having a community liaison or committee (n=2)
- having ongoing evaluation of SCS, collecting data to show if SCS is effective (n=2)

"It is important that they be managed well and not creating a culture that perpetuates the problem, but rather puts measures in place to support people to be on the road to recovery."

Community Partner Respondent

Other mentions include using evidence to determine the site location, ongoing education for all community partners, having supports in place for those who work at an SCS, and making it a collaborative effort between all community partners.

Eight respondents had no additional comments, while five respondents mentioned additional concerns of an SCS such as increased crime in the area, lack of community safety, the SCS not having enough services for clients, potential for an inappropriate location, and lack of consultations with people with lived experience.

Two respondents who provided comments had a negative view of SCS, and two respondent comments were in support of an SCS in Barrie.

MITIGATION STRATEGIES

The following mitigation strategies will be identified in the SCS applications and implemented in order to address the concerns identified in the community engagement and consultation results. The goal of the mitigation strategies is to ensure the SCS provides a safe, effective service to clients and one that is operated to minimize negative impacts on the surrounding community and improve community safety. It should be noted that these mitigation strategies will be reviewed for progress on a regular basis by an SCS Advisory Committee consisting of clients, community members and community partner agency representatives to ensure smooth operation of the SCS from a client and community perspective. The Gilbert Centre, as the SCS operational lead agency will provide an annual written status update to the SCS Advisory Committee, SMOS Steering Committee membership and Barrie City Council.

Community and Client Safety

1. In order to create safe space inside and outside of the SCS that encourages clients to use the space and feel safe from the potential of being victimized (i.e. theft of their drugs or personal belongings), being watched by the police or being watched by drug dealers, the SCS will provide adequate seating, space, privacy, non-judgmental and supportive staff, staff that are trained in de-escalation techniques and trauma-informed care, and will ensure a positive SCS relationship with the local police. In addition, a site Code of Conduct will be created by the clients and staff to ensure that everyone who uses the site is treated with mutual dignity and respect.
2. In order to mitigate community stakeholder concerns regarding possible increase in high risk behaviors and crime and an increase in vulnerable population in the immediate vicinity to the SCS, onsite security cameras will be installed to deter loitering and facilitate optimal viewing of all areas of the properties adjacent to 90 Mulcaster St. In addition, the SCS will have a security guard onsite during hours of operation to help keep the area clear of discarded needles and other gear, as well as to discourage loitering and direct people to

services to meet their needs, in order to support clients, deter drug dealing, and prevent disruption to the surrounding community. SCS staff will ensure ongoing positive communication with Barrie Police Service, in order to coordinate efforts to protect the safety of clients and community members.

3. In order to help mitigate community stakeholder concerns regarding negative perceptions of SCS from the community and safety concerns regarding found needles, SCS staff will create a needle sweep plan for the grounds of the SCS. SCS staff will be responsible for the removal of sharps found outside on the grounds of the SCS site. If concerns arise regarding found needles in the surrounding community beyond the SCS grounds, further mitigation efforts will be considered by the SCS Advisory Committee. In addition, SMDHU will continue to promote used needle return through distribution of bio hazardous containers through the Needle Exchange Program Sites including the Barrie SCS.

Site Selection

1. The proposed site, 90 Mulcaster, was chosen as the site for an SCS in Barrie as this is in an area where people using drugs already spend considerable time, and where there is the potential to re-direct clients from facilities that are currently being de-facto used for this purpose (e.g. the nearby public library and other businesses/buildings). This is in keeping with best practice to select an SCS location that is within 1 km distance from open drug use that is already occurring, and with feedback received from PWLE indicating one out of three would be willing to walk 4-15 minutes to an SCS.
2. 90 Mulcaster was also chosen as the SCS site as it has co-located mental health and addictions and nurse practitioner services for clients; it is nearby to additional health and social services; and it is not within 200 metres of sensitive land uses including schools, daycares and childrens' playgrounds.
3. If the SCS application is approved, 90 Mulcaster will undergo retrofitting to ensure accessibility, one way flow of clients from intake to discharge, separate injection and chill spaces, and proper ventilation. Parking for SCS staff will be secured.

Ongoing Community Engagement

1. In order to mitigate community stakeholder concerns regarding the negative impact an SCS could have on Barrie, an SCS advisory committee will be formed that includes, but is not limited to, clients of the SCS, neighbours and businesses surrounding the SCS, local police, community partner agencies and a staff member of the SCS. This committee will meet on a regular basis to address any potential challenges and to further the successes of the SCS.

2. Additionally, an SCS staff person will be identified as a community liaison to respond to public and media questions or concerns regarding the site and community safety planning. This staff person will then work with the SCS site manager to address concerns.
3. The SCS operators will be responsible for reporting data including but not limited to: number of clients accessing services, number of overdoses reversed onsite, number of client referrals to treatment and other health and social services to the Ministry of Health and Long-Term Care (MOHLTC) on a monthly basis. This data will also be made public on the Gilbert Centre's website (the sponsoring agency).
4. The services of the SCS will have ongoing assessment to ensure that the services are meeting the expectations of the clients, the community and the funding body, and to permit quality improvement. The Gilbert Centre, as operational lead agency, will provide an annual written status update to the SCS advisory committee, SMOS steering committee, and Barrie City Council.

Access to Wrap-Around Community Services

1. The Gilbert Centre will ensure established links made between the SCS and relevant treatment, social and health service providers in Barrie as part of the SCS planning/application phase, are maintained and enhanced to ensure a smooth client referral process.
2. Defined pathways (see [Appendix D](#)) to mental health and addiction services as well as nurse practitioner services will be available onsite through CMHA, and other health and social services will be facilitated through referral. There will be a registered nurse onsite at the SCS at all times.
3. In addition, the David Busby Centre is located next door to the proposed SCS, and provides outreach services and emergency shelter support to the street-involved population and those at risk of homelessness.

Education and Awareness

1. In order to address community stakeholder concerns regarding lack of community understanding or knowledge, The Gilbert Centre, CMHA and SMDHU will continue engagement and education efforts with the general public regarding drug use and the opioid overdose crisis. Continued promotion of workshops and other educational events related to the root causes of addiction, prevention efforts and treatment options will occur. The Gilbert Centre, along with SMDHU and CMHA, will engage in efforts to increase knowledge and awareness of the Barrie SCS and mitigate negative perceptions of SCS through media, presentations and updates on organizations' websites. In addition, Gilbert Centre will host an open house of the SCS prior to opening along with monthly open houses afterwards, for

the public to visit the site and engage with staff regarding the services provided, in order to gain a better understanding of the SCS service. Harm reduction education and presentations to interested community groups will also be continued.

2. To address stigma associated with the SCS and people who use drugs, and to address the perception of the site as enabling drug use, there will be continued endorsement and public sharing of SMDHU's anti-stigma campaign entitled [People who Use Drugs are Real People](#). This includes campaign banners, videos, posters/post cards, as well as presentations to community partnerships.

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- (1) The Center for Addiction and Mental Health (CAMH), Opioid Resource Hub. What You Need to Know About Supervised Consumption Sites [Internet]. Toronto, ON, 2018. Available from: <https://eenet.ca/resource/infographic-what-you-need-know-about-supervised-consumption-sites>
- (2) SurveyMonkey Inc. SurveyMonkey®. San Mateo, California, USA; 2019 [Last accessed 2019 Mar 29]. Available from: <http://www.surveymonkey.com>
- (3) NVivo 12 Plus software; QSR International Pty Ltd. Version 12, 2018.

APPENDIX A: DATA COLLECTION TOOLS

Community Consultation and Engagement for a Supervised Consumption Site in Barrie

If you live, work or go to school in Barrie we would like your opinion about supervised consumption sites. The purpose of this survey is to understand community views on supervised consumption sites.

Harm reduction services such as supervised consumption sites aim to keep people who use drugs alive, safe and healthy even if they continue to use. People can then have the opportunity to get treatment for addictions if they are ready.

Examples of other harm reduction services include: Needle exchange programs; education on safer drug use; naloxone kits to reverse opioid overdoses; and overdose prevention training. Harm reduction is just one of the pieces of a community drug strategy.

Access to treatment, enforcement and prevention efforts are equally important in the strategy that our community is taking to reduce harms related to the opioids crisis. For the purpose of this survey, we will only be referring to harm reduction strategies. The results of this survey will be used to guide planning and to report to Health Canada and the Ontario Ministry of Health and Long-Term Care.

This survey should take 10 to 15 minutes to complete. Your participation in this survey is voluntary and anonymous. We will not ask you any personal or identifying questions. We follow all laws protecting privacy and the collection, use, and disclosure of personal information and personal health information. The data will be stored in a secure drive at the health unit, with access limited to only those few individuals assigned to analyze the survey.

Your choice to complete or not complete this survey will not affect your access to or use of the health unit services. You can stop the survey at any time. Your responses will be grouped together with other responses and used in a final report.

For questions about this survey, please contact Substance Use and Injury Prevention Manager, Janice Greco at Janice.Greco@smdhu.org, or 1-877-721-7520 at ext. 7288.

If you have any concerns about the privacy or confidentiality of this survey, please contact the Office of the Privacy Officer, Simcoe Muskoka District Health Unit at 1-877-721-7520.

Please complete the survey and place it in the ballot box provided when complete. Please do not put your name on any of the pages.

When you submit the survey, we assume that you understand and agree with the information above. If you choose not to participate, you can put the blank survey in the ballot box.

If you understand and agree with the information about this survey please check "Agree" to begin this survey.

Agree

Don't Agree

1. Are you 16 years of age or older?

Yes

No → *Thank you. You do not need to answer any more questions. This survey is only for people who are 16 years of age or older, and who live, work or go to school in Barrie.*

2. Do you live, work or go to school in Barrie?

Yes

No → *Thank you. You do not need to answer any more questions. This survey is only for people who are 16 years of age or older, and who live, work or go to school in Barrie.*

3. Do you know what supervised consumption sites are?

Yes

No

“Supervised consumption sites (SCSs) provide safe space and sterile equipment for individuals to use pre-obtained drugs under the supervision of health care staff. Consumption refers to taking opioids or other drugs by injecting, smoking, snorting or taking them orally. SCSs provide fundamental services for people who use drugs. SCSs are health care facilities that are part of a full array of harm reduction services”
(CAMH, 2017)

4. Do you think that a supervised consumption site in Barrie would be helpful?

Yes

I don't know

No → *Please skip to question 6*

5. How could a supervised consumption site help the Barrie community?

You can select all answers that apply.

Reduce risk of injury and death from drug overdose

Decreased use of ambulance and police services time

Reduce public drug use on streets or in parks and washrooms

Fewer used needles on the streets and in parks

Increase community safety

I am not sure

Reduce risk of diseases such as HIV, Hepatitis B and Hepatitis C

I do not think supervised consumption sites would help our community

Connect people who use drugs or their family members with health, treatment and social services

Other (please specify):

6. Do you have any concerns about having a supervised consumption site in Barrie?

Yes

I don't know

No → *Please skip to question 9*

7. What are your concerns about a supervised consumption site in Barrie?
You can select all answers that apply.

- | | |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Safety of my children or dependents | <input type="checkbox"/> Encouraging more drug use |
| <input type="checkbox"/> Safety of community members | <input type="checkbox"/> More drugs being sold or trafficked in the area |
| <input type="checkbox"/> Decrease in property values | <input type="checkbox"/> More people who use drugs in the neighbourhood |
| <input type="checkbox"/> More used needles on the street | <input type="checkbox"/> Impact on reputation or image of the community |
| <input type="checkbox"/> Impact on business or profits | <input type="checkbox"/> I am not sure |
| <input type="checkbox"/> More crime | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Impact on neighbourhood cleanliness or quality of life | _____ |
| | _____ |

8. What might help address these concerns?
You can select all answers that apply.

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Provide the community with information about the goals of supervised consumption sites and how they can help the community on social media platforms and SMDHU website and through presentations | <input type="checkbox"/> Ask for feedback from community (e.g. by having a phone or e-mail address that people can use to contact us) |
| <input type="checkbox"/> Increase security in the area | <input type="checkbox"/> Evaluate the services to see what is working and what is not, share results with community to take action |
| <input type="checkbox"/> Increase clean-up of publicly discarded needles | <input type="checkbox"/> I have no suggestions |
| | <input type="checkbox"/> Other (please specify): |
| | _____ |

9. What age group are you in?

- | | |
|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> 16 to 24 years old | <input type="checkbox"/> 45 to 54 years old |
| <input type="checkbox"/> 25 to 34 years old | <input type="checkbox"/> 55 years and older |
| <input type="checkbox"/> 35 to 44 years old | <input type="checkbox"/> I don't want to answer |

10. Do you have any other comments or suggestions about a supervised consumption site in Barrie?

Thank you!

For more information about harm reduction services offered by the Simcoe Muskoka District Health Unit and supervised consumption sites in general, please visit:
<http://www.simcoemuskokahealth.org/Topics/Drugs/HarmReduction.aspx>

After completing this survey, if you would like to talk to someone about your feelings, you can call the Mental Health Helpline, available 24/7 at: 1-866-531-2600 or visit www.mentalhealthhelpline.ca.

If you require access to needle exchange services or naloxone anywhere in Simcoe County or the District of Muskoka, you can call 705 721-7520 or visit <http://www.simcoemuskokahealth.org/Topics/Drugs/opioids>

Informed Consent and Privacy Statement

Hello, my name is (insert here) from (insert the name of the organization). We are working with the Simcoe Muskoka District Health Unit on a project that is collecting information on having a supervised consumption site in the City of Barrie. We are asking people with lived experience of drug use to help us understand what would be helpful and what would not. If you have used drugs within the past 6 months, we would like to do an in-person survey with you now. I will be asking only one question about your substance use to make sure that the survey is right for you. The rest of the questions will be about the broader issue. The survey should take 20 to 30 minutes and you will receive a \$25 gift card to [insert gift card location] for your time and feedback.

This information is being collected under the Health Protection and Promotion Act. The Simcoe Muskoka District Health Unit follows all laws protecting your privacy and the collection, use, and disclosure of your personal health information. The information you provide will be kept private, you will not be identified in the survey, and you can choose whether or not you wish to participate. This means that the results made public from the survey won't identify you. You can end the survey at any time and skip any questions that you do not want to answer and you will still receive the \$25 gift card I mentioned earlier. Your choice whether to talk to me or not will not affect any care or services you receive from [Your organization] or the Simcoe Muskoka District Health Unit. We value what you have to say.

Would you be interested in talking with me about this?

- Yes (Provide incentive and Continue)
- No (Do not administer survey and thank them for their time).

Do you have any questions about the survey before we begin?

- Yes (Interviewer answered questions)
- No questions (Begin survey)

Great, thank you so much. I have a few questions to ask to start with to ensure that you are eligible to participate. These are the only personal questions I will ask. Please remember your answers will be kept private and no one can identify you from the answers you give. (See box below)

<i>To be completed by the interviewer</i>	
Site of contact with respondent (Agency name): _____	<i>Surveyor to check all that apply. (Both must be checked to continue on with the survey)</i> <input type="checkbox"/> Respondent has personally used substances in the past 6 months. (If no, thank the individual for their time and end the survey.) <input type="checkbox"/> Respondent is 16 years of age or older. (If no, thank the individual for their time and end the survey.)

Supervised Consumption Sites in General

I'm going to ask you a number of questions about supervised consumption sites. I will refer to them as 'SCSs' throughout the rest of the survey. There will be some general questions about what you know about SCS and how you feel about one opening in the City of Barrie.

1. Have you heard of supervised consumption sites?

- Yes
- No (If no, provide explanation of what a supervised consumption site is, see below, then continue to question 2)
- Declined to respond (If declined to answer, provide explanation of what a supervised consumption site is, see below, then continue to question 2)

Supervised consumption site explanation:

Just so you know, "Supervised consumption sites (SCSs) provide safe space and sterile equipment for individuals to use pre-obtained drugs under the supervision of health care staff. Consumption refers to taking opioids or other drugs by injecting, snorting or taking them orally. SCSs provide fundamental services for people who use drugs. SCSs are health care facilities that are part of a full array of harm reduction services" (CAMH, 2017)

2. Do you think the following situations would be likely to occur in the community if a SCS were opened in Barrie? (Surveyor to read out each statement, and respondent to provide one response for each statement.)

	Yes	No	Don't know	No answer
The number of people using outdoors would be less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of used equipment found on the street would be less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less chance of equipment being reused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who use drugs could have their questions answered about drug treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overdoses would be less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street violence would be less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime would be less in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who use drugs would visit the area of the SCS more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who use drugs would move to the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who sell drugs would be attracted to the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Benefits of an SCS for People who Use Drugs

Surveyors to ask question 3 in an open-ended manner and check boxes for options brought up by respondents, then using prompts as required. Use 'other' to capture anything additional not listed.

3. **How could SCSs help people who use drugs?** *If respondent has difficulty providing a response, surveyor may prompt them by reading the listed options)*

- Less risk of injury and death from drug overdose
- Less public drug use outdoors or in public buildings
- Help lower the risk of diseases such as HIV, and Hepatitis C
- Help connect them with health, treatment and social services
- More use of new equipment for each injection
- Other, (please specify):

4. **If a SCS was available in the City of Barrie, do you think that it would be used by people who use drugs?**

- Yes *(If yes, go to question 5a)*
- Maybe *(If maybe, proceed to question 5a and 5b)*
- No *(If no, go to question 5b)*
- No answer. *(In no answer, go to question 6)*

Surveyors to ask question 5a/5b in an open-ended manner and check boxes for options brought up by respondents, then using prompts as required. Use 'other' to capture anything additional not listed.

5a. **What would encourage people who use drugs to come to a SCS?** *(If respondent has difficulty providing a response, surveyor may prompt them by reading the listed options)*

- To get new drug equipment
- To be safe from crime
- To use indoors and not in a public space
- To be safe from being seen by the police
- To be able to see community and/or healthcare workers
- To be able to get a referral for detox or treatment
- To prevent overdoses
- To treat overdoses
- To use responsibly
- Other, (please specify):

5b. **What would prevent people who use drugs from coming to a SCS?** *(If respondent has difficulty providing a response, surveyor may prompt them by reading the listed options.)*

- They don't want to be seen
- They may be afraid that their name will be shared with others
- They may want to use with friends
- They like to use alone
- They may think that it is not convenient
- They are afraid of being caught with drugs by police
- They are worried about security and police around the SCS
- Other, (please specify):

Supervised Consumption Site Delivery Model

If a SCS were opened in Barrie, there are various **Services** that may be considered to be provided at it.

6. **Do you think the following services at a SCS would be important to a person who uses drugs?**
(Surveyor to read out each statement, and respondent to provide one response for each statement.)

	Yes	No	Don't know	No answer
Nursing staff for medical care in case of overdose or infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing staff for health teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction counsellors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer support from other people who use drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers to assist with injections or other drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access or referral to addiction treatment services like methadone or buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New needles and syringes for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV and hepatitis C testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to drug treatment, rehab, and other services when you're ready to use them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral or access to doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral or access to mental health counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A 'chill out' room to go after using, before leaving the SCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with housing, jobs and basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug testing to see what is in your drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervised Consumption Site Location.

7. **How long do you think people who use drugs would be willing to walk to get to a SCS?** *(If respondent indicates a specific time, then surveyor to select range the time falls within. For example, 12 minutes, surveyor select "within 5-14 minutes". If respondent has difficulty providing a response, surveyor may prompt them by reading the listed options.)*

- Less than 5 minutes
- Within 5-14 minutes
- Within 15-24 minutes
- Within 25-34 minutes
- 35 minutes or more
- Not sure
- No answer

8. Do you think people who use drugs would be willing to travel by public transportation, for example bus or taxi, to get to a SCS?

- Yes *(If yes, proceed to question 9)*
- No *(If the answer is NO please proceed to question 10)*
- Not sure *(If not sure, proceed to question 9)*
- No answer. *(If no answer, proceed to question 10)*

9. How long would people who use drugs be willing to travel by public transportation, for example bus or taxi, to get to a SCS? *(If respondent indicates a specific time, then surveyor to select range the time falls within. For example, 12 minutes, surveyor select "within 5-14 minutes". If respondent has difficulty providing a response, surveyor may prompt them by reading the listed options.)*

- Less than 5 minutes
- Within 5-14 minutes.
- Within 15-24 minutes.
- Within 25-34 minutes.
- 35 minutes or more.
- Not sure
- No answer.

10. We are thinking about locating a SCS in the down town area because the Ontario SCS application requires that a SCS be strategically located (i.e. walking distance from where open drug use is known to occur), and easily accessible by public transit.

Do you have any suggestions for a suitable location? *(Surveyor to show map of downtown area and have the respondent pick locations from the map. The surveyor is to write down the closest intersection in space provided below)*

11. What hours do you think would be the most useful for a SCS to be open? *(If a respondent indicates a specific time, then surveyor to select range(s) the time falls within. For example, if the respondent says 10 am to 3 pm, then surveyor would select morning and afternoon. If respondent has difficulty providing a response, surveyor may prompt them by reading the listed options.)*

- Morning *(8 am – 11:59 pm)*
- Afternoon *(12 pm – 4:59 pm)*
- Evening *(5 pm – 11:59 pm)*
- Overnight *(midnight – 7:59 am)*
- Not sure
- No answer.

12. Do you have anything else to say regarding a SCS in Barrie?

Thank you for your time. My name is [name]. I'm a (title) from [organization]. This is (other member) and they will be recording the discussion as part of the data collection for research purposes. In Simcoe and Muskoka, a number of health and community organizations are working together to reduce opioid overdoses and deaths in our community. We are engaging and consulting with our community stakeholders for the purpose of gathering insights and perspectives on a proposed Supervised Consumption Site in Barrie. We are conducting interviews with stakeholders in Barrie.

We will also be conducting surveys with:

- People with lived experience of drug use to help us understand what services are needed within this community.
- People who work, live or go to school in Barrie to help us understand what services are needed within this community.

The results of this consultation will inform the planning for a proposed Supervised Consumption Site (SCS) in Barrie and the application to Health Canada and the Ontario Ministry of Health and Long-Term Care for approval of this supervised consumption site. This interview should take about 30 minutes of your time.

This information will be collected under the Health Protection and Promotion Act. The Simcoe Muskoka District Health Unit follows all laws protecting your privacy and the collection, use, and disclosure of your personal information and personal health information. The information you may provide will be kept private, you will not be identified in the report, and you can choose whether or not you wish to participate. You can end the interview at any time and skip any questions that you do not want to answer. If you have any further questions or concerns you can contact Janice Greco -Janice.greco@smdhu.org.

Do you agree to participate in this interview based on the information that I have just shared with you?

YES

NO

1. What sector does your organization identify as?	
<input type="checkbox"/> First Responders (police, fire, paramedics)	<input type="checkbox"/> First Nations (Aboriginal Health Circle, Barrie Native Friendship Centre)
<input type="checkbox"/> Municipal (staff, council and Mayor)	<input type="checkbox"/> Member of Parliament (federal/provincial politician)
<input type="checkbox"/> Faith Based	<input type="checkbox"/> LHIN (member of the local LHIN)
<input type="checkbox"/> Business (BIA, Chamber of Commerce)	<input type="checkbox"/> Health Care (Community Health Centre/Hospital/RAAM/Withdrawal Management)
<input type="checkbox"/> Social Services (community outreach organizations including but not limited to- mental health & addictions/housing/LGBTQ organizations, shelters, YMCA)	
2. Do you believe that there is a problem with drug use in Barrie?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes:	
What problems do you believe exist?	
If No:	
What is your perception of drug use in Barrie?	
3. (From your organizations perspective,) what might be the potential benefits of a Supervised Consumption Site in Barrie?	
4. What measures can be taken to help ensure these benefits are achieved?	
5. (From your organizations perspective,) what might be the negative impacts of a Supervised Consumption Site in Barrie?	
6. What measures can be taken to address these concerns?	
7. Based on key criteria for site selection the downtown area of Barrie appears to be the most appropriate location for a Supervised Consumption Site. The Ontario Supervised Consumption Site application requires that an SCS be strategically located (i.e. walking distance from where open drug use is known to occur), and easily accessible by public transit, both of which are true for downtown Barrie.	
a. Do you have any suggestions for a suitable location within the downtown area?	
b. What days and hours do you think SCSs should operate?	
8. Do you have any other thoughts or concerns that you would like to share pertaining to Supervised Consumption Site's?	

APPENDIX B: COMMUNICATION ACTIVITIES

Website

Website Page	Timeline	Number of Page Views ¹
SMDHU webpage: www.smdhu.org/scs	January 21, 2019 to April 23, 2019	5,270

¹ Page views refer to the total number of times the page is viewed. This does not refer to a unique number of individuals, as one person can view the page multiple times.

Press Releases

Title of Press Release	Date	Number of Media Responses
Consultations to get public input for managing overdose risks	January 21, 2019	4
Supervised consumption site survey looks for community feedback	February 19, 2019	6
Total Number of Media Responses:		10

Radio Advertisement

Station	Timeline	Number of Advertisements
Rock 95	February 18, 2019 to February 23, 2019	20
	March 13, 2019 to March 17, 2019	20
Kool FM	February 18, 2019 to February 23, 2019	20
	March 13, 2019 to March 17, 2019	20
Total Number of Advertisements:		80

Facebook

Post Type	Timeline	Number of Posts	Reach ¹
Organic ² Facebook posts	January 28, 2019 to March 25, 2019	13	22,526
Paid ³ Facebook posts	February 19, 2019 to March 20, 2019	3	41,974
Total Reach:			64,500

¹ Reach refers to the number of unique users who viewed a Facebook post.

² Organic refers to free posts on the SMDHU Facebook page.

³ Paid refers to paid posts on the SMDHU Facebook page that are sent out to users.

Twitter

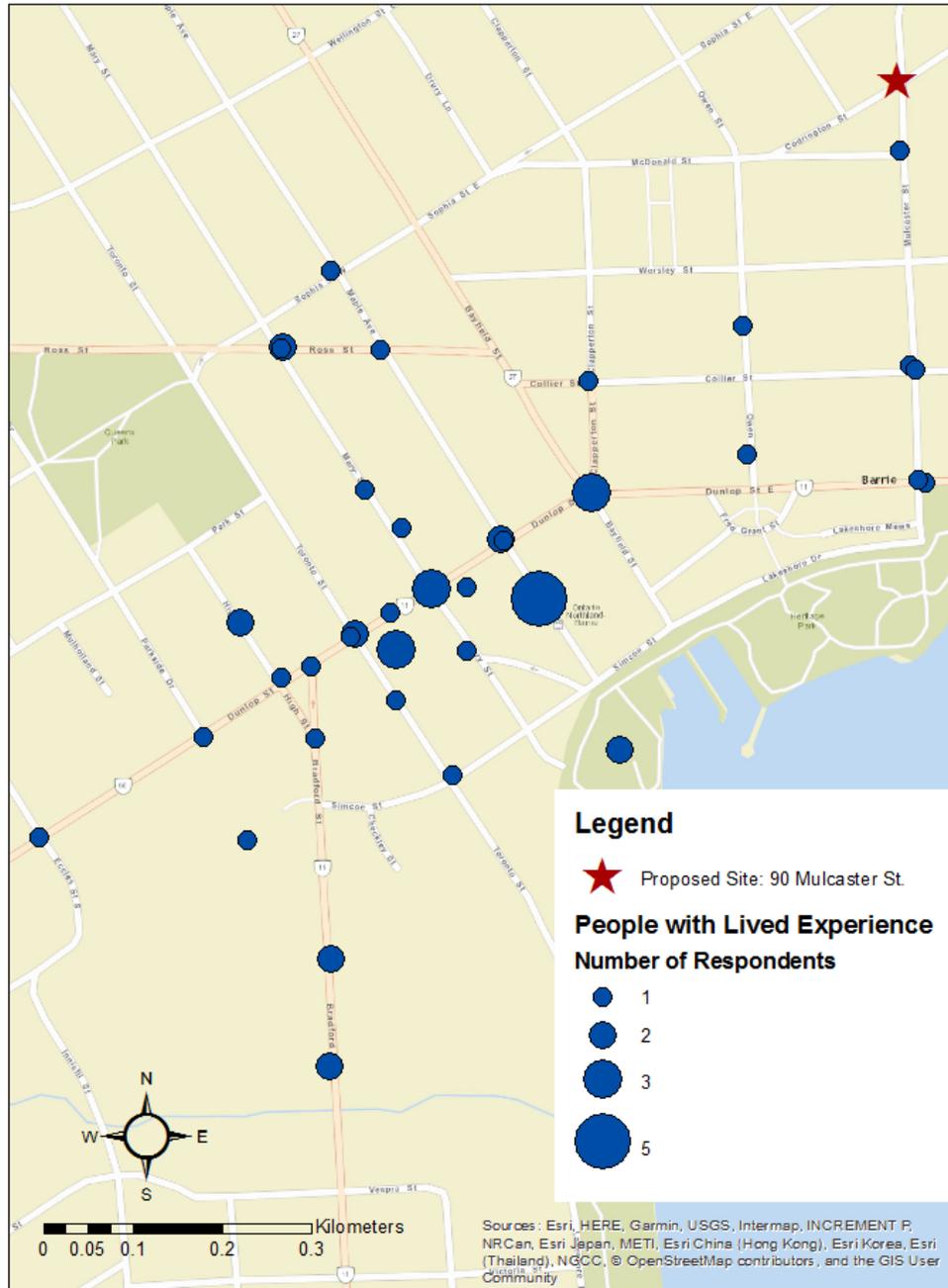
Post Type	Timeline	Number of Tweets	Impressions ¹
Tweets	January 31, 2019 to March 20, 2019	11	7,754

¹ Impressions refer to the number of views, from users, with a Twitter post after it has posted. This does not refer to a unique number of users, since users can view with a post more than once.

APPENDIX C: PWLE AND COMMUNITY PARTNER SUGGESTED LOCATION FOR A SUPERVISED CONSUMPTION SITE IN DOWNTOWN BARRIE

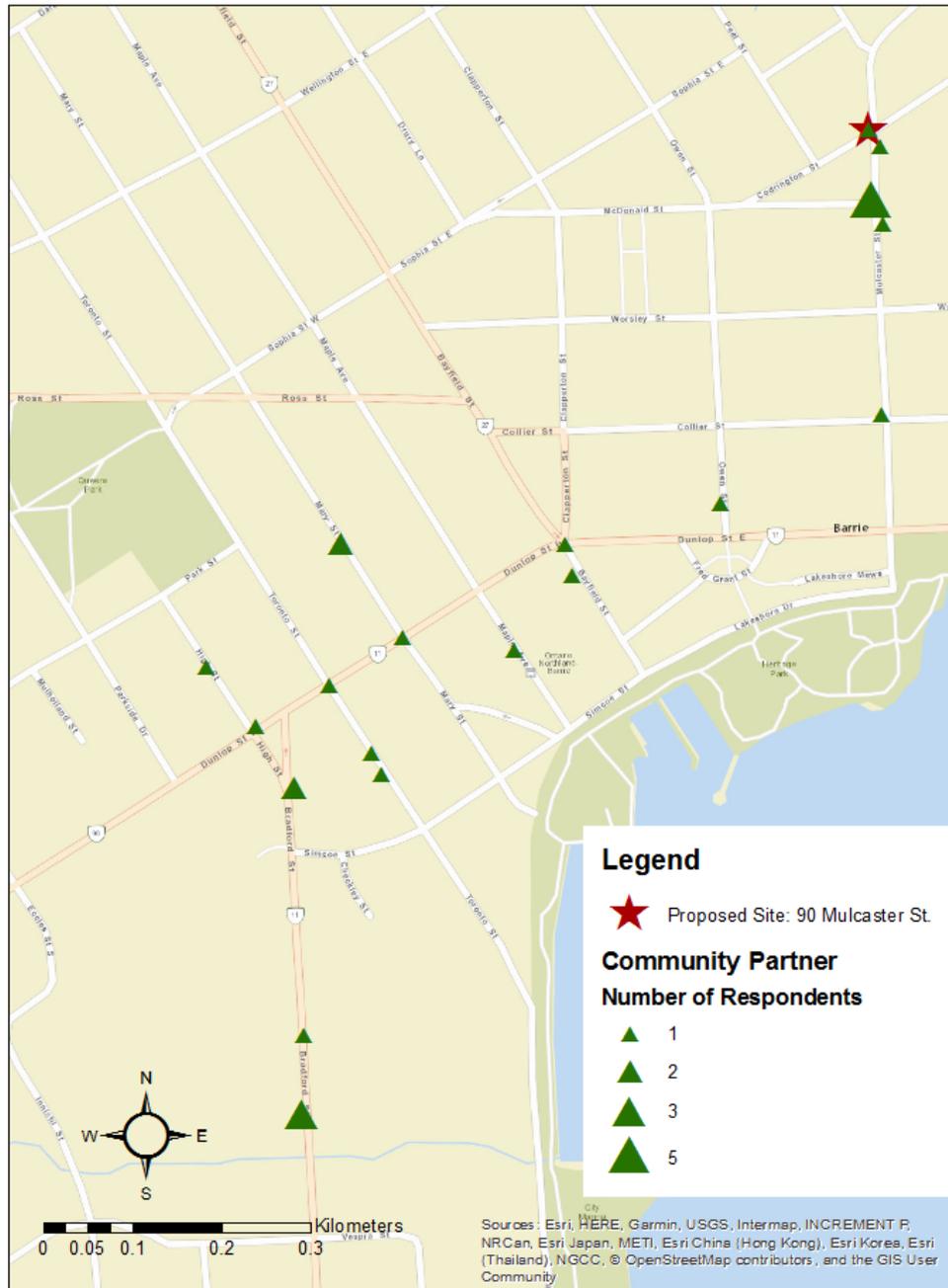
Note: Respondents could have identified more than one specific location for an SCS.

PWLE Suggested Supervised Consumption Sites



Data Source:
Community Consultation and Engagement for a Supervised Consumption Site in Barrie 2019
Date Created: April 29, 2019

Community Partner Suggested Supervised Consumption Sites



Data Source:
 Community Consultation and Engagement for a Supervised Consumption Site in Barrie 2019
 Date Created: April 29, 2019

APPENDIX D: DEFINED PATHWAYS TO SERVICES WITHIN THE PROPOSED BARRIE SUPERVISED CONSUMPTION SITE

CTS Application: ONSITE OR DEFINED PATHWAYS TO SERVICES	
Addictions treatment <ul style="list-style-type: none"> • Opioid agonist treatment • Other 	Defined Pathway
<p>The Canadian Mental Health Association (CMHA) is a partner in the application and the operations of the CTS. The proposed CTS site is co-located within CMHA in order to facilitate low barrier access to programs and services. CTS or in-kind staff will screen clients and if appropriate an intake appointment will be scheduled. Waitlist varies, but is currently 2.5 months for opioid use disorder counselling. Outpatient addiction treatment services, and referrals to inpatient treatment is available to all ages on site. A weekly support group is offered to those individuals awaiting service.</p> <p>Barrie's Rapid Access Addiction Medicine Clinic (RAAM), is supported by the Royal Victoria Regional Health Centre (RVH) and is located off site, 1,300 meters from the proposed CTS. Services include, assessment of substance use and concurrent mental health concerns; pharmacotherapy of opioid use disorders as indicated; solution focussed counselling, and referrals to community partners for additional addiction, psychosocial and social support services, including connection to a primary care provider as required. There is no wait time for services, access is available on a walk in basis, Tuesdays, 9:00 am – 11:30 am, Wednesdays, 1 pm – 3 pm, and Thursdays 9 am – 11:30 am. Appointments are also available, Monday – Friday, 8:30 am – 4:30 pm.</p> <p>RVH Residential Withdrawal Management Services are also offered offsite, 1300 meters from the CTS. This service is able to accept direct admission from the CTS. Pre-admission telephone call can be facilitated with the client and CTS staff to allow for a smooth transition.</p>	
Mental Health Services	On Site
<p>As noted above CMHA is a key partner in the application process and operations of the CTS. CMHA services are available to individuals via self-referral. To receive case management services clients must meet the criteria of a diagnosed serious mental illness. Case Management is goal focussed and often revolves around activities of daily living. CMHA has a number of locations throughout the City of Barrie, access to certain programs will be on site while others may be off site. For Adult Case Management services, a client would be supported by CTS staff to access an "On Duty" staff member on site, for screening and if appropriate a Case Management intake would be scheduled on site. CMHA also provides services specific to Youth in the community including case management and addictions counselling. Intake is currently located 2800 meters from the CTS site at 128</p>	

Anne Street South. Youth may present on Mondays from 1 pm – 4 pm for a walk in intake session. CTS staff can facilitate this access.

Additional mental health counselling is available through **Catholic Family Services of Simcoe County**, located at 20 Anne St South, (2300 meters) from the CTS site. Walk in service is provided Wednesdays and Thursdays from 12:00 pm – 7:00 pm, and by appointment. Access to this service can be facilitated by onsite CTS staff. Service is provided to those individuals aged 12 or older.

Primary Care Services

On Site

CMHA has onsite a weekly **Nurse Practitioner Clinic** and a **foot care clinic** that will support the SCS through drop in visits. In addition to clinic hours, the **CMHA NP** works four days a week, 35 hours per week; 8 am to 5:30 pm and will see SCS clients by appointment.

Assessment and care is provided by the Nurse Practitioner and if necessary a referral to the **Wellington Walk-in Clinic** for additional medical assessment/treatment could occur. This walk in clinic is available 2100 meters from the proposed CTS site and access could be facilitated through CTS staff making a telephone call to the clinic to ensure a smooth and welcoming transition to service for the client. As this is a walk in clinic no wait list limitations exist. On the rare occasion that an individual requires the ongoing care of a physician or NP, this can be facilitated by the Nurse Practitioner through CMHA and through CTS staff to access service through this venue.

The proposed CTS staffing model also includes that a nurse be on site during operational hours, and therefore the nurse could do assessments and refer to walk-in services/ER as needed.

Social Services

On Site

Housing, employment and nutritional support is available to individuals accessing the proposed CTS, through the **David Busby Street Centre**, located immediately adjacent to the proposed CTS site. Although a wait list is in place for social housing, emergency housing can be arranged through the housing resource worker present and clients can be screened for the Housing First initiative.

Collaboration with community partners with a specific focus has occurred to ensure any unique needs of an individual accessing the CTS can be met. These services include:

- Indigenous services, available 1000 meters from the proposed site, provided through the **Barrie Native Friendship Centre**,
- Gender specific services for women, available 750 meters from the proposed site through the **Elizabeth Fry Society**
- Youth specific services, available through **Youth Haven Barrie**, 700 meters from the proposed CTS site.

These services have no wait list and access can be facilitated by a phone call supported by CTS staff to ensure a smooth and welcoming transition for the client accessing the service.

Other: HIV and HCV testing

Onsite

HIV and Hepatitis C testing will be available on site. Hepatitis C testing will be available one morning per week and HIV testing will be available 2 hours per month through in-kind staffing through **Gilbert Centre** and **Simcoe Muskoka District Health Unit** respectively. Additional sexual health services for individuals without a health card can be accessed through the Simcoe Muskoka District Health Unit Sexual Health Clinic located 1600 meters from the proposed site. Appointments can be booked through staff at the CTS site.