1. Declarations of Pecuniary Interest under the “Municipal Conflict Of Interest Act”

2. Delegations

2.1 PHE-IDS-18-04, Waterloo Region Supervised Injection Services Feasibility Study – Findings from Phase 1 (Presentation)

   a) Stephen Gross, Kitchener Downtown Community Health Centre

   b) Violet Umanetz, Sanguen Health Centre

   Recommendations:

   That the Regional Municipality of Waterloo take the following actions regarding the Supervised Injection Services Feasibility Study Phase 1:

   (a) Receive the Phase 1 report, as described in Report PHE-IDS-18-04, dated February 27, 2018, for information;

   Should you require an alternative format please contact the Regional Clerk at Tel.: 519-575-4400, TTY: 519-575-4605, or regionalclerk@regionofwaterloo.ca
(b) Schedule a special evening meeting of the Region’s Community Services Committee in March, 2018 (date to be determined by Council) to seek public input regarding the recommendations of the Phase 1 report, namely that the Regional Municipality of Waterloo:
- Further pursue supervised injection services in Waterloo Region as an intervention to prevent fatal opioid overdoses; and
- Further pursue supervised injection services that are integrated with other services which at a minimum includes the mandatory components of the provincial program but will also include basic health care and access to treatment; and
- Pursue three supervised injection sites in Waterloo Region as a starting point to support access for people who inject drugs and to prevent concentration of services in one area:
  • Two supervised injection service locations – one each in the downtown cores of Kitchener and South Cambridge; and
  • Investigate a third supervised injection service location or type (e.g. mobile) to be determined.
- Endorse the plan to initiate Phase 2 of the Waterloo Region Supervised Injection Services Feasibility Study, as per the schedule laid out in Attachment 1.
- Direct staff to arrange a tour for Regional Councillors of a Supervised Injection Service location in Ontario

<table>
<thead>
<tr>
<th>Consent Agenda Items</th>
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<tbody>
<tr>
<td>Items on the Consent Agenda can be approved in one motion of Committee to save time. Prior to the motion being voted on, any member of Committee may request that one or more of the items be removed from the Consent Agenda and voted on separately.</td>
</tr>
</tbody>
</table>

3. Request to Remove Items from Consent Agenda

4. Motion to Approve Items or Receive for Information

4.1 PHE-CRS-18-01, Enhanced Provincial Funding to Support the Needle Exchange/Syringe Program

**Recommendation:**
That the Regional Municipality of Waterloo increase the 2018 Operating Budget for Public Health and Emergency Services/Infectious Diseases, Dental & Sexual Health by $88,245 gross and $0 net Regional Levy for additional base and one time costs to support the purchase and distribution of needles and syringes, and
their associated disposal costs as outlined in Report PHE-CRS-18-01 dated February 27, 2018.

4.2 **PHE-PSV-18-01**, Paramedic Services Community Education and Outreach (Information)  

4.3 **CSD-SEN-18-03**, Bariatric Equipment Funding  

**Recommendation:**

That the Regional Municipality of Waterloo increase the 2018 Operating Budget for Community Services / Seniors' Services by $50,000 gross and $0 net Regional Levy for the purchase of bariatric equipment as outlined in Report: CSD-SEN-18-03 dated February 27, 2018.

4.4 **CSD-EIS-18-02**, Ontario Works Caseload: October - December 2017 (Information)  

4.5 **CSD-SEN-18-02**, Vision/Mission Updated for Seniors Services/Sunnyside Home (Information)  

4.6 **CSD-CHS-18-03**, ELCC Profiles Update (Information)  

4.7 **CSD-CHS-18-04**, New Website for Finding Supports for Children and Youth - Family Compass (Information)  

4.8 **PDL-CUL-18-01**, Heritage Planning Advisory Committee – 2017 Highlights and Proposed Activities for 2018 (Information)  

4.9 **PDL-CUL-18-02**, Doors Open Waterloo Region 2017/2018 (Information)  

**Regular Agenda Resumes**

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5. Reports – Community Services

5.1 CSD-HOU-18-06, Waterloo Region Housing Master Plan Consultation Summary – What We Heard (Presentation) (Information)  Page 84

5.2 CSD-HOU-18-05, Proposed Administration of the Provincial Development Charge Rebate Program on Behalf of Eligible Area Municipalities  Page 113

Recommendation:

That the Regional Municipality of Waterloo approve the following actions with regard to the Ontario Ministry of Housing Development Charge Rebate Program, as outlined in report CSD-HOU-18-05, dated February 27, 2018:

a) That the Regional Municipality of Waterloo, as Service Manager for Housing, administer the Development Charge Rebate Program on behalf of those eligible Area Municipalities that request the Region to do so; and

b) Authorize the Director, Housing Services, to submit an Expression of Interest for each eligible Area Municipality that has requested the Service Manager to submit an application on their behalf.

5.3 CSD-HOU-18-04, Region of Waterloo Response to Inclusionary Zoning Draft Regulation  Page 131

Recommendation:

That the Regional Municipality of Waterloo endorse the Regional staff response to the Inclusionary Zoning draft regulation conditionally submitted to the Province of Ontario on February 1, 2018 pending Regional Council approval, as outlined in report CSD-HOU-18-04, dated February 27, 2018.

6. Information/Correspondence

6.1 Council Enquiries and Requests for Information Tracking List  Page 144

7. Other Business

8. Next Meeting – March 20, 2018

9. Motion to go into Closed Session

That a closed meeting of the Planning and Works and Administration and Finance Committees be held on Tuesday, February 27, 2018 immediately following the Community Services Committee meeting in the Waterloo County
Room in accordance with Section 239 of the “Municipal Act, 2001”, for the purposes of considering the following subject matters:

a) proposed or pending litigation and receiving of advice subject to solicitor-client privilege related to an agreement

b) proposed or pending litigation and receiving of advice subject to solicitor-client privilege related to a contract

c) receiving of advice subject to solicitor-client privilege and proposed or pending litigation on a matter before an administrative tribunal

d) labour relations and employee negotiations related to a settlement

10. Adjourn
Region of Waterloo
Public Health and Emergency Services
Infectious Diseases, Dental, and Sexual Health

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 27, 2018       File Code: P25-20

Subject: Waterloo Region Supervised Injection Services Feasibility Study – Findings from Phase 1

Recommendations:

That the Regional Municipality of Waterloo take the following actions regarding the Supervised Injection Services Feasibility Study Phase 1:

(a) Receive the Phase 1 report, as described in Report PHE-IDS-18-04, dated February 27, 2018, for information;
(b) Schedule a special evening meeting of the Region’s Community Services Committee in March, 2018 (date to be determined by Council) to seek public input regarding the recommendations of the Phase 1 report, namely that the Regional Municipality of Waterloo:
   - Further pursue supervised injection services in Waterloo Region as an intervention to prevent fatal opioid overdoses; and
   - Further pursue supervised injection services that are integrated with other services which at a minimum includes the mandatory components of the provincial program but will also include basic health care and access to treatment; and
   - Pursue three supervised injection sites in Waterloo Region as a starting point to support access for people who inject drugs and to prevent concentration of services in one area:
     • Two supervised injection service locations – one each in the downtown cores of Kitchener and South Cambridge; and
     • Investigate a third supervised injection service location or type (e.g.
mobile) to be determined.
- Endorse the plan to initiate Phase 2 of the Waterloo Region Supervised Injection Services Feasibility Study, as per the schedule laid out in Attachment 1.
- Direct staff to arrange a tour for Regional Councillors of a Supervised Injection Service location in Ontario

Summary:

Supervised injection services are legally-sanctioned, medically-supervised services where individuals can consume pre-obtained illicit drugs intravenously. Supervised injection services create a supportive environment for those suffering from addiction and are available worldwide, including in Canada. In Ontario, the Ministry of Health and Long-Term Care established the supervised injection services program to complement and enhance existing harm reduction programming in response to growing public health concerns related to opioid misuse and overdose. The ministry lists the following outcomes in association with the establishment of supervised injection services (September 2017):

- Reduced overdose related morbidity;
- Improved community safety by decreasing public injecting and discarded needles, and no increase in drug-related crime;
- Increased referrals to health and social services including detoxification and drug treatment programs; and
- Reduced HIV and Hep C transmission as a result of fewer needles being shared and/or reused1.

The Waterloo Region Supervised Injection Services Feasibility Study has two phases. In the first phase, the need for supervised injection services was explored and broad community input was gathered in order to understand the perceived benefits and concerns of establishing supervised injection services in Waterloo Region. Subject to Regional Council’s consideration and approval of the Phase 1 study findings, the second phase of the study would involve identification and exploration of potential locations for supervised injection services, and further consultation with those who live, work, or go to school in close proximity to a proposed location. Implementation of this second phase would only occur if approval from the Community Services Committee of

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1 These reported impacts are supported by evidence gathered from supervised injection services located in Canada and Australia
Regional Council is received on the Phase 1 recommendations.

This report highlights key findings from Phase 1 of the Waterloo Region Supervised Injection Services Feasibility Study and provides recommendations moving forward.

Community consultation was an important part of Phase 1 and included:

- In-person surveys with people who inject drugs (n=146)
- Key informant interviews with harm reduction service providers (n=11)
- Information and consultation sessions/focus groups (28 conducted, n=283)
- A community online survey (n=3,579)

Key findings of the Waterloo Region Supervised Injection Services Feasibility Study include:

- An estimated 4,000 people in Waterloo Region inject drugs.
- About half of respondents (47.8%) inject drugs daily and 75.6 per cent reported injecting publicly in the last six months.
- The most commonly reported reason for public drug use was homelessness.
- Respondents reported injecting most often in downtown Kitchener, and in Galt City Centre/South Galt.
- About four out of five (78.6%) people reported injecting drugs alone, increasing their risk for fatal overdose.
- Accidental overdose was reported by 39.0 per cent of respondents and 47.1 per cent of respondents have administered naloxone to someone who was overdosing.
- Most people who inject drugs (86.3%) said that they would use or might use supervised injection services if they were available in Waterloo Region. Half (51.3%) indicated they would use a supervised injection site always (100% of the time) or usually (75% of the time) for their injections.
- The most commonly mentioned benefits of supervised injection services included a reduction in public drug use, a decrease in the number of overdoses, and a reduction in the spread of blood borne infections.
- Community concerns regarding supervised injection services centred on questions of whether supervised injection services would compromise the safety of dependants, people who may use the services, and the surrounding neighbourhood.
- Participants across all methodologies recommended the following strategies to address the concerns of the community about supervised injection services:
  - improving communication about the process to consider supervised
injection services;
  o educating the community on addiction, mental health, and harm reduction to build understanding and reduce stigma; and
  o creating an advisory group to oversee and respond to issues that may arise during implementation of supervised injection services.

Conclusions:

- Substantial support exists for supervised injection services in Waterloo Region as a strategy to reduce the occurrence of overdose, reduce public injecting, connect individuals with health and social services in the community, and provide access to clean and sterile injection drug use equipment.
- Residents of Waterloo Region are genuinely concerned about those who suffer from drug addiction and are equally concerned about the implications of injection drug use on the community.
- There was strong support for service integration within a supervised injection service model. Access to addiction treatment options, either through referral or onsite, was seen as essential by all respondents including those who use substances.
- While most feel that supervised injection services are needed in Waterloo Region, some people did not support this strategy. Concerns were raised about where sites would be located and the potential impacts on the surrounding community including safety of children and dependents, property values, drug trafficking, and the effect on businesses.
- Increasing communication in the community about addiction, harm reduction, and supervised injection services was identified as a key strategy to addressing community concerns.
- Downtown Kitchener and South Cambridge (Galt) were identified as the most important locations for supervised injection services; however a third site (temporary or mobile) was also recommended to address potential need in other areas. It was strongly recommended by all groups not to concentrate services in one area by establishing one site in the region. There is fear that a single location would stigmatize an area, and overtime may result in more people moving to that area in order to access services.

Report:

Background

Opioid overdose-related deaths are on the rise in Canada. Health Canada reported
more than 2,800 suspected opioid-related deaths across the country in 2016 and preliminary data suggests that the number of lives lost will most likely surpass 3,000 in 2017 (Health Canada, 2017). The Federal Minister of Health reported in 2016 that Canada was facing a serious and growing opioid crisis signaled by high rates of addiction, overdoses, and deaths across Canada. The opioid crisis is a complex health and social issue with devastating consequences for individuals, families, and communities (Health Canada, 2016)

In Waterloo Region, the response to problematic drug use is coordinated by the Waterloo Region Integrated Drug Strategy and is built on the foundation of an integrated and comprehensive four pillar response. The response includes activities related to substance use prevention, harm reduction, treatment and rehabilitation, and justice and enforcement, with the vision “to prevent, reduce and eliminate problematic substance use and its consequences” (Waterloo Region Crime Prevention Council, 2011). Local opioid response planning will be organized using the four pillar approach and overseen by a Special Opioid Response Committee of the Waterloo Region Integrated Drug Strategy.

The Public Health mandate as outlined in the Ontario Public Health Standards (2018) is related to harm reduction and supporting local opioid response capacity. Specifically, it is to “collaborate with health care providers and other relevant partners to ensure access to harm reduction programs in accordance with the Substance Use Prevention and Harm Reduction Guideline, 2018”, and to improve local opioid response capacity through the development of a community opioid response plan. To that end, Public Health will be co-chairing and providing secretariat support to the Special Opioid Response Committee.

Opioids are a family of drugs used to treat acute and chronic pain. Over the past several years there has been increasing concern regarding the misuse of prescription opioids, including overprescribing and the appearance of these medications in the illicit drug market. While fentanyl can enter the market through diversion of pharmaceutical fentanyl products in pill, powder or patch form, more and more, fentanyl and its analogues including Carfentanil and Cyclopropyl Fentanyl are imported or smuggled from abroad. In turn, these substances are used to create illicit products or added to other substances such as cocaine or heroine. When fentanyl is combined with other substances, the potency of the drug is increased and can be lethal, even in minute doses. When the person using the substance is unaware that they are taking fentanyl, the risk of overdose, particularly fatal overdose, is increased. Both Carfentanil and Cyclopropyl Fentanyl, both significantly more potent than fentanyl, have been detected in Waterloo Region.
On June 6, 2017, Community Services Committee endorsed Public Health’s request to enhance harm reduction services in Waterloo Region which included exploring the feasibility of supervised injection services. The request from Public Health along with community partners was in response to the rising number of overdose deaths in Waterloo Region (refer to Report PHE-IDS-17-04).

Supervised Injection Services

Supervised injection services are legally-sanctioned, medically-supervised services where individuals can consume pre-obtained illicit drugs intravenously. Supervised injection services create a supportive environment for those suffering from addiction and are available worldwide, including in Canada.

In Ontario, the Ministry of Health and Long-Term Care established the supervised injection services program to complement and enhance existing harm reduction programming in response to growing public health concerns in Ontario related to opioid misuse and overdose. The ministry lists the following impacts related to the establishment of supervised injection services (September 2017):

- Reduced overdose related morbidity;
- Improved community safety by decreasing public injecting and discarded needles, and no increase in drug-related crime;
- Increased referrals to health and social services including detoxification and drug treatment programs; and
- Reduced HIV and Hep C transmission as a result of fewer needles being shared and/or reused\(^2\).

To operate legally in Canada, supervised injection services require an exemption under Section 56 of the Federal Controlled Drugs and Substances Act (CDSA). In order to receive an exemption from Health Canada, the applicant is required to provide information regarding the intended public health benefits of the site and must include a description of local conditions indicating a need for the site and “expressions of community support or opposition”.

Funding for supervised injection services in Ontario is provided by the Ministry of Health and Long-term Care and requires that supervised injection services must be integrated with other harm reduction services which, at a minimum, must include first aid, education on safer injection, provision and disposal of sterile injection supplies,

\(^2\) These reported impacts are supported by evidence gathered from supervised injection services located in Canada and Australia.
distribution of naloxone, and referrals to other health and social services.

Applications for funding must contain similar data submitted through the federal application.

A multi-pronged feasibility study was designed in order to gather the required information for Waterloo Region with the following objectives:

1. To determine the need for supervised injection services in Waterloo Region;
2. To determine the conditions under which supervised injection services would be used and judged as suitable or attractive by program deliverers and potential clients;
3. To determine the extent to which supervised injection services are seen as helpful to Waterloo Region by community stakeholders and the community, to uncover any concerns about supervised injection services, and to discuss mitigation strategies related to concerns;
4. To determine how supervised injection services could be integrated within existing harm reduction services in Waterloo Region; and
5. To determine potential locations for supervised injection services.

**Waterloo Region Supervised Injection Services Feasibility Study**

Methodology used in the feasibility study was designed by the British Columbia Centre on Substance Use (BCCSU)\(^3\). In July 2017, the BCCSU released the Supervised Consumption Services Operational Guidance\(^4\) document which provides evidence, best practices and lessons learned from areas that have supervised consumption services in operation. The recommended methodology is to conduct a multi-pronged feasibility study to ensure that a range of stakeholder groups in the community are consulted. Currently, the Ministry of Health and Long-term Care only provides funding to operate supervised injection services; therefore this study focused solely on the feasibility of supervised injection and did not explore the feasibility of consumption of illicit substances by other means.

In August 2017, Public Health invited members of the Waterloo Region Integrated Drugs Strategy Harm Reduction Coordinating Committee as well as additional stakeholders in the community to be part of a Supervised Injection Services Feasibility Study.
Work Group. The group is comprised of Public Health staff; harm reduction services providers, community service providers, housing representatives, Waterloo Regional Police Services, and members of the community with lived experience (See Attachment 2 for a complete membership list).

Key responsibilities of the Supervised Injection Services Feasibility Work Group members include providing consultative expertise on the methodology for the study and to review the findings of the study and provide recommendations for next steps.

The Waterloo Region Supervised Injection Services Feasibility Study has two phases (refer to Figure 1). In the first phase, the need for supervised injection services was explored and broad community input was gathered in order to understand the perceived benefits and concerns of establishing supervised injection services in Waterloo Region. Subject to Regional Council's consideration and approval of the Phase 1 study findings, the second phase of the study would involve identification and exploration of potential locations for safe injection services, and further consultation with those who live, work, or go to school in close proximity to a proposed location. Implementation of this second phase would only occur if approval from the Community Services Committee of Regional Council is received on the Phase 1 recommendations.
Figure 1. Supervised Injection Services feasibility study consultation phases

<table>
<thead>
<tr>
<th>Phase 1</th>
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<tbody>
<tr>
<td>• Review of secondary data sources related to substance use and overdose in Waterloo Region</td>
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<tr>
<td>• In-person survey with people who inject drugs</td>
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<td>• Key informant interviews with harm reduction service providers</td>
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<tr>
<td>• Information and consultation sessions with interest groups</td>
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<td>• Community-wide online survey</td>
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Report to Community Services Committee of Regional Council

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<th>Phase 2a</th>
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<tr>
<td>• Identify candidate locations and services design for supervised injection services</td>
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Report to Community Services Committee of Regional Council

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<th>Phase 2b</th>
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<tr>
<td>• Community consultation in consideration of potential locations for supervised injection services</td>
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Report to Community Services Committee of Regional Council
Methodology

The methodology for the feasibility study was approved by the Supervised Injection Services Feasibility Work Group and presented to Community Services Committee of Regional Council on October 24, 2017 (refer to Report PHE-IDS-17-09).

A combination of secondary and primary data informed the findings. Secondary quantitative data sources were examined to understand the context of drug use and related consequences in Waterloo Region. These included data from harm reduction programs, data from first responders including Waterloo Regional Police Services and Region of Waterloo Paramedic Services, and infectious disease rates. Primary data collection was used to document drug use patterns among people who inject drugs, as well as to gather opinions of people who use substances and harm reduction service providers regarding the need for supervised injection services. Additional qualitative methods were used to understand the extent to which such services are supported or opposed as a strategy to address opioid-related issues and substance use harms more generally. Figure 2 provides an overview of all data types used for Phase 1 of the Waterloo Region Supervised Injection Services Feasibility Study.
Figure 2. Summary of data types and methodology for Phase 1

Phase 1 Feasibility Study

Primary data (quantitative and qualitative)

Secondary data (quantitative)

Survey with People who Inject Drugs

Interviews with Harm Reduction Service Providers

Information and Consultation Sessions with Interest Groups

Community Survey

Estimate of People Who Inject Drugs

Confirmed Opioid Related Deaths

Suspected Overdose Deaths

Opioid Related Paramedic Service Calls

Naloxone Kits Distributed

Opioid Related Emergency Department Visits

Disease Rates (Hepatitis C, HIV/AIDS)
Consultation with community stakeholders was an important component of the study. Engagement of individuals who may use injection services was not only used to determine if such services would be used in Waterloo Region, but also helped to describe the conditions that would promote their use by those who would need them most. Further engagement of other community stakeholders including harm reduction service providers, community groups with an interest in addressing problematic substance use, and the general population was provided with an opportunity for input regarding supervised injection services. Table 1 describes the reach of all consultation methods. Attachments 3 and 4 provide a full list of organizations consulted through the key informant interviews and the information and consultation sessions.

Table 1. Summary of Consultation Methods and Reach

<table>
<thead>
<tr>
<th>Method</th>
<th>Sector reached</th>
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<tbody>
<tr>
<td>In-person surveys with people who inject drugs (n=146)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Key informant interviews with harm reduction service providers (n=11)</td>
<td>AIDS organization, Addictions treatment, Counselling organizations, Emergency shelters (adults and youth), Health services, Withdrawal management</td>
</tr>
<tr>
<td>Information and consultation sessions – focus groups (28 conducted, n=283)</td>
<td>Community interest groups, Business Improvement Areas, Police and Paramedic Services, Health Services, Housing, Local Health Integration Network, Area Municipal Staff, Outreach organizations, Social Services</td>
</tr>
<tr>
<td>Community online survey (n=3,579)</td>
<td>Not applicable</td>
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Findings:

Injection Drug Use and Overdose in Waterloo Region

According to Needle Syringe programming statistics, there are close to 4,000 people in
Waterloo Region that inject drugs. Overdose related deaths are on a steady incline and are being seen mostly in Kitchener and Cambridge. The Office of the Coroner for Ontario confirmed that in 2016, there were 38 opioid-related deaths in Waterloo Region. Due to a lag in Coroner data, the number of confirmed opioid-related deaths for 2017 is unavailable; however, Waterloo Region Police Services reported 71 suspected overdose fatalities for the year. Paramedic Services responded to 795 opioid-related calls in 2017, up from 197 calls in 2015. This represents a 303.6 per cent increase in the number of opioid related overdose calls in Waterloo Region between 2015 and 2017. Figure 3 shows that while opioid related overdose calls are received from across the Region, there were more calls from downtown Kitchener and in South Cambridge (Galt), compared to other areas.

Figure 3. Total number of opioid overdose call

![Total number of opioid overdose calls](image-url)

Source: Region of Waterloo Paramedic Services, January 1, 2017 to November 15, 2017.
Naloxone is a medication that temporarily reverses an opioid overdose. Demand for naloxone through the Naloxone Distribution Program continues to increase with 4,703 kits being distributed in 2017; up from 677 kits in 2016.

Data shows the impact of the opioid crisis on local emergency departments. In 2016, the rate of opioid related emergency department visits was higher than that of Ontario (Waterloo: 45.8 per 100,000 versus Ontario: 31.7 per 100,000).

Injection drug use is a significant risk factor in contracting Hepatitis C and HIV/AIDS as a result of reusing or sharing needles previously used by an infected person. Local needle syringe programs encourage individuals to use clean equipment for every injection to reduce their risk. In 2017, there were 135 new cases of Hepatitis C in Waterloo Region and 11 new cases of HIV/AIDS. While the rates of transmission are lower than that of the province (25.2 per 100,000 compared to a provincial rate of 31.2 per 100,000 for hepatitis C; 2.1 per 100,000 compared to a provincial rate of 6.2 per 100,000 for HIV/AIDS) (Public Health Ontario, 2018), quality of life consequences for those infected are significant.

Demographics and Drug Use Trends among People Who Inject Drugs

A total of 146 people who self-identified as having injected drugs in the last six months completed the survey. Most reported living in Kitchener or Cambridge and 13.4 per cent reported being homeless at some point in the six months prior to completing the survey. Survey findings revealed that most people had graduated from high school and almost one quarter (22.5%) had completed some college or university. The following list summarizes drug use trends and associated risks among the respondents:

- About half of respondents (47.8%) inject drugs daily and 75.6 per cent reported injecting publically in the last six months.
- The most commonly reported reason for public drug use was homelessness.
- Respondents reported injecting most often downtown Kitchener, and in Galt City Centre/South Galt.
- The most commonly injected drugs in the last six months were crystal methamphetamine and hydromorphone.
- Most respondents (78%) believed they had taken a drug that was cut (laced) with another substance and 40 per cent reported they were trying to use crystal methamphetamines at the time.

5 Source: iPHIS (2017), Region of Waterloo Public Health and Emergency Services, Extracted January 15, 2018. These estimates are preliminary and subject to change once the data has been finalized.
• About four out of five (78.6%) people reported injecting drugs alone, increasing their risk for fatal overdose.
• Accidental overdose was reported by 39.0 per cent of respondents and 47.1 per cent of respondents have administered naloxone to someone who was overdosing.

Would Supervised Injection Services be used by People Who Inject Drugs?

When asked about supervised injection services, many people who completed the survey said they had heard of them. Most people (86.5%) said that they would use them or might use them if they were available in Waterloo Region. Half (51.3%) indicated they would use a supervised injection site always or usually for their injections. When asked to share the reasons they would use supervised injection services people most often reported having access to sterile injection equipment, the ability to inject indoors, and the prevention and treatment of overdose as the reason they would use the services. Some people struggling with addiction had reservations about using a supervised injection service if available. When asked about reasons for not using a supervised injection services, the three most common reasons highlighted the stigma felt by people who use drugs and included:

• “I do not want to be seen”;
• “I do not want people to know I am a drug user”; and
• “I am afraid my name will not remain confidential”.

Key informants believed that supervised injection services would be used by people who inject drugs if the location was easy to get to, involved peers and other trusted individuals in the day to day operations, and were perceived to be non-judgemental, welcoming and safe.

The following remarks reflect a sample of comments by service providers and focus group participants on the need for supervised injection services:

“There is a feeling of insecurity. A space like this is opening a door. That carries a lot more weight than is understood. People knowing that where they are in life is okay in the moment changes a community dynamic. Those volatile and insecure feelings trickle out into the community.”

“We need them today, not six months from now.”
"A site would be empowering to a population who has never had a place specific for their needs. This population wants to do healthy things but has not yet been provided with the opportunity to do so."

Support for Supervised Injection Services in Waterloo Region

Across all methodologies, participants are seeing the impact of injection drug use on individuals and the broader community, and most support supervised injection services. Supervised injection services were seen to prevent overdose related deaths, increase access to services, and create a safer community for all by providing a safe space for clients to inject their own drugs and properly dispose of injection drug use equipment.

Harm reduction service providers share strong support for supervised injection services in Waterloo Region noting that this service is needed immediately to reduce overdose and overdose related deaths, reduce stigma in the community associated with addiction, facilitate access to treatment, and reduce public drug use and needle litter.

Consultation sessions held with interest groups showed similar results. Many participants discussed the importance of providing a safe, non-judgemental space where people who struggle with addiction feel included in the community and are able to access services without fear of reprisal or shame. Participants believed this type of service would not only decrease overdose deaths and reduce other harms, but would also providing acceptance and inclusion for people who often experience marginalization. It was felt that when services meet people where they are in their drug use, it opens doors for relationship development with peers and service providers and can support people to improve their health over the long term, including accessing treatment if they are ready.

Of the 3,579 people who completed the online public survey, close to two-thirds (62.0%) of respondents reported being in favour of supervised injection services indicating that they would be ‘very helpful’ or ‘helpful’ in Waterloo Region. The most commonly mentioned benefits of supervised injection services included a reduction in public drug use, a decrease in the number of overdoses, and a reduction in the spread of blood borne infections.

The following remarks reflect a sample of comments from in community stakeholder consultation groups and harm reduction service providers in support of supervised injection sites:
“My impression is that what we’re trying to do is throw a life ring to someone who is drowning. If someone is drowning, you don’t say that we really need to give everyone swimming lessons. People are dying and we recognize this is not where we want to be, but it’s a way to provide some kind of lifeline to folks who are hopelessly trapped in this addiction cycle.”

“Safety – for both individuals [who inject drugs] and the community – as much as the NIMBY is an issue, it’s helpful to have information, education, support, intervention, an attempt at counselling.”

“Supervised injection sites are an evidence-based way for our community to address the opioid crisis and problematic substance use. I am in full support of having an integrated service here in Waterloo Region.”

“I certainly think this is the best way for us to connect resources and treatment opportunities with users.”

**Concerns regarding Supervised Injection Services and Mitigation Strategies**

Although analysis revealed strong support for supervised injection services implementation in some form, some participants did not believe supervised injection services are right for their neighbourhood or to have in Waterloo Region overall. They still, however, expressed concern with the issues of overdose deaths and drug use, and wanted efforts to focus on prevention, treatment, and identification of root causes.

Community concerns regarding supervised injection services centred on questions of whether supervised injection services would compromise the safety of dependants, people who may use the services and the surrounding neighbourhood. For some participants, there was the perception that supervised injection services could negatively impact the neighbourhood in which it is placed, leading to more crime, decreasing property values, and higher rates of improper needle disposal. It was emphasized that if supervised injection services were to become available, more treatment should also be available.

Participants across all methodologies recommended the following strategies to address the concerns of the community about supervised injection services:
• improving communication about the process to consider supervised injection services;
• educating the community on addiction, mental health, and harm reduction to build understanding and reduce stigma; and
• creating an advisory group to oversee and respond to issues that may arise during implementation of supervised injection services.

The following remarks reflect a sample of community concerns shared in community stakeholder consultation groups regarding Supervised Injection Services and strategies to address them:

“How do we change the culture so that when setting up a supervised injection site, we don’t create the feared neighbourhoods?”

“We want to be a caring, inclusive community, but there’s the fine line of hurting businesses.”

“People want to hear what it’s all about, the options, and what some community impacts are. It’s really more from what is the community impact, not so much from the technical standpoint. I think the community is really interested in understanding this as well. That’s really key.”

**Model for Supervised Injection Services**

Across all consultation strategies, participants strongly believed that supervised injections services should be integrated with other services that are needed by people who are struggling with addiction in our community. Overall findings pointed to a preference for a model that includes health care, basic needs, social supports, and mental health and addiction counselling. In Ontario, the Ministry of Health and Long Term care requires that other health and social services must be provided alongside supervised injection services in order for the latter to receive funding. At minimum, a site must offer the following in order to be funded:

• First aid
• Education on safer injection
• Provision and disposal of sterile injection supplies
• Distribution of naloxone, and;
• Referrals to other health and social services.

People who inject drugs were asked a series of questions about how supervised injection services should be set up if they were to be available in Waterloo Region. Models that included a number of services under one roof and are integrated were favoured by all respondents. According to people who use drugs, the top most important services to include are:

• HIV and hepatitis C testing
• Nursing staff for medical care and supervised injection
• Washrooms
• Clean needles distribution
• Referral to drug treatment, rehab, and other services when you’re ready to use them
• Assistance with housing, employment and basic skills
• A ‘chill out’ room to go to after injecting
• Access to general health services
• Drug testing

Harm reduction service providers who were interviewed provided similar suggestions and also felt that locations should include primary health care and mental health and addictions services. Participants in the consultation sessions further recommended that food security and employment needs be addressed.

Involvement of people who have experience with substance use addiction in the operations of a supervised injection service was strongly recommended by harm reduction services providers and participants in the consultation sessions.

Having more than one supervised injection service location was seen as important by most people. Key informants reported that supervised injection services should be located in various parts of Waterloo Region and believed that Downtown Kitchener and South Cambridge (Galt) need supervised injection services sooner than others.

Participants in the consultation sessions further echoed the importance of site accessibility and believed they supervised injection services should be located in downtown cores, along the central transit corridor, and near transit terminals or easily
accessed routes and stops. It was felt that they should be located in areas where the people are who would access services.

In some cases, participants cautioned not to implement supervised injection services unless there would be more than one location to reduce potential impact of having just one service. In addition to services in the core, various other models were suggested to support access for those living outside of the core areas of the region and to allow for flexibility to relocate in response to drug use trends. Some participants suggested that mobile models could be used for outreach and that temporary models could be used to test out a locations being considered for a permanent site.

Most (76%) respondents who inject drugs reported they would use a site that is located in a community health centre or Public Health clinic. Fewer (40%) said they would use a site that is located in a mobile unit/van.

Treatment Options

Supervised injection is a harm reduction strategy with the primary purpose of preventing deaths among people at risk for opioid overdose. Across Canada, communities are creating opioid response plans that include strategies from across the four pillars of prevention, treatment and rehabilitation, harm reduction, and enforcement and justice. Implicit in these plans is the recognition that while some activities are needed to address the immediate issue of overdose (i.e. supervised injection services), no single activity alone will fully address the complex issues surrounding substance use and the current opioid crisis, and efforts across all four pillars are needed.

In particular, some participants in the Supervised Injection Services study raised the importance of enhancing treatment options. Injectable opioid-agonist treatments such as hydromorphone (Dilaudid) or diacetylmorphine (prescription heroin) was mentioned as a potential strategy that could have positive impacts both on an individual struggling with addiction but also on the community.

Such treatments are a newer, emerging option for those individuals who have not successfully responded to recommended first and second line treatments such as suboxone (buprenorphine/ naloxone) and methadone. They represent potentially promising additions to the current range of options for users who are ready to seek treatment (British Columbia Centre of Substance Use, 2017).

While beyond the scope of the Waterloo Region Supervised Injection Services Feasibility Study, it will continue to be important for agencies working in the area of
harm reduction to collaborate with those working on expanding treatment options. Public Health will refer information it has received regarding injectable opioid-agonists from local coroner Dr. Hank Nykamp to the Ministry of Health and Long-Term Care as well as to the Waterloo-Wellington LHIN and other local partners who are working in the area of addictions treatment. Decisions regarding authorization and availability of additional treatment options are within the purview of the Province and the Federal Government.

**Recommendations:**

Based on the findings from Phase 1 of the Waterloo Region Supervised Injection Services Feasibility study, the Supervised Injection Services Feasibility Work Group supported the need for supervised injection services in Waterloo Region. They agreed that the provision of supervised injection services would provide a safe space for clients and would address immediate and high risks of injection drug use and overdose. While service integration is a requirement in order to be funded under the provincial supervised injection services program, the findings emphasize this approach. Therefore, staff are making the following recommendations for the approval by Community Services Committee:

That the Regional Municipality of Waterloo take the following actions regarding the Supervised Injection Services Feasibility Study Phase 1:

(a) Receive the Phase 1 report (as described in Report PHE-IDS-18-04) for information;

(b) Schedule a special evening meeting of the Region’s Community Services Committee in March, 2018 (date to be determined by Council) to seek public input regarding the recommendations of the Phase 1 report, namely that the Regional Municipality of Waterloo:

- Further pursue supervised injection services in Waterloo Region as an intervention to prevent fatal opioid overdoses and;
- Further pursue supervised injection services that are integrated with other services which at a minimum includes the mandatory components of the provincial program but will also includes basic health care and access to treatment and;
- Pursue three supervised injection sites in Waterloo Region as a starting point to support access for people who inject drugs and to prevent concentration of services in one area:
  - Two supervised injection services – one each in the downtown cores of Kitchener and South Cambridge; and
- Investigate a third supervised injection services site location or type (e.g. mobile) to be determined.
  - Endorse the plan to initiate Phase 2 of the Waterloo Region Supervised Injection Services Feasibility Study, as per the schedule laid out in Attachment 1.
- Direct staff to arrange a tour for Regional Councillors of a Supervised Injection Service in Ontario

**Next steps:**

Continued engagement of community members related to the next steps in the study was identified as a priority and the findings further stressed the need for continued community conversations regarding addiction, substance use and how our region is responding to the rising number of opioid-related overdoses and deaths from a prevention, treatment, harm reduction and enforcement perspective.

At the conclusion of public feedback sessions, if Community Services Committee approves Public Health staff to proceed with Phase 2 consultation, the following process is proposed and further outlined in Attachment 1:

- **Phase 2a:**
  - Identification of candidate (actual) locations for supervised injection services and service design
  - Report to Community Services on the candidate locations, model for service, and plan for community consultation
  - Recommendation for Public Health to proceed with Phase 2b of consultation (see below)
- **Phase 2b:**
  - Consultation with community (residents and business owners) from the surrounding areas of the candidate locations to identify concerns and develop mitigation strategies
  - Report to Community Services Committee on the results of the consultation and mitigation strategies
  - Recommendation for Public Health to support a community agency to proceed with the application process to both the federal and provincial ministries

**Ontario Public Health Standards:**

Harm reduction planning, programming, and service provision relates to the following Ontario Public Health Standards (2018):
- Infectious and Communicable Diseases Prevention and Control (Requirements 7, 8, 9 and 10)
- Substance Use and Injury Prevention (Requirements 1 and 2)

**Corporate Strategic Plan:**

This report relates to strategic objective 4.4 (Promote and support healthy living and prevent disease and injury) in the Healthy, Safe and Inclusive Communities focus area in the 2015-2018 Strategic Plan.

**Financial Implications:**

The Ministry of Health and Long-Term Care fully funds supervised injection services in Ontario.

**Other Department Consultations/Concurrence:**

Members of the Supervised Injection Services Feasibility Work Group were consulted on options moving forward based on the findings from the study.

**Attachments**

Attachment 1 – Waterloo Region Supervised Injection Services Feasibility Study - Schedule
Attachment 1 – Supervised Injection Services Feasibility Work Group Membership
Attachment 2 – Key Informant Interview Participants by Organization
Attachment 3 – Information and Consultation Session Group Participants
Attachment 4 – Waterloo Region Supervised Injection Services Feasibility Study

**Prepared By:** Alyshia Cook, Health Promotion and Research Analyst (IDS)  
Grace Bermingham, Manager of Information, Planning and Harm Reduction

**Approved By:** Dr. Liana Nolan, Commissioner/Medical Officer of Health
References


Attachment 1 – Supervised Injection Services Feasibility Study - Schedule

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>October 2017 to January 2018</th>
<th>Phase 1 Feasibility Study conducted</th>
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<tr>
<td>February 27, 2018</td>
<td>Report and presentation to Community Services Committee on the Waterloo Region Supervised Injection Services Feasibility Study Phase 1 findings, including a set of recommendations</td>
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<tr>
<td>March 2018 (actual dates to be confirmed)</td>
<td>Community feedback session(s) on findings Proposed to be scheduled for Council Meeting on March 7, 2018. If another meeting is required, it could be scheduled for Council Meeting on March 28, 2018</td>
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Recommendations

That the Regional Municipality of Waterloo take the following actions regarding the Supervised Injection Services Feasibility Study Phase 1:

(a) Receive the Phase 1 report (as described in Report PHE-IDS-18-04) for information;

(b) Schedule a special meeting of the Region’s Community Services Committee on March 7, 2018 at 7:00 pm to seek public input regarding the recommendations of the Phase 1 report, namely that the Regional Municipality of Waterloo:

- Further pursue supervised injection services in Waterloo Region as an intervention to prevent fatal opioid overdoses; and

- Further pursue supervised injection services that are integrated with other services which at a minimum includes the mandatory components of the provincial program but will also include basic health care and access to treatment; and

- Pursue three supervised injection sites in Waterloo Region as a starting point to support access for people who inject drugs and to prevent concentration of services in one area:
  - Two supervised injection services – one each in the downtown cores of Kitchener and South Cambridge; and
  - Investigate a third supervised injection services site location or type (e.g. mobile) to be determined.

- Endorse the plan to initiate Phase 2 of the Waterloo Region Supervised Injection Services Feasibility Study, as per the
- Direct staff to arrange a tour for Regional Councillors of a Supervised Injection Service in Ontario

<table>
<thead>
<tr>
<th>April 10, 2018</th>
<th>Decision by Community Services Committee on the recommendations</th>
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</thead>
</table>

**Pending Phase 1 approval:**

**Phase 2**

a) Work with community partners to identify candidate (actual) locations with service design

- Report and presentation to Community Services Committee on the candidate locations and plan for consultation

- Recommendation for Public Health to proceed with Phase 2b of consultation that would include direct consultation with the community from the surrounding areas of the candidate locations to identify concerns and develop mitigation strategies.

**Pending approval**

**Phase 2**

b) Conduct consultation sessions to identify location-specific concerns and identify mitigation strategies

- Report and presentation to Community Services Committee of the results of the Phase 2b consultation finding and mitigation plan.

- Recommendation for Public Health to support a community agency to proceed with the application process to both the federal and provincial ministries.
## Attachment 2 – Supervised Injection Services Feasibility Study Work Group Membership

<table>
<thead>
<tr>
<th>Member</th>
<th>Role</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alyshia Cook</td>
<td>Chair</td>
<td>Public Health</td>
</tr>
<tr>
<td>Grace Bermingham</td>
<td>Project Manager</td>
<td>Public Health</td>
</tr>
<tr>
<td>Stephanie Watson</td>
<td>Work group member</td>
<td>Public Health</td>
</tr>
<tr>
<td>Kathy McKenna</td>
<td>Work group member</td>
<td>Public Health (2017)</td>
</tr>
<tr>
<td>Eve Nadler</td>
<td>Work group member</td>
<td>Public Health</td>
</tr>
<tr>
<td>Arianne Folkema</td>
<td>Work group member</td>
<td>Public Health</td>
</tr>
<tr>
<td>Jeff Spence</td>
<td>Work group member</td>
<td>Ontario Addiction Treatment Centres</td>
</tr>
<tr>
<td>Lindsay Klassen</td>
<td>Work group member</td>
<td>House of Friendship</td>
</tr>
<tr>
<td>Stephen Gross</td>
<td>Work group member</td>
<td>Kitchener Downtown Community Health Centre</td>
</tr>
<tr>
<td>Ruth Cameron</td>
<td>Work group member</td>
<td>AIDS Committee of Cambridge, Kitchener, Waterloo &amp; Area</td>
</tr>
<tr>
<td>Brad Berg</td>
<td>Work group member</td>
<td>Region of Waterloo Housing Services</td>
</tr>
<tr>
<td>Violet Umanetz</td>
<td>Work group member</td>
<td>Sanguen Health Centre</td>
</tr>
<tr>
<td>Natasha Campbell</td>
<td>Work group member</td>
<td>Community member</td>
</tr>
<tr>
<td>Marian Best</td>
<td>Work group member</td>
<td>Simcoe House</td>
</tr>
<tr>
<td>Aaron Fisher</td>
<td>Work group member</td>
<td>Community member</td>
</tr>
<tr>
<td>Shirley Hilton</td>
<td>Work group member</td>
<td>Waterloo Regional Police Services</td>
</tr>
</tbody>
</table>
Attachment 3 – Key Informant Interview Participants by Organization

1. AIDS Committee Of Cambridge, Kitchener, Waterloo and Area (ACCKWA)
2. Grand River Hospital Withdrawal Management
3. House of Friendship
4. KW Counselling
5. oneROOF Youth Services
6. Ontario Addiction Treatment Centres
7. Region of Waterloo Public Health and Emergency Services
8. Ray of Hope
9. Sanguen Health Centre
10. Simcoe House
11. The Working Centre
Appendix 4 - Information and Consultation Session Group Participants

1. A Clean Cambridge
2. Cambridge Outreach Task Force
3. Canadian Mental Health Association
4. City of Cambridge
5. City of Kitchener
6. City of Waterloo
7. Downtown Kitchener BIA
8. For a Better Cambridge
9. Galt BIA
10. Hespeler BIA
11. Housing Outreach Workers
12. Housing Support Managers
14. Kitchener SIS Advocacy Groups
15. Lutherwood
16. Municipal Councillors
17. Paramedic Services
18. Postsecondary Stakeholders
19. Preston BIA
20. Region of Waterloo Housing Staff
21. Township of North Dumfries
22. Uptown BIA
23. Waterloo Region Crime Prevention Council
24. Waterloo Region Integrated Drugs Strategy
25. Waterloo Regional Police Service
26. Waterloo Wellington Local Health Integration Network
Report: PHE-CRS-18-01

Region of Waterloo
Public Health and Emergency Services
Central Resources

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 27, 2018
File Code: P03-20

Subject: Enhanced Provincial Funding to Support the Needle Exchange/Syringe Program

Recommendation:

That the Regional Municipality of Waterloo increase the 2018 Operating Budget for Public Health and Emergency Services/Infectious Diseases, Dental & Sexual Health by $88,245 gross and $0 net Regional Levy for additional base and one time costs to support the purchase and distribution of needles and syringes, and their associated disposal costs as outlined in Report PHE-CRS-18-01 dated February 27, 2018.

Report:

Recently, the Ministry of Health and Long-Term Care announced additional base and one time funding for Health Units in Ontario to support the purchase and distribution of needles and syringes, and their associated disposal costs. The attached letter from Dr. Eric Hoskins, Minister of Health and Long Term Care, dated January 24, 2018 provides details regarding the new allocations for Region of Waterloo Public Health.

The additional base funding of $20,500 brings the total annualized funding for Waterloo Region Public Health to $145,500 beginning in the 2018 calendar year. In addition to base funding, the province has allocated an additional $67,745 in one time funding for the 2017-18 funding year.

The additional base and one time funding will be utilized to offset the increasing costs associated with the growing demand and associated disposal costs for needles and syringes. The funds will also cover costs associated with a local pilot project of needle recovery through a peer outreach model. Information about a partnership between the Region of Waterloo Public Health, the City of Cambridge and Sanguen Health Centre to...
plan a pilot project aimed at needle recovery through a peer outreach model was shared with Community Services Committee on December 5, 2017 (refer to report PHE-IDS-17-10) and again on January 16th, 2018 (refer to report PHE-IDS-18-03). The project not only aims to remove needles from areas most impacted through foot patrols and peer education, but also provides employment and development opportunities for individuals with lived experience of substance use employed as peer workers. Staff from Public Health, City of Cambridge and Sanguen Health Centre have partnered to develop the model. The pilot project is expected to launch by the end of February/beginning of March. The pilot will involve:

- Regular patrolling of routes that data shows are most impacted by improper needle disposal, and pick up of discarded harm reduction supplies including needles;
- Ensuring all harm reduction supplies found are properly disposed of;
- Outreach to individual(s) encountered while patrolling to provide education, disposal containers and other supports as needed;
- Notifying staff when large numbers of needles and other harm reduction supplies are found while patrolling to coordinate additional support as needed (i.e. vehicle support);
- Tracking and reporting the number and locations of needles and other harm reduction supplies that are found; and
- Adjusting routes based on data received through partnership with City of Cambridge.

The pilot is modeled after a similar long standing program in Ottawa. Public Health will provide an update on the pilot in late 2018.

**Ontario Public Health Standards:**

Harm reduction planning, program and service provision relates to four standards including the Chronic Disease Prevention and Well-Being standard in the requirements 1 and 2; the Infectious and Communicable Diseases Prevention and Control standard in the requirements 7, 8, and 10; the School Health standard in requirements 3 and 4; and Substance Use and Injury Prevention standard in requirements 1 and 2. The requirement for a needle/syringe program is included in the Region’s Accountability Agreement with the Ministry of Health and Long Term Care.

**Corporate Strategic Plan:**

This report relates to strategic objective 4.4 (Promote and support healthy living and prevent disease and injury) in the Healthy, Safe and Inclusive Communities focus area in the 2015-2018 Strategic Plan.

**Financial Implications:**

With the addition of $20,500 in annualized funding, the Ministry of Health and Long-
Term Care provides 100 per cent base funding of $145,500 annually for needle syringe programs; funding is used for the purchase and distribution of needles, syringes, related equipment and associated disposal costs. In 2017, an additional one-time allocation of $40,000 (100 per cent provincial funding) was approved in response to a business case that was submitted by Region of Waterloo Public Health. An additional $67,745 (100 percent one time funding for the 2017/18 funding year) is now available to cover costs of additional needles, syringes, related equipment and associated disposal costs.

Planning and other supports provided by Region of Waterloo Public Health are covered under the department’s existing cost shared base budget for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy.

Other Department Consultations/Concurrence:

Nil

Attachments

Attachment 1: Letter from Dr. Eric Hoskins, Minister of Health and Long-Term care, Dated January 24, 2018.

Prepared By: Anne Schlorff, Director Central Resources

Approved By: Dr. Liana Nolan, Commissioner/Medical Officer of Health
Attachment 1:

Ministry of Health  
and Long-Term Care  
Office of the Minister  
10th Floor, Hepburn Block  
80 Grosvenor Street  
Toronto ON M7A 2C4  
Tel 416-327-4300  
Fax 416-326-1371  
www.ontario.ca/health

Ministère de la Santé  
et des Soins de longue durée  
Bureaux du ministre  
Edifice Hepburn, 10e étage  
80, rue Grosvenor  
Toronto ON M7A 2C4  
Tél 416-327-4300  
Téléc 416-326-1371  
www.ontario.ca/sante

JAN 2, 2018

Mr. Ken Seiling  
Chair, Board of Health  
Region of Waterloo, Public Health  
150 Frederick Street, 1st Floor  
Kitchener ON N2G 4J3

Dear Mr. Seiling,

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Board of Health for the Region of Waterloo, Public Health up to $20,500 in additional base funding and up to $67,745 in one-time funding for the 2017-18 funding year to support the enhanced provision of Needle Exchange Program Initiative in your community.

The Assistant Deputy Minister of the Population and Public Health Division will write to the Region of Waterloo, Public Health shortly concerning the terms and conditions governing this funding.

Thank you for your dedication and commitment to Ontario's public health system.

Yours sincerely,

[Signature]

Dr. Eric Hoskins  
Minister

c: Dr. Liana Nolan, Medical Officer of Health, Region of Waterloo, Public Health
Region of Waterloo
Public Health and Emergency Services
Paramedic Services

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: February 27, 2018
File Code: P05-20
Subject: Paramedic Services Community Education and Outreach

Recommendation:
For information.

Summary:
In line with Regional Council’s recommendations for Paramedic Services to create and promote educational programs for the citizens of the Region of Waterloo many outreach initiatives have been launched. “Right Call Right Care” public education campaign, paramedic profiles social media campaign, and the @ROWParamedics twitter account have been made public. These initiatives have enhanced our community education and awareness of options when seeking medical care, as well as broader education on what the paramedic service provides to the citizens of the Region.

Report:
Community Outreach:
Paramedic Services as a division of Public Health strives to build healthy and supportive communities. Through an increase in engagement and education, Paramedic Services has been able to enhance our non emergency connection with the citizens of the Region, promote appropriate use and understanding of the prehospital medical system, and engage and coordinate messaging with community partners through social media.

#RightCallRightCare Campaign 2017
The Right Call Right Care campaign was officially launched with a report (PHE-PSV-17-2509366).
and presentation to council on April 25, 2017. Campaign messaging was redesigned into a web page, poster, display banners and post cards. A mail-out of 340 Right Call posters to every family physician’s office was completed in early June with the intent that the posters would be displayed in family physician offices throughout the Region.

The Right Call Right Care messaging appeared on public digital display monitors in various Regional buildings beginning in May and continued to appear through the month of June. These monitors are located in the Public Health clinics at 99 Regina St. and 150 Main St. in Cambridge. This messaging continues to be displayed on the employee portal and the external Region of Waterloo and Public Health homepages with links to the Right Call web page.

The Right Call Right Care display banners were displayed at both Cambridge Centre and Conestoga Mall for one day each along with public access defibrillator and CPR education. The banners are also being displayed in the lobbies of municipal, city and township buildings throughout the Region with handouts made available where possible. Displays remain in a location for up to two weeks at a time and will continue to circulate until all cities and townships have been reached. (Appendix A) The banner is also permanently displayed in the windows of our Weber St. and Water St. paramedic station in Kitchener.

An article and advertisement appeared in the fall edition of “Region News”. This broadened the reach of the campaign to an additional 190,000 residences receiving this publication from the Region. A reprint of this article will occur in the April edition of Region News further increasing the reach by another 190,000.

A presentation was made to Wilmot council by Chief VanValkenburg to raise awareness of the campaign. This was also a televised council session which widened the reach of the messaging to viewers of this session.

**#RightCallRightCare 2018 Outreach Plan**

The initial campaign launch focused on achieving general reach of the campaign within the Region of Waterloo. Although we can measure the number of people this campaign reached we cannot measure the effect on call volumes. These general outreach initiatives highlighted above will continue in 2018.

By heat mapping low priority calls (CTAS 4 and 5) as determined by our crews on arrival at the patient we can determine geographic areas that have a higher incidence of low priority calls. By focusing the campaign outreach into these areas we can then measure the effectiveness of the campaign at reducing the number of lower priority calls at time specific measures (6 months, 1 year etc.) from the time of the focused Right Call messaging.
@ROWParamedics Twitter Launch

On Sunday May 28th the @ROWParamedics twitter account was launched. The response to the new account was noticed immediately and our followers quickly grew to 464 by the end of the first week. The number of followers continues to grow and as of January 1, 2018 the account has 850 followers averaging two new followers per day. The engagement with the community through twitter was instantaneous with many of our community partners tagging our official account in their tweets as opposed to using the CUPE5191 or Waterloo Paramedics twitter accounts as was previously the practice.

Our overall reach averaged 4000 accounts per day (three times our follower base is considered to be an exceptional reach) with a total reach of 749.6 K accounts since the launch. (Appendix B)

People of Paramedic Services Campaign

To further increase the reputation of the service and in an effort to broaden the human side of the paramedic profession in the Region, four profiles were written and shared through Facebook and Twitter.

The four paramedic profiles that were shared on Twitter combined for a total reach of approximately 28,500 users over a one-week period.

The profiles were also posted to the ROW Public Health Facebook page. The four posts had a reach of 32,170 accounts and an engagement of 6,017. When compared to a four month average (Jan-April) on the ROW Public Health Facebook page (37 posts) the average reach increased 1,343% and our average engagement increased 11,469% (Appendix C).

The success of this campaign helped expand this initiative across public health as a broader “People of Public Health” campaign. All profiles are located at: https://medium.com/humans-of-paramedic-services

Public Access Defibrillator Program:

Public Access Defibrillator Placement and Awareness

Through independent fundraising initiatives of Regional paramedics, 4 new automated external defibrillators (AED) were purchased and donated to sites throughout the Region in 2017. Camp KiWay, the Beechwood Community Housing complex, Foundation Christian School in Winterbourne and the Royal Canadian Air Cadets 822 Tudor Squadron all graciously received AED’s as a result of the fundraising efforts of the paramedic staff. Training was provided through the St. John Ambulance C.A.R.E. program. (Appendix E)

With the addition of these four units the total number of AED’s registered with the
February 27, 2018  Report:  PHE-PSV-18-01

Cambridge Ambulance Communications Centre is 481. Of these 481 units 427 participate in Paramedic Services AED maintenance program while the remaining look after maintenance one their own or through third party vendors. Three units were used in 2017 for sudden cardiac arrest.

Under the Region of Waterloo C.A.R.E. program contract, St. John Ambulance continues to conduct C.A.R.E. presentations (AED and Basic CPR awareness) as well as AED demo’s to current owners of AED’s. From 2015 - 2017 on average 101 C.A.R.E. presentations and 21 AED presentations per year were conducted with an overall reach of approx. 2300 participants per year. (Appendix D) With the increase in resources through the changes made to the PAD program in early 2017 (PHE-PSV-17-02) the C.A.R.E. program numbers should also increase to reflect the added capacity in the program.

**PAD Loaner Program**

Four automated external defibrillators (AED) were made available through our free, short-term loaner program beginning in May 2017. To date these units have been borrowed five times for community events. Fortunately, none of the loaned units have been used during these events.

We continue to promote the loaner program through social media and at public events. An advertisement was also placed in the fall edition of “Region News” to further program reach. (Appendix E)

**Corporate Strategic Plan:**

This report supports Strategic Objective 4.4: Promote and support healthy living and prevent injury and disease.

**Financial Implications:**

Nil

**Prepared By:**  
Nic Smith, PAD Program Coordinator and Community Liaison Officer  
Stephen VanValkenburg, Chief Paramedic Services

**Approved By:**  
Dr. Liana Nolan, Commissioner/Medical Officer of Health
Appendix A – Right Call Right Care

Have you ever found yourself wondering if you should call 911 but you weren’t sure if it was necessary? The “Right Call Right Care” campaign was developed to help people explore other healthcare options that are available. These options could result in quicker and more appropriate care for the patient while allowing paramedics to be available for life-threatening emergencies such as chest pain and shortness of breath.

Although calling 911 would seem to be the quickest way to get care, ambulance transport does not guarantee a faster response at the hospital. Patients are assessed regardless of how they arrive and are seen according to their condition. With this in mind, residents of Waterloo Region are encouraged to consider other and sometimes more appropriate care for their needs including: calling your primary care provider, calling Telehealth Ontario, going to a walk-in clinic, visiting a pharmacy and exploring self-care at home. Taking time to explore other options prior to calling 911 will allow our paramedics to be available when needed most. If you are experiencing chest pain, shortness of breath or symptoms of stroke, 911 is always the right call.

www.regionofwaterloo.ca/RightCall
Appendix B - @ROWParamedics Twitter Account

@ROWParamedics Twitter Reach 2017

- Total Twitter Reach: 749.6 K
- Right Call Twitter Reach: 52.5 K (7% of total)

Appendix C - PHE Facebook – Jan-Apr 2017 vs 4 PSV Profile

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<th>Total Engagement</th>
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<td>115</td>
</tr>
<tr>
<td>March</td>
<td>8235</td>
<td>338</td>
</tr>
<tr>
<td>April</td>
<td>6129</td>
<td>121</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>32220</strong></td>
<td><strong>724</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Total Reach</th>
<th>Total Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSV Profiles</td>
<td>32170</td>
<td>6017</td>
</tr>
</tbody>
</table>
Appendix D – C.A.R.E. Presentations

Region of Waterloo C.A.R.E. Presentations
2015 - 2017

Number of Participants - C.A.R.E. Presentations 2015 - 2017
Appendix E - PAD placements and Loaner Program

AED Locations in the Region of Waterloo

Legend
● AED Location

Camp KiWay

Beechwood Co-op
Foundation Christian School  822 Tudor Squadron

Region News Fall 2017

Public Access Defibrillator Program
Be the link
Actions save lives

For more information about the Automated External Defibrillator (AED) Short Term Loaner Program or to find out how you can place a Permanent AED in your facility, contact us:

Tel: 519-575-4400 ext. 8711
PADprogram@regionofwaterloo.ca
www.regionofwaterloo.ca/PAD
Region of Waterloo

Community Services

Seniors’ Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 27, 2018

File Code: S07-01

Subject: Bariatric Equipment Funding

Recommendation:

That the Regional Municipality of Waterloo increase the 2018 Operating Budget for Community Services / Seniors’ Services by $50,000 gross and $0 net Regional Levy for the purchase of bariatric equipment as outlined in Report: CSD-SEN-18-03 dated February 27, 2018.

Summary:

Nil.

Report:

The Waterloo Wellington Local Health Integration Network (WWLHIN) has identified that additional bariatric equipment for long term care home residents will improve system flow, reduce staff injuries and improve the comfort and safety of residents living in long term care. To meet this need, the WWLHIN has provided a one time funding of $50,000 for the purchase of equipment and training to support bariatric residents living in Sunnyside Home; tenants living Waterloo Region Housing seniors’ buildings; tenants living in supportive housing and clients staying in emergency shelters.

If approved, the additional funding will be used to purchase equipment such as walkers, transport wheelchairs, scooters, mobile ramps, beds and mattresses that have a larger width and higher weight capacity to accommodate bariatric residents, tenants and emergency shelter clients.
Quality of Life Indicators:

This funding enhancement aligns with the Community Services, Quality of Life Indicators: Physical and Emotional Well-Being.

Corporate Strategic Plan:

This report addresses the Region’s Corporate Strategic Plan 2015-2018, Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.4: Promote and support health living and prevent disease and injury and Focus Area 5: Responsive and Engaging Government Services and Strategic Objective 5.2: Provide excellent citizen-centered services.

Financial Implications:

The Province of Ontario, through the Waterloo-Wellington Local Health Integration Network, has approved one time funding of $50,000 for the purchase of bariatric equipment. The Region is not required to cost share this funding.

Other Department Consultations/Concurrence:

Corporate Services / Treasury Services has been consulted in the development of this report.

Attachments

Nil.

Prepared By: Julie Wheeler, Administrator Long-Term Care
Connie Lacy, Director Seniors’ Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services
Region of Waterloo

Community Services

Employment & Income Support

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 27, 2018

File Code: S09-80

Subject: Ontario Works Caseload: October - December 2017

Recommendation:

For Information.

Report:

This report provides an update on the Ontario Works (OW) caseload for the fourth quarter of 2017 (October - December). Employment & Income Support (EIS) caseload activity is monitored by Community Services, along with Treasury Services/Corporate Services on a monthly basis and reported to Council quarterly.

OW is an employment-focused program that provides citizens of Waterloo Region with employment, financial, and social supports for improved quality of life by:

- Working with the clients to create an employment or self-sufficiency plan in order to assist them to achieve their potential and an improved quality of life;
- Engaging with employers and the labour market to ensure there are jobs to which to refer clients; and
- Collaborating with internal partners and community to support client needs across service sectors, such as health, housing and education.

Caseload numbers are influenced by external factors such as education levels and the local economy. Table 1 is the total OW caseload for the fourth quarter (October - December 2017) with comparisons to the third quarter (July - September) and the fourth quarter in the previous year (October - December 2016).
Table 1: Caseload Size

<table>
<thead>
<tr>
<th>Caseload Size*</th>
<th>Fourth Quarter 2017</th>
<th>Third Quarter 2017</th>
<th>Fourth Quarter 2016</th>
<th>% of Change Third to Fourth Quarter 2017</th>
<th>% of Change Fourth Quarter 2016 to Fourth Quarter 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROW – OW Caseload</td>
<td>9,226</td>
<td>9,253</td>
<td>8,726</td>
<td>- 0.3%</td>
<td>+ 5.7%</td>
</tr>
<tr>
<td>Ontario - OW Caseload</td>
<td>252,937</td>
<td>257,644</td>
<td>252,875</td>
<td>- 1.8 %</td>
<td>-0.02 %</td>
</tr>
</tbody>
</table>

*As reported in December 2017 Social Assistance Operations Performance Reports. Numbers are an average of the three months in the quarter.

Table 2 provides information on the indicators related to employment that are tracked to show how many clients were employed and compares the Region to the Province. Just over thirteen per cent of clients in both the Region and the Province continue to receive OW supports while earning money from employment because their earnings have not reached the threshold level for ineligibility. (see #3 and #5). Low earnings from employment are not enough to live on but can indicate a positive connection to the community and more job experience which may lead to a better quality of life and better job opportunities.

Table 2: OW and Employment

<table>
<thead>
<tr>
<th>OW and Employment*</th>
<th>Fourth Quarter 2017</th>
<th>Fourth Quarter 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ROW - Number of cases with Employment Earnings</td>
<td>1,269</td>
<td>1,208</td>
</tr>
<tr>
<td>2. Ontario - Number of cases with Employment Earnings</td>
<td>31,744</td>
<td>30,385</td>
</tr>
<tr>
<td>3. ROW - % of caseload with employment earnings</td>
<td>13.88%</td>
<td>13.98%</td>
</tr>
<tr>
<td>4. Ontario - % of caseload with employment earnings</td>
<td>13.45%</td>
<td>12.88%</td>
</tr>
<tr>
<td>5. ROW - Average monthly employment earnings per case</td>
<td>$827</td>
<td>$765</td>
</tr>
<tr>
<td>6. Ontario - Average monthly employment earnings per case</td>
<td>$825</td>
<td>$789</td>
</tr>
<tr>
<td>7. ROW - % of terminations exiting to employment¹</td>
<td>17.64%</td>
<td>13.34%</td>
</tr>
<tr>
<td>8. Ontario - % of terminations exiting to employment</td>
<td>16.16%</td>
<td>15.05%</td>
</tr>
<tr>
<td>9. ROW - % of caseload exiting to employment²</td>
<td>1.04%</td>
<td>0.70%</td>
</tr>
<tr>
<td>10. Ontario - % of caseload exiting to employment</td>
<td>1.00%</td>
<td>0.85%</td>
</tr>
</tbody>
</table>

1 “% of terminations to employment” means the per cent of OW cases that left OW because they were beginning to earn enough employment income that they were no longer eligible for the program or clients who have asked to have their OW case closed as a result of beginning employment.
2 The percent of cases exiting to employment from the total current caseload.
**OW and Employment***

<table>
<thead>
<tr>
<th></th>
<th>Fourth Quarter 2017</th>
<th>Fourth Quarter 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. ROW – Number of exits to employment</td>
<td>95</td>
<td>61</td>
</tr>
<tr>
<td>12. Ontario – Number of exits to employment</td>
<td>2,362</td>
<td>1,997</td>
</tr>
</tbody>
</table>

*As reported in the December 2017 Social Assistance Operations Performance Reports. Numbers are an average of the three months in the quarter.

To understand the broader economic context within which OW functions, Table 3 provides the unemployment rates for the fourth quarter of 2017 with comparisons to the fourth quarter of 2016 and third quarter of 2017. While these numbers suggest that it should be easier to find employment in Waterloo Region relative to Ontario as a whole, there is often a lack of alignment between OW participants’ education and / or skill level relative to the jobs available (e.g. advanced manufacturing and tech sectors).

**Table 3: Unemployment Rates – Seasonally Adjusted***

<table>
<thead>
<tr>
<th>Area</th>
<th>Fourth Quarter 2017</th>
<th>Third Quarter 2017</th>
<th>Fourth Quarter 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterloo Region</td>
<td>5.0%</td>
<td>4.5%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Ontario</td>
<td>5.7%</td>
<td>6.1%</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

*As revised by Statistics Canada. Numbers are an average of the three months in the quarter.

Lastly, a brief update on the Ontario Disability Supports Program (ODSP) is provided in Table 4. ODSP is provincially funded and operated; however, there is inter-dependence between these programs. OW is often the intake point for clients who are then referred to ODSP once they are deemed eligible as a result of a disability. ODSP clients may be referred to OW employment programs and are eligible for supports through the OW Discretionary Benefits program.

**Table 4: December Ontario Disability Supports Program Caseload***

<table>
<thead>
<tr>
<th>Area</th>
<th>Fourth Quarter 2017</th>
<th>Third Quarter 2017</th>
<th>Fourth Quarter 2016</th>
<th>% Change Third to Fourth Quarter 2017</th>
<th>% Change Fourth Quarter 2016 to Fourth Quarter 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterloo Region</td>
<td>12,107</td>
<td>11,954</td>
<td>11,614</td>
<td>+ 1.3%</td>
<td>+ 4.2%</td>
</tr>
</tbody>
</table>

---

3 The total number of cases that exited either due to employment income making them ineligible or as a request to exit because they have achieved employment.
*As reported in the September 2017 Social Assistance Operations Performance Reports. Numbers are an average of the three months in the quarter.

In summary, the tables demonstrate that for Waterloo Region the caseload numbers for ODSP have risen over the last year and have increased slightly from the third to the fourth quarter of 2017. The Waterloo Region caseload numbers for OW have decreased slightly between the third and fourth quarter of 2017 while the numbers are still higher than a year previous.

**Relation to Quality of Life Indicators:**

OW is an employment-focused program that provides citizens of Waterloo Region with employment, financial, and social supports which improve quality of life by increasing Economic Well-Being, Social Inclusion and Equity, Physical and Emotional Well-Being, Skills Development, and Relationships.

**Corporate Strategic Plan:**

This report addresses the Region’s Corporate Strategic Plan 2015-2018, Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.2: Mobilize efforts to reduce poverty and the impacts it has on Waterloo Region residents.

**Financial Implications:**

Eligible costs related to the Ontario Works program are cost shared with the Province. In 2017, the cost sharing ratio was 97.2%/2.8%. The cost sharing upload was completed in January 2018 at which time the Region’s obligation to contribute to eligible program costs terminated. The Region continues to pay 50% of the OW cost of administration. Costs related to the ODSP caseload are the sole responsibility of the Province.

**Other Department Consultations/Concurrence:**

Corporate Services / Treasury Services was consulted in the preparation of this report.

**Prepared By:**  Nina Bailey-Dick, Social Planning Associate, Employment and Income Support

Carolyn Schoenfeldt, Director, Employment and Income Support

**Approved By:**  Douglas Bartholomew-Saunders, Commissioner, Community Services
Region of Waterloo

Community Services

Seniors Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 27, 2018 File Code: S07-90

Subject: Vision/Mission Updated for Seniors Services/Sunnyside Home

Recommendation:

For Information

Summary:

Seniors Services/Sunnyside Home has updated its vision and mission. The updated vision and mission better reflects the values and philosophy of care under the Long Term Care Homes Act, the values, vision and mission of the Region of Waterloo, the Community Services Department and those of residents, clients, tenants, families, volunteers, staff and stakeholders.

Report:

All Long Term Care (LTC) Homes in Ontario must have a vision/mission statement which is consistent with the fundamental principles under the Long Term Care Homes (LTCH) Act, (2007), and: “Sets out the principles, purpose and philosophy of the Home and is to be reflected in the day to day operations of the Home.”

“A Home is primarily the home of its residents and is to be operated so that it is a place where its residents may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met”. The mission statement “must also be consistent with the Residents’ Bill of Rights.”

(Long Term Care Homes Act and Regulations, 2007).

The vision/mission statement is to be developed and/or revised in collaboration with Resident and Family Councils, staff and volunteers and must be reviewed at least once every five years.
Seniors’ Services/Sunnyside Home’s last vision and mission statements were completed in November 2012. Since that time, changes have occurred in the delivery and philosophy of seniors’ services and long term care specifically towards a more person centred and relationship based approach. Upon review, it was identified that revisions were needed to better reflect these changes and provide guidance to the effective operation of Seniors’ Services and Sunnyside Home.

As Sunnyside is a LTC Home, it was important to have the new vision/mission reflect the requirements of the LTCH Act, the operational needs of the Home as part of a seniors community “hub” of services and the vision /mission of both the Community Services Department and the Region of Waterloo as a whole.

To complete a fulsome review, the divisional leadership team held a vision/mission planning day in late 2017. The LTCH Act, the needs of Seniors’ Services/ Sunnyside Home and the vision/mission of both the Community Services Department and the Region were all considered.

An exercise was held using Regional “innovation” tools to determine priorities and identify prospective vision/mission statements for the next five years. Staff was actively engaged in this work and a number of proposals were put forward for consideration.

Following the exercise, the ideas generated were shared with the full staff team and various stakeholders via an online survey. A similar exercise was carried out with Sunnyside’s Resident, Family and Volunteer Advisory Committees.

A number of common themes came through in this process. Key common words included: “home, caring, quality, community, inclusion, people and best life”. Efforts were also made to incorporate the Region’s Mission of: “We serve, We engage, We inspire”.

These themes were combined to capture the following vision/mission statements for Seniors’ Services/Sunnyside Home:

**Vision Statement:**

We are a caring community where every person can live their best life.

**Mission Statement:**

*We serve* with the highest quality of service and care.

*We engage* to create an inclusive, thriving and welcoming community.

*We inspire* people to live hopeful, happy and healthy lives.

**Tag Line:**

Welcome Home
The new vision/mission statements have been well received by residents, clients, tenants, family members and staff. As one tenant stated: “That is exactly right – a place to call home, I love it here.”

The updated vision/mission, will provide guidance to the division to move forward as a community of excellence in seniors’ care and services over the next five years,

**Quality of Life Indicators:**

The updating of the vision/mission for Seniors Services/Sunnyside Home reflects a number of the Quality of Life Indicators including:

- Physical and Emotional Well-Being
- Social Inclusion and Equity
- Relationships
- Economic Well Being.

**Corporate Strategic Plan:**

This report addresses the Region’s Corporate Strategic Plan 2015-2018, Focus Area 4: Healthy, Safe and Inclusive Communities.

**Financial Implications:**

Nil

**Other Department Consultations/Concurrence:**

Nil

**Attachments**

Nil

**Prepared By:** Constance Lacy, Director, Seniors’ Services

**Approved By:** Douglas Bartholomew-Saunders, Commissioner, Community Services
Region of Waterloo
Community Services
Children’s Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 27, 2018

File Code: S15-01

Subject: ELCC Profiles Update

Recommendation:

For Information

Summary:

Each year, the Region of Waterloo, Children’s Services develops the Early Learning and Child Care (ELCC) Profiles. The Profiles are intended to provide a snapshot of local child care service data. The Profiles highlight a number of key indicators for ELCC in Waterloo Region and compare data between 2015 and 2017 to identify trends and changes in the community. The Profiles are intended to support planning for the vision of Children’s Services to see a community where all children thrive.

Report:

The Profiles examine local child care data related to four areas: Availability, Affordability, Accessibility, and Accountability. Each area shares information about programs and services available in Waterloo Region.

Availability

Increasing access to early years and licensed child care programs is a priority for Waterloo Region. Since 2016, growth has taken place in all types of licensed centre-based child care. Access for 0-4 year olds increased to 18.5 percent, up from 18.1 percent in the 2016. In licensed child care centres there are 10,610 spaces for children. Centre-based spaces are made up of 4,468 for children 0 to 4 years, 425 junior and senior kindergarten age, and 5,717 for community operated before and after school programs.
In addition to licensed centre-based care, there are 1,671 spaces in licensed home child care for children 0-12 years and 4,074 licensed spaces in school-board operated before and after school programs for school-age children.

**Affordability**

High-quality, licensed child care comes at a significant cost to families. For many, cost is a barrier that prevents parents from accessing licensed care. The Region has invested in programs so that families have access to affordable child care spaces. This includes funding $23.8 million to Child Care Fee Subsidy; a resource that is in place to reduce the cost barrier for some families.

The average daily fee for child care in 2017 was $67.56 (infant), $49.77 (toddler), and $44.17 (preschool). An average of 2,855 children received Child Care Fee Subsidy per month in 2017. The majority of families (77%) are single-parent families and most (46.9%) have a net income of $20,000 or less.

**Accessibility**

Ensuring that children are provided with meaningful opportunities to participate in inclusive programs is a priority for Waterloo Region. All children have the right to fully participate in high-quality, licensed child care. Parents can access a variety of ELCC programs in one place through OneList Waterloo Region. OneList is the place where all applications for licensed care in the region are submitted. In 2017, 2,090 children were registered with OneList.

Special needs supports were delivered to 1,391 children, with the majority of children between the ages of 2.5 to 4 years. On average, the total number of children served monthly was 435.

**Accountability**

As the Consolidated Municipal Service Manager (CMSM), the Region of Waterloo through Children’s Services has the responsibility for service system management of licensed ELCC for children birth to 12 years. The total budget allocation for Children’s Services was $57 million in 2017, with the majority of funding dedicated to supporting ELCC system partners and families. The Region contributes $8.9 million of the total budget ($57 million).

In order to build capacity for high-quality licensed ELCC programs and to measure progress of the ELCC system, Region staff administers Early Years Engage – a continuous quality improvement initiative for child care providers. The program supports a variety of elements; some examples include human resources, infrastructure and policy development.
Next Steps

The Province has announced its renewed plan to transform early years and child care programs in 2017. As part of this plan, and in response to the local 2016-2020 Early Learning and Child Care Service Plan, Region staff is developing a growth plan that focuses on adding more licensed spaces that are affordable and high-quality.

The ELCC Profiles (2017) attached to this report can be found on the Children’s Services website.

Quality of Life Indicators:

This report aligns with Economic Well-Being, Social Inclusion and Equity; Physical and Emotional Well-Being; Skills Development; and Relationships.

Corporate Strategic Plan:

This report addresses the Region’s Corporate Strategic Plan 2015-2018, Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.1: Support early learning and development.

Financial Implications:

The 2017 Children’s Services Operating Budget totalled $57.0 million and is funded by a combination of provincial grants, user fees and property tax levy contributions. The following table summarizes the 2017 budgeted funding sources:

<table>
<thead>
<tr>
<th>Provisonal Grants:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>100% Grant</td>
<td>$27,721,000</td>
</tr>
<tr>
<td>80% Grant</td>
<td>18,162,000</td>
</tr>
<tr>
<td>50% Grant</td>
<td>746,000</td>
</tr>
<tr>
<td>Total Grants</td>
<td>$46,629,000</td>
</tr>
<tr>
<td>Fees</td>
<td>1,294,000</td>
</tr>
<tr>
<td>Other Funding</td>
<td>186,000</td>
</tr>
<tr>
<td>Regional Contribution</td>
<td>8,891,000</td>
</tr>
<tr>
<td>Total Budget</td>
<td>$57,000,000</td>
</tr>
</tbody>
</table>


Other Department Consultations/Concurrence:

Staff in Children’s Services, and Corporate Services/Treasury Services was consulted in the preparation of this report.

Attachments

Attachment A – Early Learning and Child Care Profiles, 2017

Prepared By:  Tamara Kerr, Social Planning Associate, Children’s Services
    Kim Sanguesa, Manager Early Learning Services, Children’s Services
    Barb Cardow, Director, Children’s Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services
Trends

This profile highlights a number of key indicators for Early Learning and Child Care (ELCC) in Waterloo Region and is a snapshot of programs and services between 2016 and 2017. The year-over-year comparison can be used to identify trends and changes in the community and gain a better perspective on local opportunities to support planning for a community where all children thrive.

The total number of licensed ELCC spaces increased by approximately 8.4% since 2016.1 The population of children 0–4 years has decreased by 2% since 2011.2

The average daily market rates for child care in 2017 are $67.56 (infant), $49.77 (toddler), and $44.17 (preschool).

Waterloo Region child population3

<table>
<thead>
<tr>
<th>Description</th>
<th>2011</th>
<th>2016</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child population (0 to 4 years)</td>
<td>24,730</td>
<td>24,195</td>
<td>-2.2%</td>
</tr>
<tr>
<td>Child population (0 to 12 years)</td>
<td>73,845</td>
<td>76,190</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Availability

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of licensed ELCC centre sites (0–4 years)</td>
<td>133</td>
<td>139</td>
<td>141</td>
</tr>
<tr>
<td>Number of licensed ELCC centre spaces (0–4 years)</td>
<td>4,407</td>
<td>4,384</td>
<td>4,468</td>
</tr>
<tr>
<td>Percent of children (0–4 years) with access to a licensed ELCC centre-based space</td>
<td>17.8%</td>
<td>18.1%</td>
<td>18.5%</td>
</tr>
<tr>
<td>Number of licensed spaces for Junior Kindergarten and Senior Kindergarten aged children</td>
<td>392</td>
<td>391</td>
<td>425</td>
</tr>
<tr>
<td>Number of licensed home child care agencies</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Number of licensed home child care spaces</td>
<td>1,715</td>
<td>1,700</td>
<td>1,671</td>
</tr>
<tr>
<td>Number of schools offering a before and after school program</td>
<td>123</td>
<td>128</td>
<td>132</td>
</tr>
<tr>
<td>Percent of schools offering a before and after school program</td>
<td>90%</td>
<td>93%</td>
<td>95%</td>
</tr>
<tr>
<td>Number of children in school-board operated before and after school programs</td>
<td>3,056</td>
<td>3,794</td>
<td>4,074</td>
</tr>
<tr>
<td>Number of licensed spaces for community-operated before and after school programs</td>
<td>4,597</td>
<td>4,883</td>
<td>5,717</td>
</tr>
<tr>
<td>Total number of ELCC licensed spaces and school board operated before and after school programs in Waterloo Region</td>
<td>14,167</td>
<td>15,152</td>
<td>16,355</td>
</tr>
</tbody>
</table>
Affordability

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of children receiving child care subsidy per month[11]</td>
<td>2,942</td>
<td>3,033</td>
<td>2,860</td>
</tr>
<tr>
<td>Percentage of children 0–12 that receive subsidy</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Percentage of single-parent families that receive subsidy</td>
<td>80%</td>
<td>78%</td>
<td>77%</td>
</tr>
<tr>
<td>Percentage of two-parent families that receive subsidy</td>
<td>20%</td>
<td>22%</td>
<td>23%</td>
</tr>
<tr>
<td>Percentage of families that receive subsidy with a net income of $20,000 or less</td>
<td>52%</td>
<td>49%</td>
<td>46.9%</td>
</tr>
<tr>
<td>Cost to attend a licensed ELCC centre on a full-time basis for an infant, for one year</td>
<td>$13,750 to $19,655</td>
<td>$14,000 to $19,750</td>
<td>$15,138 to $21,814</td>
</tr>
</tbody>
</table>

Accessibility

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Children in licensed child care who are receiving Special Needs Resourcing (SNR) services[12]</td>
<td>1,612</td>
<td>1,391</td>
<td>N/A[13]</td>
</tr>
</tbody>
</table>

Accountability

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average lowest Registered Early Childhood Educators (RECE) wage[14]</td>
<td>$16.11</td>
<td>$16.87</td>
<td>$17.23</td>
</tr>
<tr>
<td>Children’s Services annual budget</td>
<td>$45.6 M</td>
<td>$49.5 M</td>
<td>$57 M</td>
</tr>
</tbody>
</table>

1. ELCC Spaces refers to spaces for all licensed centre-based care types as of October 2016 and October 2017. Does not include school-board operated before and after school programs.
7. Region of Waterloo, Children’s Services. 2018 Operating Funding applications.
8–9. Data reported for the school year. For example, 2015 represents the 2015–2016 school year.
11. Average monthly caseload from October 1, 2016 to September 31, 2017.
12. Children served includes children referred that year, as well as those carried over from past years. Some duplication may exist for children receiving more than one service.
14. Wages inclusive of all half and full day programs, by head office.
Increasing access to early years and child care programs and services is a priority for Waterloo Region. There are many options for quality, licensed early learning and child care programs. Since 2016, the number of spaces for licensed child care (0–4 years) has grown by 8.4 per cent. Many families continue to face challenges finding available spaces; especially when looking for infant and toddler care.

Centre-based ELCC
Centre-based ELCC is available for children up to 12 years of age. Programs operate in a variety of locations including stand alone buildings, workplaces, community centres, schools and places of worship.

As of October 1, 2017 there were 4,468 spaces for children 0 to 4 years of age. There were 6,142 spaces available for children in licensed junior and senior kindergarten age programs and before and after school programs operated by community agencies.

Home-based ELCC
is provided in approved homes by caregivers who have a contract with one of four licensed home child care agencies in the region. Home-based ELCC is available for children up to 12 years old and can be available seven days a week, 24 hours a day.

As of September 1, 2017 there were approximately 620 home providers, providing care to 1,671 children in Waterloo Region.

Before and after school programs
Before and after school programs are available for children 4 to 12 years of age. These programs can be operated directly by the school boards or by a licensed ELCC operator. Before and after school programs operated by the school boards had 4,074 children registered for September 2017. Before and after school programs operated by licensed ELCC operators had a licensed capacity of 5,717.

More than 95% of schools in Waterloo Region were offering before and after school programs.
Access to licensed child care

Number of ELCC centre-based spaces\textsuperscript{15}

- 239 infant spaces (0–18 months)
- 1,295 toddler spaces (18–30 months)
- 2,934 preschool spaces (2.5–4 years)

Less than 20% of children in Waterloo Region are in licensed child care. Research indicates that demand is much higher. The Province has committed to support access across the province for about 40% of children 0–4 years old.\textsuperscript{16}

Percentage of children (birth to 4 years) with access to a licensed centre-based space by municipality.\textsuperscript{17}

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Access Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellesley</td>
<td>5.6%</td>
</tr>
<tr>
<td>Woolwich</td>
<td>8.9%</td>
</tr>
<tr>
<td>Waterloo</td>
<td>34.0%</td>
</tr>
<tr>
<td>Kitchener</td>
<td>13.0%</td>
</tr>
<tr>
<td>Cambridge</td>
<td>24.9%</td>
</tr>
<tr>
<td>North Dumfries</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Number of children in Waterloo Region (birth to age 12)\textsuperscript{18}

2016 Child Population, 0–12 Years Breakdown

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year</td>
<td>5,945</td>
</tr>
<tr>
<td>1 year</td>
<td>5,980</td>
</tr>
<tr>
<td>2 years</td>
<td>6,130</td>
</tr>
<tr>
<td>3 years</td>
<td>6,140</td>
</tr>
<tr>
<td>4 years</td>
<td>6,200</td>
</tr>
<tr>
<td>5 years</td>
<td>6,415</td>
</tr>
<tr>
<td>6 to 12 years</td>
<td>39,380</td>
</tr>
</tbody>
</table>

There are a total of \textbf{76,190 children} (0 to 12 years of age) living in Waterloo Region.

\textsuperscript{15} Region of Waterloo, Children’s Services. Licensed Spaces. October 2017.


\textsuperscript{17} Access includes licensed centre based spaces, including half day programs.

\textsuperscript{18} Figures are based on information from Statistics Canada Census, 2016.
Affordability

We know that access and affordability are linked. High quality, licensed ELCC comes at a significant financial cost to families and prevents many families from even trying to find licensed care. The Region has invested in programs so that more infants, toddlers and preschoolers have access to child care spaces. This includes funding $23.8 million in Child Care Fee Subsidy; a resource that is in place to reduce the cost barrier for some families.

### Child care type

<table>
<thead>
<tr>
<th>Licensed centre-based care</th>
<th>Range of parent fees for full day care, per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant (birth to 18 months)</td>
<td>$39.13 to $58.00</td>
</tr>
<tr>
<td>Toddler (18 to 30 months)</td>
<td>$33 to $53</td>
</tr>
<tr>
<td>Preschool (2.5 to 4 years)</td>
<td>$33 to $50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licensed home-based care (8 hours)</th>
<th>Range of parent fees for full day care, per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>$42.15 to $50</td>
</tr>
<tr>
<td>Toddler</td>
<td>$42.15 to $50</td>
</tr>
<tr>
<td>Preschool</td>
<td>$42.15 to $50</td>
</tr>
<tr>
<td>School age (4 to 7 years)</td>
<td>$38 to $50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School-based before and after care</th>
<th>Range of parent fees for full day care, per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before and after school</td>
<td>$19.50 to $26.25</td>
</tr>
</tbody>
</table>

### Cost to attend licensed care on a full-time basis

- **$8,613 to $16,677** for a 3 year old to attend a centre-based program for a full year\(^{20}\)
- **$10,466 to $13,050** for a 3 year old to attend a home-based program for a full year
- **$3,783 to $5,093** for a 4 to 7 year old to attend a before and after school-based program during the school year\(^{21}\)

The cost for one child to attend full-time licensed child care from ages 1 to 12 is between **$73,125 and $111,766**.\(^{22}\)

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19. Before and after school care includes school board and community operated programs in school. Fees are not included for programs operating in French and French Catholic Schools or Youth Development programs.

20. Full year based on 261 paid days (365 days less 104 weekend days) given that most licensed programs charge for holidays.

21. School year based on 194 school days (no non-instruction days included).

22. Calculation is based on 2017 rates for centre-based licensed care for ages 0–4, and before and after school for ages 4–12; and 8 weeks of full-day home child care for ages 4–12.
Child Care Fee Subsidy

Child Care Fee Subsidy provides financial assistance to families to help pay for child care costs. The level of assistance is based on the family’s income.23

Income distribution of families receiving Child Care Fee Subsidy

- $60,000+ 4.3%
- $40,001 to $60,000 15.3%
- $20,001 to $40,000 33.5%
- $20,000 or less 46.9%

Reasons families receiving subsidy are using child care

- Working 64%
- School 16%
- Special needs or social needs 15%
- Other (parent medical, seeking employment, etc.) 5%

Distribution of Child Care Fee Subsidy by municipality in 2017

- Kitchener 57%
- Cambridge 28%
- Waterloo 12%
- North Dumfries 0.5%
- Woolwich 1%
- Wellesley 0.5%

Age distribution of children receiving Child Care Fee Subsidy

- Infant 5%
- Toddler 13%
- Preschool 29%
- JK, SK, School age 53%

23. Figures calculated using October 2017 Child Care Subsidy information.
Accessibility

Children are unique and grow and learn in different ways. All children have the right to fully participate in a quality licensed ELCC program that respects and supports inclusion and meaningful participation. The Province of Ontario’s Renewed Early Years Policy Framework (2017) shines a light on the importance of promoting inclusion in early years and child care settings. This includes being responsive to the needs of children and families by providing a range of programs that are inclusive and culturally appropriate; and located in schools, communities, workplaces and home settings so that parents can choose the options that work best for their family.

Parents can access a variety of ELCC programs in one place

OneList Waterloo Region
One Connection. One Application

OneList is the place where all applications for licensed care in Waterloo Region are submitted. Parents can also come here to apply for financial help to pay for child care, and special needs supports (if they have concerns about their child’s development). www.OneListWaterlooRegion.ca

1,351
Average number of new applications per month

2,090
New children registered with OneList between March and September 2017

298
Average number of new children per month

24. OneList Application Data, RBB. Figures are for the six month period of March to September 2017 and do not include applications created with School Boards.
Age distribution of children who received special needs supports

- Infant 6.3%
- Toddler 19.4%
- Preschool 52.9%
- JK and SK, up to age 6: 21.4%

1,391

Average number of children receiving special needs supports per month

435

Total hours of enhanced classroom support in 2016

42,859

Special needs supports delivered

- Access: 79
- Resource Consultation: 743
- Speech Language Pathology Consultation: 310
- Occupational Therapy Consultation: 217
- Physiotherapy Consultation: 37
- Kinesiology Consultation: 70
- Psychological Assessment: 45

25. 2017 Special Needs Resourcing data was not available at time of publication. Data refers to supports for 2016.
Accountability

As the Consolidated Municipal Service Manager (CMSM), the Region of Waterloo, Children's Services has the responsibility for service and system management of licensed ELCC for children from birth to 12 years of age.

Financial Accountability

The Region of Waterloo, Children’s Services division total budget allocation is $57 million for 2017. The majority of the funding is dedicated to supporting the ELCC system.

- Child Care Fee Subsidy (23.8 million)
- Directly operated programs (10.3 million)
- General operating grants (7.7 million)
- Wage enhancement and wage enhancement administration (7.3 million)
- Special needs (4.1 million)
- Child care subsidy administration (1.7 million)
- Administration (1.5 million)
- Other* (0.6 million)

* Other = pay equity, capital retrofit, capacity/capacity building (O&I), repairs and maintenance, early learning planning, small water works, Children and Youth Planning Table and special projects.
Wages for Registered Early Childhood Educators

The wages paid to Registered Early Childhood Educators (RECEs) have a significant impact on the quality of both individual programs and the overall ELCC system.

Hourly wages for licensed child care centre staff

<table>
<thead>
<tr>
<th>Position</th>
<th>Lowest</th>
<th>Highest</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECE</td>
<td>$11.60</td>
<td>$36.23</td>
</tr>
<tr>
<td>Supervisor</td>
<td>$14.42</td>
<td>$52.16</td>
</tr>
<tr>
<td>Director</td>
<td>$14.50</td>
<td>$58.36</td>
</tr>
<tr>
<td>Non-RECE program staff</td>
<td>$11.60</td>
<td>$26.02</td>
</tr>
<tr>
<td>Cook</td>
<td>$11.60</td>
<td>$29.80</td>
</tr>
</tbody>
</table>

Continuous Quality Improvement

Continuous learning and growth is important – for children and for Early Years partners. Early Years Engage is the Region’s new continuous quality improvement program.

Our vision for quality in Waterloo Region:
Quality is a shared responsibility and supported through a system of relationships. This includes the relationships between educators, children and their parents; among professionals within organizations, between the system and its service partners throughout the community.

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Region of Waterloo

Community Services

Children’s Services Division

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 27, 2018  File Code: S14-20

Subject: New Website for Finding Supports for Children and Youth - Family Compass

Recommendation:

For Information

Summary:

On February 12, 2018, a new go-to website for finding community-based services and supports for parents, youth and children was launched in Waterloo Region. This website (FamilyCompassWR.ca) has been developed to make navigation of services for children and youth easier for families.

The site has been developed in a collaborative effort among the Children and Youth Planning Table, the Special Needs Strategy Planning Table and Moving on Mental Health Initiative.

Report:

Family Compass is a new go-to website to help families, youth and service providers in finding community-based services and supports for parents, youth and children in Waterloo Region.

Development of this site was driven by local families who told us that knowing where to start can be hard, and in turn, can be a barrier to accessing service. Some families spend a lot of time contacting multiple organizations to find the one that can address their concern and/or sometimes confusion over where to start has led to families not reaching out for support at all – and in turn, missing critical windows for intervention. Many families also reported that they wanted to be able to easily navigate the system of services on their own and on their own schedule.
Through collaborative efforts, we have spent the last year developing an easy to use, on-line starting point, to help families on their journey. This work has been done in collaboration among the Children and Youth Planning Table of Waterloo Region (which includes over 65 location organizations that serve children, youth and families), the Special Needs Strategy Planning Table and Moving on Mental Health.

Visitors to FamilyCompassWR.ca have three ‘doors’ to choose from when they visit the site:

1. **Search for Services** – a self-search for local health, social and recreational services for children and youth. The database that is used is a subset of the Community Information Database and aligns with the records found in isearchmycommunity.ca and 211.ca. It also includes quick links to other one-stop sites for families and youth (e.g., OneList, Immigration Waterloo Region, Public Health, Fee Assist, etc.)

2. **I Have a Concern** – a tool to help parents, youth and caring adults find the best starting point organization to address developmental concerns in a child or youth. Users answer six questions about potential concerns in the areas of physical health and development, mental health, behaviour and addictions, speech and language and participation in everyday life. Based on the concern(s) selected, a best starting point organization will be provided, and site users can choose to print or download their results. Parents and youth have an additional option to send their responses onto the starting point organization to be contacted for follow up. The site also includes optional questions about concerns related to basic needs (safety and adequate resources for daily living), connecting with others and will provide concurrent routing information if selected.

3. **Resources for Parents** – resources for parents to learn, find support and connect with other parents (via Parenting Now). ParentingNow.ca launched October 2017, is a go-to site for all things parenting in Waterloo Region. Visitors to Parenting Now can also link to Family Compass.

**Quality of Life Indicators:**

Family Compass aligns with Social Inclusion and Equity; Physical and Emotional Well-Being; Skills Development and Relationships Quality if Life Indicators.

**Corporate Strategic Plan:**

This report addresses the Region’s Corporate Strategic Plan 2015-2018, Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.1: Support early learning and development.

**Financial Implications:**

Nil
Other Department Consultations/Concurrence:

Public Health actively participated in the creation of Family Compass. Human Resources and Citizen Service was consulted by way of their oversight role with the Community Information Database.

Attachments

Nil

Prepared By:  Alison Pearson, Manager, Community Engagement and Planning (CPT)

Barbara Cardow, Director, Children’s Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services
Region of Waterloo
Planning, Development and Legislative Services
Cultural Services

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: February 27, 2018
File Code: D25-01
Subject: Heritage Planning Advisory Committee – 2017 Highlights and Proposed Activities for 2018

Recommendation:
For information.

Summary:
The Region’s Heritage Planning Advisory Committee (HPAC) has had a very productive and successful year. Highlights from 2017 include: initial work to prioritize, research and evaluate potentially Regionally Significant Heritage Resources (RSHR); research, production and unveiling of a plaque for the German Mills Settlement in Kitchener; surveying and photographing an Inventory of over 480 heritage barns across the Region; releasing two draft Regional Implementation Guidelines; and the research and drafting of an educational resource on archaeology in Waterloo Region.

Throughout the year, HPAC provided comments on Regional projects, development applications, environmental assessments, and other processes that had the potential to impact heritage resources of Regional interest. Committee members also participated in events, workshops and conferences in an effort to promote Regional heritage and increase public awareness of the value of heritage conservation across the region.

Report:
The Heritage Planning Advisory Committee (HPAC) was established in 1994 and is
comprised of volunteer members who are appointed by Regional Council. The members are chosen for their interest and experience in matters related to cultural heritage. For more information on HPAC, their membership and Terms of Reference please visit: Link to Region Webpage for Heritage Planning Advisory Committee

2017 Highlights

During 2017, HPAC undertook the following:

- Advisory work which included: commenting on Regional projects that had the potential to impact significant heritage resources and providing comments on development applications, environmental assessments, and other processes that may impact heritage resources of Regional interest
- Policy analysis and planning work including: support for the City of Kitchener Residential Intensification in Established Neighbourhoods Study and reviewing and commenting on the drafts of the Regional Implementation Guidelines for Cultural Heritage Landscape Conservation and for Conserving Regionally Significant Cultural Heritage Resources
- Collaborative work with other Heritage Groups by: participating in heritage workshops, displays and conferences including Wilmot Heritage Day, the Grand River Heritage Day Workshop, ECOFest at the Waterloo Region Museum, Jane’s Walk and Doors Open Waterloo Region
- Encouraging Public Awareness of the Value of Regional Heritage by: completing an inventory of over 480 heritage barns; producing and unveiling an interpretive plaque to commemorate the historic settlement of German Mills in Kitchener and participating in the 15th annual Doors Open Waterloo Region

Recognition & Awards

HPAC members nominated award recipients at the Ontario Heritage Trust Awards (February), the Ontario Volunteer Service Awards (April), and the Waterloo Regional Heritage Foundation Awards (June).

Proposed Activities for 2018

In 2018, HPAC will continue its core work to provide comments on development applications and projects that may impact cultural heritage resources in the region; it will also finalize several ongoing 2017 initiatives. In addition, the Committee plans to:

- Finalize the Regional Implementation Guidelines for Conserving Regionally Significant Heritage Resources and Cultural Heritage Landscape Conservation and seek Council adoption
- Begin to recommend the formal identification of several candidate Regionally Significant Cultural Heritage Resources (RSCHR) to Regional Council using the Guidelines, pending Council adoption
- Research the potential for commemorative plaques for the communities of the East Side Lands (Chicopee Mills, Fisher Mills, Hagey’s Crossing Wanners/Maple Grove, Riverbank and Delview) as well as for the Heritage Truss Bridge collection
- Plan and organize a joint meeting of all Area Municipal Heritage Advisory Committees, with presentations from the Ministry of Tourism, Culture and Sport on the anticipated Provincial release of “A Guide to Cultural Heritage Resources in the Land Use Planning Process”
- Research and develop resources which can be adopted or utilized by the public and Area Municipalities such as: educational initiatives and best practices for the usage, maintenance and preservation of the Region’s remaining heritage Truss Bridge Collection; an inventory of places of worship within Waterloo Region; and, a module/materials on local heritage to supplement the grade school curriculum in the region

**Area Municipal Consultation/Coordination**

The agenda and minutes of Heritage Planning Advisory Committee meetings are circulated to all Area Municipalities, and this report will be distributed for information.

**Corporate Strategic Plan:**

The work of the Heritage Planning Advisory Committee supports Strategic Objectives 1.3, Enhance arts, culture and heritage opportunities to enrich the lives of residents and attract talent and visitors, and 3.5, Preserve, protect and enhance green space, agricultural and environmentally sensitive lands, and regionally owned forests.

The Committee’s initiatives planned for 2018 represent both the finalization of projects started under the previous Strategic Plan, as well as new initiatives that support the 2015-2018 Strategic Actions identified by Planning, Development and Legislative Services and by Transportation and Environmental Services under the Sustainable Transportation Focus Area.

**Financial Implications:**

The work of the Heritage Planning Advisory Committee is supported by Planning, Development and Legislative Services staff through the use of Council-approved funds.

**Other Department Consultations/Concurrence:**

Nil
Attachments:

Nil

Prepared By: Bridget Coady, Cultural Heritage Principal Planner

Approved By: Rod Regier, Commissioner, Planning, Development and Legislative Services
Region of Waterloo
Planning, Development and Legislative Services
Cultural Services

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: February 27, 2018
File Code: D25-01
Subject: Doors Open Waterloo Region 2017/2018

Recommendation:
For information.

Summary:
Doors Open Waterloo Region celebrated its 15th year in 2017, welcoming over 14,500 visitors to 50 sites of architectural, historical, social and/or technological significance. This free event is an important opportunity to experience the places that together help to shape the character and authenticity of our region. Planning for next year’s event, to be held Saturday September 15, 2018, is underway. A call for event coordinators for the 2019 event will be issued later this spring.

Report:
The year 2017 marked the 15th anniversary of Doors Open Waterloo Region (DOWR). The event is part of a province-wide initiative of the Ontario Heritage Trust to celebrate community heritage, which attracts visitors to more than 550,000 sites annually. Of the 45 Doors Open events that take place in communities across Ontario, Waterloo Region had the fourth highest number of both site visits and participating sites.

The aim of DOWR is to facilitate the understanding and enjoyment of local architecture and built heritage; to celebrate the community’s history; and to build relationships between building owners, the business community, the cities and townships, the
heritage community, and community volunteers. This free event allows visitors access to properties that are either not usually open to the public, or would normally charge an entrance fee.

Doors Open Waterloo Region (DOWR) was held on Saturday, September 16, 2018. Fifty locations throughout Waterloo Region opened their doors to over 14,500 visitors. Since the first Doors Open Waterloo Region event in 2003, there has been an average of 11,082 site visits annually, which indicates the sustained popularity of the event.

The theme for the 2017 Doors Open Waterloo Region event was “Identity + Innovation”, and was linked with the 150 Celebrations for Canada and Ontario. Theme related sites included: local tech and industrial sites, post-secondary educational institutions, and important places connected to the region’s culturally diverse population. The participating sites included many first-time participants, as well as a good number of popular sites from past years. The local Doors Open event was promoted province-wide through the Doors Open Ontario brochure, which has a circulation of 1 million copies annually, most of which are inserted in community newspapers, and received outstanding media attention, being featured in the local print media as well as on radio and television.

Initiatives and activities for the event included hands-on games and science activities, introductory meditation and language classes, riding demonstrations, expert-led discussions and presentations, organ recitals, interactive displays, and numerous children’s activities. Six-hundred and sixty-two volunteers contributed approximately 3,600 hours of their time. Their knowledge and enthusiasm helped to ensure that the visitor’s experience at each site was informative and memorable. Local heritage organizations participated by setting up displays and leading tours at various sites.

When asked how they felt about the event, participants’ responses included:

- The day was a wonderful reminder of how heritage contributes to our sense of place, identity and community.
- We had an absolute blast at Doors Open. Our volunteers and guests all had a great time.
- We have learned that by joining Doors Open we have offered our services to the community and have a broken a barrier of the “unknown” [for the] Hindu religion.
- Many of our guests found out about us through Doors Open! We had a guest moved to tears by what happens here (Ontario Christian Gleaners).
- Enjoyed seeing @rideIONrt @CIGIonline @Communitech and @UWVelocity today for #DOWR2017. Brilliant that these places open up and offer their time.
- It was very steady all day long starting at 9:50 am and the last family left at 5:45. We had people of all ages come by. I was amazed!
• What surprised us (was) how many of our earliest visitors were from well outside of town - Peterborough, Toronto, London.
• @DoorsOpenWR was a wonderful opportunity to learn more about iconography and spend time amongst the beauty and craftsmanship.
• We so appreciate the planning that goes into it. We’re learning about our new neighbourhood and region and wouldn’t miss it. The more we know about the area, the more we’ll spend our consumer dollars and investment in the community. Particularly charitable dollars too, we’ll have more ownership in the overall health of our community.
• I loved it! The Arabic teachers were so kind and enthusiastic.
• @DoorsOpenWR mausoleums Woodland Cemetery for #DOWR2017 were eye-opening. Beautiful architecture, reverent spaces
• I took a friend visiting from out of the country who had lived here for 20 years previously. She was surprised and so impressed by what we saw and heard. Wished she could do this every year.

Doors Open Ontario has reported that 92% of Ontario’s population lives within a municipality that has participated in Doors Open, and that the province-wide program stimulates an estimated annual contribution of $5 million to local economies.

Planning for next year’s event, to be held Saturday September 15, 2018, is underway. Suggested improvements for next year’s event from the event coordinators include continuing to advise participating sites to be well prepared to accommodate large numbers of visitors, specifically focusing on signage and controlling the size of tour groups, and the reconsideration of hosting the event over two days instead of one.

Area Municipal Consultation/Coordination

Area Municipal staff is consulted each year concerning the selection of sites. Area Municipalities also promote the event through various channels.

Corporate Strategic Plan:

Doors Open Waterloo Region supports Strategic Objective 1.3, Enhance arts, culture and heritage opportunities to enrich the lives of residents and attract talent and visitors.

Financial Implications:

Doors Open is funded by the Region of Waterloo through the Planning, Development and Legislative Services Operating Budget and coordinated by Photographic Memory, a Waterloo-based heritage event management company. Media sponsorships are an important contribution to publicizing the event and in-kind contributions by The Record, the City of Waterloo, the City of Kitchener, and the City of Cambridge are gratefully
acknowledged.

Total funding by the Region in 2017 was approximately $45,000 including $5,500 in paid advertising. Additional in-kind sponsorship by local businesses and media sponsors is estimated at a value of $63,000. A call for event coordinators for the 2019 event, renewable up to 5 years, will be issued later this spring.

Other Department Consultations/Concurrence:

Nil.

Attachments:

Nil.

Prepared By: Kate Hagerman, Cultural Heritage Supervisor

Approved By: Rod Regier, Commissioner, Planning, Development and Legislative Services
Region of Waterloo
Community Services
Housing Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 27, 2018  File Code: D27-80

Subject: Waterloo Region Housing Master Plan Consultation Summary – What We Heard

Recommendation:
For information

Summary:
The Regional Municipality of Waterloo Council approved the creation of a Master Plan for Waterloo Region Housing (WRH) on February 22, 2017 (Report CSD-HOU-17-04), which included establishing a WRH Master Plan Steering Committee and hiring consultants to conduct a community consultation process. The purpose of the WRH Master Plan is to provide a vision and long term plan for WRH for the next 20 years, with a focus on the Region’s role as a housing provider, rather than its role as a Service Manager for Housing and Homelessness.

During the consultation process, key stakeholders were consulted across the Region of Waterloo, including Regional staff and Councillors, area municipal staff and Councillors, current WRH tenants, other housing providers (private market and community housing) and community support agencies. Various methods were used to obtain their feedback such as interviews, focus groups, forums and surveys.

This report includes an overview of the findings from the consultation process, which are summarized in the attached report “What We Heard”. The WRH Master Plan Steering Committee will continue to meet for a few more months, with the goal to have a report to Regional Council by May 2018 with options and recommendations regarding the long term direction for WRH.
Phase 1 of the WRH Master Plan process began soon after Council gave its approval on February 22, 2017. A Steering Committee was established with five Regional Councillors representing urban and rural communities in Waterloo Region, and ten senior staff representing various Regional divisions and departments.

Phase 2 of the WRH Master Plan process included hiring a consultant team to conduct a community consultation and provide a summary report of the results. Tim Welch Consulting and Glenn Pothier from GLP were the consultant team hired in June 2017, with consultations beginning over the summer and completed by the end of September.

Within the Region, the following stakeholders were consulted:

- Regional staff from a number of divisions/departments such as Community Services (including housing staff from WRH and those that carry out other housing administration and policy functions), Public Health, Facilities, Finance, Legal, Planning and Economic Development;
- Commissioners from a number of Regional departments and the Chief Administrative Officer; and
- The Regional Chair and Regional Councillors.

The following stakeholders from the broader community were consulted:

- Tenants currently living in WRH communities;
- Community groups providing support services to tenants in WRH buildings;
- Non-profit housing and Co-operative housing providers;
- Private market housing developers; and
- Councillors and staff from lower tier municipalities.

A number of processes were used to obtain feedback from stakeholders within the Region of Waterloo and the broader community. These include:

- Focus Groups with stakeholders from within and outside of the Region to discuss their views about WRH;
- Individual interviews with staff from the Region, elected officials, non-profit and private sector housing providers and support service providers in the community;
- Surveying tenants living in three different types of WRH communities (seniors, families and single non-seniors) during BBQ’s, Back to School Events and unit inspections. There were several meetings with the WRH Tenant Council, as well as a meeting with the YouthForce Team. Tenants who did not wish to complete a paper survey were invited to complete an online version of the survey; and
- Inviting participants to provide written feedback via e-mail if they were unable to participate in scheduled consultation events.
In total, more than 200 individuals (including 100 WRH tenants) were consulted through these four strategies.

Overview of results – What We Heard (see Appendix A for more details):

Based on feedback from very different groups of stakeholders, there emerged some general findings and perceptions:

1. Waterloo Region Housing appears to have a good reputation regarding their management and physical stock, although there is general lack of knowledge and familiarity about WRH.

2. There are a number of perceived strengths of Waterloo Region Housing, noting that the organization was moving in the right direction and has made great improvements in a number of key areas such as asset management and tenant engagement. Staff excellence and the benefits of economies of scale with WRH being the largest community housing provider in Waterloo Region were also recognized.

3. There are a number of perceived weaknesses of Waterloo Region Housing, such as WRH’s low profile, absence of WRH long term plan, and constraints of being integrated into a Regional corporation. WRH was considered a relatively more expensive provider due to variables such as a unionized workforce and high standards for construction and asset management compared to other community housing providers. Limitations of some of the WRH stock were noted such as age, poor design and other inefficiencies. Other concerns were the perceived uneven distribution of units across the Region, tenant concerns about policies, staffing levels, and stigma of living in WRH communities, and confusion about different staff roles and functions.

4. Despite some of the perceived weaknesses, there was a strong feeling among the majority of stakeholders that WRH plays a pivotal role in the community and there are a number of benefits from the Region being a housing provider, such as being a more effective advocate for affordable housing, providing quality housing and supports, helping the Region’s most vulnerable citizens, setting a high standard for others, having the potential to be more innovative, and playing an important role in preserving affordable housing stock in Waterloo Region.

5. Feedback also included important issues and trends that should be addressed as part of the WRH Master Plan. This would include housing market trends, current and changing tenant needs, integration of support services, other municipal funding pressures, capacity in the non-profit sector for operating and developing housing, capital funding opportunities, and collaboration opportunities with other community partners.

Overall, there was very strong support for WRH creating a 20 year Master Plan, as an important tool to help WRH evolve into an organization that is more efficient, robust and
responsive to the opportunities, challenges and changing needs within Waterloo Region. There were many suggestions about what WRH future activities should include, as outlined in the summary document.

When asked about the potential roles WRH could evolve into over the next 20 years:

- There was little to no support for “status quo”, which was perceived as neither feasible nor desirable.
- The option of divesting the entire WRH stock was also not seen as a feasible or desirable solution. There was support for divesting some stock with inefficient use of land or high operating costs if proceeds could be re-invested into the re-development of existing or new WRH communities to replace this loss and help build more affordable housing.
- There was support for WRH to play a larger role as an advocator or facilitator for affordable housing, but there was some confusion whether this should be WRH’s role or the Region’s role as Service Manager.
- There was strong support for WRH to redevelop its existing communities that met certain criteria, with the intent of replacing and increasing the number of units and where more income mixing could occur.
- There was no consensus on whether WRH should build additional communities. Some supported this option while others felt that the non-profit and private sector could do this at a lower cost.

The summary document also includes feedback about what Region of Waterloo Community Housing Inc. (ROWCHI) could potentially be used for, as a separate Region-owned corporation. Again, there was little knowledge and awareness of this entity, which is currently being used for holding acquired housing assets that were in distress or difficulty. Although there are limitations to this role, this use could continue or units could be transferred back to the not-for-profit sector once they are more viable. There was also recognition that this corporation would have more flexibility to play a larger role in the future development of WRH units.

Next Steps

The WRH Master Plan Steering Committee will continue to meet for a few more months to help take the information from the community consultation to create the vision and goals for the 20 Year Master Plan. This would also include reviewing information regarding what other municipalities and large housing providers are doing across Ontario, to help inform WRH future directions. The goal is to present a final report with options and recommendations to Regional Council by May 2018.

Quality of Life Indicators:

Creating a WRH Master Plan will address Economic Well-being (e.g. will give direction...
for Regionally-owned affordable housing); Social Inclusion and Equity (e.g. will give direction regarding revitalized communities with enhanced supports and tenant engagement that increases their sense of belonging); Physical and Emotional Well-Being (e.g. will give direction about maintaining good quality housing that impacts physical and mental health); and Relationships (e.g. will give direction about creating vibrant housing communities that bring diverse people together).

**Corporate Strategic Plan:**

This report addresses the Region’s Corporate Strategic plan 2015-2018, Focus Area 4: Healthy, Safe and Inclusive Communities and specifically Strategic Objective 4.3 – to increase the supply and range of affordable and supportive housing options.

**Financial Implications:**

Nil

**Other Department Consultations/Concurrence:**

The WRH Master Plan Steering Committee has staff representation from Planning, Economic Development, Finance, Facilities and Legal services, and the consultation included key stakeholders across Regional divisions and departments.

**Attachments**

Appendix A: What We Heard – Waterloo Region Housing (WRH) Master Plan Consultation Summary

**Prepared By:** Deb Schlichter, Director, Housing Services

**Approved By:** Douglas Bartholomew-Saunders, Commissioner, Community Services
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1.0 Introduction
Waterloo Region is unique in some regards in that unlike many areas in Ontario, it has a highly capable and motivated non-profit housing sector (public, private, non-profit and co-operative). In total, there are more than 8,600 units of community housing of which more than 1,400 have been constructed since 2003. The largest provider of community housing is Waterloo Region Housing (WRH) with more than 2,700 units in 62 communities throughout the region. While WRH operates and manages these units, they are owned by the Regional Municipality of Waterloo. At present, WRH is in the early stages of creating a 20 year Master Plan that will provide future direction for its operations and its future role to help meet the affordable housing needs in the region.

Waterloo Region is facing a shortage of affordable rental housing for low and moderate income households similar to other areas in Ontario. There are a number of reasons (which are not unique to Waterloo Region) for this shortage including stagnant wage growth, the loss of well-paying employment opportunities, significant population growth and a lack of new affordable apartment dwelling units. In addition, there was little to no capital funding for new affordable units from the various levels of government for almost a decade, beginning in the mid-1990s to the early 2000s. Even as capital funding programs for new affordable housing resumed, they have been insufficient to meet demand.

WRH is at a pivotal time in its history. Not only is there a greater demand for affordable housing, there is a growing number of households within the community who require complex supportive services to address their addictions, mental and/or physical health issues. Simultaneously, WRH is also attempting to grapple with the implications of an aging housing stock that is, on average, 46 years old. In some cases, buildings are near the end of their lifespans and are no longer suitable for continuous repairs and maintenance. The prevailing design and building standards from when these buildings were developed also means that many of their designs have separated WRH tenants from their surrounding neighbourhood, adding to the stigma for community housing.

It is within this context that WRH is embarking on creating a 20 year Master Plan for its housing stock. The intent and purpose of the Master Plan is to provide a vision and roadmap for how WRH will address these issues. To help facilitate the creation of this Master Plan, Tim Welch Consulting and GLP were retained to gather feedback from local stakeholders and other municipal housing corporations in Ontario regarding best practices and potential directions for WRH to take in the foreseeable future.

It should be noted that the term ‘community housing’ encompasses all existing social housing owned by the Region and the non-profit and co-op sector as well as all existing and future affordable housing built by the Region, non-profit, co-op and private sector organizations in the region.
2.0 About this Summary

The following provides a summary of the feedback from a wide variety of WRH stakeholders over the summer and fall of 2017. The intent of these stakeholder consultations was to identify the current strengths and weaknesses of WRH as an organization, understand the benefits of the Region being a housing provider, identify the key contextual issues that are and will be impacting WRH over the next 20 years and explore potential roles for WRH. In addition to discussing WRH, there was also considerable feedback on housing needs within the region and how WRH could address them.

3.0 Consultation Process

To create a thorough picture of WRH’s current situation and how it could evolve in the future, TWC and GLPi undertook a comprehensive and multi-faceted consultation process with stakeholders from within the Region of Waterloo Corporation and the broader community. Within the Region, the following stakeholders were consulted:

- Region staff from a number of departments including Community Services (including housing staff from WRH and those that carry out other housing administration and policy functions), Public Health, Facilities, Finance, Legal, Planning and Economic Development;
- Commissioners from a number of Regional departments and the Chief Administrative Officer; and
- The Regional Chair and Regional Councillors.

The following stakeholders from the broader community were consulted:

- Tenants currently living in WRH communities;
- Community groups providing support services to tenants in WRH buildings;
- Private non-profit housing and co-op housing providers;
- Private market housing developers; and
- Councillors and staff from lower tier municipalities (who are not members of regional council).

A number of processes were used to obtain feedback from stakeholders within the Region of Waterloo and the broader community. These include:

- Focus Groups with stakeholders from within and outside of the Region to discuss their views about WRH;
- Individual interviews with staff from the Region, elected officials, non-profit and private sector housing providers and support service providers in the community;
- Surveying tenants living in three different types WRH communities (seniors, families and single non-seniors) during BBQ’s, Back to School Events and unit inspections. Tenants who did not wish to complete a paper survey were invited to complete an online version of the survey; and
• Inviting participants to provide written feedback via e-mail if they were unable to participate in scheduled consultation events.

In total, more than 200 individuals (including 100 WRH tenants) were consulted through these four strategies.

4.0 Knowledge and Familiarity of Waterloo Region Housing

Overall, there is a low familiarity among Region staff and those in the community about WRH and what it is responsible for. Those who were most aware and knowledgeable about WRH tended to be directly involved in its operations or were in contact with staff from the Region’s Community Services department (including WRH staff) or WRH tenants. In contrast, people with the least familiarity with WRH had little to no interaction with its operations or staff, and relied primarily upon perceptions and information shared by Region staff and/or others within the community.

Some key sub-themes that emerged from this topic include:

• Confusion over the responsibilities of the Service Manager and WRH. Those who were unfamiliar with WRH frequently attributed many of the Service Manager’s roles (such as the administration of Federal/Provincial Capital Funding programs and rent supplement payments etc.) to WRH;
• Those who had some familiarity with WRH were typically either knowledgeable about its physical assets or its recent tenant engagement activities, but few were knowledgeable about both;
• Some WRH tenants were unclear about who actually undertakes repairs to their units and communities. While the Region’s call centre (and in some cases WRH property managers) is responsible for taking repair requests from tenants, some tenants were not aware that the Facilities Management division is responsible for undertaking the repairs;
• Some stakeholders within and outside of the Region did not know enough about WRH to be able to comment on its strengths or weaknesses; and
• While the low visibility of WRH reflects its organizational structure within the Region of Waterloo, it is also a function of its overall situation and image. Unlike other municipal housing corporations within Ontario, WRH does not have a reputation of poor tenant relations or management, and a physical stock in need of significant and urgent repairs. As a result, there tends to be less negative coverage of WRH in local media than other municipal housing corporations such as Toronto Community Housing Corporation.
5.0 Perceived Strengths of Waterloo Region Housing

Among stakeholders who had some knowledge of WRH, it was noted that the organization was moving in the right direction and had made great improvements in a number of key areas including:

- **Asset Management**: The overall state of the WRH stock is in good condition thanks in part to the transfer of these responsibilities to the Region’s Facilities division. Some of the changes from that transfer include taking a more holistic and proactive approach to capital work to reduce long term maintenance costs;

- **Communication among Staff**: The integration of various program areas has facilitated cross-department communication among staff which has improved tenant management and the provision of support services to tenants. The integration has also made it faster for staff to solve tenant problems;

- **Tenant Relations**: WRH is becoming more tenant-centered and is implementing a number of key strategies to engage tenants, improve tenant quality of life and improve the physical conditions in WRH communities. Some of the most frequently cited initiatives included implementing tenant councils, community BBQs and Back to School events and allowing tenants to choose colours and finishes for unit renovations. YouthForce (an eight week economic and skilled development program for WRH youth) was particularly well known and lauded by stakeholders consulted during this process;

- **Inclusive Housing Policies**: Some stakeholders noted that WRH’s tenant policies were more welcoming to households (particularly for those who are hard to house) than some of the non-profit or private sector housing providers in the Region. For example, WRH is not permitted (by provincial legislation) to require a tenant to provide their last month deposit nor do they require prospective tenants to prepare for a Question and Answer session as part of their application process unlike some housing providers in the region;

- **WRH Staff**: Many stakeholders noted that the staff associated with WRH were motivated, engaged, hardworking and passionate about improving tenant relations, solving tenant problems, addressing maintenance calls quickly, implementing new ideas and making existing processes more efficient; and

- **Economies of Scale**: The size of WRH’s housing stock puts the organization in a much better position to negotiate with vendors to obtain more competitive pricing than smaller affordable housing providers within the region. However, there was some disagreement from stakeholders regarding how flexible WRH could be because it used the Region’s procurement policies, the risk averse nature of government and an aversion to change operating processes by some Region staff.
6.0 Perceived Weaknesses of Waterloo Region Housing

Despite the improving situation, stakeholders identified a number of remaining weaknesses with WRH that need to be addressed. While some of these are holdovers from the original local housing corporation that was transferred to the Region, some are the result of the Region’s recent activities. The key areas of weakness include:

- **Low Profile of WRH**: Elected officials and region staff believed that the low profile of WRH was detrimental to securing further political and financial support for regeneration, preventative maintenance and community improvements;
- **Lack of Vision**: Stakeholders also felt that the absence of a Master Plan or long term vision for WRH’s assets made it difficult to obtain broad political support for activities listed in the bullet point above;
- **Lack of Independence**: As WRH is not a stand-alone or arm’s length corporation, it is viewed by some as being constrained by the public processes and general risk aversion of government organizations. As a result, WRH was viewed as unable to be flexible in addressing its current needs or undertaking new activities;
- **Lacking in Innovation**: While WRH has made significant improvements in tenant relations and maintaining its assets in recent years, the institutional culture of WRH and some of the Region’s departments have resisted recent changes (e.g. streamlining processes, changes in areas of responsibilities etc.). To overcome these challenges, stakeholders noted that Region staff need to be involved throughout the entire process of creating the Master Plan as well as creating new or altering existing WRH initiatives and policies;
- **High Cost Provider**: WRH was viewed as being a relatively more expensive provider and builder of housing compared to community non-profit and private housing providers. The higher cost for building and operating housing was attributed to the use of unionized labour, the Region’s required procurement processes to ensure fairness and transparency, and the Region’s high standards for new buildings and asset management;
- **Asset Management**: While stakeholders noted that the physical conditions of WRH communities had improved, many said that not enough preventative maintenance was being done. Stakeholders noted that this was primarily due to the limited resources available for undertaking more preventative capital repair work;
- **Housing Stock**: Some of WRH’s stock, and in particular, their age and poor design, was also identified as a weakness by stakeholders. Some of the key limitations identified throughout the consultations included their inability to be retrofitted with energy efficient features, inefficient use of land, poor integration into the adjacent community, and high operating and capital costs. The latter reflects the relative age of the WRH buildings with many constructed between the late 1950s and late 1970s. As a result, some of WRH’s housing stock have
building components nearing the end of their lifespan and require rehabilitation, replacement or redevelopment;

- **Distribution of Housing**: A recurring response from stakeholders was that WRH’s units were unevenly distributed within the region and that there were too few units in the city of Waterloo and the rural townships. At present, 85% of WRH’s stock is located in Kitchener and Cambridge (both municipalities contain 65% of the region’s population) with the remaining 15% located in Waterloo and the rural townships;

- **Inconsistent Tenant Policies**: At present, some WRH policies (such as inclusion of water utilities in monthly rents, use of air conditioners, etc.) are not applied equally to all tenants or are not sensitive to individuals with high needs (e.g. mental health, addictions, medical concerns etc.);

- **Off Site Property Managers**: Tenants viewed the lack of onsite property managers as a problem, particularly when there was an emergency or there was no updates on their repair requests. Some tenants also felt unsafe with property managers off-site when security or nuisance concerns arose;

- **Tenant Relations with Housing Staff**: While tenant relations with Region staff has improved there was a feeling not all Housing Services staff were receptive to recent changes in tenant relations and the reorganization of staff. For instance, some tenants felt that their inquiries or requests were either ignored or not appropriately addressed. Others, particularly those with mental health issues, were concerned by how staff may treat them and felt that a more welcoming and approachable atmosphere could be created by WRH and the Region;

- **Stigma of Social Housing**: Some WRH tenants felt stigmatized by living in WRH communities due to the poor perception of social housing from the community, the general appearance of some WRH communities, the high number of nuisance problems and the concentration of low income tenants. When asked, some strategies to reduce the stigma of WRH communities included increasing the number of market units (and therefore mix of household incomes), improving the physical appearance through landscaping and maintenance and continuing to build on existing community development initiatives. If redevelopment of an existing WRH community were to occur, there was a strong emphasis to ensure that the redesigned community should be integrated with the adjacent neighbourhood and adopt the above mentioned principles;

- **Tenant Relations with Facilities Staff**: There was a perception among some stakeholders that facilities staff need to improve their general tenant management skills by taking more consideration on how maintenance activities will affect tenants. It was also suggested that Facilities could improve their communication with tenants on when repairs will be undertaken;

- **Communication between Departments and Staff**: While the integration of some Regional services (e.g. child care, OW, Housing, E&IS etc.) has helped improve the delivery of services to tenants, it was noted that some staff are
reluctant to partner with other departments in day to day activities. One recurring topic was the need to maintain a high level of communication between Facilities staff and property managers to ensure that repair requests are being received, to schedule repair work and ensuring that tenants are both aware and not negatively impacted by repair work;

- **Not Enough Staff**: A variety of different stakeholder groups noted that there was a shortage of property managers and other staff to manage WRH communities and undertake new community development and tenant relation programs. It was also noted that WRH and other staff have gone from managing properties and general administrative functions to activities that more closely align with social workers. If the number of WRH units were increased, staffing levels would need to be raised at a proportional level to ensure that staff have enough resources to properly manage WRH communities and provide proper customer service to tenants; and

- **Complexity/Lack of Clarity**: As WRH is integrated within Region of Waterloo Corporation, a number of tenants frequently associate WRH with functions that are actually operated by other departments within the Region or the Province (such as OW and ODSP payments, administration of the waiting list etc.). The result is that in many cases property managers are blamed for concerns or issues that are the responsibility of support service agencies or other regional departments. This is not only a phenomenon among tenants. As was noted earlier, the integrated nature of WRH also made it difficult for stakeholders to distinguish what roles the Service Manager and WRH had in providing community housing within the region.

### 7.0 Benefits of the Region being a Housing Provider

Despite some of the perceived weaknesses of WRH, there was a strong feeling among the majority of stakeholders that WRH plays a pivotal role in the community and that there are a number of benefits from the Region being a housing provider:

- **Advocate**: By operating housing, WRH could be an effective advocate for the non-profit sector as they are able to see the challenges first hand rather than from a distance;

- **Providing Quality Housing and Supports**: Despite having higher costs, many stakeholders saw WRH providing a quality of housing and level of supports to low income households that they are generally not able to obtain from the private sector or smaller non-profit housing providers;

- **Helping Society’s Most Vulnerable**: There was a sense among many stakeholders that the Region had a social and moral role of providing housing and supports to the most vulnerable populations in the area. Stakeholders also noted that WRH should be providing affordable housing in areas where there are limited options and little interest or capacity from the private and non-profit sectors to build new affordable rental housing (e.g. rural areas);
• **Community Development**: In recent years WRH has undertaken a community development approach to provide support services to its tenants. By having access to the Region’s resources, WRH has been able to provide and partner with outside organizations to link WRH tenants with the supports they need. The construction of community hubs was a viewed by many stakeholders as a successful community development strategy;

• **Setting a standard for others**: There were some conflicting thoughts on the validity of this benefit. While some stakeholders felt that the Region’s operations and capital programs set a higher standard for non-profit and private sector providers to reach, others were unsure if this thought was correct. In particular, non-profit providers stated that while they would like to meet and exceed the standards of WRH, they did not have the resources to do so. Many felt WRH was able to maintain their high standards by being granted access to more resources;

• **Ability to Take Risks**: Due to WRH’s scale and access to resources (both financial and human), it was thought that the Region could undertake innovative projects that the private and non-profit sectors were either unwilling to or did not have the capacity to undertake. However as noted earlier, many stakeholders cited that in its present state, WRH has a low appetite for risk. This is due in part to the risk averse nature of public processes and governments in general, WRH’s high cost of building and operating housing and the reluctance of some staff to change existing procedures; and

• **Preserving Affordable Housing Stock**: An important role identified by stakeholders was preserving the region’s affordable housing stock when non-profit housing providers ran into difficulty. A recurring concern from stakeholders was to ensure that number of RGI units did not decrease regardless of how WRH’s role evolved over the next 20 years.

### 8.0 Context

When considering WRH’s future activities and the content of the Master Plan, respondents noted that the following issues and trends within WRH itself, the region and outside of the region needed to be accounted for:

• **Housing Market Trends**: There are a number of trends occurring within the region’s housing market that are affecting the supply and demand for affordable rental housing:
  - In recent years the region’s real estate market has priced out many households who could have moved out of rental housing and into home ownership;
  - Not only is there an insufficient amount of new rental units being built to meet demand, monthly rents for newly constructed apartments are largely unaffordable to many low and moderate income households;
  - There is little to no private or non-profit rental housing being built in rural areas. Although there has been a focus on providing housing for
township’s aging population, stakeholders expressed a desire to build housing that would allow households of all ages and types to remain in their community;
  o Recent improvements to the Region’s transit system (such as the LRT and more frequent transit service) was rapidly increasing land costs and limiting the development of affordable housing along these transit corridors. While land prices increased in all areas with improved transit, the highest increases were found along the Central Transit Corridor;
  o Planning policies are now supporting the construction of high density residential projects along main transit corridors and intensification nodes. Stakeholders noted that it was important for affordable housing to be constructed in these areas in order to support transit, provide quality transportation to tenants and have housing in close proximity to amenities; and
  o Regulatory changes at the provincial level are constricting the supply of new rental units (e.g. rent controls) and increasing capital costs for new and existing buildings (e.g. new asbestos rules have reduced the maximum permitted % of asbestos permitted in existing buildings).

- **Tenant Needs:** Waterloo Region and WRH are experiencing a number of trends that is changing the demographic profile of their respective populations. These trends include:
  o There is an increasing number of households above the age of 65+ in all corners of the Region. Between 2011 and 2031, the number of senior households in Waterloo Region will rise from 75,000 to more than 150,000;
  o Over the past five years, WRH’s tenant profile has become more multi-cultural and has experienced an increase in the number of larger households (4+ persons). This trend reflects recent immigration trends which have been characterized by an influx of larger households from a diverse number of regions (e.g. Syria, northern Africa); and
  o There is an increasing number of individuals within the region who require complex supportive services in addition to affordable housing. In part, this reflects the growing number of individuals who are or were formerly homeless, have mental health concerns and/or addictions issues.

- **Integration of Services:** In light of the growing need for support services and to improve tenant quality of life, there has been a move to integrate tenant supports and community centres into existing WRH communities. At present, these so called “community hubs” have been established in three WRH communities and there is great interest in expanding the program to other WRH communities;

- **Municipal Funding Pressures:** There are budget pressures in virtually every one of the Region’s departments. As a result, there are a number of interests that WRH must compete against in order to increase its funding;
• **Capacity of the Non-Profit Sector:** While Waterloo Region has a number of successful non-profit housing providers, there is some concern about the development and operating capacity for some of the smaller non-profit providers as well as the aging of the voluntary sector (Rotary, Lions) and decreased volunteerism overall;

• **Capital Funding Programs:** The National Housing Strategy (NHS), which was released in late November 2017, prioritized and allocated capital funding for constructing new affordable housing and repairing existing units over the next decade. The NHS could help stimulate capital projects for WRH and the non-profit sector by supporting the redevelopment or repair of existing communities or constructing new housing. What is not clear is how or when the capital funds will be available to Waterloo Region. As a result, the Master Plan could help identify priority projects and make them shovel ready for funding when it arrives; and

• **Collaborations with the non-profit and private sector:** The non-profit sector has expressed an interest in collaborating with WRH in a number of ways including: redeveloping existing WRH communities, networking to share best practices, working with WRH to develop new affordable housing and sharing resources to provide support services to tenants. Some private sector organizations have also expressed an interest in partnering to redevelop existing WRH communities that are in close proximity to transit or are significantly underutilized (e.g. the single family dwellings in Cambridge).

9.0 Future Vision of Waterloo Region Housing

There was near unanimous support for WRH creating a 20 year Master Plan with many stakeholders feeling that such a document was long overdue. For many, the absence of a Master Plan made it difficult for WRH to obtain political support because there was no strategy or baseline to evaluate proposed activities to. Without a baseline, it was difficult for elected officials and staff to provide an explanation of why they supported WRH’s proposed activities. Stakeholders see the Master Plan as an important tool to help WRH evolve into an organization that is more efficient, robust and responsive to the opportunities, challenges and changing needs within the region. When asked about their long term vision for WRH, stakeholders provided answers which fit into the following themes:

- **Build Profile of WRH:** Respondents felt that if elected officials and the public had a better understanding of what WRH is and does, there would be more willingness to provide funding for its ongoing and planned activities;

- **Be Innovative:** There was broad consensus from a wide range of stakeholders that WRH should be open to finding new and innovative ways to deliver support services to its clients, improving operations and build more affordable housing. Some key themes within this vision was to examine how technology could be incorporated into existing communities, adopt a social enterprise model or frame of thinking, improve coordination between different levels of government,
examine how WRH and housing policies in general fit into the larger housing market within the region and include people who are not normally at the “table” to stimulate new ideas and perspectives;

- **Build Complete Communities**: Future activities by WRH need to ensure that existing and new communities undertake strategies that reduce their stigma and become more inclusive. Key concepts for creating complete communities, as identified by stakeholders include having a mixture of household incomes and types (e.g. singles, families, seniors), creating a mixture of affordable rental and ownership in communities and buildings, integration into the surrounding neighbourhood and providing appropriate support services and amenities to WRH tenants and the surrounding community.

- **Increase Tenants Quality of Life**: The Master Plan should improve the quality of life for tenants by making them economically stronger, more self-sufficient, create a sense of belonging and community in WRH communities and continue the integration of services in WRH communities;

- **Evidence Based Decision Making**: Future WRH activities need to be supported by a business case that demonstrates how they meet community needs, mitigate or minimize impacts to tenants, illustrate their financially viability from a capital and long term operating perspective and utilize building designs that improve tenants quality of life and integration into the surrounding community;

- **Use Resources More Efficiently**: Having a long-range vision would help WRH use resources more efficiently to identify and prioritize which community should be replaced or refurbished, and to get capital projects ‘shovel ready’ for when new government funding is provided;

- **Support Region and Community Objectives**: WRH should engage in activities that support the Region’s policies (e.g. Official Plan, Transit Corridors, Transportation, Housing Plan etc.) and the region’s non-profit housing sector;

- **Housing as a Strategic Goal**: The Master Plan for WRH is envisioned as being an important tool for elevating the importance of providing affordable housing at the Region. Many stakeholders expressed hope that this exercise would help Council view housing as an important piece of community infrastructure similar to transit, roads etc.; and

- **Collaborate with Community Partners**: Stakeholders in the community (non-profit, co-op and private sector housing providers as well as service providers) expressed a desire to collaborate with WRH in a variety of ways over the foreseeable future. These collaborations included networking to share and learn about best practices regarding property management, providing property management or other services such as IT, delivering support services to tenants, improving tenant quality of life and building new affordable housing. It is important that WRH and the Region ensure that it is seen as and treats its community partners as an equal rather than as subordinates.
10.0 Future Roles of WRH

Stakeholders were asked to provide their input on four potential roles WRH could evolve into over the next 20 years. The four roles, which various other municipal housing providers are currently doing included:

1. Changing nothing in the scale or scope of operations/operating as the status quo;
2. Advocate for and help facilitate non-profit and private developers to improve their operations and build new affordable housing units;
3. Expanding the WRH portfolio by constructing new affordable rental units; and
4. Divesting some or all of WRH’s units to other non-profit or private sector housing providers.

Overall, most stakeholders believed that WRH should be undertaking some combination of roles 2 – 4. For many, WRH was envisioned as an organization that would help support the non-profit sector by being an advocate for their concerns, helping facilitate new affordable housing developments or sharing resources to improve tenant quality of life. In addition, many also saw WRH undertaking some sort of development role either through redeveloping existing communities or building new communities. To help fund these development activities, WRH would divest some of its more inefficient properties such as its single detached homes and/or partner with other non-profits or the private sector.

Key themes within the feedback from stakeholders included:

- **Status Quo:** Very few, if any stakeholders saw this as a viable option for WRH. As many saw the status quo as the bare minimum of what WRH should be doing, this role was considered to be neither feasible nor desirable. The rationale for this direction reflected the significant and growing demand for new affordable rental housing in the region as well as the growing capital repair needs for WRH’s existing housing stock;

- **Advocate/Facilitator:** Waterloo Region has a robust and healthy non-profit housing sector which is not case in many other parts of the Province. Stakeholders believed that WRH could help strengthen this sector through a number of ways:
  - Some stakeholders were unsure if WRH or the Service Manager should undertake this role due to a perceived conflict of interest of being both in the delivery of housing services and a provider of housing. There were also some questions on whether it would be more appropriate or efficient to have the Region in their Service Manager role be responsible for these activities rather than WRH;
  - Helping to facilitate the construction of affordable units for non-profits and private developers by finding suitable land, building development capacity in interested organizations and building partnerships between interested parties;
Advocating for resources from lower and senior levels of government and helping affordable housing proponents navigate the Region’s development approvals process;
Collaborate with non-profits by sharing resources and experiences through networking or information sharing events;
Share and improve access to support service resources to help improve tenant quality of life;
Become a source of information on best practices for property management and capital repairs. Sharing best practices is done through province wide housing sector organizations but less so between housing providers within the Region; and
Stakeholders from the community stressed that the relationship between WRH and its partners should not be patriarchal but as equals.

Portfolio Expansion: Stakeholders were generally split over whether WRH should be redeveloping their existing communities and/or building new communities in the Region. There was also some discussion regarding whether WRH would be responsible for building and operating redeveloped or new communities or if outside organizations would be more appropriate.

Redevelopment of Existing Communities

- Overall, there was strong support for WRH to redevelop existing communities where the following criteria were being met: the cost of long-term capital repairs and maintenance are higher than redevelopment, the community’s land is underutilized, the community is in close proximity to rapid or frequent transit service and it supports the Region’s planning, housing, transportation and other applicable policies;
- The majority of respondents were comfortable if the number of WRH units increased on the site through redevelopment;
- Non-profit housing providers were generally interested in partnering with WRH to redevelop existing sites by building and operating affordable housing on a portion of the property;
- Support service organizations also expressed an interest in partnering on redevelopment projects by helping to build community hubs;
- Some private sector organizations also expressed an interest in partnering with WRH to redevelop their existing communities. There are a range of partnership types ranging from turn-key or design build
Constructions of New Communities

- There was no consensus on whether WRH should build additional communities (beyond the 62 existing communities) within the Region;
- Those who supported the creation of new WRH communities cited the following reasons for their support: the increasing need for affordable housing, lack of development capacity within the non-profit sector and the inability of the private sector to build new rental housing that is affordable to low and moderate income households;
- Some also noted that building new WRH communities would keep the housing affordable for low and moderate income households in perpetuity. In comparison, there is no guarantee that housing built by the private sector would remain affordable beyond affordable housing program requirements;
- If built, new WRH communities should be built in close proximity to transit corridors and amenities and in areas where there is little affordable housing such as the townships;
- Non-profit providers, support service agencies and private sector organizations expressed interest in partnering with WRH in building new communities;
- In contrast, those who opposed the construction of new WRH communities felt that because WRH was a high cost provider, it would build fewer housing units than the non-profits or private sector could with the capital funding available to the Region. Stakeholders felt that the Region needed to focus its resources into repairing existing WRH communities before building more communities and that there was limited capacity (financial, staffing etc.) to manage additional communities.

Divesting Stock: The idea of divesting some or all of WRH’s existing stock to non-profit housing providers or the private sector was mixed. Key themes within this potential role included:

- There was almost unanimous support for selling WRH’s single detached dwellings among stakeholders who were aware of them;
• The rationale for divesting these properties was their inefficient use of land, their high operating costs and their relative worth compared to other forms of WRH stock. If divested, stakeholders strongly believed that the proceeds from these properties should be invested into the redevelopment of existing or new WRH communities to replace their loss and help build more affordable housing;

• Stakeholders expressed considerably less support for WRH to divest its multi-unit buildings to non-profits and the private sector. Reasons for this included the perception that the non-profit sector has a low capacity for owning and operating older buildings, it would be cost prohibitive to make the building’s attractive for divesting and that the profit motive of private market operators would harm tenants;

• If WRH were to divest, it would need to demonstrate that there was a business case to do so, how those funds would be used to build new affordable rental housing and that the proponent has the capacity to properly own and manage the property. Housing Services would also need to oversee the divested stock to ensure the Region’s standards are being maintained and that there is no reduction in the number of RGI units within the community;

• Non-profits in the region noted that they would not purchase or take on WRH buildings without the Region undertaking capital repairs to bring them to an acceptable standard, ongoing subsidies to maintain existing RGI units and proper funding for tenant support services; and

• WRH tenants were generally concerned to very concerned about their community being managed by a different provider. Their main concerns centered on the fear that the physical state of their unit and community would decline and that the relationship between housing provider and tenant would deteriorate.

• Very few stakeholders saw divesting the entire WRH stock as a feasible or desirable solution. Aside from the potential political and community backlash, stakeholders outlined a number of key concerns that would prevent this scenario from occurring:
  o Potential for the divested buildings to physically decline due to poor management and insufficient resources;
o Limited capacity of the non-profit to take on properties with existing capital needs; and
o The profit motivation of the private sector would reduce tenant quality of life through lower unit/property maintenance standards and poorer tenant relations compared to WRH.
11.0 Region of Waterloo Community Housing Incorporated (ROWCHI)

At present, ROWCHI is an arm’s length corporation from the Region (and WRH) with its own board of directors and currently is being used for the sole purpose of owning non-profit and co-op sector housing developments that are in distress or difficulty (otherwise known as projects in difficulty or PIDs). ROWCHI must hold these PIDs because WRH (and the Region) is unable to own properties that are encumbered with private mortgages or debt. As of 2017, ROWCHI owns two PIDs while WRH manages them. It should be noted that ROWCHI is somewhat of an anomaly in that the Region of Waterloo’s corporate culture typically does not promote the use of stand-alone municipally controlled corporations.

The following themes emerged about ROWCHI when stakeholders were asked how this it could fit into the long term evolution of WRH:

- Few stakeholders were knowledgeable about ROWCHI’s roles and responsibilities or even aware of its existence;
- For a number of internal stakeholders, ROWCHI presented some administrative challenges as it operates under different housing programs and require a separate set of books for accounting purposes;
- Some stakeholders viewed the ROWCHI properties as a drain on WRH’s resources due to the capital repairs that were required to bring them up to the Region’s standards;
- Taking care of PID’s was highlighted as an important role for the Region to help preserve the social and affordable housing stock and improve conditions for tenants;
- Tenants living at one ROWCHI property noted that the physical state and quality of life had improved significant since WRH began managing it;
- There is some appetite among stakeholders for ROWCHI properties (both existing and future) to be transferred or sold to non-profit housing providers who have a proven record of property and tenant management; and
- Some recognition that ROWCHI could have flexibility to undertake development/collaboration/facilitation or other functions with more flexibility than WRH.
12.0 Other WRH Issues

12.1 Tenant Policies
Among those stakeholders familiar with WRH’s tenant policies and administration, there was some frustration in how they were applied to existing and prospective tenants. Key themes brought up by stakeholders included:

- Ensuring that WRH policies are applied to all tenants equally. For example, while most tenants have utilities included in their rent, those living in former LHC’s and some scattered units still pay for water. There were also incidents of staff not applying policies to tenants or applicants who did not meet certain requirements;
- Making WRH policies clear to ensure that tenants are less prone to breaking or abusing them;
- Harmonize the application process so that it is similar for all WRH buildings;
- Provide more assistance to those who are unclear about the application process particularly for new immigrants and those with medical or developmental disabilities; and
- Become more sensitive to the needs of tenants, particularly for those with high needs. This is particularly the case in the event of rent arrears when tenants forget or do not complete paper work and lose their rent subsidy. It was suggested that a separate process be initiated to examine the reason for rent arrears and to advocate for the tenant.

12.2 Tenant Progression
When discussing the future roles of WRH, some stakeholders suggested that the region’s housing stock should be more transitionary for households rather than provide permanent housing for them. Under this hypothetical role, WRH would help stabilize households in need and help them move to dwelling units operated by non-profits or the private sector once their situation improved. The primary rationale for suggesting this role was in light of growing need for and limited supply of both affordable housing and support services.

However, many stakeholders were not supportive of this role on account of the following factors:

- Tenants were reluctant to move out of WRH units due to the long wait times for units. Among tenants who were employed, there was a worry that if they lost their job, they would have to wait another 3 – 5 years to obtain an affordable unit;
- There is little rental housing that is affordable to existing WRH tenants in the region;
- Some tenants want to remain in the communities with their friends and families and amenities such as community centres etc.; and
- Having tenants evolve into employment and pay market rent in WRH units could have a positive social impact on the community they reside it.
12.3 Building Sense of Ownership

To help reduce capital repair costs, some stakeholders wished to see more initiatives to help build a sense of ownership of their unit and community. The rationale for this was that by building ownership, tenants were more likely to take care of their units and their community. In turn, repair and operating costs (such as litter pickup) for units and the community would decrease as there would be less damage or nuisance items to address.

While the Youth Force and tenant input on kitchen renovations were seen as positive steps to building ownership among WRH tenants, others suggested that tenants needed to be held accountable for repairs that are outside normal wear and tear issues.
13.0 Other Key Issues
Throughout the consultations a number of recurring themes not central to the creation of WRH’s Master Plan were brought up and discussed by stakeholders. Despite being outside of WRH’s responsibilities, they have an impact on WRH’s tenants and on the non-profit sector’s ability to manage existing housing and develop new affordable housing in the region. As such, it was important to ensure that they be addressed simultaneously with the creation and implementation of WRH’s Master Plan.

13.1 Waiting List
Throughout the consultations there was considerable discussion on the short comings of the waiting list for financially assisted housing. Some of the recurring themes brought up by stakeholders included:

- Poor tracking of people on the waiting list in terms of where they were currently living and where demand in the Region was highest;
- Limited accuracy in determining the true demand for affordable housing. Many stakeholders felt that the majority of households on the waiting list were not homeless but already had housing and were waiting to get into a dwelling that was more affordable;
- There was a desire by some to totally change the waiting list approach so that it was based on needs rather than chronological order;
- While it is a provincial mandate, some stakeholders were frustrated that many households refused the first or second units that were offered to them; and
- Increasing the number of vacant unit allocations to persons from the homeless list from one of ten vacancies to one of two unit vacancies.

13.2 Service Manager Rules
Non-profit housing providers in the region expressed that the rules governing their operations were arduous and were hampering their attempts to modernize and become more “business like”. In particular, providers brought up the following concerns:

- Onerous rules on operating surplus’ such as transferring funds to other properties’ capital reserves;
- Strict RGI interpretations and in particular, retroactive adjustments, have made rent arrears increase substantially at some providers; and
- Reporting requirements, which some felt were excessive, made some non-profit providers reluctant to build new housing.
Region of Waterloo

Community Services

Housing Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 27, 2018

File Code: D26-20

Subject: Proposed Administration of the Provincial Development Charge Rebate Program on Behalf of Eligible Area Municipalities

Recommendation:

That the Regional Municipality of Waterloo approve the following actions with regard to the Ontario Ministry of Housing Development Charge Rebate Program, as outlined in report CSD-HOU-18-05, dated February 27, 2018:

a) That the Regional Municipality of Waterloo, as Service Manager for Housing, administer the Development Charge Rebate Program on behalf of those eligible Area Municipalities that request the Region to do so; and

b) Authorize the Director, Housing Services, to submit an Expression of Interest for each eligible Area Municipality that has requested the Service Manager to submit an application on their behalf.

Summary:

The Ministry of Housing released the guidelines and an expression of interest for the Development Charge Rebate Program in December 2017. The Program provides approved municipalities with development charge grants to assist in the creation of purpose-built market rent housing. While the Program is intended to be administered at the single-tier or area municipal level, the Program does allow area municipalities to request the Service Manager for the area to apply on their behalf.

This report seeks approval for the Region, as Service Manager for Housing, to apply for, and if successful, administer the Program on behalf of Area Municipalities that request the Region to do so.
In April 2017, the Province of Ontario introduced the Fair Housing Plan. This Plan included 16 measures which were meant to help more people find affordable homes, protect renters and buyers, address demand, increase supply and improve information sharing. The Development Charge Rebate Program is one of the measures to increase the supply of housing.

The Development Charge Rebate (DCR) Program provides rebates for development charges (DC) for purpose-built market rental housing. The total funding across the Province is $125 million over 5 years to 84 eligible Ontario municipalities that submit successful applications. The Cities of Cambridge, Kitchener, Waterloo and the Townships of Wilmot and Woolwich are eligible to apply for the Program. Eligibility is based on a high tenant population (20%) and vacancy rate (3% or less). Based on the criteria set by the Province, the Townships of Wellesley and North Dumfries are not eligible for this Program.

There is no requirement for municipalities to contribute financially to the Program, but they are encouraged to provide incentives. Regional, area municipal, and school board development charges are all eligible for rebates. The rebates cannot be used for units receiving other senior government funding (e.g. Investment in Affordable Housing for Ontario) or replace any existing municipal incentive programs.

The Program is designed to be delivered at the single tier or area municipal level, but area municipalities can request the Service Manager for Housing (the Region) to administer the Program. On January 15, 2018, Regional staff from Community Planning and Housing Services attended a meeting with planning staff from the eligible Area Municipalities. At that meeting Area Municipal staff requested that the Region consider taking on the administration of the Program as the Region currently administers funding from various Ontario Ministry of Housing programs through the Grants Ontario System.

Applications to the Ministry of Housing needed to be started by February 16, 2018 and must be submitted by March 2, 2018 to be eligible for any of the five years of the Program. There is no later opportunity to apply. Area Municipalities require their Council’s approval to allow the Service Manager to submit an application and administer the program on their behalf. In light of these timelines, each of the eligible Area Municipalities has drafted a council report recommending that the Region administer the DCR program on their behalf. Accordingly, Regional staff has commenced applications in partnership with Area Municipal staff. Should Regional Council not approve the recommendations in this report, the applications would be withdrawn.

**Eligible Projects**

The Program guidelines provide municipalities the flexibility to determine the rental
housing developments and units that will receive funding based on local need, but within the following provincial criteria:

• Developments must be consistent with the Provincial Policy Statement and conform to the Growth Plan;
• Developments must align with other provincial priorities and lead to net new additional public good (rental housing, family-sized units, senior-friendly, close to transit and transit hubs);
• Developments and units receiving provincial rebates remain rental for a minimum of 20 years; and
• Non-luxury rental units, where starting rents do not exceed 175% of Average Market Rents (AMR) as published by Canada Mortgage and Housing Corporation (CMHC).

While the Program guidelines limit the maximum rent to 175% of AMR (determined by the CMHC) so that luxury units are not funded under this Program, municipalities are able to set lower maximum rents based on the local rental market. Preliminary discussions with Area Municipalities and market analysis suggest a maximum rent of 125% of AMR. This would enable the program to support new rental supply for moderate income households.

Role of the Municipality

As part of the application process, municipalities need to assess their local need and changing rental housing market and demand for rental housing and project the amount of funding and number of units anticipated for funding over each of the next five years.

As program administrator, a municipality is required to undertake a number of activities. Should the Region be approved to administer the DCR Program, it will:
• Enter into a Transfer Payment Agreement (TPA) with the Ministry of Housing (MHO);
• Administer the Program in compliance with the TPA and the Program Guidelines;
• Plan activities related to program delivery, including assessing local housing needs and planning processes;
• Identify rental housing developments and units eligible to receive a rebate;
• Determine the amount rebates on a project by project basis;
• Determine key milestones for payment of the rebate;
• Develop and enter into required agreements with developers of rental housing developments and units receiving provincial rebates to set out a procedure to receive provincial rebates and monitor progress;
• Flow provincial rebates to eligible rental housing developments and units;
• Complete and submit take-up plans to MHO, as indicated in the TPA; and
• Monitor progress and provide annual reports to MHO, as indicated in the TPA.
Next Steps

Should Regional Council approve the recommendations in this report and Area Municipalities receive an allocation, Housing Services would work with staff from Treasury Services, Community Planning, Corporate Legal Services and Area Municipalities on the program details and design of the DCR Program. While it is anticipated that most of the program details will align among the Area Municipalities, there will be variations between each municipality to address local needs and align with each municipality’s other programs and incentives. Staff would report back on the results of the Expression of Interest, and if successful, the funding allocations and recommended program design.

Quality of Life Indicators:

The DCR Program will support Economic Well-Being by developing rental units at the low end of market rent and support Social Inclusion and Equity by integrating a greater mix and range of housing options within communities.

Corporate Strategic Plan:

This report contributes to Strategic Objective 4.3: Increase the supply and range of affordable and supportive housing options by addressing Action 4.3.3: working with partners to identify new policies and potential incentives to leverage development of new affordable housing, particularly in intensification areas.

Financial Implications:

The DCR Program is fully funded by the Province of Ontario. There is no financial impact resulting from the submission of application to the DCR Program.

Should any application for the DCR Program be successful, a subsequent report detailing the Program design and any administration impact will be presented for consideration by Regional Council. Administration funding of up to 5% of total funding is available under this Program as specified in this report.

Other Department Consultations/Concurrence:

Community Planning and Treasury Services staff have been consulted in the development of this report.

Attachments

Attachment 1: Development Charges Rebate Program – Program Guidelines
Attachment 1: Development Charges Rebate Program – Program Guidelines

Development Charges Rebate Program
Program Guidelines

Ontario Ministry of Housing
December 2017
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Introduction

It is a provincial interest to have an appropriate mix and range of housing options, including purpose-built rental housing that caters to diverse needs of all ages and incomes.

There are two types of rental housing in Ontario: purpose-built rental housing (which includes market rentals, and social or affordable housing) and the secondary rental market (consisting primarily of individually rented condominiums, singles/semis and basement apartments).

While the secondary rental market is an important part of the overall rental stock, these units may be available in the rental pool one year and not the next. The availability of units in the secondary rental market in any community depends on the owner's decision, which is affected by prevailing economic and real estate conditions, among other factors.

There are many advantages in increasing the supply of purpose-built market rental housing, as it:
- Addresses the need for stable rental housing and better security of tenure for tenants with diverse needs, compared to individually rented homes and condos.
- Caters to older demographics within communities, by offering options for seniors looking to downsize, while enabling them to stay in their communities and age in place.
- Supports and aligns with provincial priorities and goals with respect to growth planning, intensification and the need for more missing middle housing.
- Attracts and retains skilled workers to Ontario and high growth urban areas.
- Increases the province's economic competitiveness and allows for increased mobility of residents, both geographically and within the housing market.

Fair Housing Plan and Development Charges Rebate Program

On April 20, 2017, the government announced its Fair Housing Plan, a comprehensive package of 16 measures to improve housing affordability, address demand, protect renters and buyers, increase the supply of housing, and improve information sharing.

The Development Charges Rebate Program (the "Program") is one of the measures to increase supply of housing, specifically purpose-built market rental development. The Program provides rebates for development charges and aims to reduce the construction costs of building market rental housing, particularly in those communities that are most in need of new purpose-built rental housing.

The Program is in addition to two other initiatives aimed at increasing the supply of purpose-built rental housing:
- A mandatory new multi-residential property tax class, which ensures that municipalities tax new rental apartments at a similar rate as other residential properties. The mandatory new multi-residential property tax class applies to all new rental housing for...
which building permits have been issued on or after April 20, 2017.

- A Provincial Affordable Housing Lands Program that leverages surplus provincial land to develop a mix of market housing and new, sustainable affordable housing. Four sites in Toronto have been already announced under the program.

Program Funding

Under the Program, up to a total of $125 million over five years is available as rebates for development charges, starting with 2018-19. Notional allocations for fiscal years 2018-19, 2019-20, and 2020-21 ($25 million each year for a total of $75 million) will be announced in spring 2018 in accordance with provincial accounting and budgetary practices.

Program funding, if approved, will be provided according to the terms and conditions of a Transfer Payment Agreement (TPA) between the Province and the municipality.

Funding for Program Administration

Participating municipalities or their designates such as their Service Managers that administer the program may use up to 5% of allocations to cover administration costs, if needed, as indicated in a municipal take-up plan.

Scope of the Guidelines

The Program Guidelines describe the various program requirements for the Program, including the role of municipalities, long-term affordability requirements for rental developments receiving provincial rebates, rental housing developments and units eligible to receive funding under the program, and accountability and reporting requirements.

Please note that the Program Guidelines may be updated on an as-needed basis and changes will be communicated to municipalities.

Municipal Contribution

There are no requirements for municipalities to contribute to the Program. However, municipalities are encouraged to consider providing municipal incentives, where possible, to purpose-built market rental developments eligible to receive provincial rebates under the program.

The Program cannot be used by municipalities to replace any existing housing programs and incentives that municipalities may already have with respect to affordable (below-market) rental housing. For greater clarity, this Program cannot be used by municipalities to replace or

Development Charges Rebate Program: Program Guidelines 2017
support a municipal program or any municipal decision relating to deferrals or rebates or exemptions of development charges.

Role of Municipalities

Participating municipalities will administer the Program based on local need, changing rental market conditions, and demand for rental housing in their community.

Under the Program, municipalities have the flexibility to determine:
- The built-form of rental housing developments eligible to receive a development charges rebate (e.g., high-rises, mid-rises, town homes), based on local housing need;
- Unit size configurations in the development, based on local need;
- The amount of development charges rebate provided for eligible rental housing developments and units (e.g., full or partial rebates); and
- The timing of the rebate (e.g., at what point after the development charges are collected would a rebate be made available), within program parameters.

As program administrator, a municipality will:
- Enter into a TPA with the Ministry of Housing (MHO);
- Administer the Program in compliance with the TPA and the Program Guidelines;
- Plan activities related to program delivery, which may include assessing local housing needs and planning processes;
- Identify rental housing developments and units eligible to receive a rebate under the program;
- Determine the amount rebates on a project by project basis;
- Determine key milestones for payment of the rebate;
- Develop and enter into required agreements with developers of rental housing developments and units receiving provincial rebates to set out a procedure to receive provincial rebates and monitor progress;
- Flow provincial rebates to eligible rental housing developments and units;
- Complete and submit take-up plans to MHO, as indicated in the TPA; and
- Monitor progress and provide annual reports to MHO, as indicated in the TPA.

In administering the Program, municipalities are encouraged to work with their housing Service Manager and/or the upper-tier municipality (in case of a two-tier system) to ensure alignment with local planning and housing policies, and coordinate municipal incentives, if provided.

Municipalities have an option to designate their housing Service Manager as the administrator of the Program, and also submit an EOI on their behalf.
If a municipal council designates the housing Service Manager as the program administrator:

- The municipality must submit a copy of the municipal council’s decision designating the housing Service Manager as program administrator, directing the Service Manager to submit an EOI to MHO, and authorizing the Service Manager to enter into a Transfer Payment Agreement with MHO on the municipality’s behalf.
- The housing Service Manager must provide written confirmation from a person of appropriate authority of its willingness to act as program administrator.

In such cases, the Service Manager should work with the designating lower or single-tier municipality in determining rental housing developments and units that are eligible to receive rebate funding under the program, planning approval timelines, and any municipal incentives that may be available.

Rental Housing Developments and Units Eligible to Receive Provincial Rebate Funding

Under the Program, municipalities have the flexibility to determine the rental housing developments and units that will receive funding through this program based on local need, but within broad provincial program criteria:

- Developments must be consistent with the PPS and conform with the Growth Plan;
- Developments must align with other provincial priorities and lead to net new additional public good (rental housing, family-sized units, senior-friendly, close to transit and transit hubs);
- Developments and units receiving provincial rebates remain rental for a minimum of 20 years;
- Non-luxury rental units, where starting rents do not exceed 175% of AMR as published by Canada Mortgage and Housing Corporation (CMHC). Municipalities have the ability to set a lower threshold based on local circumstances and housing policies.

The following types of developments and units are not eligible under the Program:

- Single and semi-detached homes, duplexes/triplexes, and retirement homes;
- Units already receiving provincial capital subsidies under housing supply programs (e.g., under IAH – Rental Component);
- Luxury market rental units, where starting rents exceed 175% of Average Market Rents, as published by CMHC; and
- Market rental developments receiving a deferral of or exemption from the payment of development charges.
Starting Rents and Long-Term Affordability Criteria

Proposed starting market rents for developments or units receiving development charges rebates cannot exceed 175% of Average Market Rents (AMRs), as published by CMHC, for a given year. In cases, where CMHC does not publish AMRs, municipalities should use AMRs based on local evidence and research (e.g., survey of market rents in the community or municipality), and inform the Ministry of Housing (MHO) accordingly.

Municipalities have the flexibility to target rebates for proposed market rental housing developments or units with starting rents at a percentage of AMR lower than 175%, without any further provincial restrictions. Municipalities also have the flexibility to use AMRs as the neighbourhood level, if available from CMHC.

There are no long-term affordability requirements for units receiving provincial rebates under the program beyond the threshold for starting market rents, subject to the provisions under the Residential Tenancies Act, 2006.

Stacking With Other Housing Supply Programs

Stacking or combining rebate funding under the Program with MHO’s other housing supply programs is permitted only if some additional public good is created (e.g., construction of market-rent family-sized units or have market rental units that were not previously planned).

Examples of Stacking

To illustrate potential developments eligible under the program, please see the following examples:

<table>
<thead>
<tr>
<th>Example #1</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>The developer would like to add six market rental units to an affordable rental housing development already approved to receive provincial funding under Investment in Affordable Housing – Rental Component to create a mixed-income rental development. Starting rents are at 150% AMR.</td>
<td>Yes. The six market rental units are not receiving provincial funding under Investment in Affordable Housing would be eligible to receive the development charge rebate under the program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Example #2</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>The developer would like to add five market rental units to an affordable rental housing development already approved to receive provincial funding under Investment in Affordable Housing – Rental Component to create a mixed-income rental development. Starting rents are at 185% AMR.</td>
<td>No. The five units would not be eligible as they would be considered luxury units as they exceed this program’s threshold of 175% of AMR.</td>
</tr>
</tbody>
</table>

Development Charges Rebate Program: Program Guidelines 2017
Program Accountability and Reporting

Accountability for provincial actions, decisions, and policies with regard to the use of public funds for programs and services is important. The Province has an obligation to demonstrate value for money, and to ensure that funds have been spent appropriately and in a timely manner.

Transfer Payment Agreement (TPA)

The TPA sets out an accountability requirements between the Province (through MHO) and the municipality, and outlines the roles and responsibilities of both parties, as required by the Province’s Transfer Payment Accountability Directive.

In case a housing Service Manager has been designated as program administrator, the Province would enter into a TPA with the Service Manager subject to council’s authorization.

The TPA will require the municipality to develop formal contribution agreements with any developers who receive provincial rebates for the purpose of meeting program objectives and/or addressing obligations.

Bi-annual Take-up Plans

Based on their notional allocations, participating municipalities will be required to submit a take-up plan in the first quarter of each fiscal year for all years in the program to MHO for approvals.

The take-up plan for a particular fiscal year will be informed by rental housing developments that have come forward for planning approvals and meet program eligibility criteria. A municipality’s take-up plan should:

- Provide details of the proposed market rental housing developments and units that meet program and eligibility criteria as laid out in the Program Guidelines;
- Indicate if municipality has set an AMR threshold for non-luxury market rental units that is lower than from provincial threshold of 175% AMR, and what that threshold would be;
- Indicate timing of when the rebate would flow towards the eligible market rental developments after the collection of the development charges;
- Indicate how much of the fiscal year’s notional allocation the municipality would need on a quarterly basis, to facilitate transfer of provincial rebates from MHO to municipality;
- Indicate timelines around expected planning approvals and issuance of building permits for the proposed market rental developments specified in the plan;
- Indicate details of any municipal incentives provided; and
- Identify legal mechanisms that would keep proposed developments and units as rental for a minimum of 20 years.

Development Charges Rebate Program: Program Guidelines 2017
The Province recognizes that the planning approval processes around market rental housing developments can sometimes take few years before a building permit is issued. To accommodate for any delays in the planning approval processes for developments and units proposed in the initial take-up plans, municipalities will have two years to rebate eligible developments. The two years start at the beginning of each fiscal year, when municipalities receive MHO approval on their initial (first quarter) spending plans. For example, for allocations made in fiscal year 2018-19, municipalities will have up until March 31, 2020 to make the rebates.

Payment Process and Schedule

Payment Process

The Ministry will advance funding directly to municipalities (or designated Service Managers), who will be responsible for rebating development charges for eligible developments and units. Municipalities (or designated housing Service Managers) will provide rebates for eligible developments based on a schedule as determined by the municipality, and in compliance with the program requirements.

Payment Schedule

MHO will provide quarterly funding to municipalities, based on MHO approved first quarter take-up plans.

Recovery and Reconciliations

MHO will also undertake reconciliations through adjusted municipal take-up plans submitted every six months to assess if the provincial rebates are being provided in accordance with program criteria and initial first quarter take-up plan.

If a municipality reports back that it is unable to rebate its allocation for that fiscal year, MHO would either reconcile unspent funding or re-allocate the funding to another municipality. Reallocation would be based on capacity of other municipalities to rebate development charges as reflected in their take-up plans. This would be determined through discussions between MHO and municipalities around proposed rental developments and units that would be eligible to receive provincial development charges rebates, and anticipated timelines these developments/units would be in a position to receive a building permit and make development charges payments within the given time frames.

Indemnification and Repayment

There are obligations for all Program recipients with regard to the indemnification and recovery of provincial government funding. The TPAs will contain specific obligations and provisions relating to indemnification and recovery of provincial funding.

Development Charges Rebate Program: Program Guidelines 2017
Other Reporting Requirements

Through their adjusted spending plans, municipalities will report back on a bi-annual basis on the following:

- Adjusted forecasted and actual rebates made to date;
- Details of the developments receiving rebates (address of site, total number of units in the development, if there are units in the development receiving capital subsidies through another provincial program such as IAH);
- Total and per unit provincial rebates provided to eligible developments or units on a site-by-site basis (until fully transferred);
- Details of any municipal incentives provided to the eligible developments or units on a site-by-site basis;
- Total number of market rental units receiving rebates by bedroom type and unit size;
- Expected or actual starting market rents by bedroom type and comparison against AMR threshold; and
- Expected or actual occupancy date for the development/units.
Appendix A: Program Implementation Flow Chart

1. Municipalities submit EOIs
   - MHO selects and announces participating municipalities and their notional allocations based on an assessment of submissions and other indicators of rental housing need
   - Municipalities enter into TPA with Province
   - Municipalities plan activities around program administration
   - Municipalities submit first quarter take-up plan through Grants Ontario System (GOS)
   - MHO approves take-up plan, and begins processing payments
   - Municipalities submit 6-monthly adjusted take-up plan to MHO
   - MHO monitors program activities, rebates provided and units created under the Program, and responds to questions from municipalities

Development Charges Rebate Program: Program Guidelines 2017
Appendix B: Ministry of Housing Contacts

Municipal Services Office – Central
777 Bay Street 13th Floor
Toronto, ON, M5G 2E5
General Inquiry: 416-585-6226
Toll Free: 1-800-668-0230
Fax: 416-585-6882

Contact: Ian Russell, Team Lead, Regional Housing Services
Tel: 416-585-6965
Email: ian.russell@ontario.ca
Serving: Durham, Halton, Hamilton, Niagara, Muskoka, Peel, Simcoe, York

Municipal Services Office – Eastern
8 Estate Lane, Rockwood House
Kingston, ON, K7M 9A8
General Inquiry: 613-545-2100
Toll Free: 1-800-267-9438
Fax: 613-548-6822

Contact: Mila Kolokolnikova, Team Lead, Regional Housing Services
Tel: 613-545-2123
Email: mila.kolokolnikova@ontario.ca
Serving: Cornwall, Hastings, Kawartha Lakes, Kingston, Lanark, Leeds and Grenville,
Lennox and Addington, Northumberland, Ottawa, Peterborough, Prescott and
Russell, Renfrew

Municipal Services Office – Western
659 Exeter Road, 2nd Floor
London, ON, N6E 1L3
General Inquiry: 519-873-4020
Toll Free: 1-800-265-4736
Fax: 519-873-4018

Contact: Pearl Dougall, Senior Housing Advisor,
Tel: 519-873-4521
Email: pearl.dougall@ontario.ca

Cynthia Cabral, Senior Housing Advisor,
Tel: 519-873-4520
Email: cynthia.cabral@ontario.ca

Development Charges Rebate Program: Program Guidelines 2017

Municipal Services Office – Northeastern
159 Cedar Street, Suite 401
Sudbury, ON, P3E 6A5
General Inquiry: 705-564-0120
Toll Free: 1-800-461-1193
Fax: 705-564-6863

Contact: Cindy Couillard, Team Lead, Regional Housing Services
Tel: 705-564-6808
Email: cindy.couillard@ontario.ca

Municipal Services Office – Northwestern
435 James Street, Suite 223
Thunder Bay, ON, P7E 6S7
General Inquiry: 807-475-1651
Toll Free: 1-800-465-5027
Fax: 807-475-1196

Contact: Peter Boban, Team Lead, Regional Housing Services
Tel: 807-473-3017
Email: peter.boban@ontario.ca
Serving: Kenora, Rainy River, Thunder Bay

Housing Programs Branch - Toronto
777 Bay Street, 14th Floor
Toronto, ON, M5G 2E5
Fax: 416-585-7003

Contact: Walter Battello, Account Manager, Regional Services Delivery Unit
Tel: 416-585-6480
Email: walter.battello@ontario.ca
Serving: Toronto

Development Charges Rebate Program: Program Guidelines 2017
Region of Waterloo
Community Services
Housing Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: February 27, 2018  

File Code: D26-20

Subject: Region of Waterloo Response to Inclusionary Zoning Draft Regulation

Recommendation:

That the Regional Municipality of Waterloo endorse the Regional staff response to the Inclusionary Zoning draft regulation conditionally submitted to the Province of Ontario on February 1, 2018 pending Regional Council approval, as outlined in report CSD-HOU-18-04, dated February 27, 2018.

Summary:

In August 2016 the Region submitted its comments (CSD-HOU-16-08) on the changes to the Planning Act proposed in Bill 204 (Promoting Affordable Housing Act) that would allow municipalities to adopt inclusionary zoning to increase the supply of affordable housing. In this report the Region also submitted its comments about different aspects of regulating Inclusionary Zoning. On December 18, 2017 the Province released for comment the draft details of how inclusionary zoning would be regulated. It requested comments on the proposed regulation by February 1, 2018. This report outlines the conditional response by Region staff to the proposed regulation as posted on the Environmental Registry.

Report:

Background

During the consultation on Bill 204 (Promoting Affordable Housing Act), Region of Waterloo sent comments that it was pleased that the Province of Ontario was moving forward on introducing inclusionary zoning under the Planning Act and expressed some preferences for its implementation. More specifically, Region of Waterloo suggested that the Province:
- enable rather than mandate municipalities to adopt inclusionary zoning;
- give municipalities the flexibility to allow developers to provide affordable housing off site, understanding that the intent of inclusionary zoning is to encourage geographic dispersion of affordable housing; and
- allow municipalities the freedom to determine if and when Section 37 is used with inclusionary zoning.

Bill 204 was re-introduced as Bill 7 in September 2016 (following a new session of the Ontario Legislature). Bill 7, which was identical to Bill 204, received Royal Assent on December 8, 2016. Certain changes to the Planning Act still require proclamation and when proclaimed will allow for regulations related to inclusionary zoning. Official Plan policies will be needed to further implement inclusionary zoning.

Comments on Inclusionary Zoning Proposed Regulation

Inclusionary zoning is a land use planning tool which allows municipalities to require that a percentage of new housing units in a residential development are provided as affordable housing and to ensure the affordability of these units over time.

On December 18, 2018 the Province released for comment the draft details of how inclusionary zoning would be regulated. On January 5, 2018 staff attended a special meeting of the Regional Planning Commissioners of Ontario (RPCO) Affordable Housing Group to discuss the proposed regulation. Region staff also participated in a similar meeting with area municipalities on January 15, 2018. Our concerns with the proposed regulation were largely consistent with those of RPCO members and the Area Municipalities.

The Region of Waterloo and the Area Municipalities have faced significant challenges in meeting the increasing demand for affordable housing as our community continues to grow. The Region of Waterloo views additional tools such as inclusionary zoning as necessary to effectively implement the affordable housing policies and objectives of the Regional Official Plan and 10-Year Housing and Homelessness Plan. While the Region of Waterloo is supportive of both a policy framework and regulation that would provide inclusionary zoning powers to municipalities, we have significant concerns with the proposed Inclusionary Zoning regulation.

The regulation as drafted is overly prescriptive and cumbersome and does not provide municipalities the flexibility required to provide a full range of affordable housing. In the opinion of staff, to be an effective tool for the creation of affordable housing, the Inclusionary Zoning regulations should:

- include purpose built rental housing;
- provide greater flexibility to allow municipalities to address local needs;
• set 5% as a minimum set aside rate and allow the municipality to set a maximum;
• allow municipalities to determine the appropriate type and level of incentives;
• permit Section 37 under the Planning Act (increase in height and density of development) to be used as an incentive for inclusionary zoning;
• have a simple, easy to administer share of proceeds formula;
• not restrict off-site development; and
• minimize reporting requirements.

Based on our meeting with the Area Municipalities we have significant concerns that municipalities will choose not to implement an inclusionary zoning by-law for several reasons, including:

• the exemption of purpose built rental housing;
• applying only to developments with 20 or more units;
• requiring municipalities to contribute 40 percent of the cost of the differential between the market and affordable price;
• restrictions on developing affordable units off-site; and
• a large administrative burden without additional administrative funding.

Quality of Life Indicators:

Proposed changes to the draft Inclusionary Zoning regulation, if accepted, will make it easier for the Region and the Area Municipalities to improve the Economic Well-being and Social Inclusion of residents by providing more affordable housing within market housing developments.

Corporate Strategic Plan:

This report contributes to Strategic Objective 4.3: Increase the supply and range of affordable and supportive housing options by addressing Action 4.3.3: working with partners to identify new policies and potential incentives to leverage development of new affordable housing, particularly in intensification areas.

Financial Implications:

The implementation, administration, and monitoring of an inclusionary zoning program would be administered at the Area Municipal level. As such, based on the draft regulations there should be no contribution from the property tax levy.

Other Department Consultations/Concurrence:

We have consulted with Community Planning in the preparation of our comments and the writing of this report.
Attachments

Appendix 1: Conditionally Submitted Response to the Province of Ontario

Prepared By: Jeffrey Schumacher, Supervisor, Housing Program Initiatives
Judy Maan Miedema, Principal Planner (Housing)

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services
Appendix 1: Conditionally Submitted Response to the Province of Ontario

February 1, 2016

Laurie Miller
Director, Provincial Planning Policy Branch,
Local Government and Planning Policy Division,
Ministry of Municipal Affairs
13th Floor, 777 Bay Street
Toronto, ON M5G 2E5

Dear Ms. Miller:

Re: Region of Waterloo Response to Proposed Inclusionary Zoning Regulation (EBR 013-1977)

On behalf of the Region of Waterloo, please accept our comments with respect to the proposed inclusionary zoning regulation released under the Promoting Affordable Housing Act (Bill 7). Please be advised that these comments are subject to Regional Council approval. It is anticipated that a report will be brought forward to the March 7, 2018 Regional Council meeting. We will advise you on the decision of Council following the meeting.

The Region of Waterloo is supportive of both a policy framework and regulation that would provide inclusionary zoning powers to municipalities to help address local affordable housing needs. The Region of Waterloo appreciates the Province taking initiative in this regard. However, we have significant concerns with the proposed inclusionary zoning regulation as posted on the Environmental Registry.

The Region of Waterloo and our area municipalities have faced significant challenges in meeting the increasing demand for affordable housing as our community continues to grow. The Region of Waterloo views additional tools such as inclusionary zoning as necessary to effectively implement the affordable housing policies and objectives of our Region Official Plan and 10-Year Housing and Homelessness Plan. Unfortunately, the framework outlined in the proposed inclusionary zoning regulation is overly prescriptive and cumbersome and does not provide municipalities the flexibility required to provide a full range of affordable housing. To be an effective tool for the creation of affordable housing, the inclusionary zoning regulations should:
- include purpose built rental housing;
- provide greater flexibility to allow municipalities to address local needs;
- set 5% as a minimum set aside rate and allow the municipality to set a maximum;
- allow municipalities to determine the appropriate type and level of incentives;
- permit Section 37 to be used as an incentive for inclusionary zoning;
- have a simple, easy to administer share of proceeds formula;
- not restrict off-site development; and
- minimize reporting requirements.

In summary, we are most concerned that the proposed regulation exempts purpose-built rental housing developments from inclusionary zoning, establishes prohibitively high incentive requirements, and would require significant and complex program administration. We have attached a table which contains our more detailed comments.

We appreciate the Province addressing this important initiative and the opportunity to provide comments. We recommend the Province amend the proposed regulation to address our concerns. The Region would welcome the opportunity to work with the Province on the proposed regulation to create an effective tool to help create affordable housing.

Sincerely,

[Signature]

Deb Schlichter,
Director, Housing Services

cc: Michelle Sergi, Director, Community Planning
    Jeffrey Schumacher, Supervisor, Housing Supply Programs
Region of Waterloo - Comments on Inclusionary Zoning Regulation (EBR Registry number 013-1977)

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<th>Comments</th>
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| 1       | Prescribed Official Plan policies | Municipalities should be given flexibility to set a standard minimum threshold appropriate for the municipality given the local context/needs, targets and objectives.  

Requiring that the zoning bylaw apply only to residential developments of 20 units or more excludes smaller municipalities with typically smaller developments from participating.  

The regulation should explicitly identify that affordable price-points may vary across locations within the municipality. However, some municipalities do not have access to data to determine average market price by unit type by location.  

The requirement to identify an approach to set average market "price" should be amended to refer to average market "value" to support the provision of inclusionary zoning (IZ) units as rental tenure, and in forms that are not unitized condominiums.  

The regulations should clarify whether both the service manager (upper-tier municipalities) and lower-tier municipalities will be required to update their official plans to implement IZ. |
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<tr>
<td>2</td>
<td>Municipal assessment report (MAR)</td>
<td>Limited access to housing data could be a challenge for completing the MAR. There are opportunities for integrating the MAR with other housing reporting requirements such as the housing strategy required in the Growth Plan and Housing and Homelessness Plans required under the Housing Services Act, 2011. The regulations should clarify whether the upper and/or lower tier municipality is expected to prepare the municipal assessment report prior to embarking on official plan and zoning by-law amendments to implement IZ.</td>
</tr>
<tr>
<td>3a</td>
<td>Unit Set Aside</td>
<td>Would be more appropriate if the Province decided on a minimum (5%) and allowed municipalities to set the maximum based on their local affordable housing targets.</td>
</tr>
<tr>
<td>3b</td>
<td>Affordability Period</td>
<td>Municipalities should be given flexibility to determine an appropriate maximum affordability period, based on local market conditions. Perhaps the Province should set a minimum. If municipalities will be responsible for providing financial incentives and for the ongoing administration of the units, they will have to align affordability with program planning and investment decisions. As such they should have the flexibility to determine the appropriate affordability period.</td>
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<tr>
<td>3c</td>
<td>Measures and Incentives</td>
<td>Very concerned that the regulations are proposing a mandatory contribution formula. How was this formula determined? Municipalities should be given flexibility to determine the appropriate level of measures and incentives based on local need and local market conditions. Alternatively, the Province should provide funding to municipalities to offset these costs. The regulation as proposed is a significant barrier to implementation and will likely deter municipalities from implementing IZ. In a preliminary analysis it appears that for some of our area municipalities, the contributions they will make through application fee and development charge exemptions for single detached homes may be less than the 40% required. How would municipalities make up the remainder of their 40% contribution? The requirement for municipalities to utilize the prescribed limited fees and funds to address affordable housing units is a significant concern as these funds are also relied on to cover the costs of program/service delivery and funding future infrastructure needs. The additional cost of providing affordable housing through inclusionary zoning would also be in competition with other important growth related priorities that development charges or other fees currently pay for, such as transit, parks, and community services. Since developers receive a good amount of profit in developing affordable homes for ownership in our Region, we feel the 5% unit set aside could be done without requiring incentives – and if the municipality wanted a higher unit set aside - they could be required to provide incentives. This proposed regulation would undermine the utility of an IZ by-law, as any required municipal contribution would likely be better used to support the provision of affordable housing through other means already available to municipalities, such as through community improvement plans or existing municipal affordable housing programs. It is important to note that these other programs do not restrict the provision of affordable housing only to home ownership, which is the target of these proposed regulations. Staff will be challenged when establishing market valuations for units and value</td>
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<tr>
<td>3d</td>
<td>Price</td>
<td>It may be difficult for some municipalities to set affordable housing price levels on a yearly basis due to a lack of consistently available and accessible data. The Province should consider providing additional direction and guidance on how the affordable housing prices could be set annually. The draft only refers to the price at which affordable housing units may be &quot;sold&quot;. Additional detail in this section would significantly support the provision of IZ units as rental tenure and to reflect the provisions of the Act. Municipalities emphasized that it is important to have the flexibility to secure purpose-built rental housing as part of condominium developments. The proposed regulation should be amended accordingly to explicitly provide for the opportunity to create new affordable purpose-built rental housing.</td>
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<td>4</td>
<td>Share of Proceeds Related to Equity</td>
<td>How are households selected? Would the municipality have a waiting list and could they establish household income limits to be eligible? While the share of proceeds ratios related to equity will help the municipality recoup some of their contributions, the share of proceeds ratios and limit on increase in resale price will deter many homeowners from participating as it will limit their ability to generate equity to purchase a move-up home. Equity sharing adds a significant and complex administrative burden on municipalities. We would suggest a less complicated and fairer equity sharing formula, similar to our AHO program or the Affordable Home Ownership Program in Langford BC. <a href="https://www.cmhc-schl.gc.ca/en/inpr/afhoce/afhoce/prpr/upload/Langford-Affordable-Housing-Program-EN.pdf">https://www.cmhc-schl.gc.ca/en/inpr/afhoce/afhoce/prpr/upload/Langford-Affordable-Housing-Program-EN.pdf</a>. Section 4i, 4ii and 4iii references section 2(b)(ii). Section 2(b) does not include a subsection (ii).</td>
</tr>
<tr>
<td>5</td>
<td>Reporting by council of a municipality</td>
<td>Although important for tracking the effectiveness of the initiative, this reporting requirement will add to the administrative burden on municipalities.</td>
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| 6       | Restrictions on off-site | Municipalities should be given flexibility to determine off-site restrictions and maximums to serve local housing needs.  

The proposed regulation is unclear on how the restrictions would be implemented, including:  

- Who would guarantee the construction, time frame or financing for offsite units?  
- What enforcement and monitoring mechanisms would ensure the units were built?  
- Who is eligible to receive the off-site units?  
- The Province should provide assistance on how to secure off-site units in agreements  

The 50% limit may be intended to ensure diverse, mixed-income communities while preventing segregation of low-income households, however, the limit hinders a municipality's ability to implement a partnership based approach (for example, whereby a non-profit housing provider could develop a stand-alone affordable housing project funded from the inclusionary zoning obligation from other development projects). |

<p>| 7       | Restrictions on use of Section 37 | Should allow municipalities to use Section 37 as a contribution to enable developers to make an affordable development financially sustainable – rather than be required to contribute a certain amount. |</p>
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<td>8</td>
<td>Exempted developments</td>
<td>Extremely concerned that the proposed regulation does not pertain to rental housing. Concerned, based on discussions with our area municipalities, that most municipalities will choose to not implement an IZ by-law considering the amount of effort and administration required, given that it would only apply to affordable home ownership. Affordable rental housing is a greater need in our community and these proposed regulations, if proclaimed as they are, will not help us to meet our Growth Plan targets for affordable rental housing. We do not think that including rental units in the IZ zoning by-law will deter the creation of rental housing. The Ministry’s plan to align new multi residential and residential property taxes will address a current and significant deterrent.</td>
</tr>
<tr>
<td>9</td>
<td>Community Planning Permit System</td>
<td>In the event that a municipality is able to implement a CPPS system, significant staffing capacity and time would be required in order to bring forward CPPS by-laws, further delaying the time period for a municipality to implement an inclusionary zoning framework. The resources required would be comparable to developing an entirely new zoning by-law, site plan by-law and official plan policy for IZ, and the accompanying administration and technical resources to implement. The lack of a requirement for a municipal contribution to residential ownership developments under a CPPS will not in itself incent a community to shift to a CPPS. One of the objectives of the CPPS is to set minimum and maximum densities for an area. This objective could be realized without the use of CPPS in areas identified for growth and change.</td>
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<tr>
<td>Meeting date</td>
<td>Requestor</td>
<td>Request</td>
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</tr>
<tr>
<td>07-Mar-17</td>
<td>B. Vrbanovic</td>
<td>Update on Evening Street Outreach Actions</td>
</tr>
<tr>
<td>09-Jan-18</td>
<td>CS Committee</td>
<td>Update on the investigation into increased shelter usage and the work being done to move long term shelter residents to transitional housing</td>
</tr>
<tr>
<td>09-Jan-18</td>
<td>CS Committee</td>
<td>Summary of the development of the housing first program and future priorities</td>
</tr>
<tr>
<td>30-Jan-18</td>
<td>CS Committee</td>
<td>Provide a report looking at the municipal costs for needle disposal and consideration of providing funding to area municipalities to offset these costs; and the options and costs for additional resources to improve needle disposal throughout Waterloo Region</td>
</tr>
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Waterloo Region
Supervised Injection Services
FEASIBILITY STUDY
FEBRUARY 2018
Acknowledgements

This study was conducted by Region of Waterloo Public Health and Emergency Services with support from a number of agencies and organizations that work on issues related to problematic substance use in Waterloo Region.

We would like to extend our sincerest thanks to individuals from the groups, agencies and organizations that were willing to share their experiences and opinions to inform this work. We are especially grateful to the individuals living with substance use who shared details of their drug use as well as their opinions about substance-use related services.

A number of individuals were involved in the development and execution of the Waterloo Region Supervised Injection Services Feasibility Study. They include:

**Alyshia Cook,** Health Promotion and Research Analyst

**Grace Bermingham,** Manager of Information, Planning and Harm Reduction

**Eve Nadler,** Health Promotion and Research Analyst

**Aaron Fisher,** Community Researcher

**Lisa Hillion,** Community Researcher

**Kathy McKenna,** Public Health Nurse

**Cheryl Luptak,** Health Promotion and Research Analyst

Special thanks to the members of the Supervised Injection Services Feasibility Study Work Group who provided consultative expertise on the approach to explore the feasibility of supervised injection services in Waterloo Region:

- Brad Berg, Region of Waterloo Housing Services
- Grace Bermingham, Region of Waterloo Public Health
- Marian Best, Simcoe House
- Ruth Cameron, AIDS Committee of Cambridge, Kitchener, Waterloo & Area
- Natasha Campbell, Community Member
- Aaron Fisher, Community Member
- Arianne Folkema, Region of Waterloo Public Health
- Stephen Gross, Kitchener Downtown Community Health Centre
- Shirley Hilton, Waterloo Regional Police Services
- Lindsay Klassen, House of Friendship
- Kathy McKenna, Region of Waterloo Public Health
- Eve Nadler, Region of Waterloo Public Health
- Jeff Spence, Ontario Addiction Treatment Centres
- Violet Umanetz, Sanguen Health Centre
- Stephanie Watson, Region of Waterloo Public Health
We would also like to extend our thanks to the City of Hamilton Public Health Services for providing us with the community survey tool and adapted data collection materials from the British Columbia Centre on Substance Use Supervised Consumption Services Guidance Document.

**Report Author**
Alyshia Cook

**Contributors**
Eve Nadler, Cheryl Luptak

**Editors**
Grace Bermingham, Arianne Folkema, Eve Nadler

**Suggested Citation**
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Executive Summary

Across Canada, rising numbers of overdose and overdose-related harms has spurred communities to bolster strategies to address problematic substance use. Comprehensive strategies that include a combination of prevention, harm reduction, treatment and enforcement measures tackle the issues from multiple levels. This approach is called a “four-pillar” model and has been the adopted strategy of the Waterloo Region Integrated Drugs Strategy. Activities to address problematic substance use have been implemented across all four pillars in Waterloo Region. A supervised injection service is a healthcare service operated according to harm reduction principles with the goal of reducing the negative health outcomes of substance use, including death. Exploring whether supervised injection services are needed was prioritized because of the rising number of overdose and overdose-related deaths in Waterloo Region.

What are Supervised Injection Services?

Fundamentally, a supervised injection service is a health care service. Locations are established to provide support, healthcare and a place for people to inject pre-obtained substances without fear of dying from an opioid-related overdose. At a supervised injection site, people may use drugs intravenously under the care of a trained health care provider. These locations can be small, allowing for two or three people to use the service at one time; but they can also be larger in scale. In Ontario, supervised injection services must be integrated with other services in order to be funded. First aid, referrals to treatment, access to clean needles and safe disposal of needles must also be available at the site.

Description of the Waterloo Region Supervised Injection Services Feasibility Study

Region of Waterloo Public Health and Emergency Services, in consultation with community partners, undertook a multipronged research study to determine the feasibility of supervised injection services for Waterloo Region. The study included:

- A review of secondary data sources related to opioid use in Waterloo Region;
- In-person surveys with people with experience of injection drug use;
- Key informant interviews with harm reduction service providers;
- Information and consultation (focus group) sessions with groups interested in the opioid response for Waterloo Region; and
- An online survey to gather public input.

Supervised injection services are being explored in Waterloo Region as part of a community response to social service issues as a result of increased opioid use. In order to legally operate supervised injection services, a federal exemption is required.
The application for exemption requires broad community consultation and a description of the local context supported by data.

The goal of phase one of the Waterloo Region Feasibility Study was to document and describe issues related to overdose and injection drug use in Waterloo Region; to determine if supervised injection services would be used by people at risk for overdose; to gain community input on how supervised injection services may be of benefit to the community, and to uncover concerns about such services being implemented in Waterloo Region. The study also aimed to understand how such concerns can be addressed.

Key findings of the Waterloo Region Supervised Injection Services Feasibility Study include:

- An estimated 4,000 people in Waterloo Region inject drugs.
- About half (47.8%) of the people surveyed who inject drugs inject daily and 75.6 per cent reported injecting in public in the last six months.
- The most commonly reported reason for public drug use was homelessness.
- Respondents reported injecting most often in downtown Kitchener, and in Galt City Centre/South Galt.
- About four out of five (78.6%) people reported injecting drugs alone, increasing their risk for fatal overdose.
- Accidental overdose was reported by 39.0 per cent of respondents and 47.1 per cent of respondents have administered naloxone to someone who was overdosing.
- Most people who inject drugs (86.5%) said that they would use or might use supervised injection services if they were available in Waterloo Region. Half (51.3%) indicated they would use a supervised injection site always (100% of the time) or usually (75% of the time) for their injections.
- The most commonly mentioned benefits of supervised injection services included a reduction in public drug use, a decrease in the number of overdoses, and a reduction in the spread of blood borne infections.
- Community concerns regarding supervised injection services centred on questions of whether supervised injection services would compromise the safety of dependants, people who may use the services, and the surrounding neighbourhood.
- Participants across all methodologies recommended the following strategies to address the concerns of the community about supervised injection services:
  - improving communication about the process to consider supervised injection services;
  - educating the community on addiction, mental health, and harm reduction to build understanding and reduce stigma; and
• creating an advisory group to oversee and respond to issues that may arise during implementation of supervised injection services.

Conclusions:

- Substantial support exists for supervised injection services in Waterloo Region as a strategy to reduce the occurrence of overdose, reduce public injecting, connect individuals with health and social services in the community, and provide access to clean and sterile injection drug use equipment.
- Residents of Waterloo Region are genuinely concerned about those who suffer from drug addiction and are equally concerned about the implications of injection drug use on the community.
- There was strong support for service integration within a supervised injection service model. Access to addiction treatment options, either through referral or onsite, was seen as essential by all respondents including those who use substances.
- While most feel that supervised injection services are needed in Waterloo Region, some people did not support this strategy. Concerns were raised about where sites would be located and the potential impacts on the surrounding community including safety of children and dependents, property values, drug trafficking, and the effect on businesses.
- Increasing communication in the community about addiction, harm reduction, and supervised injection services was identified as a key strategy to addressing community concerns.
- Downtown Kitchener and South Cambridge (Galt) were identified as the most important locations for supervised injection services; however a third site (temporary or mobile) was also recommended to address potential need in other areas. It was strongly recommended by all groups not to concentrate services in one area by establishing one site in the region. There is fear that a single location would stigmatize an area, and overtime may result in more people moving to that area in order to access services.
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1.0 Introduction

1.1 What is the Opioid Crisis?
Opioid overdose-related deaths are on the rise in Canada. Health Canada reported more than 2,800 suspected opioid-related deaths across the country in 2016 and preliminary data suggests that the number of lives lost will most likely surpass 3,000 in 2017 (Health Canada, 2017). Across Canada, communities are planning and implementing comprehensive harm reduction strategies to address rising numbers of overdose and overdose-related deaths nationwide. The Federal Minister of Health reported in 2016 that Canada was facing a serious and growing opioid crisis signaled by high rates of addiction, overdoses and deaths across Canada. The opioid crisis is a complex health and social issue with devastating consequences for individuals, families, and communities (Health Canada, 2016).

Opioids are a family of drugs used to treat acute and chronic pain. Over the past several years there has been increasing concern regarding the misuse of prescription opioids, including overprescribing and the appearance of these medications in the illicit drug market. While fentanyl can enter the market through diversion of pharmaceutical fentanyl products in pill, powder or patch form, more and more, fentanyl and its analogues including Carfentanil and Cyclopropyl Fentanyl are imported or smuggled from abroad. In turn, these substances are used to create illicit products or added to other substances such as cocaine or heroine. When fentanyl is combined with other substances, the potency of the drug is increased and can be lethal, even in minute doses. When the person using the substance is unaware that they are taking fentanyl, the risk of overdose, particularly fatal overdose, is increased.

Addiction is characterized by the inability to stop using despite knowing the harmful consequences and wanting to stop. In 2016, more than 40,000 Ontarians were newly started on high doses of prescription opioids¹ (Kudhail, 2018) and 29 per cent of Canadians aged 18 years and older recently reported having used some form of opioids in the last five years² (Statistics Canada, 2018). Continued opioid use can cause dependence, which may lead to addiction. According to the National Institute on Drug Abuse, addiction is a “chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her” (National Institute on Drug Abuse, 2016). Research shows that addictive disorders are health conditions and can be treated (Notarandrea, 2018).

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¹ Over 90 mg of morphine per day, or the equivalent dose of a different opioid.
² Opioids are medications that relieve pain. Common opioids include fentanyl, OxyContin, morphine, and codeine.
1.2 What are supervised injection services?

Supervised injection services are legally-sanctioned, medically-supervised services where individuals can consume pre-obtained illicit drugs intravenously. Supervised injection services create a supportive environment for those suffering from addiction and are available worldwide, including in Canada.

In Ontario, the Ministry of Health and Long-Term Care established the supervised injection services program to complement and enhance existing harm reduction programming in response to growing public health concerns in Ontario related to opioid misuse and overdose. The Ministry lists the following impacts related to the establishment of supervised injection services (September 2017):

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

In Ontario, supervised injection services must be integrated with other harm reduction services which at a minimum must include first aid, education on safer injection, provision (and disposal) of sterile injection supplies, distribution of naloxone, and referrals to other health and social services.

1.3 How do supervised injection services fit with other strategies to address problematic substance use?

Drug strategies in Canada aim to address problematic substance use through interventions that fall into four general categories: (1) prevention, (2) treatment and rehabilitation, (3) justice and enforcement and (4) harm reduction. When implemented in tandem, the four categories (or pillars) form a comprehensive strategy. While prevention-based strategies aim to educate and prevent addiction from occurring, harm reduction strategies aim to support people who are struggling with addiction. According to the Centre for Addiction and Mental Health, harm reduction programs do not only benefit individuals who use substances but also the community (2002):

---

3 These reported impacts are supported by evidence gathered from supervised injection services located in Canada and Australia (Potier, Laprevote, Dubois-Arber, Cottencin, & Rolland, 2014).
There is evidence that programs that reduce the short and long term harm to people who use benefit the entire community through reduced crime and public disorder, in addition to the benefits that accrue from the inclusion into mainstream life of previously marginalized members of society. The improved health and functioning of individuals and the net impact on harm in the community are notable indicators of the early success of harm reduction (Centre for Addiction and Mental Health, 2002).

Supervised Injection is a health-based strategy that aims to reduce harms facing people who use substances, including overdose, blood-borne infections, and other health care issues.

1.4 Study Objectives
To operate legally in Canada, supervised injection services require an exemption under Section 56 of the Federal Controlled Drugs and Substances Act (CDSA). In order to receive an exemption from Health Canada, the applicant is required to provide information regarding the intended public health benefits of the site and must include a description of local conditions indicating a need for the site and “expressions of community support or opposition”. Funding for supervised injection services in Ontario is provided by the Ministry of Health and Long-term Care. Applications for funding must contain similar data submitted through the federal application. A multi-pronged feasibility study was designed in order to gather the required information for Waterloo Region. The following objectives guided the study:

1. To determine the need for supervised injection services in Waterloo Region;
2. To determine the conditions under which supervised injection services would be used and judged as suitable or attractive by program deliverers and potential clients;
3. To determine the extent to which supervised injection services are seen as helpful to Waterloo Region by community stakeholders and the community, to uncover any concerns about supervised injection services, and to discuss mitigation strategies related to concerns;
4. To determine how supervised injection services could be integrated within existing harm reduction services in Waterloo Region; and
5. To determine potential locations for supervised injection services.
2.0 Study Design

2.1 Methodology

In July 2017, the British Columbia Centre on Substance Use\(^4\) (BCCSU) released the Supervised Consumption Services Operational Guidance\(^5\) document. This document provides evidence, best practices, and lessons learned from areas that have supervised consumption services in operation and recommends conducting a feasibility study with a mixed methods approach to ensure that key stakeholder groups are consulted when exploring the need for such services.

Region of Waterloo Public Health, in consultation with the Supervised Injection Services Feasibility Workgroup, employed this methodology for the following reasons:

- The methodology was developed using the best available research relating to harm reduction and supervised consumption services;
- The methodology was successfully used in London, Thunder Bay, and Hamilton; and
- The consultation materials had been pilot on the target sample populations and the materials were easily modifiable to support the local context.

The Waterloo Region Supervised Injection Services Feasibility Study has two phases (refer to Figure 1). In the first phase, the need for supervised injection services is explored and broad community input is gathered in order to understand the perceived benefits and concerns of establishing supervised injection services in Waterloo Region. Subject to Regional Council’s consideration and approval of the Phase 1 study findings, the second phase of the study would involve identification and exploration of potential locations for safe injection services, and further consultation with those who live, work, or go to school in close proximity to a proposed location. Implementation of this second phase would only occur if approval from the Community Services Committee of Regional Council is received on the Phase 1 recommendations.

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\(^4\) The British Columbia Centre on Substance Use is made up of various levels of academia (e.g. associate faculty members, research scientists, postdoctoral fellows) whose mandate is to develop, help implement, and evaluate evidence-based approaches to substance use and addiction.

Currently, the Ministry of Health and Long-term Care only provides funding to operate supervised injection services, therefore this study focused solely on the feasibility of supervised injection and did not explore the feasibility of consumption of illicit substances by other means. The methodology for the study was reviewed and approved by the Region of Waterloo Public Health Research Ethics Board on October 16, 2017. Data collection began October 25, 2017.

A combination of secondary and primary data informed the findings. Secondary quantitative data sources were examined to understand the context of drug use and related consequences in Waterloo Region. These included data from harm reduction.
programs, data from first responders including Waterloo Regional Police Services and Region of Waterloo Paramedic Services, and infectious disease rates. Primary data collection was used to document drug use patterns among people who inject drugs, as well as to gather opinions of people who use substances and harm reduction service providers regarding the need for supervised injection services. Additional qualitative methods were used to understand the extent to which such services are supported or opposed as a strategy to address opioid-related issues and substance use harms more generally. Figure 2 provides an overview of all data types used for Phase 1 of the Waterloo Region Supervised Injection Services Feasibility Study. For a list of data sources used, please see Appendix A.
Consultation with community stakeholders was an important component of the study. Engagement of individuals who may use injection services was not only used to determine if such services would be used in Waterloo Region, but also helped to describe the conditions that would promote their use by those who would need them most. Further engagement of other community stakeholders including harm reduction service providers, community groups with an interest in addressing problematic
substance use, and the general population was provided with an opportunity for input regarding supervised injection services. The community consultations were effective in their goal of reaching a broad cross-section of people. Figure 3 lists the methods used for community consultation and their reach.

Figure 3. Community consultation methodology

<table>
<thead>
<tr>
<th>Method</th>
<th>Sector reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-person surveys with people who inject drugs (146 conducted)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| Key informant interviews with harm reduction service providers (11 conducted) | AIDS organization  
Addictions treatment  
Counselling organizations  
Emergency shelters (adults and youth)  
Health services  
Withdrawal management |
| Information and consultation sessions – focus groups (28 conducted) | Community interest groups  
Business Improvement Areas  
Police and Emergency Services  
Health services  
Housing  
Local Health Integration Network  
Municipal Services  
Outreach organizations  
Social Services |
| Community online survey (3,579 responses)    | N/A                                                                           |

a) Survey with People Who Inject Drugs

Surveys were conducted with people who self-identified as having injected drugs in the last six months. The survey instrument, adapted from the British Columbia Centre on Substance Use guidance document, aimed to capture the following:

- Demographic information;
- Drug use and injection practices;
- Attitudes and opinions towards supervised injection services;
- Potential community impact of a supervised injection services;
- Overdose experience; and
- Drug treatment.

Community researchers with lived experience of substance use were hired by Region of Waterloo Public Health to visit agencies who serve people who inject drugs in the region between November 9, 2017 and December 8, 2017 to recruit participants to complete
the survey. Participants were eligible to complete the survey if they were 16 years of age or older; lived, worked or went to school in Waterloo Region; and had self-identified as having injected drugs in the last six months. Participants were also required to provide consent to participate in the study. The survey had 96 questions and took between 30 and 60 minutes to complete. Participants received a $25 cash honorarium for their time.

Surveys were completed in person on paper, and promptly entered into an online survey tool (Enterprise Feedback Management) supported by Public Health. Region of Waterloo Public Health then exported the data to Microsoft Excel and SPSS for analysis.

b) Key Informant Interviews with Service Providers

Key informant interviews were held with harm reduction service providers in Waterloo Region from November 6-30, 2017. Harm reduction service providers have first hand experience of working with people who inject drugs and can provide valuable insight into the needs of this population.

Recruitment was done through email and interviews took place over the phone or in person. On two occasions, there were multiple attendees at the interview. Key informants were provided with an information and consent letter to participate in the study prior to beginning the interview. Following informed consent, a standardized set of questions adapted from materials developed by the BCCSU (refer to Appendix B for key informant interview guide), were used for each key informant interview. Interviews were approximately 30 minutes in length (except for the two group interviews which lasted over an hour).

Most responses were recorded electronically. In cases where this was not possible, hand written notes were transcribed in Microsoft Word upon completion of the interview. Responses were then summarized by question and points of commonality are shared in this report.

c) Information and Consultation Sessions

Information and consultation sessions were held with interest groups in the community between November 9, 2017 to December 20, 2017. Groups consulted consisted of stakeholders with a vested interest in the community opioid response or groups who possibly would be affected by implementation of supervised injection services in Waterloo Region. Selection of interest groups was informed by the BCCSU guidance document⁷, and by direction provided from the Supervised Injection Services Feasibility Workgroup as well as the Community Services Committee of Regional Council.

Sessions were arranged through email and delivered at a location of the group’s choosing. The sessions consisted of an information component about supervised
injection services, harm reduction, and the purpose of the community consultation. This was followed by the consultation component (refer to Appendix C).

Sessions were facilitated by Region of Waterloo Public Health and Emergency Services. At a minimum, sessions were attended by the facilitator and note taker. For the majority of sessions, a subject matter expert was also present for questions. On five occasions, the lead researcher also attended the session. Word for word responses to the questions were recorded electronically in Microsoft Word. Sessions were between one and three hours long.

The qualitative data were analyzed for themes until saturation (until no new insights emerged). A second researcher involved in the information and consultations sessions validated the thematic analysis after it was conducted.

d) Community Survey

An online survey was developed in consultation with City of Hamilton Public Health Services who surveyed Hamiltonians in late 2016. Region of Waterloo Public Health adapted and localized their survey for use in this study.

The survey was developed using Enterprise Feedback Management software supported by Public Health. The survey took approximately 10 minutes to complete and was open from October 25, 2017 to December 1, 2017.

Participants were eligible to complete the survey if they were 16 years of age or older and lived, worked, or went to school in Waterloo Region. Participants were also required to provide consent to participate in the study prior to beginning the survey.

The survey was promoted to residents through a variety of means: emails to community networks, social media, print media, Public Health’s website, and radio interviews.

The survey asked participants about the helpfulness of supervised injection services in Waterloo Region; whether or not they had any questions or concerns about supervised injection services; how those concerns could be addressed; the model of service (i.e. integrated, mobile) they believe should be provided in Waterloo Region; and basic demographic information. Participants were also provided a space to leave general comments about supervised injection services in Waterloo Region.

Region of Waterloo Public Health then exported the data to Microsoft Excel and SPSS for analysis.

2.2 Limitations

It is important to note that all research contains some limitations. This section documents the limitations of each method used within the study.

a) In-person survey with people who inject drugs
The survey of people who inject drugs used convenience sampling\(^6\). People who inject drugs were recruited through organizations who serve this population. Community researchers visited two agencies that are located downtown Kitchener, one agency in Waterloo, and two agencies in South Cambridge. While the researchers were easily able to recruit participants at these locations, no attempt was made to reach individuals who inject substances but do not access services through the identified agencies. Also, because of the volume of clients at these agencies, some potential participants were turned away due to time constraints.

Given that there is unreliable baseline data on the number and demographics of people who inject drugs in Waterloo Region, the sample surveyed for this study cannot be assumed to be representative of all people in Waterloo Region who inject drugs.

Furthermore, the survey relied on self-reported information which may be subject to response biases including socially-desirability bias (answering in a way that makes the responder look more favorable to the experimenter) and recall bias (trouble recalling details of injection and overdose events).

b) Interviews with service providers

Purposive sampling\(^7\) was used to select participants for the key informant interviews. Members of the Supervised Injection Services Feasibility work group brainstormed harm reduction service providers in Waterloo Region to be interviewed. This process may have excluded some harm reduction service providers in the region. Therefore the findings are not representative of all harm reduction service providers in the region.

c) Information and consultation sessions

Purposive sampling was used to recruit interest groups for the information and consultation sessions. Responses are therefore not representative of the broader population. Some attempts to include priority groups experiencing barriers to services such as, Indigenous Communities and First Peoples, and Lesbian, Gay, Bisexual, Transgendered, and Two-Spirited communities were unsuccessful. As such, findings may not reflect experiences of people within those groups. While efforts were made to discourage people from attending more than one session, this occurred in fewer than ten instances and therefore those individuals had the opportunity to contribute their ideas more than once. Finally, it is important to note that while the consultation sessions sought opinions about supervised injection services, it also provided a platform for people to share concerns on others issue related to harm reduction interventions. Thematic analysis reflects all of the content from the information and consultation sessions; however, specific questions and concerns related to the broader context of

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\(^6\) Sample units are selected on the bases of availability and not by a probability sampling method.

\(^7\) Respondents were selected based on characteristics of the population of interest and the objective of the study.
substance use may not be reflected in this report as the vast amount of content obtained was specifically related to supervised injection services.

d) Community Survey

The community survey used convenience sampling in order to provide universal access for residents of Waterloo Region to share their thoughts and concerns about supervised injection services. Despite extensive survey promotion to various demographic groups across Waterloo Region, there were low response rates from some groups including people aged 55 years and older, and people living in the townships of Waterloo Region. Therefore, the results shared in this report cannot be assumed to represent all people living in Waterloo Region.

While the survey was open, harm reduction services were garnering higher than normal media attention in the City of Cambridge. This may explain high response rates among Cambridge residents compared to any other City or Township in the region.

Finally, the Region of Waterloo intentionally used survey software that does not limit the number of times a survey can be filled out to a single Internet Protocol (IP) address. This was to ensure access for people who rely on public use computers such as those available at libraries or workplaces. As a result, the software does not prevent individuals from completing the survey multiple times in an effort to skew results. Responses by IP address were analyzed to explore this effect. Distribution of results by respondent with the same IP address was not substantially different from the distribution of results from the overall survey. Analysis also revealed that there were similar numbers of repeat respondents who were either very much in support of supervised injection services or not at all in support of supervised injection service, resulting in negligible impact on the findings overall.
3.0 Findings

3.1 Prevalence of Injection Drug Use and Overdose – A Review of the Secondary Data

Waterloo Region is made up of three municipalities and four townships and has a population of 583,500 people (according to the Canada 2016 census). Region of Waterloo Public Health is mandated to provide harm reduction programs including the Needle Syringe Program and the Naloxone Distribution Program. Public Health is also responsible for monitoring the health of the population as it relates to substance use. Opioid related issues have been increasing across the province including Waterloo Region. The following sections will illustrate the extent of opioid crisis in Waterloo Region as indicated by the following data:

- The estimated number of people who inject drugs in Waterloo Region
- Confirmed opioid related deaths (2015-2016)
- Suspected overdose deaths (2017)
- Opioid related Paramedic Service calls
- Naloxone kit distribution
- Opioid-related emergency department visits
- Rates of hepatitis C and HIV

3.1.1 Injection Drug Use in Waterloo Region

Although limited information is available on illicit drug use in Waterloo Region, it is estimated that approximately 3,919 residents inject drugs (current as of December 31, 2017). This estimate was calculated by counting the number of unique clients who visit needle syringe programs in Waterloo Region. It is important to note that this number is an underestimation as not all people who inject drugs access Needle Syringe Programs in Waterloo Region. In Canada, it has been reported that approximately 94.5 per cent of people who inject drugs used sterile injecting equipment at last injection (Stone, 2016) indicating that our needle syringe programs are servicing most but not all people who inject drugs in Waterloo Region. The 2017 estimate of 3,919 is a 166.6 per cent increase from an estimate reported in the Baseline Study of Drug Use in Waterloo Region conducted in 2008, where it was estimated (albeit through different methodology) that 1,470 residents injected drugs (Taylor, 2008).

Limited information is available to compare the proportions of people who use drugs in Waterloo Region to other areas of Canada. Typically, areas report on the range of people they believe inject drugs in their jurisdictions. For example, it is estimated that between 1,200 and 5,600 people inject drugs in Ottawa (Levy, 2016). Ottawa implemented supervised injection services in November 2017. In Lethbridge Alberta,
where supervised consumption services are slated to open in February 2018, approximately 3,000 of their residents inject drugs (Cotter, 2017).

3.1.2 Fatal and Non-Fatal Overdoses
The growing severity of opioid use in Waterloo Region is evident in the suspected number of overdose deaths reported by Waterloo Regional Police Services and confirmed opioid related deaths reported by the Office of the Chief Coroner for Ontario. The Coroner reported that there were 23 opioid related deaths in Waterloo Region in 2015 and 38 in 2016. At the end of 2017, Waterloo Regional Police Services reported that there were 71 calls for service where a death had occurred and a drug overdose was suspected (this number includes all suspected drug overdoses and is not limited to opioids and thus cannot be directly compared to the Coroner data); 32 of these deaths occurred in Kitchener, 29 in Cambridge, and 10 in Waterloo.

Region of Waterloo Paramedic Services responded to 197 opioid-related calls in 2015, 410 in 2016 and 795 in 2017. This represents a 303.6 per cent increase in the number of opioid related overdose calls in Waterloo Region between 2015 and 2017. Paramedic Services opioid related overdose calls are higher in Cambridge and Kitchener, compared the rest of Waterloo Region. Figure 4 shows the total number of opioid overdose calls by location.
Figure 4. Total number of opioid overdose calls by location, Waterloo Region

![Total number of opioid overdose calls](image)

**Source:** Region of Waterloo Paramedic Services, January 1, 2017 to November 15, 2017.

### 3.1.3 Naloxone Distribution

Naloxone is a life saving medication used to temporarily reverse the effects of an opioid overdose and is available as a nasal spray or as an injection. In late 2013, Region of Waterloo Public Health and Sanguen Health Centre began offering naloxone kits to people with a history of past or current opioid use. In 2017, the program was expanded to include family and friends of a person at risk for an opioid overdose. In 2016, the Ontario Addiction Treatment Centres began distributing naloxone as well and in late 2017, Bridges, oneROOF, and the AIDS Committee of Cambridge, Kitchener, Waterloo and Area came on board. Region of Waterloo Public Health is currently exploring additional agencies to distribute naloxone. Naloxone is also available at pharmacies.

Naloxone distribution in Waterloo Region increased significantly between 2016 and 2017. Figure 5 shows the number of naloxone kits distributed by agencies in Waterloo Region, excluding pharmacies.
Figure 5. Number of naloxone kits distributed in Waterloo Region, excluding pharmacies (2016-2017)


3.1.4 Impact on Local Health Care System

Local emergency departments have also seen the effects of the opioid crisis. In 2016, opioid related emergency department visits increased by 68.5 per cent compared to 2015. In 2016, the rate of opioid related emergency department visits in Waterloo Region was higher than that of Ontario (refer to Figure 6).

While data for 2017 is not complete, there were 169 opioid related emergency department visits reported by June 2017. The number of opioid related hospitalizations remains stable.
Figure 6. Number and rates per 100,000 population for opioid related emergency department visits, Waterloo Region and Ontario, 2003-2016


In 2016, opioid related visits to the emergency department were highest between 12:00 noon and 4:00 p.m. and 8:00 p.m. and 12:00 midnight (refer to Figure 7).
The Canadian Institute for Healthcare Information also reported that the rate of hospitalizations of babies with neonatal opioid abstinence syndrome in Canada has risen from 1,448 in 2012-2013 to 1,846 in 2016-2017 fiscal year, an increase of 27.5 per cent in just four years (Fitzgerald & Gruenwoldt, 2017).

### 3.1.5 Rates of Hepatitis C and HIV

Hepatitis C infection is an infection of the liver caused by the Hepatitis C virus (HCV). HCV spreads through contact with the blood of an infected person, mainly through sharing of contaminated needles, syringes or other drug equipment; blood transfusions prior to 1992 before screening became available; unsafe tattoos/piercings; sexual contact with an infected person; and/or, being born to an infected mother (Folkema, 2017). In 2017, the rate\(^8\) of HCV in Waterloo Region was 25.2 cases per 100,000 (N=135)\(^9\).

---

\(^8\) Crude incidence rate.

\(^9\) Source: iPHIS (2017). Region of Waterloo Public Health and Emergency Services, Extracted January 15, 2018. These estimates are preliminary and subject to change once the data has been finalized.
Human immunodeficiency virus (HIV) is a blood-borne infection that attacks the immune system (the body’s internal defence system). HIV can lead to acquired immunodeficiency syndrome (AIDS) which is a disease of the immune system that makes the person at risk of getting other infections and diseases (Folkema, 2017). One of the risk factors for HIV is injection drug use. In 2017, there were 11 HIV/AIDS cases in Waterloo Region or 2.1 cases per 100,000.

Since 2006, local incidence rates of Hepatitis C and HIV have remained significantly lower than provincial rates, however quality of life consequences for those infected are significant.

3.2 Survey of People who Inject Drugs

3.2.1 Characteristics and Drug Use Patterns

A total of 146 people who self-identified as having injected drugs in the last six months completed the survey. Respondents indicated living, working or going to school in Waterloo Region and were at least 16 years of age or older.

Data analysis note: Given the length of the survey, not all questions were answered by every participant. Therefore, the denominator for each question varies. Proportions are presented based on the number of valid responses for each question and not a proportion of the total sample (n=146). The number of valid responses for each question can be found in Appendix D.

Demographic Information

Among survey participants, three quarters identified as male (73.1%) and the median age was 37 (range: 19 to 70). The majority of respondents resided in Kitchener (51.0%) or Cambridge (44.8%) and identified as Caucasian (85.6%). In the last six months, respondents reported living in a house or apartment most of the time (33.6%) followed by shelter or welfare residence (17.2%) and on the street\(^{10}\) (13.4%). Over half of respondents (57.9%) indicated that they currently live with someone who injects drugs. While 60.6 per cent of respondents indicated having completed high school and 22.5 per cent completed any college/university, 64.1 per cent reported a yearly personal income of less than $20,000. Ontario Works (50.0%) and the Ontario Disability Support Program (35.6%) were most commonly reported sources of income. Close to one in five respondents (17.8%) reported engaging in sex work or exchanging sex for resources in the past six months.

\(^{10}\) On the street includes abandoned buildings, cars, and parks.
Drug Use and Injection Practices

The majority of respondents (81.9%) reported having injected drugs in the last 30 days and 47.8 per cent of respondents reported injecting on a daily basis in the last six months.

Respondents also reported high rates of public drug use (75.6%) in the last six months. Of those who reported injecting in public (n=102), 38.2 per cent noted that they inject publically over 75% of the time. The most commonly reported reason for public drug use was homelessness (See Table 1).

Table 1. Reasons for public drug use in the last six months (n=110)

<table>
<thead>
<tr>
<th>Reason for public drug use</th>
<th>N (%)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>I'm homeless</td>
<td>64 (58.2)</td>
</tr>
<tr>
<td>It's convenient to where I hang out</td>
<td>42 (38.2)</td>
</tr>
<tr>
<td>I'm too far from home</td>
<td>40 (36.4)</td>
</tr>
<tr>
<td>There is nowhere to inject safely where I buy drugs</td>
<td>34 (30.9)</td>
</tr>
<tr>
<td>I don't want the person I am staying with to know I use/am still using</td>
<td>22 (20.0)</td>
</tr>
<tr>
<td>I prefer to be outside</td>
<td>18 (16.4)</td>
</tr>
<tr>
<td>I need assistance to fix</td>
<td>12 (10.9)</td>
</tr>
<tr>
<td>Dealing/middling (connecting sellers to purchasers)/steering (guiding potential buyers to selling)</td>
<td>12 (10.9)</td>
</tr>
<tr>
<td>Guest fees at friend's place, but I don't want to pay</td>
<td>7 (6.4)</td>
</tr>
<tr>
<td>Other</td>
<td>9 (8.2)</td>
</tr>
</tbody>
</table>

*Respondents could choose more than one answer; the total proportions for this question can exceed 100%.

Participants were also asked to indicate which neighbourhoods they injected drugs in most often in the last six months. Respondents who identified living in Kitchener noted frequent injection drug use downtown Kitchener (44.6%) and in Country Hills (10.8%). Cambridge respondents reported frequent injection drug use in Galt City Centre/South Galt (40.0%).

Notably, 83.3 per cent of respondents indicated having accessed a local harm reduction program to exchange or obtain needles in the last six months. Respondents also indicated accessing supplies from their friends (78.9%) and from a dealer or someone on the street (59.4%). Risk for infectious disease transmission was also evident, with 20.8 per cent of participants noting that they had injected with needles knowing they had already been used in the last six months. Furthermore, 17.9 per cent of respondents had also loaned used syringes to other people. Many respondents (53.7%) noted not knowing where to get a clean needle in the last six months. This response was not qualified by time of day or day of the week which may explain the high proportion.
Most Commonly Injected Drugs and Drug of Choice

The most commonly injected drugs in the last six months were crystal meth (44.5%) and hydromorphone (8.9%). Thirteen per cent of respondents declined to answer.

Figure 8. Most commonly injected drugs among survey participants in the last six months (n=146)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crystal Meth</td>
<td>44.5%</td>
</tr>
<tr>
<td>Other*</td>
<td>15.1%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>13.0%</td>
</tr>
<tr>
<td>Hydros</td>
<td>8.9%</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>6.9%</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>4.8%</td>
</tr>
<tr>
<td>Heroin</td>
<td>3.4%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

*Other includes morphine, Ritalin or Biphentin, Speedball, Wellbutrin, and combinations of drugs identified by participants (e.g. crack and crystal meth, crystal meth and fentanyl, fentanyl and heroin).

The top three drugs most preferred by clients are crystal meth (54.1%), hydros (22.6%), and heroin (18.5%).

Accidental Overdose

Injection practices among participants illustrated the likelihood of overdose. Over three quarters of participants (78.6%) indicated they had ever injected alone, and 97.3 per cent reported that this occurred in the last six months. Of these participants (n=107), 60.7 per cent indicated that they injected alone at least 75% of the time in the last six months. Over three-quarters (78.0%) of respondents indicated that they have used a drug they believe was cut with another substance and of those, 41.1 per cent reported they were trying to use crystal meth at the time.

Accidental overdose was reported by 39.0 per cent of participants and 64.9 per cent of those reporting having ever overdosed, overdosed in the last six months. Of those respondents who had ever overdosed (n=57), 19.3 per cent indicated that they were alone when the overdose occurred. Fentanyl was reported having been injected prior to their last overdose by 67.3 per cent of respondents. More than half (60.0%) of respondents indicated that an ambulance was called the last time they overdosed, and in those instances, the police showed up 72.7 per cent of the time. The majority (87.5%) were taken to an emergency department/hospital. Of those who provided a location for
their most recent overdose (n=43), 44.2 per cent indicated a neighbourhood in Kitchener, and 39.5 per cent noted a neighbourhood in Cambridge.

The majority of respondents (78.8%) reported having heard of naloxone (n=115) and of those 95.7 per cent have heard about take-home naloxone kits; mainly through a friend (42.5%). More than half (62.7%) reported currently having a naloxone kit and of those, 56.4 per cent got it from the Sanguen Van. Naloxone has been administered by 47.1 per cent of respondents.

3.2.2 Supervised Injection Services and Factors Influencing their Acceptability

Survey participants were asked a number of questions about supervised injection services. Many respondents (71.2%) reported having heard of supervised injection services and most (86.5%) said that they would use them or might use them if they were available in Waterloo Region (66.7% and 19.6%, respectively). Reasons for using supervised injection services are presented in Table 2.

Table 2. Reasons for using supervised injection services (n=119)

<table>
<thead>
<tr>
<th>Reason</th>
<th>N (%)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would be able to get clean sterile injection equipment</td>
<td>86 (72.3)</td>
</tr>
<tr>
<td>I would be able to inject indoors and not in a public space</td>
<td>73 (61.3)</td>
</tr>
<tr>
<td>Overdoses can be prevented</td>
<td>70 (58.8)</td>
</tr>
<tr>
<td>Overdoses can be treated</td>
<td>64 (53.8)</td>
</tr>
<tr>
<td>I would be safe from crime</td>
<td>63 (52.9)</td>
</tr>
<tr>
<td>I would be injecting responsibly</td>
<td>62 (52.1)</td>
</tr>
<tr>
<td>I would be able to see health professionals</td>
<td>61 (51.3)</td>
</tr>
<tr>
<td>I would be safe from being seen by the police</td>
<td>61 (51.3)</td>
</tr>
<tr>
<td>I would be able to get a referral for services such as detoxification or treatment</td>
<td>40 (33.6)</td>
</tr>
</tbody>
</table>

*Respondents could choose more than one answer; the total proportions for this question can exceed 100%.

When respondents were asked what the most important reason would be for using supervised injection services, 27.2 per cent indicated that they would be able to get clean sterile injection equipment, followed by overdose prevention (18.4%).

Participants who indicated they might or would not use supervised injection services (n=46; 33.3%) provided the following top 3 reasons:

- “I do not want to be seen” (91.3%);
- “I do not want people to know I am a drug user” (67.4%); and
- “I am afraid my name will not remain confidential (63.0%).
Supervised Injection Services – Impact on the Community

Survey participants were asked about the likelihood of particular things happening in the community if supervised injection services were to open in Waterloo Region. Table 3 presents potential outcomes and the number and proportion of respondents who believed it would be very likely or likely to occur.

Table 3. Community outcomes of a supervised injection service location, as identified by people who inject drugs (n=146)

<table>
<thead>
<tr>
<th>If supervised injection services were to open in Waterloo Region:</th>
<th>N (%) Indicating Very Likely or Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of used syringes on the street would be reduced</td>
<td>120 (82.2)</td>
</tr>
<tr>
<td>People would learn more about drug treatment</td>
<td>118 (80.8)</td>
</tr>
<tr>
<td>Overdoses would be reduced</td>
<td>118 (80.8)</td>
</tr>
<tr>
<td>The number of people injecting outdoors would be reduced</td>
<td>115 (78.8)</td>
</tr>
<tr>
<td>Injection with used needles would be reduced</td>
<td>111 (76.0)</td>
</tr>
<tr>
<td>Users would visit the area more</td>
<td>90 (61.6)</td>
</tr>
<tr>
<td>Users would move to the area</td>
<td>80 (54.8)</td>
</tr>
<tr>
<td>Street violence would be reduced</td>
<td>77 (52.8)</td>
</tr>
<tr>
<td>Drug dealers would be attracted to the area</td>
<td>71 (48.6)</td>
</tr>
<tr>
<td>Crime would be reduced in the area</td>
<td>67 (45.9)</td>
</tr>
</tbody>
</table>

Preference for Supervised Injection Service Location

Respondents indicated that they would use a supervised injection service if it was located in a community health centre (76.0%) or Public Health clinic (71.2%). Respondents indicated preference for the service to be located with other health and social services (53.4%) followed by mobile unit/van (40.4%).

Survey participants were asked to identify where in Waterloo Region supervised injection services should be located. Downtown Kitchener (38.6%) and downtown Galt (33.7%) were identified as leading choices for location. Other locations that were mentioned include Preston (11.5%), Country Hills (8.0%), and Bridgeport/Breithaupt/Mount Hope (8.0%). Survey participants were asked how many supervised injection service locations are needed in Waterloo Region. Of those who responded (n=87), 83.9 per cent believe that between two and six locations are needed region wide.

Hours of Operation

Respondents were asked what time of day would be their first choice to use supervised injection services. Morning hours between 8am and 12pm were picked by the majority (41.1%), followed by afternoon hours of 12pm until 4pm (15.8%) and early evening between 4pm and 8pm (6.2%). Respondents were then asked to indicate their second
choice for when they would use supervised injection services. Overnight (midnight until 8am) was preferred by 30.4 per cent of respondents, followed by afternoon hours (29.4%). While a single “24/7” option was not available as a selection, interviewer comments at the end of the survey indicated a number of requests from clients for this model.

Use of Supervised Injection Services and Design Preferences

Similar proportions of respondents indicated that they would use a supervised injection service location always and usually11 (25.3% and 26.0%, respectively). Over half (51.4%) believe the best set up would be private cubicles for injecting spaces and 56.8 per cent of respondents noted that people who use drugs should be involved in running the site. These individuals could be involved by monitoring the entrance and surrounding area (72.3%), greeting clients (73.5%), and being available in the chill-out room (68.7%) and in the waiting area (59.0%).

In order to understand how supervised injection services might be implemented if need is determined, participants were asked to rate the following guidelines in terms of very acceptable to very unacceptable. The proportions of those indicating very acceptable or acceptable are presented in Table 4.

Table 4. Acceptability of guidelines under consideration for supervised injection services, as perceived by people who inject drugs

<table>
<thead>
<tr>
<th>Guideline</th>
<th>N (%) Indicating Very Acceptable or Acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injections are supervised by a trained staff member who can respond to overdoses</td>
<td>119 (90.2)</td>
</tr>
<tr>
<td>Have to hang around for 10 to 15 minutes after injecting so that your health care can be monitored</td>
<td>88 (60.3)</td>
</tr>
<tr>
<td>30 minute time limit for injections</td>
<td>88 (60.3)</td>
</tr>
<tr>
<td>Not allowed to have others assist in the preparation of injections</td>
<td>67 (45.9)</td>
</tr>
<tr>
<td>Not allowed to assist each other with injections</td>
<td>66 (45.2)</td>
</tr>
<tr>
<td>Not allowed to share drugs</td>
<td>66 (45.2)</td>
</tr>
<tr>
<td>Register each time you use it</td>
<td>65 (44.5)</td>
</tr>
<tr>
<td>May have to sit and wait until space is available for you to inject</td>
<td>65 (44.5)</td>
</tr>
<tr>
<td>Video surveillance cameras onsite to protect users</td>
<td>61 (41.8)</td>
</tr>
<tr>
<td>Required to show client ID number</td>
<td>57 (39.0)</td>
</tr>
<tr>
<td>Not allowed to smoke crack/crystal meth</td>
<td>57 (39.0)</td>
</tr>
<tr>
<td>Have to live in the neighbourhood where the SIS is</td>
<td>43 (29.5)</td>
</tr>
<tr>
<td>Required to show government ID</td>
<td>33 (22.6)</td>
</tr>
</tbody>
</table>

11 Usually was defined as use of a supervised injection service over 75% of the time.
Respondents were asked how often they would use drug testing services prior to injecting at a supervised injection site if it were available. Many respondents (61.6%) indicated that they would use drug testing services over 75% of the time but would only be willing to wait less than 10 minutes for the results (72.2%).

Respondents were also asked how long they would be willing to walk to a supervised injection service in the summer and winter months. The majority of respondents reported being willing to walk up to 20 minutes (59.6%) in the summer and between 5 and 10 minutes (52.7%) in the winter to a supervised injection site.

More than half of respondents (57.5%) indicated they would travel by bus to a supervised injection site and 72.6 per cent indicated they would travel by bike.

Respondents were also asked to rate the importance of services under consideration for supervised injection services. Table 5 shows the ten most important services identified by respondents.

Table 5. Top ten most important services under consideration for supervised injection services, as identified by people who inject drugs

<table>
<thead>
<tr>
<th>Service</th>
<th>Proportion Indicating Very Important or Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HIV and hepatitis C testing</td>
<td>89.4</td>
</tr>
<tr>
<td>2. Nursing staff for medical care and supervised injection teaching</td>
<td>87.9</td>
</tr>
<tr>
<td>3. Washrooms</td>
<td>87.4</td>
</tr>
<tr>
<td>4. Needle distribution</td>
<td>87.1</td>
</tr>
<tr>
<td>5. Referral to drug treatment, rehab, and other services when you’re ready to use them</td>
<td>82.6</td>
</tr>
<tr>
<td>6. Assistance with housing, employment and basic skills</td>
<td>81.2</td>
</tr>
<tr>
<td>7. A ‘chill out’ room to go to after injecting</td>
<td>80.3</td>
</tr>
<tr>
<td>8. Injection equipment distribution</td>
<td>77.4</td>
</tr>
<tr>
<td>9. Access to general health services</td>
<td>77.4</td>
</tr>
<tr>
<td>10. Drug testing</td>
<td>77.4</td>
</tr>
</tbody>
</table>

**History of Drug Treatment**

Close to half of respondents (45.2%) indicated having been in a detox or drug treatment program at some point in their lifetime and of those, 37.9 per cent attended a program in the last six months. The most commonly reported drug program attended in the last six months was a detox program with other prescribed drugs (20.0%).

Almost one in ten (9.6%) respondents reported that they had tried to get into a treatment program in the last six months but were unsuccessful.
3.3 Interviews with Harm Reduction Service Providers: The Need for Supervised Injection Services and Considerations for Implementation

Harm reduction services providers were asked a series of questions to determine whether supervised injection services are needed in Waterloo Region along with other questions that would inform how the service should be offered and how to address challenges to implementation. The responses are organized by the question asked.

A total of 11 key informant interviews were completed with harm reduction service providers in Waterloo Region (refer to Appendix E for the list of key informant interviews by organization).

Need for Supervised Injection Services in Waterloo Region

Overall, key informants were knowledgeable of supervised injection services including their intended purpose, how they are operated, and outcomes experienced by the client and the community at large. Outcomes for the client included connecting individuals with health and social services, facilitating treatment, reducing fatal and non-fatal overdoses, and decreasing the spread of blood borne infections including Hepatitis C and HIV. Outcomes for the community as a whole included a reduction in public drug use and needle litter. One service provider described the development of supervised injection services as “creating a path to wellness” for those in the community who require health and social services but are often unable to access them.

All key informants indicated that supervised injection services have been needed in Waterloo Region for some time. As one participant stated,

“We need them today, not six months from now”

Service providers believe that supervised injection services would not only reduce the number of fatal overdoses in Waterloo Region but would also result in other important outcomes. These include:

- Reducing the stigma associated with addiction in the community;
- Keeping people alive and reducing health risks associated with injection drug use;
- Facilitating access to treatment and providing users with basic health and social services;
- Providing hope for life and a place where people feel comfortable talking with someone about their situation;
- Providing health care providers with a window of opportunity to support an individual when they are ready for treatment;
• Providing service providers with the opportunity to make connections with this vulnerable population and get them the services that they need. Supervised injection services would allow for deeper conversations that would lead to recovery and further help; and
• Increase proper disposal of used needles, decrease drug use in public places, and positively impact crime rates.

Perceived Challenges of Supervised Injection Services in Waterloo Region

Key informants identified potential challenges with having supervised injection services in Waterloo Region. These included:

• Stigma – Key informants cautioned that if service users were shamed or judged for attending a supervised injection service location, they will not use it. In addition, it was shared that the location of a site may stigmatize the surrounding neighbourhood.
• Nimbyism (Not in my backyard) – Key informants noted that while community members may support supervised injection services, the selection of neighbourhood will be difficult as there are perceived notions that this type of service will have negative impacts on the area.
• Community support – Key informants suggested there is a lack of information circulating in the community about addiction, harm reduction, and the supervised injection services program model. They encouraged more public education.
• Limited treatment options available – Key informants noted that while supervised injection services are important to support people experiencing harms related to substance use, better access to treatment is needed.

“We must help people find ways to relate to the issue on an individual level. Every single person will be affected if we don’t do something”

Acceptance and Use of Supervised Injection Services in Waterloo Region

Key informants believe that supervised injection services would be used by the majority of people who inject drugs. Respondents shared that clients have been asking for this service for some time as many are scared with the amount of overdoses and deaths happening in the community. More difficult to reach populations (i.e. youth, people who use occasionally, and those that hide their use) would require outreach to encourage use of the service. It was hypothesized by key informants that a supervised injection service location would be successful if it was easily accessible, run by peers and other trusted individuals, and it was proven to be a safe place without worry of legal repercussions.
Addressing Community Concerns

Harm reduction service providers acknowledged that community residents have concerns about the possibility of supervised injection services being established in Waterloo Region. It was shared that residents are worried that:

- A supervised injection site in close proximity to their home will have implications on property values;
- Their children’s safety will be at risk, especially if a supervised injection site is located near a school;
- The surrounding neighbourhood will experience more loitering, crime, increased presence of drug dealers and needle litter; and
- Supervised injection services would encourage and support drug use in the community and clients would not seek treatment.

Providers suggested various strategies to mitigate community concerns of supervised injection services, including:

- Education - Service providers described the importance of addressing misconceptions about supervised injection services including the belief that supervised injection services will encourage people to use drugs instead of seeking treatment. It was suggested that education about addiction and substance use is needed and that sharing stories is an important way to enhance understanding and increase empathy.
- Communication – Service providers stressed the importance of communicating with the public during all phases of the Supervised Injection Services Feasibility Study using a variety of approaches. It was recommended that a spokesperson that is well known be a consistent voice for supervised injection services in Waterloo Region.
- Mitigation Advisory Group - Several providers described the need for a group to oversee the implementation of supervised injection services that would respond to any issues a site experiences after implementation. Providers agree that building trust between clients of a potential site, the community, and service providers is critical to the success of any future site.
Preferences for Supervised Injection Services Implementation: Lead Agency, Locations and Integration

a) Lead Agency

There was overwhelming support from key informants for Sanguen Health Centre to operate supervised injection services in Waterloo Region. Sanguen was identified as having the appropriate medical model to support the needs of those who will use the site. In addition, respondents encouraged involvement from Public Health, shelters in the area, and people with lived experience.

b) Number and Location of SISs Needed

When asked how many sites are needed in Waterloo Region, responses ranged from one to 12 sites. The majority indicated that three sites were needed at this time; one in each municipality (Kitchener, Cambridge, and Waterloo). While most respondents agreed that all of Waterloo Region is impacted by drug use, the areas of King and Fairway, Kitchener downtown, and South Cambridge (Galt) were mentioned as needing supervised injection services sooner than others. Several respondents suggested locating supervised injection services in locations that are frequented by the public including libraries, shopping centres and strip malls, and around Waterloo Region’s post secondary institutions.

c) Days and Hours of Operation

When asked which days and hours a site should operate, the majority of respondents indicated 24 hours a day, seven days a week. This was followed by statements that drug use patterns are unique for each individual and it would be difficult to select hours in the day that would meet everyone’s needs. Respondents were mindful that a 24/7 operation may not be feasible with the resources available, and suggested to track usage patterns and tailor operating hours to the hours that the site is used most often.

In the event that a 24/7 operation was not initially feasible, key informants noted that focusing on evenings, overnight and weekend hours would be most beneficial as other health and social services are not available during those times.

d) Service Integration

Key informants were asked which services should be offered at a supervised injection site. Their responses are summarized in Table 6.
Table 6. Suggested services to be offered alongside supervised injection

<table>
<thead>
<tr>
<th>Types of Services</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm Reduction</td>
<td>• Access to clean supplies, proper disposal of used equipment, and naloxone</td>
</tr>
<tr>
<td>Health Services</td>
<td>• Access to a nurse practitioner or general practitioner</td>
</tr>
<tr>
<td></td>
<td>• Nurse on site</td>
</tr>
<tr>
<td></td>
<td>• Basic health care including testing for blood-borne infections, pregnancy, and abscess and wound care</td>
</tr>
<tr>
<td></td>
<td>• Methadone clinic</td>
</tr>
<tr>
<td>Mental Health and Addictions Services</td>
<td>• Access to a counsellor</td>
</tr>
<tr>
<td></td>
<td>• Pathways for psychiatric supports, harm reduction psychotherapy, rehabilitation</td>
</tr>
<tr>
<td></td>
<td>• Support groups they can participate in</td>
</tr>
<tr>
<td>Social Services</td>
<td>• Outreach worker who can provide referrals to community supports</td>
</tr>
<tr>
<td></td>
<td>• Housing and income supports</td>
</tr>
<tr>
<td></td>
<td>• Involvement of peer workers (people with lived or living experience of drug use)</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>• Snacks and water for clients</td>
</tr>
<tr>
<td></td>
<td>• Access to basic needs (e.g. deodorant, toothbrushes), laundry facilities, showers, and a washroom</td>
</tr>
<tr>
<td></td>
<td>• Drop-in space or lounge area</td>
</tr>
</tbody>
</table>

“The drug use community is experiencing a lot and it’s being internalized. It will perpetuate more harmful drug use. They need a safe place to talk about what’s going on”
3.4 Information and Consultation Sessions: Concerns, Benefits and Implementation Considerations according to Key Interest Groups in Waterloo Region

Information and Consultation (focus group) sessions were held with interest groups from across Waterloo Region (refer to Appendix F for a list of participant groups). Findings are organized into seven themes, including:

- Support for supervised injection services in Waterloo Region with “not in my backyard” cautions
- The need for supervised injection services to provide a safe space
- Communication is key for concerns with supervised injection services
- Supervised injection services and education creating a cultural shift with respect to addiction
- Service integration is key for concerns with supervised injection services
- A hybrid service model for supervised injection services in Waterloo Region
- Locations: equity, access, safety

Support for supervised injection services in Waterloo Region with “not in my backyard” cautions

Qualitative analysis revealed a theme of strong support for the notion that if Supervised Injection Services were implemented in some form in Waterloo Region, it would benefit the community. The majority of those providing responses were supportive of supervised injection services and were looking for implementation solutions that allow us to be a caring community while still addressing and managing valid concerns about impact on safety, families, businesses, and culture. For instance, support was sometimes provided with a “not in my backyard” mentality. Although analysis revealed strong support for supervised injection services implementation in some form, some did not believe supervised injection services are right for their neighbourhood or to have in Waterloo Region overall. They still, however, expressed concern with the issues of overdose deaths and drug use, and wanted efforts to focus on prevention, treatment, and identification of root causes.

“It’s health. It’s not just harm reduction, but your health matters to us. Seeing someone overdose is traumatic. Having a site will help community members in general.”

“Safety – for both individuals [who inject drugs] and the community – as much as the NIMBY [not in my backyard] is an issue, it’s helpful to have information, education, support, intervention, an attempt at counselling.”
The Need for Supervised Injection Services to Provide a Safe Space

Many participants discussed the importance of providing a safe space for people with lived experience of injection drug use. Having a safe, non-judgemental space where people with lived experience feel included in the community and where injection drug use is not associated with fear of reprisal and shame but rather with safety and support, was believed to be a significant outcome of supervised injection services. Participants described such a location as not only decreasing overdose deaths and reducing other harms to those with lived experience, but also providing acceptance and inclusion for people who often experience marginalization. It was felt that when services meet people where they are in their drug use, it opens doors for relationship development with peers and service providers and can support people to improve their health over the long term, including accessing treatment if they are ready.

Communication is Key for Concerns with Supervised Injection Services

Communication was considered a key factor in addressing questions and concerns and to ensure success of supervised injection services. It was shared that communication should be multipronged, interactive, frequent, and transparent, including honest information about risks, unknowns, and the potential community impacts. It was felt that various topics require better communication including information about safe zones, whether supervised injection services enable or encourage drug use, how the community’s safety will be addressed, the cost-benefit analysis of supervised injection services, and site logistics, including needle litter and disposal. Commonly heard suggestions included:

- Having a dedicated public relations person
Having an approach to community relationship development that breaks down barriers by allowing people to be heard and draws on the commonalities amongst differing perspectives

Provision of information about how supervised injection services fit within the broader Waterloo Region Integrated Drugs Strategy's four pillared approach

Having an up-to-date website for information on the feasibility study with social media

Having a mechanism for questions and answers

Having responsive education and communication via Forums/Town Halls or other method of large public meetings

Sharing stories of people and families who have been personally impacted by substance use

Sharing and learning from other communities and ours about implementation of similar services

Engaging the community in addressing concerns

“People want to hear what it’s all about, the options, and what some community impacts are. It’s really more from what is the community impact, not so much from the technical standpoint. I think the community is really interested in understanding this as well. That’s really key.”

Supervised Injection Services and Education Creating a Cultural Shift with Respect to Addiction

Participants discussed how supervised injection services can be a platform for a strong education strategy aimed at reducing the stigma of addiction, and shifting the culture to reframe it as a health issue. Many questions and concerns reflected a lack of understanding and stereotyping of people with living or lived experience of injection drug use, misconceptions of how they came to use drugs, and of the path to treatment and recovery. It was felt that a larger education strategy would reframe addiction as a health issue, and include strategies such as humanizing people with lived experience, highlighting their diversity, myth busting, and sharing of personal experiences to help shift the culture. Education and communication would highlight root and underlying causes, the complexity of addiction, and convey the diversity of people with lived experience.
Service Integration is Key for Concerns with Supervised Injection Services

Integrating other services with supervised injection services was seen to be one of the most important benefits as it would provide people with access to services that they may not have sought out otherwise. Participants defined service integration as service provider interaction and connection, referrals, co-location of services, and ease of movement between services. The following were considered priorities:

- Counselling (mental health and addictions)
- Primary care
- Access to treatment and recovery
- Housing services
- Community/Peer support
- Provision of a safe space
- Substance testing
- Community and social services
- Employment
- Community policing
- Food security

It was indicated that supervised injection services should not be implemented unless there is service integration with and bolstering of access to rapid treatment. Expansion to supervised consumption services and consideration for provision of drugs, such as prescription hydromorphone, also emerged in the service integration discussion.

“I think there’s still a misconception in the community about who the user is. But you can give some people all the data in the world, and it’s very easy to do the ‘us vs. them’. It’s difficult for people with lived experience to make their story public, but some people will never be swayed by empirical stuff. It would help to get support from people to weave into the story. [Otherwise] it will be NIMBY [not in my backyard], I don’t care about ‘these people’.”

“Access to treatment services on site – we’re gonna sell this as harm reduction, then it’s on a continuum so part of that harm reduction is offering treatment service, and safe injection is part of that package, so sell the whole package and not just the safe injection site. It will be easier to grasp if a person can go in and access harm reduction and services rather than just safe injection.”
A Hybrid Service Model for Supervised Injection Services in Waterloo Region

Participants discussed the need to consider a hybrid model would combine aspects of mobile or temporary supervised injection services in addition to permanent locations of supervised injection services. It was indicated that this would best serve our geography, meet the needs of the community, and allow for agility and responsiveness.

Several considerations for hybrid models came forward:

- Testing locations by establishing a temporary locations first
- Have permanent locations and use mobile for outreach (data informed and client request based)
- Have an agile model that can be responsive to changes in injection drug use, weather, and other factors contributing to patterns of movement throughout the community

Suggestions for hybrid models centred on concerns that injection drug use is complex and ever changing and that supervised injection services need to be implemented in a way that they can easily be assessed and modified to responsively meet the needs of the community.

“Mobile [supervised injection services] or a network makes a lot of sense. Neighborhoods change. Something gets established and the neighbourhood can be completely different five years later. There could be a more nimble way to approach it logically.”

Locations: Equity, Access, Safety

Equitable distribution of locations, ease of access, and safety emerged as key criteria for determining locations.

a) Equity

Distributing locations across Waterloo Region emerged as important from the perspective of properly meeting the needs of those who would use the services as well as reducing potential community impacts and concentration of people and services by having just one service in one location. Participants felt that at least three locations are needed with one in each of the downtown cores of South Cambridge (Galt), Kitchener, and Waterloo. In addition to locations in the cores, there were some suggestions to have additional smaller locations that would make the service more “normalized” and improve access for all. Locations that encourage some movement of people throughout the community, were seen as more desirable. Many recommended not to implement supervised injection services unless there would be more than one location.
b) Access

Participants shared that supervised injection services should be easy to access and should be located in downtown cores, along the central transit corridor, and near transit terminals or easily accessed routes and stops. It was felt that they should be located in areas where the people are who would access services. Co-locating supervised injection services with other services was also seen to increase access as use of the site would be more discreet. Some participants believed that pairing injection services with other services that members of the public would regularly use could facilitate destigmatization. There were also suggestions to think outside the box of traditional service models to increase access; for example, having them available whenever or wherever someone might need them such as in shopping malls, pharmacies, family doctor offices, or existing Public Health clinics.

Another component of access was reflected in the vast majority of those responding indicating that supervised injection services should be a 24 hour, 7 day a week service. Most indicated that supervised injection services should not be implemented unless it will be 24/7. Other suggestions were provided with the caveat that “if 24/7 is not available”:

- Ensure evening, overnight, and weekend hours; offer partial services for hours when other harm reduction services are available and then enhanced when closed
- Determine the hours based on when people with lived experience indicated they would access supervised injection services
- Operate 24/7 to start and then determine use pattern and tailor service provision accordingly

“How do we change the culture so that when setting up a supervised injection site, we don’t create the feared neighbourhoods?”; “We want to be a caring, inclusive community, but there’s the fine line of hurting businesses.”

“We have some geographical differences in our region. My feeling is that if we went forward with SIS, and we only had one area when that’s happening, it wouldn’t service our population fully. We would need multiple sites in order to properly serve our population.”

“Run 24/7 for a test period and determine when the best times are and adjust accordingly. You have to be open to determine when the best allocation of resources can be used. That’s the way you set it up.”
c) Safety

Integration of Supervised Injection Services into the community in a way that prioritizes safety was seen as vital. This includes community policing and relationship development including establishment of a safe zone, concerns with drawing drug trafficking and crime to the area, and paying attention to proximity to schools, parks, residential areas, and businesses.

Other content emerging when discussing locations focused on patterns of use and concerns regarding improperly discarded needles in the community.

“A concern I have on one large permanent site, surrounded by a safe zone, is that in addition to drug sales and purchases, people buying drugs don’t have money. They have to buy drugs and usually resort to crime, breaking and entering, and prostitution. When you have a site, you create ground zero for people without the money who do drugs. Businesses and homes in that area will be impacted.”
3.5 Community Survey: Community Perceptions of Supervised Injection Services

In the fall of 2017, people who lived, worked or went to school in Waterloo Region were invited to complete an online survey to share their thoughts about supervised injection services. While the survey was brief, taking approximately ten minutes to complete, not all participants answered every question\textsuperscript{12}.

Who completed the online survey?

Over 3,500 residents participated in the survey. Community members of all ages were represented with the majority of responses coming from the 35 to 44 year age category (See Figure 9). According to 2016 Census population estimates, the survey reached more people from the 25 to 34 and 35 to 44 year age groups than any other age grouping.

Figure 9. Age distribution of survey respondents by distribution of Waterloo Region population (n=3,458)

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|c|}
\hline
Age Group & Survey % & 2016 Population % \\
\hline
16-24 & 12.3\% & 11.0\% \\
25-34 & 28.9\% & 11.8\% \\
35-44 & 29.3\% & 12.9\% \\
45-54 & 17.8\% & 13.9\% \\
55+ & 11.0\% & 29.4\% \\
\hline
\end{tabular}
\end{table}

Source: Population and Household Estimates for Waterloo Region (including post-secondary students); Statistics Canada, 2016 Census.

\textsuperscript{12} The denominator for each question varies. Proportions are presented based on the number of valid responses for each question and not the number of participants that were eligible to complete the survey (n=3,819). The number of valid responses for each question can be found in Appendix G.
All areas of the region responded to the survey (See Figure 10) however Cambridge was over represented and Kitchener, Waterloo, and the Townships were under represented.

Figure 10. Distribution of survey respondents residence by distribution of Waterloo Region population (n=3,463)

The majority (78.5%) of respondents indicated they have never used harm reduction services however, 16.8 per cent reported that they know someone who has. A small number of respondents (3.9%) reported current or previous use of harm reduction services.

Respondents were asked to indicate statements that describe them. The top three statements indicated by respondents were:

- I am a community member (I live, work or go to school in Waterloo Region) (85.5%);
- I am a parent (59.7%); and
- I am a student (16.1%).

Perceived Helpfulness of Supervised Injection Services in Waterloo Region

Almost two-thirds (62.0%) of respondents reported that supervised injection services would be very helpful or helpful in Waterloo Region (Figure 11). About one in ten (9.8%) were undecided and 28.0 per cent reported that supervised injection services would be ‘not very helpful’ or ‘not at all helpful’ in Waterloo Region. When analyzed by place of residence, Cambridge respondents were significantly more likely to report “Not at all

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13 Harm reduction services include needle syringe programming, teaching about safer drug use, naloxone kits to prevent overdoses from opioids, and overdose prevention training.
helpful” and “Not very helpful” than Waterloo Region as a whole (excluding Cambridge) (p<0.05).

Figure 11. Extent to which supervised injection services would be helpful in Waterloo Region (n=3,568)

Note: Percentages do not add up to 100 due to rounding.

When the data was analyzed by “I am a student”, strong support for supervised injection services was found (61.6% of students indicated ‘very helpful’). One third (32.8%) of parents believed that supervised injection services would be very helpful in the region, while just over a quarter (26.6%) of parent respondents believed they would be not at all helpful.

Respondents were asked which type of supervised injection service would be best for Waterloo Region and were able to select multiple options. Two thirds (62.7%) of respondents reported that an integrated service model (a site that also has other types of services such as food, showers, counselling, and addiction treatment) would be best. Mobile service (a vehicle with supervised injection booths inside that can move to different locations to meet clients) was indicated by 43.3 per cent of respondents. There were 27.2 per cent of respondents who felt that supervised injection services should not be available in Waterloo Region.

Perceived Benefits of Supervised Injection Services in Waterloo Region

Reduction in public drug use, decreased number of overdoses and a reduction in the spread of blood borne infections were the most commonly mentioned benefits of supervised injections services (Table 7).
Table 7. Ways in which supervised injection services would be helpful in Waterloo Region (n=3,579)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less public drug use on streets or in parks</td>
<td>62.5</td>
</tr>
<tr>
<td>Less risk of injury and death from drug overdose</td>
<td>60.7</td>
</tr>
<tr>
<td>Help lower the risk of diseases like HIV, AIDS, and Hepatitis C</td>
<td>59.7</td>
</tr>
<tr>
<td>Connect people who use drugs or their family members with health, treatment, and social services</td>
<td>57.9</td>
</tr>
<tr>
<td>Safer community</td>
<td>48.3</td>
</tr>
<tr>
<td>Less work for ambulance and police services</td>
<td>45.5</td>
</tr>
<tr>
<td>Supervised injection services would not help Waterloo Region</td>
<td>26.9</td>
</tr>
</tbody>
</table>

Questions and Concerns about Supervised Injection Services

Less than half of all participants (41.2%) reported having questions or concerns about supervised injection services in Waterloo Region. Respondents reported being most concerned about the safety of their children or dependents (58.5%), effects on property values (57.5%), and the perceived possibility that supervised injection services could lead to more drug use (56.3%).

Table 8. Questions and concerns about supervised injection services in Waterloo Region (n=1,441)

<table>
<thead>
<tr>
<th>Question/Concern</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have concerns about the safety of my children or dependents</td>
<td>58.5</td>
</tr>
<tr>
<td>Will supervised injection services have an effect on property value?</td>
<td>57.5</td>
</tr>
<tr>
<td>Will supervised injection services lead to more drug use?</td>
<td>56.3</td>
</tr>
<tr>
<td>Will supervised injection services lead to more drug selling or trafficking in the community?</td>
<td>53.4</td>
</tr>
<tr>
<td>Will supervised injection services lead to more people who use drugs in the community?</td>
<td>53.4</td>
</tr>
<tr>
<td>Will supervised injection services impact the reputation or image of our community?</td>
<td>49.7</td>
</tr>
<tr>
<td>Will supervised injection services impact community cleanliness or quality of life?</td>
<td>46.5</td>
</tr>
<tr>
<td>Will supervised injection services have an impact on business or profits?</td>
<td>41.7</td>
</tr>
<tr>
<td>Will supervised injection services lead to more crime?</td>
<td>40.0</td>
</tr>
<tr>
<td>Will supervised injection services impact personal safety?</td>
<td>39.8</td>
</tr>
<tr>
<td>Will supervised injection services lead to more used needles on the street?</td>
<td>36.8</td>
</tr>
</tbody>
</table>
Significantly more participants residing in Cambridge expressed having concerns about supervised injection services compared to Kitchener, Waterloo, and the townships combined (p<0.05). Table 9 shows the number of respondents for each location of residence, the proportion of respondents within each municipality reporting concerns for supervised injection services, and the proportion of all respondents with concerns.

Table 9. Proportion of respondents indicating questions/concerns by location of residence

<table>
<thead>
<tr>
<th>Location of residence</th>
<th># of respondents with concerns</th>
<th>% of respondents within location with concerns</th>
<th>% of all respondents with concerns (n=1,445)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge</td>
<td>1,327</td>
<td>53.4</td>
<td>49.0</td>
</tr>
<tr>
<td>Kitchener</td>
<td>1,153</td>
<td>32.7</td>
<td>26.1</td>
</tr>
<tr>
<td>Waterloo</td>
<td>634</td>
<td>28.1</td>
<td>12.3</td>
</tr>
<tr>
<td>Townships*</td>
<td>198</td>
<td>39.9</td>
<td>5.5</td>
</tr>
</tbody>
</table>

*The townships include North Dumfries, Wilmot, Wellesley, and Woolwich.
Note: 7.1 per cent of respondents with concerns indicated living outside Waterloo Region or did not know which municipality or township they resided in.

Respondents were asked to select strategies to address questions and concerns of the community about supervised injection services. While all strategies presented were supported to some degree (See Table 10), “Evaluate the services to see what’s working and what’s not, share results with the community and take action” was indicated by most (73.2%).

Table 10. Strategies to address questions and concerns of the community (n=3,509)

<table>
<thead>
<tr>
<th>Strategy</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate the services to see what's working and what's not, share results with the community and take action</td>
<td>73.2</td>
</tr>
<tr>
<td>Have a website with information and contact email and phone number for questions</td>
<td>56.1</td>
</tr>
<tr>
<td>Ask for ongoing feedback from the community about supervised injection services</td>
<td>55.2</td>
</tr>
<tr>
<td>Give out information about the goals of supervised injection services and how they can help the community</td>
<td>54.2</td>
</tr>
<tr>
<td>Have a community group involved in addressing questions and concerns about supervised injection services</td>
<td>49.0</td>
</tr>
<tr>
<td>Other*</td>
<td>9.7</td>
</tr>
</tbody>
</table>

*Other strategies included not having supervised injection services and community education.

Of those who indicated that supervised injection services would be ‘not very helpful’ and ‘not at all helpful’, ‘giving out information about the goals of supervised injection services
and how they can help the community” was preferred the most (87.8%) as a strategy to address questions and concerns.
4.0 Discussion

“My impression is that what we’re trying to do is throw a life ring to someone who is drowning. If someone is drowning, you don’t say that we really need to give everyone swimming lessons. People are dying and we recognize this is not where we want to be, but it’s a way to provide some kind of lifeline to folks who are hopelessly trapped in this addiction cycle”

– Information and Consultation Session participant

4.1 Are supervised injection services supported in Waterloo Region?
The majority of respondents\textsuperscript{14} are seeing the impact of injection drug use on individuals and the broader community and support supervised injection services. Supervised injection services were seen to prevent overdose related deaths, increase access to services, and create a safer community for all, by providing a safe space for clients to inject their own drugs and properly dispose of injection drug use equipment.

Harm reduction service providers and participants of the information and consultation sessions continually reinforced the importance of creating a safe space for people who inject drugs. This space would create a path to wellness by opening a door for the development of relationships with peers and service providers that would facilitate healthy behaviours and provide connections to treatment and recovery services when clients are ready. Further, there was general consensus that provision of a safe, non-judgemental space would create an environment where people with lived experience would be accepted and included, benefiting the community overall.

4.2 What concerns does the community have regarding supervised injection services and how can they be addressed?
Concerns regarding supervised injection services centred on questions of whether supervised injection services would compromise the safety of dependants, people who may use the services and the surrounding neighbourhood. There was the perception that supervised injection services would negatively impact the neighbourhood in which it is placed, leading to more crime, decreasing property values, and higher rates of improper needle disposal. Concerns were raised about the need for more addiction treatment programs in Waterloo Region and it was felt that if supervised injection services were to become available, more treatment should also be available. Improving

\textsuperscript{14} Unless otherwise noted, the discussion reflects findings from all groups engaged using the four methodologies for this feasibility study.
access to treatment in a timely manner was seen as a priority if supervised injection services were to move forward. In contrast, people who inject drugs strongly believed that supervised injection services would decrease improper needle disposal along with public drug use, crime, and street violence. They also believed that people accessing services would learn more about treatment and indicated strong support for access to treatment as part of a supervised injection service integrated model.

Strategies to address the concerns of the community about supervised injection services included improving communication about the process to consider supervised injection services; educating the community on addiction, mental health, and harm reduction to build understanding and reduce stigma; and creating an advisory group to oversee and respond to issues that may arise during implementation of supervised injection services.

A comprehensive, multipronged communication strategy about the feasibility study was identified as being needed and should describe supervised injection services and how they work. A spokesperson for the project was requested along with support from other community leaders who could provide information and dialogue about how these services fit within a broader community approach.

In parallel to the communication strategy, it was felt that an education strategy to reduce stigma and reframe addiction as a health issue is important. The strategy would focus on the complexity of addiction and mental health, and would help to dispel myths and provide a “human face” to addiction and substance use issues. It would also prioritize educating children, teens, and young adults on how to prevent addiction and problematic drug use.

An advisory group made up of community members, people with lived experience of drug use, and service providers was seen to be critical in building trust within the community about supervised injection services and the overall success of this intervention in Waterloo Region.

4.3 What services should a supervised injection service location offer?

In Ontario, supervised injection services must be integrated with other harm reduction services as opposed to being stand-alone sites. This requirement ensures access to services that otherwise may not be available to people with lived experience. Participants of the study, excluding community survey participants, were asked which services should be integrated alongside injection. Integrated services indicated by participants included:

- Mental Health and Addictions Services (e.g. counselling, referrals to treatment)
- Health Services (including primary care and testing for blood-borne infections)
- Social Services (e.g. housing, income support)
- Basic Needs (e.g. washroom, drop in space, food)

4.4 What geographic areas are most impacted by injection drug use?

While findings indicate that injection drug use occurs in a number of areas throughout Waterloo Region, the downtown cores of Kitchener and South Cambridge (Galt) were identified as being impacted more than other areas. People who inject drugs indicated a preference for a supervised injection service in these locations. Paramedic Services call response data shows a higher numbers of overdose calls in the downtown cores of Kitchener and South Cambridge (Galt). Having more than one site was considered essential as a means to preventing concentration of services in one area, and to ensure access for people who would use the services.

4.5 Are supervised injection services needed and will they be used?

The primary data collected strongly indicates that supervised injection services are needed in Waterloo Region. This community response is also supported by local opioid related data that shows rising numbers of overdose deaths in the region. It is evident that problematic substance use is affecting Waterloo Region.

Respondents of the injection drug use survey indicated that they would use the site with one in four reporting that they would use it for all their injections. Almost every person expressed a preference that the site is located with other health and social services with access to treatment being requested by 83 per cent. Respondents from all sources unequivocally reported that drug use is unique for each individual and supported a 24 hour a day, 7 days a week operation. Having said that, the preferred operating hours, as identified by people with lived experience are 8am-4pm, and overnight hours were a popular second choice (noting the limitation that 24/7 was not an option in the survey for them to select).
5.0 Appendices

Appendix A. Secondary Data Extraction Data Sources

The table below summarizes the data sources that were used in the secondary data analysis.

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Description</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of injection drug users</strong></td>
<td>The estimated number of people who inject drugs in Waterloo Region based on unique client ID through needle syringe programming.</td>
<td>Needle Syringe Program Data</td>
</tr>
<tr>
<td><strong>Confirmed opioid related deaths</strong></td>
<td>Confirmed opioid related deaths for Waterloo Region.</td>
<td>Office of the Chief Coroner for Ontario</td>
</tr>
<tr>
<td><strong>Suspected number of overdose deaths</strong></td>
<td>Number of deaths in Waterloo Region where overdose was suspected (not opioid specific).</td>
<td>Waterloo Regional Police Services</td>
</tr>
<tr>
<td><strong>Opioid related paramedic services calls</strong></td>
<td>The number of opioid related Paramedic Service calls in Waterloo Region.</td>
<td>Region of Waterloo Paramedic Services Electronic Patient Care Record (ePCR) Ambulance Dispatch Reporting System (ADRS)</td>
</tr>
<tr>
<td><strong>Naloxone kits distributed</strong></td>
<td>The total number of naloxone kits distributed by Public Health and community partners (Sanguen Health Centre, Bridges, oneROOF, and ACCKWA).</td>
<td>Region of Waterloo Public Health Program Data</td>
</tr>
<tr>
<td><strong>Opioid related emergency department visits</strong></td>
<td>Number and rate of opioid-related emergency department visits in Waterloo Region and Ontario. Triage time of opioid related visit.</td>
<td>National Ambulatory Care Reporting System (NACRS)</td>
</tr>
</tbody>
</table>
Appendix B. Key Informant Interview Questionnaire

1. What do you know about supervised injection services?

   - Probe: So we have a common understanding about what a SIS is (provide definition):
     “Supervised injection sites or services are health facilities where people who inject drugs can inject their pre-obtained illicit drugs under the supervision of nurses or other health professionals. Users are provided with sterile equipment, given information on safer injecting, as well as emergency response in the event of an overdose, and are provided with referrals to external health and social services”.
     The MOHLTC has outlined that each SIS funded by the provincial government will have the following core services onsite:
     1. First aid
     2. Education
     3. Disposal
     4. Distribution of naloxone
     5. Referrals to other health and social services

2. Do you think SISs are needed in Waterloo Region?

3. What would the benefits be of having SISs in Waterloo Region?
   (Probe: for individual, organizational, and community-level benefits)

4. What do you see as some challenges with having SISs in Waterloo Region?
   (Probe for: individual, organizational, and community-level challenges)

5. Do you think SISs will be accepted and used by people who inject drugs?
   Please explain your answer.

   Prompt: Do you think there are any barriers for people to use SISs?

6. What do you think are the concerns of the broader community regarding SISs?

7. How might we address those concerns? Do you have any strategies for addressing those concerns?

8. If you support the idea of having a SIS locally:

   - In addition to Public Health, who (individuals, organizations or service providers) do you think should be involved in operating a SIS location in our community?
   - How many SISs do you think are needed?
   - Where do you think SISs should be located?
- What days and hours do you think SISs should operate?

9. **What other programs or services should be offered alongside SIS to ensure the effectiveness of SISs?**

10. **Do you have any other thoughts or concerns that you would like to share?**
Appendix C. Information and Consultation Questions

1. In what ways would supervised injection services be helpful in Waterloo Region?
2. What questions or concerns do you have about supervised injection services in Waterloo Region?
3. Do you have any ideas to address questions or concerns about supervised injection services in Waterloo Region?
4. What areas of Waterloo Region do you think are most impacted by drug use?
5. What services or organizations do you think should be involved in operating supervised injection services or be located in the same facility?
6. What days and hours should a supervised injection site be open?
7. Is there anything else you would like to share about supervised injection services?
Appendix D. Number of valid responses for each question of the survey conducted with people who inject drugs

<table>
<thead>
<tr>
<th>Question</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you injected drugs in the LAST 6 MONTHS?</td>
<td>146</td>
</tr>
<tr>
<td>2. Are you 16 years of age or older?</td>
<td>146</td>
</tr>
<tr>
<td>3. Do you live, work, or go to school in Waterloo Region?</td>
<td>146</td>
</tr>
<tr>
<td>5. What year were you born?</td>
<td>142</td>
</tr>
<tr>
<td>6. What sex were you assigned at birth (e.g., on your birth certificate)?</td>
<td>145</td>
</tr>
<tr>
<td>7. Some people identify with an ethnic group or cultural background. To which ethnic or cultural group do you feel you belong?</td>
<td>146</td>
</tr>
<tr>
<td>8. Please list all the places that you have lived or stayed overnight in the last SIX MONTHS</td>
<td>146</td>
</tr>
<tr>
<td>9. Of the places you listed, where did you live most of the time? (DO NOT read out list. Check only ONE response from Question 8)</td>
<td>134</td>
</tr>
<tr>
<td>10. Are you living with someone who is a current injection drug user?</td>
<td>145</td>
</tr>
<tr>
<td>11. What is the highest level of education that you have COMPLETED?</td>
<td>142</td>
</tr>
<tr>
<td>12. About how much money did you get from all sources LAST YEAR?</td>
<td>142</td>
</tr>
<tr>
<td>13. Over the LAST 6 MONTHS, what were your sources of income?</td>
<td>146</td>
</tr>
<tr>
<td>14. In the PAST SIX MONTHS have you exchanged sex (including oral) for any of the following things?</td>
<td>146</td>
</tr>
<tr>
<td>15. In the LAST SIX MONTHS, how often did you inject drugs?</td>
<td>138</td>
</tr>
<tr>
<td>16. Have you injected drugs in the LAST 30 DAYS?</td>
<td>138</td>
</tr>
<tr>
<td>17. In the last SIX MONTHS, have you re-used a needle for more than one injection?</td>
<td>138</td>
</tr>
<tr>
<td>18. On average, what percentage of injections are done with a needle you have already used?</td>
<td>72</td>
</tr>
<tr>
<td>19. On a day when you do inject, how many times a day do you usually inject on average?</td>
<td>132</td>
</tr>
<tr>
<td>20. In the PAST SIX MONTHS, in which neighbourhoods did you inject?</td>
<td>146</td>
</tr>
<tr>
<td>21. Of the neighbourhoods which you have mentioned, in which neighbourhood did you inject most often?</td>
<td>146</td>
</tr>
<tr>
<td>Kitchener respondents</td>
<td>74</td>
</tr>
<tr>
<td>Cambridge respondents</td>
<td>65</td>
</tr>
<tr>
<td>22. In the LAST SIX MONTHS, have you injected in (places)?</td>
<td>146</td>
</tr>
<tr>
<td>23. In the LAST SIX MONTHS, how often did you inject in public or semi-public areas like a park, an alley or a public washroom?</td>
<td>135</td>
</tr>
<tr>
<td>24. What are some of the reasons you inject in public?</td>
<td>102</td>
</tr>
<tr>
<td>25. In the LAST SIX MONTHS, have you used water from a puddle, public fountain or other outside source to prepare your drugs or rinse your needles?</td>
<td>139</td>
</tr>
<tr>
<td>Question</td>
<td>n</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>26. Have you ever injected alone?</td>
<td>140</td>
</tr>
<tr>
<td>27. In the <strong>LAST SIX MONTHS</strong>, how often did you inject alone?</td>
<td>110</td>
</tr>
<tr>
<td>28. How often in the <strong>LAST SIX MONTHS</strong> did you need help when injecting?</td>
<td>134</td>
</tr>
<tr>
<td>29. Why do you need help with injecting?</td>
<td>66</td>
</tr>
<tr>
<td>30. Would you be willing to learn how to inject yourself?</td>
<td>66</td>
</tr>
<tr>
<td>31. In the <strong>PAST</strong> have you <strong>EVER</strong>…</td>
<td></td>
</tr>
<tr>
<td>a) Exchanged or obtained needles at a local harm reduction program or another needle syringe program (e.g., the Van, ACCKWA, Public Health)?</td>
<td>136</td>
</tr>
<tr>
<td>b) Got NEW STERILE needles from a friend?</td>
<td>137</td>
</tr>
<tr>
<td>c) Got NEW STERILE needles from a dealer or someone on the street?</td>
<td>135</td>
</tr>
<tr>
<td>d) Injected with needles knowing they had already been used by or were being used by someone else?</td>
<td>134</td>
</tr>
<tr>
<td>e) Injected with needles without knowing they had already been used by or were being used by someone else?</td>
<td>134</td>
</tr>
<tr>
<td>f) Loaned syringes that had already been used by you or were being used by someone else to inject?</td>
<td>136</td>
</tr>
<tr>
<td>g) Used other injecting equipment (e.g., cotton, filter, spoon, cooker) that had already been used by or was being used by someone else including your sexual partner?</td>
<td>135</td>
</tr>
<tr>
<td>h) Filled your syringe from another syringe that had already been used or was being used by someone else (back-loading or front-loading)?</td>
<td>133</td>
</tr>
<tr>
<td>i) Had drugs and wanted to inject but didn't know where to get a clean needle?</td>
<td>137</td>
</tr>
<tr>
<td>j) Reused a cooker with drugs in it for an extra wash?</td>
<td>136</td>
</tr>
<tr>
<td>k) Had trouble getting enough new needles from the needle exchange program to meet your needs?</td>
<td>133</td>
</tr>
<tr>
<td>l) Had a needle syringe program limit the number of needles they would give you?</td>
<td>132</td>
</tr>
<tr>
<td>31. In the <strong>PAST 6 months</strong> have you…</td>
<td></td>
</tr>
<tr>
<td>a) Exchanged or obtained needles at a local harm reduction program or another needle syringe program (e.g., the Van, ACCKWA, Public Health)?</td>
<td>108</td>
</tr>
<tr>
<td>b) Got NEW STERILE needles from a friend?</td>
<td>109</td>
</tr>
<tr>
<td>c) Got NEW STERILE needles from a dealer or someone on the street?</td>
<td>106</td>
</tr>
<tr>
<td>d) Injected with needles knowing they had already been used by or were being used by someone else?</td>
<td>106</td>
</tr>
<tr>
<td>e) Injected with needles without knowing they had already been used by or were being used by someone else?</td>
<td>106</td>
</tr>
<tr>
<td>f) Loaned syringes that had already been used by you or were being used by someone else to inject?</td>
<td>106</td>
</tr>
<tr>
<td>Question</td>
<td>n</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>g) Used other injecting equipment (e.g., cotton, filter, spoon, cooker) that had already been used by or was being used by someone else including your sexual partner?</td>
<td>107</td>
</tr>
<tr>
<td>h) Filled your syringe from another syringe that had already been used or was being used by someone else (back-loading or front-loading)?</td>
<td>108</td>
</tr>
<tr>
<td>i) Had drugs and wanted to inject but didn't know where to get a clean needle?</td>
<td>108</td>
</tr>
<tr>
<td>j) Reused a cooker with drugs in it for an extra wash?</td>
<td>107</td>
</tr>
<tr>
<td>k) Had trouble getting enough new needles from the needle exchange program to meet your needs?</td>
<td>107</td>
</tr>
<tr>
<td>l) Had a needle syringe program limit the number of needles they would give you?</td>
<td>103</td>
</tr>
<tr>
<td>32. Have you injected [drug] in the <strong>LAST SIX MONTHS</strong>?</td>
<td>146</td>
</tr>
<tr>
<td>33. What is your drug of choice?</td>
<td>146</td>
</tr>
<tr>
<td>34. In the <strong>LAST SIX MONTHS</strong>, which of these drugs did you inject the <strong>MOST</strong>?</td>
<td>146</td>
</tr>
<tr>
<td>35. Have you <strong>EVER</strong> gotten a drug that you think was cut with another substance?</td>
<td>141</td>
</tr>
<tr>
<td>36. The last time you think you got a drug that was cut with another substance, what were you trying to use at the time?</td>
<td>95</td>
</tr>
<tr>
<td>37. What do you think it was cut with?</td>
<td>93</td>
</tr>
<tr>
<td>38. Have you heard of supervised injection services (SISs)?</td>
<td>146</td>
</tr>
<tr>
<td>39. If supervised injection services were available in Waterloo Region would you consider using these services?</td>
<td>138</td>
</tr>
<tr>
<td>40. Why would you use supervised injection services?</td>
<td>119</td>
</tr>
<tr>
<td>41. Which <strong>ONE</strong> of these reasons is the <strong>MOST IMPORTANT</strong> reason for you?</td>
<td>103</td>
</tr>
<tr>
<td>42. For what reasons would you <strong>NOT</strong> use supervised injection services?</td>
<td>46</td>
</tr>
<tr>
<td>43. What reasons would make you change your mind?</td>
<td>46</td>
</tr>
<tr>
<td>44. There are a number of guidelines being considered for SISs. For each of the next statements, please let me know if these guidelines would be very acceptable, acceptable, neutral, unacceptable or very unacceptable to you.</td>
<td></td>
</tr>
<tr>
<td>a) Injections are supervised by a trained staff member who can respond to overdoses</td>
<td>132</td>
</tr>
<tr>
<td>b) 30 minute time limit for injection</td>
<td>146</td>
</tr>
<tr>
<td>c) Have to register each time you use it</td>
<td>146</td>
</tr>
<tr>
<td>d) Required to show government ID</td>
<td>146</td>
</tr>
<tr>
<td>e) Required to show client #</td>
<td>146</td>
</tr>
<tr>
<td>f) Have to live in the neighbourhood where the SIS is</td>
<td>146</td>
</tr>
<tr>
<td>g) Video surveillance cameras onsite to protect users</td>
<td>146</td>
</tr>
<tr>
<td>Question</td>
<td>n</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>h) Not allowed to smoke crack/crystal meth</td>
<td>146</td>
</tr>
<tr>
<td>i) Not allowed to have others assist in the preparation of injections</td>
<td>146</td>
</tr>
<tr>
<td>j) Now allowed to assist each other with injections</td>
<td>146</td>
</tr>
<tr>
<td>k) Not allowed to share drugs</td>
<td>146</td>
</tr>
<tr>
<td>l) May have to sit and wait until space is available for you to inject</td>
<td>146</td>
</tr>
<tr>
<td>m) Have to hang around for 10 to 15 minutes after injecting so that your health can be monitored</td>
<td>146</td>
</tr>
</tbody>
</table>

45. There are various **SERVICES** being considered to provide with SIS. I’m going to read out a number of services. I will ask you if they are very important, important, moderately important, slightly important, or not that important to you.

| a) Nursing staff for medical care and supervised injecting teaching   | 132|
| b) Washrooms                                                        | 135|
| c) Showers                                                          | 146|
| d) Social workers or counsellors                                   | 146|
| e) Drug counsellors                                                | 146|
| f) Aboriginal (Indigenous) counsellors                             | 146|
| g) Food (including take away)                                      | 146|
| h) Peer support from other injection drug users                     | 132|
| i) Access to an opiate (methadone or buprenorphine) prescribed by a health professional | 146|
| j) Needle distribution                                              | 132|
| k) Injection equipment distribution                                 | 146|
| l) HIV and hepatitis C testing                                     | 132|
| m) Withdrawal management                                            | 146|
| n) Special times for priority groups such as women, indigenous populations etc. | 146|
| o) Referrals to drug treatment, rehab, and other services when you’re ready to use them | 132|
| p) A ‘chill out’ room to go after injecting, before leaving the SIS  | 132|
| q) Preventing or responding to overdose                            | 146|
| r) Access to general health services                               | 146|
| s) Assistance with housing, employment and basic skills             | 133|
| t) Harm reduction education                                         | 146|
| u) Drug testing (a service to check if your drug may have been cut with another potentially dangerous substance) | 146|
| v) Other                                                            | 146|

46. Would you use SIS if it was located in each of the following locations?

<p>| a) Community health centre                                         | 146|
| b) Public health clinic                                             | 146|
| c) Walk-in or family doctor’s clinic                               | 146|</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>d) Social service agency</td>
<td>146</td>
</tr>
<tr>
<td>47. What type of model/building would you prefer for a SIS?</td>
<td>146</td>
</tr>
<tr>
<td>48. How long would you be willing to walk to use a SIS in the SUMMER/WINTER?</td>
<td>146</td>
</tr>
<tr>
<td>49. Are you willing to take a bus to a SIS?</td>
<td>146</td>
</tr>
<tr>
<td>50. How long would you be willing to travel by bus to get to a SIS in the SUMMER/WINTER?</td>
<td>84</td>
</tr>
<tr>
<td>51. What other ways do you see yourself accessing SISs?</td>
<td>146</td>
</tr>
<tr>
<td>52. In which neighbourhood, or region would be your FIRST CHOICE for seeing an SIS?</td>
<td>146</td>
</tr>
<tr>
<td>53. In which neighbourhood, or region would be your SECOND CHOICE for seeing an SIS?</td>
<td>101</td>
</tr>
<tr>
<td>54. What time of the day would be your FIRST CHOICE to use SIS?</td>
<td>146</td>
</tr>
<tr>
<td>55. Now, what time of the day would be your SECOND CHOICE to use a SIS?</td>
<td>106</td>
</tr>
<tr>
<td>56. If SIS was established in a location convenient to you in Waterloo Region how often would you use it to inject?</td>
<td>146</td>
</tr>
<tr>
<td>57. What would be the best set-up for injecting spaces for SISs?</td>
<td>146</td>
</tr>
<tr>
<td>58. Do you think people who use drugs should be involved in running SISs?</td>
<td>146</td>
</tr>
<tr>
<td>59. HOW do you think people who use drugs could be involved?</td>
<td>83</td>
</tr>
<tr>
<td>60. If it was possible to check the safety of your drug before injecting at a SIS, how often would you do this?</td>
<td>146</td>
</tr>
<tr>
<td>61. How long would you wait to get the results of the drug safety test?</td>
<td>115</td>
</tr>
<tr>
<td>62. How many SISs do you think Waterloo Region needs?</td>
<td>146</td>
</tr>
<tr>
<td>63. I am going to ask if you think the following would be very likely, likely, neutral, unlikely, or very unlikely to occur in the community if SISs were opened in Waterloo Region.</td>
<td>-</td>
</tr>
<tr>
<td>a) The number of people injecting outdoors would be reduced</td>
<td>146</td>
</tr>
<tr>
<td>b) The number of used syringes on the street would be reduced</td>
<td>146</td>
</tr>
<tr>
<td>c) Injection with used needles would be reduced</td>
<td>146</td>
</tr>
<tr>
<td>d) People would learn more about drug use</td>
<td>146</td>
</tr>
<tr>
<td>e) Overdoses would be reduced</td>
<td>146</td>
</tr>
<tr>
<td>f) Street violence would be reduced</td>
<td>146</td>
</tr>
<tr>
<td>g) Crime would be reduced in the area</td>
<td>146</td>
</tr>
<tr>
<td>h) Users would visit the area more</td>
<td>146</td>
</tr>
<tr>
<td>i) Users would move to the area</td>
<td>146</td>
</tr>
<tr>
<td>j) Drug dealers would be attracted to the area</td>
<td>146</td>
</tr>
<tr>
<td>64. Have you heard of Narcan/naloxone?</td>
<td>146</td>
</tr>
<tr>
<td>65. Have you heard about take-home Narcan/naloxone kits that you can keep with you for an opiate overdose?</td>
<td>123</td>
</tr>
<tr>
<td>66. If yes, how did you hear about it?</td>
<td>110</td>
</tr>
<tr>
<td>Question</td>
<td>n</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>67. Are you aware of the Narcan/naloxone Program in Waterloo Region?</td>
<td>112</td>
</tr>
<tr>
<td>68. Do you currently have a take-home Narcan/naloxone kit?</td>
<td>110</td>
</tr>
<tr>
<td>69. If yes, where did you get it from?</td>
<td>69</td>
</tr>
<tr>
<td>70. If no, why not?</td>
<td>41</td>
</tr>
<tr>
<td>71. Have you ever administered Narcan/naloxone to anyone?</td>
<td>104</td>
</tr>
<tr>
<td>72. If yes, how many times?</td>
<td>49</td>
</tr>
<tr>
<td>73. Have you <strong>EVER</strong> overdosed by accident?</td>
<td>146</td>
</tr>
<tr>
<td>74. Have you overdosed in the <strong>PAST SIX MONTHS</strong>?</td>
<td>57</td>
</tr>
<tr>
<td>75. Altogether, how many times have you overdosed in your lifetime?</td>
<td>55</td>
</tr>
<tr>
<td>76. When was the <strong>LAST TIME</strong> you overdosed?</td>
<td>54</td>
</tr>
<tr>
<td>77. The last time you overdosed, do you remember which drugs or substances were involved?</td>
<td>58</td>
</tr>
<tr>
<td>78. The last time you overdosed, which drugs or substances were involved? Did you inject them?</td>
<td>49</td>
</tr>
<tr>
<td>79. Were other people with you when you overdosed?</td>
<td>58</td>
</tr>
<tr>
<td>80. What neighbourhood were you in when you <strong>LAST</strong> overdosed?</td>
<td>48</td>
</tr>
<tr>
<td>81. Could you tell me the type of place where you overdosed?</td>
<td>51</td>
</tr>
<tr>
<td>82. Was an ambulance called when you overdosed?</td>
<td>55</td>
</tr>
<tr>
<td>83. After the ambulance was called, did the police show-up?</td>
<td>33</td>
</tr>
<tr>
<td>84. Were you taken to an emergency department/hospital?</td>
<td>32</td>
</tr>
<tr>
<td>85. Were you offered transport to the hospital but Declined?</td>
<td>33</td>
</tr>
<tr>
<td>86. If yes, why did you refuse?</td>
<td>7</td>
</tr>
<tr>
<td>87. Were you given Narcan/naloxone?</td>
<td>53</td>
</tr>
<tr>
<td>88. If yes, who administered it?</td>
<td>28</td>
</tr>
<tr>
<td>89. Have you <strong>witnessed</strong> an overdose in the <strong>LAST 6 MONTHS</strong>?</td>
<td>146</td>
</tr>
<tr>
<td>90. Who overdosed?</td>
<td>75</td>
</tr>
<tr>
<td>91. What happened in response to the overdose you witnessed?</td>
<td>75</td>
</tr>
<tr>
<td>92. Have you <strong>EVER</strong> been afraid of being arrested when you or someone else overdosed?</td>
<td>146</td>
</tr>
<tr>
<td>93. Have you <strong>EVER</strong> in your lifetime been in a drug treatment or detox program?</td>
<td>146</td>
</tr>
<tr>
<td>94. Have you in the <strong>LAST SIX MONTHS</strong> been in a drug treatment or detox program?</td>
<td>66</td>
</tr>
<tr>
<td>95. In the <strong>LAST SIX MONTHS</strong>, which treatment programs have you been in?</td>
<td>25</td>
</tr>
<tr>
<td>96. During the <strong>PAST SIX MONTHS</strong>, have you ever tried but been unable to get into any of the treatment programs?</td>
<td>146</td>
</tr>
</tbody>
</table>
Appendix E. Key Informant Interview Participants by Organization

1. AIDS Committee Of Cambridge, Kitchener, Waterloo and Area (ACCKWA)
2. Grand River Hospital Withdrawal Management
3. House of Friendship
4. KW Counselling
5. oneROOF Youth Services
6. Ontario Addiction Treatment Centres
7. Region of Waterloo Public Health and Emergency Services
8. Ray of Hope
9. Sanguen Health Centre
10. Simcoe House
11. The Working Centre
Appendix F. Information and Consultation Session Group Participants

1. A Clean Cambridge
2. Cambridge Outreach Task Force
3. Canadian Mental Health Association
4. City of Cambridge
5. City of Kitchener
6. City of Waterloo
7. Downtown Kitchener BIA
8. For a Better Cambridge
9. Galt BIA
10. Hespeler BIA
11. Housing Outreach Workers
12. Housing Support Managers
14. Kitchener SIS Advocacy Groups
15. Lutherwood
16. Municipal Councillors
17. Paramedic Services
18. Postsecondary Stakeholders
19. Preston BIA
20. Region of Waterloo Housing Staff
21. Township of North Dumfries
22. UpTown BIA
23. Waterloo Region Crime Prevention Council
24. Waterloo Region Integrated Drugs Strategy
25. Waterloo Regional Police Service
26. Waterloo Wellington Local Health Integration Network
Appendix G. Number of valid responses for each question of the community survey

<table>
<thead>
<tr>
<th>Question</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you willing to do the survey about supervised injection services in Waterloo Region?</td>
<td>3,879</td>
</tr>
<tr>
<td>2. Do you live, work, or go to school in Waterloo Region?</td>
<td>3,829</td>
</tr>
<tr>
<td>3. Are you 16 years of age or older?</td>
<td>3,829</td>
</tr>
<tr>
<td>4. To what extent do you think supervised injection services would be helpful in Waterloo Region?</td>
<td>3,576</td>
</tr>
<tr>
<td>5. In what ways would supervised injection services be helpful in our community?</td>
<td>3,579</td>
</tr>
<tr>
<td>6. Do you have any questions or concerns about having supervised injection services in Waterloo Region?</td>
<td>3,550</td>
</tr>
<tr>
<td>7. What questions or concerns do you have about supervised injection services in Waterloo Region?</td>
<td>1,441</td>
</tr>
<tr>
<td>8. Do you have any ideas to address questions or concerns from the community about supervised injection services?</td>
<td>3,509</td>
</tr>
<tr>
<td>9. What type(s) of supervised injection services do you think would be the best for Waterloo Region?</td>
<td>3,491</td>
</tr>
<tr>
<td>10. Do you have any other comments or suggestions about supervised injection services in Waterloo Region?</td>
<td>1,339</td>
</tr>
<tr>
<td>11. Describe your connection to harm reduction services.</td>
<td>3,321</td>
</tr>
<tr>
<td>12. Which of the following describes you?</td>
<td>3,483</td>
</tr>
<tr>
<td>13. What age group are you in?</td>
<td>3,458</td>
</tr>
<tr>
<td>15. Where do you work?</td>
<td>3,446</td>
</tr>
<tr>
<td>16. Where do you go to school?</td>
<td>3,087</td>
</tr>
</tbody>
</table>
Works Cited


Acknowledgements

This study was conducted by Region of Waterloo Public Health and Emergency Services with support from a number of agencies and organizations that work on issues related to problematic substance use in Waterloo Region.

We would like to extend our sincerest thanks to individuals from the groups, agencies and organizations that were willing to share their experiences and opinions to inform this work. We are especially grateful to the individuals living with substance use who shared details of their drug use as well as their opinions about substance-use-related services.

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Executive Summary

Across Canada, rising numbers of overdose and overdose-related harms has spurred communities to bolster strategies to address problematic substance use. Comprehensive strategies that include a combination of prevention, harm reduction, treatment and enforcement measures tackle the issues from multiple levels. This approach is called a “four-pillar” model and has been the adopted strategy of the Waterloo Region Integrated Drugs Strategy. Activities to address problematic substance use have been implemented across all four pillars in Waterloo Region. A supervised injection service is a healthcare service operated according to harm reduction principles with the goal of reducing the negative health outcomes of substance use, including death. Exploring whether supervised injection services are needed was prioritized because of the rising number of overdose and overdose-related deaths in Waterloo Region.

What are Supervised Injection Services?

Fundamentally, a supervised injection service is a health care service. Locations are established to provide support, healthcare and a place for people to inject pre-obtained substances without fear of dying from an opioid-related overdose. At a supervised injection site, people may use drugs intravenously under the care of a trained health care provider. These locations can be small, allowing for two or three people to use the service at one time; but they can also be larger in scale. In Ontario, supervised injection services must be integrated with other services in order to be funded. First aid, referrals to treatment, access to clean needles and safe disposal of needles must also be available at the site.

Description of the Waterloo Region Supervised Injection Services Feasibility Study

Region of Waterloo Public Health and Emergency Services, in consultation with community partners, undertook a multipronged research study to determine the feasibility of supervised injection services for Waterloo Region. The study included:

- A review of secondary data sources related to opioid use in Waterloo Region;
- In-person surveys with people with experience of injection drug use;
- Key informant interviews with harm reduction service providers;
- Information and consultation (focus group) sessions with groups interested in the opioid response for Waterloo Region; and
- An online survey to gather public input.

Supervised injection services are being explored in Waterloo Region as part of a community response to social service issues as a result of increased opioid use. In order to legally operate supervised injection services, a federal exemption is required.
The application for exemption requires broad community consultation and a description of the local context supported by data.

The goal of phase one of the Waterloo Region Feasibility Study was to document and describe issues related to overdose and injection drug use in Waterloo Region; to determine if supervised injection services would be used by people at risk for overdose; to gain community input on how supervised injection services may be of benefit to the community, and to uncover concerns about such services being implemented in Waterloo Region. The study also aimed to understand how such concerns can be addressed.

Key findings of the Waterloo Region Supervised Injection Services Feasibility Study include:

- An estimated 4,000 people in Waterloo Region inject drugs.
- About half (47.8%) of the people surveyed who inject drugs inject daily and 75.6 per cent reported injecting in public in the last six months.
- The most commonly reported reason for public drug use was homelessness.
- Respondents reported injecting most often in downtown Kitchener, and in Galt City Centre/South Galt.
- About four out of five (78.6%) people reported injecting drugs alone, increasing their risk for fatal overdose.
- Accidental overdose was reported by 39.0 per cent of respondents and 47.1 per cent of respondents have administered naloxone to someone who was overdosing.
- Most people who inject drugs (86.5%) said that they would use or might use supervised injection services if they were available in Waterloo Region. Half (51.3%) indicated they would use a supervised injection site always (100% of the time) or usually (75% of the time) for their injections.
- The most commonly mentioned benefits of supervised injection services included a reduction in public drug use, a decrease in the number of overdoses, and a reduction in the spread of blood borne infections.
- Community concerns regarding supervised injection services centred on questions of whether supervised injection services would compromise the safety of dependants, people who may use the services, and the surrounding neighbourhood.
- Participants across all methodologies recommended the following strategies to address the concerns of the community about supervised injection services:
  - improving communication about the process to consider supervised injection services;
  - educating the community on addiction, mental health, and harm reduction to build understanding and reduce stigma; and
o creating an advisory group to oversee and respond to issues that may arise during implementation of supervised injection services.

Conclusions:

- Substantial support exists for supervised injection services in Waterloo Region as a strategy to reduce the occurrence of overdose, reduce public injecting, connect individuals with health and social services in the community, and provide access to clean and sterile injection drug use equipment.
- Residents of Waterloo Region are genuinely concerned about those who suffer from drug addiction and are equally concerned about the implications of injection drug use on the community.
- There was strong support for service integration within a supervised injection service model. Access to addiction treatment options, either through referral or onsite, was seen as essential by all respondents including those who use substances.
- While most feel that supervised injection services are needed in Waterloo Region, some people did not support this strategy. Concerns were raised about where sites would be located and the potential impacts on the surrounding community including safety of children and dependents, property values, drug trafficking, and the effect on businesses.
- Increasing communication in the community about addiction, harm reduction, and supervised injection services was identified as a key strategy to addressing community concerns.
- Downtown Kitchener and South Cambridge (Galt) were identified as the most important locations for supervised injection services; however a third site (temporary or mobile) was also recommended to address potential need in other areas. It was strongly recommended by all groups not to concentrate services in one area by establishing one site in the region. There is fear that a single location would stigmatize an area, and overtime may result in more people moving to that area in order to access services.
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1.0 Introduction

1.1 What is the Opioid Crisis?

Opioid overdose-related deaths are on the rise in Canada. Health Canada reported more than 2,800 suspected opioid-related deaths across the country in 2016 and preliminary data suggests that the number of lives lost will most likely surpass 3,000 in 2017 (Health Canada, 2017). Across Canada, communities are planning and implementing comprehensive harm reduction strategies to address rising numbers of overdose and overdose-related deaths nationwide. The Federal Minister of Health reported in 2016 that Canada was facing a serious and growing opioid crisis signaled by high rates of addiction, overdoses and deaths across Canada. The opioid crisis is a complex health and social issue with devastating consequences for individuals, families, and communities (Health Canada, 2016).

Opioids are a family of drugs used to treat acute and chronic pain. Over the past several years there has been increasing concern regarding the misuse of prescription opioids, including overprescribing and the appearance of these medications in the illicit drug market. While fentanyl can enter the market through diversion of pharmaceutical fentanyl products in pill, powder or patch form, more and more, fentanyl and its analogues including Carfentanil and Cyclopropyl Fentanyl are imported or smuggled from abroad. In turn, these substances are used to create illicit products or added to other substances such as cocaine or heroine. When fentanyl is combined with other substances, the potency of the drug is increased and can be lethal, even in minute doses. When the person using the substance is unaware that they are taking fentanyl, the risk of overdose, particularly fatal overdose, is increased.

Addiction is characterized by the inability to stop using despite knowing the harmful consequences and wanting to stop. In 2016, more than 40,000 Ontarians were newly started on high doses of prescription opioids1 (Kudhail, 2018) and 29 per cent of Canadians aged 18 years and older recently reported having used some form of opioids in the last five years2 (Statistics Canada, 2018). Continued opioid use can cause dependence, which may lead to addiction. According to the National Institute on Drug Abuse, addiction is a “chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her” (National Institute on Drug Abuse, 2016). Research shows that addictive disorders are health conditions and can be treated (Notarandrea, 2018).

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1 Over 90 mg of morphine per day, or the equivalent dose of a different opioid.
2 Opioids are medications that relieve pain. Common opioids include fentanyl, OxyContin, morphine, and codeine.
1.2 What are supervised injection services?
Supervised injection services are legally-sanctioned, medically-supervised services where individuals can consume pre-obtained illicit drugs intravenously. Supervised injection services create a supportive environment for those suffering from addiction and are available worldwide, including in Canada.

In Ontario, the Ministry of Health and Long-Term Care established the supervised injection services program to complement and enhance existing harm reduction programming in response to growing public health concerns in Ontario related to opioid misuse and overdose. The Ministry lists the following impacts related to the establishment of supervised injection services (September 2017):

- Reduced overdose related morbidity;
- Improved community safety by decreasing public injecting and discarded needles, and no increase in drug-related crime;
- Increased referrals to health and social services including detoxification and drug treatment programs; and
- Reduced HIV and Hep C transmission as a result of fewer needles being shared and/or reused3.

In Ontario, supervised injection services must be integrated with other harm reduction services which at a minimum must include first aid, education on safer injection, provision (and disposal) of sterile injection supplies, distribution of naloxone, and referrals to other health and social services.

1.3 How do supervised injection services fit with other strategies to address problematic substance use?

Drug strategies in Canada aim to address problematic substance use through interventions that fall into four general categories: (1) prevention, (2) treatment and rehabilitation, (3) justice and enforcement and (4) harm reduction. When implemented in tandem, the four categories (or pillars) form a comprehensive strategy. While prevention-based strategies aim to educate and prevent addiction from occurring, harm reduction strategies aim to support people who are struggling with addiction. According to the Centre for Addiction and Mental Health, harm reduction programs do not only benefit individuals who use substances but also the community (2002):

3 These reported impacts are supported by evidence gathered from supervised injection services located in Canada and Australia (Potier, Laprevote, Dubois-Arber, Cottencin, & Rolland, 2014).
There is evidence that programs that reduce the short and long term harm to people who use benefit the entire community through reduced crime and public disorder, in addition to the benefits that accrue from the inclusion into mainstream life of previously marginalized members of society. The improved health and functioning of individuals and the net impact on harm in the community are notable indicators of the early success of harm reduction (Centre for Addiction and Mental Health, 2002).

Supervised Injection is a health-based strategy that aims to reduce harms facing people who use substances, including overdose, blood-borne infections, and other health care issues.

1.4 Study Objectives

To operate legally in Canada, supervised injection services require an exemption under Section 56 of the Federal Controlled Drugs and Substances Act (CDSA). In order to receive an exemption from Health Canada, the applicant is required to provide information regarding the intended public health benefits of the site and must include a description of local conditions indicating a need for the site and “expressions of community support or opposition”. Funding for supervised injection services in Ontario is provided by the Ministry of Health and Long-term Care. Applications for funding must contain similar data submitted through the federal application. A multi-pronged feasibility study was designed in order to gather the required information for Waterloo Region. The following objectives guided the study:

1. To determine the need for supervised injection services in Waterloo Region;
2. To determine the conditions under which supervised injection services would be used and judged as suitable or attractive by program deliverers and potential clients;
3. To determine the extent to which supervised injection services are seen as helpful to Waterloo Region by community stakeholders and the community, to uncover any concerns about supervised injection services, and to discuss mitigation strategies related to concerns;
4. To determine how supervised injection services could be integrated within existing harm reduction services in Waterloo Region; and
5. To determine potential locations for supervised injection services.
2.0 Study Design

2.1 Methodology

In July 2017, the British Columbia Centre on Substance Use\(^4\) (BCCSU) released the Supervised Consumption Services Operational Guidance\(^5\) document. This document provides evidence, best practices, and lessons learned from areas that have supervised consumption services in operation and recommends conducting a feasibility study with a mixed methods approach to ensure that key stakeholder groups are consulted when exploring the need for such services.

Region of Waterloo Public Health, in consultation with the Supervised Injection Services Feasibility Workgroup, employed this methodology for the following reasons:

- The methodology was developed using the best available research relating to harm reduction and supervised consumption services;
- The methodology was successfully used in London, Thunder Bay, and Hamilton; and
- The consultation materials had been piloted on the target sample populations and the materials were easily modifiable to support the local context.

The Waterloo Region Supervised Injection Services Feasibility Study has two phases (refer to Figure 1). In the first phase, the need for supervised injection services is explored and broad community input is gathered in order to understand the perceived benefits and concerns of establishing supervised injection services in Waterloo Region. Subject to Regional Council’s consideration and approval of the Phase 1 study findings, the second phase of the study would involve identification and exploration of potential locations for safe injection services, and further consultation with those who live, work, or go to school in close proximity to a proposed location. Implementation of this second phase would only occur if approval from the Community Services Committee of Regional Council is received on the Phase 1 recommendations.

\(^4\) The British Columbia Centre on Substance Use is made up of various levels of academia (e.g. associate faculty members, research scientists, postdoctoral fellows) whose mandate is to develop, help implement, and evaluate evidence-based approaches to substance use and addiction.

Currently, the Ministry of Health and Long-term Care only provides funding to operate supervised injection services, therefore this study focused solely on the feasibility of supervised injection and did not explore the feasibility of consumption of illicit substances by other means. The methodology for the study was reviewed and approved by the Region of Waterloo Public Health Research Ethics Board on October 16, 2017. Data collection began October 25, 2017.

A combination of secondary and primary data informed the findings. Secondary quantitative data sources were examined to understand the context of drug use and related consequences in Waterloo Region. These included data from harm reduction.
programs, data from first responders including Waterloo Regional Police Services and Region of Waterloo Paramedic Services, and infectious disease rates. Primary data collection was used to document drug use patterns among people who inject drugs, as well as to gather opinions of people who use substances and harm reduction service providers regarding the need for supervised injection services. Additional qualitative methods were used to understand the extent to which such services are supported or opposed as a strategy to address opioid-related issues and substance use harms more generally. Figure 2 provides an overview of all data types used for Phase 1 of the Waterloo Region Supervised Injection Services Feasibility Study. For a list of data sources used, please see Appendix A.
Consultation with community stakeholders was an important component of the study. Engagement of individuals who may use injection services was not only used to determine if such services would be used in Waterloo Region, but also helped to describe the conditions that would promote their use by those who would need them most. Further engagement of other community stakeholders including harm reduction service providers, community groups with an interest in addressing problematic
substance use, and the general population was provided with an opportunity for input regarding supervised injection services. The community consultations were effective in their goal of reaching a broad cross-section of people. Figure 3 lists the methods used for community consultation and their reach.

Figure 3. Community consultation methodology

<table>
<thead>
<tr>
<th>Method</th>
<th>Sector reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-person surveys with people who inject drugs (146 conducted)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| Key informant interviews with harm reduction service providers (11 conducted) | AIDS organization  
Addictions treatment  
Counselling organizations  
Emergency shelters (adults and youth)  
Health services  
Withdrawal management |
| Information and consultation sessions – focus groups (28 conducted) | Community interest groups  
Business Improvement Areas  
Police and Emergency Services  
Health services  
Housing  
Local Health Integration Network  
Municipal Services  
Outreach organizations  
Social Services |
| Community online survey (3,579 responses) | N/A |

a) Survey with People Who Inject Drugs

Surveys were conducted with people who self-identified as having injected drugs in the last six months. The survey instrument, adapted from the British Columbia Centre on Substance Use guidance document, aimed to capture the following:

- Demographic information;
- Drug use and injection practices;
- Attitudes and opinions towards supervised injection services;
- Potential community impact of a supervised injection services;
- Overdose experience; and
- Drug treatment.

Community researchers with lived experience of substance use were hired by Region of Waterloo Public Health to visit agencies who serve people who inject drugs in the region between November 9, 2017 and December 8, 2017 to recruit participants to complete
the survey. Participants were eligible to complete the survey if they were 16 years of age or older; lived, worked or went to school in Waterloo Region; and had self-identified as having injected drugs in the last six months. Participants were also required to provide consent to participate in the study. The survey had 96 questions and took between 30 and 60 minutes to complete. Participants received a $25 cash honorarium for their time.

Surveys were completed in person on paper, and promptly entered into an online survey tool (Enterprise Feedback Management) supported by Public Health. Region of Waterloo Public Health then exported the data to Microsoft Excel and SPSS for analysis.

b) Key Informant Interviews with Service Providers

Key informant interviews were held with harm reduction service providers in Waterloo Region from November 6-30, 2017. Harm reduction service providers have first hand experience of working with people who inject drugs and can provide valuable insight into the needs of this population.

Recruitment was done through email and interviews took place over the phone or in person. On two occasions, there were multiple attendees at the interview. Key informants were provided with an information and consent letter to participate in the study prior to beginning the interview. Following informed consent, a standardized set of questions adapted from materials developed by the BCCSU (refer to Appendix B for key informant interview guide), were used for each key informant interview. Interviews were approximately 30 minutes in length (except for the two group interviews which lasted over an hour).

Most responses were recorded electronically. In cases where this was not possible, hand written notes were transcribed in Microsoft Word upon completion of the interview. Responses were then summarized by question and points of commonality are shared in this report.

c) Information and Consultation Sessions

Information and consultation sessions were held with interest groups in the community between November 9, 2017 to December 20, 2017. Groups consulted consisted of stakeholders with a vested interest in the community opioid response or groups who possibly would be affected by implementation of supervised injection services in Waterloo Region. Selection of interest groups was informed by the BCCSU guidance document, and by direction provided from the Supervised Injection Services Feasibility Workgroup as well as the Community Services Committee of Regional Council.

Sessions were arranged through email and delivered at a location of the group’s choosing. The sessions consisted of an information component about supervised
injection services, harm reduction, and the purpose of the community consultation. This was followed by the consultation component (refer to Appendix C).

Sessions were facilitated by Region of Waterloo Public Health and Emergency Services. At a minimum, sessions were attended by the facilitator and note taker. For the majority of sessions, a subject matter expert was also present for questions. On five occasions, the lead researcher also attended the session. Word for word responses to the questions were recorded electronically in Microsoft Word. Sessions were between one and three hours long.

The qualitative data were analyzed for themes until saturation (until no new insights emerged). A second researcher involved in the information and consultations sessions validated the thematic analysis after it was conducted.

d) Community Survey

An online survey was developed in consultation with City of Hamilton Public Health Services who surveyed Hamiltonians in late 2016. Region of Waterloo Public Health adapted and localized their survey for use in this study.

The survey was developed using Enterprise Feedback Management software supported by Public Health. The survey took approximately 10 minutes to complete and was open from October 25, 2017 to December 1, 2017.

Participants were eligible to complete the survey if they were 16 years of age or older and lived, worked, or went to school in Waterloo Region. Participants were also required to provide consent to participate in the study prior to beginning the survey.

The survey was promoted to residents through a variety of means: emails to community networks, social media, print media, Public Health’s website, and radio interviews.

The survey asked participants about the helpfulness of supervised injection services in Waterloo Region; whether or not they had any questions or concerns about supervised injection services; how those concerns could be addressed; the model of service (i.e. integrated, mobile) they believe should be provided in Waterloo Region; and basic demographic information. Participants were also provided a space to leave general comments about supervised injection services in Waterloo Region.

Region of Waterloo Public Health then exported the data to Microsoft Excel and SPSS for analysis.

2.2 Limitations

It is important to note that all research contains some limitations. This section documents the limitations of each method used within the study.

a) In-person survey with people who inject drugs
The survey of people who inject drugs used convenience sampling\(^6\). People who inject drugs were recruited though organizations who serve this population. Community researchers visited two agencies that are located downtown Kitchener, one agency in Waterloo, and two agencies in South Cambridge. While the researchers were easily able to recruit participants at these locations, no attempt was made to reach individuals who inject substances but do not access services through the identified agencies. Also, because of the volume of clients at these agencies, some potential participants were turned away due to time constraints.

Given that there is unreliable baseline data on the number and demographics of people who inject drugs in Waterloo Region, the sample surveyed for this study cannot be assumed to be representative of all people in Waterloo Region who inject drugs.

Furthermore, the survey relied on self-reported information which may be subject to response biases including socially-desirability bias (answering in a way that makes the responder look more favorable to the experimenter) and recall bias (trouble recalling details of injection and overdose events).

b) Interviews with service providers

Purposive sampling\(^7\) was used to select participants for the key informant interviews. Members of the Supervised Injection Services Feasibility work group brainstormed harm reduction service providers in Waterloo Region to be interviewed. This process may have excluded some harm reduction service providers in the region. Therefore the findings are not representative of all harm reduction service providers in the region.

c) Information and consultation sessions

Purposive sampling was used to recruit interest groups for the information and consultation sessions. Responses are therefore not representative of the broader population. Some attempts to include priority groups experiencing barriers to services such as, Indigenous Communities and First Peoples, and Lesbian, Gay, Bisexual, Transgendered, and Two-Spirited communities were unsuccessful. As such, findings may not reflect experiences of people within those groups. While efforts were made to discourage people from attending more than one session, this occurred in fewer than ten instances and therefore those individuals had the opportunity to contribute their ideas more than once. Finally, it is important to note that while the consultation sessions sought opinions about supervised injection services, it also provided a platform for people to share concerns on others issue related to harm reduction interventions. Thematic analysis reflects all of the content from the information and consultation sessions; however, specific questions and concerns related to the broader context of

\(^6\) Sample units are selected on the bases of availability and not by a probability sampling method.

\(^7\) Respondents were selected based on characteristics of the population of interest and the objective of the study.
substance use may not be reflected in this report as the vast amount of content obtained was specifically related to supervised injection services.

d) Community Survey

The community survey used convenience sampling in order to provide universal access for residents of Waterloo Region to share their thoughts and concerns about supervised injection services. Despite extensive survey promotion to various demographic groups across Waterloo Region, there were low response rates from some groups including people aged 55 years and older, and people living in the townships of Waterloo Region. Therefore, the results shared in this report cannot be assumed to represent all people living in Waterloo Region.

While the survey was open, harm reduction services were garnering higher than normal media attention in the City of Cambridge. This may explain high response rates among Cambridge residents compared to any other City or Township in the region.

Finally, the Region of Waterloo intentionally used survey software that does not limit the number of times a survey can be filled out to a single Internet Protocol (IP) address. This was to ensure access for people who rely on public use computers such as those available at libraries or workplaces. As a result, the software does not prevent individuals from completing the survey multiple times in an effort to skew results. Responses by IP address were analyzed to explore this effect. Distribution of results by respondent with the same IP address was not substantially different from the distribution of results from the overall survey. Analysis also revealed that there were similar numbers of repeat respondents who were either very much in support of supervised injection services or not at all in support of supervised injection service, resulting in negligible impact on the findings overall.
3.0 Findings

3.1 Prevalence of Injection Drug Use and Overdose – A Review of the Secondary Data

Waterloo Region is made up of three municipalities and four townships and has a population of 583,500 people (according to the Canada 2016 census). Region of Waterloo Public Health is mandated to provide harm reduction programs including the Needle Syringe Program and the Naloxone Distribution Program. Public Health is also responsible for monitoring the health of the population as it relates to substance use. Opioid related issues have been increasing across the province including Waterloo Region. The following sections will illustrate the extent of opioid crisis in Waterloo Region as indicated by the following data:

- The estimated number of people who inject drugs in Waterloo Region
- Confirmed opioid related deaths (2015-2016)
- Suspected overdose deaths (2017)
- Opioid related Paramedic Service calls
- Naloxone kit distribution
- Opioid-related emergency department visits
- Rates of hepatitis C and HIV

3.1.1 Injection Drug Use in Waterloo Region

Although limited information is available on illicit drug use in Waterloo Region, it is estimated that approximately 3,919 residents inject drugs (current as of December 31, 2017). This estimate was calculated by counting the number of unique clients who visit needle syringe programs in Waterloo Region. It is important to note that this number is an underestimation as not all people who inject drugs access Needle Syringe Programs in Waterloo Region. In Canada, it has been reported that approximately 94.5 per cent of people who inject drugs used sterile injecting equipment at last injection (Stone, 2016) indicating that our needle syringe programs are servicing most but not all people who inject drugs in Waterloo Region. The 2017 estimate of 3,919 is a 166.6 per cent increase from an estimate reported in the Baseline Study of Drug Use in Waterloo Region conducted in 2008, where it was estimated (albeit through different methodology) that 1,470 residents injected drugs (Taylor, 2008).

Limited information is available to compare the proportions of people who use drugs in Waterloo Region to other areas of Canada. Typically, areas report on the range of people they believe inject drugs in their jurisdictions. For example, it is estimated that between 1,200 and 5,600 people inject drugs in Ottawa (Levy, 2016). Ottawa implemented supervised injection services in November 2017. In Lethbridge Alberta,
where supervised consumption services are slated to open in February 2018, approximately 3,000 of their residents inject drugs (Cotter, 2017).

3.1.2 Fatal and Non-Fatal Overdoses

The growing severity of opioid use in Waterloo Region is evident in the suspected number of overdose deaths reported by Waterloo Regional Police Services and confirmed opioid related deaths reported by the Office of the Chief Coroner for Ontario. The Coroner reported that there were 23 opioid related deaths in Waterloo Region in 2015 and 38 in 2016. At the end of 2017, Waterloo Regional Police Services reported that there were 71 calls for service where a death had occurred and a drug overdose was suspected (this number includes all suspected drug overdoses and is not limited to opioids and thus cannot be directly compared to the Coroner data); 32 of these deaths occurred in Kitchener, 29 in Cambridge, and 10 in Waterloo.

Region of Waterloo Paramedic Services responded to 197 opioid-related calls in 2015, 410 in 2016 and 795 in 2017. This represents a 303.6 per cent increase in the number of opioid related overdose calls in Waterloo Region between 2015 and 2017. Paramedic Services opioid related overdose calls are higher in Cambridge and Kitchener, compared the rest of Waterloo Region. Figure 4 shows the total number of opioid overdose calls by location.
3.1.3 Naloxone Distribution

Naloxone is a life saving medication used to temporarily reverse the effects of an opioid overdose and is available as a nasal spray or as an injection. In late 2013, Region of Waterloo Public Health and Sanguen Health Centre began offering naloxone kits to people with a history of past or current opioid use. In 2017, the program was expanded to include family and friends of a person at risk for an opioid overdose. In 2016, the Ontario Addiction Treatment Centres began distributing naloxone as well and in late 2017, Bridges, oneROOF, and the AIDS Committee of Cambridge, Kitchener, Waterloo and Area came on board. Region of Waterloo Public Health is currently exploring additional agencies to distribute naloxone. Naloxone is also available at pharmacies.

Naloxone distribution in Waterloo Region increased significantly between 2016 and 2017. Figure 5 shows the number of naloxone kits distributed by agencies in Waterloo Region, excluding pharmacies.

Source: Region of Waterloo Paramedic Services, January 1, 2017 to November 15, 2017.
3.1.4 Impact on Local Health Care System

Local emergency departments have also seen the effects of the opioid crisis. In 2016, opioid related emergency department visits increased by 68.5 per cent compared to 2015. In 2016, the rate of opioid related emergency department visits in Waterloo Region was higher than that of Ontario (refer to Figure 6).

While data for 2017 is not complete, there were 169 opioid related emergency department visits reported by June 2017. The number of opioid related hospitalizations remains stable.

Figure 6. Number and rates per 100,000 population for opioid related emergency department visits, Waterloo Region and Ontario, 2003-2016


In 2016, opioid related visits to the emergency department were highest between 12:00 noon and 4:00 p.m. and 8:00 p.m. and 12:00 midnight (refer to Figure 7).
The Canadian Institute for Healthcare Information also reported that the rate of hospitalizations of babies with neonatal opioid abstinence syndrome in Canada has risen from 1,448 in 2012-2013 to 1,846 in 2016-2017 fiscal year, an increase of 27.5 per cent in just four years (Fitzgerald & Gruenwoldt, 2017).

3.1.5 Rates of Hepatitis C and HIV

Hepatitis C infection is an infection of the liver caused by the Hepatitis C virus (HCV). HCV spreads through contact with the blood of an infected person, mainly through sharing of contaminated needles, syringes or other drug equipment; blood transfusions prior to 1992 before screening became available; unsafe tattoos/piercings; sexual contact with an infected person; and/or, being born to an infected mother (Folkema, 2017). In 2017, the rate\(^8\) of HCV in Waterloo Region was 25.2 cases per 100,000 (N=135)\(^9\).

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\(^8\) Crude incidence rate.

\(^9\) Source: iPHIS (2017), Region of Waterloo Public Health and Emergency Services, Extracted January 15, 2018. These estimates are preliminary and subject to change once the data has been finalized.
Human immunodeficiency virus (HIV) is a blood-borne infection that attacks the immune system (the body’s internal defence system). HIV can lead to acquired immunodeficiency syndrome (AIDS) which is a disease of the immune system that makes the person at risk of getting other infections and diseases (Folkema, 2017). One of the risk factors for HIV is injection drug use. In 2017, there were 11 HIV/AIDS cases in Waterloo Region or 2.1 cases per 100,000.

Since 2006, local incidence rates of Hepatitis C and HIV have remained significantly lower than provincial rates, however quality of life consequences for those infected are significant.

### 3.2 Survey of People who Inject Drugs

#### 3.2.1 Characteristics and Drug Use Patterns

A total of 146 people who self-identified as having injected drugs in the last six months completed the survey. Respondents indicated living, working or going to school in Waterloo Region and were at least 16 years of age or older.

Data analysis note: Given the length of the survey, not all questions were answered by every participant. Therefore, the denominator for each question varies. Proportions are presented based on the number of valid responses for each question and not a proportion of the total sample (n=146). The number of valid responses for each question can be found in Appendix D.

**Demographic Information**

Among survey participants, three quarters identified as male (73.1%) and the median age was 37 (range: 19 to 70). The majority of respondents resided in Kitchener (51.0%) or Cambridge (44.8%) and identified as Caucasian (85.6%). In the last six months, respondents reported living in a house or apartment most of the time (33.6%) followed by shelter or welfare residence (17.2%) and on the street\(^\text{10}\) (13.4%). Over half of respondents (57.9%) indicated that they currently live with someone who injects drugs. While 60.6 per cent of respondents indicated having completed high school and 22.5 per cent completed any college/university, 64.1 per cent reported a yearly personal income of less than $20,000. Ontario Works (50.0%) and the Ontario Disability Support Program (35.6%) were most commonly reported sources of income. Close to one in five respondents (17.8%) reported engaging in sex work or exchanging sex for resources in the past six months.

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\(^{10}\) On the street includes abandoned buildings, cars, and parks.
Drug Use and Injection Practices

The majority of respondents (81.9%) reported having injected drugs in the last 30 days and 47.8 per cent of respondents reported injecting on a daily basis in the last six months.

Respondents also reported high rates of public drug use (75.6%) in the last six months. Of those who reported injecting in public (n=102), 38.2 per cent noted that they inject publicly over 75% of the time. The most commonly reported reason for public drug use was homelessness (See Table 1).

Table 1. Reasons for public drug use in the last six months (n=110)

<table>
<thead>
<tr>
<th>Reason for public drug use</th>
<th>N (%)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>I'm homeless</td>
<td>64 (58.2)</td>
</tr>
<tr>
<td>It's convenient to where I hang out</td>
<td>42 (38.2)</td>
</tr>
<tr>
<td>I'm too far from home</td>
<td>40 (36.4)</td>
</tr>
<tr>
<td>There is nowhere to inject safely where I buy drugs</td>
<td>34 (30.9)</td>
</tr>
<tr>
<td>I don't want the person I am staying with to know I use/am still using</td>
<td>22 (20.0)</td>
</tr>
<tr>
<td>I prefer to be outside</td>
<td>18 (16.4)</td>
</tr>
<tr>
<td>I need assistance to fix</td>
<td>12 (10.9)</td>
</tr>
<tr>
<td>Dealing/middling (connecting sellers to purchasers)/steering (guiding potential buyers to selling)</td>
<td>12 (10.9)</td>
</tr>
<tr>
<td>Guest fees at friend's place, but I don't want to pay</td>
<td>7 (6.4)</td>
</tr>
<tr>
<td>Other</td>
<td>9 (8.2)</td>
</tr>
</tbody>
</table>

*Respondents could choose more than one answer; the total proportions for this question can exceed 100%.

Participants were also asked to indicate which neighbourhoods they injected drugs in most often in the last six months. Respondents who identified living in Kitchener noted frequent injection drug use downtown Kitchener (44.6%) and in Country Hills (10.8%). Cambridge respondents reported frequent injection drug use in Galt City Centre/South Galt (40.0%).

Notably, 83.3 per cent of respondents indicated having accessed a local harm reduction program to exchange or obtain needles in the last six months. Respondents also indicated accessing supplies from their friends (78.9%) and from a dealer or someone on the street (59.4%). Risk for infectious disease transmission was also evident, with 20.8 per cent of participants noting that they had injected with needles knowing they had already been used in the last six months. Furthermore, 17.9 per cent of respondents had also loaned used syringes to other people. Many respondents (53.7%) noted not knowing where to get a clean needle in the last six months. This response was not qualified by time of day or day of the week which may explain the high proportion.
Most Commonly Injected Drugs and Drug of Choice

The most commonly injected drugs in the last six months were crystal meth (44.5%) and hydromorphone (8.9%). Thirteen per cent of respondents declined to answer.

Figure 8. Most commonly injected drugs among survey participants in the last six months (n=146)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crystal Meth</td>
<td>44.5%</td>
</tr>
<tr>
<td>Other*</td>
<td>15.1%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>13.0%</td>
</tr>
<tr>
<td>Hydros</td>
<td>8.9%</td>
</tr>
<tr>
<td>Cocaine/ Crack</td>
<td>6.9%</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>4.8%</td>
</tr>
<tr>
<td>Heroin</td>
<td>3.4%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

*Other includes morphine, Ritalin or Biphentin, Speedball, Wellbutrin, and combinations of drugs identified by participants (e.g. crack and crystal meth, crystal meth and fentanyl, fentanyl and heroin).

The top three drugs most preferred by clients are crystal meth (54.1%), hydros (22.6%), and heroin (18.5%).

Accidental Overdose

Injection practices among participants illustrated the likelihood of overdose. Over three quarters of participants (78.6%) indicated they had ever injected alone, and 97.3 per cent reported that this occurred in the last six months. Of these participants (n=107), 60.7 per cent indicated that they injected alone at least 75% of the time in the last six months. Over three-quarters (78.0%) of respondents indicated that they have used a drug they believe was cut with another substance and of those, 41.1 per cent reported they were trying to use crystal meth at the time.

Accidental overdose was reported by 39.0 per cent of participants and 64.9 per cent of those reporting having ever overdosed, overdosed in the last six months. Of those respondents who had ever overdosed (n=57), 19.3 per cent indicated that they were alone when the overdose occurred. Fentanyl was reported having been injected prior to their last overdose by 67.3 per cent of respondents. More than half (60.0%) of respondents indicated that an ambulance was called the last time they overdosed, and in those instances, the police showed up 72.7 per cent of the time. The majority (87.5%) were taken to an emergency department/hospital. Of those who provided a location for
their most recent overdose (n=43), 44.2 per cent indicated a neighbourhood in Kitchener, and 39.5 per cent noted a neighbourhood in Cambridge.

The majority of respondents (78.8%) reported having heard of naloxone (n=115) and of those 95.7 per cent have heard about take-home naloxone kits; mainly through a friend (42.5%). More than half (62.7%) reported currently having a naloxone kit and of those, 56.4 per cent got it from the Sanguen Van. Naloxone has been administered by 47.1 per cent of respondents.

3.2.2 Supervised Injection Services and Factors Influencing their Acceptability

Survey participants were asked a number of questions about supervised injection services. Many respondents (71.2%) reported having heard of supervised injection services and most (86.5%) said that they would use them or might use them if they were available in Waterloo Region (66.7% and 19.6%, respectively). Reasons for using supervised injection services are presented in Table 2.

Table 2. Reasons for using supervised injection services (n=119)

<table>
<thead>
<tr>
<th>Reason</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would be able to get clean sterile injection equipment</td>
<td>86 (72.3)</td>
</tr>
<tr>
<td>I would be able to inject indoors and not in a public space</td>
<td>73 (61.3)</td>
</tr>
<tr>
<td>Overdoses can be prevented</td>
<td>70 (58.8)</td>
</tr>
<tr>
<td>Overdoses can be treated</td>
<td>64 (53.8)</td>
</tr>
<tr>
<td>I would be safe from crime</td>
<td>63 (52.9)</td>
</tr>
<tr>
<td>I would be injecting responsibly</td>
<td>62 (52.1)</td>
</tr>
<tr>
<td>I would be able to see health professionals</td>
<td>61 (51.3)</td>
</tr>
<tr>
<td>I would be safe from being seen by the police</td>
<td>61 (51.3)</td>
</tr>
<tr>
<td>I would be able to get a referral for services such as detoxification or treatment</td>
<td>40 (33.6)</td>
</tr>
</tbody>
</table>

*Respondents could choose more than one answer; the total proportions for this question can exceed 100%.

When respondents were asked what the most important reason would be for using supervised injection services, 27.2 per cent indicated that they would be able to get clean sterile injection equipment, followed by overdose prevention (18.4%).

Participants who indicated they might or would not use supervised injection services (n=46; 33.3%) provided the following top 3 reasons:

- “I do not want to be seen” (91.3%);
- “I do not want people to know I am a drug user” (67.4%); and
- “I am afraid my name will not remain confidential (63.0%).
Supervised Injection Services – Impact on the Community

Survey participants were asked about the likelihood of particular things happening in the community if supervised injection services were to open in Waterloo Region. Table 3 presents potential outcomes and the number and proportion of respondents who believed it would be very likely or likely to occur.

Table 3. Community outcomes of a supervised injection service location, as identified by people who inject drugs (n=146)

<table>
<thead>
<tr>
<th>If supervised injection services were to open in Waterloo Region:</th>
<th>N (%) Indicating Very Likely or Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of used syringes on the street would be reduced</td>
<td>120 (82.2)</td>
</tr>
<tr>
<td>People would learn more about drug treatment</td>
<td>118 (80.8)</td>
</tr>
<tr>
<td>Overdoses would be reduced</td>
<td>118 (80.8)</td>
</tr>
<tr>
<td>The number of people injecting outdoors would be reduced</td>
<td>115 (78.8)</td>
</tr>
<tr>
<td>Injection with used needles would be reduced</td>
<td>111 (76.0)</td>
</tr>
<tr>
<td>Users would visit the area more</td>
<td>90 (61.6)</td>
</tr>
<tr>
<td>Users would move to the area</td>
<td>80 (54.8)</td>
</tr>
<tr>
<td>Street violence would be reduced</td>
<td>77 (52.8)</td>
</tr>
<tr>
<td>Drug dealers would be attracted to the area</td>
<td>71 (48.6)</td>
</tr>
<tr>
<td>Crime would be reduced in the area</td>
<td>67 (45.9)</td>
</tr>
</tbody>
</table>

Preference for Supervised Injection Service Location

Respondents indicated that they would use a supervised injection service if it was located in a community health centre (76.0%) or Public Health clinic (71.2%). Respondents indicated preference for the service to be located with other health and social services (53.4%) followed by mobile unit/van (40.4%).

Survey participants were asked to identify where in Waterloo Region supervised injection services should be located. Downtown Kitchener (38.6%) and downtown Galt (33.7%) were identified as leading choices for location. Other locations that were mentioned include Preston (11.5%), Country Hills (8.0%), and Bridgeport/Breithaupt/Mount Hope (8.0%). Survey participants were asked how many supervised injection service locations are needed in Waterloo Region. Of those who responded (n=87), 83.9 per cent believe that between two and six locations are needed region wide.

Hours of Operation

Respondents were asked what time of day would be their first choice to use supervised injection services. Morning hours between 8am and 12pm were picked by the majority (41.1%), followed by afternoon hours of 12pm until 4pm (15.8%) and early evening between 4pm and 8pm (6.2%). Respondents were then asked to indicate their second
choice for when they would use supervised injection services. Overnight (midnight until 8am) was preferred by 30.4 per cent of respondents, followed by afternoon hours (29.4%). While a single “24/7” option was not available as a selection, interviewer comments at the end of the survey indicated a number of requests from clients for this model.

Use of Supervised Injection Services and Design Preferences

Similar proportions of respondents indicated that they would use a supervised injection service location always and usually11 (25.3% and 26.0%, respectively). Over half (51.4%) believe the best set up would be private cubicles for injecting spaces and 56.8 per cent of respondents noted that people who use drugs should be involved in running the site. These individuals could be involved by monitoring the entrance and surrounding area (72.3%), greeting clients (73.5%), and being available in the chill-out room (68.7%) and in the waiting area (59.0%).

In order to understand how supervised injection services might be implemented if need is determined, participants were asked to rate the following guidelines in terms of very acceptable to very unacceptable. The proportions of those indicating very acceptable or acceptable are presented in Table 4.

Table 4. Acceptability of guidelines under consideration for supervised injection services, as perceived by people who inject drugs

<table>
<thead>
<tr>
<th>Guideline</th>
<th>N (%) Indicating Very Acceptable or Acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injections are supervised by a trained staff member who can respond to overdoses</td>
<td>119 (90.2)</td>
</tr>
<tr>
<td>Have to hang around for 10 to 15 minutes after injecting so that your health care can be monitored</td>
<td>88 (60.3)</td>
</tr>
<tr>
<td>30 minute time limit for injections</td>
<td>88 (60.3)</td>
</tr>
<tr>
<td>Not allowed to have others assist in the preparation of injections</td>
<td>67 (45.9)</td>
</tr>
<tr>
<td>Not allowed to assist each other with injections</td>
<td>66 (45.2)</td>
</tr>
<tr>
<td>Not allowed to share drugs</td>
<td>66 (45.2)</td>
</tr>
<tr>
<td>Register each time you use it</td>
<td>65 (44.5)</td>
</tr>
<tr>
<td>May have to sit and wait until space is available for you to inject</td>
<td>65 (44.5)</td>
</tr>
<tr>
<td>Video surveillance cameras onsite to protect users</td>
<td>61 (41.8)</td>
</tr>
<tr>
<td>Required to show client ID number</td>
<td>57 (39.0)</td>
</tr>
<tr>
<td>Not allowed to smoke crack/crystal meth</td>
<td>57 (39.0)</td>
</tr>
<tr>
<td>Have to live in the neighbourhood where the SIS is</td>
<td>43 (29.5)</td>
</tr>
<tr>
<td>Required to show government ID</td>
<td>33 (22.6)</td>
</tr>
</tbody>
</table>

11 Usually was defined as use of a supervised injection service over 75% of the time.
Respondents were asked how often they would use drug testing services prior to injecting at a supervised injection site if it were available. Many respondents (61.6%) indicated that they would use drug testing services over 75% of the time but would only be willing to wait less than 10 minutes for the results (72.2%).

Respondents were also asked how long they would be willing to walk to a supervised injection service in the summer and winter months. The majority of respondents reported being willing to walk up to 20 minutes (59.6%) in the summer and between 5 and 10 minutes (52.7%) in the winter to a supervised injection site.

More than half of respondents (57.5%) indicated they would travel by bus to a supervised injection site and 72.6 per cent indicated they would travel by bike.

Respondents were also asked to rate the importance of services under consideration for supervised injection services. Table 5 shows the ten most important services identified by respondents.

Table 5. Top ten most important services under consideration for supervised injection services, as identified by people who inject drugs

<table>
<thead>
<tr>
<th>Service</th>
<th>Proportion Indicating Very Important or Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HIV and hepatitis C testing</td>
<td>89.4</td>
</tr>
<tr>
<td>2. Nursing staff for medical care and supervised injection teaching</td>
<td>87.9</td>
</tr>
<tr>
<td>3. Washrooms</td>
<td>87.4</td>
</tr>
<tr>
<td>4. Needle distribution</td>
<td>87.1</td>
</tr>
<tr>
<td>5. Referral to drug treatment, rehab, and other services when you’re ready to use them</td>
<td>82.6</td>
</tr>
<tr>
<td>6. Assistance with housing, employment and basic skills</td>
<td>81.2</td>
</tr>
<tr>
<td>7. A ‘chill out’ room to go to after injecting</td>
<td>80.3</td>
</tr>
<tr>
<td>8. Injection equipment distribution</td>
<td>77.4</td>
</tr>
<tr>
<td>9. Access to general health services</td>
<td>77.4</td>
</tr>
<tr>
<td>10. Drug testing</td>
<td>77.4</td>
</tr>
</tbody>
</table>

**History of Drug Treatment**

Close to half of respondents (45.2%) indicated having been in a detox or drug treatment program at some point in their lifetime and of those, 37.9 per cent attended a program in the last six months. The most commonly reported drug program attended in the last six months was a detox program with other prescribed drugs (20.0%).

Almost one in ten (9.6%) respondents reported that they had tried to get into a treatment program in the last six months but were unsuccessful.
3.3 Interviews with Harm Reduction Service Providers: The Need for Supervised Injection Services and Considerations for Implementation

Harm reduction services providers were asked a series of questions to determine whether supervised injection services are needed in Waterloo Region along with other questions that would inform how the service should be offered and how to address challenges to implementation. The responses are organized by the question asked.

A total of 11 key informant interviews were completed with harm reduction service providers in Waterloo Region (refer to Appendix E for the list of key informant interviews by organization).

Need for Supervised Injection Services in Waterloo Region

Overall, key informants were knowledgeable of supervised injection services including their intended purpose, how they are operated, and outcomes experienced by the client and the community at large. Outcomes for the client included connecting individuals with health and social services, facilitating treatment, reducing fatal and non-fatal overdoses, and decreasing the spread of blood borne infections including Hepatitis C and HIV. Outcomes for the community as a whole included a reduction in public drug use and needle litter. One service provider described the development of supervised injection services as “creating a path to wellness” for those in the community who require health and social services but are often unable to access them.

All key informants indicated that supervised injection services have been needed in Waterloo Region for some time. As one participant stated,

“We need them today, not six months from now”

Service providers believe that supervised injection services would not only reduce the number of fatal overdoses in Waterloo Region but would also result in other important outcomes. These include:

- Reducing the stigma associated with addiction in the community;
- Keeping people alive and reducing health risks associated with injection drug use;
- Facilitating access to treatment and providing users with basic health and social services;
- Providing hope for life and a place where people feel comfortable talking with someone about their situation;
- Providing health care providers with a window of opportunity to support an individual when they are ready for treatment;
• Providing service providers with the opportunity to make connections with this vulnerable population and get them the services that they need. Supervised injection services would allow for deeper conversations that would lead to recovery and further help; and
• Increase proper disposal of used needles, decrease drug use in public places, and positively impact crime rates.

Perceived Challenges of Supervised Injection Services in Waterloo Region

Key informants identified potential challenges with having supervised injection services in Waterloo Region. These included:

• Stigma – Key informants cautioned that if service users were shamed or judged for attending a supervised injection service location, they will not use it. In addition, it was shared that the location of a site may stigmatize the surrounding neighbourhood.
• Nimbyism (Not in my backyard) – Key informants noted that while community members may support supervised injection services, the selection of neighbourhood will be difficult as there are perceived notions that this type of service will have negative impacts on the area.
• Community support – Key informants suggested there is a lack of information circulating in the community about addiction, harm reduction, and the supervised injection services program model. They encouraged more public education.
• Limited treatment options available – Key informants noted that while supervised injection services are important to support people experiencing harms related to substance use, better access to treatment is needed.

“We must help people find ways to relate to the issue on an individual level. Every single person will be affected if we don’t do something”

Acceptance and Use of Supervised Injection Services in Waterloo Region

Key informants believe that supervised injection services would be used by the majority of people who inject drugs. Respondents shared that clients have been asking for this service for some time as many are scared with the amount of overdoses and deaths happening in the community. More difficult to reach populations (i.e. youth, people who use occasionally, and those that hide their use) would require outreach to encourage use of the service. It was hypothesized by key informants that a supervised injection service location would be successful if it was easily accessible, run by peers and other trusted individuals, and it was proven to be a safe place without worry of legal repercussions.
Addressing Community Concerns

Harm reduction service providers acknowledged that community residents have concerns about the possibility of supervised injection services being established in Waterloo Region. It was shared that residents are worried that:

- A supervised injection site in close proximity to their home will have implications on property values;
- Their children’s safety will be at risk, especially if a supervised injection site is located near a school;
- The surrounding neighbourhood will experience more loitering, crime, increased presence of drug dealers and needle litter; and
- Supervised injection services would encourage and support drug use in the community and clients would not seek treatment.

Providers suggested various strategies to mitigate community concerns of supervised injection services, including:

- Education - Service providers described the importance of addressing misconceptions about supervised injection services including the belief that supervised injection services will encourage people to use drugs instead of seeking treatment. It was suggested that education about addiction and substance use is needed and that sharing stories is an important way to enhance understanding and increase empathy.
- Communication – Service providers stressed the importance of communicating with the public during all phases of the Supervised Injection Services Feasibility Study using a variety of approaches. It was recommended that a spokesperson that is well known be a consistent voice for supervised injection services in Waterloo Region.
- Mitigation Advisory Group - Several providers described the need for a group to oversee the implementation of supervised injection services that would respond to any issues a site experiences after implementation. Providers agree that building trust between clients of a potential site, the community, and service providers is critical to the success of any future site.

“We don’t want youth fatalities to be what pushes people to agree with this”

“A site would be empowering to a population who has never had a place specific for their needs. This population wants to do healthy things but has not yet been provided with the opportunity to do so”
Preferences for Supervised Injection Services Implementation: Lead Agency, Locations and Integration

a) Lead Agency

There was overwhelming support from key informants for Sanguen Health Centre to operate supervised injection services in Waterloo Region. Sanguen was identified as having the appropriate medical model to support the needs of those who will use the site. In addition, respondents encouraged involvement from Public Health, shelters in the area, and people with lived experience.

b) Number and Location of SISs Needed

When asked how many sites are needed in Waterloo Region, responses ranged from one to 12 sites. The majority indicated that three sites were needed at this time; one in each municipality (Kitchener, Cambridge, and Waterloo). While most respondents agreed that all of Waterloo Region is impacted by drug use, the areas of King and Fairway, Kitchener downtown, and South Cambridge (Galt) were mentioned as needing supervised injection services sooner than others. Several respondents suggested locating supervised injection services in locations that are frequented by the public including libraries, shopping centres and strip malls, and around Waterloo Region’s post secondary institutions.

c) Days and Hours of Operation

When asked which days and hours a site should operate, the majority of respondents indicated 24 hours a day, seven days a week. This was followed by statements that drug use patterns are unique for each individual and it would be difficult to select hours in the day that would meet everyone’s needs. Respondents were mindful that a 24/7 operation may not be feasible with the resources available, and suggested to track usage patterns and tailor operating hours to the hours that the site is used most often.

In the event that a 24/7 operation was not initially feasible, key informants noted that focusing on evenings, overnight and weekend hours would be most beneficial as other health and social services are not available during those times.

d) Service Integration

Key informants were asked which services should be offered at a supervised injection site. Their responses are summarized in Table 6.
Table 6. Suggested services to be offered alongside supervised injection

<table>
<thead>
<tr>
<th>Types of Services</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm Reduction</td>
<td>• Access to clean supplies, proper disposal of used equipment, and naloxone</td>
</tr>
<tr>
<td>Health Services</td>
<td>• Access to a nurse practitioner or general practitioner</td>
</tr>
<tr>
<td></td>
<td>• Nurse on site</td>
</tr>
<tr>
<td></td>
<td>• Basic health care including testing for blood-borne infections, pregnancy, and abscess and wound care</td>
</tr>
<tr>
<td></td>
<td>• Methadone clinic</td>
</tr>
<tr>
<td>Mental Health and Addictions</td>
<td>• Access to a counsellor</td>
</tr>
<tr>
<td>Services</td>
<td>• Pathways for psychiatric supports, harm reduction</td>
</tr>
<tr>
<td></td>
<td>• Psychotherapy, rehabilitation</td>
</tr>
<tr>
<td></td>
<td>• Support groups they can participate in</td>
</tr>
<tr>
<td>Social Services</td>
<td>• Outreach worker who can provide referrals to community supports</td>
</tr>
<tr>
<td></td>
<td>• Housing and income supports</td>
</tr>
<tr>
<td></td>
<td>• Involvement of peer workers (people with lived or living experience of drug use)</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>• Snacks and water for clients</td>
</tr>
<tr>
<td></td>
<td>• Access to basic needs (e.g. deodorant, toothbrushes), laundry facilities, showers, and a washroom</td>
</tr>
<tr>
<td></td>
<td>• Drop-in space or lounge area</td>
</tr>
</tbody>
</table>

“The drug use community is experiencing a lot and it’s being internalized. It will perpetuate more harmful drug use. They need a safe place to talk about what’s going on”
3.4 Information and Consultation Sessions: Concerns, Benefits and Implementation Considerations according to Key Interest Groups in Waterloo Region

Information and Consultation (focus group) sessions were held with interest groups from across Waterloo Region (refer to Appendix F for a list of participant groups). Findings are organized into seven themes, including:

- Support for supervised injection services in Waterloo Region with “not in my backyard” cautions
- The need for supervised injection services to provide a safe space
- Communication is key for concerns with supervised injection services
- Supervised injection services and education creating a cultural shift with respect to addiction
- Service integration is key for concerns with supervised injection services
- A hybrid service model for supervised injection services in Waterloo Region
- Locations: equity, access, safety

Support for supervised injection services in Waterloo Region with “not in my backyard” cautions

Qualitative analysis revealed a theme of strong support for the notion that if Supervised Injection Services were implemented in some form in Waterloo Region, it would benefit the community. The majority of those providing responses were supportive of supervised injection services and were looking for implementation solutions that allow us to be a caring community while still addressing and managing valid concerns about impact on safety, families, businesses, and culture. For instance, support was sometimes provided with a “not in my backyard” mentality. Although analysis revealed strong support for supervised injection services implementation in some form, some did not believe supervised injection services are right for their neighbourhood or to have in Waterloo Region overall. They still, however, expressed concern with the issues of overdose deaths and drug use, and wanted efforts to focus on prevention, treatment, and identification of root causes.

“It’s health. It’s not just harm reduction, but your health matters to us. Seeing someone overdose is traumatic. Having a site will help community members in general.”

“Safety – for both individuals [who inject drugs] and the community – as much as the NIMBY [not in my backyard] is an issue, it’s helpful to have information, education, support, intervention, an attempt at counselling.”
The Need for Supervised Injection Services to Provide a Safe Space

Many participants discussed the importance of providing a safe space for people with lived experience of injection drug use. Having a safe, non-judgemental space where people with lived experience feel included in the community and where injection drug use is not associated with fear of reprisal and shame but rather with safety and support, was believed to be a significant outcome of supervised injection services. Participants described such a location as not only decreasing overdose deaths and reducing other harms to those with lived experience, but also providing acceptance and inclusion for people who often experience marginalization. It was felt that when services meet people where they are in their drug use, it opens doors for relationship development with peers and service providers and can support people to improve their health over the long term, including accessing treatment if they are ready.

Communication is Key for Concerns with Supervised Injection Services

Communication was considered a key factor in addressing questions and concerns and to ensure success of supervised injection services. It was shared that communication should be multipronged, interactive, frequent, and transparent, including honest information about risks, unknowns, and the potential community impacts. It was felt that various topics require better communication including information about safe zones, whether supervised injection services enable or encourage drug use, how the community’s safety will be addressed, the cost-benefit analysis of supervised injection services, and site logistics, including needle litter and disposal. Commonly heard suggestions included:

- Having a dedicated public relations person
- Having an approach to community relationship development that breaks down barriers by allowing people to be heard and draws on the commonalities amongst differing perspectives
- Provision of information about how supervised injection services fit within the broader Waterloo Region Integrated Drugs Strategy’s four pillared approach
- Having an up-to-date website for information on the feasibility study with social media
- Having a mechanism for questions and answers
- Having responsive education and communication via Forums/Town Halls or other method of large public meetings
- Sharing stories of people and families who have been personally impacted by substance use
- Sharing and learning from other communities and ours about implementation of similar services
- Engaging the community in addressing concerns

“People want to hear what it’s all about, the options, and what some community impacts are. It’s really more from what is the community impact, not so much from the technical standpoint. I think the community is really interested in understanding this as well. That’s really key.”

**Supervised Injection Services and Education Creating a Cultural Shift with Respect to Addiction**

Participants discussed how supervised injection services can be a platform for a strong education strategy aimed at reducing the stigma of addiction, and shifting the culture to reframe it as a health issue. Many questions and concerns reflected a lack of understanding and stereotyping of people with living or lived experience of injection drug use, misconceptions of how they came to use drugs, and of the path to treatment and recovery. It was felt that a larger education strategy would reframe addiction as a health issue, and include strategies such as humanizing people with lived experience, highlighting their diversity, myth busting, and sharing of personal experiences to help shift the culture. Education and communication would highlight root and underlying causes, the complexity of addiction, and convey the diversity of people with lived experience.
Service Integration is Key for Concerns with Supervised Injection Services

Integrating other services with supervised injection services was seen to be one of the most important benefits as it would provide people with access to services that they may not have sought out otherwise. Participants defined service integration as service provider interaction and connection, referrals, co-location of services, and ease of movement between services. The following were considered priorities:

- Counselling (mental health and addictions)
- Primary care
- Access to treatment and recovery
- Housing services
- Community/Peer support
- Provision of a safe space
- Substance testing
- Community and social services
- Employment
- Community policing
- Food security

It was indicated that supervised injection services should not be implemented unless there is service integration with and bolstering of access to rapid treatment. Expansion to supervised consumption services and consideration for provision of drugs, such as prescription hydromorphone, also emerged in the service integration discussion.

“Access to treatment services on site – we’re gonna sell this as harm reduction, then it’s on a continuum so part of that harm reduction is offering treatment service, and safe injection is part of that package, so sell the whole package and not just the safe injection site. It will be easier to grasp if a person can go in and access harm reduction and services rather than just safe injection.”
A Hybrid Service Model for Supervised Injection Services in Waterloo Region

Participants discussed the need to consider a hybrid model would combine aspects of mobile or temporary supervised injection services in addition to permanent locations of supervised injection services. It was indicated that this would best serve our geography, meet the needs of the community, and allow for agility and responsiveness.

Several considerations for hybrid models came forward:
- Testing locations by establishing a temporary locations first
- Have permanent locations and use mobile for outreach (data informed and client request based)
- Have an agile model that can be responsive to changes in injection drug use, weather, and other factors contributing to patterns of movement throughout the community

Suggestions for hybrid models centred on concerns that injection drug use is complex and ever changing and that supervised injection services need to be implemented in a way that they can easily be assessed and modified to responsively meet the needs of the community.

“Mobile [supervised injection services] or a network makes a lot of sense. Neighborhoods change. Something gets established and the neighbourhood can be completely different five years later. There could be a more nimble way to approach it logically.”

Locations: Equity, Access, Safety

Equitable distribution of locations, ease of access, and safety emerged as key criteria for determining locations.

a) Equity

Distributing locations across Waterloo Region emerged as important from the perspective of properly meeting the needs of those who would use the services as well as reducing potential community impacts and concentration of people and services by having just one service in one location. Participants felt that at least three locations are needed with one in each of the downtown cores of South Cambridge (Galt), Kitchener, and Waterloo. In addition to locations in the cores, there were some suggestions to have additional smaller locations that would make the service more “normalized” and improve access for all. Locations that encourage some movement of people throughout the community, were seen as more desirable. Many recommended not to implement supervised injection services unless there would be more than one location.
b) Access

Participants shared that supervised injection services should be easy to access and should be located in downtown cores, along the central transit corridor, and near transit terminals or easily accessed routes and stops. It was felt that they should be located in areas where the people are who would access services. Co-locating supervised injection services with other services was also seen to increase access as use of the site would be more discreet. Some participants believed that pairing injection services with other services that members of the public would regularly use could facilitate destigmatization. There were also suggestions to think outside the box of traditional service models to increase access; for example, having them available whenever or wherever someone might need them such as in shopping malls, pharmacies, family doctor offices, or existing Public Health clinics.

Another component of access was reflected in the vast majority of those responding indicating that supervised injection services should be a 24 hour, 7 day a week service. Most indicated that supervised injection services should not be implemented unless it will be 24/7. Other suggestions were provided with the caveat that “if 24/7 is not available”:

- Ensure evening, overnight, and weekend hours; offer partial services for hours when other harm reduction services are available and then enhanced when closed
- Determine the hours based on when people with lived experience indicated they would access supervised injection services
- Operate 24/7 to start and then determine use pattern and tailor service provision accordingly

“How do we change the culture so that when setting up a supervised injection site, we don’t create the feared neighbourhoods?”; “We want to be a caring, inclusive community, but there’s the fine line of hurting businesses.”

“We have some geographical differences in our region. My feeling is that if we went forward with SIS, and we only had one area when that’s happening, it wouldn’t service our population fully. We would need multiple sites in order to properly serve our population.”

“Run 24/7 for a test period and determine when the best times are and adjust accordingly. You have to be open to determine when the best allocation of resources can be used. That’s the way you set it up.”
c) Safety

Integration of Supervised Injection Services into the community in a way that prioritizes safety was seen as vital. This includes community policing and relationship development including establishment of a safe zone, concerns with drawing drug trafficking and crime to the area, and paying attention to proximity to schools, parks, residential areas, and businesses.

Other content emerging when discussing locations focused on patterns of use and concerns regarding improperly discarded needles in the community.

“A concern I have on one large permanent site, surrounded by a safe zone, is that in addition to drug sales and purchases, people buying drugs don’t have money. They have to buy drugs and usually resort to crime, breaking and entering, and prostitution. When you have a site, you create ground zero for people without the money who do drugs. Businesses and homes in that area will be impacted.”
3.5 Community Survey: Community Perceptions of Supervised Injection Services

In the fall of 2017, people who lived, worked or went to school in Waterloo Region were invited to complete an online survey to share their thoughts about supervised injection services. While the survey was brief, taking approximately ten minutes to complete, not all participants answered every question.¹²

Who completed the online survey?

Over 3,500 residents participated in the survey. Community members of all ages were represented with the majority of responses coming from the 35 to 44 year age category (See Figure 9). According to 2016 Census population estimates, the survey reached more people from the 25 to 34 and 35 to 44 year age groups than any other age grouping.

Figure 9. Age distribution of survey respondents by distribution of Waterloo Region population (n=3,458)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Survey %</th>
<th>2016 Population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-24</td>
<td>12.3%</td>
<td>11.0%</td>
</tr>
<tr>
<td>25-34</td>
<td>28.9%</td>
<td>11.8%</td>
</tr>
<tr>
<td>35-44</td>
<td>29.3%</td>
<td>12.9%</td>
</tr>
<tr>
<td>45-54</td>
<td>17.8%</td>
<td>13.9%</td>
</tr>
<tr>
<td>55+</td>
<td>11.0%</td>
<td>29.4%</td>
</tr>
</tbody>
</table>

Source: Population and Household Estimates for Waterloo Region (including post-secondary students); Statistics Canada, 2016 Census.

¹² The denominator for each question varies. Proportions are presented based on the number of valid responses for each question and not the number of participants that were eligible to complete the survey (n=3,819). The number of valid responses for each question can be found in Appendix G.
All areas of the region responded to the survey (See Figure 10) however Cambridge was over represented and Kitchener, Waterloo, and the Townships were under represented.

Figure 10. Distribution of survey respondents residence by distribution of Waterloo Region population (n=3,463)

<table>
<thead>
<tr>
<th></th>
<th>Survey (%)</th>
<th>2016 population (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge</td>
<td>38.3%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Kitchener</td>
<td>33.3%</td>
<td>42.3%</td>
</tr>
<tr>
<td>Waterloo</td>
<td>18.3%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Townships</td>
<td>5.8%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Source: Population and Household Estimates for Waterloo Region (including post-secondary students); Statistics Canada, 2016 Census.

The majority (78.5%) of respondents indicated they have never used harm reduction services however, 16.8 per cent reported that they know someone who has. A small number of respondents (3.9%) reported current or previous use of harm reduction services.

Respondents were asked to indicate statements that describe them. The top three statements indicated by respondents were:

- I am a community member (I live, work or go to school in Waterloo Region) (85.5%);
- I am a parent (59.7%); and
- I am a student (16.1%).

Perceived Helpfulness of Supervised Injection Services in Waterloo Region

Almost two-thirds (62.0%) of respondents reported that supervised injection services would be very helpful or helpful in Waterloo Region (Figure 11). About one in ten (9.8%) were undecided and 28.0 per cent reported that supervised injection services would be ‘not very helpful’ or ‘not at all helpful’ in Waterloo Region. When analyzed by place of residence, Cambridge respondents were significantly more likely to report “Not at all

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13 Harm reduction services include needle syringe programming, teaching about safer drug use, naloxone kits to prevent overdoses from opioids, and overdose prevention training.
helpful” and “Not very helpful” than Waterloo Region as a whole (excluding Cambridge) (p<0.05).

Figure 11. Extent to which supervised injection services would be helpful in Waterloo Region (n=3,568)

![Bar chart showing percentages of responses to helpfulness of supervised injection services.]

Note: Percentages do not add up to 100 due to rounding.

When the data was analyzed by “I am a student”, strong support for supervised injection services was found (61.6% of students indicated ‘very helpful’). One third (32.8%) of parents believed that supervised injection services would be very helpful in the region, while just over a quarter (26.6%) of parent respondents believed they would be not at all helpful.

Respondents were asked which type of supervised injection service would be best for Waterloo Region and were able to select multiple options. Two thirds (62.7%) of respondents reported that an integrated service model (a site that also has other types of services such as food, showers, counselling, and addiction treatment) would be best. Mobile service (a vehicle with supervised injection booths inside that can move to different locations to meet clients) was indicated by 43.3 per cent of respondents. There were 27.2 per cent of respondents who felt that supervised injection services should not be available in Waterloo Region.

**Perceived Benefits of Supervised Injection Services in Waterloo Region**

Reduction in public drug use, decreased number of overdoses and a reduction in the spread of blood borne infections were the most commonly mentioned benefits of supervised injections services (Table 7).
Table 7. Ways in which supervised injection services would be helpful in Waterloo Region (n=3,579)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less public drug use on streets or in parks</td>
<td>62.5</td>
</tr>
<tr>
<td>Less risk of injury and death from drug overdose</td>
<td>60.7</td>
</tr>
<tr>
<td>Help lower the risk of diseases like HIV, AIDS, and Hepatitis C</td>
<td>59.7</td>
</tr>
<tr>
<td>Connect people who use drugs or their family members with health, treatment, and social services</td>
<td>57.9</td>
</tr>
<tr>
<td>Safer community</td>
<td>48.3</td>
</tr>
<tr>
<td>Less work for ambulance and police services</td>
<td>45.5</td>
</tr>
<tr>
<td>Supervised injection services would not help Waterloo Region</td>
<td>26.9</td>
</tr>
</tbody>
</table>

Questions and Concerns about Supervised Injection Services

Less than half of all participants (41.2%) reported having questions or concerns about supervised injection services in Waterloo Region. Respondents reported being most concerned about the safety of their children or dependents (58.5%), effects on property values (57.5%), and the perceived possibility that supervised injection services could lead to more drug use (56.3%).

Table 8. Questions and concerns about supervised injection services in Waterloo Region (n=1,441)

<table>
<thead>
<tr>
<th>Question/Concern</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have concerns about the safety of my children or dependents</td>
<td>58.5</td>
</tr>
<tr>
<td>Will supervised injection services have an effect on property value?</td>
<td>57.5</td>
</tr>
<tr>
<td>Will supervised injection services lead to more drug use?</td>
<td>56.3</td>
</tr>
<tr>
<td>Will supervised injection services lead to more drug selling or trafficking in the community?</td>
<td>53.4</td>
</tr>
<tr>
<td>Will supervised injection services lead to more people who use drugs in the community?</td>
<td>53.4</td>
</tr>
<tr>
<td>Will supervised injection services impact the reputation or image of our community?</td>
<td>49.7</td>
</tr>
<tr>
<td>Will supervised injection services impact community cleanliness or quality of life?</td>
<td>46.5</td>
</tr>
<tr>
<td>Will supervised injection services have an impact on business or profits?</td>
<td>41.7</td>
</tr>
<tr>
<td>Will supervised injection services lead to more crime?</td>
<td>40.0</td>
</tr>
<tr>
<td>Will supervised injection services impact personal safety?</td>
<td>39.8</td>
</tr>
<tr>
<td>Will supervised injection services lead to more used needles on the street?</td>
<td>36.8</td>
</tr>
</tbody>
</table>
Significantly more participants residing in Cambridge expressed having concerns about supervised injection services compared to Kitchener, Waterloo, and the townships combined (p<0.05). Table 9 shows the number of respondents for each location of residence, the proportion of respondents within each municipality reporting concerns for supervised injection services, and the proportion of all respondents with concerns.

Table 9. Proportion of respondents indicating questions/concerns by location of residence

<table>
<thead>
<tr>
<th>Location of residence</th>
<th># of respondents with concerns</th>
<th>% of respondents within location with concerns</th>
<th>% of all respondents with concerns (n=1,445)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge</td>
<td>1,327</td>
<td>53.4</td>
<td>49.0</td>
</tr>
<tr>
<td>Kitchener</td>
<td>1,153</td>
<td>32.7</td>
<td>26.1</td>
</tr>
<tr>
<td>Waterloo</td>
<td>634</td>
<td>28.1</td>
<td>12.3</td>
</tr>
<tr>
<td>Townships*</td>
<td>198</td>
<td>39.9</td>
<td>5.5</td>
</tr>
</tbody>
</table>

*The townships include North Dumfries, Wilmot, Wellesley, and Woolwich.
Note: 7.1 per cent of respondents with concerns indicated living outside Waterloo Region or did not know which municipality or township they resided in.

Respondents were asked to select strategies to address questions and concerns of the community about supervised injection services. While all strategies presented were supported to some degree (See Table 10), “Evaluate the services to see what’s working and what’s not, share results with the community and take action” was indicated by most (73.2%).

Table 10. Strategies to address questions and concerns of the community (n=3,509)

<table>
<thead>
<tr>
<th>Strategy</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate the services to see what's working and what's not, share results with the community and take action</td>
<td>73.2</td>
</tr>
<tr>
<td>Have a website with information and contact email and phone number for questions</td>
<td>56.1</td>
</tr>
<tr>
<td>Ask for ongoing feedback from the community about supervised injection services</td>
<td>55.2</td>
</tr>
<tr>
<td>Give out information about the goals of supervised injection services and how they can help the community</td>
<td>54.2</td>
</tr>
<tr>
<td>Have a community group involved in addressing questions and concerns about supervised injection services</td>
<td>49.0</td>
</tr>
<tr>
<td>Other*</td>
<td>9.7</td>
</tr>
</tbody>
</table>

*Other strategies included not having supervised injection services and community education.

Of those who indicated that supervised injection services would be 'not very helpful' and 'not at all helpful', ‘giving out information about the goals of supervised injection services
and how they can help the community” was preferred the most (87.8%) as a strategy to address questions and concerns.
4.0 Discussion

“My impression is that what we’re trying to do is throw a life ring to someone who is drowning. If someone is drowning, you don’t say that we really need to give everyone swimming lessons. People are dying and we recognize this is not where we want to be, but it’s a way to provide some kind of lifeline to folks who are hopelessly trapped in this addiction cycle”

– Information and Consultation Session participant

4.1 Are supervised injection services supported in Waterloo Region?

The majority of respondents\(^\text{14}\) are seeing the impact of injection drug use on individuals and the broader community and support supervised injection services. Supervised injection services were seen to prevent overdose related deaths, increase access to services, and create a safer community for all, by providing a safe space for clients to inject their own drugs and properly dispose of injection drug use equipment.

Harm reduction service providers and participants of the information and consultation sessions continually reinforced the importance of creating a safe space for people who inject drugs. This space would create a path to wellness by opening a door for the development of relationships with peers and service providers that would facilitate healthy behaviours and provide connections to treatment and recovery services when clients are ready. Further, there was general consensus that provision of a safe, non-judgemental space would create an environment where people with lived experience would be accepted and included, benefiting the community overall.

4.2 What concerns does the community have regarding supervised injection services and how can they be addressed?

Concerns regarding supervised injection services centred on questions of whether supervised injection services would compromise the safety of dependants, people who may use the services and the surrounding neighbourhood. There was the perception that supervised injection services would negatively impact the neighbourhood in which it is placed, leading to more crime, decreasing property values, and higher rates of improper needle disposal. Concerns were raised about the need for more addiction treatment programs in Waterloo Region and it was felt that if supervised injection services were to become available, more treatment should also be available. Improving

\(^{14}\) Unless otherwise noted, the discussion reflects findings from all groups engaged using the four methodologies for this feasibility study.
access to treatment in a timely manner was seen as a priority if supervised injection services were to move forward. In contrast, people who inject drugs strongly believed that supervised injection services would decrease improper needle disposal along with public drug use, crime, and street violence. They also believed that people accessing services would learn more about treatment and indicated strong support for access to treatment as part of a supervised injection service integrated model.

Strategies to address the concerns of the community about supervised injection services included improving communication about the process to consider supervised injection services; educating the community on addiction, mental health, and harm reduction to build understanding and reduce stigma; and creating an advisory group to oversee and respond to issues that may arise during implementation of supervised injection services.

A comprehensive, multipronged communication strategy about the feasibility study was identified as being needed and should describe supervised injection services and how they work. A spokesperson for the project was requested along with support from other community leaders who could provide information and dialogue about how these services fit within a broader community approach.

In parallel to the communication strategy, it was felt that an education strategy to reduce stigma and reframe addiction as a health issue is important. The strategy would focus on the complexity of addiction and mental health, and would help to dispel myths and provide a “human face” to addiction and substance use issues. It would also prioritize educating children, teens, and young adults on how to prevent addiction and problematic drug use.

An advisory group made up of community members, people with lived experience of drug use, and service providers was seen to be critical in building trust within the community about supervised injection services and the overall success of this intervention in Waterloo Region.

4.3 What services should a supervised injection service location offer?

In Ontario, supervised injection services must be integrated with other harm reduction services as opposed to being stand-alone sites. This requirement ensures access to services that otherwise may not be available to people with lived experience. Participants of the study, excluding community survey participants, were asked which services should be integrated alongside injection. Integrated services indicated by participants included:

- Mental Health and Addictions Services (e.g. counselling, referrals to treatment)
- Health Services (including primary care and testing for blood-borne infections)
• Social Services (e.g. housing, income support)
• Basic Needs (e.g. washroom, drop in space, food)

4.4 What geographic areas are most impacted by injection drug use?
While findings indicate that injection drug use occurs in a number of areas throughout Waterloo Region, the downtown cores of Kitchener and South Cambridge (Galt) were identified as being impacted more than other areas. People who inject drugs indicated a preference for a supervised injection service in these locations. Paramedic Services call response data shows a higher numbers of overdose calls in the downtown cores of Kitchener and South Cambridge (Galt). Having more than one site was considered essential as a means to preventing concentration of services in one area, and to ensure access for people who would use the services.

4.5 Are supervised injection services needed and will they be used?
The primary data collected strongly indicates that supervised injection services are needed in Waterloo Region. This community response is also supported by local opioid related data that shows rising numbers of overdose deaths in the region. It is evident that problematic substance use is affecting Waterloo Region.

Respondents of the injection drug use survey indicated that they would use the site with one in four reporting that they would use it for all their injections. Almost every person expressed a preference that the site is located with other health and social services with access to treatment being requested by 83 per cent. Respondents from all sources unequivocally reported that drug use is unique for each individual and supported a 24 hour a day, 7 days a week operation. Having said that, the preferred operating hours, as identified by people with lived experience are 8am-4pm, and overnight hours were a popular second choice (noting the limitation that 24/7 was not an option in the survey for them to select).
## 5.0 Appendices

### Appendix A. Secondary Data Extraction Data Sources

The table below summarizes the data sources that were used in the secondary data analysis.

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Description</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of injection drug users</td>
<td>The estimated number of people who inject drugs in Waterloo Region based on unique client ID through needle syringe programming.</td>
<td>Needle Syringe Program Data</td>
</tr>
<tr>
<td>Confirmed opioid related deaths</td>
<td>Confirmed opioid related deaths for Waterloo Region.</td>
<td>Office of the Chief Coroner for Ontario</td>
</tr>
<tr>
<td>Suspected number of overdose deaths</td>
<td>Number of deaths in Waterloo Region where overdose was suspected (not opioid specific).</td>
<td>Waterloo Regional Police Services</td>
</tr>
<tr>
<td>Opioid related paramedic services calls</td>
<td>The number of opioid related Paramedic Service calls in Waterloo Region.</td>
<td>Region of Waterloo Paramedic ServicesElectronic Patient Care Record (ePCR) Ambulance Dispatch Reporting System (ADRS)</td>
</tr>
<tr>
<td>Naloxone kits distributed</td>
<td>The total number of naloxone kits distributed by Public Health and community partners (Sanguen Health Centre, Bridges, oneROOF, and ACCKWA).</td>
<td>Region of Waterloo Public Health Program Data</td>
</tr>
<tr>
<td>Opioid related emergency department visits</td>
<td>Number and rate of opioid-related emergency department visits in Waterloo Region and Ontario. Triage time of opioid related visit.</td>
<td>National Ambulatory Care Reporting System (NACRS)</td>
</tr>
</tbody>
</table>
Appendix B. Key Informant Interview Questionnaire

1. What do you know about supervised injection services?
   
   - *Probe:* So we have a common understanding about what a SIS is (provide definition):
     
     “Supervised injection sites or services are health facilities where people who inject drugs can inject their pre-obtained illicit drugs under the supervision of nurses or other health professionals. Users are provided with sterile equipment, given information on safer injecting, as well as emergency response in the event of an overdose, and are provided with referrals to external health and social services”.

     The MOHLTC has outlined that each SIS funded by the provincial government will have the following core services onsite:
     
     1. First aid
     2. Education
     3. Disposal
     4. Distribution of naloxone
     5. Referrals to other health and social services

2. Do you think SISs are needed in Waterloo Region?

3. What would the benefits be of having SISs in Waterloo Region?
   
   (Probe: for individual, organizational, and community-level benefits)

4. What do you see as some challenges with having SISs in Waterloo Region?
   
   (Probe for: individual, organizational, and community-level challenges)

5. Do you think SISs will be accepted and used by people who inject drugs? Please explain your answer.

   Prompt: Do you think there are any barriers for people to use SISs?

6. What do you think are the concerns of the broader community regarding SISs?

7. How might we address those concerns? Do you have any strategies for addressing those concerns?

8. If you support the idea of having a SIS locally:

   - In addition to Public Health, who (individuals, organizations or service providers) do you think should be involved in operating a SIS location in our community?
   - How many SISs do you think are needed?
   - Where do you think SISs should be located?
• What days and hours do you think SISs should operate?

9. What other programs or services should be offered alongside SIS to ensure the effectiveness of SISs?

10. Do you have any other thoughts or concerns that you would like to share?
Appendix C. Information and Consultation Questions

1. In what ways would supervised injection services be helpful in Waterloo Region?
2. What questions or concerns do you have about supervised injection services in Waterloo Region?
3. Do you have any ideas to address questions or concerns about supervised injection services in Waterloo Region?
4. What areas of Waterloo Region do you think are most impacted by drug use?
5. What services or organizations do you think should be involved in operating supervised injection services or be located in the same facility?
6. What days and hours should a supervised injection site be open?
7. Is there anything else you would like to share about supervised injection services?
Appendix D. Number of valid responses for each question of the survey conducted with people who inject drugs

<table>
<thead>
<tr>
<th>Question</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you injected drugs in the LAST 6 MONTHS?</td>
<td>146</td>
</tr>
<tr>
<td>2. Are you 16 years of age or older?</td>
<td>146</td>
</tr>
<tr>
<td>3. Do you live, work, or go to school in Waterloo Region?</td>
<td>146</td>
</tr>
<tr>
<td>5. What year were you born?</td>
<td>142</td>
</tr>
<tr>
<td>6. What sex were you assigned at birth (e.g., on your birth certificate)?</td>
<td>145</td>
</tr>
<tr>
<td>7. Some people identify with an ethnic group or cultural background. To which ethnic or cultural group do you feel you belong?</td>
<td>146</td>
</tr>
<tr>
<td>8. Please list all the places that you have lived or stayed overnight in the last SIX MONTHS</td>
<td>146</td>
</tr>
<tr>
<td>9. Of the places you listed, where did you live most of the time? (DO NOT read out list. Check only ONE response from Question 8)</td>
<td>134</td>
</tr>
<tr>
<td>10. Are you living with someone who is a current injection drug user?</td>
<td>145</td>
</tr>
<tr>
<td>11. What is the highest level of education that you have COMPLETED?</td>
<td>142</td>
</tr>
<tr>
<td>12. About how much money did you get from all sources LAST YEAR?</td>
<td>142</td>
</tr>
<tr>
<td>13. Over the LAST 6 MONTHS, what were your sources of income?</td>
<td>146</td>
</tr>
<tr>
<td>14. In the PAST SIX MONTHS have you exchanged sex (including oral) for any of the following things?</td>
<td>146</td>
</tr>
<tr>
<td>15. In the LAST SIX MONTHS, how often did you inject drugs?</td>
<td>138</td>
</tr>
<tr>
<td>16. Have you injected drugs in the LAST 30 DAYS?</td>
<td>138</td>
</tr>
<tr>
<td>17. In the last SIX MONTHS, have you re-used a needle for more than one injection?</td>
<td>138</td>
</tr>
<tr>
<td>18. On average, what percentage of injections are done with a needle you have already used?</td>
<td>72</td>
</tr>
<tr>
<td>19. On a day when you do inject, how many times a day do you usually inject on average?</td>
<td>132</td>
</tr>
<tr>
<td>20. In the PAST SIX MONTHS, in which neighbourhoods did you inject?</td>
<td>146</td>
</tr>
<tr>
<td>21. Of the neighbourhoods which you have mentioned, in which neighbourhood did you inject most often?</td>
<td>146</td>
</tr>
<tr>
<td>Kitchener respondents</td>
<td>74</td>
</tr>
<tr>
<td>Cambridge respondents</td>
<td>65</td>
</tr>
<tr>
<td>22. In the LAST SIX MONTHS, have you injected in (places)?</td>
<td>146</td>
</tr>
<tr>
<td>23. In the LAST SIX MONTHS, how often did you inject in public or semi-public areas like a park, an alley or a public washroom?</td>
<td>135</td>
</tr>
<tr>
<td>24. What are some of the reasons you inject in public?</td>
<td>102</td>
</tr>
<tr>
<td>25. In the LAST SIX MONTHS, have you used water from a puddle, public fountain or other outside source to prepare your drugs or rinse your needles?</td>
<td>139</td>
</tr>
<tr>
<td>Question</td>
<td>n</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>26. Have you ever injected alone?</td>
<td>140</td>
</tr>
<tr>
<td>27. In the <strong>LAST SIX MONTHS</strong>, how often did you inject alone?</td>
<td>110</td>
</tr>
<tr>
<td>28. How often in the <strong>LAST SIX MONTHS</strong> did you need help when injecting?</td>
<td>134</td>
</tr>
<tr>
<td>29. Why do you need help with injecting?</td>
<td>66</td>
</tr>
<tr>
<td>30. Would you be willing to learn how to inject yourself?</td>
<td>66</td>
</tr>
<tr>
<td>31. In the <strong>PAST</strong> have you <strong>EVER</strong>…</td>
<td>-</td>
</tr>
<tr>
<td>a) Exchanged or obtained needles at a local harm reduction program or another needle syringe program (e.g., the Van, ACCKWA, Public Health)?</td>
<td>136</td>
</tr>
<tr>
<td>b) Got NEW STERILE needles from a friend?</td>
<td>137</td>
</tr>
<tr>
<td>c) Got NEW STERILE needles from a dealer or someone on the street?</td>
<td>135</td>
</tr>
<tr>
<td>d) Injected with needles knowing they had already been used by or were being used by someone else?</td>
<td>134</td>
</tr>
<tr>
<td>e) Injected with needles without knowing they had already been used by or were being used by someone else?</td>
<td>134</td>
</tr>
<tr>
<td>f) Loaned syringes that had already been used by you or were being used by someone else to inject?</td>
<td>136</td>
</tr>
<tr>
<td>g) Used other injecting equipment (e.g., cotton, filter, spoon, cooker) that had already been used by or was being used by someone else including your sexual partner?</td>
<td>135</td>
</tr>
<tr>
<td>h) Filled your syringe from another syringe that had already been used or was being used by someone else (back-loading or front-loading)?</td>
<td>133</td>
</tr>
<tr>
<td>i) Had drugs and wanted to inject but didn't know where to get a clean needle?</td>
<td>137</td>
</tr>
<tr>
<td>j) Reused a cooker with drugs in it for an extra wash?</td>
<td>136</td>
</tr>
<tr>
<td>k) Had trouble getting enough new needles from the needle exchange program to meet your needs?</td>
<td>133</td>
</tr>
<tr>
<td>l) Had a needle syringe program limit the number of needles they would give you?</td>
<td>132</td>
</tr>
<tr>
<td>31. In the <strong>PAST 6 months</strong> have you…</td>
<td>-</td>
</tr>
<tr>
<td>a) Exchanged or obtained needles at a local harm reduction program or another needle syringe program (e.g., the Van, ACCKWA, Public Health)?</td>
<td>108</td>
</tr>
<tr>
<td>b) Got NEW STERILE needles from a friend?</td>
<td>109</td>
</tr>
<tr>
<td>c) Got NEW STERILE needles from a dealer or someone on the street?</td>
<td>106</td>
</tr>
<tr>
<td>d) Injected with needles knowing they had already been used by or were being used by someone else?</td>
<td>106</td>
</tr>
<tr>
<td>e) Injected with needles without knowing they had already been used by or were being used by someone else?</td>
<td>106</td>
</tr>
<tr>
<td>f) Loaned syringes that had already been used by you or were being used by someone else to inject?</td>
<td>106</td>
</tr>
<tr>
<td>Question</td>
<td>n</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>g) Used other injecting equipment (e.g., cotton, filter, spoon, cooker) that had already been used by or was being used by someone else including your sexual partner?</td>
<td>107</td>
</tr>
<tr>
<td>h) Filled your syringe from another syringe that had already been used or was being used by someone else (back-loading or front-loading)?</td>
<td>108</td>
</tr>
<tr>
<td>i) Had drugs and wanted to inject but didn't know where to get a clean needle?</td>
<td>108</td>
</tr>
<tr>
<td>j) Reused a cooker with drugs in it for an extra wash?</td>
<td>107</td>
</tr>
<tr>
<td>k) Had trouble getting enough new needles from the needle exchange program to meet your needs?</td>
<td>107</td>
</tr>
<tr>
<td>l) Had a needle syringe program limit the number of needles they would give you?</td>
<td>103</td>
</tr>
<tr>
<td>32. Have you injected [drug] in the LAST SIX MONTHS?</td>
<td>146</td>
</tr>
<tr>
<td>33. What is your drug of choice?</td>
<td>146</td>
</tr>
<tr>
<td>34. In the LAST SIX MONTHS, which of these drugs did you inject the MOST?</td>
<td>146</td>
</tr>
<tr>
<td>35. Have you EVER gotten a drug that you think was cut with another substance?</td>
<td>141</td>
</tr>
<tr>
<td>36. The last time you think you got a drug that was cut with another substance, what were you trying to use at the time?</td>
<td>95</td>
</tr>
<tr>
<td>37. What do you think it was cut with?</td>
<td>93</td>
</tr>
<tr>
<td>38. Have you heard of supervised injection services (SISs)?</td>
<td>146</td>
</tr>
<tr>
<td>39. If supervised injection services were available in Waterloo Region would you consider using these services?</td>
<td>138</td>
</tr>
<tr>
<td>40. Why would you use supervised injection services?</td>
<td>119</td>
</tr>
<tr>
<td>41. Which ONE of these reasons is the MOST IMPORTANT reason for you?</td>
<td>103</td>
</tr>
<tr>
<td>42. For what reasons would you NOT use supervised injection services?</td>
<td>46</td>
</tr>
<tr>
<td>43. What reasons would make you change your mind?</td>
<td>46</td>
</tr>
<tr>
<td>44. There are a number of guidelines being considered for SISs. For each of the next statements, please let me know if these guidelines would be very acceptable, acceptable, neutral, unacceptable or very unacceptable to you.</td>
<td>-</td>
</tr>
<tr>
<td>a) Injections are supervised by a trained staff member who can respond to overdoses</td>
<td>132</td>
</tr>
<tr>
<td>b) 30 minute time limit for injection</td>
<td>146</td>
</tr>
<tr>
<td>c) Have to register each time you use it</td>
<td>146</td>
</tr>
<tr>
<td>d) Required to show government ID</td>
<td>146</td>
</tr>
<tr>
<td>e) Required to show client #</td>
<td>146</td>
</tr>
<tr>
<td>f) Have to live in the neighbourhood where the SIS is</td>
<td>146</td>
</tr>
<tr>
<td>g) Video surveillance cameras onsite to protect users</td>
<td>146</td>
</tr>
<tr>
<td>Question</td>
<td>n</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>h) Not allowed to smoke crack/crystal meth</td>
<td>146</td>
</tr>
<tr>
<td>i) Not allowed to have others assist in the preparation of injections</td>
<td>146</td>
</tr>
<tr>
<td>j) Now allowed to assist each other with injections</td>
<td>146</td>
</tr>
<tr>
<td>k) Not allowed to share drugs</td>
<td>146</td>
</tr>
<tr>
<td>l) May have to sit and wait until space is available for you to inject</td>
<td>146</td>
</tr>
<tr>
<td>m) Have to hang around for 10 to 15 minutes after injecting so that your health can be monitored</td>
<td>146</td>
</tr>
</tbody>
</table>

45. There are various **SERVICES** being considered to provide with SIS. I’m going to read out a number of services. I will ask you if they are very important, important, moderately important, slightly important, or not that important to you.

<table>
<thead>
<tr>
<th>Services</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Nursing staff for medical care and supervised injecting teaching</td>
<td>132</td>
</tr>
<tr>
<td>b) Washrooms</td>
<td>135</td>
</tr>
<tr>
<td>c) Showers</td>
<td>146</td>
</tr>
<tr>
<td>d) Social workers or counsellors</td>
<td>146</td>
</tr>
<tr>
<td>e) Drug counsellors</td>
<td>146</td>
</tr>
<tr>
<td>f) Aboriginal (Indigenous) counsellors</td>
<td>146</td>
</tr>
<tr>
<td>g) Food (including take away)</td>
<td>146</td>
</tr>
<tr>
<td>h) Peer support from other injection drug users</td>
<td>132</td>
</tr>
<tr>
<td>i) Access to an opiate (methadone or buprenorphine) prescribed by a health professional</td>
<td>146</td>
</tr>
<tr>
<td>j) Needle distribution</td>
<td>132</td>
</tr>
<tr>
<td>k) Injection equipment distribution</td>
<td>146</td>
</tr>
<tr>
<td>l) HIV and hepatitis C testing</td>
<td>132</td>
</tr>
<tr>
<td>m) Withdrawal management</td>
<td>146</td>
</tr>
<tr>
<td>n) Special times for priority groups such as women, indigenous populations etc.</td>
<td>146</td>
</tr>
<tr>
<td>o) Referrals to drug treatment, rehab, and other services when you’re ready to use them</td>
<td>132</td>
</tr>
<tr>
<td>p) A ‘chill out’ room to go after injecting, before leaving the SIS</td>
<td>132</td>
</tr>
<tr>
<td>q) Preventing or responding to overdose</td>
<td>146</td>
</tr>
<tr>
<td>r) Access to general health services</td>
<td>146</td>
</tr>
<tr>
<td>s) Assistance with housing, employment and basic skills</td>
<td>133</td>
</tr>
<tr>
<td>t) Harm reduction education</td>
<td>146</td>
</tr>
<tr>
<td>u) Drug testing (a service to check if your drug may have been cut with another potentially dangerous substance)</td>
<td>146</td>
</tr>
<tr>
<td>v) Other</td>
<td>146</td>
</tr>
</tbody>
</table>

46. Would you use SIS if it was located in each of the following locations?

<table>
<thead>
<tr>
<th>Locations</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Community health centre</td>
<td>146</td>
</tr>
<tr>
<td>b) Public health clinic</td>
<td>146</td>
</tr>
<tr>
<td>c) Walk-in or family doctor’s clinic</td>
<td>146</td>
</tr>
<tr>
<td>Question</td>
<td>n</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>d) Social service agency</td>
<td>146</td>
</tr>
<tr>
<td>47. What type of model/building would you prefer for a SIS?</td>
<td>146</td>
</tr>
<tr>
<td>48. How long would you be willing to walk to use a SIS in the SUMMER/WINTER?</td>
<td>146</td>
</tr>
<tr>
<td>49. Are you willing to take a bus to a SIS?</td>
<td>146</td>
</tr>
<tr>
<td>50. How long would you be willing to travel by bus to get to a SIS in the SUMMER/WINTER?</td>
<td>84</td>
</tr>
<tr>
<td>51. What other ways do you see yourself accessing SISs?</td>
<td>146</td>
</tr>
<tr>
<td>52. In which neighbourhood, or region would be your <strong>FIRST CHOICE</strong> for seeing an SIS?</td>
<td>146</td>
</tr>
<tr>
<td>53. In which neighbourhood, or region would be your <strong>SECOND CHOICE</strong> for seeing an SIS?</td>
<td>101</td>
</tr>
<tr>
<td>54. What time of the day would be your <strong>FIRST CHOICE</strong> to use SIS?</td>
<td>146</td>
</tr>
<tr>
<td>55. Now, what time of the day would be your <strong>SECOND CHOICE</strong> to use a SIS?</td>
<td>106</td>
</tr>
<tr>
<td>56. If SIS was established in a location convenient to you in Waterloo Region how often would you use it to inject?</td>
<td>146</td>
</tr>
<tr>
<td>57. What would be the best set-up for injecting spaces for SISs?</td>
<td>146</td>
</tr>
<tr>
<td>58. Do you think people who use drugs should be involved in running SISs?</td>
<td>146</td>
</tr>
<tr>
<td>59. <strong>HOW</strong> do you think people who use drugs could be involved?</td>
<td>83</td>
</tr>
<tr>
<td>60. If it was possible to check the safety of your drug before injecting at a SIS, how often would you do this?</td>
<td>146</td>
</tr>
<tr>
<td>61. How long would you wait to get the results of the drug safety test?</td>
<td>115</td>
</tr>
<tr>
<td>62. How many SISs do you think Waterloo Region needs?</td>
<td>146</td>
</tr>
<tr>
<td>63. I am going to ask if you think the following would be very likely, likely, neutral, unlikely, or very unlikely to occur in the community if SISs were opened in Waterloo Region.</td>
<td>-</td>
</tr>
<tr>
<td>a) The number of people injecting outdoors would be reduced</td>
<td>146</td>
</tr>
<tr>
<td>b) The number of used syringes on the street would be reduced</td>
<td>146</td>
</tr>
<tr>
<td>c) Injection with used needles would be reduced</td>
<td>146</td>
</tr>
<tr>
<td>d) People would learn more about drug use</td>
<td>146</td>
</tr>
<tr>
<td>e) Overdoses would be reduced</td>
<td>146</td>
</tr>
<tr>
<td>f) Street violence would be reduced</td>
<td>146</td>
</tr>
<tr>
<td>g) Crime would be reduced in the area</td>
<td>146</td>
</tr>
<tr>
<td>h) Users would visit the area more</td>
<td>146</td>
</tr>
<tr>
<td>i) Users would move to the area</td>
<td>146</td>
</tr>
<tr>
<td>j) Drug dealers would be attracted to the area</td>
<td>146</td>
</tr>
<tr>
<td>64. Have you heard of Narcan/naloxone?</td>
<td>146</td>
</tr>
<tr>
<td>65. Have you heard about take-home Narcan/naloxone kits that you can keep with you for an opiate overdose?</td>
<td>123</td>
</tr>
<tr>
<td>66. If yes, how did you hear about it?</td>
<td>110</td>
</tr>
<tr>
<td>Question</td>
<td>n</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>67. Are you aware of the Narcan/naloxone Program in Waterloo Region?</td>
<td>112</td>
</tr>
<tr>
<td>68. Do you currently have a take-home Narcan/naloxone kit?</td>
<td>110</td>
</tr>
<tr>
<td>69. If yes, where did you get it from?</td>
<td>69</td>
</tr>
<tr>
<td>70. If no, why not?</td>
<td>41</td>
</tr>
<tr>
<td>71. Have you ever administered Narcan/naloxone to anyone?</td>
<td>104</td>
</tr>
<tr>
<td>72. If yes, how many times?</td>
<td>49</td>
</tr>
<tr>
<td>73. Have you <strong>EVER</strong> overdosed by accident?</td>
<td>146</td>
</tr>
<tr>
<td>74. Have you overdosed in the <strong>PAST SIX MONTHS</strong>?</td>
<td>57</td>
</tr>
<tr>
<td>75. Altogether, how many times have you overdosed in your lifetime?</td>
<td>55</td>
</tr>
<tr>
<td>76. When was the <strong>LAST TIME</strong> you overdosed?</td>
<td>54</td>
</tr>
<tr>
<td>77. The last time you overdosed, do you remember which drugs or substances were involved?</td>
<td>58</td>
</tr>
<tr>
<td>78. The last time you overdosed, which drugs or substances were involved? Did you inject them?</td>
<td>49</td>
</tr>
<tr>
<td>79. Were other people with you when you overdosed?</td>
<td>58</td>
</tr>
<tr>
<td>80. What neighbourhood were you in when you <strong>LAST</strong> overdosed?</td>
<td>48</td>
</tr>
<tr>
<td>81. Could you tell me the type of place where you overdosed?</td>
<td>51</td>
</tr>
<tr>
<td>82. Was an ambulance called when you overdosed?</td>
<td>55</td>
</tr>
<tr>
<td>83. After the ambulance was called, did the police show-up?</td>
<td>33</td>
</tr>
<tr>
<td>84. Were you taken to an emergency department/hospital?</td>
<td>32</td>
</tr>
<tr>
<td>85. Were you offered transport to the hospital but Declined?</td>
<td>33</td>
</tr>
<tr>
<td>86. If yes, why did you refuse?</td>
<td>7</td>
</tr>
<tr>
<td>87. Were you given Narcan/naloxone?</td>
<td>53</td>
</tr>
<tr>
<td>88. If yes, who administered it?</td>
<td>28</td>
</tr>
<tr>
<td>89. Have you <strong>witnessed</strong> an overdose in the <strong>LAST 6 MONTHS</strong>?</td>
<td>146</td>
</tr>
<tr>
<td>90. Who overdosed?</td>
<td>75</td>
</tr>
<tr>
<td>91. What happened in response to the overdose you witnessed?</td>
<td>75</td>
</tr>
<tr>
<td>92. Have you <strong>EVER</strong> been afraid of being arrested when you or someone else overdosed?</td>
<td>146</td>
</tr>
<tr>
<td>93. Have you <strong>EVER</strong> in your lifetime been in a drug treatment or detox program?</td>
<td>146</td>
</tr>
<tr>
<td>94. Have you in the <strong>LAST SIX MONTHS</strong> been in a drug treatment or detox program?</td>
<td>66</td>
</tr>
<tr>
<td>95. In the <strong>LAST SIX MONTHS</strong>, which treatment programs have you been in?</td>
<td>25</td>
</tr>
<tr>
<td>96. During the <strong>PAST SIX MONTHS</strong>, have you ever tried but been unable to get into any of the treatment programs?</td>
<td>146</td>
</tr>
</tbody>
</table>
Appendix E. Key Informant Interview Participants by Organization

1. AIDS Committee Of Cambridge, Kitchener, Waterloo and Area (ACCKWA)
2. Grand River Hospital Withdrawal Management
3. House of Friendship
4. KW Counselling
5. oneROOF Youth Services
6. Ontario Addiction Treatment Centres
7. Region of Waterloo Public Health and Emergency Services
8. Ray of Hope
9. Sanguen Health Centre
10. Simcoe House
11. The Working Centre
Appendix F. Information and Consultation Session Group Participants

1. A Clean Cambridge
2. Cambridge Outreach Task Force
3. Canadian Mental Health Association
4. City of Cambridge
5. City of Kitchener
6. City of Waterloo
7. Downtown Kitchener BIA
8. For a Better Cambridge
9. Galt BIA
10. Hespeler BIA
11. Housing Outreach Workers
12. Housing Support Managers
14. Kitchener SIS Advocacy Groups
15. Lutherwood
16. Municipal Councillors
17. Paramedic Services
18. Postsecondary Stakeholders
19. Preston BIA
20. Region of Waterloo Housing Staff
21. Township of North Dumfries
22. UpTown BIA
23. Waterloo Region Crime Prevention Council
24. Waterloo Region Integrated Drugs Strategy
25. Waterloo Regional Police Service
26. Waterloo Wellington Local Health Integration Network
Appendix G. Number of valid responses for each question of the community survey

<table>
<thead>
<tr>
<th>Question</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you willing to do the survey about supervised injection services</td>
<td>3,879</td>
</tr>
<tr>
<td>in Waterloo Region?</td>
<td></td>
</tr>
<tr>
<td>2. Do you live, work, or go to school in Waterloo Region?</td>
<td>3,829</td>
</tr>
<tr>
<td>3. Are you 16 years of age or older?</td>
<td>3,829</td>
</tr>
<tr>
<td>4. To what extent do you think supervised injection services would be</td>
<td>3,576</td>
</tr>
<tr>
<td>helpful in Waterloo Region?</td>
<td></td>
</tr>
<tr>
<td>5. In what ways would supervised injection services be helpful in our</td>
<td>3,579</td>
</tr>
<tr>
<td>community?</td>
<td></td>
</tr>
<tr>
<td>6. Do you have any questions or concerns about having supervised</td>
<td>3,550</td>
</tr>
<tr>
<td>injection services in Waterloo Region?</td>
<td></td>
</tr>
<tr>
<td>7. What questions or concerns do you have about supervised injection</td>
<td>1,441</td>
</tr>
<tr>
<td>services in Waterloo Region?</td>
<td></td>
</tr>
<tr>
<td>8. Do you have any ideas to address questions or concerns from the</td>
<td>3,509</td>
</tr>
<tr>
<td>community about supervised injection services?</td>
<td></td>
</tr>
<tr>
<td>9. What type(s) of supervised injection services do you think would be</td>
<td>3,491</td>
</tr>
<tr>
<td>the best for Waterloo Region?</td>
<td></td>
</tr>
<tr>
<td>10. Do you have any other comments or suggestions about supervised</td>
<td>1,339</td>
</tr>
<tr>
<td>injection services in Waterloo Region?</td>
<td></td>
</tr>
<tr>
<td>11. Describe your connection to harm reduction services.</td>
<td>3,321</td>
</tr>
<tr>
<td>12. Which of the following describes you?</td>
<td>3,483</td>
</tr>
<tr>
<td>13. What age group are you in?</td>
<td>3,458</td>
</tr>
<tr>
<td>15. Where do you work?</td>
<td>3,446</td>
</tr>
<tr>
<td>16. Where do you go to school?</td>
<td>3,087</td>
</tr>
</tbody>
</table>
Works Cited


