



**A study to explore  
the need for and feasibility  
of implementing supervised  
consumption services in the  
City of Greater Sudbury**



Community  
**Drug Strategy**



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**"We respectfully acknowledge the traditional territory of Atikameksheng Anishnawbek and Wahnapiatae First Nation, as well as the Robinson-Huron Treaty on which this study was conducted. These lands encompass strong and vibrant communities of the Anishinabek and the many other Indigenous Peoples who reside in these communities. Their enduring presence and resilience is felt throughout our shared history and in present day. We strive for respectful relationships with all Indigenous Peoples. We are committed to honour our shared history and ensure healthier communities for all."**

# Executive summary

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The Community Drug Strategy for the City of Greater Sudbury undertook a study to determine the need for and the feasibility of implementing supervised consumption services (SCS), in Greater Sudbury. Supervised consumption services are monitored spaces where people can consume drugs under supervision with sterile supplies. The study was completed between April 2019 and June 2020. The study consisted of a survey with people who inject drugs (PWID), a survey of Greater Sudbury community members, focus groups with community partners and stakeholders, and secondary data analysis.

## **The City of Greater Sudbury would benefit from supervised consumption services.**

Although there are existing harm reduction services in Greater Sudbury, the health harms associated with injection drug use are significant and rising. Sudbury and districts<sup>i</sup> (2018) ranked twelfth in the province for opioid-related emergency department visits, seventh in the province for confirmed opioid-related deaths, and tenth for hospitalizations, based on rates per 1000 population. The frequency of emergency medical service (EMS) calls for suspected opioid overdose have more than double in 2019 compared with 2018. Three-quarters (75.0%) of respondents from the survey of people who inject drugs (PWID) said they had injected drugs in public. More than half had overdosed in their lifetime.

From the perspectives of law enforcement and health care providers, drug and substance use creates pressures on social services, police, paramedic, and hospitals. The need for EMS workers and police officers at overdose sites means that they are pulled away from other community needs.

## **Supervised consumption services may be a feasible strategy for the City of Greater Sudbury, but there are some concerns that need to be addressed.**

Potential clients (89.0%) say they would use SCS if available and among community survey respondents, 59.8% believed that these services would be helpful in Greater Sudbury. All three groups of study respondents identified that the greatest benefits of SCS would be the prevention and treatment of accidental overdoses and the ability to access sterile injection equipment.

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i When Greater Sudbury data are not available, data from Sudbury and districts are used.

Additional benefits identified by all three groups of study respondents include less public drug use on streets or in parks, fewer used needles on the streets or in parks, and less risk of injury and death from drug overdose. Concerns expressed in the community survey were related to neighbourhood safety, an increase in crime and drug use, and more drug dealers targeting the area. Although some respondents did not support the idea of SCS and did not respond to the question about mitigation strategies, others felt that some concerns could be addressed through strategies such as evaluating the services, sharing results with the community, and then taking action (58.2%), providing information about the goals and benefits of SCS (48.7%), and having a community group to work on issues about SCS (33.9%).

If SCS are considered in Greater Sudbury, all those consulted suggested that a location should be carefully chosen. The most common suggestion was a centralized location in the downtown core, in proximity to, and integrated with, existing harm reduction services and the majority of health care and social services. A mobile service was also proposed by some respondents.

